

Rating: If the answer to the question is not, “yes” or “no”, please use the following scale:

[1] Strongly Disagree [2] Disagree [3] Neither Agree or Disagree [4] Agree [5] Strongly Agree

19	Have the PCPs received brief training in the CoCM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, what are potential challenges and/or next steps?

20	The BHCM feels comfortable to begin enrolling patients in the CoCM.	
21	The PCPs feel comfortable treating patients using the CoCM.	
22	The psychiatric consultant feels comfortable treating patients using the CoCM.	

If encountered, what are challenges?

Behavioral Health Services

Rating

23	The BHCM(s) understands their role and responsibilities within CoCM.	
24	The BHCM role and responsibilities have been well-defined to CoCM care team and support staff.	
25	The BHCM is visible within the clinic and actively engaged with PCPs.	

If encountered, what are potential challenges and/or next steps?

26	Has the clinic outlined workflow changes, including screening, referrals, documentation, communication, and patient flow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, what are potential challenges and/or next steps?

27	Does the CoCM care team have a protocol for introducing CoCM to patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What is the strategy? Does it include a warm hand-off?

Facilities and Equipment

Rating

28	If needed, is tele-health equipment available in the clinic?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
29	Has the clinic provided a semi-private space and phone for the BHCM(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Are senior-specific patient education materials for behavioral health concerns readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, what are potential challenges and/or next steps?