



Bree Collaborative Behavioral Health Integration Assessment

General (Circle one NUMBER for each characteristic)				
1. Staff awareness of Bree Collaborative Guidelines	...no awareness of Bree Collaborative Guidelines	...basic level of awareness; content not known	...general awareness; some specific content known	...advanced knowledge of awareness; content known and staff interest in implementation
	1	2 3 4	5 6 7	8 9 10
2. Buy-in/Interest in Implementation of Bree Collaborative Guidelines	...no interest in Guideline Implementation	...actively considering Guideline Implementation	...some steps taken toward Guideline Implementation; test cycles beginning	...actively working toward Guideline Implementation; team formed and test cycles ongoing
	1	2 3 4	5 6 7	8 9 10
Suicide Care				
3. Use of screening tool(s) with targeted suicide identification question	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10
4. Collaborative safety planning	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10
5. Lethal means safety conversation after suicide risk	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10

Bree Collaborative Behavioral Health Integration Assessment

6. Suicide risk treatment follows an evidence-based framework (dialectical behavior therapy, suicide-specific cognitive behavioral therapy, and/or collaborative assessment and management of suicidality (CAMS))	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10
7. Follow-up support for patients after suicide attempt	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10
8. Follow-up support for providers after a patient death by suicide	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10

Bree Collaborative Behavioral Health Integration Assessment

Alcohol and Drug Use				
9. Training and education for staff on stigmatizing language and perceptions about alcohol and drug misuse	...does not occur	...is an organizational goal, but does not occur	...is done sporadically but no formal schedule exists or tracking system in place	...is part of standard practice; a formal process is in place and trainings occur on an identified schedule
	1	2 3 4	5 6 7	8 9 10
10. Use of screening tool(s) to identify drug misuse	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10
11. Use of screening tool(s) to identify alcohol use	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10
12. Brief intervention occurs after identification of alcohol or drug misuse	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10
13. Brief treatment occurs after identification of alcohol or drug misuse	...does not occur	...is an organizational goal, but not in use	...is done sporadically but no formal process exists or tracking system in place	...is part of standard practice; a formal process is in place and used by all care teams
	1	2 3 4	5 6 7	8 9 10

Bree Collaborative Behavioral Health Integration Assessment

14. Referral to appropriate treatment facilities	...does not exist	...is limited to a list or pamphlet of contact information for relevant resources	...is done sporadically but no formal process exists or tracking system in place; follow-up not consistent	...is part of standard practice; a formal referral process is in place and used by all care teams and cross-site communication occurs
	1	2 3 4	5 6 7	8 9 10
Opioid Use Disorder Treatment				
15. Primary care providers, including ARNPs and PAs, are waived to prescribe buprenorphine	...not at all	...is an organizational goal but no action has been taken	...some providers	...everyone
	1	2 3 4	5 6 7	8 9 10
16. Referral to medication-assisted treatment (MAT)	...does not exist	...is limited to a list or pamphlet of contact information for relevant resources	...is done sporadically but no formal process exists or tracking system in place; follow-up not consistent	...occurs onsite or is part of standard practice; a formal referral process is in place and used by all care teams and cross-site communication occurs
	1	2 3 4	5 6 7	8 9 10
17. Patients with an opioid use disorder diagnosis receive a Naloxone prescription	...not at all	...is an organizational goal but no action has been taken	...some providers	...everyone
	1	2 3 4	5 6 7	8 9 10