The Substance Use Disorder (SUD) Prevention Screener (also known as the “Screener”) takes 5-10 minutes to administer. Administering the screener includes: reading the script provided, asking the client the questions, marking the responses, totaling the score, and documenting the outcome of the interaction with the client.

Who can administer the Screener? Direct service providers are staff who work directly with the clients in providing domestic violence support services and referrals. Examples: case manager, counselor, legal advocate.

What if the questions are not applicable? If your client answers No to question 1, then it is unnecessary to complete the Screener for that client (including demographic questions). Only completed Screeners may be billed. There will be no Screener reimbursement for only asking clients question number 1, resulting in a “no” response.

General Instructions
1. Direct service providers shall administer the Screener with clients individually in a private setting. The Screener shall not be completed by the client.
2. The date and client ID will be included on the form.
3. Direct service providers shall read the script and questions aloud to the client. If the client answers No to question 1, do not administer the Screener.
4. Direct service providers will add up the score from responses and determine the course of action.
5. Direct service provider will complete the ‘FOR AGENCY USE’ section on the bottom of the form.
6. Completed Screeners must be kept in a centralized file for monitoring purposes.

Scoring Instructions
1. Questions 2.1 through 2.9: Total the point value for these questions. If a client scores 3 points or more, it demonstrates higher risk for substance use issue.
2. Questions 4 through 6: Provide additional information that may be useful in guiding the service provider and client in the decision-making process to develop a substance use prevention plan.
3. EXAMPLE: if the participant’s scores more than 3 points (from questions 2.1-2.9) and:
   a. Answers No to question 6, the patient is not ready or willing to speak to someone about substance use issues. The service provider shall follow-up with the client in the future to see if they are ready or willing to discuss substance use issues.
   b. Answers Yes to question 6, the client is thinking about taking with someone about substance use issues. The provider shall recommend the course of action, such as referring the client to SUD treatment, case management and/or counseling.
4. The service provider must fill out the grey box titled “FOR AGENCY USE ONLY.” The information provided in this section will let DPH OWH know the outcome of the screening.

Instructions for Submitting Complete SUD Screeners to DPH OWH:
1. Agency staff will email completed questionnaires to DPH OWH at the end of every month:
   a. Scan all completed questionnaires into 1 PDF
   b. Email PDF to OWHContract@ph.lacounty.gov
   c. Title the email subject line as: [YOUR AGENCY NAME] – SUD Screeners
2. Upon receiving the PDF, OWH will enter data and conduct analyses, as needed.
SUBSTANCE USE DISORDER (SUD) PREVENTION SCREENER
FY 19-20

Guidance on Demographic Questions

Please note that all demographic information collected is **self-reported data**. If a client chooses not to disclose/respond to the question, please select the “Declined to State” option.

**HOUSING STATUS:**
The following options follow the guidelines as delineated in the FY 2020 US Department of Housing & Urban Development (HUD) [HMIS Data Dictionary (Appendix A – Living Situation Options)](https://www.hud.gov/)

- **Permanently housed**
  (ex: house, apartment, living situation with intent to stay permanently)
- **Non-Permanently/Transitionally housed**
  (ex: staying with a friend, transitional homeless shelter, residential project, half-way house)
- **Homeless**
  (ex: shelter, including hotel/motel paid with shelter voucher, place not meant for habitation)
- **Institutionalized**
  (ex: foster home, hospital, psychiatric facility, prison, juvenile detention facility, long-term care facility, treatment/detox center)

**ETHNICITY:** (Check all that apply)

These options follow suit with the ethnicity categories from the DVSS Monthly Management Reports and are subject to change with DPH data guidelines. Clients may self-identify more than one ethnicity.

**SEXUAL ORIENTATION & GENDER**

These options follow suit with the definitions provided by [University of California, San Francisco’s Lesbian Gay Bisexual & Transgender Resource Center](https://www.ucsf.edu/) and the [Human Rights Coalition](https://www.hrc.org/). These options are subject to change with DPH data guidelines.

**AGE:** client’s self-reported age

**HOUSEHOLD SIZE:** client’s self-reported household size, including themselves

**HOUSEHOLD INCOME:** client’s self-reported household income, including their income
SUBSTANCE USE DISORDER (SUD) PREVENTION SCREENER  Date: __________ Client ID: ____________

(DIRECT SERVICE PROVIDER WILL READ ALOUD TO THE CLIENT): “I am going to ask you some questions about drug and alcohol use. Some questions may make some people uncomfortable but please try to answer them as honestly as you can.”

1. Have you ever used drugs or alcohol? ☐ YES ☐ NO
   If NO → End of Screening. No further action is needed.

1a. Have you used drugs or alcohol in the past 6 months ☐ YES ☐ NO

(DIRECT SERVICE PROVIDER WILL READ ALOUD TO THE CLIENT): “Now I am going to ask you some questions about the way you may have used drugs or alcohol in the past 6 months. As I mentioned before, some of these questions may make some people uncomfortable but please try to answer them the best that you can.”

<table>
<thead>
<tr>
<th>Subsection</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Did you use <strong>larger amounts of drugs or alcohol</strong> or use them <strong>for a longer time</strong> than you planned or intended?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2.2 Have you <strong>tried to cut down on your drug or alcohol use</strong> but were unable to?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2.3 Did you <strong>spend a lot of time</strong> getting drugs or alcohol, using them, or recovering from using them?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2.4 Did you <strong>get so high or sick</strong> from drugs or alcohol that it <strong>kept you from</strong> doing work, going to school or caring for children or <strong>caused an accident</strong> or put you or others in danger?</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2.5 Did you <strong>spend less time at work, school, or with friends</strong> so that you could use drugs or alcohol?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2.6 Did your drug or alcohol use <strong>cause emotional</strong> or psychological problems, problems with <strong>family, friends, work, or police, or any physical health or medical problems</strong></td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2.7 Did you <strong>increase the amount</strong> of a drug or alcohol that you were using so that you could get the same effects as before?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2.8 Did you ever need to use a drug or alcohol to <strong>avoid withdrawal symptoms</strong> or keep from <strong>getting sick</strong>?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2.9 Did you <strong>get sick or have withdrawals</strong> when you quit or missed using a drug or alcohol?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

If the score is ≥ 3, mark the “YES” box (×), which indicates possible serious drug/alcohol issues.

3. Were you ever forced to use drugs or alcohol? ☐ YES ☐ NO

IF PARTICIPANT’S SCORE INDICATES SUBSTANCE USE ISSUE (Total Score ≥ 3), ASK:

4. Have you ever sought help to address your drinking and/or drug use? ☐ YES ☐ NO

5. How important is it for you to get drug treatment now?
   ☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

6. Are you interested in talking to someone about any substance use issues?
   ☐ NO (Patient is not ready or willing ‘pre-contemplation’)
   ☐ YES (Patient is thinking about talking with someone about substance use issues ‘contemplation’)
   ☐ YES (Patient is interested in getting counseling to discuss substance use issues ‘ready to take action’)

FY1920_DVSS_Form07, Rev.10/2019
HOUSING STATUS:

☐ Permanently housed  ☐ Non-Permanently/Transitionally housed  ☐ Other
☐ Homeless  ☐ Institutionalized  ☐ Declined to State

Was there violence or conflict in the place you stayed last night?  ☐ Yes  ☐ No  ☐ Declined to State

Do you have somewhere safe to sleep tonight?  ☐ Yes  ☐ No  ☐ Declined to State

ETHNICITY: (Check all that apply)

☐ Asian  ☐ American Indian or Alaska Native  ☐ Black or of African Descent
☐ Latinx  ☐ Native Hawaiian or Other Pacific Islander  ☐ White (non-Hispanic)
☐ Other, please specify: __________________

SEXUAL ORIENTATION:

☐ Bisexual  ☐ Gay  ☐ Heterosexual/Straight  ☐ Lesbian  ☐ Pansexual  ☐ Same Gender Loving
☐ Declined to State  ☐ Other, please specify: __________________

GENDER:

☐ Female  ☐ Male  ☐ Transgender (Male to Female)  ☐ Transgender (Female to Male)
☐ Non-Binary/Genderqueer  ☐ Declined to State  ☐ Other, please specify: __________________

AGE:

☐ 0-9  ☐ 10-17  ☐ 18-24  ☐ 25-44  ☐ 45-64  ☐ 65+  ☐ Declined to State

HOUSEHOLD SIZE: (Including yourself) _____________

HOUSEHOLD INCOME:

☐ $0 - $24,999  ☐ $25,000 – $49,999  ☐ $50,000 and above  ☐ Unknown  ☐ Declined to State

FOR AGENCY USE ONLY

SUD Screener Score: ________ (Please add up the responses from question 2)

What was the outcome? (Choose one)

☐ Providing Case Management  ☐ Provide Counseling  ☐ Referral to SUD treatment
☐ Client declined service at this time  ☐ Other, please specify: ____________________________
☐ Direct Service Provider will follow-up with client within 30 days

Agency Name: __________________________________________________________________________

Name of the provider that conducted the Screener: ____________________________ Date__________