

## **Suggested Mental Health/Substance Misuse Facilitator's Guide**

*Dear Facilitator,*

*Over the years, we have learned that mental health and substance use increase people's risk for acquiring or transmitting HIV among other STDs. We, the collaborative have put together a mental health/ substance use screening tool and protocol to help your agency link your clients to supportive care, if needed. This facilitator's guide is not required, as it was designed by the collaborative only to help you feel more confident about providing the screening tool to your ILI/GLI participants.*

*You are not being asked to diagnose or act as a clinician. This is simply a tool that assists both participant and agency in understanding the additional aspects your client's HIV risk and provide an opportunity to help them access supportive care. Thank you for your dedication.*

### **Screening Packet Used with Participants**

*Screening packets should include the following:*

- 1) A cover page that describes the purpose of screening & instructions in easy-to-understand and minimal verbiage
- 2) Screening tool(s) made up of survey questions
- 3) Attached list of relevant substance misuse and mental health services in the region (can be published from Google docs or use your own)
- 4) *Contact information for facilitator and/or relevant agency contact person providing assistance with referrals could be provided on bottom of screening tool (optional)*

## **Suggested Mental Health & Substance Use Screening Provider Guidelines**

### **\*Individual Level Interventions (ILI)\***

*Note: Since this is a one-on-one interaction, the screening should be completed verbally. Exceptions may be made if there is extreme discomfort by the client in answering them aloud, in which case, they would be allowed to complete the screening on paper.*

### **Suggested Steps**

- 1. Ensure participant and provider are in a confidential space.**
- 2. Establish rapport with participant.**
- 3. Complete necessary data collection / intake forms and other required paperwork (if any).**
- 4. Introduction and orientation to screening (*See Example of Introduction Script*).**
- 5. Complete the screening.**
- 6. Score Survey.**
- 7. Ask permission to provide feedback, if applicable.**
- 8. Discuss meaning of score/Provide feedback.**
- 9. *\*Optional Step:* Check in with participant regarding stage of behavior change, based on knowledge of stages of HIV risk reduction counseling (i.e., Precontemplation, Contemplation, Action, Maintenance, Relapse, etc.). Please seek your supervisor for guidance.**
- 10. Provide referrals for full Mental Health and/or Substance Misuse Assessment, if applicable and if client is willing.**
  - a. Option 1: Active Referrals** (preferred, when possible)  
*The facilitator and participant contact an agency by phone or by travel that offers Mental Health or Substance misuse services (e.g., more complete screenings, treatment, etc.). The facilitator would help the participant set up and follow-through with his/her appointment for such services.*
  - b. Option 2: Passive Referrals**  
*The facilitator gives participant a list of applicable resources and allows participant to contact them on his/her own time. The facilitator may help pick best options from the list with the participant. It is important to coach the participant through the scenario of calling/going in for follow-up. The facilitator may ask the participant to make a 'plan' so the facilitator can check in with him/her at a later time.*
- 11. Answer questions about the screen, results or next steps.**

## **12. Continue with the planned ILL.**

### **\*Group Level Interventions (GLI)\***

*Note: Since this is a group interaction, the screening should be completed on paper by the participant, nonverbally. Discreet exceptions may be made for individuals struggling with literacy or vision needs. Time needs to be set aside to discuss result and associated needs with individuals away from other participants. We have provided the suggested steps and specific two approaches to processing the screen within a group setting under "Leading the Screening Process" below.*

### **Suggested Steps**

- 1. Ensure participants and provider are in a confidential space.**
- 2. Establish rapport with participants.**
- 3. Complete necessary data collection / intake forms and other required paperwork (if any).**
- 4. Introduction and orientation to screening (*See Example of Introduction Script*).**
- 5. Complete the screening.**
- 6. Score Survey.**
- 7. Ask permission to provide feedback, if applicable.**
- 8. Discuss meaning of score to the group/Provide feedback.**
- 9. Provide referrals for full Mental Health and/or Substance Misuse Assessment, if applicable and if client is willing.**
  - a. Option 1: Active Referrals** (preferred, when possible)  
*The facilitator and participant contact an agency by phone or by travel that offers Mental Health or Substance misuse services (e.g., more complete screenings, treatment, etc.). The facilitator would help the participant set up and follow-through with his/her appointment for such services.*
  - b. Option 2: Passive Referrals**  
*The facilitator gives participant a list of applicable resources and allows participant to contact them on his/her own time. The facilitator may help pick best options from the list with the participant. It is important to coach the participant through the scenario of calling/going in for follow-up. The facilitator may ask the participant to make a 'plan' so the facilitator can check in with him/her at a later time.*
- 10. Answer questions about the screen, results or next steps.**

## **11. Continue with the planned GLI.**

### **Suggestions for Facilitating the Screening Process**

#### **GLI Screen Option 1**

- 1) Before intervention begins, hand out screening packet to participants/place on chairs.
- 2) Provide instructions orally to the group, participants reading along the document with facilitator.
- 3) Remind group of “Vegas Rules” concerning anything discussed during the session.
- 4) Each client autonomously completes the screen (facilitator can also discreetly assist those with literacy or vision limitations during the group screening or after the GLI).
- 5) Facilitator describes scoring aloud with the group while participants self-score.
- 6) Facilitator encourages any participant with positive screen to approach them after the GLI - may include setting up appt for follow-up via phone or in-house.
- 7) Facilitator tells participants they may keep or discard their screens.
- 8) Facilitator reminds participants they may keep resource list and cover letter regardless of whether they completed the screen.
- 9) Facilitator privately meets with requesting participants, providing brief overview of relevant referral options based on screening results, client needs and client requests, so that a participant can anonymously self-refer.

### **GLI Screen Option 2**

- 1) Before intervention begins, hand out screening packet to participants/place on chairs.
- 2) Provide instructions orally to the group, participants reading along the document with facilitator.
- 3) Remind group of “Vegas Rules” concerning anything discussed during the session.
- 4) Each client autonomously completes the screen (facilitator discreetly assists those with literacy or vision limitations during the group screening or after the GLI).
- 5) Facilitator describes scoring aloud with the group while participants self-score.
- 6) Facilitator asks participants interested in follow-up to provide name and contact information on their paper.
- 7) All scores (complete and incomplete) are handed in to facilitator
- 8) Facilitator reminds participants they may keep resource list and cover letter regardless of whether they completed the screen.
- 9) Facilitator follows up with positive-scoring screens by phone or by appointment.
- 10) Facilitator privately meets with requesting participants, providing brief overview of relevant referral options based on screening results, client needs and client requests, so that a participant can anonymously self-refer.

## **Suggestions for Introducing the Screening Tool to Your Group**

*A sample script of the screening introduction has been provided to you on the next page but you are welcome to customize your introduction based on your experience with the group and with facilitating such discussions. Regardless of your personal style, it is recommended that these key points be covered in your description.*

- Acknowledge an existence of HIV/AIDS-related social stigma
- Acknowledge an existence of mental health/substance use -related social stigma
- Connect mental health needs and substance misuse to heightened HIV Risk
- Normalize the commonality of mental health needs and/or substance misuse
- Describe the purpose of the survey:
  - Benefits: Opportunity to notice personal HIV risk of transmission/acquisition; begin process of gaining support
  - Risks: May stir up personally traumatic memories or increase concerns
  - Not a diagnostic tool
  - Facilitator is not a clinician and will not be providing clinical services
- Participants may opt out of screen before or during screening process-will impact neither group participation nor facilitator's personal view of participant
- Provide actual instructions (the process of screening, scoring, gaining support from facilitator)
- Remind participant of GLI group rules (what's discussed in group stays in group)

## **Example of an Introduction & Orientation Script**

*Key points discussed on previous page are in this script. Please adjust the script's language and length based on your audience, time available, and your personal speaking style.*

### ***Possible Introduction Script:***

*Hello and thank you for being here today. As you know HIV/AIDS is stigmatized and we are working hard to help others realize how common it really is and by providing resources to people who may find them helpful. Like the stigma associated with HIV/AIDS, there is also major stigma associated with mental health and substance use or misuse. The truth is, mental health and substance misuse challenges are more common than most people realize. Over the years, we've learned that mental health and substance use increase people's risk for getting or passing HIV and other STDs. We have found that HIV-positive people and other individuals in at-risk groups may have mental health or substance misuse concerns or needs.*

*If it is okay, I'd like to have you privately answer some questions about mental health and substance use. A benefit in answering the questions would be to identify a need that we could help you address to keep you healthy and happy. A potential risk would be learning some information that may be uncomfortable and/or stressful to deal with. Some people are open to answering the questions, others are not – there is not right or wrong.*

*Our intention is to assist and support you, not to diagnose or treat you. We are not trained for that, but can link you to people who can help if necessary. If you decide to decline now or while answering the questions, it will not affect your participation and you won't be thought of any differently. These questions help determine if you could benefit from any additional support. If we see each other again at a later time and you change your mind, maybe we can do it then. You have my contact info as well, so feel free to contact me later if you wish.*

*If you choose **not** to answer the questions, just doodle on the paper or turn it over. You are welcome to keep the resource list attached to the back if you'd like.*

*If you choose to complete it, please read and answer each question. Remember your responses are confidential so please be as honest as possible. Once we are through, I'll tell you how to score it and we'll talk about the meaning of your results and what to do next, if we need to.*

## **COVER LETTER Sample**

*Here is an example of a cover letter serving as additional privacy and informing the participant about the screen. You are welcome to make your own, with letterhead, additional information etc. The cover letter should include simple screening instructions as well as agency contact information. If you like this page, simply cut this introductory narrative, and fit onto a Word document for printing.*

***Thank you for Joining Us!***

Like the stigma associated with HIV/AIDS, there is also stigma associated with mental health and substance use. But needs for mental health and substance misuse support are very common. **Mental health needs and substance use increase a person's risk for getting or passing HIV and other STDs.**

**This is a tool to help you know if you could benefit from mental health and substance use support.** Answering these questions can help us link you to support needed to keep you healthy and happy.

**We are not here to diagnose you, this is not research, and we won't judge you-** we only to help you get connected to people who can help.

**You do not have to participate-**this will not affect your participation in class, and you won't be thought of any differently. You may contact me later, if you wish.

**Please let me know if you have participated in this survey in last 12 months.**

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### **Instructions**

- **Please read and answer each question.**
- **Your answers are confidential so please be as honest as possible.**
- **Wait for further instructions before scoring.**

Your organizer will help you score your paper, talk about the meaning of your results, and help you decide what to do next, if anything.

**If you choose not to answer the questions: doodle on the paper or turn it over.**

**The resource list is for you to keep!**  
**Additional Tool: Referring Your Clients**

*There are six working documents for referrals in: 1) National; 2) Colorado State; 3) Northern Colorado; 4) Southern Colorado; 5) Western Colorado; and 6) the Metro Denver area. These living documents in Google docs are available to you and your clients gain access to supportive MH/SA services. It is most helpful if everyone works to regularly update the list based on changes in services, providers, etc.*

*We encourage each agency to customize their referral lists based on client needs, and available resources within the region. You are not required to use the referral form if you have others you prefer.*

*We simply encourage agencies to share referral information, thus providing agencies with an opportunity to update referral information as a collaborative, better ensuring that available referrals are the most current.*