**Program Participant Skills Assessment Tool**

Florida Department of Health

Florida Pediatric Mental Health Collaborative (FPMBC)

[Name of BHH]

|  |  |
| --- | --- |
| Name of Enrolled Provider: | Practice Site: |
| Date Administered: | Type of Assessment[ ] Initial Needs Assessment[ ] Annual Reassessment [ ] Training Assessment |

This tool offers you, as a Primary Care Practitioner (PCP), an opportunity to assess your knowledge and skills related to successful collaboration with the Behavioral Health “Hub” (BHH). The BHH can provide mental health training, technical assistance for your practice (e.g. how to screen for depression), links to community resources, and consultation with mental health experts such as child and adolescent psychiatry. This tool helps you navigate this learning process with intention and focus. Your responses at different points in time will help your BHH develop plans for on-going training.

The Program Participant Assessment Tool includes five knowledge / skill development areas:

1. Interface with BHH
2. Value-Added Use of BHH
3. Use of Screening Tools
4. Documentation Skills
5. Clinical Skills

The column options are:

Untrained (0 points) “I have not been trained to do this.”

Trained (1 point) “I have been trained to do this.”

Skillful (2 points) “I have the skill to do this consistently with confidence.”

| 1. **BHH Interface: “I am able to . . .”**
 | **Un-trained** | **Trained** | **Skillful** |
| --- | --- | --- | --- |
| 1. Describe the roles and responsibilities of BHH.
 |[ ] [ ] [ ]
| 1. Describe the roles and responsibilities of the clinicians and staff in the primary care office regarding integration with the BHH.
 |[ ] [ ] [ ]
| 1. Describe the process for working with the BHH regarding specific patients (initial referral, triage, follow-up).
 |[ ] [ ] [ ]
| 1. Accurately describe to patients and families of how the BHH will assist us in obtaining better outcomes.
 |[ ] [ ] [ ]
| 1. Obtain consent to treat from the family for referral to the BHH.
 |[ ] [ ] [ ]
|  Knowledge/Skill Area Score |  |  |  |
| 1. Use “behavioral health language” to reduce stigma and enhance patient acceptance of service.
 |[ ] [ ] [ ]
| 1. Differentiate between “warm handoff” and “cold handoff.”
 |[ ] [ ] [ ]
| 1. When seeing a patient after a BHH referral, I am able to:
 |
| 1. ask the patient/family how helpful the BHH referral was
 |[ ] [ ] [ ]
| 1. support the patient/family in implementing the behavior and/or medication plan
 |[ ] [ ] [ ]
| 1. Respond to surveys concerning BHH services in a timely manner.
 |[ ] [ ] [ ]
| Knowledge/Skill Area Score |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Value-Added Use of BHH: “I am able to . . .”**
 | **Un-trained** | **Trained** | **Skillful** |
| 1. Apply assistance from the BHH regarding how to integrate behavioral health services into primary care patient care activities.
 |[ ] [ ] [ ]
| 1. Work with BHH to enhance specific patient’s outcomes.
 |[ ] [ ] [ ]
| Knowledge/Skill Area Score |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Use of Screening Tools: “I am able to . . .”**
 | **Un-trained** | **Trained** | **Skillful** |
| 1. Explain how to use screening tools to identify when a child warrants a behavioral health assessment.
 |[ ] [ ] [ ]
| 1. Implement universal screening tools for all patients according to AAP and Bright Future guidelines.
 |[ ] [ ] [ ]
| Knowledge/Skill Area Score |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Documentation Skills: “I am able to . . .”**
 | **Un-trained** | **Trained** | **Skillful** |
| 1. Use referral form or equivalent to enhance communication between PCP, BHH, and patient/family (e.g. clear referral questions, behavioral symptoms, physical conditions).
 |[ ] [ ] [ ]
| 1. At follow-up visit with patient after initial BHH assessment, document patient response to behavioral health treatment plan.
 |[ ] [ ] [ ]
| Knowledge/Skill Area Score |  |  |  |

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| --- | --- | --- | --- |
| 1. **Clinical Skills: “I am able to . . .”**
 | **Un-trained** | **Trained** | **Skillful** |
| 1. Describe diagnosis and treatment basics of pediatric behavioral health conditions:
 |[ ] [ ] [ ]
| * 1. ADHD
 |[ ] [ ] [ ]
| * 1. Oppositional Defiant Disorder
 |[ ] [ ] [ ]
| * 1. Anxiety
 |[ ] [ ] [ ]
| 1. Depression
 |[ ] [ ] [ ]
| 1. Autism Spectrum Disorder
 |[ ] [ ] [ ]
| 1. OCD
 |[ ] [ ] [ ]
| 1. Conduct Disorder
 |[ ] [ ] [ ]
| 1. Tic Disorder
 |[ ] [ ] [ ]
| 1. Use patient education materials as appropriate.
 |[ ] [ ] [ ]
| 1. Apply brief 5-minute behavior change interventions that are helpful to pediatric primary care patients (e.g. motivational interviewing, relaxation skills)
 |[ ] [ ] [ ]
| 1. Entry level medication prescribing for common pediatric behavioral health conditions:
 |[ ] [ ] [ ]
| * 1. ADHD
 |[ ] [ ] [ ]
| * 1. Depression
 |[ ] [ ] [ ]
| * 1. Anxiety
 |[ ] [ ] [ ]
| * 1. Insomnia
 |[ ] [ ] [ ]
| 1. Basic mechanisms of action and side effects of common psychiatric medication classes:
 |[ ] [ ] [ ]
| * 1. Stimulants (methylphenidates, mixed amphetamine salts)
 |[ ] [ ] [ ]
| * 1. Non-stimulants (atomoxetine)
 |[ ] [ ] [ ]
| * 1. Serotonin reuptake inhibitor (fluoxetine)
 |[ ] [ ] [ ]
| * 1. Alpha Agonists (guanfacine, clonidine)
 |[ ] [ ] [ ]
| * 1. Other sleep meds (melatonin)
 |[ ] [ ] [ ]
| Knowledge/Skill Area Score  |  |  |  |