Office Systems Inventory

For the purpose of this inventory, "patient" specifically refers to adolescents and young adults (ages 12-25).

Use the following rating system to evaluate your practice:

1=We do this well; Substantial improvement is not currently needed.
2 =We do this to some extent; Improvement is needed.
3 = We do not do this well; Significant practice change is needed.

Practice: [participating_prac_arm_1][practice_name]

Community Resources

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Practice has an up-to-date list of developmental-behavioral pediatricians, adolescent medicine specialists, community-based and school-based mental health and substance abuse professionals, youth recreational programs, and family and peer support programs and mental health care coordinators.	○	○	○
Practice team is knowledgeable about eligibility requirements, contact points, and services of the programs and providers listed above.	○	○	○
Practice team has collaborative relationships with school and community-based providers of key services for mental health concerns.	○	○	○

HealthCare Financing

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Primary care practice has coding and billing procedures to capture payment for primary care mental health-related services covered by major health plans, including screening.	○	○	○

Support for Children and Families

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Practice staff has good "first contact" skills to help patients and families feel welcome and respected.	○	○	○
Practice team is supportive of people facing mental health challenges, demonstrating sensitivity to cultural differences and avoiding stigmatizing language.	○	○	○
Practice team promotes the importance of mental health through posters, practice Web sites, newsletters, handouts, or brochures.	○	○	○
Clinicians promote the importance of wellness by incorporating conversations about mental health concerns into each appropriate office visit.	○	○	○

Support for Children and Families (continued)

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Practice team assures patients and families of confidentiality in accordance with standard medical ethics and state and federal laws.	○	○	○
Clinicians actively elicit mental health concerns; assess patients' and families' readiness to address them; and engage patients and families in planning their own care at their own pace.	○	○	○
Practice team fosters self- and family management (e.g., provides educational materials appropriate to literacy level and culture, articulates patients 's and family's role in care plan, stays abreast of online and print self-care resources).	○	○	○
Practice team is prepared to support families through referral assistance and advocacy in the referral process for mental health concerns.	○	○	○

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Support for Children and Families (continued)

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Practice team is prepared to address mental health concerns of special populations within the practice (e.g., those in foster care, those in the juvenile justice system, those whose families have experienced disasters, those with parents deployed in military service, lesbian/gay/bisexual/transgender/questioning youth).	○	○	○
Practice team periodically assesses the family-centeredness of the practice through patient or family feedback.	○	○	○
Practice team periodically assesses the quality of care provided to adolescents and young adults with mental health concerns and takes action to improve care, in accordance with findings.	○	○	○

Clinical Information Systems / Care Coordination / Delivery System Redesign

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Clinicians routinely use psychosocial history and validated screening tools at preventive visits and other appropriate visits to elicit concerns and to identify strengths around mental health.	○	○	○
Recall and reminder systems are in place to identify missed appointments and ensure patients with mental health concerns (including those not ready to take action) receive appropriate follow-up and routine health supervision services).	○	○	○
Practice has a system for monitoring medication efficacy, adverse effects, adherence, and renewals.	○	○	○
Practice has a crisis plan in place for the handling of mental health emergencies including suicidality.	○	○	○

Clinical Information Systems / Care Coordination / Delivery System Redesign (continued)

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Practice has office procedures to support collaboration (e.g., routines for requesting parental consent to exchange information with specialists and schools, fax-back forms for specialist feedback, psychosocial history accompanying foster children).	○	○	○
Practice has systems in place and staff roles assigned to monitor patients' progress related to mental health concerns (e.g., check on referral completion, periodic telephone contact with family, communications to and from specialist, therapist/counselor, school and/or substance abuse treatment providers).	○	○	○
Practice includes youth, family, school, agency personnel, and any involved specialist(s) in developing a comprehensive plan of care, including definition of respective roles for patients with mental health concerns.	○	○	○
Practice team is interested in collaborative approaches and has explored options such as co-located mental health specialists, child psychiatry consultation network, or telepsychiatry to fill service gaps and enhance quality.	○	○	○

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Decision Support for Clinicians

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Clinicians have access to reliable, current sources of information concerning diagnostic classification of mental health problems and evidence about safety and efficacy of treatment options for common mental health disorders.	○	○	○
Practice has tools and protocols in place to guide assessment and care and to foster self-management of patients with mental health concerns.	○	○	○
Clinicians have access to a psychiatrist or other appropriate specialist with expertise in adolescents or young adults for consultation and guidance in assessment and management of their patients' mental health concerns.	○	○	○

Mental Health Co-Location or Integration

Select which category best describes your practice's collaboration with mental health.	○ Coordinated: Mental health and primary care in separate facilities. ○ Co-located: Mental health and primary care in the same space or facility with some sharing of information ○ Integrated: Mental Health and primary care are col-located and function as one integrated system with integrated funding, consistent communication, and one shared plan of care for patients. ○ No practice collaboration with mental health
What types of co-located or integrated clinician(s) does your practice have? Check all that apply.	☐ Psychiatrist ☐ Psychologist ☐ Social Worker ☐ Licensed Clinical Mental Health Counselor ☐ Other
Please specify the other provider type(s).	_____
Who funds the Mental Health position(s) that are co-located or integrated in your practice?	☐ Medicaid or 3rd party insurance via outpatient Fee-For-Service ☐ Partnership with local Community Mental Health Agency ☐ Government grant funding (SAMHSA, HRSA, etc.) Please specify in comments ☐ Foundation or private grant ☐ I don't know ☐ Other
Please specify the other funding source(s).	_____
If your practice does not have collaboration with mental health, please describe why not:	_____

Does your practice have established relationships with any of the following local resources for REFERRALS

	Yes	No	No, but would like to develop
Private mental health provider	○	○	○
Substance Use treatment provider	○	○	○
Community Mental Health Center	○	○	○
Child Psychiatry	○	○	○
School MH/SUD resources	○	○	○
Mentoring program	○	○	○

Where does your practice currently refer patients for Child Psychiatry evaluations? Check all that apply.

☐ On site
☐ Community Mental Health Agency (Designated Agency)
☐ Academic medical center
☐ Private psychiatrist
☐ Other
☐ Practice does not currently refer to Child Psychiatry for evaluations

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Where else does your practice refer patients for Child Psychiatry evaluations?

_____

How satisfied is your practice with where you currently refer for Child Psychiatry evaluations?

○ Very Satisfied
○ Satisfied
○ Neither Satisfied or Dissatisfied
○ Dissatisfied
○ Very Dissatisfied

Does your practice have established relationships with any of the following for CASE CONSULTATION?

	Yes	No	No, but would like to develop
Private mental health provider	○	○	○
substance Use treatment provider	○	○	○
Community Mental Health Center	○	○	○
Child Psychiatry	○	○	○
School MH/SUD resources	○	○	○
Mentoring program	○	○	○

How does your practice currently obtain Child Psychiatry case consultation? Check all that apply.

☐ In person
☐ Phone consult
☐ Telemedicine consult
☐ Email consult
☐ Other
☐ Practice does not currently obtain consultations from Child Psychiatry

What other methods does your practice use to obtain Child Psychiatry case consultations?

_____

How satisfied with is your practice with how you currently obtain Child Psychiatry case consultation?

○ Very Satisfied
○ Satisfied
○ Neither Satisfied or Dissatisfied
○ Dissatisfied
○ Very Dissatisfied

Barriers

What barriers prevent access to Child Psychiatry services? Check all that apply.

☐ Access to providers (availability)
☐ Distance/Travel time
☐ Scheduling/Wait times
☐ Lack of care coordination
☐ Family willingness
☐ Family financial resources/coverage for services
☐ Other

What other barriers prevent access to Child Psychiatry services?

_____

Recommendations and Comments

Do you have recommendations for improvements related
to adolescent mental health referrals or resources?

_____

Do you have any other comments about your office
systems as the relate to supporting the mental
health needs of adolescents and young adults?

_____