

**Sample Language for Local CCC PC-MHI Supervisors or Team Lead/Champions Performance Plans**

- **Supervision of CCC PC-MHI staff:**
  - Ensures all CCC BHP supervisees have tailored performance plans and position descriptions/functional statements that detail specific CCC PC-MHI expectations and competencies.
  - Ensures all CCC PC-MHI staff receive adequate training to support core competency skill acquisition and maintenance, (i.e., clinical skills, practice management, consultation, documentation, teamwork, and administrative skills) as detailed by Robinson & Reiter, 2007.
    - New providers have at least one week orientation time shadowing successful CCC BHPs and PCPs in primacy care, prior to assuming active clinical responsibilities,
    - Ensures all CCC BHP supervisees have completed recommended readings (e.g., VISN 2 Integrated Primary Care Behavioral Health Services Operations Manual and other PC-MHI literature. Readings and checklist with provider sign-off for reading completion provided by CIH.)
    - Ensures new providers attend a CIH CCC National training program or provide comparable, intensive training on-site.
  - Conducts monthly local call with all CCC PC-MHI supervisees. Goals are to provide supervision, consultation, peer support, and problem solving within a collaborative setting.
- **PC-MHI program monitoring :**
  - Monitors individual CCC PC-MHI provider's practice management trends, including the number of unique patients seen, the total number of encounters, the number of encounters per unique, the number of encounters per day, and the most common diagnoses seen in clinic, using data available on the National PC-MHI dashboard  
<http://reports2.vssc.med.va.gov/ReportServer/Pages/Reportviewer.aspx?%2fPC%2fPCMM%2fPC-MH+Integration%2fMainMenu> .
  - Reviews PC-MHI monitored metrics quarterly with each CCC BHP. (CIH staff will provide consultation as part of this process for first quarter of implementation and as needed thereafter)
  - Conducts monthly individual discussions with providers whose data consistently fails to suggest adequate utilization rates or adequate primary care mental health integration and/or seeks consultations from facilitation experts as needed.
  - Develops and implements action plans for areas of identified difficulty
- **PC-MHI Collaboration**
  - BH leadership meets at least quarterly with local PC medical team leads to ensure on-going problem solving and collaborative communications
- **Continuing Education:**
  - Maintains knowledge of IPC literature and expectations of National PC-MHI office
  - Receives consultation, meta-supervision, and support at least quarterly with either CIH staff or other national PC-MHI leaders via national calls.