IBH IMPLEMENTATION GUIDE

Instructions
This tool is for clinics to use in (1) preparing for integrated services, (2) starting services (months 1-6), (3) expanding services (months 6-12), (4) and evolving services after year one. The items are organized into these four sections, and, within each section, there are both critically important items (non-shaded) and recommended items (with shading). The items are presented in question form, and you are asked to answer, 'yes' or 'no'. Of course, sometimes you may want to say 'in between' and that's fine, just think through what might help you move toward 'yes'.

The purpose of this tool is to guide you in identifying specific actions that can help you efficiently develop integrated mental health and addiction services and to experience the improved outcomes associated with integrated care. In using this tool, you can better anticipate and address changes in your clinic and you can better define adaptations to IBH services to meet the needs of your unique practice.

If you have not yet read the IBH Implementation Guide, take a moment to scan it as it provides more information about the four phases of implementing integrated services in your clinic. The IBH Implementation Guide also has links to short video clips that may bring life to some of the new ways of working involved in integrated care.

When you have questions about specific steps or about general concepts in this tool, please refer to the IBH Implementation Guide and /or reach out to a clinic with more experience in your region.

A. *Preparation for Integrated Services*	YES	NO
1. Has your leadership team read Robinson & Reiter,2016, Chapter 1[1] and Robinson, et al., 2018[2]? (See Companion Reading Series)		
2. Has your leadership team read Bodenheimer & Laing (2007)[3] and Chen, et al., 2010[4]? (See IBH Companion Reader)		
3. Does your leadership team understand the purpose of integrated primary behavioral health and addiction services?		
4. Does your leadership team understand the GATHER model for BHCs, -BHC-As, and CSWs*?		
5. Does your leadership team understand the evidence for a full integration approach (improved patient engagement and satisfaction, better value, better PCP satisfaction, etc.)?		
6. Has your leadership team completed the Resources and Needs Checklist in order to strategize ways to adapt the PCBH/GATHER approach to your practice? (See Appendix B)		
7. Has your leadership team arranged to visit a clinic that has had IBH (BHC/ BHC-A/ Community Support Worker[1]) services for more than a year?		
8. Has your PCA provided you with a job description and job advertisement for a Behavioral Health Consultant (BHC)?		

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[1] The Community Support Worker (CSW) role can be flexible to reflect the specific needs of your clinic. This includes a Support Worker, Cultural Support, Peer Support.

9. Has your PCA provided you with a job description and job advertisement for a Behavioral Health Consultant-Assistant (BHC-A) and Community Support Worker (CSW)?		
10. Does your clinic have a representative involved in the shortlisting and or interviewing of BHCs and other possible new IBH positions?		
11. Does the interview panel for BHC and other possible new IBH positions have a copy of interview questions and examples of optimal answers to use in the interview?		
12. Has your leadership team discussed ways to support collaboration between BHC, BHC-A, CSW, and CC RN (Collaborative Care Nurse) (e.g., having BHC-A provide "meet and greet" for BHC same-day referrals when BHC is not in the clinic, etc.)		
13. Does your clinic have an IBH Clinic Champion?		
14. Can the Practice Manager or IBH Clinic Champion clearly describe the IBH services to new clinic staff?		
15. Is the Practice Manager prepared to make changes to operations to prepare for BHC services (and services of other new IBH staff) (e.g., creating a schedule template that allows for 30-minute appointments with every other appointment same-day, etc.)?		
16. Does your front desk administrator understand services provided by BHCs and BHC-As and know to offer same-day appointments to patients seen by BHC or BHC-As that are calling to book a follow-up appointment?		
17. Has your leadership team decided who refers to the BHC, BHC-A, CSW/or CC RN, and to maximize patient access (e.g., PCP, nurse, administrator, front desk, HC BHC-As / CSW, self-referral, etc.)?		
18. Has your leadership team determined a location where the BHC and BHC-A can sit in a central location where they can be easily accessed by PCPs and nurses?		
19. Has your leadership team provided BHC, BHC-A, and CSW access to the EMR and arranged for BHC and BHC-A training in use of the appointment and EMR systems in your clinic?		
20. Are PCPs and nurses ready to communicate in multiple ways in real time with BHC and BHC-A (e.g., text, instant messaging, phone, e-mail, etc.)?		
21. Have you discussed how your IBH data will be collected and / or piloted a system for collecting, analyzing, and displaying BHC, BHC-A and CSW data for on-going program evaluation?		
22. Has your leadership team created an appointment template for the BHC, BHC-A and CSW that allows for 30-minute appointments, alternating between same-day and future throughout the clinic day?		
23. Has your leadership team trained clinic staff on the procedure used in scheduling same-day appointments with BHCs, BHC-As, and CSWs?		
24. Has your leadership team trained clinic staff on the procedure used to schedule future appointments with BHCs, BHC-A, and CSWs?		
25. Do all PCP and nursing staff know that referring to BHCs and CSW on the same day as their medical visit improves patient access and engagement?		

	YES	NO
26. Have all PCP and nursing staff received orientation on what to say to a patient when they are referring the patient to a BHC?		
27. Have all PCP and nursing staff received orientation on what to say to a patient when they are referring the patient to a BHC-A?		
28. Have all PCP and nursing staff received orientation on what to say to a patient when they are referring the patient to a CSW?		
B. Start of Integrated Services (months 1-6)	**YES**	**NO**
1. Is there a time scheduled for staff to meet the new BHC and/or other new IBH staff on their first or second day of work?		
2. Is there a plan for the new BHC and/or other new IBH staff to shadow the IBH Clinic Champion in practice?		
3. Have PCPs and nurses completed the "Resources and Needs Checklist"? (See Appendix B)		
4. Has the BHC provided feedback to PCPs and nurses on their responses to the "Adapting PCBH to the Needs of Your Clinic" Survey and started a planning process for optimal use of BHCs and/or other new IBH staff?		
5. Is there consensus in the clinic about the start of initial BHC classes or groups?		
6. Has the BHC and/or CSW started to offer group sessions?		
7. Is there consensus in the Clinic on the start of a BHC pathway (e.g., referral of patients with low mood/low motivation to the BHC prior to start of medication treatment)?		
8. Are most PCPs/nurses participating in a BHC pathway service?		
9. Is there consensus in the clinic about the start of a BHC-A/CSW pathway (e.g., same day meet and greet visit with the BHC-A for patients needing assistance with management of chronic conditions)?		
10. Are most PCPs/nurses participating in a BHC-A/CSW pathway service?		
11. Does your clinic have one or more ways of celebrating integration (e.g., "Warm Handover Trophy")?		
12. Do you post graphs in the staff room indicating number of visits completed by BHC's weekly?		
13. Do you post graphs in the staff room indicating number of visits completed by BHC-AS/ CSWs weekly?		
14. Do you post graphs in the staff room indicating number of referrals by PCP (without name, only Dr. A, B, etc.)?		
15. Has the BHC asked PCPs and RNs to complete one or more of the Barriers to Referral Survey(s)? (See Appendix D for all 4 versions)		
16. Have the BHC, PCPs, and RNs discussed Barrier Survey results and agreed to a plan to lessen any identified barriers to use of BHC, BHC-A or CSW?		
17. Do the IBH Clinic Champion and BHC meet monthly to discuss Professional Development topics for expansion of evidence-based treatments in an integrated treatment setting (e.g., interventions for young children, assessments and interventions for older adults with cognitive impairment, etc.)? (See Appendix E for a list of potential topics for On-going Professional Development learning).		

18.	Does clinic management support staff participation in Professional Development trainings needed to enhance the effectiveness of integrated services?		
C.	***Expansion of Integrated Services (months 6-12)***	**YES**	**NO**
1.	Does your clinic have more than one BHC pathway?		
2.	Does your clinic have more than one BHC-A or CSW pathway?		
3.	Do your PCPs involve BHCs in preventive services (e.g., 4-year-old well child visit when child is overweight, adolescent well child visit when parent-child communication problems are identified)?		
4.	Do most PCPs and RNs refer patients to class or group services provided by the BHC and BHC-As/ CSWs?		
5.	Does your clinic offer patients one or more group medical services option?		
6.	Does your clinic have a strong relationship with local mental health services?		
7.	Does your clinic have a strong relationships with local addiction services?		
8.	Are your BHC and/or BHC-As/CSWs able to meet the behavioral health needs of about 90% of the patients referred to them by PCPs and RNs (without referring to specialty care)?		
D.	***Evolution of Integrated Services (after year one)***	**YES**	**NO**
1.	Does your clinic assess staff resilience and/or team health on a regular basis?		
2.	Does your BHC offer brief trainings on stress management, team-based practice, resilience, etc.?		
3.	Does your leadership team strategize about how to use available BHC/BHC-A/CSW resources to meet patient needs for IBH services?		
4.	Does the leadership team understand options for BHCs to grow professionally into mentor, training, and other leadership roles?		
5.	Does the leadership team allow visits from clinics that are at the preparation phase of transitioning to integrated services?		

[1] Robinson, P. J. & Reiter, J. (2015). Behavioral Consultation and Primary Care: A Guide to Integrating Services, NY: Springer.

[2] Robinson, P. J., Oyemaja, J., Beachy, B., Goodie, J., Bell, J., Sprague, L., Maples, M. & Ward, C. (2018). Creating a primary care workforce: Strategies for leaders, clinicians, and nurses. *Journal of Clinical Psychology in Medical Settings*, 20 (3). DOI 10.1007/s10880-017-9530-y

[3] Bodenheimer T, Laing B. (2007). The Teamlet Model of Primary Care. *Annals of Family Medicine*, Sept-Oct; 5(5), 457-461.

[4] Chen EH, Thom DH, Hessler DM, La Phengrasamy, Hammer H, Saba G, Bodenheimer T. (2010). Using the teamlet model to improve chronic care in an academic primary care Practice. *Journal of General Internal Medicine,* September (Suppl 4), 610-614.