**SECTION L: PEDIATRIC & ADOLESCENT BEHAVIORAL HEALTH**

1. **Do you have a Pediatric and Adolescent Behavioral Health program?** For the purposes of this survey, we are interested in the tertiary, behavioral health services offered by your children’s hospital for infants, children, and adolescents/young adults.[[1]](#footnote-2) **The elements of the Behavioral Health program may be delivered separately or in a coordinated manner by providers from:**

* **adolescent medicine,**
* **child psychiatry,**
* **developmental behavioral pediatrics, and**
* **pediatric psychology.**

We recognize that services will involve a continuum of care across emergency, inpatient, and ambulatory settings, and include diagnostic assessments, evidence-based treatments, and an understanding of the developmental, intellectual, and functional capacities of the patients. While we anticipate behavioral health programs will differ due to the availability of providers, needs of the populations served, available space and perhaps historical factors, we recommend that you complete this survey if you offer any form of tertiary behavioral health care services for infants, children, and adolescents/young adults at your hospital. **We also require that you involve leaders from each of the 4 programs in the bullets above in collecting your data internally, reviewing it to ensure that it accurately reflects care provided, and then submitting it on the survey.**  If you have any questions for the project team about what should be included or excluded, please feel free to contact the team at [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org).

**(PSYCH\_HAVEPROGRAM)**

* Yes
* No – Skip to Section L Comments

**When responding to questions in this section, your hospital must consult with the chief(s) of service (or equivalent) of your Pediatric and Adolescent Behavioral Health program, your Adolescent Medicine program, your Child Psychiatry program, your Developmental Behavioral Pediatrics program, and your Pediatric Psychology program to ensure that answers are accurate and consistent with both the care delivered and the intent of the survey. We recognize that there may be multiple programs involved in responding to the survey, including other programs that provide Behavioral Health care beyond the specialties listed above. If you do have other programs that are considered part of your Behavioral Health program, please include their data in your response. The survey will collect up to four different service chiefs as points of contact for the survey if needed.**

**As data are reviewed, U.S. News may have questions about responses to individual questions or about an entire submission. To ensure communication with the appropriate clinical leader(s), please provide the following information about the chief(s) of service (or equivalent) for all 4 of the programs listed above, starting with your Adolescent Medicine program first.**

**Full name:**

|  |
| --- |
| **(PSYCH\_ADMED\_DIR\_NAME)** |

**Title:**

|  |
| --- |
| **(PSYCH\_ADMED\_DIR\_TITLE)** |

**Email:**

|  |
| --- |
| **(PSYCH\_ADMED\_DIR\_EMAIL)** |

**Preferred phone:**

|  |
| --- |
| **(PSYCH\_ADMED\_DIR\_PHONE)** |

**REQUIRED: IF NAME, TITLE, EMAIL, OR PHONE=BLANK, DISPLAY: "A response is required for Name/Title/Email/Phone prior to submitting the survey. Click 'Continue' to continue with the survey and answer this question later. Click 'Change Answer' to provide a response to this question now."**

**Next, please provide the following information about the chief(s) of service (or equivalent) for your Child Psychiatry program.**

**Full name:**

|  |
| --- |
| **(PSYCH\_CHPSY\_DIR\_NAME)** |

**Title:**

|  |
| --- |
| **(PSYCH\_CHPSY\_DIR\_TITLE)** |

**Email:**

|  |
| --- |
| **(PSYCH\_CHPSY\_DIR\_EMAIL)** |

**Preferred phone:**

|  |
| --- |
| **(PSYCH\_CHPSY\_DIR\_PHONE)** |

**REQUIRED: IF NAME, TITLE, EMAIL, OR PHONE=BLANK, DISPLAY: "A response is required for Name/Title/Email/Phone prior to submitting the survey. Click 'Continue' to continue with the survey and answer this question later. Click 'Change Answer' to provide a response to this question now."**

**Next, please provide the following information about the chief(s) of service (or equivalent) for your Developmental Behavioral Pediatrics program.**

**Full name:**

|  |
| --- |
| **(PSYCH\_DEVBEP\_DIR\_NAME)** |

**Title:**

|  |
| --- |
| **(PSYCH\_DEVBEP\_DIR\_TITLE)** |

**Email:**

|  |
| --- |
| **(PSYCH\_DEVBEP\_DIR\_EMAIL)** |

**Preferred phone:**

|  |
| --- |
| **(PSYCH\_DEVBEP\_DIR\_PHONE)** |

**REQUIRED: IF NAME, TITLE, EMAIL, OR PHONE=BLANK, DISPLAY: "A response is required for Name/Title/Email/Phone prior to submitting the survey. Click 'Continue' to continue with the survey and answer this question later. Click 'Change Answer' to provide a response to this question now."**

**Lastly, please provide the following information about the chief(s) of service (or equivalent) for your Pediatric Psychology program.**

**Full name:**

|  |
| --- |
| **(PSYCH\_PEDPSY\_DIR\_NAME)** |

**Title:**

|  |
| --- |
| **(PSYCH\_PEDPSY\_DIR\_TITLE)** |

**Email:**

|  |
| --- |
| **(PSYCH\_PEDPSY\_DIR\_EMAIL)** |

**Preferred phone:**

|  |
| --- |
| **(PSYCH\_PEDPSY\_DIR\_PHONE)** |

**REQUIRED: IF NAME, TITLE, EMAIL, OR PHONE=BLANK, DISPLAY: "A response is required for Name/Title/Email/Phone prior to submitting the survey. Click 'Continue' to continue with the survey and answer this question later. Click 'Change Answer' to provide a response to this question now."**

**L1.1 Are you submitting jointly with a Pediatric and Adolescent Behavioral Health program at another hospital (e.g., a separate psychiatric inpatient facility, developmental center)?**

**(PSYCH\_JOINTSUB)**

* + Yes – Go to Question L1.2
  + No – Skip to Question L2

**L1.2 If yes, what is the name of the Pediatric and Adolescent Behavioral Health program you are reportingly jointly with?** Please note that joint submissions must be reviewed and approved before they are allowed. Before submitting your survey, please contact RTI at [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org) to discuss your joint submission request unless you already have received permission to jointly submit data in this specialty. As noted in the instructions for joint reporting, if you are granted permission, only the primary hospital in the joint reporting relationship will be allowed to report data for this specialty.

|  |
| --- |
| **(PSYCH\_JOINTSUB\_NAME)** |

1. **Please indicate the total number of attending/on-staff physicians (excluding fellows)[[2]](#footnote-3) and psychologists (excluding interns or fellows) who *are currently members of the clinical staff* in your Pediatric and Adolescent Behavioral Health program in the following categories.** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Total Physicians & Psychologists** |
| a. | Child and adolescent psychiatrists (include only board certified/board eligible, by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry with subspecialty certification in child and adolescent psychiatry) | \_\_\_\_\_\_\_\_ |
|  | **(PSYCH\_PHYSICIANS\_PSYCHIATRY\_** | **TOT)** |
| b. | Attending/on-staff pediatric or child and adolescent clinical psychologists or neuropsychologists (include only licensed clinical psychologists who have completed their pre-doctoral internship or post-doctoral fellowship training and practice in pediatric or child and adolescent psychology) | \_\_\_\_\_\_\_\_ |
|  | **(PSYCH\_PHYSICIANS\_PSYCHOLOGY\_** | **TOT)** |
| c. | Developmental behavioral pediatricians or neurodevelopmental disabilities physician (include only board certified/board eligible in developmental behavioral pediatrics by the American Board of Pediatrics or board certified/board eligible in neurodevelopmental disabilities by the American Board of Psychiatry and Neurology) | \_\_\_\_\_\_\_\_ |
|  | **(PSYCH\_PHYSICIANS\_DBP\_** | **TOT)** |
| d. | Adolescent medicine physicians (include only board certified/board eligible in adolescent medicine by the American Board of Pediatrics) | \_\_\_\_\_\_\_\_ |
|  | **(PSYCH\_PHYSICIANS\_ADOLESCENT\_** | **TOT)** |
| e. | Other attending/on-staff physicians or psychologists who do not meet one of the categories above but provide services within your Behavioral Health program | \_\_\_\_\_\_\_\_ |
|  | **(PSYCH\_PHYSICIANS\_OTHER\_** | **TOT)** |

NOTES: L2x should be whole number only. Do not allow decimals.

1. **Please indicate the total number of nurse practitioners, physician assistants, and clinical nurses (RNs) who work in or directly support your Pediatric and Adolescent Behavioral Health program.** [Please count staff who work in inpatient and outpatient settings. Note that we recognize that there is a great deal of variability across the country in the availability of these staff who work in Behavioral Health. We will likely combine staff across several of these categories, but are asking for details here so that we better understand what staff are working in these settings.] [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Total Staff** |
| a. | Nurse practitioners  **(PSYCH\_NP\_** | \_\_\_\_\_\_\_\_  **\_TOT)** |
| b. | Physician assistants  **(PSYCH\_PA\_** | \_\_\_\_\_\_\_\_  **\_TOT)** |
| c. | Clinical nurses (RNs)  **(PSYCH\_RN\_** | \_\_\_\_\_\_\_\_  **\_TOT)** |

NOTES: L3x should be whole number only. Do not allow decimals.

1. **Please indicate the total number of FTEs[[3]](#footnote-4) of nurse practitioners and clinical nurses (RNs) with each of the following certifications in your Pediatric and Adolescent Behavioral Health program.** [Please count staff who provide inpatient and/or outpatient behavioral health care at your hospital, clinics, and associated services in the community; do not include staff who primarily work in case management roles and do not provide clinical care. Due to ongoing nursing shortages, contract nurses should be included in your counts of clinical RNs.] [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Clinical FTEs** |
| a. | Nurse practitioners with the Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC) certification or board-certified Psychiatric and Mental Health Clinical Nurse Specialists (PMHCNS)  **(PSYCH\_NPCERT** | \_\_\_\_\_\_\_\_  **\_FTE)** |
| b. | Clinical nurses (RN) with the Child/Adolescent Psychiatric-Mental Health Clinical Nurse Specialist certification (PMHCNS-BC), the Pediatric Primary Care Mental Health Specialist (PMHS) certification, Psychiatric Mental Health-Board Certified (PMH-BC) certification, Certified Pediatric Nurses (CPN) certification, or other equivalent nursing certifications focused on behavioral health care.  **(PSYCH\_RNCERT\_** | \_\_\_\_\_\_\_\_  **\_FTE)** |

NOTES: L4x is numeric entry (decimals are allowed).

VALIDATE: If L4x is not numeric: “L4x: Please enter a numeric value.”

1. **Please indicate the number of master’s degree level staff who are licensed to practice independently and dedicated to the care of patients in your Pediatric and Adolescent Behavioral Health program.** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Total Staff** |
| a. | Licensed marriage, family, and child counselors (MFCC), Licensed Professional Counselors (LPC), Licensed Clinical Professional Counselors (LCPC), or Licensed Mental Health Counselor (LMHC) who provide clinical services within your behavioral health program **(PSYCH\_COUNSELOR\_TOT)** | \_\_\_\_\_\_\_\_ |
| b. | Licensed Clinical Social Workers(LCSW), Licensed Independent Social Workers (LISW), Licensed Master’s Social Workers (LMSW), or other licensed social workers who provide clinical services within your behavioral health program  **(PSYCH\_SOCIAL\_TOT)** | \_\_\_\_\_\_\_\_ |
| c. | Board-certified behavior analysts (BCBA) who provide clinical services within your behavioral health program  (**PSYCH\_BCBA\_TOT**) | \_\_\_\_\_\_\_\_ |
| d. | Other master’s degree level counselors not covered above with state licensing who provide clinical services within your behavioral health program  **(PSYCH\_OTHER\_TOT)** | \_\_\_\_\_\_\_\_ |

NOTES: L5x should be whole number only. Do not allow decimals.

1. **Does your Pediatric and Adolescent Behavioral Health program provide access to each of the following?** [Check all that apply.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes, Onsite[[4]](#footnote-5)** | **Yes, via a Partnership[[5]](#footnote-6)** | **No** |
| a. | Behavioral health consultation  assessment or treatment available in the Emergency Department (ED) 24/7 | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_EDASSESS** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| b. | Consultative liaison service providing assessment and treatment to patients being treated in inpatient programs at your hospital outside of behavioral health | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_CLSIN** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| c. | Consultative liaison service providing assessment and treatment to patients being treated in outpatient programs at your hospital outside of behavioral health | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_CLSOUT** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| d. | Evidence-based psychotherapy or behavior therapy treatment behavioral health conditions (inpatient and/or outpatient) | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_TREAT** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| e. | Medication management for behavioral health conditions (inpatient and/or outpatient) | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_MEDMANAGE** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| f. | Inpatient psychiatric unit (a designated unit rather than beds in a medical unit) | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_UNIT** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| g. | Care coordinators/case managers (RNs, social workers, etc.) for patients receiving behavioral health care | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_COORDCARE** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| h. | Satellite and/or community clinics to improve access to behavioral health care | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_SATELLITE** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| i. | School intervention program with providers embedded in one or more school(s) or available at least weekly for consultation/training with patients, families, and teachers | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_SCHOOLINTV** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| j. | Partial day hospitalization and/or intensive outpatient program | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_PARTIAL** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| k. | Residential program for patients requiring long-term care | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_RESIDENT** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| l. | Multilingual behavioral health providers[[6]](#footnote-7) who can provide diagnostic and treatment services to those whose first language is not English | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_LINGUAL** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| m. | Access to behavioral health provider consultation support[[7]](#footnote-8) for primary care providers | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_CPAP** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| n. | Behavioral health urgent care[[8]](#footnote-9) | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_URGENT** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| o. | Evening/weekend hours for behavioral health services to improve access to care | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_HOURS** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| p. | Intensive community and Home-based therapy or ABA/Intensive Behavioral Intervention for Autism Spectrum Disorders | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_IHBT** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| q. | Crisis stabilization services in subspecialty or primary care | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_CRISIS** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| r. | Wrap-around services[[9]](#footnote-10) in subspecialty or primary care | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_WRAP** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |
| s. | Respite care | **□** | **□** | **□** |
|  | **(PSYCH\_ACCESS\_RESPITE** | **\_ONSITE)** | **\_PARTNER)** | **\_NO)** |

NOTES: Allow multiple “yes” responses, but “no” should be mutually exclusive (i.e., cannot be selected with “yes” responses.

1. **Which of the following pediatric subspecialists are available to your Pediatric and Adolescent Behavioral Health program either onsite or on-call 24/7?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Child neurology  **(PSYCH\_SUBSPEC\_CHILDNEURO)** | **○** | **○** |

1. **Which of the following behavioral health subspecialists are available to support emergent patient care needs within the inpatient and outpatient (including general medical urgent care) programs at your hospital either onsite or on-call 24/7?** [Note that this should exclude care in the Emergency Department or Behavioral Health urgent care]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Available for Inpatient care** | | **Available for Outpatient care** | | |
|  |  | **Yes** | **No** | **Yes** | **No** |
| a. | Psychiatrist from your Pediatric and Adolescent Behavioral Health program | ○ | ○ | ○ | ○ |
|  | **(PSYCH\_SUBSPEC\_PSYCHIATRY** | **\_IN)** | | **\_OUT)** | |
| b. | Clinical psychologist from your Pediatric and Adolescent Behavioral Health program | ○ | ○ | ○ | ○ |
|  | **(PSYCH\_SUBSPEC\_PSYCHOLOGY** | **\_IN)** | | **\_OUT)** | |
| c. | Developmental behavioral pediatrician or neurodevelopmental disabilities physician from your Pediatric and Adolescent Behavioral Health program | ○ | ○ | ○ | ○ |
|  | **(PSYCH\_SUBSPEC\_DEVELOPMENTAL** | **\_IN)** | | **\_OUT)** | |
| d. | Adolescent medicine physician from your Pediatric and Adolescent Behavioral Health program | ○ | ○ | ○ | ○ |
|  | **(PSYCH\_SUBSPEC\_ADOLESCENT** | **\_IN)** | **\_OUT)** |

1. **Does your Pediatric and Adolescent Behavioral Health program participate in any collaboratives or research networks[[10]](#footnote-11) where the primary focus is on behavioral health?** [Note that to answer “yes” the main focus of the project needs to be on behavioral health rather than a focus on physical health with some behavioral health elements.]

**(PSYCH\_RESEARCH)**

* Yes 🡪 Go to L9.1
* No 🡪 Go to L10

**L9.1 If “yes” to L9, please provide one example of a collaborative and research network your Pediatric and Adolescent Behavioral Health program participates in, the role that you are playing with this work (e.g., Principal Investigator of network, specific studies, steering committee member), and the topic area of the current collaboration.**

**(PSYCH\_RESEARCH\_TEXT)**

1. **Does your Pediatric and Adolescent Behavioral Health program provide access to clinical trials or novel treatments for specific behavioral health conditions?** [Note that these may be single institution studies or collaboratives/research networks as described above in L9.]

**(PSYCH\_TRIALS)**

* Yes
* No

1. **This question has been removed from the survey.**

**L11.1 This question has been removed from the survey.**

**L11.2 Which of the specialties that comprise your Pediatric and Adolescent Behavioral Health program are engaged in QI activities focused on the improvement of services within behavioral health clinical care?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Child and adolescent psychiatry  **(PSYCH\_QI\_PSYCHIATRY)** | ○ | ○ |
| b. | Clinical psychology and/or neuropsychology  **(PSYCH\_QI\_PSYCHOLOGY)** | ○ | ○ |
| c. | Developmental behavioral pediatrics and/or neurodevelopmental disabilities **(PSYCH\_QI\_DEVELOPMENTAL)** | ○ | ○ |
| d. | Adolescent medicine  **(PSYCH\_QI\_ADOLESCENT)** | ○ | ○ |

1. **Does your Pediatric and Adolescent Behavioral Health program provide the following services for patients and their families?** (Hospitals should answer “yes” to the items listed if one or more of the 4 disciplines[[11]](#footnote-12) that comprise your Behavioral Health program offers the item described.)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Web-based online information resources for parents or caregivers with information about diagnoses, treatments, and medication options **(PSYCH\_SERVICES\_INFO)** | ○ | ○ |
| b. | Webinars or educational sessions for families on parenting or on disorder specific conditions **(PSYCH\_SERVICES\_PARENT)** | ○ | ○ |
| c. | Support groups for patients **(PSYCH\_SERVICES\_SUPPORTPAT)** | ○ | ○ |
| d. | Support groups for parents or caregivers **(PSYCH\_SERVICES\_SUPPORTFAM)** | ○ | ○ |
| e. | Family centered rounds for inpatient care[[12]](#footnote-13) **(PSYCH\_SERVICES\_ROUNDS)** | ○ | ○ |
| f. | Family navigators[[13]](#footnote-14) **(PSYCH\_SERVICES\_NAVI)** | ○ | ○ |

1. **For each of the following behavioral health conditions (see code list), is a specialized diagnostic assessment offered as part of your Pediatric and Adolescent Behavioral Health program via inpatient care, outpatient care, or a community partner**[[14]](#footnote-15)**, or is an assessment not available?** [Only select one of the “yes” options if you or a community partner have an organized diagnostic program that includes:

a) identified staff who have expertise in the particular condition,

b) operational guidelines or assessment pathways that are followed by these staff, and

c) has the ability to conduct a diagnostic interview, with at least one form of collateral information (an interview with caregiver, school data, etc.) and/or validated diagnostic questionnaires or assessment battery.

Note that a single program may be able to cover a number of different diagnostic categories below, so we are not expecting hospitals to have separate or independent teams for each—just that you or your community partner have an organized approach to conducting assessment of patients within each of the groups listed. If you do not meet these guidelines, you must select “no” for that item.][Check all that apply.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Yes, via inpatient care[[15]](#footnote-16)** | **Yes, via outpatient care[[16]](#footnote-17)** | **Yes, via a community partner[[17]](#footnote-18)** | **No, not available** |
| a. | Attention-deficit/hyperactivity disorder | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_ADHD** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| b. | Autism spectrum disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_AUTISM** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| c. | Global developmental delays and intellectual disabilities | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_IDD** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| d. | Language and learning disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_LEARN** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| e. | Motor disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_MOTOR** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| f. | Disruptive, impulse-control, and conduct disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_DISRUPT** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| g. | Schizophrenia spectrum and other psychotic disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_PSYCHOTIC** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| h. | Bipolar and related disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_BIPOLAR** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| i. | Depressive disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_DEPRESS** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| j. | Anxiety disorders (including OCD) | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_ANXIETY** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| k. | Trauma- and stressor-related disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_TRAUMA** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| l. | Substance-related and addictive disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_SUB** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| m. | Feeding or eating disorders[[18]](#footnote-19) | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_EATING** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| n. | Elimination disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_ELIM** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| o. | Sleep-wake disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_SLEEP** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| p. | Somatic symptom and related disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_SOMATIC** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| q. | Neurocognitive disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_NEUROCOG** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| r. | Other behavioral health conditions (see code list) | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_EVAL\_OTHER** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |

NOTES: Allow multiple “yes” responses, but “no” should be mutually exclusive (i.e., cannot be selected with “yes” responses.

**L14. This question has been removed from the survey.**

1. **For which of the following routine practices (or workflows)[[19]](#footnote-20) does your children’s hospital engage in to address the risk of suicide in patients receiving care?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Yes, for most (>75%)** | **Yes, for some (50-75%)** | **No or less than 50%** | **Not applicable** |
| a. | In the Emergency Department (not a psychiatric emergency department), utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other)  **(PSYCH\_SUICIDE\_STANDED)** | ○ | ○ | ○ | ○ |
| b. | In inpatient behavioral health care, utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other)  **(PSYCH\_SUICIDE\_STANDIN)** | **○** | **○** | **○** | **○** |
| c. | In inpatient medical care (not behavioral health), utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other) **(PSYCH\_SUICIDE\_STANDINPREV)** | **○** | **○** | **○** | **○** |
| d. | In outpatient (ambulatory) behavioral health care, utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other) **(PSYCH\_SUICIDE\_STANDOUT)** | **○** | **○** | **○** | **○** |
| e. | In outpatient (ambulatory primary and specialty) medical care (not behavioral health), utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other) **(PSYCH\_SUICIDE\_STANDOUTPREV)** | **○** | **○** | **○** | **○** |
| f. | In inpatient behavioral health care, a structured safety plan is routinely developed by providers with patients identified as having a significant risk of suicide  **(PSYCH\_SUICIDE\_SAFEIN)** | **○** | **○** | **○** | **○** |
| g. | In inpatient medical care (not behavioral health), a structured safety plan is routinely developed by providers with patients identified as having a significant risk of suicide  **(PSYCH\_SUICIDE\_SAFEINOTH)** | **○** | **○** | **○** | **○** |
| h. | In outpatient (ambulatory) behavioral health care, a structured safety plan is routinely developed by providers with patients identified as having a significant risk of suicide  **(PSYCH\_SUICIDE\_SAFEOUT)** | **○** | **○** | **○** | **○** |
| i. | In outpatient (ambulatory) medical care (not behavioral health), a structured safety plan is routinely developed by providers with patients identified as having a significant risk of suicide **(PSYCH\_SUICIDE\_SAFEOUTOTH)** | **○** | **○** | **○** | **○** |

**L15.1 This question has been removed from the survey.**

1. **For each of the following behavioral health concerns, does your hospital engage in prevention screening[[20]](#footnote-21) with patients (using a standardized instrument and/or clinical interview) in inpatient care, outpatient care, or does your hospital not screen patients?** [Note that the screening may take place in any pediatric or adolescent service within your hospital and should not be restricted to behavioral health only. As a result, this screening may be done by providers other than those in behavioral health. We are interested in screening activity broadly at the hospital and not just what is occurring in specialty behavioral health care.][Check all that apply.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes, via inpatient care[[21]](#footnote-22)** | **Yes, via outpatient care[[22]](#footnote-23)** | **No** |
| a. | Parental depression or history of behavioral health conditions | **□** | **□** | **□** |
|  | **(PSYCH\_SCREEN\_MATERN** | **\_INPAT)** | **\_OUTPAT)** | **\_NO)** |
| b. | Depression in all patients 12 years and older | **□** | **□** | **□** |
|  | **(PSYCH\_SCREEN\_DEPRESS** | **\_INPAT)** | **\_OUTPAT)** | **\_NO)** |
| c. | Autism spectrum disorders in children | **□** | **□** | **□** |
|  | **(PSYCH\_SCREEN\_AUTISM** | **\_INPAT)** | **\_OUTPAT)** | **\_NO)** |
| d. | Developmental delay in children | **□** | **□** | **□** |
|  | **(PSYCH\_SCREEN\_DD** | **\_INPAT)** | **\_OUTPAT)** | **\_NO)** |
| e. | Substance use in patients >12 years of age | **□** | **□** | **□** |
|  | **(PSYCH\_SCREEN\_SUB** | **\_INPAT)** | **\_OUTPAT)** | **\_NO)** |
| f. | General screening for behavioral health problems yearly | **□** | **□** | **□** |
|  | **(PSYCH\_SCREEN\_BHGEN** | **\_INPAT)** | **\_OUTPAT)** | **\_NO)** |
| g. | Anxiety disorders | **□** | **□** | **□** |
|  | **(PSYCH\_SCREEN\_ANXIETY** | **\_INPAT)** | **\_OUTPAT)** | **\_NO)** |
| h. | Firearm safety and gun violence screening | **□** | **□** | **□** |
|  | **(PSYCH\_SCREEN\_GUN** | **\_INPAT)** | **\_OUTPAT)** | **\_NO)** |
| i. | Trauma/Adverse childhood experiences (ACEs) | **□** | **□** | **□** |
|  | **(PSYCH\_SCREEN\_ACE** | **\_INPAT)** | **\_OUTPAT)** | **\_NO)** |

NOTES: Allow multiple “yes” responses, but “no” should be mutually exclusive (i.e., cannot be selected with “yes” responses.

1. **For each of the following behavioral health conditions (see code list), is treatment available as part of your Pediatric and Adolescent Behavioral Health program via inpatient care, outpatient care, a community partner**[[23]](#footnote-24)**, or is treatment not available?** Only select the “yes” options if you or a community partner have a specialized treatment program that includes:

a) identified staff who have expertise in the particular condition and provided treatment,

b) employ evidence based/informed practices for this condition, and

c) have established guidelines or workflows along with periodic assessments of treatment progress.

If you do not meet these guidelines, you must select “no” for that item. [Check all that apply.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Yes, via inpatient care[[24]](#footnote-25)** | **Yes, via outpatient care[[25]](#footnote-26)** | **Yes, via a community partner[[26]](#footnote-27)** | **No, not available** |
| a. | Attention-deficit/hyperactivity disorder | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_ADHD** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| b. | Autism spectrum disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_AUTISM** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| c. | Global developmental delays and intellectual disabilities | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_IDD** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| d. | Language and learning disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_LEARN** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| e. | Motor disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_MOTOR** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| f. | Disruptive, impulse-control, and conduct disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_DISRUPT** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| g. | Schizophrenia spectrum and other psychotic disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_PSYCHOTIC** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| h. | Bipolar and related disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_BIPOLAR** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| i. | Depressive disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_DEPRESS** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| j. | Anxiety disorders (including OCD) | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_ANXIETY** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| k. | Trauma- and stressor-related disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_TRAUMA** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| l. | Substance-related and addictive disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_SUB** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| m. | Feeding or eating disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_EATING** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| n. | Elimination disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_ELIM** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| o. | Sleep-wake disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_SLEEP** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| p. | Somatic symptom and related disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_SOMATIC** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| q. | Neurocognitive disorders | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_NEUROCOG** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |
| r. | Other behavioral health conditions (see code list) | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_TREAT\_OTHER** | **\_INPAT)** | **\_OUTPAT)** | **\_PARTNER)** | **\_NO)** |

NOTES: Allow multiple “yes” responses, but “no” should be mutually exclusive (i.e., cannot be selected with “yes” responses.

1. **For each of the following behavioral health conditions (see code list), how many unique patients were seen[[27]](#footnote-28) by a clinical provider[[28]](#footnote-29) in your Pediatric and Adolescent Behavioral Health program for inpatient and/or outpatient care in 2024?** [*Please note that you should report unique patients* ***for each category*** *(i.e., if one patient was seen for anxiety, depression, and a developmental delay in an inpatient setting, they would be counted 1 time for each category as an inpatient).* Please only count care provided by a clinical provider in your Pediatric and Adolescent Behavioral Health program (includes providers in adolescent medicine, child psychiatry, developmental behavioral pediatrics, and pediatric psychology only). Note that both primary and secondary diagnostic codes may be used to identify patients treated by providers in your program.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Unique inpatients[[29]](#footnote-30)** | **Unique outpatients[[30]](#footnote-31)** |
| a. | Attention-deficit/hyperactivity disorder **(PSYCH\_PATS\_ADHD** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| b. | Autism spectrum disorders  **(PSYCH\_PATS\_AUTISM** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| c. | Global developmental delays and intellectual disabilities  **(PSYCH\_PATS\_IDD** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| d. | Language and learning disorders  **(PSYCH\_PATS\_LEARN** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| e. | Motor disorders  **(PSYCH\_PATS\_MOTOR** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| f. | Disruptive, impulse-control, and conduct disorders **(PSYCH\_PATS\_DISRUPT** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| g. | Schizophrenia spectrum and other psychotic disorders **(PSYCH\_PATS\_PSYCHOTIC** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| h. | Bipolar and related disorders  **(PSYCH\_PATS\_BIPOLAR** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| i. | Depressive disorders  **(PSYCH\_PATS\_DEPRESS** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| j. | Anxiety disorders (including OCD)  **(PSYCH\_PATS\_ANXIETY** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| k. | Trauma- and stressor-related disorders **(PSYCH\_PATS\_TRAUMA** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| l. | Substance-related and addictive disorders **(PSYCH\_PATS\_SUB** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| m. | Feeding or eating disorders  **(PSYCH\_PATS\_EATING** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| n. | Elimination disorders  **(PSYCH\_PATS\_ELIM** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| o. | Sleep-wake disorders  **(PSYCH\_PATS\_SLEEP** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| p. | Somatic symptom and related disorders **(PSYCH\_PATS\_SOMATIC** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| q. | Neurocognitive disorders  **(PSYCH\_PATS\_NEUROCOG)** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |
| r. | Other behavioral health conditions (see code list) **(PSYCH\_PATS\_OTHER** | **\_\_\_\_\_\_\_**  **\_INPAT)** | **\_\_\_\_\_\_\_**  **\_OUTPAT)** |

NOTES: L18x should be whole number only. Do not allow decimals.

**L18.1 How many unique patients seen by your Pediatric and Adolescent Behavioral Health program (from L18) were seen in each of the following inpatient and outpatient settings in 2024?** [*Please note that to answer this question you will need to de-duplicate patients across the categories in L18 so that they are counted only 1 time in L18.1. For instance, if a patient was seen in both inpatient and outpatient care at separate times, then a patient may be counted once in both inpatient and outpatient categories. However, if a patient was seen for various conditions listed in L18 they may only be counted one time (i.e., if they were seen for anxiety, depression, and a developmental delay all in an outpatient setting, then they would be counted 1 time as an outpatient; whereas a patient with the same conditions who was seen in both inpatient and outpatient settings would be counted 1 time for inpatient and 1 time for outpatient).* Please only count care provided by a clinical provider in your Pediatric and Adolescent Behavioral Health program (includes providers in adolescent medicine, child psychiatry, developmental behavioral pediatrics, and pediatric psychology only). Note that both primary and secondary diagnostic codes may be used to identify patients treated by providers in your program.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Unique patients who received ***inpatient*** behavioral health care in 2024 on an inpatient psychiatry unit **(PSYCH\_PATSTOT\_INPSY)** | \_\_\_\_\_\_\_\_ |
| b. | Unique patients who received ***inpatient*** behavioral health care in 2024 on another inpatient unit other than inpatient psychiatry **(PSYCH\_PATSTOT\_INOTHER)** | \_\_\_\_\_\_\_\_ |
| c. | Unique patients who received ***outpatient*** behavioral health care in 2024 (**PSYCH\_PATSTOT\_OUTPSY**) | \_\_\_\_\_\_\_\_ |

NOTES: L18.1x should be whole number only. Do not allow decimals.

SKIP LOGIC: If L6f1 is selected (hospital has an inpatient psychiatric unit onsite), ask L19

Else, skip to L20

1. **Does your Pediatric and Adolescent Behavioral Health program do each of the following, as a routine practice, at the time of discharge[[31]](#footnote-32) from your inpatient behavioral health unit at your hospital?** (If your hospital does not offer an inpatient behavioral health unit or program, then you should answer “no” to all elements of this question. If your hospital does not offer an inpatient behavioral health unit or program (i.e., if the response to L6f is "no"), then this question will be skipped in the survey)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Provide coordination of care to ensure that the patient has a follow-up plan post discharge for the identified behavioral health concern(s) | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_COORD** | **\_INPSYCH)** | |
| b. | Schedule or offer[[32]](#footnote-33) follow-up appointments within 7 days (inpatient psychiatric unit discharge) with a licensed behavioral health provider[[33]](#footnote-34) in your institution’s behavioral health program or within the community | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_FOLLOW** | **\_INPSYCH)** | |
| c. | Provide a list of psychiatric medications to the patient`s licensed behavioral health provider[[34]](#footnote-35) and their primary care provider within your institution or the community | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_MEDLIST** | **\_INPSYCH)** | |
| d. | Provide the family with any psychiatric prescriptions and a list of medications prescribed, at the time of discharge | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_MEDS** | **\_INPSYCH)** | |
| e. | Provide discharge summary to the patient`s licensed behavioral health provider[[35]](#footnote-36) and their primary care provider within the institution or the community | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_SUMMARY** | **\_INPSYCH)** | |
| f. | Communicate with patients` licensed behavioral health provider and/or primary care provider if there has been stated concern that the patient was a potential danger to self or had significant impairing challenges that impacted functioning. (e.g., self-injurious behaviors, aggression) | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_DANGER** | **\_INPSYCH)** | |
| g. | For patients with concerns of suicidality during hospitalization, evaluate for suicide risk at time of discharge (i.e., determine there is no acute risk of suicidal behavior prior to discharge from hospital) | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_SUICIDE** | **\_INPSYCH)** | |
| h. | Make post-discharge follow up calls for discharged patients to determine if they have followed through with discharge recommendations and have seen their new licensed behavioral health provider OR re-established care with their current behavioral health provider | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_CALLS** | **\_INPSYCH)** | |

1. **Does your Pediatric and Adolescent Behavioral Health program do each of the following, as a routine practice (or workflow), at the time of discharge[[36]](#footnote-37) from behavioral health care provided on other medical or surgical units at your hospital?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Provide coordination of care to ensure that the patient has a follow-up plan post discharge for the identified behavioral health concern(s) | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_COORD** | **\_OTHINPAT)** | |
| b. | Schedule or offer[[37]](#footnote-38) follow-up appointments within 30 days (inpatient medical unit discharge) with a licensed behavioral health provider[[38]](#footnote-39) in your institution’s behavioral health program or within the community | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_FOLLOW** | **\_OTHINPAT)** | |
| c. | Provide a list of psychiatric medications to the patient`s licensed behavioral health provider[[39]](#footnote-40) and their primary care provider within your institution or the community | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_MEDLIST** | **\_OTHINPAT)** | |
| d. | Provide the family with any psychiatric prescriptions and list of medications prescribed, at the time of discharge | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_MEDS** | **\_OTHINPAT)** | |
| e. | Provide discharge summary to the patient`s licensed behavioral health provider[[40]](#footnote-41) and their primary care provider within the institution or the community | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_SUMMARY** | **\_OTHINPAT)** | |
| f. | Communicate with patients` licensed behavioral health provider and/or primary care provider if there has been stated concern that the patient was a potential danger to self or had significant impairing challenges that impacted functioning. (e.g., self-injurious behaviors, aggression) | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_DANGER** | **\_OTHINPAT)** | |
| g. | For patients with concerns of suicidality during hospitalization, evaluate for suicide risk at time of discharge (i.e., determine there is no acute risk of suicidal behavior prior to discharge from hospital) | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_SUICIDE** | **\_OTHINPAT)** | |
| h. | Make post-discharge follow up calls for discharged patients to determine if they have followed through with discharge recommendations and have seen their new licensed behavioral health provider OR re-established care with their current behavioral health provider | **○** | **○** |
|  | **(PSYCH\_DISCHARGE\_CALLS** | **\_OTHINPAT)** | |

1. **Which of the following best describes how behavioral health care is provided in your Emergency Department (ED)? [**Note that the response options are arranged in order from highest level of service to lowest. If you have more than one of these options available within your institution select the highest level of service.]

* We have a specialized Psychiatric ED[[41]](#footnote-42) – Skip to L23 **(PSYCH\_ED\_PROVIDE\_EDSPECIAL)**
* We have a General ED with dedicated behavioral health staff on-site – Go to L22 **(PSYCH\_ED\_PROVIDE\_EDDEDICATED)**
* We have a General ED behavioral health staff on call as needed – Go to L22 **(PSYCH\_ED\_PROVIDE\_EDONCALL)**
* We have a General ED but without any coverage for behavioral health – Go to L24 **(PSYCH\_ED\_PROVIDE\_EDNOCOVER)**
* N/A, we do not have an ED – Skip to L24 **(PSYCH\_ED\_PROVIDE\_NOED) [PROGRAMMING NOTE: IF PSYCH\_ED\_PROVIDE\_NOED IS SELECTED, NO OTHER OPTIONS CAN BE SELECTED)**

1. **If a patient treated in your ED indicates potential danger to self or had significant impairing challenges that impacted functioning (e.g., self-injurious behaviors, aggression), which of the following methods do your behavioral health staff use to assess the patient in the ED?** [Check all that apply.]

**(PSYCH\_ED\_CONSULT)**

* In-person – Skip to L23 **(PSYCH\_ED\_CONSULT\_INPERSON)**
* Video/tele-video conference – Skip to L23 **(PSYCH\_ED\_CONSULT\_VIDEO)**
* Telephone call (no video) – Skip to L23 **(PSYCH\_ED\_CONSULT\_PHONE)**
* Other – Go to L22.1 **(PSYCH\_ED\_CONSULT\_OTHER)**

**L22.1 If selected “Other”, please specify what method your behavioral health staff uses to assess the patient in the ED.**

|  |
| --- |
| **(PSYCH\_ED\_CONSULT\_OTHER\_TXT)** |

1. **Does your Pediatric and Adolescent Behavioral Health program do each of the following, as a routine practice (or workflow), at the time of discharge[[42]](#footnote-43) from the Emergency Department at your hospital?** [For each of the following types of units, please answer “yes” or “no.”]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Provide coordination of care to ensure that the patient has a follow-up plan for identified behavioral health concerns **(PSYCH\_DISCHARGE\_COORD\_ED)** | **○** | **○** |
| b. | Schedule or offer[[43]](#footnote-44) follow-up appointments within 7 days with a licensed behavioral health provider[[44]](#footnote-45) in your institution’s behavioral health program or confirm that appointments have been made with a licensed behavioral health provider in the community  **(PSYCH\_DISCHARGE\_FOLLOW\_ED)** | **○** | **○** |
| c. | Provide a list of medications to the patient`s licensed behavioral health provider and the primary care provider if any medications were used or prescribed during the ED visit **(PSYCH\_DISCHARGE\_MEDLIST\_ED)** | **○** | **○** |
| d. | Provide discharge summary to the patient`s licensed behavioral provider and pediatric primary care provider within the institution or in the community **(PSYCH\_DISCHARGE\_SUMMARY\_ED)** | **○** | **○** |
| e. | Communicate with the primary care provider at discharge if the patient presented as a potential danger to self **(PSYCH\_DISCHARGE\_DANGER\_ED)** | **○** | **○** |
| f. | Perform an assessment of suicidality at time of discharge if risk of suicide identified as reason for the visit (i.e., determine there is no acute risk of suicidal behavior prior to discharge from hospital)  **(PSYCH\_DISCHARGE\_SUICIDE\_ED)** | **○** | **○** |
| g. | Make post-discharge follow up calls for discharged patients to determine if they have followed through with discharge recommendations and have seen their new licensed behavioral health provider OR re-established care with their current behavioral health provider **(PSYCH\_DISCHARGE\_CALLS\_ED)** | **○** | **○** |

**L23.1 How many patients[[45]](#footnote-46) did your Pediatric and Adolescent Behavioral Health program see in the ED or other Behavioral Health emergency services in 2024?** [*Please use the diagnostic categories listed in L18 and count each patient only 1 time for any ED or other Behavioral Health emergency services provided in 2024.* Please only count care provided by a clinical provider in your Pediatric and Adolescent Behavioral Health program (includes providers in adolescent medicine, child psychiatry, developmental behavioral pediatrics, and pediatric psychology only). Note that both primary and secondary diagnostic codes may be used to identify patients treated by providers in your program.]

* N/A, we do not have an ED or other Behavioral Health emergency service – Skip to L24 **(PSYCH\_ED\_BOARDERS\_NA)**

\_\_\_\_\_\_ Number of unique patient episodes in 2024 who received ED or other Behavioral Health

emergency services **(PSYCH\_ED\_BOARDERS)**

NOTES: L23.1x should be whole number only. Do not allow decimals.

N/A should be mutually exclusive (i.e. cannot be selected with other responses).

**L23.2 How many patients at your hospital in 2024 were kept in the ED or a Medical Inpatient unit as Psychiatric Boarders[[46]](#footnote-47) (i.e., they have been determined to meet criteria for psychiatric inpatient services but there is no bed available)?**

\_\_\_\_\_\_ Number of unique patients in 2024 who were psychiatric boarders

**(PSYCH\_ED\_NUMBOARD)**

NOTES: L23.2x should be whole number only. Do not allow decimals.

VALIDATE: IF L23.2 > L23.1, DISPLAY: “L23.2: The number of patients who were Psychiatric Boarders cannot be greater than the number of patients seen in the ED or other Behavioral Health emergency services (L23.1).”

If L23.2 = 0 DISPLAY: “L23.2: Please confirm the number of patients who were Psychiatric Boarders was 0 for your hospital in 2024.”

**L23.3 What is the total number of patient days at your hospital in 2024 for patients kept in the ED or a Medical Inpatient unit as Psychiatric Boarders[[47]](#footnote-48) (i.e., they have been determined to meet criteria for psychiatric inpatient services but there is no bed available)?**

\_\_\_\_\_\_ Total number of patient days in 2024 for psychiatric boarders

**(PSYCH\_ED\_DAYBOARD)**

NOTES: L23.3x should be whole number only. Do not allow decimals.

VALIDATE: IF L23.3 < L23.2, DISPLAY: “L23.3: The number of patients days for Psychiatric Boarders cannot be less than the number of Psychiatric Boarders (L23.2).”

**L23.4 When a patient has been determined to meet criteria for psychiatric inpatient services but there is no bed available (i.e., they are a Psychiatric Boarder[[48]](#footnote-49)), are they kept in the ED, moved to an inpatient medical unit, or some “other” location in the hospital?** [Check all that apply.]

* Boarders are kept in the ED, with specific time limits – Skip to L24 **(PSYCH\_ED\_BOARDERS\_EDTIMELIMIT)**
* Boarders are kept in the ED, without specific time limits – Skip to L24 **(PSYCH\_ED\_BOARDERS\_EDNOTIME)**
* Boarders are moved to an inpatient medical unit – Skip to L24 **(PSYCH\_ED\_BOARDERS\_INPTTIME)**
* Boarders are maintained in some “other” setting – Go to L23.5 **(PSYCH\_ED\_BOARDERS\_OTHERTIME)**

**L23.5 If selected “Other”, please specify what method your behavioral health staff uses to assess the patient in the ED.**

|  |
| --- |
| **(PSYCH\_ED\_BOARDERS\_OTHER)** |

1. **Does your Pediatric and Adolescent Behavioral Health program have mortality and morbidity review where cases are reviewed and discussed quarterly (or more frequently) in each of the following?** (This may include mortality/morbidity review, safety rounds, systems error meetings, clinical competence conferences or some other equivalent meeting. If you have multidisciplinary rounds where all specialties are represented, then you should select “yes” to all four of the programs below. If you only have some of the specialties represented, then select “yes” for those specialties that participate in multidisciplinary rounds. Alternatively, if your hospitals conducts these reviews separately by program, then you should answer “yes” to each program that conducts these reviews.)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Child and Adolescent Psychiatry | **○** | **○** |
|  | **(PSYCH\_MMREVIEW\_PSYCH)** |  | |
| b. | Child and Adolescent Psychology or Neuropsychology | **○** | **○** |
|  | **(PSYCH\_MMREVIEW\_NEUROPSYCH)** |  | |
| c. | Developmental Behavioral Pediatrics or Neurodevelopmental Disabilities | **○** | **○** |
|  | **(PSYCH\_MMREVIEW\_DEVELOP)** |  | |
| d. | Adolescent Medicine | **○** | **○** |
|  | **(PSYCH\_MMREVIEW\_ADOLESCENT)** |  | |

**L25. This question has been removed from the survey.**

**L26. This question has been removed from the survey.**

1. **How many of the unique patients in your Pediatric and Adolescent Behavioral Health program were on antipsychotic medications in the last year? Of these patients, how many had a complete metabolic screening (including body mass index, blood pressure, blood sugar, and cholesterol screening) documented in their chart in the last calendar year?** [Note that the metabolic screening may be completed by a behavioral health provider, a primary care provider, or some other provider within your hospital. We are interested in whether the screening has been done and is documented in the chart in some form.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Unique patients on antipsychotic medications **(PSYCH\_MEDS\_ON)** | \_\_\_\_\_\_\_\_ |
| b. | Unique patients on antipsychotics who received complete metabolic screening in the last calendar year  **(PSYCH\_MEDS\_SCREEN)** | \_\_\_\_\_\_\_\_ |

NOTES: L27x should be whole number only. Do not allow decimals.

VALIDATE: IF L27b > L27a, DISPLAY: “L27: The number of patients who received complete metabolic screening in the last calendar year cannot be greater than the number of patients who are currently on antipsychotic medications.”

1. **Which of the following best describes how your Pediatric and Adolescent Behavioral Health program reviews possible behavioral interventions as treatment prior to prescribing antipsychotic medications?**

**(PSYCH\_ANTIPSYC\_BIN\_REVIEW)**

* We have a policy of reviewing possible behavioral interventions prior to prescribing antipsychotics
* We do not have a policy but frequently review possible behavioral interventions prior to prescribing antipsychotics
* We do not review possible behavioral interventions prior to prescribing antipsychotics

1. **How many unique patients, being actively managed by your Pediatric and Adolescent Behavioral Health program in 2023, were prescribed ADHD medication (defined as either newly prescribed or refill prescriptions)? Of those, how many unique patients had at least 2 follow-up visits[[49]](#footnote-50) in the 12 months following prescription with a provider from your Pediatric and Adolescent Behavioral Health program or their primary care provider to check on their ADHD symptoms?** (Note that follow-up in the 12 months following prescription may occur in 2023 or 2024 if this occurred late in 2023. Also, please exclude patients where there has been a formal transfer of care outside of your hospital or health system. Note that ADHD medications may include both stimulant and non-stimulant medications that are prescribed to address ADHD symptoms.)

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Unique patients who were prescribed ADHD medication in 2023  **(PSYCH\_ADHD\_MEDS)** | \_\_\_\_\_\_\_\_ |
| b. | Unique patients who had at least 2 follow-up visits in the 12 months following prescription  **(PSYCH\_ADHD\_MEDS\_FOLLOWUP)** | \_\_\_\_\_\_\_\_ |

NOTES: L29x should be whole number only. Do not allow decimals.

VALIDATE: IF L29b > L29a, DISPLAY: “L29: The number of patients who had at least 2 follow-up visits in the 12 months following prescription cannot be greater than the number of patients who are currently prescribed ADHD medication.”

1. **Which of the following measurement-based care practices does your Pediatric and Adolescent Behavioral Health program currently follow?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Use standardized patient reported outcomes (or parent reported outcomes) evaluate patients in treatment (e.g., ABAS, BDI, BYI, BASC, BERS, CDI, CBCL, CHQ, CSI, GAD-7, PedsQL, PHQ-9, PSC, SDQ, Vanderbilt, YOQ)  **(PSYCH\_MEASURE\_STANDARD)** | **○** | **○** |
| b. | One or more of the standardized patient reported outcomes (or parent reported outcomes) described in L30a are available for online completion and submission (this could be done via the EHR or some other web-based mechanism)  **(PSYCH\_MEASURE\_ONLINE)** | **○** | **○** |
| c. | Set benchmarks for progress across key patient reported outcomes (or parent reported outcomes)  **(PSYCH\_MEASURE\_SET)** | **○** | **○** |
| d. | Utilize scores from standardized patient reported outcomes (or parent reported outcomes) to evaluate progress in treatment **(PSYCH\_MEASURE\_USE)** | **○** | **○** |
| e. | Display summary scores from standardized patient reported outcomes (or parent reported outcomes) to evaluate progress in treatment **(PSYCH\_MEASURE\_DASH)** | **○** | **○** |
| f. | Ongoing quality improvement efforts to evaluate the program and providers using standardized patient reported outcomes (or parent reported outcomes) (PSYCH\_MEASURE\_EVAL) | **○** | **○** |

**L30.1 This question has been removed from the survey.**

1. **Does your Pediatric and Adolescent Behavioral Health program currently have each of the following in place for your general medical inpatient, behavioral health inpatient, and emergency department (ED) care settings?** [Check all that apply.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Yes, in General Medical Inpatient care[[50]](#footnote-51)** | **Yes, in Behavioral Health Inpatient care[[51]](#footnote-52)** | **Yes, in the Emergency Department[[52]](#footnote-53)** | **No** |
| a. | A policy designed to reduce the use of mechanical, physical, and pharmacologic restraints and seclusions/exclusions | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_REST\_POLICY** | **\_INGEN)** | **\_INBH)** | **\_ED)** | **\_NO)** |
| b. | A tracking mechanism that records the use of restraints and seclusions/exclusions | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_REST\_TRACK** | **\_INGEN)** | **\_INBH)** | **\_ED)** | **\_NO)** |
| c. | A set target for reducing the time spent in or the number of restraints and seclusions/exclusions | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_REST\_TARGET** | **\_INGEN)** | **\_INBH)** | **\_ED)** | **\_NO)** |
| d. | Regularly report and discuss with clinical providers and nursing staff the amount of time in and rate of mechanical, physical, and pharmacologic restraints and seclusions/exclusions | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_REST\_REPORT** | **\_INGEN)** | **\_INBH)** | **\_ED)** | **\_NO)** |
| e. | Maintain a standing committee that is charged with quality improvement efforts that are reviewing and reducing the use of mechanical, physical, and pharmacologic restraints and seclusion | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_REST\_COMMITTEE** | **\_INGEN)** | **\_INBH)** | **\_ED)** | **\_NO)** |
| f. | Employ preventive strategies designed to proactively reduce the use of mechanical, physical, and pharmacologic restraints in each of these settings. (e.g., collaborative proactive solutions, behavior support plan or accommodations for youth with disability) | **□** | **□** | **□** | **□** |
|  | **(PSYCH\_REST\_PROACT** | **\_INGEN)** | **\_INBH)** | **\_ED)** | **\_NO)** |

NOTES: Allow multiple “yes” responses, but “no” should be mutually exclusive (i.e., cannot be selected with “yes” responses.

1. **Does your Pediatric and Adolescent Behavioral Health program engage in the following activities designed to evaluate and mitigate staff injuries?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Set targets for reducing staff injuries  **(PSYCH\_INJURY\_SET)** | **○** | **○** |
| b. | Track injuries experienced by staff in the delivery of care to patients **(PSYCH\_INJURY\_TRACK)** | **○** | **○** |
| c. | Review performance on set targets for reducing staff injuries with hospital leadership  **(PSYCH\_INJURY\_REVIEW)** | **○** | **○** |
| d. | Do you have an active quality improvement project designed to reduce staff injuries in the delivery of care to patients (PSYCH\_INJURY\_QUALITY) | **○** | **○** |

1. **Does your children’s hospital have a mechanism for parents/caregivers to develop a behavior support plan with providers that identifies triggers for behavioral escalation (e.g., sensory triggers, change in routines) and accommodations that can be helpful in addressing their treatment needs?** [Check all that apply.]

* Yes, in inpatient behavioral health care – Go to Question L34 **(PSYCH\_BSP\_MECHANISM\_INPT)**
* Yes, in other inpatient (not behavioral health) care – Go to Question L34 **(PSYCH\_BSP\_MECHANISM\_INPTOTHER)**
* Yes, in outpatient care – Go to Question L34 **(PSYCH\_BSP\_MECHANISM\_OUTPT)**
* No – Skip to Question L35 **(PSYCH\_BSP\_NOMECHANISM) [PROGRAMMING NOTE: IF NO SELECTED, THEN NO OTHER OPTIONS CAN BE SELECTED]**

1. **If yes to L33, is this plan documented in your Electronic Health Record (EHR) at the children’s hospital?**

**(PSYCH\_BSP\_EHR)**

* Yes
* No

1. **In the last calendar year, how many of the following types of unique IRB-approved trials, studies, registries, or databases did your Pediatric and Adolescent Behavioral Health program actively enroll or study patients in?**

**(PSYCH\_IRB)**

* 0
* 1-3
* 4-6
* 7-10
* 11 or more

1. **How many of the patients being treated in your Emergency Department (ED) during the last calendar year, received an emergent or urgent behavioral health evaluation (or consult) by a member of the Pediatric and Adolescent Behavioral Health program either within 2 hours or longer than 2 hours following the entry of the order for an evaluation?** [Please measure from the time that the patient is medically cleared, and the order is entered up to the point that the evaluation begins. If the same patient had multiple consult requests entered for the same ED visit, please take the average time for these, and enter the count in the correct category below. If the same patient was treated on different days in the ED within the same year, please count each day of treatment as a separate event.]

\_\_\_\_\_\_\_\_ a. Unique patients receive consult < 2 hours **(PSYCH\_CONSULT\_FAST)**

\_\_\_\_\_\_\_\_ b. Unique patients receive consult > 2 hours **(PSYCH\_CONSULT\_SLOW)**

NOTES: L36x should be whole number only. Do not allow decimals.

1. **Does your Pediatric and Adolescent Behavioral Health program have a plan to reduce the time to assessment from the presentation to the ED?** (We are interested in whether your program has a tracking mechanism for evaluating this and that you have set a target or goal to improve.)

**(PSYCH\_EDASSES\_REDUCE)**

* Yes
* No

1. **This question has been removed from the survey.**
2. **Does your Pediatric and Adolescent Behavioral Health program have or participate in an organized collaborative and/or Integrated behavioral health services in *primary care[[53]](#footnote-54)*?** [Note this question is asking about behavioral health providers who are integrated into the workflow of the clinic and are available to see patients and/or offer consultation/advice to primary care providers in person or via telehealth.]

**(PSYCH\_PRIMARY)**

* Yes, this is offered in all primary care settings – Go to L39.1
* Yes, this is offered in some primary care settings – Go to L39.1
* No – Skip to L40

**L39.1 If “yes” to L39, please briefly describe one example of how your program is organized and functions with *primary care* at your hospital, including in which part of primary care this program is deployed.**

|  |
| --- |
| **(PSYCH\_PRIMARY\_TEXT)** |

1. **Does your Pediatric and Adolescent Behavioral Health program have or participate in an integrated behavioral health services in *medical subspecialty care[[54]](#footnote-55)*?** [Note this question is asking about behavioral health providers who are integrated into the workflow of the clinic and are available to see patients and/or offer consultation/advice to specialty care providers in person or via telehealth.]

**(PSYCH\_SUBSPECIALTY)**

* Yes, this is offered in all medical specialties/subspecialties – Go to L40.1
* Yes, this is offered in some medical specialties/subspecialties – Go L40.1
* No – Skip to L41

**L40.1 If “yes” to L40, please briefly describe one example of how your program is organized and functions with *medical subspecialty care* at your hospital, including which subspecialties this program is deployed.**

|  |
| --- |
| **(PSYCH\_SUBSPECIALTY\_TEXT)** |

**The following questions (L41-L42) are for information purposes only. They will not be factored into the rankings this year.**

1. **Please indicate whether your pediatric program could provide the following information if requested on the 2025 survey.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Yes, with no difficulty** | **Yes, with some difficulty** | **Yes, with great difficulty** | **No** |
| a. | Percentage of patients that your Pediatric and Adolescent Behavioral Health program was successful in conducting suicide screening with an evidence-based instrument in various care settings (e.g., Emergency Department, inpatient behavioral health care, inpatient medical care, outpatient (ambulatory) behavioral health care, outpatient (ambulatory primary and specialty) medical care) (**PSYCH\_TEST\_A**) | ○ | ○ | ○ | ○ |
| b. | Provide a full listing of all of the specialties asked about in L40 where your hospital currently has integrated behavioral health services currently operating **(PSYCH\_TEST\_B)** | ○ | ○ | ○ | ○ |
| c. | Provide a description of the school intervention program offered by your behavioral health program **(PSYCH\_TEST\_C)** | ○ | ○ | ○ | ○ |
| d. | Provide a description of any culturally appropriate care services[[55]](#footnote-56) that are offered by your hospital or health system to behavioral health patients **(PSYCH\_TEST\_D)** | ○ | ○ | ○ | ○ |
| e. | Provide a description of one or more outcomes for a behavioral health condition that includes standards for positive outcomes and the measurements that are used to define clinical change **(PSYCH\_TEST\_E)** | ○ | ○ | ○ | ○ |

1. **Does your hospital or health system provide the following services for high-risk patients being treated in inpatient behavioral health care?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Locked inpatient psychiatric treatment facility  **(PSYCH\_INPAT\_LOCKED)** | **○** | **○** |
| b. | 24/7 patient monitoring by behavioral health staff at a ratio of staff to patients between 1:1 and 1:4  **(PSYCH\_INPAT\_MONIRATIO)** | **○** | **○** |
| c. | Another form of monitoring (video, security, non-mental staff) active in the care environment  **(PSYCH\_INPAT\_MONIOTHER)** | **○** | **○** |
| d. | Access to behavioral health safety rooms (for example ligature free) in the ED for the care or evaluation of behavioral health patients  **(PSYCH\_INPAT\_CODE)** | **○** | **○** |
| e. | For patients seen in the ED, monitoring takes place in the main ED or a separate area  **(PSYCH\_INPAT\_MONIED)** | **○** | **○** |

**CHIEF OF SERVICE APPROVAL**

To have this section of the survey accepted, the primary Service Chief for your Pediatric and Adolescent Behavioral Health program, your Adolescent Medicine program, your Child Psychiatry program, your Developmental Behavioral Pediatrics program, and your Pediatric Psychology program must acknowledge that they have reviewed all responses and approve of the submission. We recognize that in children’s hospitals the overall program may be comprised of adolescent medicine, child psychiatry, developmental behavioral pediatrics and psychology. Please identify one of the Chiefs of these services for each program who will serve as the approving official for this section of the survey and have that person complete and submit the approval form. To do this you will need to download, complete, and upload the approval form by the date of the final survey submission. Has the approval form for your Pediatric and Adolescent Behavioral Health program, your Adolescent Medicine program, your Child Psychiatry program, your Developmental Behavioral Pediatrics program, and your Pediatric Psychology program been completed and uploaded to the Pediatric Hospital Survey website?

**(PSYCH\_DIR\_APPROVE)**

* Yes, the forms have been submitted
* No, the forms have not been submitted. Please complete and upload the forms before proceeding.

**COMMENTS FOR SECTION L:**

We understand that hospitals have different types of Pediatric and Adolescent Behavioral Health programs. We encourage you to provide details about your hospital’s program in the space below. Your feedback will help us decide the types of questions to ask in future years. If you need additional space for your comments, you may upload a document to the Pediatric Hospital Survey website. All other comments, suggestions or questions should be sent to [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org).

|  |
| --- |
| **(PSYCH\_COMMENTS)** |

1. You should use your hospital’s definition of pediatrics as long as it excludes patients 21 years of age and older. [↑](#footnote-ref-2)
2. Attending/on-staff physicians include those who have completed their training in their particular medical specialty, are actively providing clinical care to patients, and are currently considered a member of the “medical staff” at the hospital. This may include physicians employed by the hospital, an affiliated university, or some other entity as long as the physician is considered part of the medical staff at the hospital. [↑](#footnote-ref-3)
3. Calculate staff FTEs based on total paid hours for the period of review divided by 2080. [↑](#footnote-ref-4)
4. This would include both inpatient and outpatient services located at your children’s hospital campus or in the community clinics that your hospital operates in the community. [↑](#footnote-ref-5)
5. This would include services available to your children’s hospital through a strategic partnership with another facility that is not part of your hospital or health system. [↑](#footnote-ref-6)
6. Note that these behavioral health providers do not need to be certified in a language other than English. However, these providers need to be from your behavioral health program and be fluent enough to be able to successfully deliver care in a language other than English. [↑](#footnote-ref-7)
7. This can be either co-located behavioral health providers in primary care or some type of organized access to behavioral health providers for providers who need a consultation in primary care. [↑](#footnote-ref-8)
8. This program is offered in an ambulatory care setting which has a program set up to address behavioral health needs of patients providing same or next day access to behavioral health providers. [↑](#footnote-ref-9)
9. Wrap-around services uses a team approach to meeting patient and family needs. It gathers the family, community-based services, clinical supports and natural support people already in the life of the patient to plan for and support the needs of the patient and family. [↑](#footnote-ref-10)
10. These would include research networks or collaboratives involving 2 or more organizations (hospitals, research entities, etc.). [↑](#footnote-ref-11)
11. The four disciplines that comprise behavioral health include child and adolescent psychiatry, clinical psychology and neuropsychology, developmental behavioral pediatrics or neurodevelopmental disabilities, and adolescent medicine. [↑](#footnote-ref-12)
12. Family centered rounds must actively include families in some manner. For instance, this can be done by having the family in the room or virtually present (over video) while doing rounds so that they are getting regular updates on how the patient is doing in the hospital. [↑](#footnote-ref-13)
13. Family navigators are staff whose specific job is to answer questions, help guide families to services/assistance, and provide basic support to families of patients being treated. They help patients and families navigate the system of care. The relationship is ongoing between navigator, the system of care and the patient/family. Note that hospitals may have a variety of different titles but these staff function as a guide and advocate for families navigating the healthcare system. [↑](#footnote-ref-14)
14. For this question, a community partner is program or service within your local community to which you have an established relationship to refer children and adolescents to with this condition routinely and has the same elements that constitute a specialized assessment program as defined in this question (i.e., diagnostic interview, with at least one form of collateral information, and/or validated diagnostic questionnaires or assessment battery given by a provider with behavioral health training). Note that we recognize that hospitals may have both their own internal programs/services and community partners. If your hospital has these services inpatient, outpatient, and with a community partner, please indicate this in your response. The only response that is exclusionary is “No, not available” which should only be selected if you do not offer the program/service. [↑](#footnote-ref-15)
15. This includes patients treated in your inpatient psychiatric unit and/or other inpatient medical units within your hospital. [↑](#footnote-ref-16)
16. This would include all ambulatory clinics onsite or offsite that are operated by your hospital. [↑](#footnote-ref-17)
17. This would include services that may not be available at your children’s hospital but available through a formal relationship with another provider in the community. Note that we recognize that hospitals may have both their own internal programs/services and community partners. If your hospital has these services inpatient, outpatient, and with a community partner, please indicate this in your response. The only response that is exclusionary is “No, not available” which should only be selected if you do not offer the program/service. [↑](#footnote-ref-18)
18. To qualify, the assessment team must include a behavioral health provider, dietician, and a medical provider. [↑](#footnote-ref-19)
19. Note that screening or follow-up according to the AAP guidelines are recommended to be universal for patients aged 12 or older and prompted screening of those 8-11 years when indicated (i.e., patients presenting with behavioral health symptoms or concerns). We know that this is now always interpreted the same way at hospitals and so we are asking for estimates of how often this is done at your facility. [↑](#footnote-ref-20)
20. Systematic screening for main behavioral health conditions may be done in inpatient care, outpatient care, or primary care. This screening should use algorithms that link evidence-based screeners to brief diagnostic tools (for example the PSC-17 linked to PHQ-9 and GAD-7 or SCARED for anxiety if high internalizing or SNAP-IV or Vanderbilt if high externalizing). Ideally screening would be linked to stepped care treatment pathways and collaborative care consultation when needed. [↑](#footnote-ref-21)
21. This includes patients treated in your inpatient psychiatric unit and/or other inpatient medical units within your hospital. [↑](#footnote-ref-22)
22. This would include all ambulatory clinics onsite or offsite that are operated by your hospital. [↑](#footnote-ref-23)
23. For this question, a community partner is program or service within your local community to which you have an established relationship to refer children and adolescents with this condition routinely for care and has the same elements that constitute a specialized care as defined in this question (i.e., includes identified staff who have expertise in the particular condition and provided treatment, employs evidence based/informed practices for this condition, and has established guidelines or workflows along with periodic assessments of treatment progress). Note that we recognize that hospitals may have both their own internal programs/services and community partners. If your hospital has these services inpatient, outpatient, and with a community partner, please indicate this in your response. The only response that is exclusionary is “No, not available” which should only be selected if you do not offer the program/service. [↑](#footnote-ref-24)
24. This includes patients treated in your inpatient psychiatric unit and/or other inpatient medical units within your hospital. [↑](#footnote-ref-25)
25. This would include all ambulatory clinics onsite or offsite that are operated by your hospital. [↑](#footnote-ref-26)
26. This would include services not available at your children’s hospital but available through a formal relationship with another provider in the community. [↑](#footnote-ref-27)
27. All encounters that involve a clinical provider from your pediatric and adolescent behavioral health program in emergency, urgent care, observation, extended stay, other inpatient units, or outpatient clinics. These may occur in a specialty behavioral health clinic, an inpatient ward, primary care, or a specialty clinic for a different specialty. The two key factors are a) the diagnosis of the patient (which may be primary or secondary) and b) the fact that one of your pediatric and adolescent behavioral health program providers saw the patient for care. [↑](#footnote-ref-28)
28. “Clinical providers” includes psychiatrists, clinical psychologists, adolescent medicine pediatricians, developmental behavioral pediatricians, physician assistants, nurse practitioners, Licensed marriage, family, and child counselors (MFCC) or Licensed Professional Counselors (LPC), Licensed clinical social workers (LCSW), and other master’s degree level counselors not covered above with state licensing who provide clinical services who provide clinical care to patents on behalf of the Pediatric and Adolescent Behavioral Health program. [↑](#footnote-ref-29)
29. This includes patients treated in your inpatient psychiatric unit and/or other inpatient medical units within your hospital. [↑](#footnote-ref-30)
30. This would include all ambulatory clinics onsite or offsite that are operated by your hospital. [↑](#footnote-ref-31)
31. Time of discharge refers to the workflow activities used by your behavioral health program to discharge patients from inpatient care (typically done within the last 24 hours prior to discharge). [↑](#footnote-ref-32)
32. This refers to identifying possible appointments for the patient for follow-up care and asking them if they wish to make an appointment. [↑](#footnote-ref-33)
33. Note that licensed behavioral health providers includes: Board-certified psychiatrists, adolescent medicine physicians, developmental behavioral pediatricians, neurodevelopmental disabilities specialists, licensed psychologists, licensed social workers, licensed marriage and family therapists, licensed professional counselors, or Advanced Practice registered nurses (APRNs) with mental health training. [↑](#footnote-ref-34)
34. Note that if the patient does not see a behavioral health provider, then hospitals may say yes if they provide a summary to the primary care provider only. [↑](#footnote-ref-35)
35. Note that if the patient does not see a behavioral health provider, then hospitals may say yes if they provide a summary to the primary care provider only. [↑](#footnote-ref-36)
36. Time of discharge refers to the workflow activities used by your behavioral health program to discharge patients from inpatient care (typically done within the last 24 hours prior to discharge). [↑](#footnote-ref-37)
37. This refers to identifying possible appointments for the patient for follow-up care and asking them if they wish to make an appointment. [↑](#footnote-ref-38)
38. Note that licensed behavioral health providers includes: Board-certified psychiatrists, adolescent medicine physicians, developmental behavioral pediatricians, neurodevelopmental disabilities specialists, licensed psychologists, licensed social workers, licensed marriage and family therapists, licensed professional counselors, or Advanced Practice registered nurses (APRNs) with mental health training. [↑](#footnote-ref-39)
39. Note that if the patient does not see a behavioral health provider, then hospitals may say yes if they provide a summary to the primary care provider only. [↑](#footnote-ref-40)
40. Note that if the patient does not see a behavioral health provider, then hospitals may say yes if they provide a summary to the primary care provider only. [↑](#footnote-ref-41)
41. There are various definitions for a psychiatric ED used by hospitals, but it essentially it is an emergency department or urgent care facility that focuses on behavioral health symptoms or conditions that patients have rather than sending them to the standard ED for care. If you have a psychiatric ED, behavioral health crisis center, or some other structure that functions as the place that patients with related symptoms or conditions go for care when they come to the ED or have an urgent need, then we would consider this a psychiatric ED. [↑](#footnote-ref-42)
42. Time of discharge refers to the workflow activities used by your behavioral health program to discharge patients from inpatient care (typically done within the last 24 hours prior to discharge). [↑](#footnote-ref-43)
43. This refers to identifying possible appointments for the patient for follow-up care and asking them if they wish to make an appointment. [↑](#footnote-ref-44)
44. Note that licensed behavioral health providers includes: Board-certified psychiatrists, adolescent medicine physicians, developmental behavioral pediatricians, neurodevelopmental disabilities specialists, licensed psychologists, licensed social workers, licensed marriage and family therapists, licensed professional counselors, or Advanced Practice registered nurses (APRNs) with mental health training. [↑](#footnote-ref-45)
45. For patients seen more than once in the ED or Behavioral Health emergency services in 2024 for behavioral health care, please count each episode of care as a separate patient. [↑](#footnote-ref-46)
46. Patients should be considered a boarder if they have a stay >12 hours after an order for inpatient psychiatry has been issued. [↑](#footnote-ref-47)
47. Patients should be considered a boarder if they have a stay >12 hours after an order for inpatient psychiatry has been issued. [↑](#footnote-ref-48)
48. Patients should be considered a boarder if they have a stay >12 hours after an order for inpatient psychiatry has been issued. [↑](#footnote-ref-49)
49. Note that visits may include in person or video appointments with a provider. Do not count telephone visits with voice only. [↑](#footnote-ref-50)
50. This includes patients treated in your inpatient medical units (not behavioral health) within your hospital. [↑](#footnote-ref-51)
51. This includes patients treated in your behavioral health inpatient program (not general medical units) within your hospital. [↑](#footnote-ref-52)
52. This would include services provided in a psychiatric or general emergency department at your hospital. [↑](#footnote-ref-53)
53. Note that this may be primary care within your hospital or health system or within other community-based practices that your behavioral health care program collaborates with. [↑](#footnote-ref-54)
54. Note that this may be subspecialty care within your hospital or health system or within other community-based practices that your behavioral health care program collaborates with. [↑](#footnote-ref-55)
55. Note that this goes beyond providing interpreters, but also including training for staff on culturally appropriate practices in interacting with patients, or different policies/programs to address the needs of populations that are served by the hospital. This may also include a) care delivered in the preferred language of the patient or family, b) diversity in the background of the providers delivering care to patients. [↑](#footnote-ref-56)