

Table 6.1 Team and Primary Care Provider Core Competency Tool

Name: **Team role:** **Date of start of work in clinic with PCBH:**

This tool provides a structure for PCPs and PC team members to use in learning information and in developing new skills to assure their success in delivering Primary Care Behavioral Health (PCBH) services. These competencies will assist them in working optimally with a Behavioral Health Consultant (BHC) and PCBH Care Extender staff (e.g., Behavioral Health Assistant or BHA, Health Coach or HC, Community Support worker or CSW), if available. The competencies are sorted into 2 areas: Part A: Clinical Work (6 competencies) and Part B: Team-based Care (12 competencies). Note that most competencies apply to all team members; however, some apply uniquely to Primary Care Providers (PCPs), and these are shaded in grey.

This CCT is useful for self-assessment and for evaluation based on observation in practice. In using it on a regular basis, a team member or PCP can identify priorities for learning and thereby assure progress toward higher skill levels.

A rating of “1” means the PCP or team member is not demonstrating a competency; a “2” indicates that the competency is inconsistently or partially demonstrated; a “3” indicates that the person routinely demonstrates the competency but in just a rudimentary fashion, a rating of “4” indicates consistent and/or skillful demonstration of the competency; ratings of “5” are reserved for competencies that team members always demonstrate and/or demonstrate at a superior level (i.e., could teach other team members in their discipline this competency).

Chapter 6 of *Behavioral Consultation and Primary Care: A Guide to Integrating Services*, 3rd Ed. provides more information about each of these competencies and their potential use.

List of abbreviations

BHC – Behavioral Health Consultant	BHA – Behavioral Health Assistant	CSW –
Community Support Worker		
PC – Primary Care	PCP – Primary Care Provider	WHO –
Warm handoff		

Use of this form:

This form may be used by individual PCPs and team members, by the team as a group, and/or by a PCBH trainer assisting with PCBH implementation in a clinic/system.

It may also be used to identify people for career progression to advanced roles in all team positions, where they can assist with ongoing training needs. Ratings of 4 and 5 may signal good candidates for career progression (for more information, see Chap. 11 in Robinson & Reiter, 2024).

Part A: Clinical Work

<i>Competency</i>	<i>Minimal Demonstrated Benchmark Behaviors</i>
1. Provides information about PCBH services.	1a. Routinely mentions PCBH services to new patients.
	1b. Introduces start of PCBH services to established patients that might benefit from a BHC visit.

	<p>1c. Provides a brochure describing BHC services to patients, including the following.</p> <ul style="list-style-type: none"> • Availability of same-day visits • Examples of problems BHC assists with. • Length of BHC visits (≤ 30 minutes) • Addresses cost of BHC services in a way that minimizes barriers to patient seeing BHC.
2. Identifies specific focus for BHC visit.	2. Works with patient to define a primary problem and/or goal for visit with BHC.
3. Understands and supports BHC assessment surveys.	3. Supports use of BHC screeners; understands scoring and can use in assessing patient status and progress.
4. Identifies and addresses risk, involving BHC as needed.	4. Appropriately identifies patients at risk of harm to self and others and involves BHC as needed.
5. Supports behavior change interventions.	5a. Has basic understanding of interventions commonly used by BHCs and able to support patient follow through on plans. Commonly used interventions include Focused Acceptance and Commitment (FACT), adapted cognitive interventions, adapted behavioral interventions and adapted Motivational interviewing (MI).
	4b. Reviews chart notes about BHC interventions and plans prior to medical visit following a BHC visit.
6. Encourages follow-up visits with BHC.	6. Encourages patient follow-up with BHC at medical visits as indicated by patient presentation.

Part B: Teamwork

<i>Competency</i>	<i>Minimal Demonstrated Benchmark Behaviors</i>
1. Supports PCBH integrated care culture.	1a. Uses language and practice habits suited to PCBH context.
	1b. Relates to BHC as a consultant, rather than “therapist” or “counselor”.
2. Identifies patients for BHC service.	2a. Refers patients of all ages and with all behavioral concerns (medical, psychological, social).
	2b. Prioritizes referral of patients with disparate health outcomes.
	2c. Identifies patients for BHC services in multiple contexts.

	2d. Supports development and refinement of PCBH pathways designed to improve patient access to BH services for patients experiencing problematic health outcomes (e.g., chronic pain, ADHD).
	2e. Identifies barriers to use of BHC and seeks solutions to address identified barriers .
3. Uses warm handoff (WHO) skillfully.	3a. Referral for initial visits is most often WHO.
	3b. Able to adjust description and length of initial WHO to match individual patient need.
	3c. Understands and uses different options for initiating WHO (e.g., via electronic health record, texting BHC, physically locating BHC, etc.).
	3d. Completes WHO workflow by staffing briefly with the BHC after their consultation.
	3e. Uses WHO strategy to support same-day BHC follow-up visits, when indicated.
4. Uses BHC services to improve team efficiency.	4a. Asks BHC to complete limited focus visits with patients.
	4b. Uses BHC to save PCP time when PCP's schedule is over-booked or urgent care situations arise.
	4c. If team includes Behavioral Health Consultant Assistant (BHC-A), uses BHC-A optimally to extend BHC services.
5. Uses BHC to improve patient experience in clinic visits.	5a. Uses BHC to enhance patient experience in preventive care visits.
	5b. Offers patients options for visits with BHC.
6. Uses BHC to optimize outcomes associated with prescribing medications.	6a. Attempts to avoid over-prescribing by referring to the BHC for behavior change for conditions likely to improve with behavior change support (e.g., depression, anxiety, ADHD, and sleep problems).
	6b. Uses BHC to assist with start of new psychotropic medications.
	6c. Uses BHC services for patients that face barriers to taking medications as prescribed.
7. Uses stepped care approach in working with BHC.	7a. Uses BHC to support use of specialty mental health care.
	7b. Uses BHC to support patients waiting for specialty care or returning from an episode of specialty care.
8. Uses task sharing strategies with BHC.	8a. Routinely asks BHC to complete tasks within their scope to reduce workload of PCPs and RNs.
	8b. If available to service, uses BHC-A and/or Community Support Worker (CSW) to complete tasks that may improve patient experience and healthcare outcomes.
9. Supports class services that address behavior change.	9a. Encourages patient to participate in workshops and class series offered by BHC.
	9b. Supports patient participation in class-based medical services (e.g., for diabetes).

	9c. Offers to participate in delivery of class-based services with BHC.
10. Uses PCBH metrics to improve outcomes of integrated care.	10a. Understands BHC metrics (e.g., visits completed, # of follow-ups patient, % of patients recommended for secondary care, etc.) and supports BHC success in meeting key metrics.
	10b. Understands team metrics (e.g., PCP referrals of all ethnicities, races, ages to BHC; PCP referral to BHC for medical problems as well as psychological and social problems; PCP initiation of WHOs versus future scheduled patients).
11. Participates in professional development to broaden BH knowledge and skills.	11. Challenges self to learn more about use of behavioral assessment and intervention techniques adapted for PC.
12. Follows policies and procedures related to PCBH.	12a. Skillful in use of scheduling software and electronic medical record actions related to BHC services.
	12b. Provides support to BHC billing codes, if advised to.