

Notice
Competitive Request for Applications

Behavioral Screening for Individuals and Families



Issued by:

New Jersey Department of Health

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Request for Applications

Behavioral Screening for Individuals and Families

Statement of Purpose:

The New Jersey Department of Health (DOH), Division of Family Health Services (FHS), Maternal and Child Health Services is announcing a competitive request for applications (RFA) to expand the role of licensed facilities by supporting screening services to identify and refer for treatment individuals with behavioral health problems associated with the aftermath of Superstorm Sandy in the nine most affected counties in NJ (Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean, Union). The Department expects to have available approximately \$1.8 million dollars for funding for this Initiative. The NJDOH/FHS is committed to targeting limited Superstorm Sandy public health resources to populations and communities with the highest need where impact will be greatest to improve population health outcomes adversely affected by Superstorm Sandy.

This RFA seeks to build on recent efforts to address mental health as a component of individualized health care in patient care settings. The term primary care setting is defined broadly to include all licensed health care facilities in the nine (9) counties most impacted by Superstorm Sandy as referenced above.

Health care settings are potentially one of the key points of access to screening, assessment, prevention, early intervention, referral, and treatment for individuals dealing with issues related to Superstorm Sandy and its aftermath as well as health problems. Physical and mental health effects of disasters often coexist. In some instances, physical problems may increase the probability of mental health challenges. For example, a disaster may exacerbate a chronic health condition such as diabetes, asthma or congestive heart failure (CHF), with worsening physical health contributing to the development or exacerbation of depression. The reverse direction of causality is possible, with mental health problems resulting in poorer health maintenance efforts and deterioration in chronic health problems. As such, health care providers may encounter patients with severe reactions such as heart palpitations, vivid nightmares and hallucinations. They may see more common signs such as headaches, loss of appetite, and/or nausea. Although many symptoms are temporary, providers and other ancillary health care workers need to know how to identify them early and prevent them from escalating.

Many people who do not meet the diagnostic criteria for mental health intervention may, nonetheless, exhibit behavioral problems—putting them at risk for health problems; interpersonal complications with family and friends, and difficulties at school or work.

Often, these individuals do not seek help from mental health specialists, but they do visit medical care providers/caregivers. Despite this seemingly obvious connection, mental health/domestic violence/drug abuse prevention, screening, and referral, are rarely provided. Providers may fail to associate behavioral problems, psychosocial problems, dysfunctional eating, academic underachievement, sexually transmitted diseases, and other presenting problems with mental health/drug use and abuse in their patients.

Furthermore, physicians routinely faced with the many medical consequences of mental health issues and the sequelae of domestic violence as well as drug use—such as, HIV/AIDS and other sexually transmitted diseases, hepatitis and other infectious diseases, heart attacks, and pulmonary problems—often do not consider the contribution of stress following a major natural disaster such as Superstorm Sandy to the

medical symptoms and chronic diseases they see in clinical practice.

Background:

Superstorm Sandy impacted thousands of New Jerseyans across the State. On October 29, 2012, New Jersey experienced devastating impacts from Superstorm Sandy. Although the storm raged up the East Coast, New Jersey took a direct hit causing billions of dollars in damage to residential and commercial property, including the destruction of entire neighborhoods. The state experienced catastrophic flooding, thousands of downed trees, record storm surge levels, over 2.7 million customers without power and over 6,000 persons forced to relocate into emergency shelters due to flooding or damage to their homes. According to estimations from the U.S. Department of Housing and Urban Development (HUD), more than 45,000 residences were listed as having a concentrated level of damage, with some totally destroyed.

Nearly everyone who experiences a traumatic event like a natural disaster such as Superstorm Sandy will be affected psychologically in some way. Symptoms can vary from sadness and difficulty sleeping to posttraumatic stress disorder. The severity and duration often depend on what an individual went through and lost. Disaster planning tends to focus on responding to the immediate physical needs and injuries of victims. More must be done, however, to address the behavioral health impact in the aftermath.

Research has shown that after major disasters health care services typically increases for 12 or more months following the disaster. A conceptual framework for assisting disaster victims involves understanding the individual and environmental risk factors that influence post-disaster physical and mental health. Victims of disaster will typically present to family physicians with acute physical health problems. Chronic problems often require medications and ongoing primary care. Some victims may be at risk of acute or chronic mental health problems such as post-traumatic stress disorder, depression, or alcohol/drug abuse. Risk factors for post-disaster mental health problems include previous mental health problems and high levels of exposure to disaster-related stresses (e.g., fear of death or serious injury, exposure to serious injury or death, separation from family, prolonged displacement, financial insecurity).

A person's response to a disaster has been shown to be determined by demographic and socioeconomic factors, as well as the person's pre-disaster mental health and the extent of his or her social support before, during, and after the event. Pre-disaster life events have been shown to have an impact on post-disaster physical and mental health. In terms of mental health, persons with pre-disaster mental health histories are more likely to display post-disaster mental health problems including post-traumatic stress disorder (PTSD). Less intensely stressful life events (e.g., financial or marital problems) existing one year before disaster exposure has been associated with increased physical and psychological symptoms.

Regarding demographic factors, children and adolescents typically display emotional distress when family conflict occurs; middle-age adults experience psychological and physical problems when a disaster makes it impossible to meet responsibilities; and older adults most often display post-disaster physical and mental health problems when limits on income, health, or social support before the disaster result in an inability to cope effectively after the disaster.

In general, ethnic minority status and lower income have been associated with poorer post-disaster physical and mental well-being. Although being married appears to help men, a married woman may experience poorer post-disaster adjustment if her marital status results in her providing more social support than she receives. Particularly for women, children and adolescents, findings from the scientific literature clearly demonstrate that the psychological effects of natural disasters can be quite serious.

Indeed, the empirical data regarding the mental health of women who lived through Hurricane Katrina is generally consistent with previous research documenting high rates of psychological distress among women exposed to disasters. For example, an assessment of the presence of psychiatric symptomatology among a sample of 70 mothers who lived in the New Orleans metropolitan area at the time of Hurricane Katrina demonstrated that six (6) months after the storm, about half of the women met criteria for a psychiatric disorder, the most common of which was Posttraumatic Stress Disorder - PTSD (35.6 percent). A study of Tulane University employees six (6) months after the storm also revealed high rates of PTSD among women. In a sample of 1,542 employees, 21.9 percent of women reported clinically significant symptoms of PTSD, which was significantly higher than the 14.7 percent of men reporting a similar level of symptoms.

Health care professionals can be key agents in lessening post-disaster physical and mental health reactions. Key points include providing information, remaining empathic, encouraging victims to seek and accept assistance, and providing screenings to determine need for follow-up evaluation and or treatment for behavioral health issues.

PHYSICAL HEALTH OUTCOMES

Common post-disaster health problems include: (1) acute injuries; (2) acute problems; (3) chronic problems; and (4) medically unexplained physical symptoms.

According to published research post-Katrina, more than one half of acute post-disaster health issues were illnesses (e.g., self-limited viral syndromes, gastroenteritis). Approximately one fourth of acute post-disaster health complaints were injuries (e.g., cuts, abrasions, sprains, fractures). Other acute post-disaster health issues included routine items such as medication refills, wound checks, and splinting.

Somatic complaints without organic cause, sometimes described as medically unexplained physical symptoms, are common following a disaster. These unexplained symptoms also are associated with mental health problems such as depression, PTSD, and other anxiety disorders. Health care professionals should increasingly consider a mental health explanation for vague, unexplained physical symptoms following a major disaster such as Superstorm Sandy.

MENTAL HEALTH OUTCOMES

Most patients with post-disaster mental health problems had similar problems before the disaster occurred. In such cases, the role of the health care professional includes the provision of medication refills, supportive counseling, and appropriate referrals when indicated and feasible.

However, for individuals without a prior history of mental health problems, acute post-disaster psychological distress may include emotional instability; negative emotions; cognitive dysfunction and distortions (e.g., reduced concentration, confusion, unwanted thoughts or memories); physical symptoms (e.g., headaches, tension, fatigue, gastrointestinal upset, appetite changes); and behaviors that negatively affect interpersonal relationships (e.g., irritability, distrust, withdrawal, being overly controlling). For most persons, acute psychological distress will resolve within weeks to several months, but it can persist for up to one year. Distress tends to resolve as victims are able to reliably meet their basic needs.

More severe new-onset mental health problems can occur, with the presentation ranging from obvious to subtle. The most common post-disaster mental health problems appear to be depression, PTSD, and other anxiety disorders. Increases in alcohol or drug abuse and domestic or interpersonal violence also have

been noted. Health care professionals need to consider screening for common mental health problems among vulnerable populations, such as persons with a history of mental health issues, perceived life threat, serious injury, or exposure to death.

Description of Problem and Need

This project seeks to address the behavioral health screening needs of populations within communities that were most severely impacted by Superstorm Sandy. Through the project, grantees will provide targeted efforts to reach Superstorm Sandy impacted individuals and families who come to established licensed health care settings to receive health services to help address broader behavioral health care needs through screenings and referrals for substance abuse treatment, domestic violence, and mental health care needs. Approximately 10,000 individuals are expected to be screened yearly in the nine (9) most affected counties.

It is well documented that a need exists for appropriate psychosocial screening of individuals and families who may seek health services following a major disaster like Superstorm Sandy. Behavioral Health care providers in medical care settings can play an important role in identifying individuals and families traumatized by Superstorm Sandy and its aftermath and helping them get additional evaluations and /or treatment. It is expected that through this RFA, grantees will:

- Conduct brief screening for behavioral health problems such as PTSD symptoms, substance abuse problems and/or domestic violence issues.
- Provide on-site, trauma-related patient and family educational materials.
- Provide referral for specialized evaluation and treatment for patients identified through the brief screenings as needing additional assistance with trauma-related problems.
- Educate staff about identification and referral of Superstorm Sandy impacted individuals with trauma-related problems.
- Understand the role trauma and its effects have on individuals to inform treatment planning for patients whose severe psychological complications interfere with medical care.
- Participate in specialized trainings provided by the NJDOH.
- Contribute to the development of genuinely multidisciplinary teams that ensure integration and continuity of patient care.

Adding new types of workers onto a holistic health team can help integrate behavioral health with medical care interventions. Such roles as Behavioral Health Specialists, Social Workers and/or Case Managers can support both medical care and behavioral health interventions by providing outreach, initial screenings and consultant-liaison functions within the health care setting. As such, agencies responding to the RFA can utilize any of the above-named types of workers who are properly trained and supervised. For example for the purposes of this RFA, applicants may use any of the following or a combination of: **Behavioral Health Specialists/Social Workers/ Case Managers.** These professionals can perform screenings and provide referrals for treatment. They may also undertake service planning, consultation and communication with the health care management team.

Funding Information

The Department expects to have available approximately \$1.8 million dollars for funding for this Initiative. These funds are available from federal funding (Administration for Children and Families),

Social Services Block Grant Hurricane Sandy Supplemental award to the NJDOH. The award of grants under this announcement is contingent upon the continued receipt of these federal funds by the NJDOH/FHS.

The Department anticipates funding awards within the nine (9) most affected counties, to applicants who can successfully meet the program and project criteria described in this announcement. Population size, physical destruction of infrastructure and geographic distribution will be considered in determining award levels at the Department's discretion.

This competitive RFA is for a period of up to 10 months (September 1, 2014 through June 30, 2015). Year 1 Budget Period will be for one (1) year and is dependent upon the continued availability of funds. In subsequent years, the agency must submit a noncompetitive health service grant application. Each year continuing funding is contingent upon the availability of funds; timely accurate submission of reports; an approved annual plan; and satisfactory progress toward completion of the current year's contract objectives.

Awards will be made based on the quality of the applicant proposal(s) and pending the availability of funds. Funding decisions will be made to ensure the broadest possible coverage, in terms of both geography and prioritized target populations to be served.

Budget:

Funding is available to support staff (salary and fringe) to provide the screening and referral services. The position has a minimum requirement of a Bachelor's degree. Other categories including travel, equipment (notebook computer, printer), and reasonable office and program expenses will be considered.

Target Population:

The Target population for this RFA is licensed health care facilities in the nine (9) most severely affected counties. Facilities that currently do not employ behavioral health specialist or social work staff are strongly encouraged to apply. The applicant shall clearly delineate the population to be served through the grant period including specific municipalities/catchment area in the affected county and projected number of individuals to be screened.

Applicant Eligibility

The awarding of grants is on a competitive basis and is contingent on proposals deemed fundable according to a review by public health officials and compliance with:

- The DOH Terms and Conditions for Administration of Grants
- Conditions stated in this RFA

Eligible applicants include all licensed health care facilities that meet the requirements of this RFA.

The following facilities and or health care settings are **not** eligible for funding under this RFA: Chronic care facilities, and mental health/addiction treatment facilities.

All applications that meet the minimum requirements will undergo a review process, as described below. Any agency or program that has been disbarred or is under suspension by the NJDOH or other governmental agency is not eligible.

All information submitted with your application is subject to verification during pre-decisional site visits and review by NJDOH staff. Verifications may include, but are not limited to, review of client records without identifiers, credentials of staff, progress reports submitted to funders, fiscal policies, procedural policies (including cultural competency policy) and procedures, etc. Submission of unverifiable information in this proposal may result in an agency not receiving any funds.

Performance Standards

All grantees will be expected to collect, review and report a set of defined performance standards to monitor and assess the implementation and effectiveness of the project.

Performance Standards Label	Definition	Definition of Measurable Improvement
Screening for depressive symptoms	The completion of the (recognized depression screening tool) during the initial month of enrollment	Increase over time in the proportion of individuals with a completed depression screening tool
Screening for use of alcohol, tobacco, or illicit drugs	The completion of the (recognized ATOD screening tool) during the initial month of enrollment	Increase over time in the proportion of individuals with a completed ATOD screening tool
Screening for domestic violence	The completion of the (recognized domestic violence screening tool) during the initial month of enrollment	Increase over time in the proportion of individuals with a completed domestic violence screening tool
Number of individuals identified for necessary services	Number of participating individuals identified for necessary services	Increase over time in the proportion of individuals screened for necessary services by a standardized screening tool
Number of individuals needing services & receiving a community resource referral	Number of participating individuals identified as requiring a service by a standardized screening tool and who received a referral to an available community resource	Increase over time in the proportion of participating individuals identified as requiring a service and who received a referral to an available community resource.
Number of MOUs with other health and social service agencies in the community	Number of MOUs with other agencies in the community	Increase or maintain over time in the number of MOUs each provider has with health and social service agencies
Information sharing: Number of agencies where provider has a specific contact w/ collaborating community agency	Number of agencies with which the provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies	Increase or maintain over time in the number of agencies with which each provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies

System of Administering Grants Electronically (SAGE)

The Department of Health (DOH) requires all grant applications to be submitted electronically through our System of Administering Grants Electronically (SAGE) using font: Times New Roman -12, single space and no special characters.

Grant Application Timeline:

An email “Notice of Intent to Apply” must be sent to the Program Officer no later than 12 noon, **Monday, June 9, 2014**. Contact information is provided below:

Elizabeth Dahms, Public Health Consultant 1
Elizabeth.Dahms@doh.state.nj.us

A Bidder’s Conference/ Technical Assistance Meeting will be held for all eligible applicants on **Tuesday, June 17, 2014**. Location details will be provided, via email, by **June 12, 2014**.

Applications must be submitted **no later than 5:00 p.m. on July 7, 2014**.

Paper submissions will not be considered. **Incomplete grant applications will not be considered and will be disqualified.** Applications that do not meet the above criteria will not be considered and will be rejected. **Selected applicant will be notified of funding decisions on or about July 31, 2014.**

In order to submit a proposal online, via the **System for Administering Grants Electronically (SAGE)**:

If your organization is already registered in SAGE, you will be able to log on and begin the application process once the application is available (date will be provided at the Bidders’ Conference/ Technical Assistance Meeting).

If your organization has never registered in SAGE, you will be sent guidance for gaining access after your “Notice of Intent to Apply” has been received.

Other Requirements

Progress and expenditure reports addressing work plan activities to be submitted are located in the NJSAGE system:

Progress Reports must be submitted within ten (10) business days of the end of the program period quarter.

Expenditure Reports are due at the end of each quarter.

Budget revisions can be submitted until forty-five (45) days prior to the end of the program period.

A narrative of the final summary report on the agency’s activities under the grant and Final Expenditure Reports are due thirty (30) days after the end of the budget period.

REVIEW PROCESS:

1. Applications received by the deadline will be screened for compliance with the mandatory requirements by Maternal and Child Health Services staff.
2. Applications that are incomplete or do not conform to the grant requirements will be disqualified.
3. Applications that meet the screening requirements will be presented to a review committee.
4. The review committee will assess each application according to the Evaluation Criteria described below.

EVALUATION CRITERIA:

Applications will be reviewed in accordance with the following:

Needs Assessment (30 points)

- Identify the proposed target population and service area.
- Identify existing service location in the affected county to be served.
- Must have an established client base (age 18-50 years); (may be State or Federal required report).
- Documentation of current client volume is required including demographics of population served including but not limited to age, race, ethnicity, language, insurance status.
- Describe how the proposed program complements existing services in the identification and referral for treatment of behavioral health problems.
- Describe the extent to which current referrals are coordinated and integrated with the activities of other community programs serving the same populations(s).
- Provide history of referral patterns for behavioral health including type (substance use, domestic violence, mental health) and number of referrals in the past year.

Objectives: (20 points)

- Identify linkages with at least 5 mental health/substance abuse providers in the catchment area. Letter of Agreement must be attached to the application.
- Describe both formal and informal arrangements.
- Include a time specific project plan that demonstrates that the agency/organization will be operational within 30 days of receipt of grant award.

Methods: (20 points)

Organizational Structure (5 points)

- Provide a brief description and history of the organization;
- Provide an organizational chart that describes the location of this program within the organizational structure; and
- Describe the experience of the applicant organization in providing services in the proposed county.
- Describe the major linkages with community (public and private) organizations (e.g., other health care programs, human service agencies, health professional education programs, integrated service networks, school systems, housing programs, etc.).
- Describe the organization's general approach to meeting community/target population of individuals and families.

Implementation plan (15 points)

- Describe the proposed staffing and agency readiness of the program. (Include ability to hire, facility space.)
- Describe how the proposed projects are most appropriate and responsive to the identified issues related to access to for screening services in the identification and referral for treatment of behavioral health problems associated with the aftermath of Superstorm Sandy.

- Describe the extent to which project activities are coordinated and integrated with the activities of other federally funded, State and local health services delivery projects and programs serving the same population(s).
- Describe, in cases where the site is already operational, how grant funds will enhance existing services, resources and providers to expand accessibility and availability of health care services to underserved populations.
- Name the screening tools that will be used and include reliability and validity information.

Budget and Justification

- Budget complements current medical/health care; not supplant funds
- The budget should be developed based on the estimated funding needs to accomplish the proposed project.
- Health Service Grant Application Schedule A, B, and C must be completed.
- Identify the number of full time equivalents regardless of funding source that will be providing services for the program.
- The budget should be accompanied by a complete and comprehensive budget justification that provides an explanation for each budget line item; and
- The budget should be reasonable and appropriate based on the scope of the services to be provided.
- Identify all state and federally funded initiatives in the project area which your agency is funded.

After applications have been scored and ranked by the review committee, NJDOH/FHS staff will review the budget request. An application must receive a minimum score of 55 points to be eligible for funding. The NJDOH/FHS may negotiate specific line items that it determines to be inappropriate, excessive or contrary to the NJDOH/FHS grant policy.

Appendix

When selecting the screening tools that the agency will use, it is important to consider the reliability and validity of the instrument. Below are a few examples of tools that have been tested. You are not restricted to choosing one of these tools. In the Implementation Plan, describe which tools will be used and the reason for choosing them. The last section shows two references that can be used to research additional screening tools.

Post-Traumatic Stress Disorder

The 4-item Primary Care Post-Traumatic Stress Disorder screen (PC-PTSD) is a simple and effective tool to identify symptoms of post-traumatic stress disorder (PTSD). The 4-item screen assesses key characteristics of PTSD.

It is not designed to diagnose but rather to help you identify symptoms of PTSD.

Here are the four questions:

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

Have had nightmares about it or thought about it when you did not want to? **Yes No**

Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **Yes No**

Were constantly on guard, watchful, or easily startled? **Yes No**

Felt numb or detached from others, activities, or your surroundings? **Yes No**

If you have answered "yes" to three (3) items or more it is considered "positive" and your screening results are consistent with symptoms of PTSD. As this screening is not a substitute for a clinical evaluation and cannot provide an actual diagnosis, it is recommended that you see a health professional for further assessment/evaluation.

Alcohol

TACE (Tolerance, Annoyed, Cut down, Eye opener) **T-ACE** is a measurement tool of four questions that are significant identifiers of risk drinking. Traditional tools such as the CAGE questionnaire for alcohol misuse lack sensitivity among women and minorities.

MAST (Michigan Alcoholism Screening Test) is a 25-item questionnaire designed to provide rapid and effective screening for lifetime alcohol-related problems and alcoholism. This tool can be used in either paper/pencil or interview format.

SASSI-3 (Substance Abuse Subtle Screening Inventory - 3) has three scales specifically designed to increase accuracy in the face of denial and defensiveness. One scale distinguishes substance abusers from non-abusers even when substance abusers are trying to conceal an addiction problem. Two other scales identify defensive clients and determine if their defensiveness is indicative of an underlying substance abuse disorder.

DAST (Drug Abuse Screening Test) helps assess the severity of a client's problems with drugs other than alcohol. A brief questionnaire that takes five minutes to administer can be used in either self-report or interview format.

CAGE (Cut down/Annoyed/Guilty/Eye-opener) consists of four yes-or-no questions and two questions about frequency and multi-substance abuse. This is easily worked into a conversation with the client rather than a form they fill out. This tool could be modified to include "drug use." A "yes" on one or more question indicates concern for abuse/dependence.

UNCOPE (Used, Neglected, Cut down, Objected, Preoccupied, Emotional discomfort) consists of six questions regarding the impact of substance use. Two or more questions answered in the affirmative indicate abuse or dependence. The client or the clinician can score the tests.

AUDIT (The Alcohol Use Disorders Identification Test) is utilized across the world, typically in health care venues, with high levels of validity/reliability.

- Use this link to locate the AUDIT screening tool.
- Use this link to access background information on the AUDIT tool written by the World Health Organization.

Intimate Partner Violence Screening Tools

The most studied tools were the Hurt, Insult, Threaten, and Scream (HITS, sensitivity 30%–100%, specificity 86%–99%); the Woman Abuse Screening Tool (WAST, sensitivity 47%, specificity 96%); the Partner Violence Screen (PVS, sensitivity 35%–71%, specificity 80%–94%); and the Abuse Assessment Screen (AAS, sensitivity 93%–94%, specificity 55%–99%). Internal reliability (HITS, WAST); test–retest reliability (AAS); concurrent validity (HITS, WAST); discriminant validity (WAST); and predictive validity (PVS) were also assessed. Overall study quality was fair to good.

The Relationship Assessment Tool (RAT) screens for domestic violence. Domestic violence is a pattern of abusive and threatening behaviors used by one person in a relationship, typically to control the other. Violence takes many forms and can happen all the time or occasionally. Children in homes where domestic violence is present are more likely to be abused and/or neglected. Most children in these homes know about the violence. Even when the child is not abused awareness of, or witnessing domestic violence can result in emotional or behavioral problems.

Depression

Patient Health Questionnaire (PHQ-2) for Depression Screening*†

How often over the past two weeks have you experienced either of the following problems?

1. Having little interest or pleasure in doing things?
2. Feeling down, depressed, or hopeless?

*—"Yes" versus "no" response format, with yes = 1 and no = 0. A score of 1 is a positive screening result with a sensitivity of 96 percent.

†—Four-point response format, with 0 = not at all; 1 = several days; 2 = more than one half of the days; 3 = nearly every day. A score of 3 or more is a positive screening result with a sensitivity of 83 percent.

MEASURING HEALTH

A Guide to Rating Scales and Questionnaires

THIRD EDITION

Ian McDowell

2006

This book is available on the web at:

<http://a4ebm.org/sites/default/files/Measuring%20Health.pdf>

The Mental Health Screening and Assessment Tools for Primary Care table provides a listing of mental health screening and assessment tools, summarizing their psychometric testing properties, cultural considerations, costs, and key references. It includes tools that are proprietary and those that are freely accessible.

<http://www.heardalliance.org/wp-content/uploads/2011/04/Mental-Health-Assessment.pdf>

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