



## Division of Public and Behavioral Health Policy

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### 1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

### 2.0 Procedure

1. From the Avatar HOME screen, search for the client in the smart search field.
  - a. Search by **Last Name** or **Client ID**.
  - b. Double-click the selected client.

Search Clients

Results

STEPHANIE ROBBINS (000000001)

2. The client will appear in the **Recent Clients**.
  - a. Ensure the client name is highlighted.

Recent Clients

Stephanie Robbins (000000001)

3. In the **Search Forms** field of the forms widget, type in **Screening**.
  - a. Double-click the form to open.

Search Forms

Name	Menu P
Screening	Avatar P
Order Entry Clinical Screening System Defaults	Avatar C



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4. If there are previous **Screenings** for this client, they will appear on the screen.
  - a. If a new **Screening** needs to be added, click **Add** at the bottom of the screen.
  - b. If a **Screening** needs to be edited, click **Edit** at the bottom of the screen. Only **Edit** if data entry was not complete in the first place. The system needs to track the history of **Screenings** that were completed.

Screening Date	Data Entry Date
10/05/2015	10/05/2015

5. In this case, click **Add** to add a new screening.
6. Enter the **Screening Date** in the field provided.
  - a. Click **Today** to enter today's date.
  - b. Click **Yesterday** to enter yesterday's date.
  - c. Or enter in date.

**Screening Date**

7. Choose the **Contact Code** from the dropdown menu.
  - a. In-Person
  - b. Telephone
8. Choose the **Interview Setting** from the dropdown menu.
  - a. Jail
  - b. Office
  - c. Other
9. Choose the **Referred By** from the dropdown menu.



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Contact Code

In-Person

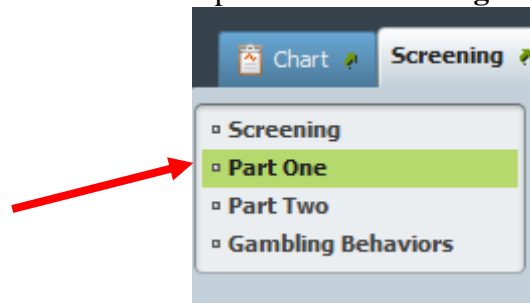
Interview Setting

Office

Referred by

Employer/EAP

10. On the left hand side, click to the next part of the **Screening Form** named **Part One**.



11. Complete all questions, 1-10.

- a. Questions 1-9 are questions to be answered regarding the last 6 months.



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During the last 6 months:

1. Did you use larger amounts of alcohol or drugs or use them for a longer time than you had planned or intended? \_\_\_\_\_  
 Yes  No

2. Did you try to cut down on alcohol or drugs and were unable to do it? \_\_\_\_\_  
 Yes  No

3. Did you spend a lot of time getting alcohol or drugs, using them, or recovering from their use? \_\_\_\_\_  
 Yes  No

4. Did you often get so high or sick from alcohol or drugs that it:

a) Kept you from doing work, going to school, or caring for children? \_\_\_\_\_  
 Yes  No

b) Caused an accident or became a danger to you or others? \_\_\_\_\_  
 Yes  No

5. Did you often spend less time at work, school, or with friends so that you could drink or use drugs? \_\_\_\_\_  
 Yes  No

6. Did your use of alcohol or drugs cause:

a) emotional or psychosocial problems? \_\_\_\_\_  
 Yes  No

b) problems with friends, family, work, or police? \_\_\_\_\_  
 Yes  No

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c) physical health or medical problems? \_\_\_\_\_  
 Yes  No

7. Did you increase the amount of alcohol or a drug you were taking so that you could get the same effects as before? \_\_\_\_\_  
 Yes  No

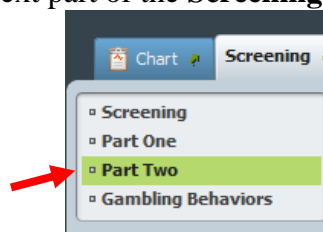
8. Did you ever keep drinking or taking a drug to avoid withdrawal or keep from getting sick? \_\_\_\_\_  
 Yes  No

9. Did you get sick or have withdrawal when you quit or missed drinking or taking a drug? \_\_\_\_\_  
 Yes  No

10. Which drugs or alcohol caused you the MOST serious problems?

Primary Substance	Number of days used in the last 30 days / primary
<input type="text"/>	<input type="text"/>
Secondary Substance	number of days used in the last 30 days / secondary
<input type="text"/>	<input type="text"/>
Tertiary Substance	Number of days used in the last 30 days / tertiary
<input type="text"/>	<input type="text"/>

12. On the left hand side, click to the next part of the **Screening Form** named **Part Two**.





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### 13. Complete Questions 11-17.

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11. How often did you inject drugs with a needle?

12. How serious do you think your drug/alcohol problems are?

13. How many times before now have you ever been in an alcohol treatment program? Do not include AA/NA/CA meetings.

14. How many times before now have you ever been in a drug treatment program? Do not include AA/NA/CA meetings.

15. Do you think you need treatment for your drug/alcohol use now? If yes, answer question a. \_\_\_\_\_  
 Yes  No

a) How important to you is it that you get into some type of treatment program now?

16. How many times have you received psychiatric or counseling services for reasons other than alcohol or drug problems? Include all hospitalizations and outpatient visits.

17. Do you currently have a medical condition? \_\_\_\_\_  
 Yes  No

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If "Yes" Choose no more than 3 conditions below.

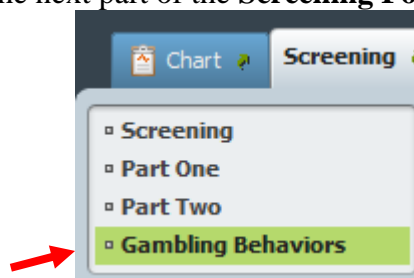
Anemia  
 Chronic Pain  
 Diabetes

Other Medical Conditions

### 14. If client is female, answer the pregnancy question at the bottom.

If female, are you pregnant? \_\_\_\_\_  
 Yes  No

### 15. On the left hand side, click to the next part of the **Screening Form** named **Gambling Behaviors**.





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### 16. Complete Questions 19-26.

19. How old were you the first time you gambled (bet money or something of value on sports, a game of chance, played the lottery, or bet cards/dice games)?

20. In the last 30 days, have you gambled for anything of value? \_\_\_\_\_  
 Yes  No

21. If you have gambled in the past 12 months, how much did you usually bet? \_\_\_\_\_

22. In the past year, have you found yourself thinking about gambling or planning to gamble? \_\_\_\_\_  
 Yes  No

23. In the past year, have you bet more money than you meant to or felt the need to bet more and more money? \_\_\_\_\_  
 Yes  No

24. In the past year, have you ever had to lie to people important to you about how much you gambled? \_\_\_\_\_  
 Yes  No

25. Has the money you spent gambling led to financial problems? \_\_\_\_\_  
 Yes  No

26. Has the time you spent gambling led to problems in your family, work, school, or personal life? \_\_\_\_\_  
 Yes  No

### 17. In the **Primary Counselor** field, enter the counselor's name.

- Search by **Last Name**.

### 18. In the **Interviewer** field, enter the interviewer's name.

- In many cases, this could differ from the **Primary Counselor's** name.
- Search by **Last Name**.

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Primary Counselor \_\_\_\_\_  
MIKE ALLERDYCE (000025)

Interviewer \_\_\_\_\_  
kendra furlong (000026)

### 19. In the **Referral Recommendation After Screening**, choose the **Referral**.

- Sent to Formal Assessment:** choose this if the client needs a formal assessment.
- Sent for Treatment:** choose this if the client already has a formal assessment and is being referred for treatment.
- Sent for Education:** choose this if the client does not need an assessment or treatment, but needs specific education.
- Sent Home:** choose this if the client does not need a formal assessment, treatment, or education.

### 20. Enter the **Basis for Recommendation**.

- This field is limited so enter a quick **basis for recommendation**.



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REFERRAL RECOMMENDATION AFTER SCREENING

Referral

Sent to Formal Assessment     Sent for Treatment     Sent for Education     Sent Home

Basis for Recommendation

Needs an assessment based on screening

21. Answer the question **Is follow-up necessary?**

a. Choose **Yes** or **No**.

22. Document any notes and/or comments regarding the **Screening Form**.

Comment

This client will need a formal assessment based on the screening form. They will schedule an appointment when they receive their work schedule.

23. When the **Screening Form** is complete, click on the **Submit** button on the upper left hand corner of the form.

a. This will submit and save the data.

The screenshot shows a mobile application interface for a 'Screening' form. At the top, there are two tabs: 'Chart' and 'Screening'. Below the tabs is a list of sections: 'Screening', 'Part One', 'Part Two', and 'Gambling Behaviors'. The 'Gambling Behaviors' section is highlighted in green. Below the list is a blue 'Submit' button, which is pointed to by a red arrow. At the bottom of the screen, there are several icons: a star, a document, a speech bubble, a red 'X', a person with a red 'X', and a yellow star.