



Screening and Referral Guide

PROMOTING MENTAL WELL-BEING FOR ALL CHILDREN AND YOUTH

February 2021



<http://dhhs.ne.gov/NEPMAP>



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INTRODUCTION

The **Nebraska Partnership for Mental Health Care Access in Pediatrics (NEP-MAP)** promotes comprehensive screening of all children, youth, young adults, and their caregivers for mental and behavioral health issues at appropriate intervals using valid tools accurately and appropriately for age, language, and culture. Due to the significant relationship between parent/caregiver well-being and child well-being, parent/caregiver screening is recommended.

The Screening and Referral Guide was developed by the partners working as **NEP-MAP Technical Workgroup #1** in 2019-2020. NEP-MAP gratefully acknowledges that this work builds on a strong foundation of collaborative work in Nebraska by many partners, seeking to improve early childhood and family outcomes for all families in the areas of mental and behavioral health. Information is up-to-date as of October 2019.

The Technical Workgroup welcomes feedback on the Screening and Referral Guide at the following email address: DHHS.MCASHfeedback@nebraska.gov.

The **Purposes of the Screening and Referral Guide** are to:

- Provide a list of commonly-used, valid and reliable tools for screening readily available and suitable for use community and clinical settings. (The Screening Menu is not intended to be all inclusive of validated instruments).
- Present best practices in screening as involving an array of instruments, validated and normed for age and culture, and a lifecourse approach;
- Provide an accessible framework for community and behavioral health referral resources statewide;
- Provide a structure to assess current and future levels of screening in community and clinical settings.



SCREENING MENU

ALL AGES – 0-21 YEARS

Interpersonal Violence and Trauma

- Survey of Well-being of the Young Child (SWYC) (ages 2-60 months)
- STaT: Three question screener for IPV
- Antenatal Risk Questionnaire (ANRQ)
- PEARLS – The Pediatric ACEs and Related Life-events Screener

Social Needs Screening

- American Academy of Family Physicians Social Needs Screening Tool – the Everyone Project
- National Association of Community Health Centers PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences)
- Centers for Medicare and Medicaid Services The Accountable Health Communities Health-Related Social Needs Screening Tool

EARLY CHILDHOOD – 0-5 YEARS

Social and Emotional Development of the Young Child

- Survey of Well-being of the Young Child (SWYC) (ages 2 – 60 months)
- Ages and Stages – Social Emotional (ASQ-SE2)
- Modified Checklist for Autism in Toddlers (MCHAT)

Autism

- Survey of Well-being of the Young Child (SWYC) (ages 2 – 60 months)
- Ages and Stages (ASQ3) (ages 1-66 months)
- Modified Checklist for Autism in Toddlers (MCHAT)

Lead Exposure

- CDC screening for lead exposure risk

LATER CHILDHOOD AND ADOLESCENCE

Adolescent Depression

- PHQ-9 modified for adolescents
- Suicide Behavior Questionnaire-Revised (SBQ-R)

Substance Use

- UNCOPE – Screen for risk of abuse and dependence on alcohol or other substances

MOTHERS AND CAREGIVERS

Maternal/Caregiver Depression

- Survey of Well-being of the Young Child (SWYC) (ages 2 – 60 months)
- Center for Epidemiological Studies for Depression Scale – Revised (CES-D)
- Antenatal Risk Questionnaire (ANRQ)
- Edinburgh Postnatal Depression Scale (EPDS)





Maternal/Caregiver Substance Use

- Survey of Well-being of the Young Child (SWYC) (ages 2 – 60 months)
- UNCOPE – Screen for risk of abuse and dependence on alcohol or other substances

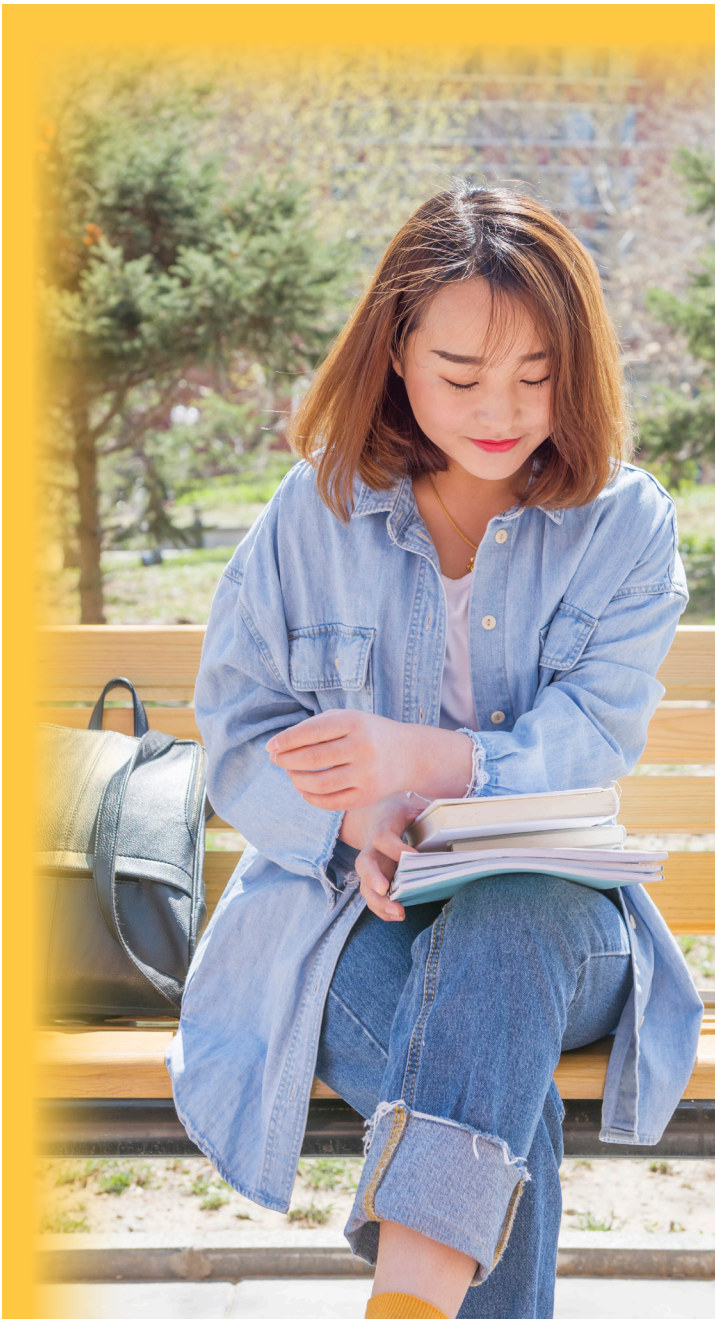


FIND OUT MORE ABOUT EACH SCREENING INSTRUMENT

- Notes:**
- Literacy level assessed using: <https://www.webfx.com/tools/read-able/check.php>
 - Time to administer, where available: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf

Screener Name	Web Source	Cost	Languages	Who Administers	Literacy Level	Approx. Time to Admin.
Survey of Well-being of the Young Child (SWYC) 	https://www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview.aspx	None	English, Spanish, Khmer, Burmese, Nepali, Portuguese, Haitian-Creole, and Arabic	Parent-completed, Provider-scored	Grade 4 (18-month version)	
STaT: Three question screener for Interpersonal violence 	https://www.ncbi.nlm.nih.gov/pubmed/12804354	None	English		7	
Antenatal Risk Questionnaire (ANRQ) 	https://cope.org.au/wp-content/uploads/2017/11/ANRQ-Questionnaire.pdf and https://www.cope.org.au/wp-content/uploads/2017/11/ANRQ-Instructions.pdf	None	English	Patient-completed, Provider-scored		
PEARLS – The Pediatric ACEs and Related Life-events Screener 	https://www.acesaware.org/screen/screening-tools/	None	Arabic, Armenian, Cambodian, Chinese, English, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Punjabi, Russian, Spanish, Tagalog, Thai, Vietnamese	Provider-completed, Provider-scored		
Social Needs Screening	1) American Academy of Family Physicians Social Needs Screening Tool – the Everyone Project https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project/eop-tools/assessment-action.html#plan	None	English, French, Spanish, Tagalog, Chinese, Korean, Vietnamese	Patient-completed, Provider-reviewed Action plan guide and neighborhood navigator tool available	9	
	2) National Association of Community Health Centers PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) http://www.nachc.org/research-and-data/prapare/toolkit	None	English	Electronic Templates available for EHR	8	

Screener Name	Web Source	Cost	Languages	Who Administers	Literacy Level	Approx. Time to Admin.
Social Needs Screening ●	3) Centers for Medicare and Medicaid Services The Accountable Health Communities Health-Related Social Needs Screening Tool https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf	None	English		7	
Ages and Stages – Social Emotional (ASQ-SE2) ●	https://agesandstages.com/products-pricing/asqse-2/	\$295 starter kit with reproducible materials	English, French, Spanish, Danish, Hmong, Somali, Norwegian	Parent-completed, Provider-scored		10 – 15 min. 5 min. to score
Modified Checklist for Autism in Toddlers (MCHAT) ●	https://mchatscreen.com/ and https://mchatscreen.com/wp-content/uploads/2015/09/M-CHAT-R_F_Rev_Aug2018.pdf	None	English	Parent-completed, Provider-scored	4	
Ages and Stages Questionnaire (ASQ3) ●	https://agesandstages.com/	\$295 starter kit with reproducible materials	English, Spanish, Arabic, Chinese, French, and Vietnamese	Parent-completed, Provider-scored	4th-6th grade level	
Blood Lead Test a) Capillary, b) Venous ●	https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4914a1.htm All children enrolled in Medicaid should be screened with a blood lead test at ages 12 and 24 months or at ages 36–72 months if they have not previously been screened.	Medicaid-covered	N/A	Clinician	N/A	
PHQ-9 Modified for teens ●	https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf	None	English	Patient-completed, Provider-scored	6	5 min. 1 min. to score
Suicide Behavior Questionnaire-Revised (SBQ-R) ●	https://integration.samhsa.gov/images/res/SBQ.pdf	None	English		2	
UNCOPE screening for substance abuse ●	http://www.evinceassessment.com/UNCOPE_for_web.pdf	None	English	Clinician	Grade 7	
Center for Epidemiological Studies for Depression Scale (CES-D) ●	https://outcometracker.org/library/CES-D.pdf and http://www.valueoptions.com/providers/Education_Center/Provider_Tools/Depression_Screening.pdf	None	English	Patient-completed, Provider-scored	0	5-10 min.
Edinburgh Postnatal Depression Scale (EPDS) ●	http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf	None	English	Patient-completed, Provider-scored	1	<5 min. 5 min. to score



CONVERSATION STARTERS

The following conversation tips are shared by NEP-MAP partners, including family members, providers, and advocates. Constructive conversations between service providers and families about children's development and behavior can be tricky, for all concerned. There must be respectful, two-way dialogue in order to act in a child's best interests.

- Begin with building rapport and trust. Engage in eye contact and demonstrate respectful listening behavior.
- Recognize that parents and caregiving family members are decision-makers and the experts about their children. Providers are trying to find the best solutions. Screening and referral services are intended to benefit children and their families.
- Let families know that screening is an important part of healthy development. To screen does not mean something is “wrong”. Routine screening is best practice in healthy development. Providers can and should say, “I ask everyone these questions.”
- Screening does not mean diagnosis, or confirmation of a disorder.
- If concerns arise, families need time to process the information they are given. The prospect of a mental health diagnosis can seem overwhelming at first. Culture and language may influence how a family responds, the time they need, and the barriers they face.

Provider: “Do you have concerns about your child’s behavior and development?”

Parent: “I have concerns about my child.”

- How is your child’s sleep?
- How is your child’s energy level?
- Any recent changes?
- How does your child spend unstructured time?
- What concerns do you hear from school or child care?
- What worries or stresses you about your child?

Provider: “Families make important decisions about a child’s health and behavior.”

Parent: “I need support and information to make the best decisions I can for my child and family.”

- How have you responded to behavior concerns so far?
- What are your thoughts about screening and possible treatment?
- Do you think we should take a closer look?
- Are you wondering about any specific condition, such as autism? If so, why?
- What concerns or questions do you have for me?
- If a situation gets worse or a crisis were to occur, what are some options to know about?
- What supports are available to help?



See also: Tips for Talking with Parents about Developmental Concerns

https://www.cdc.gov/ncbddd/actearly/pdf/CDC_LTSAE_TipsForTalkingWithParents_AppBadge-508.pdf

<https://www.cdc.gov/ncbddd/actearly/pdf/tipstalkingparents-spanish-P.pdf>

Behavioral Health Resources For Primary Care Providers – *Statewide*

Nebraska Family Helpline

Raising kids is hard. It's okay to ask for advice.

The **Nebraska Family Helpline** makes it easier for families, schools, advocates and others working with children and youth to obtain assistance by providing a single contact point 24 hours a day, seven days a week. Trained Helpline operators screen calls to:

- Assess immediate safety needs,
- Identify the potential level of a behavioral health crisis,
- Make recommendations or referrals to appropriate resources, and
- Help callers connect to emergency resources or providers.



Any Problem. Any Time.

1-888-866-8660

The Helpline is available statewide and supervised by licensed mental health professionals.

Family Navigator Program: Available within 24 to 72 hours after a Helpline referral, the Navigator Program assists families in identifying family strengths, setting goals and identifying existing community-based services. The Family Navigator program provides families with support and an understanding ear.

STATEWIDE RESOURCE AND REFERRAL CENTERS

Five one-stop suggestions for help finding resources by zip code, town, or region.

<p>Nebraska Family Helpline</p> <p>(888) 866-8660</p> <p>http://dhhs.ne.gov/Pages/Nebraska-Family-Helpine-About.aspx</p>	<p>The Nebraska Family Helpline at (888) 866-8660 makes it easier for families to obtain assistance by providing a single contact point 24 hours a day, seven days a week. Trained Helpline operators screen calls to assess immediate safety needs, identify the potential level of a behavioral health crisis, make recommendations or referrals to appropriate resources, and help callers connect to emergency resources or providers. The Helpline is supervised by licensed mental health professionals. Family Helpline operators also can connect eligible families to the Family Navigator Service. This service helps families move through Nebraska’s child- and family-care system more efficiently to get the assistance they need.</p>
<p>Nebraska Resource and Referral System</p> <p>https://nrrs.ne.gov/</p>	<p>The NRRS is a statewide database created with input from Nebraska families, service providers and organizations. The NRRS provides 1-800 numbers as well as web sites and email contacts to help you connect faster to the services you are seeking. This database provides individuals the opportunity to have a real choice in the diverse selection of service providers by allowing users to more easily locate and compare services of local and state agencies. Search among thousands of community agencies and organizations for the services and resources you need. Refine your search by name, keyword, age-group and/or location.</p>
<p>United Way 211</p> <p>https://www.heartlandunitedway.org/211-resource-hotline</p>	<p>211 is a free, community resources hotline that is available to the public with multilingual access. By dialing, or texting 211, you will be connected with a trained operator to help assess your needs, provide information and offer referrals to human services for your everyday needs and times of crisis.</p>
<p>Behavioral Health Network of Care</p> <p>http://portal.networkofcare.org/Sites/nebraska/mh</p>	<p>This searchable site allows users to find behavioral health service providers by zip code, county, and/or behavioral health region in Nebraska.</p>
<p>Nebraska Mental Health.com</p> <p>https://nebraskamentalhealth.com/find-a-provider/</p>	<p>The goal of NebraskaMentalHealth.com is to expand knowledge about mental health terminology and to help connect those in need with the mental health information, treatment, and services. NebraskaMentalHealth.com provides centralized access to local (Omaha) and regional mental health information in a single location.</p>

MORE RESOURCES ACROSS NEBRASKA

Note to users: These are organizations with state-wide or regional reach in specific areas of interest. This is not intended to be an all-inclusive list of local resources, nor does the list represent endorsement by NEP-MAP. Providers are encouraged to build their own local resource directories — see the template in the next section.

Autism

Center for Autism Spectrum Disorders at University of Nebraska Medical Center, Munroe-Meyer Institute:
<https://www.unmc.edu/mmi/departments/casd/index.html>

Behavioral Health Services by Region

<https://portal.networkofcare.org/Sites/nebraska/mh>

Region 1 Counties: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux	RWPC Psychiatric and Behavioral Health	Medical Plaza North Two West 42nd Street, Ste. 3200 Scottsbluff, NE 69361	308-635-3888
	Options In Psychology, LLC	2622 Avenue C Scottsbluff, NE 69361	308-632-8547
Region 2 Counties: Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, Thomas	Lutheran Family Services of Nebraska, Inc.	120 E 12th St. North Platte, NE 69101	308-532-0587
	Heartland Counseling & Consulting Clinic	110 North Bailey North Platte, NE 69103	308-534-6029
	Great Plains Behavioral Health Center	601 W. Leota St. North Platte, NE 69103	308-568-7263
Region 3 Counties: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, Wheeler	Mid-Plains Center for Behavioral Healthcare Services	914 Baumann Drive Grand Island, NE 68803	308-385-5250
	South Central Behavioral Services	3810 Central Avenue Kearney, NE 68848	308-237-5951
	Boys Town Central Nebraska – Behavioral Health Clinic	2313 N. Webb Road Grand Island, NE 68803	308-381-8851
Region 4 Counties: Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, Wayne	Good Life Counseling and Support	200 N. 34th Street Norfolk, NE 68702	402-371-3044
	Behavioral Health Specialists, Inc.	900 W. Norfolk Ave, Ste. 200 Norfolk, NE 68701	402-370-3140
	Heartland Counseling Services, Inc.	917 West 21st Street South Sioux City, NE 68776	402-494-3337
Region 5 Counties: Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, York	Bryan LGH Counseling Center & Youth Psychiatric Services; 24/7 mental health emergency dept.	Bryan West Campus 2300 S. 16th Street Lincoln, NE 68502	(402) 481-5991 https://www.bryanhealth.com/services/counseling-mental-health/youth/
	HopeSpoke	2444 O Street Lincoln, Nebraska 68510	402-475-7666
	Blue Valley Behavioral Health	1123 9th Street Beatrice, NE 68310	402-228-3386

Region 6 Counties: Cass, Dodge, Douglas, Sarpy, Washington	UNMC Munroe-Meyer Institute Tele-Behavioral Health Consultation for Primary Care Providers		https://www.unmc.edu/mmi/departments/psychology/psych-patientcare/teleproviderconsult.html
	Nebraska Medicine		Reproductive Psychiatry Clinic 402-552-6007 Behavioral Health Connectors 402-836-9292 www.nebraskamed.com/connection
	Children's Hospital		https://www.childrensomaha.org/departments/behavioral-health/
	CHI Health		Information & Referral Line (IRL) 402-717-4673 (HOPE) https://www.chihealth.com/en/services/behavioral-care.html

Care Coordination/Navigation Assistance

Nebraska's Managed Care Organizations (Heritage Health) offer care management services for enrolled members. This can be very helpful for children and families with complex needs.

Nebraska Total Care: Contact Provider Services at 1-844-385-2192

Well Care: Behavioral Health Toolkit for Primary Care Providers

<https://www.wellcare.com/Nebraska/Providers/Medicaid/Behavioral-Health/Behavioral-Health-Toolkit>

United Health Care:

<https://www.uhccommunityplan.com/ne/medicaid/heritage-health>

Care managers will:

- Work with you and family members and friends on a plan of care.
- Explain medical terms in plain language.
- Coordinate your doctor appointments.
- Provide your care team with your medical records.
- Make a referral to community social service programs.
- Offer rewards like a gift card for chronic care checkups or well care visits.

Maternal or Youth Depression

Project Harmony's Nebraska Mental Health Find a Provider site:

<https://nebraskamentalhealth.com/find-a-provider/>

Psychology Today: Find a Therapist in Nebraska:

<https://www.psychologytoday.com/us/therapists>

Early Childhood/Social and Emotional Development

Nebraska Early Development Network: The Nebraska Early Development Network provides early intervention services for families with children birth to age three with developmental delays and/or health care needs and connects families to needed services. To make an EDN referral, call 1-888-806-6287.

<https://edn.ne.gov/cms/>

Lead Exposure

DHHS Childhood Lead Poisoning Prevention Program, Information for Health Professionals:

<http://dhhs.ne.gov/Pages/Lead-Resources-for-Health-Care-Professionals.aspx>

LGBTQ+ Concerns

The TREVOR Project – Saving Young LGBT Lives:

<https://www.thetrevorproject.org/>

Interpersonal Violence

Nebraska's Network of Domestic Violence/Sexual Assault Programs:

https://www.nebraskacoalition.org/get_help/help.html

Social Needs

NE Family Helpline:

(888) 866-8660

Nebraska Resource and Referral System:

<https://nrrs.ne.gov/>

American Academy of Family Physicians (AAFP) Community Resource Finder:

<https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project/neighborhood-navigator.html>

Youth and/or Caregiver Substance Use

Addiction Treatment Centers in Nebraska:

<https://www.recovery.org/browse/nebraska/>

Substance Use Treatment Facilities

<https://findtreatment.samhsa.gov/>

Suicide Prevention

National Suicide Prevention Lifeline:

1-800-273-TALK, 1-800-273-8255

National Crisis Text Line:

Text STAR to 741741

Nebraska Suicide Prevention Coalition:

This site is a collaborative venture intended as a gateway to information about suicide prevention in Nebraska.

<http://www.suicideprevention.nebraska.edu/>

The Kim Foundation:

Raising Awareness Through Education, Outreach and Advocacy.

<https://www.thekimfoundation.org/>

Suicide Prevention Resource Center

We All Have a Role to Play – Together We Can Save Lives.

<https://sprc.org/>



LOCAL RESOURCES TEMPLATE: CREATE YOUR OWN DIRECTORY

Providers are encouraged to locate and build relationships with local community resources.

Organization Name:

Contact Information:

Website:

Services Offered:

Eligibility Restrictions:

NATIONAL BEST PRACTICE RESOURCES

National best practice recommendations on screening in primary care.

The **American Academy of Pediatrics** recommends routine periodic preventive screening of infants, children, youth, and maternal caregivers including: Developmental Screening; Autism Spectrum Disorder Screening; Developmental Surveillance; Psychosocial/Behavioral Assessment; Tobacco, Alcohol, or Drug Use Assessment; Depression Screening; Maternal Depression Screening; and Lead.

https://www.aap.org/en-us/documents/periodicity_schedule.pdf

The **American Congress of Obstetricians and Gynecologists** recommends that all obstetrician-gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. There is evidence that screening alone can have clinical benefits, although initiation of treatment or referral to mental health care providers offers maximum benefit.

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>

American Academy of Pediatrics – Bright Futures National Center

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents – 4th Edition

Bright Futures is a set of principles, strategies, and tools that are theory-based, evidence-driven, and systems-oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

<https://brightfutures.aap.org/>

American Congress of Obstetricians and Gynecologists (ACOG), in line with the **U.S. United States Department of Health and Human Services (HHS)** and **Institute of Medicine (IOM)**, recommends that Interpersonal violence (IPV) screening and counseling should be a core part of women's preventive health visits and at periodic intervals, including obstetric care (at first prenatal visit, at least once per trimester, and at the postpartum checkup, as disclosure may not occur at the first attempt). Providers should also offer ongoing support, and review available prevention and referral options.

<https://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/partner-violence.html#practices>

The **Centers for Disease Control and Prevention** recommend the following screening criteria should be incorporated in all state plans (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5809a1.htm>). A Medicaid-eligible child who meets any one of the following criteria should receive a blood lead screening test:

- Child is suspected by a parent or a health-care provider to be at risk for lead exposure.
- Child has a sibling or frequent playmate with EBLL.
- Child is a recent immigrant, refugee, or foreign adoptee (27--29).
- Child's parent or principal caregiver works professionally or recreationally with lead (22,33).
- Child has a household member who uses traditional, folk, or ethnic remedies or cosmetics or who routinely eats food imported informally (e.g., by a family member) from abroad (22).
- Child's family has been designated at increased risk for lead exposure by the health department because the family has local risk factors for lead exposure (e.g., residence in a designated high-risk zip code or near a known point source).

The national evidence-based **Maternal Infant Early Childhood Home Visiting program (MIECHV)** requires screening of all families using the ASQ, ASQ-SE, the UNCOPE, the three question STaT screening for interpersonal violence, and the CES-D. Social determinants of health screening is woven into family assessment. Maternal Depression screening is performed using an adapted Edinburgh.

The **National Institute on Alcohol Abuse and Alcoholism**, in collaboration with the **American Academy of Pediatrics**, recommends all practitioners serving youth ages 9-18 years screen for alcohol and substance use. See the ALCOHOL SCREENING AND BRIEF INTERVENTION FOR YOUTH: A PRACTITIONER'S GUIDE at <https://www.niaaa.nih.gov/sites/default/files/publications/YouthGuide.pdf>

The **National Child Traumatic Stress Network** recommends trauma-informed screening and assessment practices to help providers identify children's and families' needs early in the process and to tailor services to meet those needs. Trauma Screening refers to a tool or process that is a brief, focused inquiry to determine whether an individual has experienced one or more traumatic events, has reactions to such events, has specific mental or behavioral health needs, and/or needs a referral for a comprehensive trauma-informed mental health assessment. Screening is a "wide-net" process. Trauma-Informed Mental Health Assessment refers to a process that includes a clinical interview, standardized measures, and/or behavioral observations designed to gather an in-depth understanding of the nature, timing, and severity of the traumatic events, the effects of those events, current trauma-related symptoms, and functional impairment. Clinicians use the assessment to understand a child's trauma history and symptom profile; to determine whether a child is developmentally on target in the social, emotional, and behavioral domains; to inform case conceptualization and drive treatment planning; and to monitor progress over time.

<https://www.nctsn.org/treatments-and-practices/screening-and-assessment>

The **Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS)** recommended in 2018 screening women in the prenatal period for depression, domestic violence, and substance use. In the instance of substance use, recommended screenings are the AUDIT-C and the DAST-10.

<http://dhhs.ne.gov/PRAMS%20Documents/PRAMS%20Screening%20Resource%202018.pdf#search=Prenatal%20Visits%20are%20Critical%20Opportunities>

The **Suicide Prevention Resource Center** recommends suicide screening of all patients using validated and standardized instruments, and provides a toolkit for Primary Care Practices on suicide prevention. See the toolkit, including information on planning for referrals for mental health treatment, here:

<http://www.sprc.org/sites/default/files/Final%20National%20Suicide%20Prevention%20Toolkit%202.15.18%20FINAL.pdf>

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Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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