

Primary Care Behavioral Health Integration Tool (PCBH-IT)

Instructions

The PCBH-IT is for clinics to use in (1) preparing for integrated services, (2) starting services (months 1-6), (3) expanding services (months 6-12), and (4) evolving services after year one. The items are organized into these four sections, and, within each section, there are 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 PCBH implementation teams in identifying specific actions to take to make progress toward full integration. In using this tool, the team monitor progress and identify any necessary adaptations for their clinic.

If you have not yet read chapters 1, 3, 5, 6, 12 and 13¹, scanning these may be helpful. If your time is very limited, focus on chapters 1 (PCBH, the why and how), 12¹ (for frequently asked questions), and 13¹ (for top ten tips for implementers).

When you have questions about specific steps or about general concepts in this tool, please talk with an advanced Behavioral Health Consultant (BHC) or BHC 2 (see Chapter 11).

A. Preparation for Integrated Services	YES	NO
1. Has your leadership team read Robinson & Reiter, 2024, chapter 1 ¹ and Robinson, et al., 2018 ² ?		
2. Does your leadership team understand the purpose of primary care behavioral health services?		
3. Does your leadership team understand the G.A.T.H.E.R. definition of Primary Care Behavioral Health (PCBH)?		
4. Does your leadership team understand the evidence for PCBH (better access to services from a behavioral health provider, good patient satisfaction, good PCP satisfaction, good clinical outcomes)?		
5. Has your leadership team completed the Pathway and Class services Survey (ESM Pathway and Class Service)?		
6. Has your leadership team arranged to visit a practice that has had PCBH services for more than a year?		
7. Do you have a job description and job advertisement for a Behavioral Health Consultant (BHC) and/or Behavioral Health Assistant (BHA)?		
8. If you plan to hire a Community Support Worker (CSW), do you have a job description and job advertisement to use in recruitment?		

9. Does your BHC and BHA interview team have a copy of interview questions and examples of optimal answers to use in the interview?		
10. Has your leadership team discussed ways to support BHC and BHA collaboration (e.g., having BHA provide “meet and greet” for BHC same-day referral when BHC is not in the clinic, etc.)		
11. Does your clinic have a PCBH Champion?		
12. Can the Clinic Manager or PCBH Champion clearly describe the PCBH services to clinic staff?		
13. Does your front desk administrator understand services provided by BHCs and BHAs/CSWs and know to offer same-day appointments to patients seen by BHC or BHAs/CSWs that are calling to book a follow-up appointment?		
14. Has your leadership team decided who refers to the BHC, BHA, and/or CSW to facilitate patient access (e.g., PCP, nurse, administrator, front desk, HC/ SW, self-referral, etc.)?		
15. Has your leadership team determined a central location for the BHC and BHA, where they can be easily accessed by PCPs, nurses, and other members of the team?		
16. Has your leadership team provided BHC, BHA, and CSW access to the EHR and arranged for BHC and BHA training in use of the appointment and EHR systems in your clinic?		
17. Are PCPs and nurses ready to communicate in multiple ways in real time with BHC and BHA (e.g., text, instant messaging, phone, e-mail, etc.)?		
18. Have you discussed how your PCBH program evaluation data will be collected by the EHR and/or by other means?		
19. Does the new BHC have an initial appointment template that creates places for same day services throughout the day (e.g., template with 4-6 30-minute open spaces in a half day clinic)?		
20. Has your leadership team trained clinic teams on the procedure used in scheduling same-day appointments with BHCs?		
21. Has your leadership team trained clinic teams on the procedure used to schedule future appointments with BHCs?		
22. Do all your PCP and nursing staff know that referring to BHCs on the same day as their medical visit improves patient access and engagement?		
23. Have all PCP and nursing staff received orientation on what to say to a patient when they are referring the patient to a BHC?		

24. Have all PCP and nursing staff received orientation on what to say to a patient when they are referring the patient to a BHA or CSW?		
--	--	--

<i>B. Start of Integrated Services (months 1-6)</i>	YES	NO
1. Is there a time scheduled for staff to meet the new BHC on their first or second day of work?		
2. Is there a plan for the new BHC to shadow the PCBH Champion in practice?		
3. Have PCPs and nurses completed the Pathway and Class Services Survey (see ESM Pathway and Class Services Survey)?		
4. Has the BHC provided feedback to PCPs and other team members on their responses to the Pathway and Class Services Survey and started a planning process for optimal use of BHC and BHA services?		
5. Is there consensus in the clinic about the start of initial BHC classes?		
6. Has the BHC and BHA started to offer class-based services?		
7. Is there consensus in the clinic on the start of a PCBH pathway (e.g., referral of patients with low mood/low motivation to the BHC prior to start of medication treatment)?		
8. Are most PCPs/team members participating in a PCBH pathway service?		
9. Is there consensus in the clinic about the start of a PCBH pathway to improve services to patients with chronic conditions?		
10. Are most PCPs/team members using BHA and/or CSW services (if available)?		
11. Does your Practice have one or more ways of celebrating success in using BHCs for same-day services (e.g., “Warm Handoff Trophy”)?		
12. Do you post graphs in the staff room indicating number of visits completed by BHCs weekly or monthly?		
13. Do you post graphs in the staff room indicating number of referrals by PCP (without name, only Dr. A, B, etc.)?		
14. Has the BHC asked PCPs and team members to complete the Barriers to Using BHCs Survey? (see ESM Barriers to Using BHC Survey)		
15. Have the BHC, PCPs, and team members discussed Barrier Survey results and agreed to a plan to lessen any identified barriers to using the BHC?		
16. Do the PCBH 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.)?		
17. 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. Do your PCPs and team members involve BHCs in preventive services (e.g., 4-year-old Well Child visit when eating concerns are identified, adolescent Well Child visit when parent-child communication problems are identified)?		
3. Do most PCPs and team members recommend BHC class services to patients?		
4. Does your clinic offer patients one or more class-based services for patients with medical problems?		
5. Does your clinic have a strong relationship with specialty or secondary mental health services?		
6. Does your clinic have a strong relationship with secondary drug and alcohol services?		
7. Is your clinic treating the vast majority of patients without referring to specialty mental health services?		
D. Evolution of Integrated Services (after year one)	YES	NO
1. Does your clinic assess staff resilience 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/BHA resources to meet patient needs? Do they have a plan for increasing PCBH staff to better address patient needs (e.g., when BHCs and BHAs are fully utilized on an on-going basis)?		
4. Does the leadership team understand options for BHCs to grow professionally into BHC 2/BHA2 or advanced roles?		
5. Does the leadership team allow visits from clinics that are at the preparation phase of transitioning to PCBH services?		

¹ Robinson, P. J. & Reiter, J. (2024). *Behavioral Consultation and Primary Care: A Guide to Integrating Services*, 3rd Ed. NY: Springer.

²Robinson, 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 Practice. *Journal of General Internal Medicine*, September (Suppl 4), 610-614.

Fig. 8.12 PCBH Integration Tool