

POLICY AND PROCEDURE

REACH for Tomorrow

Title: Standardized Screening Bundle Policy

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

I. Purpose

The purpose of this policy is to establish a consistent, evidence-based process for conducting standardized screening during the intake process. The use of a structured screening bundle ensures early identification of mental health, substance use, trauma, medical, and psychosocial concerns. This facilitates timely interventions, appropriate treatment planning, and improved client outcomes. This policy supports compliance with CARF standards, Ohio Administrative Code, SAMHSA best practices, and integrated care guidelines for whole-person health.

II. Policy Statement

All new clients at REACH for Tomorrow will complete a standardized screening bundle during their intake or first clinical encounter. The screenings are designed to evaluate key health and behavioral domains: depression, anxiety, suicide risk, trauma, substance use, physical health, and social determinants of health. Results will be used to guide treatment planning, risk management, and referrals for medical or specialty services. Screenings will be repeated as clinically indicated or per program requirements to measure progress and treatment outcomes.

III. Screening Bundle Composition

A. Core Universal Screenings (Required for Every Intake):

- PHQ-9 (Patient Health Questionnaire – 9): Screens for depression severity; scores ≥ 10 trigger provider review.
- GAD-7 (Generalized Anxiety Disorder – 7): Measures anxiety severity; scores ≥ 10 prompt monitoring and treatment planning.
- C-SSRS (Columbia Suicide Severity Rating Scale): Evaluates suicide risk; positive results require immediate safety planning.
- ACEs (Adverse Childhood Experiences Scale): Identifies trauma exposure; scores ≥ 4 prompt trauma-informed intervention.
- Vitals (BP, HR, Resp, Temp, BMI): Establishes baseline physical health status; abnormal findings prompt medical review.

B. Supplemental Screenings (Administered as Clinically Indicated):

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- AUDIT-C: Identifies risky alcohol use; used for adults 18+ or suspected alcohol use.
- DAST-10: Screens for drug misuse; for clients reporting or suspected of substance use.
- PCL-5: Assesses PTSD symptoms; administered when ACEs ≥ 4 or trauma reported.
- PRAPARE / HRSN: Evaluates social determinants (housing, food, transportation, safety); used for integrated or case-managed clients.
- Tobacco Use Screening: Conducted for all clients ≥ 12 years; positive results trigger cessation counseling.
- Sleep Screening (ISI or Epworth): Identifies sleep disturbances; used for fatigue or insomnia complaints.
- Pain Scale or Brief Pain Inventory: Assesses pain levels for clients with medical or chronic pain concerns.
- Nutrition and Physical Activity Questionnaire: Identifies dietary or exercise needs for metabolic or health risk clients.
- Mini-Cog or MoCA: Evaluates cognitive impairment for older adults or when decline suspected.

IV. Administration Procedures

1. Timing: All core screenings are completed at intake; supplemental screenings are administered based on presenting issues.
2. Personnel: Licensed clinicians, case managers, QMHS staff, and medical personnel administer screenings within their training scope.
3. Documentation: Results are entered in the EHR on the date of service and integrated into the treatment plan.
4. Scoring and Response: Tools are scored per standard criteria; high-risk findings require same-day provider review.

V. Clinical Integration and Follow-Up

- Risk Response: Positive C-SSRS scores require immediate safety planning.
- Medical Coordination: Vital signs, pain, and nutrition findings are reviewed by the medical provider.
- Ongoing Monitoring: PHQ-9 and GAD-7 are re-administered every 90 days; C-SSRS and SDOH as clinically indicated; vitals collected at every medical visit.

VI. Training and Competency

All staff administering screenings must complete training on scoring, interpretation, suicide risk assessment, trauma-informed care, and culturally responsive interviewing. Competency is documented in personnel files and reviewed annually.

VII. Quality Assurance and Compliance Monitoring

The Compliance Officer and Clinical Director conduct monthly chart audits to verify completion, accuracy, and timeliness of screenings. Metrics include completion rate, documentation timeliness, and follow-up compliance. Results are reviewed quarterly through the CQI process.

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VIII. Confidentiality and Data Security

All screening results are considered protected health information and are stored securely in accordance with HIPAA and 42 CFR Part 2. Access is restricted to authorized staff directly involved in the client's care.

IX. Review and Approval

This policy is reviewed annually by the Executive Director, Clinical Director, and Compliance Officer to ensure compliance with CARF standards, payer requirements, and best practices in integrated behavioral health care.

Approved By: Leslie M Stegall MSN, APRN, NP-C, PMHNP-BC

Title: Director of Medical and Clinical Services

Date: 08/15/2025