



Community of Practice (CoP) Supporting Behavioral Health Integration into Your Health Center

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Vision: Healthy Communities, Healthy People



Welcome Back!





Session 3 Agenda

- A quick check in
- Review of today's objectives
- Brief presentation: "Building Readiness and Capacity to Implement at My Clinic"
 - Presenter: Joe Hyde
- Discussion/Q&A
- Between-session activity
- Plus/Delta





Today's Learning Objectives

At the end of this session, participants will be able to:

- Define the R=MC² model of readiness and capacity;
- Describe their population of focus for this COP, their needs, and the intended outcomes;
- Reflect on their completed ICRC assessment to identify their strengths and challenges to providing integrated care for this population;
- Make progress toward defining the model that fits best; and
- Identify specific capacity building that will support their success.
 - Staff buy in, increased staff knowledge and skills, common elements of a care plan, supportive technology to monitor and guide, workflow and staff roles





Today's Presentation:

Building Readiness and Capacity to Implement at My Clinic





Why Look Carefully at Readiness?

"If we keep on doing what we have been doing, we are going to keep getting what we have been getting."

—Abe Wandersman





Principle #1: Organizational Readiness

Organizational readiness is a key factor in the ultimate success of change effort (new programs, policies, practices or processes, etc.) that organizations implement.





Principle # 2: Improvement-Specific

- Readiness is improvement-specific (tied to a specific process, program, policy, or practice).
- However, there is a guiding framework to make a readiness assessment.
- That framework shaped the ICRC assessment you completed.





Introducing the R = MC²* Model of Readiness and Capacity





R = Readiness

- Organizational readiness is a multi-level, multi-faceted construct.
- Readiness is degree to which an organization has optimized key attributes necessary to successfully implement a change.
- Readiness is viewed on a continuum rather than as a binary construct.
- Readiness is not just a precursor to an effort; it is the construct that impacts the life span of the effort.
- Organizational readiness fluctuates and should be monitored and supported continuously.





Readiness from Perspective of Interactive Systems Framework: Readiness = MC²*

- Motivation (and commitment to action) of leadership and essential stakeholders
- Capacity of the implementation team
- Capacity of the service system, practice sites, and workforce

*Wandersman et al., 2008





Motivation (and Commitment to Action) of Leadership and Essential Stakeholders

Key Attributes

- Leadership awareness of issue and need for action
- Stakeholder engagement
- Alignment with existing policy
- Viable business model
- Some amount of systems change required
- Fit with current priorities
- Required buy-in from outside this office
- Collaboration with other (state or community) agencies
- Change is consistent with organizational values

Optimal

Leadership and stakeholders

- Describe issue as a priority problem/issue
- Understand benefit of intervention and that this intervention is better than business as usual
- Are committed to champion this intervention as a solution
- Are committed to use of influence and resources, and empower action
- Are committed to policy change (as needed)
- View these actions as consistent with mission and values and adds value to services





Capacity of the Implementation Team

Key Attributes

- Adequate human resources/staffing
- Authority
- Knowledge, skills and abilities: content knowledge; systems knowledge; skills for planning, implementation, and evaluation; meeting facilitation
- Access to necessary data
- Support services (TTA)

Optimal

- Adequate human resources to accomplish tasks
- Empowered to plan and act
- Adequate content knowledge for intervention(s)
- Adequate systems knowledge
- Adequate skills for planning, implementation, and evaluation
- Engaged and collaborating with essential stakeholders
- Adequate IT to support operations
- Timely communication and decision-making
- Process improvement (PDSA)
- Access to a range of support services (TTA)



Capacity of the Service System

Key Activities

- Practice site champions
- Workforce
- Staff content knowledge for intervention
- Supervisory competence
- Site-specific implementation plan
- Access to support services (TTA)
- IT to support operations
- Monitoring/supporting implementation fidelity
- Evaluation demonstrating outcome
- Partner relations
- Staff buy-in at sites
- Staff roles and workflow
 - Financing

Optimal

- Active leadership support and empowering team
- Practice site champions
- Adequate workforce to accomplish task
- Adequate content competence for intervention, plus EBP collateral competence
- Supervisory competence
- A realistic implementation plan
- Ongoing access to a range of support services (TTA)
- Adequate IT to support operations
- Performance improvement team approach (PDSA)
- Agreements with partners (as needed)
- Essential staff buy-in at sites
- Successful adaptations to best serve population
- Staff roles and workflow aligned to implementation
- Financially sustainable





Open Discussion







Report Out Following Breakout



Image source: iStock by Getty Images





Between-Session Activities

- 1. Identify, within your center, capacity strengths and needs of the implementation team and of the system as a whole.
- 2. Identify up to three areas for capacity building.





Reflecting on Today: Plus/Delta

+ What worked for you today?

• \(\triangle \) What would you change?







Weekly Office Hours During the CoP

What are office hours?

An opportunity to

- Dive deeper into a topic area
- Better clarify needs and plans







BPHC-BH TA Portal

https://bphc-ta.jbsinternational.com/

- Request Technical Assistance
- Access Learning Management System (LMS) Modules
- Learn more about BH TA options
 - One-on-One Coaching
 - E-learning Webinars
 - Strategies for Community Outreach
 - Virtual Site Visits
 - Communities of Practice (CoPs)







TA Offerings for Health Centers

- Webinars
- One-on-One Coaching
- Virtual Site Visits to Improve Outcomes
- Communities of Practice (CoPs)
- Strategies for Community Outreach: Social Media for Social Marketing





Upcoming TA Opportunities!

Webinar

Charting the Roadmap to Value-Based Reimbursement for Integrated
 Care

March 3, 2021 at 3:00-4:00 p.m. EST

Registration link: https://zoom.us/webinar/register/WN xC0s7kugRauCUNeeOVxFNA

Registration links for webinars can also be found on the BHTA Portal

You can receive 1 hour of Continuing Education credit for your participation





Continuing Education

- We will be offering 1.5 CE credit per session attended for a maximum of 18 CEs for participation in all 12 CoP sessions.
- You must complete the Health Center Satisfaction Assessment after each session you plan on receiving CEs for.
- CE credits will be distributed for all sessions at the conclusion of the CoP.



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



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CoP Satisfaction Assessment

- Please complete a satisfaction assessment of today's session.
- If you plan to obtain CEUs for your time in this CoP, the satisfaction assessment is required.
- There are two ways navigate to the assessment:
 - 1. Follow the link provided in the chat here.
 - 2. You will be emailed a link from us via Alchemer, our survey platform.







Thank You.

See you next week!

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