Client name: Date completed:

Case Manager who completed form:

# Direct Service Mini Screen

This document defines considerations for people living with HIV who are classified as ‘Direct Service.’ This guide establishes minimum expectations that should be met when providing a service to ensure optimal, consistent, and client-centered care for all clients. The provisions contained herein apply to clients who are graduated from case management by virtue of their acuity score and also for clients who decline case management services.

This document may be used in lieu of full reassessment for clients who are classified as ‘Direct Service.’ Direct Service clients are clients who do not receive case management because their acuity score was determined between 0 and 15 or they have declined case management services.

Full reassessment shall be completed if necessitated by Direct Mini Screen response and/or at any time at the discretion of the case manager or case management supervisor as warranted by change in client status.

Use of the Supplemental Screening Tool in conjunction with the Direct Service Mini Screen is encouraged, especially for clients who have not had full assessment in the prior 12 months.

# Section C: HOUSING/LIVING SITUATION

Have you had any changes in your living situation, including number of people?❒ Yes ❒ No

**If yes, ask questions below. If no, move to section N.**

|  |  |  |
| --- | --- | --- |
| **Have you had any changes in the following affordable housing priority groups:** | **Yes** | **No** |
| Veteran? |  |  |
| 55+? |  |  |
| Serious mental illness (Schizophrenia, Bipolar, or Major Depression), or chronic substance use? |  |  |
| Chronic homelessness (see definition)? |  |  |

**HUD definition of chronic homelessness:**

Have you been living in a place unfit for human habitation such as a shelter, street, car, abandoned building: ❒ continuously for a year or more OR ❒ at least four episodes in the past three years?

**Current housing status (HRSA/RSR data requirements):**

[ ]  **Stable/Permanent** (❒ apartments, ❒ houses, ❒ foster homes, ❒ long-term residences, ❒ boarding homes)

[ ]  **Temporary** (❒ Transitional housing, ❒ temporary stay with family or friends, ❒ temporary placement in an institution (e.g., ❒ hospital, ❒ psychiatric facility, ❒ substance abuse treatment facility, or ❒ detoxification center), ❒ hotel or motel paid for without emergency shelter voucher.)

[ ]  **Unstable** (❒ Emergency shelter, ❒ car, ❒ an abandoned building, ❒ a bus/train/subway station/airport, or ❒ outside, ❒ jail, prison, ❒ juvenile detention facility ❒ hotel or motel paid for with emergency shelter voucher.)

If housed in an institution or non-permanently housed, will you need help with finding shelter or a place to live once discharged? ❒ Yes ❒ No ❒ NA

**Case Manager: Does client have any service need in this section?** ❒ **Yes**  ❒ **No** ❒ **Declined**

**If yes, please complete the full reassessment, acuity score and move into case management.**

**If no or declined, please state the reason:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section N: MENTAL HEALTH AND PSYCHOSOCIAL STATUS

Are you **currently** receiving professional help for any mental health concerns? ❒ Yes ❒ No ❒ N/A

If yes, what kind of help? Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, are you on medications for any symptom above? ❒ Yes ❒ No

Prescribed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please state reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anything changed in the way you cope with stress? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case Manager: Does client have any service need in this section?** ❒ **Yes**  ❒ **No** ❒ **Declined**

**If yes, please complete the full reassessment, acuity score and move into case management OR refer to external behavioral health care.**

**If no or declined, please state the reason:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section O: SUBSTANCE USE/ALCOHOL USE

Are you **currently** in recovery? ❒ Yes ❒ No If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you **currently** smoking cigarettes?

 If yes, how often do you smoke? ❒ Every day ❒ Some days ❒ Not at all

 If currently still smoking have you tried to quit in the last 12 months? ❒ Yes ❒ No

Do you use any other tobacco or nicotine products? ❒ Pipe ❒ Cigar ❒ Smokeless Tobacco products (snuff, chew)

**Case Manager: Does client have any service need in this section?** ❒ **Yes**  ❒ **No** ❒ **Declined**

**If yes, please complete the full reassessment, acuity score and move into case management OR refer to external behavioral health care.**

**If no or declined, please state the reason:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Place additional notes below