

Appendix H

Training Materials for BHC 2s

This book provides many materials for PCBH trainers or BHC 2s to use in preparing team members, PCPs, and PCBH staff (including BHCs and Care Extenders). Chapters 3 and 11 provide information about training. In this Appendices, we offer the materials listed below. Note that the training agenda and training tools package fit with PCBH Phase 1 training slides available online (see 0.11 PCBH Phase 1 Training Slides at <http://behavioralconsultationandprimarycare.com>). An additional online document that may be useful to trainers is a PCBH Program Manual (see 0.4 Example of a PCBH Program Manual).

Training Document

Note to User

- | | |
|--|---|
| 1. PCBH Phase 1 Training Agenda.docx | <ul style="list-style-type: none"> • This agenda may be spread over days or condensed to just a few, depending on the knowledge levels of people participating in the training and the number of people in the training group. |
| 2. PCBH Phase 1 Training Tools.docx | <ul style="list-style-type: none"> • These tools are referenced in the slide deck, where slides suggest use of specific learning activities. |
| 3. PCBH Trainer Evaluation Survey Phase 1 / Classroom | <ul style="list-style-type: none"> • This survey is for Phase 1 training participants to complete after Phase 1 training. |
| 4. PCBH Trainer Evaluation Survey Phase 2 Introduction to Clinic Survey | <ul style="list-style-type: none"> • This survey is for BHCs to complete after their first Phase 2 training experience with their trainer, related to the trainer's efforts to introduce them to their new clinic. |

5. Phase 2 PCBH Trainer Evaluation
Survey – Follow-up Training Visits

- This survey is for BHCs to complete after their trainer comes for return visits to their clinic during their Phase 2 training.

Phase 1 TRAINING AGENDA
Primary Care Behavioral Health (PCBH):
A Path Towards Better Health and Health Care

Day 1

| <i>Time</i> | <i>Topic</i> | <i>Learning Methods</i> |
|-------------|--|---|
| Beginning | An Introduction to Primary Care Behavioral Health (PCBH) | Didactic |
| Middle | Evidence for PCBH | Didactic |
| Middle | GATHER: The Role of A Behavioral Health Consultant | Didactic Skill Practice |
| End | The Warm Handoff | Demonstration Small Group Discussion |

Day 2

| <i>Time</i> | <i>Topic</i> | <i>Learning Methods</i> |
|-------------|---|---|
| Beginning | Competencies for the BHC, Competencies for the team and PCP | Didactic |
| Middle | Visit Competencies <ol style="list-style-type: none"> 1. Role Definition 2. Rapid agenda setting 3. Assessment 4. Problem focus 5. Summary and formulation | Didactic, demonstration and skill practice |
| End | Visit Competencies <ol style="list-style-type: none"> 6. Uses evidence-based recommendations and interventions suitable for primary care for patients and PCPs | Didactic Small Group Discussion Selection of interventions and tools to learn first |

Day 3

| <i>Time</i> | <i>Topic</i> | <i>Learning methods</i> |
|----------------------|--|---|
| Beginning | Visit Competencies 7. Clear visit structure 8. Intervention design 9. Intervention efficiency 10. Time management | Didactic, demonstration, skill practice |
| | Visit Competencies 11. Clear visit structure 12. Intervention design 13. Time management 14. Verbal consultative staffing 15. Value-added PCP recommendations | Didactic, demonstration and skill practice |
| 2 nd half | Visit Competencies Initial Visit using FACT structure. Follow-up Visit using FACT structure. | Didactic Demonstration Skill practice |

Day 4

| <i>Time</i> | <i>Topic</i> | <i>Learning Methods</i> |
|-------------|--|---|
| Beginning | Team-based Care Competencies 1. Clinical productivity behaviors 2. Uses consultant care structure 3. Follow-up planning 4. Risk management | Didactic, demonstration, skill practice |
| Middle | Team-based Care Competencies 5. Community resource referrals 6. Task-sharing 7. Specialty mental health utilization 8. Class-based services | Didactic, demonstration and skill practice |
| End | Team-based Care Competencies 9. Pharmacotherapy 10. Schedule management 11. Concise, clear, and timely charting using appropriate format 12. Verbal consultative staffing 13. Responsiveness and availability to PC team 14. Team-based care plan assistance 15. Care team coordination 16. PC team education 17. Fit with PC culture | Didactic Demonstration Skill practice |

Day 5

| <i>Time</i> | <i>Topic</i> | <i>Learning Methods</i> |
|-------------|--|--|
| Beginning | Team-based Care Competencies 18. Understands population-based care 19. PCBH policies and procedures Interventions - CBT | Didactic, demonstration, skill practice |
| Middle | Interventions - FACT | Didactic, demonstration and skill practice |

| | | |
|-----|-----------------------------|--|
| End | GATHER Self-Assessment Tool | Didactic, development of initial learning plan for PCBH Phase 2 training |
|-----|-----------------------------|--|

PCBH PHASE 1 TRAINING TOOLS

Primary Care Behavioral Health (PCBH): *A Path Towards Better Health and Health Care*

| <i>Tool</i> | <i>Page</i> |
|---|-------------|
| 1. GATHER: The Essentials of Primary Care Behavioral Health | 2 |
| 2. BHC Visits – Who, What, When & How | 3 |
| 3. BHC Daily Practice Management Sheet | 4 |
| 4. BHC Visit Flow – Initial | 5 |
| 5. BHC Visit Flow – Follow up | 6 |
| 6. BHC Introduction to Patients | 7 |
| 7. Contextual Questions for Adults | 8 |
| 8. Contextual Interview for Children and Adolescents | 9 |
| 9. FACT Agreement and Options Worksheet | 10 |
| 10. BHC Behavioral Health Prescription Pad | 11 |
| 11. BHC Chart Note Example | 12 |
| 12. Chart Note Template for Skill Practice | 13 |
| 13. PCBH Chart Review Tool | 14 |
| GATHER Reflection and Planning Tool | |

GATHER: The Essentials of Primary Care Behavioral Health

This acronym describes the features of the Behavioral Health Consultant role.

| Quality of Work | Description of Quality |
|-------------------------------------|--|
| <p>G Generalist</p> | <p>Sees patients of all ages, consistent with clinic demographics. Helps with any health concern affected by emotions or behavior. Provides preventive, acute and chronic condition care.</p> |
| <p>A Access</p> | <p>Sits in team area when not with patients. Aims to see all patients on-demand. Plans to follow patients only until they start to improve. Identifies and addresses barriers to use of BHC services.</p> |
| <p>T Team-based Care</p> | <p>Looks for role-consistent ways to help the team. Shares resources with the team (EHR, exam room, reception staff). Reinforces the care plan of PCPs and other team members. Delivers most services in 30 minutes or less.</p> |
| <p>H High Impact</p> | <p>Flexes visit time (5-30 minutes) in order to accommodate same-day visits. Aims to see a high patient volume.. Participates in one or more PCBH pathways. Sees a regular influx of new patients.</p> |
| <p>E Educator</p> | <p>Provides brief trainings about behavioral interventions to the team. Chart notes in medical record are brief and provide transparent descriptions of BHC interventions. Regularly staffs patients with PCPs after visits, partly to aid interprofessional learning. Maintains PCBH bulletin board offering educational tips for the team.</p> |
| <p>R Routine</p> | <p>Encourages team involvement in PCBH pathways that routinely involve the BHC to improve care for high impact groups. Seamlessly works in patients after PCP visits, without additional paperwork. Uses primary care language and practices and clinical spaces.</p> |

BHC Visits: WHO, WHAT, WHEN, HOW

Tips for PCPs and RNs

WHO?

Any patient, any age!

WHAT?

There are no wrong referrals!

- Behavioral and emotional problems (depression/anxiety, substance abuse)
- Chronic disease self-management (diabetes, hypertension, hyperlipidemia)
- Life problems (relationship problems, job stress, school problems)
- Preventive care (routine well child visits, healthy lifestyle changes)
- Stress influenced somatic problems (chronic pain, insomnia, chronic fatigue)
- Any health issue with a significant behavioral component...

WHEN?

Same-day appointment (preferred)

- Make a “warm handoff” of patient to the BHC (i.e., same day before or after medical visit)
 - Notify BHC (call, page, instant message, text, knock on door – interruptions welcome)

Future appointment --

- Give patient BHC brochure; ask patient to call early for appointment on day they want to see the BHC, *OR*
- Schedule patient with the BHC before they leave the clinic

HOW?

- Say, “It will help me to help you.”
- Refer to the BHC as a “teammate” or “colleague”.
- Explain, “BHC is a team member”, “has good ideas, very practical”.
- Find a problem the patient is concerned about and/or wants to talk about.

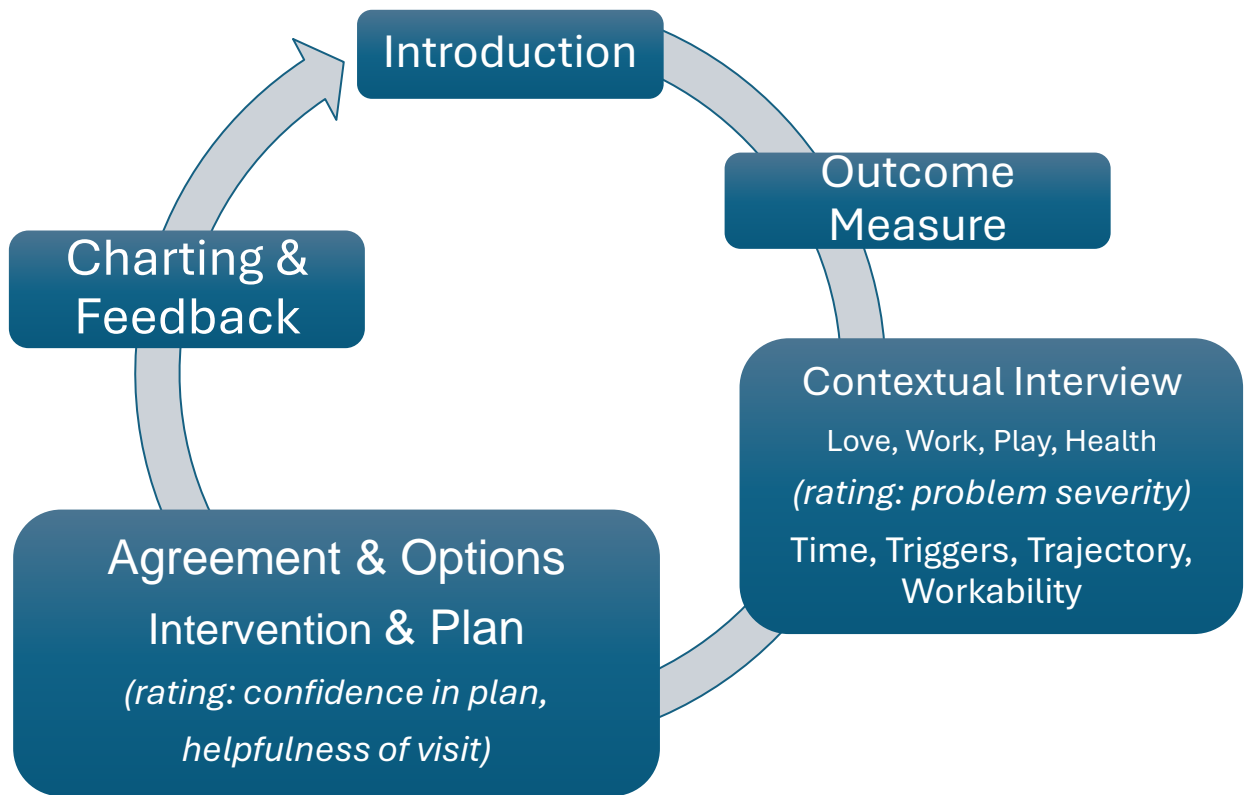
BHC Daily Practice Management Sheet

Date:

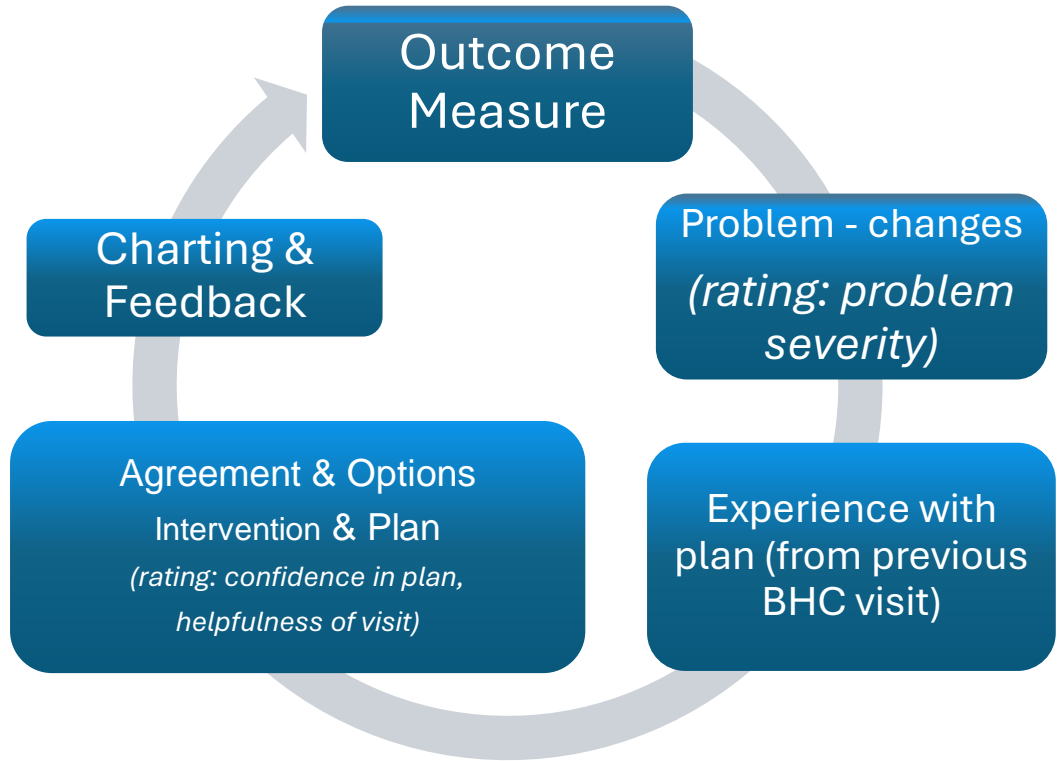
| Time | Pt First Name | Visit Type | Problem | PCP / RN | Charted/Staffed with PCP/RN |
|-------|---------------|------------|---------|----------|-----------------------------|
| 8:00 | | | | | |
| 8:30 | | | | | |
| 9:00 | | | | | |
| | | | | | |
| 9:30 | | | | | |
| 10:00 | | | | | |
| | | | | | |
| 10:30 | | | | | |
| 11:00 | | | | | |
| 11:30 | | | | | |
| | | | | | |
| | Lunch | | | | |
| 1:00 | | | | | |
| 1:30 | | | | | |
| 2:00 | | | | | |
| 2:30 | | | | | |
| 3:00 | | | | | |
| | | | | | |
| 3:30 | | | | | |
| | | | | | |
| 4:00 | | | | | |
| 4:30 | | | | | |
| | | | | | |

Notes:

BHC Initial Visit



BHC Follow Up Visit



BHC Visit Introduction to Patients

“Hi, my name is _____. I am a (psychologist, social worker, counselor, etc.) and in this role I am called a Behavioral Health Consultant. I help patients with stress, problems of living and lifestyle behaviors. I would like to get an understanding of the issue you and your provider are concerned about. Then, we can come up with a plan to try to make things better for you. This will take about 25 minutes. Sometimes, people get what they need in a single visit; other times, people return for a few visits to learn new skills. If they do follow-up, I plan to follow people just until they are starting to improve and have a good plan in place for continuing that improvement. I chart to the medical record, and I’ll get back with your doctor to share our plan later today.”

Contextual Interview Questions – Adults***Life Context: Love, Work, Play and Health**

| | |
|----------------------|--|
| Love | Where do you live? With whom? How long have you been there? Are things okay at your home? Do you have loving relationships with your family or friends? |
| School / Work | Do you work? Study? If yes, what is your work? Do you enjoy it? If not working, are you looking for work? If not working and not looking for a job, how do you support yourself? |
| Play | What do you do for fun? For relaxation? Spirituality? For connecting with people in your neighborhood or community? |
| Health | Do you use tobacco products, alcohol, illegal drugs, social media? Do you exercise on a regular basis for your health? Do you eat well? Sleep well? |

Problem Context: The Three T's (and the W)

Problem description and Problem Severity Rating (1-10):

| | |
|-----------------------------|--|
| Time | When did this start? How often does it happen? What happens before / after the problem? Why do you think it is a problem now? |
| Trigger | Is there anything--a situation or a person--that seems to set it off? |
| Trajectory | What's this problem been like over time? Have there been times when it was less of a concern? More of a concern? And recently . . . getting worse, better? |
| Workability Question | What have you tried (to address the problem)? How has that worked in the short run? In the long run or in the sense of being consistent with what really matters to you? |

Contextual Interview Questions – Children and Teens*

Life Context: Love, School/Work, Play and Health

| | |
|---------------|--|
| Love | <p>Who lives in your home with you? How long have you lived there? Does everybody get along okay? Who makes the rules in your house? Are they good rules? Who are you close to? Family? Friends?</p> |
| School | <p>Are you going to school? Do you like it? What do you like about school? Do you make good grades? Are your teachers nice? Are the kids at school nice to you? What do you want to be when you grow up? Work?</p> |
| Play | <p>What do you do for fun? For relaxation? Spirituality To get together with your friends?</p> |
| Health | <p>Do you use tobacco products, alcohol, illegal drugs, social media? Do you exercise on a regular basis for your health? Play sports? Do you eat well? Sleep well?</p> |

Problem Context: The Three T's (and the W)

Problem description and Problem Severity Rating (1-10):

| | |
|-----------------------------|--|
| Time | <p>What is the problem that you are concerned about today? When did it start? How often does it happen? What happens before / after the problem? Is it important that you do something about it now? How come?</p> |
| Trigger | <p>Is there anything--a situation or a person--that seems to set it off?</p> |
| Trajectory | <p>What's this problem been like over time? Have there been times when it was less of a concern? More of a concern? And recently . . . getting worse, better?</p> |
| Workability Question | <p>Who helps you with this problem? What have you tried (to address the problem)? How has that worked in the short run? In the long run or in the sense of being consistent with what really matters to you?</p> |

FACT Agreement and Options Worksheet

1. Based on your Four Square, what intervention options are you considering?

2. Based on the PAT, what pillars do you want to target?

Use the following questions to help you develop a conceptualization and several options for change.

- a. What are the patient's strengths?

- b. What are the values related to the problem?

- c. What are the barriers to addressing the problem more optimally?

- d. What options will you offer the patient for addressing the current problem with greater psychological flexibility?
 - i. Option A (requires less effort, less risk, more certain results)

 - ii. Option B (requires greater effort and perhaps offers and opportunity for more radical change)

Please follow up as planned. Remember that same-day appointments are usually available Monday-Friday.

| XXX (BHC's name), Behavioral Health Consultant Phone: XXX XXX XXXX XXX (BHC's Clinic, Clinic Hours, Clinic Phone) | | | | | | | |
|---|------|------|-------|------|-------|------|------|
| Plan: | | | | | | | |
| Schedule for plan: | | | | | | | |
| Week 1 | Sun. | Mon. | Tues. | Wed. | Thur. | Fri. | Sat. |
| 1. | | | | | | | |
| Week 2 | Sun. | Mon. | Tues. | Wed. | Thur. | Fri. | Sat. |
| 2. | | | | | | | |
| Notes: | | | | | | | |

Chart Note Example

Patient was seen by the Health Improvement Provider (HIP) today. Introduction provided to patient.

Referral from: Sally Barnes, Nurse Practitioner

Service Provided: Same-day initial visit

Problem / issue: headaches and stress Problem severity (1=small, 10=big): 7

S: Life context: Pt is 14 year old female, living with mother, stepfather (of 2 years), younger brothers (8, 10). Likes school, 8th grade, “easy”, average grades. Likes reading, writing poems. Likes hanging out with girlfriend (Carol) of 4 years. Father in Texas; sees rarely. Mom and stepdad argue. No violence. Mom’s “always right”. No drugs, alcohol, “only a little social media”, likes going for long walks – 3-4 times / week, alone or with Mom or Carol. Sleep “could be better”. Diet okay. No tobacco. Stepfather smokes cigarettes.

Problem / concern: Headaches 3-4 times / week, stress; 2-3 months. Rates as 7 on 1-10 (10 big problem). Missing school 3-4 days/month. Slow sleep onset and inadequate hydration are factor in headache frequency/intensity. Drama at school and at home. Copes by writing, talking with Carol (friend); reading. English teacher is “sort of” a friend.

O: Attentive, alert, oriented, cooperative. No risk identified.

A: Headaches, triggered by stress and impacting school attendance. Needs new skills for managing headaches and stress; motivated to experiment and learn.

P: Monitor practice (using BHC RX pad):

1. Up, back, and down breath 3 times / day
2. Drinking 16 oz water bottle 2-4 times / day
3. Stretching and relaxing music before bed (rather than screens); note to self: “I am safe; I will be okay.”

Follow-up: With BHC in 10 days when returning for vaccination or as needed if plan is not helpful to school attendance and overall well-being. BHC will suggest headache diary and more interventions if indicated at follow-up.

Recommendations to PCP: Support behavior change plan in medical visits; encourage return for learning stress and behavioral headache management skills as needed. Continue to monitor home and school stress.

Chart Note Template for Skill Practice:

Patient was seen by the Health Improvement Provider (HIP) today. Introduction provided to patient.

Referral from:

Problem / issue: Problem severity (1=small, 10=big):

Visit is initial/follow-up/group service:

Subjective:

Life context (family, friends, work or school, fun, hobbies, spirituality, exercise for health, diet okay, sleep, social media, who is present for visit)

Problem context (start, length, intensity of problem over time, impact on day-to-day choices, solutions tried and effectiveness, importance of trying new solution / learning new skill now)

Objective:

Within normal limits (or if not within normal limits, describe)

Assessment (and relationship to historical factors and values, impact on functioning). Formulation regarding behavioral experiment.

Plan:

Patient reported a confidence level of (1= not confident to 10 – very confident) in doing the following:

1. Xx
2. Xx

Follow-up (no follow-up planned with HIP, follow-up with primary care provider as needed, follow-up with HIP in ___ days)

Recommendations to PCP:

1. Support plan developed with patient today.
2. Offer follow-up with BHC as needed when seeing patient for medical visit.
3. Xx

Helpfulness of visit: (1 = not helpful to 10 = very helpful)

Minutes with patient:

Code used for visit:

Psychotherapy 90791, 90832, 90847, 90846, 90839

Health and behavior (used if focus of visit was on medical diagnosis made by PCP):

96156 (Assessment/reassessment), 96158 (Individual Intervention)

| The Primary Care Behavioral Health Chart Review Tool | | | | |
|--|------|------------------|-----|-----------|
| Confidential: The purpose of this tool is to assure quality in documentation by Behavioral Health Consultants working in the PCBH Model. | | | | |
| BHC: | MR#: | Date of service: | | |
| Date of review: | | Reviewer: | | |
| | YES | NO | N/A | Comments: |
| <i>Documentation in Medical Record</i> | | | | |
| 1. Entries are brief, specific, and accurate. | | | | |
| 2. Each encounter contains written or electronic signature of the BHC. | | | | |
| 3. All entries are completed and signed within 3 working days. * | | | | |
| <i>Behavioral Health Documentation Content</i> | | | | |
| 4. Includes name of referring provider and referral problem or question. | | | | |
| 5. Subjective includes life context assessment. | | | | |
| 6. Subjective includes problem context (functional assessment of target problem). | | | | |
| 7. Subjective includes suicide/homicide risk assessment as indicated. | | | | |
| 8. Follow-up notes assess change and patient experience with the initial consult plan. | | | | |
| 9. Objective includes description of patient behavior and/or outcomes instrument measure (e.g., Duke for adults, PSC-17 for children). | | | | |
| 10. Assessment includes medical diagnosis by referring PCP (as applicable) and/or other diagnosis by PCP or BHC. | | | | |
| 11. Functional analysis of problem and formulation of plan is in the note. ** | | | | |
| 12. Plan includes interventions for patient and follow-up plan. | | | | |
| 13. Plan includes recommendations for PCP. | | | | |
| Feedback to BHC from Reviewer (including any corrective action needed): | | | | |

* This may vary depending on clinic policy.

** Depending on note format, may be described in the plan, the assessment, or an open comments field“Hi,

Behavioral Health Consultant 2 Trainer Evaluation

PCBH Phase 1 Classroom Training

Date:

Please respond to the following questions concerning your:

PCBH Master Trainer

PCBH BHC 2 Trainer Candidate or Trainer

Use this rating scale:

1 = inadequate 2 = adequate 3 = above average 4 = exceptional 5 = excellent

1. Level of knowledge about subject

2. Responsiveness to participants

3. Ability to model skills being taught

4. General speaking ability

5. Use of educational strategies

Provide any suggestions about how this trainer or training might be improved.

Thank you.

Behavioral Health Consultant 2 Trainer Evaluation

Phase 2 In-clinic Training - Introduction to Practice Visit

Date:

Please respond to the following questions concerning your:

- BHC 2 Master Trainer
- BHC 2 Trainer in Training or Trainer

Use this rating scale:

1 = inadequate 2 = adequate 3 = above average 4 = exceptional 5 = excellent

- 1. Ability to clearly communicate training expectations
- 2. Quality of feedback to participant
- 3. Ability to model skills / coach
- 4. Ability to tailor training to participants learning needs
- 5. Quality of collaboration with practice staff
- 6. Quality of learning plan developed at conclusion of training visit

Provide any suggestions about how this trainer or training might be improved.

Thank you.

Behavioral Health Consultant 2 Trainer Evaluation
Phase 2 In-Clinic Training - Follow-up Training Visits

Date:

Please respond to the following questions concerning your:

- BHC 2 Master Trainer
 BHC 2 Trainer in Training or Trainer

Use this rating scale:

1 = inadequate 2 = adequate 3 = above average 4 = exceptional 5 = excellent

1. Quality of coaching on measurement based practice
2. Quality of coaching on use of Barriers Questionnaires
3. Use of HIP satisfaction survey to enhance my engagement with HIP services
4. Ability to assist with challenges I faced in my practice setting
5. Quality of assistance with the start of group and pathway services in my practice
6. Quality of learning plan developed at conclusion of training visit

Provide any suggestions about how this trainer or training might be improved.

Thank you.