1. National Action Alliance for Suicide Prevention: Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe

Scope: 18+ Years Old
Setting: Outpatient Level of Care
Evidence Found: Intake Assessments including Screening Tools and Ongoing Assessments, if applicable

Questions	Answer Options	Notes	Reference
1. Was the member asked about thoughts of suicide or self-harm?	Yes No N/A	** "Not reported" in the record may mean that the member was not asked. Language should be clear that the question was asked and an answer was given.* ** Yes includes via a screening tool.* ** N/A would be only be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	P3, P7, P8 "Asking patients about thoughts of suicide ore self-harm does not increase a person's risk of suicide… But it is a simple and effective way to uncover most suicide risk" (P3).
2.a. Was a standardized suicide risk screening or assessment tool used?	Yes No N/A	*As screening/ assessment tools can be used for multiple purposes, if a tool asking about suicide was used, note the use in question 2.a and 2.b.* ** N/A would be only be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	P4, P7, P8 "Where feasible, this is done by a behavioral health professional using a standardized suicide risk assessment tool" (P4).
2.b. If yes to 2.a., what tool was used?	• Ask Suicide Screening Questions (ASQ) National Institute of Mental Health • Behavioral Health Measure-10 (BHM-10) • Behavioral Health Screen (BHS) • Brief Symptom Inventory 18 (BSI 18) • Columbia-Suicide Severity Rating Scale (C-SSRS) • Outcome Questionnaire 45.2 (OQ-45.2®) • Patient Health Questionnaire-9 (PHQ-9) Depression Scale • Suicide Behavior Questionnaire- Revised (SBQ-R) • M-3 Checklist TM • Reasons for Living (RFL) • Other (Please list: _____) • N/A		P4; P14-15 Suicide Screening and Risk Assessments

3. Where risk was identified, was at least brief safety planning intervention done to develop a plan to recognize suicidal thoughts and manage them safely?	Yes No N/A	** Action steps may include calming activities, identifying supportive people to talk to and providing contact information for crisis call or text lines (P5).* ** N/A would be chosen when suicide/self-harm risk was not identified.* ** N/A could also be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	P5, P16 See Appendix B for Safety planning Resources

2. American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition

Scope: 18+ Years Old
Setting: Outpatient or Inpatient Level of Care
Evidence Found: Intake Assessments

Questions	Answer Options	Notes	Reference
1. Is there documentation of a substance use assessment?	Yes No N/A	*Substance use may include tobacco, alcohol, or other substances (e.g. marijuana, cocaine, heroin, hallucinogens) and any misuse of prescribed or over-the-counter (OTC) medications or supplements assessed.* ** N/A would be only be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	P5, P15f, P138
2. Is there documentation of a cultural and/or linguistic assessment?	Yes No N/A	*Culture is defined as "Systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems (American Psychiatric Association 2013c)" (P 148).* ** N/A would be only be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	P6, P27-30, P141-142

3. Is there documentation of a medical assessment?	Yes No N/A	*Assessment is defined as "The process of obtaining information about a patient through any of a variety of methods, including face-to-face interview, review of medical records, physical examination (by the psychiatrist, another physician, or a medically trained clinician), diagnostic testing, or history taking from collateral sources" (P 148).* ** N/A would be only be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	P5, P 30-35, P142-143

3. American Academy of Pediatrics Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/ Hyperactivity Disorder in Children and Adolescents

Scope: Members age 4-18 Years Old with a diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) (DSM 314.00, 314.0X and ICD 10 F90.X)(including Other and Unspecified)
Setting: Outpatient
Evidence Found: Intake Assessments including Screening Tools, Ongoing Assessments, Treatment Planning and Goals

Questions	Answer Options	Notes	Reference
1. Is there documentation that the member meets the DSM-5 criteria, including documentation of symptoms and impairment in more than 1 major setting (i.e., social, academic, or occupational)?	Yes No N/A	See APA DSM-5 (2013; p 59-61) ADHD criteria ** N/A would be only be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	Page 5 & 6 (Level B): To make a diagnosis of ADHD, the Primary Care Clinicians (PCC) should determine that DSM-5 criteria have been met, including documentation of symptoms and impairment in more than 1 major setting (i.e., social, academic, or occupational), with information obtained primarily from reports from parents or guardians, teachers, other school personnel, and mental health clinicians who are involved in the child or adolescent's care. The PCC should also rule out any alternative cause.

2. Is there documentation that the member meets the DSM-5 criteria based on information obtained primarily from reports from parents or guardians, teachers, or other school personnel and mental health clinicians who are involved in the child or adolescent's care? (Evidence should include evidenced based tools i.e. Connors, Iowa Connors, Vanderbilt for child, parents, school personnel)	Yes No N/A	** N/A would be only be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	Page 5 & 6 (Level B): To make a diagnosis of ADHD, the PCC should determine that DSM-5 criteria have been met, including documentation of symptoms and impairment in more than 1 major setting (i.e., social, academic, or occupational), with information obtained primarily from reports from parents or guardians, teachers, other school personnel, and mental health clinicians who are involved in the child or adolescent's care. The PCC should also rule out any alternative cause. *Recommend that school personnel is more than one staff
3. Is there documentation that when assessing a member's diagnosis, differential diagnoses or alternative causes were ruled out?	Yes No N/A	APA DSM 5 (2013; p 59) The following is included in the Diagnostic Criteria as a note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. APA DSM 5 (2013, p 63-65) Examples of differential diagnoses including oppositional defiant disorder, intermittent explosive disorder, other neurodevelopmental disorders, specific learning disorders, intellectual disability (intellectual developmental disorder), autism spectrum disorder, reactive attachment disorder, anxiety disorders, depressive disorders, bipolar disorder, disruptive mood dysregulation disorder, substance use disorders, personality disorders,	Page 5 & 6 (Level B): To make a diagnosis of ADHD, the PCC should determine that DSM-5 criteria have been met, including documentation of symptoms and impairment in more than 1 major setting (i.e., social, academic, or occupational), with information obtained primarily from reports from parents or guardians, teachers, other school personnel, and mental health clinicians who are involved in the child or adolescent's care. The PCC should also rule out any alternative cause.

		psychotic disorders, medication-induced symptoms of ADHD, and neurocognitive disorders. ** N/A would be only be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	
4. For members 4-18 years old, is there documentation that the provider included behavioral treatments for family and/or school settings?	Yes No N/A	** N/A would be only be chosen when the record reviewed did not meet the scope (age and/or setting) for this question.*	Page 6 (Level A): Age 4-6: Recommendation for evidence based parent training in behavior management (PTBM) and/or behavioral classroom interventions. Age 6-12: Recommendation for training and behavioral treatments for ADHD with family and school. Age 12-18: Recommendations for training and behavioral treatments for ADHD with the family and school.