Florida's TANF SAMH Program Survey
Screening/Assessment Instrument

The Florida TANF SAMH (Substance Abuse/Mental Health) Program Screening is a standard 32-item screening tool used statewide by TANF SAMH outreach workers. The TANF SAMH program director developed the screening tool with input from TANF SAMH district specialists, and mental health and substance abuse contracted service providers. Questions can be added to the basic screening tool, but the 32 core questions may not be modified.

Purpose of the screening/assessment tool: The purpose of the screening is to identify clients at risk for mental health and/or substance abuse issues.

Target population: The screening/assessment tool is administered to TANF clients and other low-income families with an income less than 200 percent of the federal poverty level. Clients are screened in one-stop employment centers, public health centers, public schools, county courthouses, WIC offices, Head Start offices, and other locations that serve TANF recipients and other low-income families.

Who administers the assessment: Bachelor's level outreach workers administer the assessment to TANF recipients and other low-income families. The outreach workers, staff from the contracted mental health and substance abuse service providers, have a background in psychology, social work, or other social service-related fields.

Time required to complete the screening: The screening can be completed in 45 minutes to an hour.

Information collected/issues addressed: The screening tool begins with two open-ended questions: (1) "How is your life going for you right now?" and (2) "How is life going for your children?" The tool also includes the CAGE to detect drug and alcohol abuse, and a DSM IV-based mental health screening tool that addresses 10 disorders including, among others, depression; suicidal ideations; anxiety; history of sexual, physical, or emotional abuse; and domestic violence. A scoring system for the screening tools allows outreach workers to determine whether a client should be referred to treatment. A "yes" response to any one of seven specified questions indicates an automatic referral.

WAGES Applicant: _____ **Date:** _____
Social Security Number (SSN): _____

TANF ADM Program Survey

1. How's your life going for you right now? _____

2. How is life going for your children? _____

3. Are any of your children having problems with defiant behavior, school attendance, or have they had legal problems? _____ If yes, please explain: _____

4. Are you currently under the care of a physician? _____

5. What prescribed medications are you currently taking?

Name of medication / Reason for medication	Name of medication / Reason for medication
1._____/_____	4. _____/_____
2._____/_____	5. _____/_____
3._____/_____	6. _____/_____

6. Do you think the following substances can cause **harm** to a person? Please mark Y or N: Alcohol ____, Marijuana ____, Cocaine ____, Heroin ____, Others ____

7. How often do you currently drink beer, wine, or liquor? Everyday ___, 3-4 times weekly ___, 1-2 times weekly ____, Twice a month ____, Once a month ____, Never ____

8. How much beer, wine, or liquor do you usually drink at one time? Not applicable ____ One drink only ____, 2-3 drinks ____, 4-5 drinks ____, 6 drinks or more ____

9. In the past year, which of the following reasons have you drank alcohol or used drugs? To get high ____ To escape problems____ To Relax____ To socialize____ To fit in with the crowd____ To have fun____

10. a. Have you ever felt the need to quit or cut down on your drinking or drug use? _____
    b. If yes, have you tried to quit or cut down but were unsuccessful? _____

11. a. Has anyone ever expressed concern about your drinking or drug use? ____
    b. Do you feel annoyed when being questioned/criticized about your drinking or drug use? ____

12. Have you felt badly or guilty about your drinking or drug use? ____

13. Do you ever drink or take drugs in the morning to get yourself going or feel better from a hangover? ____
    If yes, how often does this happen? Hardly ever ____, Occasionally ____, Often ____

14. Has your drinking or drug use caused family, job, or legal problems? ____

15. a. Do you, your children, or anyone in your family have a history of substance abuse and/or mental health problems? ____ If yes, who and when: _____
    b. Have you or your children ever received substance abuse or mental health services? _____

16. a. Do you think you or your children might have a substance abuse or mental health problem now?__
b. If yes, do you think it would help to receive treatment services? _____

17. Have you ever had a problem from not eating or eating too much? _____

18. Are there periods when you don't want to do anything for weeks or months at a time or can't find pleasure in doing fun things? ____

19*. a) Have you felt overwhelmingly hopeless and considered hurting yourself or another? ____
b*) Are you feeling this way now? _____

WAGES Applicant: (initials): _____ SSN: _____ Date: _____

20. Have you ever deliberately hurt yourself or anyone else? ____

21. Do you sometimes feel really happy and stay busy for hours, days, or weeks and then suddenly feel very depressed or upset for no apparent reason? ____

22. Have you experienced anxiety or panic for no apparent reason? ____

23. a. Have you ever been sexually, physically, or mentally abused as a child or an adult? ____
b. If yes, how has the abuse effected your life? _____

24. Do you feel that sometimes you are not in control of your behavior and that a voice inside your head is telling you what to do? ____

25. Have you, a family member, or anyone close to you attempted or committed suicide? ____

26. What traumatic experiences have you had? (i.e. death in family, serious car wreck, loss of home, robbery)
List: _____

27. Has a significant other or spouse hit, pushed, choked, kicked, or hurt you in any way? List When: _____
a. Was there drinking/drugging involved? ____ _____
b. In your current relationship? _____ _____
c. Is it happening now? ____ _____

28. Have you ever needed medical attention for any injuries resulting from above? _____

29. Has your spouse or significant other ever threatened your life? _____

30. Has your spouse or significant other ever threatened to take your children? _____

31. Are you staying with your spouse or significant other because you don't feel that you can financially afford to leave? ____

32*. Is it safe for you to go home today? ____ If no "or" you are not sure, would you accept help in finding a safe place for you and your children? _____

Observations and Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Outreach Screener / Credentials

Date

The scoring of this survey is done on a point system *except for the occasions that indicate a need for treatment is so strong, that the points are secondary to determine the need for a referral.* Complete scoring the entire survey marking referral next to the **bolded question(s) indicating an automatic referral** and the number of points for each **YES** question according to the weight of the question. The addition of opened-ended questions are generally not scoreable, but give a subjective overview of how the person sees themselves and their family's functioning. Questions 4 and 5 are held neutral and for ease of scoring, each question is 2 points, except in the specific question category.

Substance Abuse Referral

Points scored from questions **6 through 14** are mainly directed to substance abuse issues. An accumulation of 9 points or more in this section warrants a referral for a more in-depth substance abuse assessment and possible treatment services.

Substance Abuse and/or Mental Health Referral

Points scored from questions **15, 16 and 17** are directed to mental health and/or substance abuse indicators. Please circle the treatment needs that apply to the applicant.

Mental Health Referral

Points scored from questions **18 through 26** are indicative of mental health issues. A total of 9 points or more in this section would mean a referral for a more in-depth mental health assessment and possible treatment. Please note question **19*** is an emergency referral. Affirmative Domestic Violence answers shall also count towards a mental health assessment to rule out PTSD or other diagnoses, in addition to a Domestic Violence referral.

EMERGENCY Referral*

If the applicant answered **YES** to **19b*** or **NO** to **32***, this means that this person is in a life threatening situation. Take immediate action to assure the applicant's safety.

AUTOMATIC Referral (Bolded Questions)

If the applicant answered **YES** to question(s): **3, 16a, 16b, 27b, 27c, 29, 30, 31,** then that is an indication for automatic referral. Please complete scoring the instrument for the full picture.

Specific Point Questions

Question 6 - 2 point for **each NO**
7 - 2 points for **everyday**; I point for **3-4 times weekly**
8 - 2 points for **6 or more drinks**; 1 point for **4-5 drinks**
9 - 2 points for **to get high** or **to escape problems**; 1 point **to fit in**; the rest are neutral
13 - 3 points for **"often"**; 2 points for **"occasionally"**; 1 point for **"hardly ever"**
26 - 2 points for **each** listed trauma

2 - Point Questions

10a, 10b, 11a, 11b, 12, 14, 15a, 15b, 17, 18, 19a, 20, 21, 22, 23a, 23b, 24, 25, 27a, 28, 29, 30, 31

Domestic Violence Referral

The questions **27 through 32**, show problems with domestic violence. An affirmative answer the these questions (except for 32) show a need for an automatic domestic violence referral if the person indicates that the history reported is in a current relationship. Please provide the applicant with a packet of information on domestic violence of any question is answered **YES**. Please note that a **NO**

answer to question **32*** is considered an emergency for the applicant and family, making an immediate referral imperative.