



Behavioral Health PEER GROUP TOOLKIT

OVERVIEW

All health centers and individuals can benefit from learning and supporting one another, which is why peer groups are an incredibly powerful tool. In times of both challenge and success, peer groups provide an opportunity to engage, validate each other's experiences, and learn together. Before, during, and after the COVID-19 pandemic, Primary Care Association (PCA)-led peer groups have served as a hub or conduit for connection, which is vital to supporting health center staff wellness.

The enclosed Behavioral Health Peer Group toolkit provides templates for several tools to convene health center peers working on behavioral health, integrated behavioral health, or substance use disorder treatment teams. The toolkit offers sample meeting agendas, notes, annual goals, and discussion topics. Each document can be used as a template and is adaptable to a PCA's capacity and health center's needs.

The toolkit is divided into the following sections:

Sample Behavioral Health Peer Group Agendas & Notes ([Word](#))

Two templates for how to structure a peer group meeting with sample agenda items and space for meeting minutes and next steps. PCAs can be creative in how they structure both the group and meeting, with identifying a single host site (PCA or health center), rotating sites, and chairperson(s) for the group.

Sample Behavioral Health Peer Group Draft Annual Charter ([Word](#))

Includes an overview of the purpose of the peer group, the role of the PCA in supporting the peer group, and a list of potential goals for a peer group to work toward over the course of the year.

Sample Peer Group Meeting Topics ([Word](#))

List of potential discussion topics for peer group meetings and/or areas for additional training for peer group members. This list can be tailored to local and regional needs.

**SAMPLE
BEHAVIORAL HEALTH
PEER GROUP
AGENDAS & NOTES**

SAMPLE AGENDA 1

BEHAVIORAL HEALTH INTEGRATION PEER GROUP

Friday, August 9, 2020
12:30-2:00PM

Host: Health Center or Primary Care Association
Login information (WebEx, Zoom, etc.)

TIME	TOPIC	DISCUSSION	NEXT STEPS	LEAD
12:30 PM	Introductions			
12:35 PM	Behavioral Health Team/Health Center Updates			
12:40 PM	Poll: Preference for October Training			
12:45 PM	Policy and Advocacy Updates			
1:00 PM	Clarifying Behavioral Health Integration vs. Substance Use Disorder Workgroups, Schedules, and Rosters			
1:20 PM	Peer Review of Integrated Behavioral Health Programs at Each Health Center			
1:45 PM	Draft Agenda for Next Meeting			

SAMPLE AGENDA 2

BEHAVIORAL HEALTH INTEGRATION PEER GROUP

Friday, June 14, 2019
12:30-2:00PM

Host: Health Center or Primary Care Association
Login information (WebEx, Zoom, etc.)

TIME	TOPIC	DISCUSSION	NEXT STEPS	LEAD
12:30 PM	Introductions			
12:35 PM	Health Center Check-Ins			
12:45 PM	Announcement: ECHO Project for Medication Assisted Treatment (MAT) Consultation			
12:50 PM	Strategic Planning for Behavioral Health: Where Health Centers Fit In			
1:10 PM	Feedback Sessions and Planning for Next Month's Meeting			
1:30 PM	Training and Guest Speaker Brainstorm			
1:45 PM	Peer Review of Integrated Behavioral Health Programs at Each Health Center			
1:50 PM	Draft Agenda for Next Meeting			

**BEHAVIORAL HEALTH
PEER GROUP
DRAFT ANNUAL CHARTER**

ANNUAL CHARTER

Executive Summary:

This peer group serves to convene behavioral health leads from area health centers to support one another in the accomplishment of the below goals. The Primary Care Association will serve as convener of the peer group and provide logistical and administrative support in the pursuit of the peer group's goals. The Behavioral Health Peer Group will meet bi-monthly to address issues affecting our work, communities, health centers, and patients. This peer group will be a space of support and non-judgment as we continue to grow and strengthen the services we provide to our communities.

PARTICIPANT HEALTH CENTERS: A Health Center, B Health Center, C Health Center

CHAIR(S): Jane Doe, B Health Center

HOST: C Health Center – 1234 Sesame Street Easytown, USA 56789

Goals:

A. Complete Integrated Behavioral Health (IBH) Foundations Training

- A full-day in-person (two-day or multiple sessions) foundational training on IBH model. PCA to lead with content direction by peer group members and facilitation of particular sessions by peer group members if members are interested.

B. Policy Brief on IBH Model

- Paper would describe the IBH model in the community and document its impact, to be distributed to stakeholders to inform policy development and resource allocation

C. Behavioral Health (BH) Workforce Development

- Share best practices for recruitment and retention of BH staff at health centers. Build relationships with schools and programs that can enhance the pipeline. Share information on staffing ratios and caseload to inform collective best practices.

D. Opioid Use Disorder (OUD) Workforce

- Support next steps from OUD Navigator, Care Coordinator implementation

E. Substance Use Disorder (SUD) Harm Reduction

- Understand current health center services for SUD harm reduction, share best practices and challenges, and conduct training(s)

F. Medication Assisted Treatment (MAT) Expansion

- Share current MAT best practices and challenges among peer group members to support further expansion of this service

G. Pain Management Services

- Share best practices and resources for supporting patients in seeking pain management support

H. Alcohol Abuse Services

- Understand current health center services for alcohol abuse, share best practices, and conduct training(s)

I. SUD Screening and Treatment for Pregnant Women

- Share best practices and conduct trainings on how to screen and treat SUD for pregnant women

J. Families and Caregivers

- Share best practices and conduct training(s) on how to help families and caregivers of those with mental health or substance use diagnoses

K. Chronic Disease Management via BH

- Explore short-term and billable interventions. Currently, behavioral modification and lifestyle modification are hard to do for clients without a mental health diagnosis.

L. BH Coding

- Policy push for z codes to be used (Right now need DX to get paid).
- Training on BH coding best practices
- Training on billing dual eligible patients

M. Local Resources or Guest Speakers

**SAMPLE
PEER GROUP
MEETING TOPICS**

SAMPLE PEER GROUP MEETING TOPICS

Workforce Burnout and Combating the Culture of Busy in Health Centers

Financing the Non-Billable Encounter for the Care Team

Maximizing Billing for Care Team Encounters

Data Collection

Streamlining Screening Tools and Identifying Best Practices

Hiring and Onboarding

Multi-Disciplinary Workflows

Integrating Substance Use Disorder (SUD) Treatment into Behavioral Health and Primary Care Services

Crisis Management and De-Escalation Techniques

Pain Points and Opportunities for Collaborative Care Teams (role flexibility, communication, huddles, overcoming resistance, time for case discussion)

A. Integrated Behavioral Health (IBH) Training

- A full-day in-person (two-day or multiple sessions) foundational training on the IBH model. PCA to lead with content direction by Peer Group members and facilitation of particular sessions by Peer Group members if members are interested.
- Case discussions, where Peer Group brings complicated cases to the team to workshop how to best support complex patients
- Evaluating an IBH practice
- Billing for IBH
- Brief trainings on commonly seen issues in IBH settings
 - Anxiety
 - Depression
 - Sleep issues
 - Diabetes
 - Medication changes
 - Exercise and diet
 - Eating disorders
 - Chronic pain
 - Use of tele-behavioral health to support IBH delivery
 - Limiting emergency department usage
 - Technology/mobile apps to support patients through change

- Human trafficking
- Policy Brief on IBH Model
 - Paper would describe the IBH model in the community and document its impact, to be distributed to stakeholders to inform policy development and resource allocation
 - State level policy discussions

B. Behavioral Health (BH) Workforce Development

- Share best practices for recruitment and retention of BH staff at health centers. Build relationships with schools and programs that can enhance the pipeline. Share information on staffing ratios and caseload to inform collective best practices.
- Processes for recruiting and supporting interns
- Discuss training needs and timelines

C. Substance Use Disorder (SUD) Topics

- SBIRT Training
- Stigma
- 42CFR Part 2
- Opioid Use Disorder (OUD) Workforce
 - Support next steps from OUD Navigator
 - Care Coordinator implementation
- Harm Reduction
 - Understand current health center services for SUD harm reduction
 - Share best practices and challenges
 - Conduct training(s)
- Medication Assisted Treatment (MAT) Expansion
 - Share current MAT best practices and challenges among Peer Group members to support further expansion of this service
 - Review of state-level regulations on prescribing
- Pain Management Services
 - Share best practices and resources for supporting patients in seeking pain management support
- Alcohol Abuse Services
 - Understand current health center services for alcohol abuse, share best practices, and conduct training(s)
- Screening and Treatment for Pregnant Women
 - Share best practices and conduct trainings on how to screen and treat SUD for pregnant women

- Compassionate Tapering

D. Families and Caregivers

- Share best practices, and conduct training(s) on how to help families and caregivers of those with mental health or substance use diagnoses

E. Chronic Disease Management via BH

- Explore short-term and billable interventions. Currently, behavioral modification and lifestyle modification is hard to do for clients without a mental health diagnosis.

F. Suicide Intervention

G. Providing School-Located BH Services

H. Adverse Childhood Experiences (ACEs)

- Share best practices on screening for ACEs and conduct training(s) on how to respond to the signs, symptoms, and risks of trauma

I. Social Drivers of Health (SDOH)

- Share best practices on how to assess for SDOH and act on assessment results

J. BH Quality Improvement

K. Cultural Humility

- Share best practices and conduct training(s) on caring for patients who identify as Tribal, Latinx, LGBTQIA+, etc.

L. Tele-behavioral Health

- Discuss use of external tele-behavioral health vendors

M. Trauma-Informed Care

N. Value-Based Care and BH Services

O. BH Team's Support of Staff Wellness

- Tips and tricks to addressing burnout
- Compassion fatigue
- Psychological body armor
- Boundary setting

P. BH Coding

- Policy push for z codes to be used
- Training on BH coding best practices
- Training on billing dual eligible patients

Q. Local Resources or Guest Speakers

- State needle exchange programs and local harm reduction options
- State level programs
- National, state, and local grant opportunities
- National, state, and local trainings and conferences
- Medicaid or local payers
- Crisis response supports