Online training for: Behavioral Health Care Manager Support Staff

About the Training

The *AIMS Center Online Collaborative Care Training for Behavioral Health Care Manager (BHCM) Support Staff* reviews core principles of Collaborative Care, with an emphasis on a BHCM's responsibilities around identifying and engaging patients, managing an active caseload of patients, and communicating with a team of providers - including Primary Care Providers and Psychiatric Consultants.

Length

Approximately 4 hours

Format

This training is self-paced and can be completed in multiple sessions. You will have access to the course for 3 months. The training is organized into six parts, each part includes didactic presentations, interactive activities, quizzes, and job aides. See page two for a detailed training outline.

The training is web-based and requires internet access as well as a computer, tablet, smartphone, or other device that can connect to the Internet. Media used includes video, audio, text, and graphics. Internet Explorer is not supported.

Continuing Education (CE)

CE is not available for this training.

Training Outline

Below is an outline of the *Online Collaborative Care Training for Behavioral Health Care Manager Support Staff.*

Section 1: Collaborative Care Fundamentals

By the end of Section 1, you should be able to:

1: Evidence Base (17 minutes)
- Describe the Collaborative Care approach, including its evidence base.

2: Principles and Team Roles (14 minutes)
- Describe the Collaborative Care approach, including its guiding principles and team structure.
- Describe the main tasks of each member of the team.

3: Workflow (28 minutes)
- Identify the key steps of the clinical workflow.

4: Registry (12 minutes)
- Recognize what a registry is and how it is used to support the CoCM workflow.
- Describe how the registry reflects the principles of CoCM.

Section 2: Patient Identification

By the end of Section 2, BHCMs should be able to:

1: Behavioral Health Measures (23 minutes)
- List common measures used in behavioral health care and for which conditions they are intended to be used.
- Explain the purpose of systematic use of behavioral health measures.
- Recognize the characteristics of an appropriate measure (e.g., validated, affordable, easy to use).
- List appropriate uses for the PHQ-9.
- Apply knowledge to interpret PHQ-9 screeners for common presentations.
- Describe appropriate response for patient reporting scores > 0 on Question 9.
- Recognize the utility of the registry in tracking PHQ-9 score.

2: Patient Identification (7 minutes)
- Describe the goals of a screening process.
- Describe your role in delivering care at the population level.
- Describe your clinic's protocol for screening patients and your role in that process.
- List strategies for what you can do as a care manager if you notice less patients are being identified in the screening process.

Section 3: Patient Engagement

By the end of Section 3, BHCMs should be able to:

1: Patient Engagement (26 minutes)
- Recognize the evidence base for early engagement and improved patient outcomes.

- Develop comfort with talking to patients about evidence-based treatment options.
- Build a checklist of engagement best practices to use back in their clinic.

Section 4: Engaging and Communicating with Your Team
By the end of Section 5, BHCMs should be able to:

1: Primary Care Team Engagement (14 minutes)
- Understand the BHCM role in PCP engagement, including: the importance of strong PCP involvement, the culture of primary care, and strategies for engaging PCPs.

Section 5: Treatment
By the end of Section 5, BHCMs should be able to:

1: Caseload Management (14 minutes)
- Look at a registry and identify patients who are/aren't improving.
- Determine next steps for patients on a caseload.
- Name the types of patients that should be prioritized for psychiatric consultation.

2: Registry Practice: AIMS Caseload Tracker (45 minutes)

Section 6: Special Topics
By the end of Section 6, BHCMs should be able to:

1: How and When to Refer to Specialty Care (11 minutes)
- Differentiate between patients that need urgent/emergent care from those who can continue to receive care in the primary care setting.
- Know resources in the area for patients in crisis.

2: Suicide Prevention in Collaborative Care (34 minutes)
- Know and integrate brief screens for suicide risk into clinical sessions