 

# Care Transformation Collaborative of Rhode Island (CTC-RI) Practice Application for Integrated Behavioral Health (IBH) Practice Facilitation Services

The Care Transformation Collaborative of Rhode Island (CTC-RI), with funding from the Rhode Island Foundation (RIF) and Tufts Health Plan, has recently trained behavioral health clinicians to provide integrated behavioral health (IBH) practice facilitation services in primary care practice settings.

The IBH practice facilitators have all worked in primary care practices that provide integrated behavioral health services and have successfully completed didactic and IBH practicum learning requirements.

With this IBH practice facilitation resource in hand, CTC is now offering **up to three** primary care practice sites (pediatric, family or adult) the opportunity to apply for up to 20 hours of on-site and conference call IBH practice facilitation support over a twelve-month time period to increase your practice capacity to provide integrated behavioral health services. Practices are expected to commit to monthly on site engagement with the IBH practice facilitator and the practice team. Thanks to the funding support, CTC-RI is able to provide selected practices with the IBH practice facilitation resource at no charge.

IBH practice facilitation services can assist your primary care practice with such areas as:

* Start-up and operational considerations including hiring, scheduling, using the electronic health record for billing and documentation
* Implementing screenings for BH conditions (depression, anxiety and substance use disorders) within primary care
* Designing integrated care models within the practice setting including building IBH registry, warm hand off work flows, practice team meetings
* Identifying and engaging with external partners to meet the needs of patients with serious behavioral health conditions
* Applying principles of population health management to BH care within the primary care setting
* Support for change management and staff/leadership engagement in providing IBH services in primary care
* Best practices for measurement-based care for BH conditions

**Primary care practices interested in receiving IBH practice facilitation services may direct questions and or complete the following application form and return to :** [ctc-ri@healthcentricadviors.org](mailto:ctc-ri@healthcentricadviors.org). Applications are due: April 30, 2018.

Applications will be reviewed by CTC-RI project management and practices will be notified of selection by: May 15, 2018. ; Selection to receive IBH practice facilitation services is subject to IBH resource availability and practice readiness. CTC-RI contact practice for clarification or for additional information.

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| **Name of Practice:** | |
| **Address:** | |
| Practice is applying as: Pediatric site \_\_\_\_\_Adult site \_\_\_\_\_ Both Pediatric and Adult\_\_\_\_\_ | |
| **Practice Size:** Patient Panel size : | |
| **Practice type:** Private free standing \_\_\_ Part of ACO\_\_\_ Part of Hospital \_\_\_ FQHC\_\_\_ | |
| **Practice Payer composition:** % Commercial \_\_\_ % Medicaid \_\_\_ | |
| **Behavioral Health Staffing:** # of clinicians\_\_\_\_ Clinician type(s) | |
| **Contact Name:** | **Contact Title:** |
| **Contact Phone:** | **Contact Email:** |

1. What is the BH capability you seek to develop or challenge you are experiencing with BH integration into primary care? (1-2 paragraphs, 250-word limit)
2. Please describe the scope of your proposed integrated behavioral health project and how it will help you make progress toward achieving your integrated behavioral health goal(s) or resolving your identified IBH challenges. What topic(s) will your IBH practice facilitator focus on? What assistance would you like from a practice coach to support your work? (1-2 paragraphs, 250-word limit)
3. Who on your team will be involved in the project? (Please identify the lead for the project, executive sponsorship, and any additional participating team members)

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| **Primary Care Practice Team** | **Name:** | **Title and credentials:** | **Brief description of responsibilities (1-2 sentences):** |
| **Team lead (required)** |  |  |  |
| **Executive Lead (required)** |  |  |  |
| **Team member 1 (optional)** |  |  |  |
| **Team member 2 (optional)** |  |  |  |

1. Please describe the anticipated outcomes and/or goals for the IBH practice facilitator services. (Response may be in paragraph or bullet form, 250-word limit)
2. Please identify practice timeline for IBH project including potential times for practice team meetings with IBH practice facilitator **Note: Practices may apply for up to 24 hours of coaching to occur over a period of up to six /12 months.**

## Terms of Participation in the CTC-RI Primary care IBH practice facilitation services program

If selected to participate in the primary care IBH practice facilitation services program, the Practice agrees to the following:

* + The Practice will make best efforts to fully participate in CTC-RI primary care IBH practice facilitation services program by:
    - Sharing information with a designated IBH practice facilitator about the Practice’s current capabilities and operations, working with the IBH practice facilitator to develop an individualized practice work plan, attend monthly coaching meetings, and conduct agreed- upon follow-up activities;
    - Participate in reporting or IBH practice facilitator evaluation activities as may be requested by CTC-RI, such as completing feedback surveys and providing status updates on practice activities and progress on practice coaching goals.
  + The Practice agrees to execute with the IBH practice facilitator a Business Associate Agreement.
  + Practice agrees to complete the Complete [Maine Health Access Evaluation Tool](https://www.surveymonkey.com/r/MaineHealthAssessmentTool) at the start and at the end of the program.

By typing in or signing my name below, I certify that to the best of my knowledge and belief the information I have submitted is accurate and complete.

By:

Signatory name: Signatory title:

Date:

Please email completed application to : [CTC-RI@healthcentricadvisors.org](mailto:CTC-RI@healthcentricadvisors.org) by : April 15, 2018.