Guidance: Creating a Framework for Administering Behavioral Health Screenings

Select screening tools:
1. Identify a validated* screening tool for the population and behavior risk
2. Determine screening frequency based on each tool's guidance and recommendations.

Prepare your agency:
1. Create a universal screening policy for the population. The policy should include a response protocol for positive screens and crisis intervention.
2. Staff should receive training on the screening tool and the policy. Staff should administer the screens consistently during all applicable interactions.
3. Ensure all staff are equipped and trained to explain to clients the purpose of the screening tool, with whom the information will be shared, and who will review and follow-up with the patient regarding their responses and when.
4. Integrate universal screening into office workflow. Determine roles and responsibilities (e.g., who will ask the patient to complete the screen, discuss results with the patient, provide relevant education and resources, coordinate treatment when indicated).

Establish and formalize a local system of care:
1. Ensure the local system of care meets the behavioral health needs of clients and their families. The referral network should consist of a wide range of clinician types and treatment services.
2. Execute Memorandum of Agreements/Understanding (MOA/MOU) with behavioral health clinicians and/or centers for treatment referrals and improving timely access to mental health care.
3. Follow-up with patients and referral partners to ensure the connection was successfully completed.

Capture the data:
1. Enter all screens and action plans into DAISEY, or other electronic health record systems, when applicable.

Support Resources:
In addition to the following guidance, the following resources are available to local programs to support the identification, intervention, referral, and treatment of clients with behavioral health concerns:

Perinatal Behavioral Health
- Perinatal Mental Health Integration [Toolkit](#)
- Perinatal Substance Use Screening, Brief Intervention, and Referral to Treatment (SBIRT) [Toolkit](#)
- Kansas Connecting Communities (KCC) offers free provider-to-provider psychiatric consultation and care coordination support, access to free trainings, and best practice recommendations, including resources and referral support. For more information, call the Consultation Line at 833-765-2004 or visit the [KCC webpage](#).

Pediatric Behavioral Health
- Pediatric Mental Health Toolkit: *Coming soon!*
- Pediatric Substance Use Screening, Brief Intervention, and Referral to Treatment (SBIRT) Toolkit: *Coming soon!*
- KSKidsMAP supports primary care physicians and clinicians' treatment of children and adolescents with behavioral health concerns through a Consultation Line, mental health and community resources, toolkits and best practices information, and KSKidsMAP TeleECHO Clinic. For more information, call the Consultation Line at 1-800-332-6262 or visit the [KSKidsMAP webpage](#).

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*A validated screening tool is an instrument that have been tested for reliability (the ability of the instrument to produce consistent results), validity (the ability of the instrument to produce true results), and sensitivity (the probability of correctly identifying a patient with the condition).[1]

[1] The Joint Commission. *Definition of validated and non-validated screening tool for substance use.* Retrieved on 5/10/21 from [here](#).

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

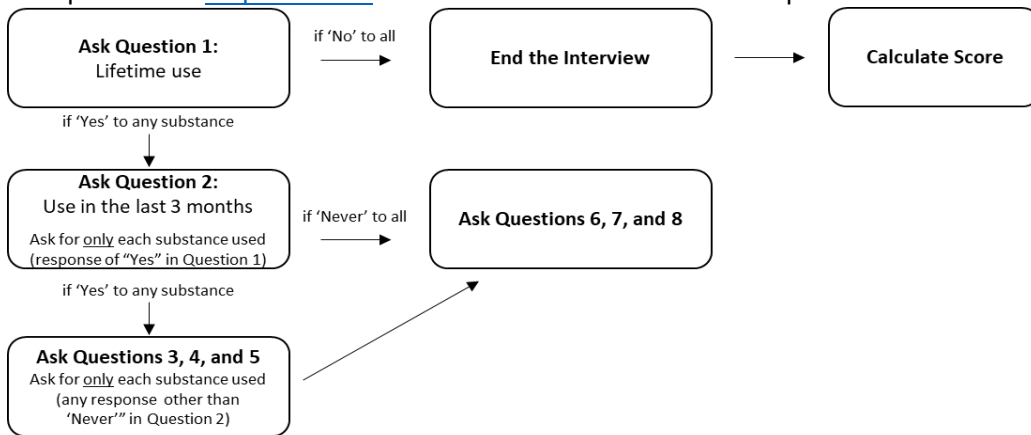| Substance Use Screening	
Risk Assessment	10 substance types including tobacco, alcohol, cannabis, amphetamine stimulants, and opioids
Administration	• 8-item questionnaire • Administered via interview by health worker • Takes about 5-10 minutes to complete
Ages	18-60
Frequency	Annually; pregnant women should be screened in the first trimester
Pre-Screening Tool	NIDA Quick Screen – 1 question assessment
References	• KDHE: Perinatal Substance Use Integration Toolkit • World Health Organization: ASSIST Manual for Use in Primary Care • ASSIST Language Translations
Rationale	Follow the U.S. Prevention Services Task Force recommendation to screen for unhealthy drug use in adults. The recommendation is to ask questions about unhealthy drug use, not testing biological specimens.

Introduce screening tool and establish rapport.

Introduce the screening tool to the patient; a sample script from the ASSIST Manual is included, below. Scripts can be customized for clinic use. If the patient declines screening, advise the patient that you respect that decision but would like to inform him/her about the potential harms of drug use.

Sample Script: *If it's okay with you, I'd like to ask you a few questions that will help me provide you better medical care. The questions relate to your experience with alcohol, tobacco, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications), but I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use – but only to better diagnose and treat you.*

Administer the ASSIST screening.

Give patient the response card which outlines substances and responses. Administer the ASSIST screening via interview:

Scoring the screen and determining risk level.

Each response from questions 2 to 7 has a numerical score. Add the scores together by each individual substance type. Each client will have 10 risk scores (one for each substance type). Complete the feedback report card for the patient.

LOWER Risk *Alcohol 0-10; Other Substances 0-3*	MODERATE Risk *Alcohol 11-26; Other Substances 4-26*	HIGH Risk *All Substances 27+*
At low risk of health and other problems related to current pattern of use. Provide positive reinforcement.	At moderate risk of health and other problems related to current pattern of use. Provide brief intervention and follow up at upcoming appointments. Brief intervention could include reviewing screening results, providing education on health risks associated with continued use, identifying patient motivation to reduce to stop use, and/or reinforcing self-efficacy.	At high risk of experiencing severe problems (health, social, financial, legal, relationships) as a result of current pattern of use. Provide brief intervention and referral to treatment. Follow up with patient to make sure they accessed and received care.