Integrating Medications for Addiction Treatment in Behavioral Health (IMAT-BH)

An Index of Capability at the Organization/Clinic Level

Opioid Use Disorder Version 1.0

Adapted from McGovern MP, Hurley B, Newman S, Fisher T and Copeland M. (2019). *Integrating Medications for Addiction Treatment in Primary Care – Opioid Use Disorder Version 1.3*.

YOUR PROGRAM AND AGENCY CHARACTERISTICS

DATE OF COMPLETION _____ NUMBER OF SITES WITHIN AGENCY THAT OFFER MEDICATIONS FOR OUD _____

NAME OF AGENCY _____

NAME OF PROGRAM SITE _____ LEVEL OF CARE (ASAM) _____

ADDRESS _____ CITY _____ STATE _____ COUNTY _____

KEY CONTACT

NAME _____
JOB TITLE _____
EMAIL _____
PHONE/TEXT _____

Current Capacity and Services for Medications for OUD (*Pertaining to the program site location only and as of this date*)

# of x-waivered prescribers: _____
# of x-waivered prescribers with active clients on medication for OUD: ____
Total # of clients currently prescribed medication for OUD: _____
# of clients receiving MAT-related care via telepsychiatry: _____

PROGRAM INFORMATION *(PERTAINING TO THE PROGRAM SITE LOCATION ONLY AND AS OF THIS DATE)*

 # OF PHYSICIANS (NOT FTE BUT INDIVIDUALS ON SITE AND PERFORMING ANY CLINICAL SERVICES) ____
 # OF CERTIFIED NURSE PRACTITIONERS ____
 # OF PHYSICIAN ASSISTANTS ____

 # OF PHYSICIANS WITH ADDICTION MEDICINE BOARD CERTIFICATION (ASAM AND/OR ABPM) ____
 # OF PHYSICIAN PSYCHIATRISTS: ____; # OF PSYCHIATRISTS WITH BOARD CERTIFICATION IN ADDICTION (ABPM) _____
 # OF BEHAVIORAL HEALTH CLINICIANS WITH MENTAL HEALTH AND ADDICTION CERTIFICATION/LICENSURE _____
 # OF PEER COUNSELORS _____

BEST ESTIMATE OF PROGRAM CLIENT VOLUME AND CLIENT FUNDING TYPE *(PERTAINING TO THE PROGRAM SITE LOCATION ONLY AND AS OF THIS DATE)*

IF INPATIENT/DETOX/RESIDENTIAL, # OF BEDS _____ IF OUTPATIENT/IOP/PARTIAL HOSPITAL, AVERAGE # CLIENTS PER DAY _____

APPROXIMATE % BY INSURANCE TYPE: MEDICAID_____ MEDICARE_____ DUALS_____ PRIVATE_____ UNINSURED_____ OTHER_____

IMAT-BH INDEX *version OUD 1.0*

BENCHMARK RATING SCALE: NI=Not Integrated; PI=Partially Integrated; FI: Fully Integrated

Instructions to complete the IMAT-BH Index: Review each benchmark with team members. Based on consensus, place a checkmark in the box that best fits your current state of practice in your specific program site. The ratings range from: "1-Not integrated or not present" (NI) to "3- partially integrated or somewhat present but variable" (PI) to "5-fully integrated, routine and systematic" (FI). Intermediate ratings of "2" and "4", are meant for "in between" circumstances. The selection of either a "2" or a "4" should be made when the respective next level anchors of "3" or "5" are not fully met. Remember that the IMAT-BH is a quality improvement aid, not a performance exam. A candid appraisal of your existing practice will help guide your team toward any goals you wish to achieve. Giving your program conservative scores at baseline will enable your team to identify areas for quality improvement that are meaningful and achievable. The IMAT-BH is an organizational measure of capability of addiction medication treatment in behavioral health programs—with either addiction or mental health specialties. In assessing your response, consider the capabilities within your specific site, rather than whether or not the capability exists within another site at your organization. It is understood that not every item will be realistic or within your control to impact or change, or perhaps not even your program's practice goal. Nevertheless, please try to rate each item as candidly as possible and based on your team's perceptions about the current state. The estimated time to complete the IMAT-BH is 60-75 minutes. **THANK YOU.**

		1 NI	2	3 PI	4	5 FI
DIMENSION 1 (D1): INFRASTRUCTURE						
1	**Senior agency and program leadership, including governance, that strongly support clients being prescribing medications for OUD by prescriber clinicians in their program**	No overt strong leadership support demonstrated at either the agency or program site level	The program site is somewhere in between 1 and 3	Strong program level leadership support for prescribing medications for OUD but not from senior agency leadership at the agency level	The program site is somewhere in between 3 and 5	Strong and overt leadership support for prescribing medications for OUD at the agency and program site levels
2	**Medical record and releases of information are privacy compliant with 42CFR (where applicable) and HIPAA regulations**	The program site has either not resolved or does not fully understand 42CFR and HIPAA regulations	The program site is somewhere in between 1 and 3	The program site has developed some workarounds to address 42CFR and HIPAA regulations	The program site is somewhere in between 3 and 5	Our The program site has clear policies to access, exchange and release client information within 42CFR (where applicable) and HIPAA compliance
3	**Our payers cover medical consultations and visits for medication management of OUD or medical services are covered by bundled contractual rates**	No provider services are covered by any insurance	The program site is somewhere in between 1 and 3	Some provider services are covered, or all provider services are covered by some insurers	The program site is somewhere in between 3 and 5	All reasonable provider services are covered for insured clients
4	**Our payers cover buprenorphine, oral naltrexone and naltrexone IM in our system or these medications are covered by bundled contractual rates**	No OUD medications are covered by any insurance	The program site is somewhere in between 1 and 3	One OUD medication is covered, or at least two OUD medications are covered by some insurers	The program site is somewhere in between 3 and 5	All OUD medications are covered for insured clients

		1 NI	2	3 PI	4	5 FI
DIMENSION 2 (D2): CULTURE AND ENVIRONMENT						
1	**All program site staff accept and welcome equally persons on medications for OUD—no evidence for stigma or discrimination**	Most program site staff, both clinical and non-clinical, negatively perceive persons on OUD meds and are reluctant to accept and welcome them	The program site is somewhere in between 1 and 3	There is variation in program site staff members' acceptance and empathy for persons on OUD meds but overall there is acceptance and welcome	The program site is somewhere in between 3 and 5	Program site-wide, there is broad-based acceptance and welcome of clients on OUD medications and for providing services to them
2	**Open display and distribution of client informational materials about OUD and medications for OUD in common areas, therapy rooms and staff offices**	No medication for OUD informational materials for clients are visible in common spaces, therapy rooms or offices	The program site is somewhere in between 1 and 3	Medication for OUD informational materials exist and are distributed to clients and family members as needed	The program site is somewhere in between 3 and 5	Medication for OUD informational materials are visible in common areas, therapy rooms and offices; and routinely distributed
3	**Clients and services are visibly integrated in general program site spaces and in routine operations**	Clients receiving medications for OUD are not permitted in the program site location	The program site is somewhere in between 1 and 3	Clients receiving medications for OUD obtain these services at special days and times where clients without OUD are not scheduled, or in a location separate from the regular program site	The program site is somewhere in between 3 and 5	Clients receiving medications for OUD are scheduled and receive services at times concurrent with clients without OUD and in spaces available in the program site location
4	**All program site staff believe offering medications for OUD to clients in this setting is appropriate**	Most program site staff believe that offering medications for OUD in this program site location is inappropriate	The program site is somewhere in between 1 and 3	There is variability among staff in their beliefs about the appropriateness of offering medications for OUD in this program site location	The program site is somewhere in between 3 and 5	Program site-wide, there is broad staff consensus that offering medications for OUD is appropriate in this program site location
DIMENSION 3 (D3): CLIENT IDENTIFICATION AND INITIATING CARE						
1	**All new and existing clients are screened using a standardized universal measure for opioid use risk**	No standardized measure or set of questions is used	The program site is somewhere in between 1 and 3	A list of set questions about substance use issues is routinely used	The program site is somewhere in between 3 and 5	A standardized and validated universal screen (e.g. TAPS, NIDA Quick Screen, DAST) is used with all new clients
2	**All clients who screen positive receive a standardized indicated assessment, and if positive, an OUD diagnosis is made and documented**	No standardized measure is used, and documented OUD diagnosis is variably documented	The program site is somewhere in between 1 and 3	No formal standardized measure is used but OUD diagnosis is routinely documented	The program site is somewhere in between 3 and 5	A standardized indicated screen (e.g. DSM5 checklist) is used to support documentation of an OUD diagnosis

		1 NI	2	3 PI	4	5 FI
3	**A protocol for identification, diagnosis and treatment initiation exists for conditions commonly comorbid with OUD including other *substance use disorders***	No protocol exists for addressing other substance use disorders (e.g. alcohol, stimulants, cannabis, benzodiazepines)	The program site is somewhere in between 1 and 3	Clients with OUD are assessed for other substance use problems upon initiating care and/or throughout the course of treatment	The program site is somewhere in between 3 and 5	A protocol exists for screening, diagnosis, treatment planning and monitoring for other substance use disorders in addition to OUD
4	**A protocol for identification, diagnosis and treatment initiation exists for conditions commonly comorbid with OUD including *other psychiatric disorders* such as depression, anxiety, PTSD or other mental health problems**	No protocol exists for addressing other psychiatric disorders (e.g. depression, anxiety, PTSD, bipolar disorder)	The program site is somewhere in between 1 and 3	Clients with OUD and in MAT are usually assessed for other mental health problems upon initiating care and/or throughout the course of treatment	The program site is somewhere in between 3 and 5	A standardized protocol exists for screening, diagnosis, treatment planning and monitoring for other psychiatric disorders in addition to OUD
5	**A protocol for identification, diagnosis and treatment initiation exists for infectious diseases (ID) commonly comorbid with OUD including *HIV and HCV***	No protocol exists for addressing risk of presence of ID (e.g. HIV, HCV)	The program site is somewhere in between 1 and 3	Clients with OUD and in MAT are usually screened for ID upon initiating care and/or throughout the course of treatment	The program site is somewhere in between 3 and 5	A standardized protocol exists for screening, risk assessment & client education, diagnosis, treatment planning and monitoring for ID
6	**The prescription drug monitoring program (PDMP) is queried before initiating medications for clients diagnosed with OUD**	PDMP is not routinely queried	The program site is somewhere in between 1 and 3	PDMP is queried but variably	The program site is somewhere in between 3 and 5	PDMP is queried on all new OUD cases before initiating medications for OUD
7	**For clients diagnosed with OUD, a point-of-care toxicology test is performed, i.e. urine drug screen (UDS), with built-in and/or rapid on-site immunoassay testing**	Toxicology tests are not routinely performed	The program site is somewhere in between 1 and 3	Toxicology test are inconsistently performed	The program site is somewhere in between 3 and 5	Point-of-care toxicology tests are consistently performed with all new OUD cases before initiating medications for OUD
8	**Clients with OUD are presented with clear medication options, client preferences are discussed, and a shared decision-making approach used**	Clients with OUD have no options for medications for OUD at the program site	The program site is somewhere in between 1 and 3	Clients with OUD have 2 options (1 medication or no medication) at the program site, and these are carefully reviewed	The program site is somewhere in between 3 and 5	Clients with OUD have options for 2 medications within the program and other medications outside (methadone) or no medication. The pros, cons and preferences are reviewed, and collaborative care plan chosen

		1 NI	2	3 PI	4	5 FI
9	**Criteria for offering medications for OUD at the program site are clear; they are documented in policy, client information sheets/brochures and consent forms; and they are highly inclusive**	Clients with OUD have no options for medications for OUD at the program site	The program site is somewhere in between 1 and 3	Criteria for offering medications for OUD are individual provider driven and exclude clients with other substance use, history of diversion or non-adherence or other perceived risks	The program site is somewhere in between 3 and 5	Criteria for offering medications for OUD are documented and transparent; criteria focus on initiating care to reduce risk of overdose death and engage clients in care
10	**Three components are performed on all clients starting medications for OUD: Withdrawal symptoms are evaluated, side effects are discussed, and comfort medications to treat opioid withdrawal are made available**	None of the 3 components (withdrawal symptom evaluation, medications for OUD side effect review, comfort medications offered) are performed	The program site is somewhere in between 1 and 3	2 of the 3 components (withdrawal symptom evaluation, medications for OUD side effect review, medications to treat opioid withdrawal offered) are routinely performed	The program site is somewhere in between 3 and 5	All 3 components are performed (withdrawal symptom evaluation, medications for OUD side effect review, medications to treat opioid withdrawal offered) by protocol and include standardized measures and procedures (e.g. COWS; SOWs; client informational materials; standard withdrawal medications)
11	**Clients choosing medications for OUD, either buprenorphine, oral naltrexone or naltrexone long acting injection, can be initiated quickly**	No clients typically are started on medications for OUD within 72 hours	The program site is somewhere in between 1 and 3	The care process and review of all clinical information may take longer for some clients; Most are started within 72 hours	The program site is somewhere in between 3 and 5	Protocol to initiate medications for OUD at first visit is in place
12	**Using a protocol clear to both staff and clients, eligible clients can start the medication either at home or within the clinic**	No provision exists for clients to start medications for OUD at home or at the program-clients are started elsewhere and referred to us program site once stabilized	The program site is somewhere in between 1 and 3	Protocol exists for starting medication in-office only	The program site is somewhere in between 3 and 5	Protocol exists for starting medication either in-home or in-office and the approach is clear to staff and transparent to clients

		1 NI	2	3 PI	4	5 FI
DIMENSION 4 (D4): CARE DELIVERY AND TREATMENT RESPONSE MONITORING						
1	**Clients started on medications for OUD have 1 follow-up visit within 14 days (2 weeks)**	Follow-up visit after clients are started on medications for OUD are individually determined	The program site is somewhere in between 1 and 3	Some clients are scheduled and/or attend first follow-up visit beyond 2 weeks; But most make this visit within 2 weeks	The program site is somewhere in between 3 and 5	All clients are scheduled for at least 1 follow-up visit after starting medications for OUD; Those who do not attend receive outreach
2	**Clients started on MAT have at least 2 follow-up visits within 30 days (1 month)**	Follow-up visits after clients are started on medications for OUD are individually determined	The program site is somewhere in between 1 and 3	Some clients are scheduled or attend 2 follow-up visits beyond 1 month; But most make these visits within the 1st month	The program site is somewhere in between 3 and 5	All clients are scheduled for at least 4 follow-up visits after starting MAT; Those who do not attend receive outreach
3	**Ongoing toxicology testing, i.e. urine drug screen (UDS), is performed at least monthly, at random, and observed**	Toxicology testing is not performed once clients have started medications for OUD	The program site is somewhere in between 1 and 3	Toxicology testing is performed at least monthly, but not random or observed	The program site is somewhere in between 3 and 5	Toxicology testing is performed at least monthly and at random; procedures for direct observation exist
4	**The prescription drug monitoring program (PDMP) is queried at least bi-monthly**	PDMP is not queried once clients have started medications for OUD	The program site is somewhere in between 1 and 3	PDMP is queried at least bi-monthly at time of visit in many but not all cases	The program site is somewhere in between 3 and 5	PDMP is queried at least bi-monthly at time of visit in all cases by protocol
5	**A protocol exists for random pill or film counts for clients prescribed buprenorphine**	Pill or film counts do not occur once clients are prescribed buprenorphine	The program site is somewhere in between 1 and 3	Medication counts occur variably or "for cause" once clients are prescribed buprenorphine	The program site is somewhere in between 3 and 5	A protocol exists for random pill or film counts on all clients
6	**A protocol exists, based on treatment response—including toxicology results and client report of functioning—to adjust dose, frequency of visits and toxicological monitoring**	There is no firm protocol to adjust medications for OUD based on response	The program site is somewhere in between 1 and 3	Clinical judgment is used to adjust dose, frequency of visits, and toxicology testing approach	The program site is somewhere in between 3 and 5	A systematic and protocol-driven approach (e.g. OBOT Stability Index) is used to adjust dose, frequency of visits and toxicology testing approach
7	**A systematic approach (e.g. ASAM criteria) is used to assess client functioning and social determinants; this supports treatment planning which may include additional physical or behavioral health services either within our program or at another location**	No specific approach is used to evaluate client functioning and social risk factors; no specific approach is used to guide linkage to additional services	The program site is somewhere in between 1 and 3	Clinical judgment is used to evaluate client functioning and social risk factors, and to guide linkage to additional services	The program site is somewhere in between 3 and 5	A systematic and protocol-driven approach (e.g. ASAM Criteria) is used to evaluate client functioning and social risk factors, and to guide linkage to additional services

		1 NI	2	3 PI	4	5 FI
8	**A systematic approach, such as the ASAM criteria, is used to determine need for intensive levels of care (such as intensive outpatient, residential, or hospital) and setting (methadone clinic).**	No specific approach is used to determine need for a more intensive level of care or setting	The program site is somewhere in between 1 and 3	Clinical judgment is used to determine need for a more intensive level of care or setting	The program site is somewhere in between 3 and 5	A systematic and protocol-driven approach (e.g. ASAM Criteria) is used to determine need for a more intensive level of care or setting
9	**Clients are neither encouraged nor required to taper or discontinue OUD medications after a certain period of time or once stabilized or with improved functioning**	Once clients are detoxified from opioids and stable on medications for OUD we initiate the process of tapering	The program site is somewhere in between 1 and 3	Clients who are stable on medications for OUD for at least 6 months and who are functioning well are encouraged to consider tapering from medication	The program site is somewhere in between 3 and 5	Medications for OUD are used as a stabilization and maintenance approach; clients continue on medications with positive response, including stable and improving functioning.
10	**Six-month retention rates of clients on medications for OUD are tracked to examine our program's processes**	No retention data are tracked	The program site is somewhere in between 1 and 3	Informally the program examines retention and attrition rates and refines clinical processes based on perceived trends	The program site is somewhere in between 3 and 5	Six-month retention rates are routinely gathered and used to refine clinical protocols and processes
DIMENSION 5 (D5): CARE COORDINATION						
1	**The program uses a team-based care approach to manage clients treated with medications for OUD; team members may include physicians, nurse practitioners, physician assistants, registered nurses, nurse practitioners, social workers, counselors, medical case workers, other behavioral health clinicians or counselors, peer specialists, or pharmacists; and with clearly defined, written roles and responsibilities for each member of the team**	No elements of a team-based care approach; the prescriber delivers most aspects of treatment using medications for OUD with some nursing support	The program site is somewhere in between 1 and 3	Some elements of a team-based care approach with prescribers and clinical staff working collaboratively; meetings, huddles, role specific workflows	The program site is somewhere in between 3 and 5	Many elements of a team-based care approach with an egalitarian model, individuals working to top of scope, and cohesive collaboration on client care; meetings, huddles, role specific workflows; and written roles and responsibilities for each team member

		1 NI	2	3 PI	4	5 FI
2	**A registry of clients on medications for OUD is used to track client attendance, visit planning and treatment response**	No registry of clients on medication for OUD	The program site is somewhere in between 1 and 3	Some aspects of tracking panel of clients on medication for OUD are in place; includes client list, set of tasks per visit, outreach criteria; not integrated in electronic health record or population health dashboard	The program site is somewhere in between 3 and 5	Registry of clients on OUD medications used to systematically track client attendance, visit planning and measuring treatment response; integrated with electronic health record and population health dashboard
3	**With the most common physical health, mental health, SUD and social service partners, the program has memoranda of understanding, agreements or clear understanding of methods to coordinate care, accept referrals, refer or link clients with primary care and/or specialists (e.g. addiction, psychiatry, OB/GYN) or services (e.g. DCFS, probation and parole)**	No formal relationships with other health and social service agencies commonly involved with OUD clients in the program's medication for OUD practice	The program site is somewhere in between 1 and 3	Some formal and some informal relationships with other health and social service agencies commonly involved with OUD clients in the program's medication for OUD practice	The program site is somewhere in between 3 and 5	Well-coordinated network of agreements, shared documentation, and practical definitions for referral appropriateness and care coordination
4	**Program leadership engages in regular meetings with other organizations in their geographic region to troubleshoot, improve communication and strengthen the network of care for clients on OUD medications**	No regular meetings with community coalitions or other health and social service agencies commonly involved with OUD clients in the program's medications for OUD practice	The program site is somewhere in between 1 and 3	Some formal and informal meetings with other health and social service agencies commonly involved with clients in the medications for OUD program; Some sense of shared mission across clients and organizational boundaries	The program site is somewhere in between 3 and 5	Well-coordinated network organizations represented by leadership and key frontline personnel, with shared mission of improving communication and strengthening the network in the community

		1 NI	2	3 PI	4	5 FI
DIMENSION 6 (D6): WORKFORCE						
1	**X-waivered prescriber(s) onsite at least some of the time to prescribe medications for OUD**	No x-waivered prescribers on site	The program site is somewhere in between 1 and 3	X-waivered prescribers on site and prescribing to a few clients in total (<10)	The program site is somewhere in between 3 and 5	X-waivered prescribers on site and prescribing to a larger number of clients (>30)
2	**Licensed behavioral health clinician(s) with credentials in both mental health AND addiction assessment and treatment are onsite; Have expertise to conduct evaluations, individual, group and family/couples therapies; there is expertise in integrated OUD medication for addiction treatment; Either individual clinicians have expertise in BOTH mental health AND addiction or two or more clinicians have combined expertise as a team**	No onsite behavioral health clinician involved in the medications for OUD program	The program site is somewhere in between 1 and 3	Onsite behavioral health clinician(s) perform some activities but are not key team members; expertise in mental health OR addiction assessment and treatment but not both; some expertise in medications for OUD	The program site is somewhere in between 3 and 5	Integrated behavioral health clinician with expertise in medications for OUD; expertise in both mental health AND addiction assessment and treatment approaches, and evidence-based understanding of medications for OUD
3	**Staff or volunteer affiliation with peer recovery support group network (e.g. NA, AA, MA, Al-Anon) to educate and connect clients on medications for OUD and their support persons to these resources**	No connections with peer recovery support groups in the community	The program site is somewhere in between 1 and 3	Informal efforts by some program staff to link clients on medication for OUD with peer recovery support groups in the community; some interventions focused on locating and preparing clients for meetings	The program site is somewhere in between 3 and 5	Purposeful effort, including by key clinical staff or volunteers in recovery, to connect clients and their support persons to, and affiliation with peer recovery support groups in the community
4	**Administrative support to manage registry, coordination of care, liaison with other agencies, and funders**	No non-clinical administrative support for medications for OUD program	The program site is somewhere in between 1 and 3	Administrative non-clinical support for financial activities including billing, budget monitoring and grant management	The program site is somewhere in between 3 and 5	Administrative non-clinical support for financial activities plus client registry maintenance, coordination of care, and liaison with other agencies

		1 NI	2	3 PI	4	5 FI
DIMENSION 7 (D7): STAFF TRAINING AND DEVELOPMENT						
1	**X-waivered prescribers and other clinicians are actively involved in CME or equivalent continuing education and other advanced learning opportunities focused on medications for OUD, addiction and integrated behavioral health care**	X-waivered providers/prescribers and other clinicians are minimally active in advanced learning opportunities, and hide x-waiver listing from SAMHSA directory	The program site is somewhere in between 1 and 3	X-waivered providers/prescribers and other clinicians are active in advanced learning opportunities, maintaining good clinical practice	The program site is somewhere in between 3 and 5	X-waivered prescribers and other clinicians are active and sometimes lead advanced learning opportunities; on mission to scale up medications for OUD in their organization and field
2	**All non-clinical program staff, such as administrative and support personnel, have basic training in OUD medications**	No organized training program for non-clinical staff members on OUD medications	The program site is somewhere in between 1 and 3	Optional and/or informal program to train non-clinical staff on OUD medications	The program site is somewhere in between 3 and 5	Systematic and required onboarding and/or annual training program for non-clinical staff on OUD medications
3	**All non-clinical program staff, such as administrative and support personnel, have basic training in trauma informed care**	No organized training program for non-clinical staff members on trauma informed care	The program site is somewhere in between 1 and 3	Optional and/or informal program to train non-clinical staff on trauma informed care	The program site is somewhere in between 3 and 5	Systematic and required onboarding and/or annual training program for non-clinical staff on trauma informed care
4	**All staff (clinical and non-clinical) have completed training in empathy and stigma reduction for persons on medications for OUD**	No organized training program for all staff members in empathy and stigma reduction for persons on medications for OUD	The program site is somewhere in between 1 and 3	Optional and/or informal training for all staff members in empathy and stigma reduction for persons on medications for OUD	The program site is somewhere in between 3 and 5	Systematic and required onboarding and/or annual training program for all staff members in empathy and stigma reduction for persons on medications for OUD

IMAT-BH *OUD VERSION 1.*0: SUMMARY

PROGRAM NAME: _____; DATE COMPLETED: _____

D1: INFRASTRUCTURE

1.1 ____
1.2 ____
1.3 ____
1.4 ____

M = _____

D2: CULTURE AND ENVIRONMENT

2.1 ____
2.2 ____
2.3 ____
2.4 ____

M = _____

D3. CLIENT IDENTIFICATION AND INITIATING CARE

3.1 ____
3.2 ____
3.3 ____
3.4 ____
3.5 ____
3.6 ____
3.7 ____
3.8 ____
3.9 ____
3.10 ____
3.11 ____

D3. CLIENT IDENTIFICATION AND INITIATING CARE (continued)

3.12 ____

M = _____

D4: CARE DELIVERY AND TREATMENT RESPONSE MONITORING

4.1. ____
4.2. ____
4.3. ____
4.4. ____
4.5. ____
4.6. ____
4.7. ____
4.8. ____
4.9 ____
4.10 ____

M. = _____

D5: CARE COORDINATION

5.1 ____
5.2 ____
5.3 ____
5.4 ____

M = _____

D6: WORKFORCE

6.1 ____
6.2 ____
6.3 ____
6.4 ____

M = _____

D7: STAFF TRAINING AND DEVELOPMENT

7.1 ____
7.2 ____
7.3 ____
7.4 ____

M = _____

IMAT-BH SUMMARY (n=42)

% ITEMS @NI LEVEL: _____

% ITEMS @PI LEVEL: _____

% ITEMS @FI LEVEL: _____

MEAN TOTAL IMAT-BH-SCORE:

_____