

# Worksheet: Mental Health Service Corps Behavioral Health Application

For questions or assistance with the MHSC Application, contact Sabina Saleh at [ssaleh@health.nyc.gov](mailto:ssaleh@health.nyc.gov)

I. SITE BASICS		
<b>LEADERSHIP</b>	Who will be responsible for Mental Health Service Corps activities at your site?	Name and Title: Email: Direct Phone Number:
	Will this individual be directly supervising the Corps Member at the site?	Y/N
<b>HOURS OF OPERATION</b>	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
<b>AFFILIATIONS</b>	Hospital(s)	
	DSRIP PPS	
	ACO (circle applicable)	Pioneer/Medicare Shared Savings Program/N/A
<b>ELECTRONIC HEALTH RECORD</b>	Vendor Name	
	Version Number	
	Is your EHR Patient Portal activated?	Y/N
<b>SPACE</b>	Does your site have the following available for use by a Corps Member?	
	Computer terminal and access/login to the practice's EHR for a Corps Member?	Y/N
	Consultation areas that can accommodate privacy (exam rooms, office space)	Y/N
	Secured storage space (closet or cabinet) to keep screening tools and exam materials	Y/N

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<b>WRITTEN POLICIES</b>	Does your site have written policies for the following?	
	Appointment Management/Scheduling	Y/N
	Patient Communications	Y/N
	External Referrals	Y/N
	Labs/Imaging	Y/N
	Care Coordination for Unplanned Hospitalization/ED Visits	Y/N
	Other:	Y/N

II. PATIENT PANEL		
<b>PATIENT PROFILE</b>	What is the number of total unique patients at each site?	
	What is the number of total visits per year at each site?	
	Please estimate the following percentages (out of 100% total):	
	Estimated % of Pediatric Patients that are 0 to 10 years	____%
	Estimated % of Pediatric Patients that are 11 to 18 years	____%
	Estimated % of Adult Patients that are 19 to 25 years	____%
	Estimated % of Adult Patients that are 26 to 55 years	____%
	Estimated % of Adult Patients that are 56 years and over	____%
<b>PATIENT POPULATION COMPOSITION</b>	Please estimate the following percentages (out of 100% total):	
	Estimated % White Non-Hispanic Patients	____%
	Estimated % Black Non-Hispanic Patients	____%
	Estimated % Hispanic Patients	____%
	Estimated % Asian/Pacific Islander Patients	____%
	Estimated % Other Patients	____%
	Please indicate the top 3 languages spoken by patients at your site, ranked from 1 (most necessary for care delivery) to 3 (least necessary).	
	1)	
	2)	
	3)	

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<b>FREQUENT DIAGNOSES</b>	Please indicate the top 5 most frequent diagnoses at the site:	
	1)	
	2)	
	3)	
<b>PAYER MIX</b>	Please estimate the following percentages (out of 100% total):	
	Estimated % Medicaid	_____%
	Estimated % Medicare	_____%
	Estimated % Dual Eligible	_____%
	Estimated % Private	_____%
	Estimated % Uninsured/Self-Pay	_____%

<b>V. PROGRAM ENROLLMENT JUSTIFICATION</b>
Please be prepared to respond to the following prompts in under 500 characters:
1) Describe the unmet mental health needs at this site.
2) Why do you want to participate in the Mental Health Service Corps program?
3) What do you hope that participating in the Mental Health Service Corps program will achieve for your site/practice and patients?