Session # B3

From Training to Retaining:
A Roadmap to Successful Onboarding of Learners and Licensed BH Providers into Integrated Care

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify ideal candidates capable of functioning at a high level in integrated care settings.
- List beneficial components of onboarding and areas of training in both medical and non-medical behavioral health providers at various levels of training.
- Describe how to market and create buy-in of new behavioral health professionals into existing medical clinics and systems.

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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Your mission…

(should you choose to accept it):

"Hire a BHC!"

Where to begin??

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Preliminary Considerations

- Licensure/Discipline
- FTE/hours
- Location
- Clinic needs/population served
- Sustainability

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Recruitment

- Describe the position in the job description/posting
  - This is key: really describe the position!
- Post the position and spread the word in the integrated behavioral health community using listservs, word of mouth, connections with area universities and training programs
- Review cover letters and CV's:
  - The cover letter is the "hook"—this is where the candidate can demonstrate their commitment to the mission of your organization and their understanding of integrated behavioral health
  - Look for relevant clinical experiences within integrated care and analogous experiences if they are new to the field
  - Look for training specific to the role being hired (pediatrics, lifespan training, LGBTQ experience)

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Interview Process

- Initial phone screen
- Face to face interview with clinical supervisor
- Face to face interview with members of the BHC team, ideally those that work in the same clinic or similar clinic location
- Group interview with members of clinic leadership, providers, and care team
- Tour of clinic space and examples of workflow, location of BHC space relevant to clinic care team

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Behavioral Health Consultant Screen

	Do Not Agree	Somewhat Agree	Agree	Strongly Agree
1. I prefer working with a specific population and / or disorder.				
2. I prefer treating psychiatric disorder.				
3. I need to spend at least 50 minutes to an hour with a patient.				
4. I perform best in a quiet working environment.				
5. I am in charge of my patient's care.				
6. Treating eight to ten patients per day is reasonable.				
7. I work best in a structured setting.				
8. I approach care with the idea of helping a patient function better.				
9. I am comfortable working in a busy environment.				
10. I am comfortable meeting with patients in medical exam rooms.				
11. I prefer to work with multidisciplinary teams to help patients.				
12. I have training in brief interventions including social and behavioral interventions.				
13. I provide at least basic assistance to help a patient of any age.				
14. I think it is better to spend 10 minutes with a patient rather than no time with a patient.				

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Interviewing

- Goodness of fit for both the candidate and the team(s)
- Personality characteristics:
  - The “Big Three”: Flexibility, Assertiveness, Self-driven
- Integrated behavioral health clinical experience
  - Knowledge of team-based care practices
  - Understanding of medical settings
  - Knowledge and comfort with Psychopharmacology
- Clinical experiences outside of integrated care that may align well

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Interviewing (cont'd)

- Strengths and growth edges
  - Behavioral interview questions are key; *"tell me about…describe a time when…"*
- Clinical vignettes ("a day in the life")
  - Evaluate diagnostic skills and evidence-based intervention abilities
  - Evaluate ability to assess for risk, suicidality, recognize the need for a higher level of care
  - Ability to triage and prioritize multiple consults at once
- Resilience factors
- Grasp of population health approach to care vs. Managing a caseload

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Congratulations, you've hired a BHC!

What's Next?

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Onboarding

- Successful onboarding serves many purposes, including:
  - Orienting the BHC to the clinic
  - Introducing the BHC and their role to the clinic
  - Orienting the BHC to the larger system
- The amount of time spent on onboarding may vary based on the BHCs prior experience, and the size and complexity of the clinic and the system

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Onboarding

- Orient the BHC to the clinic using shadowing that emphasizes
  - Team members roles
    - Has the BHC worked in a medical clinic before? If not, who are those people walking around in scrubs, what's that blinking machine and why are staff walking around with cups of pee in bags?
  - How the BHC and the team member specifically interact
    - Check with each team member about how they best like to be communicated with, what about urgent/ emergent situations (think MHHs)?
    - What about the patient who asks the BHC to have some look at their rash/ refill their meds/ etc. since they are already there at clinic?
  - The larger clinic flows
    - How does a patient check in? Where do they wait? Where does a patient go to reschedule? How does the clinic handle emergencies? What is a "doc of the day"?

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Onboarding

- Understanding of roles and flows in the clinic may improve our likelihood to successfully manage the periodic collisions of the behavioral health and medical worlds
  - Shadow a PCP for at least ½ a day
  - Shadow the psychiatrist for at least ½ a day
  - Shadow other team members (can be as little as 15 min) including the clerks/ front desk, the HCPs/ medical assistants, the nurses, the social worker, the clinical pharmacist, and other key team members

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Onboarding

- Introduce the BHC and their role to team members
  - For BHCs entering a practice at the start of integrated care, this is a great opportunity to explain the BHCs title and role
    - This should not be the first time the staff is hearing about the BHCs role
    - Tip: If the BHC is a psychologist, explain that yes, they are a Dr., and no, they do not prescribe
  - For practices with existing integrated care, it's a great opportunity to do a refresher and to subtly address slippages from the model

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Onboarding

- Onboard the BHC to the larger system. Provide education about and/or shadowing experiences at:
  - Local mental health center/ community treatment centers
  - Community Inpatient Psychiatry Hospital(s)
    - Inpatient Consult Liaison team
  - Psychiatric Emergency Room
  - Local and national Crisis Services

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Onboarding

- Orient the BHC to the basics of their job
  - Can be done by another BHC and/or supervisor
  - Day to day work flow & expectations
    - notes, computer systems, patient schedule, etc.
  - Hours, PTO, and related organizational processes
  - Who in the clinic is the point person for what type of question or problem?
  - Who do they call for clinical questions? Emergencies?
    - What are they expected to notify a supervisor about?
  - Especially if the BHC is new to integrated care, consider having another BHC/ supervisor present and available for questions as the BHC starts to see patients
- Tip – use a checklist and provide written/ electronic materials
  - use team member roles not names
- Tip – check back regularly with the BHC and the clinic after onboarding

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OK, now you have them onboarded and ready to go.

What else do they need?

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Core Training

- BHCs require knowledge and clinical training in several types of therapies that may vary by the population served.
- Programs should identify key competencies and develop processes for ongoing educational needs
  - Review each new hire for competencies, arrange training over the first 6-12 months to fill gaps
  - For larger teams, consider in house trainings

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Core Training: Competencies to Consider

- Specific therapies
  - Behavioral activation, motivational interviewing, ACT, brief therapy models
- Trainings that address provider needs
  - Secondary trauma
- Trainings that address our approach to care
  - Trauma informed care
- Trainings that focus on specific populations
  - LGBTQ, geriatrics, women in the peripartum period, etc.
- Trainings that focus on specific problems
  - Insomnia (think CBT-I) or chronic pain

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Core Training: Psychopharmacology

- Psychopharmacology, knowledge of which typically increases over time, can by taught via
  - A course or other formal training
  - Interactions with the consulting psychiatrist during each patient consultation and by mini talks that focus on:
    - The basic treatment algorithms for common conditions (by family)
    - Common side effects of medications (by family or individual drug)
    - Why a specific drug is chosen
      - Including consideration of previous medication trials, dosages, side effects, certainty of diagnosis, and what symptoms are the most bothersome

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Core Training: Skills to Master

- Diagnosis, Safety Assessments
  - BHCs will come with different levels of training and varying past clinical experiences
  - Diagnosis is routinely addressed with the psychiatrist in case consultations and mini talks
  - Use observation to assess and to increase skills
    - Supervisor observation of BHC
    - BHC observation of supervisor or peer
    - BHC observation of psychiatrist
      - Consider seeing patients with a confounded or complex diagnosis together
    - Psychiatrist observation of BHC
  - For safety assessments, consider expectations regarding clinical consultations (when, with who)

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Core Training: Skills to Master

- Presenting a case to different audiences. Consider how a case presentation might look if given to:
  - The primary care provider
  - The psychiatrist
  - Other team members (social work, clinical pharmacist)
  - A colleague
- As individuals vary, communication skills are key
  - Remember back to the shadowing days, think consider their work flow & time restraints
  - Ask early what information they need/ is useful to know
  - Questions back from the listener can be used to inform future presentations
- Shadowing, practice and coaching can be used to improve this skill

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Onboarded and trained.

They’re good, right??

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Keys to “Keeping Them Happy”

1. Busy, yet Manageable
2. Connection to Clinic and Community
3. Support
4. Professional Growth and Development

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Building a Case Load

- Marketing Your New BHC
  - Creation of BHC Brochure
  - Multiple Benefits – Introducing role of BHC to patients as well as providers/care team
- Introduction to BH visits/screening
- “Theme” Weeks/Months to ramp up referrals

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Productivity

- Schedule development
  - Finding the right balance between scheduled and integrated visits
  - May require tweaking over time
- Efficiency
  - Adherence to IBH Model – Shorter visits; Time-limited
  - “Good Enough” Documentation

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Connection to Clinic & IBH Community

- Clinic Visibility
  - Presence at daily huddles, monthly staff and provider meetings
  - Proximity to providers – finding a high traffic spot
- Reducing BH “Island/Isolation” Effect
  - Peer connection through IBH meetings
  - Journal clubs

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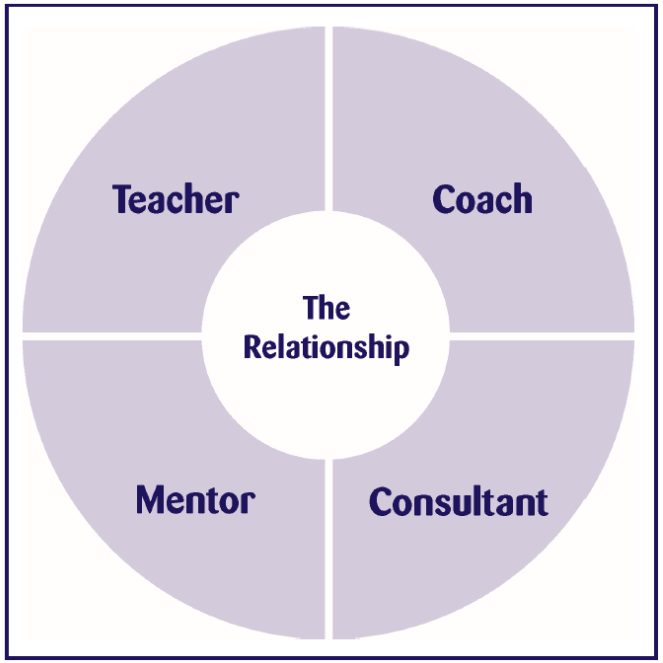
Clinical, Professional, & Emotional Support

- "Do you still need supervision once you're licensed?"
- Can serve multiple purposes and roles:
  - Case consultation (routine and urgent/emergent)
  - Ongoing evaluation, building of skills/competencies, goal-setting
  - Connection back to the behavioral health world
  - Administrative tasks and updates
  - Troubleshooting/Addressing "Clinic Culture"



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The Many Forms of Supervision in IBH

- Routine, scheduled 1:1 meetings with supervisor/manager
- “On the fly” case consultations (phone vs in-person)
- Weekly case reviews with psychiatrist consultant
- Chart reviews
- Team meetings
- Meetings with other clinic leadership or teams

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Additional Forms of Support

- Peer-Collegial Support
  - Case Consultation/Group Supervision
  - Balint Groups
- Resource Sharing
  - Department Mailing Lists
  - CFHA Listserv

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Professional Growth Opportunities

- Supervising students, residents, fellows
- In department lectures and didactics
- Providing trainings to care team, IBH team, or community
- CE Funds to attend trainings and conferences

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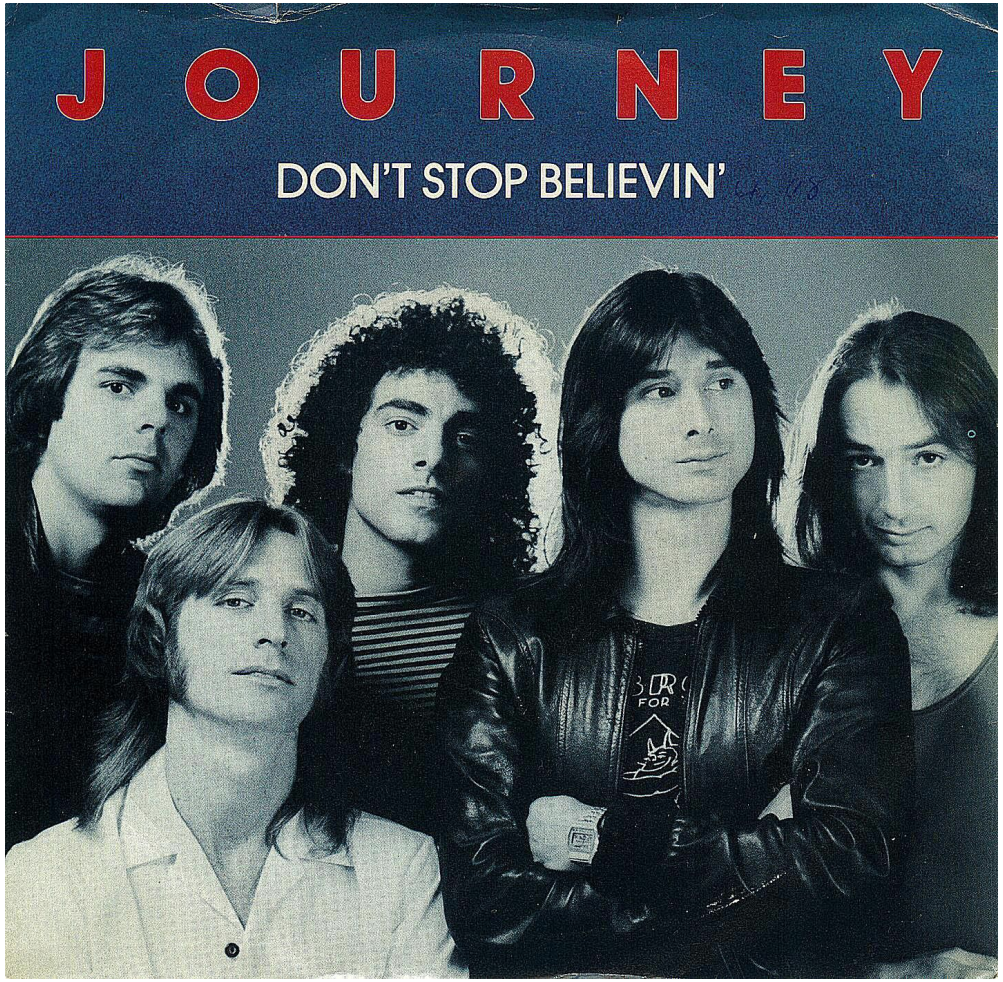
A Learner's Journey



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Questions

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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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Join us next year in Philadelphia, Pennsylvania! Thank you!