## **Measure 20 – Substance Use Screening**

## **Caregiver Measure**

**Data Collection Time Point(s)**

☐ 6 Months Post Enrollment

**\*Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Measure 20 – Part 1 – Unhealthy Drug Use**

**Did you the (Home Visitor) screen the Caregiver for unhealthy drug use?**

☐ Yes (Continue to Screening Tool)

☐ No (Skip to Question 4)

**Screening tool used for unhealthy drug use screening:**

## ☐ The Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

☐ The Alcohol Use Disorders Identification Test Self-Report (AUDIT Self-Report Version)

☐ The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

☐ The Alcohol, Smoking, and Substance Involvement Screening Test- Frequency & Concern Items (ASSIST-FC)

☐ Cut Down, Annoyed, Guilty, Eye opener -Adapted to Include Drugs (CAGE-AID)

☐ The Drug Abuse Screening Test (DAST-10)

☐ National Institute on Drug Abuse (NIDA) Quick Screen

☐ Parents, Partners, Past and Pregnancy (The 4Ps) Plus

☐ Tolerance Annoyance Cut Down Eye Opener (T-ACE)

☐ Tolerance, Worried, Eye-opener, Amnesia, Cut Down (TWEAK)

**Date of Screening**: \_ \_ / \_ \_ / \_ \_ \_ \_ (MM/DD/YYYY)

**1. Did the Caregiver screen positive for unhealthy drug use (based on the definition within the selected tool)?**

☐ Yes (Continue to 2)

☐ No (End)

**2. If no, did you (home visitor) refer the Caregiver to services for unhealthy drug use?**

☐ Yes (Continue to Measure 21 at 9 months post enrollment)

☐ No (Continue to 3)

**3. Reason Caregiver was not referred?**

☐ Caregiver already receiving services

☐ Caregiver refused referral

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Reason Not Screened for unhealthy drug use?**

☐ Agency is currently not collecting this data during the optional period.

☐ Home Visitor Unable to Screen

Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Family Refused

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continue to Measure 20 Part 2**

\*\*\* Recommended services: Specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the caregiver.

**Data Collection Time Point(s)**

☐ 6 Months Post Enrollment

**Measure 20 – Part 2 – Unhealthy Alcohol Use**

**Did you the (Home Visitor) screen the Caregiver for unhealthy alcohol use?**

☐ Yes (Continue to Screening Tool)

☐ No (Skip to Question 4)

**Screening tool used for unhealthy alcohol use screening:**

## ☐ The Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

☐ The Alcohol Use Disorders Identification Test Self-Report (AUDIT Self-Report Version)

☐ The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

☐ The Alcohol, Smoking, and Substance Involvement Screening Test- Frequency & Concern Items (ASSIST-FC)

☐ Cut Down, Annoyed, Guilty, Eye opener -Adapted to Include Drugs (CAGE-AID)

☐ The Drug Abuse Screening Test (DAST-10)

☐ National Institute on Drug Abuse (NIDA) Quick Screen

☐ Parents, Partners, Past and Pregnancy (The 4Ps) Plus

☐ Tolerance Annoyance Cut Down Eye Opener (T-ACE)

☐ Tolerance, Worried, Eye-opener, Amnesia, Cut Down (TWEAK)

**Date of Screening**: \_ \_ / \_ \_ / \_ \_ \_ \_ (MM/DD/YYYY)

**1. Did the Caregiver screen positive for unhealthy alcohol use (based on the definition within the selected tool)?**

☐ Yes (Continue to 2)

☐ No (End)

**2. If no, did you (home visitor) refer the Caregiver to services for unhealthy alcohol use?**

☐ Yes (Continue to Measure 21 at 9 months post enrollment)

☐ No (Continue to 3)

**3. Reason Caregiver was not referred?**

☐ Caregiver already receiving services

☐ Caregiver refused referral

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Reason Not Screened for unhealthy alcohol use?**

☐ Agency is currently not collecting this data during the optional period.

☐ Home Visitor Unable to Screen

Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Family Refused

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* Recommended services: Specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the caregiver.

## **Measure 21 – Completed Substance Use Referrals**

## **Caregiver Measure**

**Data Collection Time Point(s)**

☐ 9 Months Post Enrollment

**\*Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Measure 21 – Part 1 – Unhealthy Drug Use**

**1. If Caregiver screen positive for unhealthy drug use, did the Caregiver receive recommended services\*\*\*?**

☐ Yes (End) ☐ No (Continue)

**2. If no, why?**

☐ Caregiver refused services

☐ Caregiver currently on waitlist for services

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Measure 21 – Part 2 – Unhealthy Alcohol Use**

**1. If Caregiver screen positive for unhealthy alcohol use, did the Caregiver receive recommended services\*\*\*?**

☐ Yes (End) ☐ No (Continue)

**2. If no, why?**

☐ Caregiver refused services

☐ Caregiver currently on waitlist for services

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* Recommended services: Specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the caregiver.