



Collaborative Care Behavioral Health Care Manager Training

About the Training

The *AIMS Center Online Collaborative Care Training for Behavioral Health Care Managers (BHCMS)* provides an overview of Collaborative Care and an in-depth review of the BHCM role, with an emphasis on a BHCM's responsibilities around identifying and engaging patients, providing measurement-based treatment to target, managing an active caseload of patients, and communicating with a team of providers, including Primary Care Providers and Psychiatric Consultants.

Length

Approximately 9 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 seven parts, each part includes didactic presentations, interactive activities, quizzes, and job aides. See page 2 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)

After completing the training, 9 CE credits can be claimed by eligible providers.

The AIMS Center at the University of Washington is approved by the American Psychological Association (APA) to sponsor continuing education (CE) for psychologists. The AIMS Center maintains responsibility for this program and its content.

CE credits can be used by most licensed mental health providers, including psychologists, nurses, clinical social workers, professional counselors, and marriage and family therapists. Clinicians should check their specific state requirements to confirm that these credits apply to them.

Eligible Providers

Psychologists, Licensed Social Workers, Licensed Mental Health Counselors.





How to Claim

To receive CE credits, participants must complete the online training, and receive a minimum score of 75% on the CE quizzes. There is no limit on the number of times a quiz can be taken to receive a passing score. Upon course completion, a certificate will be available within the learning platform.

Training Outline

Below is an outline of the Online Collaborative Care Training for Behavioral Health Care Managers.

Section 1: Collaborative Care Fundamentals

By the end of Section 1, BHCMS 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)

- Develop comfort with talking to patients about evidence-based treatment options.
- Build a checklist of engagement best practices to use back in their clinic
- Recognize the evidence base for early engagement and improved patient outcomes.

Section 4: Assessment and Diagnosis

By the end of Section 4, BHCMS should be able to:

1: The Initial Assessment (15 minutes)

- Name the five major diagnostic domains (mood disorders, anxiety disorders, psychotic disorders, substance use disorders, and organic presentations).

2: The Differential Diagnosis (14 minutes)

- Recognize that the provisional diagnosis is a team decision, and that the psychiatric consultant confirms the diagnosis.
- Recognize the biopsychosocial framework in establishing a diagnosis.
- Recognize the care manager's role in arriving at a provisional diagnosis.

3: Presenting Assessment Information to Your Psychiatric Consultant (9 minutes)

- Recognize that the psychiatric consultant may review screeners and ask the Care Manager questions as part of caseload review to assess each of the five domains of the differential diagnosis.
- Recognize what possible diagnoses there are and collect appropriate info to bring back to the psychiatric consultant to make a diagnosis.





4: Practice Cases (9 minutes)

Section 5: 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 6: Treatment (Part 1 & 2)

By the end of Section 6, BHCMS should be able to:

1: Initiate Treatment (13 minutes)

- Recognize the BHCMS role in initiating the treatment plan - introduce treatment options to patients.
- Describe the role of shared-decision making in the treatment planning process.
- Describe weekly tasks of a BHCM.

2: Introduction to Brief Behavioral Interventions: Basic Skills (80 min.) & Common Elements (32 min.)

- Define brief treatment.
- Compare/contrast brief treatment vs. long-term treatment.
- Describe the three, overarching stages of brief treatment.
- Identify the necessary structure of a session to set an agenda for a brief meeting.
- Describe requirements of a well-defined, achievable goal – both for long and short-term goals.
- Describe requirements of an action plan.
- Discuss how to assign and review homework.
- Describe psychoeducation.
- Identify examples of cognitive restructuring, positive self-talk, a graded exposure hierarchy.

3: Behavioral Activation Skills (40 minutes)

- Understand the Behavioral Activation model of depressive symptoms
- Describe how to develop a case formulation for a patient experience elevated depressive symptoms
- Understand the role of avoidance in maintaining depressive symptoms
- Describe how to help patients select activities and make a specific plan
- Understand how to evaluate the outcome of patients' efforts and problem solve barriers to action planning





4: Psychiatric Medication Support (20 minutes)

- Understand how to take a medication history and use supportive tools to access medication information.
- Recognize common medication monitoring challenges and appropriate response.

5: 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.

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

7: Caseload Review with the Psychiatric Consultant (5 minutes)

- Apply agenda setting strategies to proactively plan for case reviews with psychiatric consultant
- Apply the concepts from preparing for case review or weekly task list to identify patients that need attention or intensification of treatment.

8: Case Presentation Skills (7 minutes)

- List the core components of a concise patient presentation.
- Practice writing up a concise note using an example case to facilitate an efficient case review

9: Intensify Treatment (8 minutes)

- Plan for proactive treatment adjustments.

10: Relapse Prevention and Completing Treatment (17 minutes)

- Recognize timing the relapse prevention plan.
- Apply concepts of relapse prevention to develop a basic relapse prevention plan.

Section 7: Special Topics

By the end of Section 7, 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

