

SELF-ASSESSMENT:

STATE/JURISDICTIONAL

MATERNAL & CHILD

HEALTH CAPACITY TO IMPROVE

SYSTEMS OF MENTAL HEALTH

CARE FOR ADOLESCENTS &

YOUNG ADULTS



Filable PDF Form

This document includes certain fields that are editable so that you can save your answers.

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OVERVIEW

This self-assessment* is meant to serve as a tool for use by state and jurisdictional Maternal and Child Health (MCH) program staff and partners serving the adolescent population. It is designed to help identify where there are opportunities to enhance a state/jurisdictional MCH program’s ability to successfully improve systems of mental health care for adolescents and young adults. This assessment is broken into five categories, described in the table below. Each domain consists of several specific policies, procedures, and approaches for MCH staff and their partners to reflect on.

Category 1: Statewide Commitment	Demonstrating the role of relevant state agency leaders, particularly Title V/MCH, in implementing strategies to support mental health for Adolescents and Young Adults
Category 2: Partnerships	Defining and activating partnerships, with traditional and non-traditional collaborators
Category 3: Leveraging Existing Initiatives	Building on population-level AYA mental health initiatives happening across the state and adding the MCH perspective or capacity
Category 4: Augmenting MCH Capacity	Augmenting MCH programs and projects with strategies to support mental health, including centering efforts on health equity and social justice
Category 5: Assessment, Measurement, and Monitoring	Piloting and implementing new assessments, tools, training, data collection and analysis, and policy approaches specific to AYA mental health

* This self-assessment is an adaptation of a tool that is originally a product of the Infant Mortality CoIIN. The resulting adaptation was tested with 10 states that participated in the Adolescent & Young Adult Behavioral Health CoIIN. The original tool was created with thought leadership from Alethia Carr, Kay Johnson, and Milt Kotelchuck.

INSTRUCTIONS FOR COMPLETION:

1 In the worksheets that follow, the five categories are separated out into tables—one table for each category as labeled. Specific indicators that determine the status of a particular category are listed under the **Policy/Procedure Change** column. The Examples column offers specific ways of how each of the suggested approaches or policy/procedure changes can be implemented.

2 For each policy/procedure change listed, consult with your team members and partners to mutually determine whether it is currently “Not Present”, “In Progress”, or “In Place” within your state or jurisdiction. Write that response under the **Baseline Status** column. In the next column, enter the associated point value:

“Not Present” = 0, “In Progress” = 1, and “In Place” = 2. Once you’ve finished self-assessing each policy/procedure within a category, add up all the points within the category and enter the total number of points in the box located in the last row of each category table.

3 Next, for each policy/procedure your team has identified as “Not Present” or “In Progress”, please begin to develop or provide a marker or method in the **Evidence of Change** column that your team will monitor and use to determine if change has been made from baseline. For each policy/procedure that your team has identified as “In Place,” consider discussing how your team can ensure that it remains in place and how you might apply successful strategies to other policy/procedure changes (if applicable).

4 You can use the **Notes Column** as needed to further expand ideas, identify barriers, mark priorities, and highlight successes among different approaches.

5 Once you’ve completed the self-assessment, you can tally your total score using the scoring box on the last page of this self- assessment.

INTERPRETING RESULTS:

This tool is meant to assist you in strategically identifying where you might focus your resources (including staff and funding) to enhance your Title V MCH program's capacity to meaningfully impact systems of mental health care for AYAs. Once you've completed your self-assessment, tally the number of policies and procedures that are "in place", "in progress" or "not present" under each category (Note: there are a different number of policies/procedures within each category). Then, discuss with your team and your partners:



For which categories are there the most "not present" policies and procedures? What resources do we need to move those to "in progress"? Who do we need to partner with and who do we need buy-in from?



For which categories are there the most "in progress" policies and procedures? How can we keep the momentum and what resources do we need to move them to "in place"? Who has the power to move us from "in progress" to "in place"?



For which categories are there the most "in place" policies and procedure? How can we ensure these stay "in place"?



Where do we have the most opportunity to improve? Which changes are most feasible right now? Which will take longer term planning?

Once you've discussed the results with your team and partners, you can begin to prioritize which categories and/or policies and procedures your team would like to focus. Working to achieve "in place" across all categories will set your MCH program up for success in implementing long-term strategies to improve systems of mental health care for AYAs.



PLEASE NOTE



Expected timeline for attainment of each policy/procedure varies—there is no “right or wrong” amount of time that it takes to accomplish many of these complicated organizational change and organizational approach goals. Achieving “in place” across all policies and procedures listed on this assessment can take years, but that is normal! Persistence is key.

Ideally, you and your team of partners will revisit this assessment every six months or so to assess progress and re-confirm or adjust your priority areas. You can compare your final scores each time you retake the assessment to have a quick glance idea of the progress you’ve made since the last time you and your team completed the assessment.

Self-Assessment:

CATEGORY 1: STATEWIDE COMMITMENT

Policy / procedure change	Examples	Baseline Status: Not present, In progress, In Place	Score Not present – 0 In progress – 1 In Place – 2	Evidence of Change (how will you know change has occurred)	Notes
Top level agency (e.g., mental health, education, social services) buy-in for strategies addressing AYA mental health	Signed MOUs or letters of support between agencies, state level quality population health measure				
AYA mental health is a state public health priority	State health improvement plans include AYA MH				
AYA mental health is part of strategic plan for public health and/or MCH (not mentioned or covered in indicators above)	State Suicide Prevention Plans, State Injury Prevention Plans				
MCH leadership committed to supporting AYA mental health beyond time-based projects, campaigns, etc.	Related State Performance Measure (SPM), state Title V priority identified, Title V action plan includes strategies to support AYA MH-related priorities				
Health system (leadership, payers) prioritizes AYA mental health	Accountable Care Organization quality measure, enrollment of network practices in Quality Improvement (QI) projects related to AYA mental health				
Youth, young adults, and families representing communities experiencing the least accessibility to high quality mental health systems are engaged and paid as leaders and experts in initiatives related to the AYA mental health	Shared decision- making, youth- driven and youth-led as appropriate, defined roles and responsibilities, involved in aspects of prevention, intervention, and health promotion, ongoing quality assurance and progress monitoring				
		Final Score for Category 1:			

Self-Assessment:

CATEGORY 2: PARTNERSHIPS

Policy/procedure change	Examples	Baseline Status: Not present, In progress, In Place	Score Not present – 0 In progress – 1 In Place – 2	Evidence of Change (how will you know change has occurred)	Notes
Develop new or enhance existing partnerships within state government to address AYA mental health	Agency leadership/ decision makers, Mental Health, Substance Abuse, Education, Medicaid, Juvenile Justice, Child Welfare				
Develop new or enhance existing partnerships with external entities to support AYA mental health	Health professionals, AYA serving agencies, clinical quality improvement (QI) partners, community-based organizations providing supportive services, schools/school-based health centers, professional organizations (i.e. state school-based health alliance, state primary care association, etc.), local health agencies, youth leadership organizations				
Coordination of activities between partners involved in collaborative efforts	Clear lines of communication, meaningful meetings; demonstrated connectivity between public health and clinical sectors, shared cross-agency action plans				
		Final Score for Category 2:			

Self-Assessment:

CATEGORY 3: LEVERAGING EXISTING INITIATIVES

Policy/procedure change	Examples	Baseline Status: Not present, In progress, In Place	Score Not present – 0 In progress – 1 In Place – 2	Evidence of Change (how will you know change has occurred)	Notes
MCH subject matter and priorities and/or MCH staff/professionals are represented in initiatives related to AYA mental health	Suicide prevention, substance misuse, Leadership Education in Adolescent Health (LEAH) programs, MCH Centers of Excellence, Substance Abuse and Mental Health Services Agency (SAMHSA) Mental Health Block Grant, AYA MH health reform, AYA MH grant opportunities, school-based health care and centers, school-based before and after programs/care				
New or enhanced activities are strategically aligned and coordinated with existing initiatives to both avoid duplication and fill critical gaps	Activities fit with existing initiatives strategic goals and direction; fill a critical gap; leverage existing resources; bring a unique perspective or access (e.g. after school “third space”); connections to LEAH training programs in the region; connections to injury / violence prevention; connections to school-based health care and before/after school activities and care				
The landscape of investments in AYA mental health across the state/jurisdiction are known and there are efforts to align and coordinate funded activities	An audit of funding sources for AYA mental health across the state that expand beyond the MCH Block Grant; reviews of sustainability of existing funding sources and opportunities to secure additional resources				
		Final Score for Category 3:			

Self-Assessment:

CATEGORY 4: AUGMENTING

MCH CAPACITY AND STRATEGIES

Policy/procedure change	Examples	Baseline Status: Not present, In progress, In Place	Score Not present – 0 In progress – 1 In Place – 2	Evidence of Change (how will you know change has occurred)	Notes
The state/jurisdiction-level MCH workforce includes staff that are dedicated to advancing outcomes for AYAs	State Adolescent Health Coordinator, Personal Responsibility Education Program Directors, Sexual Risk Avoidance Program Director, Injury Prevention Coordinator, Reproductive Health Coordinator, State School Nurse Consultant, Child Welfare/Foster Care System, Juvenile Justice, Clinical services and programs, crisis services continuum, comprehensive school mental health systems				
MCH workforce training for supporting AYA mental health	Topics include: Positive Youth Development (PYD) framework, life course perspective, Mental Health First Aid, Youth Mental Health First Aid, integration of behavioral health and primary care, and adolescent confidentiality policies included in new hire orientation and employee development plans				

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Self-Assessment:

CATEGORY 4: AUGMENTING

MCH CAPACITY AND STRATEGIES CONT.

Policy/procedure change	Examples	Baseline Status: Not present, In progress, In Place	Score Not present – 0 In progress – 1 In Place – 2	Evidence of Change (how will you know change has occurred)	Notes
MCH programs and projects embed equity lens when addressing AYA mental health	Prioritizing strategies that address racism and bias in mental health care systems, centering diverse young people with lived experience to inform focus areas and strategy development, Capacity building support for community-based organizations who provide innovative and culturally relevant mental health supports, support diversifying the mental health workforce				
Efforts to increase clinical providers' capacity to screen and refer AYAs	Identify modalities to support provider training Extension for Community Health Outcomes (ECHO) model, Pediatric Mental Health Care Access Program (PMHCAP), Continuing Medical Education (CMEs), partnering with provider-related organizations such as the state primary care association or American Academy of Pediatrics (AAP), expand telehealth capacities				
		Final Score for Category 4:			

Self-Assessment:

CATEGORY 5: ASSESSMENT,

MEASUREMENT, AND MONITORING

Policy/procedure change	Examples	Baseline Status: Not present, In progress, In Place	Score Not present – 0 In progress – 1 In Place – 2	Evidence of Change (how will you know change has occurred)	Notes
Assessment of MCH workforce knowledge and understanding of supporting AYA mental health	Prior to training, implement baseline assessment; leverage collaborative support to create or adopt an assessment				
Assessment of MCH workforce readiness for change	Self-assessment or capacity assessment of Title V workforce to engage in AYA MH efforts; Support for assessment of clinical providers / clinic sites				
Defined measurement plan for population level AYA mental health to inform intervention and monitor outcomes.	Identify measures, including available data sources, state uses to track AYA mental health; determine schedule / frequency of data updates; create a plan to disseminate key AYA mental health data to partners and stakeholders; create a mechanism to solicit qualitative input on measures and fill in gaps in quantitative data; develop data sharing agreements with relevant agencies				
Use data to identify disparities and monitor efforts to address inequities.	Stratifying AYA MH data by race, ethnicity, geography (rural vs. urban), socioeconomic status, racial/ethnic, disability, gender identity and sexual orientation				
		Final Score for Category 5:			

SELF-ASSESSMENT SCORING:

Enter the score for each category in the appropriate box and add the totals across all five categories to enter your final score in the blue box. When you take the self-assessment again in the future, you can compare your new score to your original score as a way to measure your progress over time.

Score for Category 1	
Score for Category 2	
Score for Category 3	
Score for Category 4	
Score for Category 5	
Total Score (add scores from Categories 1-5)	