



Mental Health/Substance Use Care¹

Clinic/Health Center Readiness Assessment²

The following checklist contains information about recommended capacities to consider in implementing mental health/substance use care strategies in a clinic or health center. Services to address these conditions are often referred to as behavioral health. In the blank spaces provided, indicate which statement is the **best fit** for the given statement. This assessment may be completed individually by each member of your clinic team or collectively as a group to assist your team in planning and providing best practice mental health/substance use care for persons living with HIV (PLWH) in your program. Since every clinic and every client population is different, there is no single best-practice. Providing best-practice care is an ongoing process of evaluation, implementation, and re-evaluation. For help using this tool in your clinic, please email info@aidsetc.org.

| Staff/Clinical Team Readiness | Not a current priority (indicate already addressed or not able to address at this time) | We have discussed this issue | We are developing a plan to address this issue | We are implementing a plan to address this issue | We are evaluating our plan to address this issue | We are making adjustments to our plan to better address this issue | AIDS Education & Training Center services requested |
|---|--|------------------------------|--|--|--|--|---|
| 1. There is ALL STAFF recognition of the need for Mental Health/Substance Use Care services in our clinic. | | | | | | | |
| 2. Our clinic staff knows what Mental Health/ Substance Use Care includes (Screening, Diagnosing, Treatment, and Follow-up - including referral to other services as needed). | | | | | | | |
| 3. Our clinic has leadership buy-in to increase our Mental Health/Substance Use Care activities. | | | | | | | |
| 4. Our clinic has identified an available Mental Health/Substance Use Care champion . | | | | | | | |
| 5. All of our clinic staff is invested in improving our patient Mental Health/Substance Use Care. | | | | | | | |

1 "Mental Health/Substance Use Care" refers to an evidence-based, comprehensive plan of care that efficiently and effectively identifies those with untreated mental illness including substance use disorders, engages them into evaluation, diagnosis, treatment, and follow-up to best manage their illness and improve their overall quality of life.

2 Based on a template from: Centers for Disease Control and Prevention (2005). Anti-Retroviral Treatment and Access to Services (ARTAS): An individual-level, multi-session intervention for people who are recently diagnosed with HIV: Implementation Manual. Retrieved from: www.cdc.gov/hiv/topics/cba/pdf/artas_implementation_manual.pdf

| Assessment Readiness | Not a current priority (indicate already addressed or not able to address at this time) | We have discussed this issue | We are developing a plan to address this issue | We are implementing a plan to address this issue | We are evaluating our implemented plan to address this issue | We are making adjustments to our plan to better address this issue | AIDS Education & Training Center services requested |
|--|--|------------------------------|--|--|--|--|---|
| 1. Our clinic routinely uses a validated, standardized tool to screen all PLWH for depression. | | | | | | | |
| 2. Our clinic routinely uses a validated, standardized tool to screen all PLWH for substance use disorders. | | | | | | | |
| 3. Our clinic routinely uses a validated, standardized tool to screen all PLWH for other commonly occurring mental health conditions (e.g., anxiety, PTSD). | | | | | | | |
| 4. Our clinic has a system in place to respond immediately to patients who screen positive for depression or substance use disorders (including a protocol for patients who are actively suicidal or homicidal).** | | | | | | | |
| 5. Our clinic has a mechanism for focusing behavioral health interventions on more vulnerable populations (e.g., those not ready for needed substance use care or those with population-specific needs such as children, adolescents, pregnant women, the elderly, and those who are homeless). | | | | | | | |
| 6. Our clinic formally assesses cultural and health beliefs regarding Mental Health/ Substance Use and accessing services. | | | | | | | |

| Capacity Readiness | Not a current priority (indicate already addressed or not able to address at this time) | We have discussed this issue | We are developing a plan to address this issue | We are implementing a plan to address this issue | We are evaluating our implemented plan to address this issue | We are making adjustments to our plan to better address this issue | AIDS Education & Training Center services requested |
|--|--|------------------------------|--|--|--|--|---|
| 1. Our clinic has the capacity to assign services to clients based on acuity (the greater the acuity, the sooner the service). | | | | | | | |
| 2. Our clinic has an onsite behavioral health specialist available for consultation when a client screens positive for depression. | | | | | | | |
| 3. Our clinic has an onsite behavioral health specialist available for consultation when a patient screens positive for substance use disorder. | | | | | | | |
| 4. Our clinic has a waiting list to see a behavioral health specialist. | | | | | | | |
| 5. If a waiting list is used, the wait at our clinic to see a behavioral health specialist is usually LESS than one week . | | | | | | | |
| 6. Our clinic has a prescribing clinician who is not a behavioral health specialist but is willing to medically monitor and prescribe psychotropics as needed in consultation with a psychiatrist. | | | | | | | |
| 7. Our clinic refers clients needing a behavioral health evaluation to a behavioral health specialist outside the clinic. | | | | | | | |
| 8. Our clinic has an assistance and follow-up plan to help clients make and keep referral appointments. | | | | | | | |
| 9. Resources are available in our clinic to assist clients with obtaining needed, prescribed psychotropic medications (i.e., for those without insurance or for those whose prescription is not on formulary of ADAP or insurance plan). | | | | | | | |

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|---|--|------------------------------|--|--|--|--|---|
| 10. In our clinic, ALL staff is trained to be aware of acute needs of those exhibiting mental health/substance use symptoms (i.e., front desk staff, medical/nursing assistants who may need to get help for a patient not being seen by a clinician while in waiting room or on phone) and how to respond appropriately and safely. | | | | | | | |
| 11. Our clinic has the capacity to provide Mental Health/ Substance Use Care services to those with low-literacy skills . | | | | | | | |
| 12. Our clinic has the capacity to provide Mental Health/ Substance Use Care services to clients in their own language . | | | | | | | |
| 13. Our clinic staff has implemented policies and procedures to allow for maximum reimbursement of behavioral health services provided in our clinic. | | | | | | | |
| 14. State-of-the-science guidelines are the cornerstone of mental health and substance use disorder treatment plans used in our clinic. | | | | | | | |

| Community Readiness | Not a current priority (indicate already addressed or not able to address at this time) | We have discussed this issue | We are developing a plan to address this issue | We are implementing a plan to address this issue | We are evaluating our implemented plan to address this issue | We are making adjustments to our plan to better address this issue | AIDS Education & Training Center services requested |
|--|--|------------------------------|--|--|--|--|---|
| 1. Our clinic has relationships with community mental health clinics, community-based mental health professionals , substance use treatment specialists , or other support services (including psychiatric emergency services). | | | | | | | |
| 2. Our clinic has clear, specific engagement-related roles for community partners (e.g., co-location of services, referral management dialogue). | | | | | | | |
| 3. Our clinic has formal contracts and/or established referral protocols with existing community partners sufficient to meet client needs. | | | | | | | |
| 4. Our clinic has identified resources in the community to secure transportation subsidies or incentives for patients. | | | | | | | |
| 5. Our clinic has strong, positive, collaborative connections to community partners including community mental health facilities. | | | | | | | |
| 6. Our clinic has familiarity and collaborations with health insurance marketplaces in our community, and knows the mental health coverage benefits of each. | | | | | | | |

| Support Readiness | Not a current priority <small>(indicate already addressed or not able to address at this time)</small> | We have discussed this issue | We are developing a plan to address this issue | We are implementing a plan to address this issue | We are evaluating our implemented plan to address this issue | We are making adjustments to our plan to better address this issue | AIDS Education & Training Center services requested |
|---|---|------------------------------|--|--|--|--|---|
| 1. Our clinic has the resources to utilize technology-based interventions to foster Mental Health/ Substance Use Care follow-up. | | | | | | | |
| 2. Our clinic has the resources to provide or obtain Mental Health/Substance Use Care training and education for staff . | | | | | | | |
| 3. Our clinic has the capacity to promote Mental Health/Substance Use Care strategies including Screening, Diagnosing, Treatment, and Follow-up. | | | | | | | |
| 4. In our clinic, there are clear policies and procedures regarding staff member(s) responsibility in monitoring the clinical progress of patients being treated for mental illness using a standardized clinical assessment tool (if monitoring not done by a mental health professional). | | | | | | | |

| CQI Readiness | Not a current priority (indicate already addressed or not able to address at this time) | We have discussed this issue | We are developing a plan to address this issue | We are implementing a plan to address this issue | We are evaluating our implemented plan to address this issue | We are making adjustments to our plan to better address this issue | AIDS Education & Training Center services requested |
|---|---|------------------------------|--|--|--|--|---|
| 1. Our clinic uses validated, standardized Mental Health/ Substance Use Care measures for Screening, Diagnosing, Treating, and Following up. | | | | | | | |
| 2. Our clinic has a process in use to evaluate patient care satisfaction and/or experiences. | | | | | | | |
| 3. Our clinic has a process in use that utilizes data to create changes that will assist in continual quality improvement. | | | | | | | |
| 4. Our clinic has a way to systematically monitor Mental Health/Substance Use Care Screening, Diagnosis, Treatment, and Follow-up data. | | | | | | | |
| 5. Our clinic has a process in place to review and act on results from systematic monitoring on a regular basis (including success feedback to clinic staff). | | | | | | | |
| 6. Our clinic works to identify barriers related to Mental Health/Substance Use Care Screening, Diagnosis, Treatment, and Follow-up , and works to reduce identified barriers for each component on the care continuum. | | | | | | | |

Helpful resources to check out if you rated your clinic low in key areas

My clinic has staff buy-in to increase our engagement/retention in Care activities.

- [Making the Connection: Promoting Engagement and Retention in HIV Medical Care among Hard-to-Reach Populations](#)

My clinic routinely does an assessment of patient-level barriers and facilitators to Engagement in Care (i.e., finances, mental health, transportation, etc.).

- [Client Service Plan: Assessing needs of clients](#)

My clinic has a process to evaluate patient experiences in place.

- [Patient Satisfaction Survey for HIV Ambulatory Care](#)

My clinic has a process in place to use data to create changes that will assist in continual improvement.

- [HIVQUAL Workbook: Guide for Quality Improvement in HIV Care](#)

Based on what you learned from the Readiness Assessment, describe in 1-2 sentences your clinic/health center’s current capacity for delivering mental health/substance use services.

What is your objective(s) for increasing your clinic/health center’s capacity for delivery mental health/substance use services?

Based on your clinic/health center’s readiness assessment findings, develop an action plan to integrate and/or improve mental health/substance use services. A well-developed action plan details each step, by when it will be executed, and by whom.

Staff/Clinician Team Readiness Action Plan:

| Action Step | Description/Strategy | Target Completion Date | Responsible Party (e.g., nurse, medical case manager) | Date Completed |
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Assessment Readiness Action Plan:

| Action Step | Description/Strategy | Target Completion Date | Responsible Party (e.g., nurse, medical case manager) | Date Completed |
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Capacity Readiness Action Plan:

| Action Step | Description/Strategy | Target Completion Date | Responsible Party (e.g., nurse, medical case manager) | Date Completed |
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Community Readiness Action Plan:

| Action Step | Description/Strategy | Target Completion Date | Responsible Party (e.g., nurse, medical case manager) | Date Completed |
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Support Readiness Action Plan:

| Action Step | Description/Strategy | Target Completion Date | Responsible Party (e.g., nurse, medical case manager) | Date Completed |
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CQI Readiness Action Plan:

| Action Step | Description/Strategy | Target Completion Date | Responsible Party (e.g., nurse, medical case manager) | Date Completed |
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This plan that you've developed is an important foundation for improving client care.

Please consider reviewing it and updating it as you make gains in providing access to behavioral health services for your clients.

If you would like additional resources, training, or technical assistance and support, please contact your regional AETC.