

Please answer the following questions regarding your **entire community health center**.

CHC:

Participants:

Date:

Rating: If the answer to the question is not “yes” or “no,” please use the following scale:

[1] Strongly Disagree [2] Disagree [3] Neither Agree or Disagree [4] Agree [5] Strongly Agree

Preparing for Implementation

Rating

1	The CHC leadership is aligned in support of CoCM implementation.	
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If needed, how can support be strengthened?

Behavioral Health Services

Rating

2	Does the CHC have an up-to-date suicide protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, what are next steps?

Facilities and Equipment

Rating

3	Has the patient registry been selected, purchased, and/or built?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Has the patient registry been piloted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	The BHCM(s) feels confident in their ability to use the patient registry to manage their caseload at both the patient and population levels.	
6	The psychiatric consultant feels comfortable using the patient registry.	

If encountered, what are challenges?

Please answer the following questions regarding **your clinics**. Use a separate form for each clinic.
Specified Clinic(s):

Rating: If the answer to the question is not “yes” or “no,” please use the following scale:
[1] Strongly Disagree **[2]** Disagree **[3]** Neither Agree or Disagree **[4]** Agree **[5]** Strongly Agree

Preparing for Implementation

Rating

7	Does the clinic have an implementation plan outlining timelines for staff communication, training, and launch dates for all sites involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, what is the timeline? If no, what are potential challenges and/or next steps?

8	Does the clinic have a plan to communicate changes to staff, including new workflows, staff spaces, and documentation practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, what is the plan and timeline? If no, what are potential challenges and/or next steps?

9	The clinic manager is aware of CoCM implementation and is actively involved in staffing changes and workflow redesign. Mark N/A if there is no clinic manager.	<input type="checkbox"/> N/A
10	The BHCM supervisor is aware and involved in CoCM implementation.	
11	Staff are aware of and feel comfortable with CoCM workflow changes.	

If needed, how can engagement be strengthened?

Staffing and Training

Rating

12	Has the psychiatric consultant been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is the psychiatric consultant credentialed to practice at the CHC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Does the psychiatric consultant have 1-2 hrs/wk allocated for panel review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Has the psychiatric consultant completed training in CoCM (the online APA training modules, or equivalent training, and at least one shadowing session)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, what are potential challenges and/or next steps?

16	Has the BHCM(s) been hired/identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Does the BHCM(s) have sufficient FTE for CoCM for the clinic population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Has sufficient time been allocated for BHCM training and scheduled events blocked in their calendar?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, what are potential challenges and/or next steps?

Rating: If the answer to the question is not “yes” or “no,” please use the following scale:

[1] Strongly Disagree **[2]** Disagree **[3]** Neither Agree or Disagree **[4]** Agree **[5]** Strongly Agree

19	Have the PCPs received brief training in the CoCM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, what are potential challenges and/or next steps?

20	The BHCM feels comfortable to begin enrolling patients in the CoCM.	
21	The PCPs feel comfortable treating patients using the CoCM.	
22	The psychiatric consultant feels comfortable treating patients using the CoCM.	

If encountered, what are challenges?

Behavioral Health Services

Rating

23	The BHCM(s) understands their role and responsibilities within CoCM.	
24	The BHCM role and responsibilities have been well-defined to CoCM care team and support staff.	
25	The BHCM is visible within the clinic and actively engaged with PCPs.	

If encountered, what are potential challenges and/or next steps?

26	Has the clinic outlined workflow changes, including screening, referrals, documentation, communication, and patient flow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, what are potential challenges and/or next steps?

27	Does the CoCM care team have a protocol for introducing CoCM to patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What is the strategy? Does it include a warm hand-off?

Facilities and Equipment

Rating

28	If needed, is tele-health equipment available in the clinic?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
29	Has the clinic provided a semi-private space and phone for the BHCM(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Are senior-specific patient education materials for behavioral health concerns readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, what are potential challenges and/or next steps?