



**Specified Clinic:**

**Site Totals:**

#Annual Unique Visits:  # Pts >18yrs:  #Pts >65yrs:

**Staffing:** Please list all **behavioral health staff members** employed at this clinic (psychiatric providers, social workers, therapist/counselors, psychologists, care managers, CHWs, peer support specialists)

Name or Initials	Credentials	Title	FTE

Please list the **number** of each type of staff member employed at this clinic:

MD/DO:      PA/NP:      RN/LPN:      MA:      PharmD:      RD/LDN:

**Preparing for Implementation**

Is the clinic able to provide a physician or clinical champion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name and role:

**Behavioral Health Services**

Does the clinic offer tele-med services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, what services? If not, do you have tele-med equipment available?

Does the clinic serve patients who do not speak English as their primary language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, what languages?

**Staffing and Training**

Is the clinic affiliated with a psychiatric provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name:                      Credentials:                      Specialty:                      FTE at this clinic:

Are they embedded in the clinic?  Yes  No      Do they practice using tele-psych?  Yes  No

**Facilities and Equipment**

Is the clinic able to provide a semi-private space and phone for a care manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Potential challenges?

Are patient education materials for behavioral health concerns readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, what materials? Are they regularly used?