BEHAVIORAL HEALTH INTEGRATION GUIDANCE INITIATIVE
PROVIDER ADVISORY GROUP

children's health®

Enrollment Form

Thank you for your interest in joining the Behavioral Health Integration Guidance (BHIG) Initiative's Provider Advisory Group (PAG). There are a growing number of implementation efforts nationwide to expand and support the use of integrated care in pediatric primary care settings. Children's Health℠, in partnership with the Meadows Mental Health Policy Institute, have developed the BHIG PAG to support this effort across Texas.

As a member of the BHIG PAG, you will be a champion of integrated care and have the opportunity to shape the guidance and support that pediatric primary care providers in Texas receive from the BHIG Initiative. Ultimately, your contributions will play a significant role in generating large-scale and systemic improvements in how we address mental and physical health care for our state's children and youth. In addition, as a member of the BHIG PAG you will be part of a learning community where members collaborate, share best practices, and secure support from peers and our BHIG clinical team to implement elements of integrated care into your practice.

Please download and fill out the form below to indicate your interest in joining the BHIG PAG. Send the completed form to BHIG@childrens.com. Providers will be notified of their selection in mid-January. If you have any questions, please email us.

1. I am interested in participating in the BHIG Initiative Provider Advisory Group. I understand that there will be a time commitment of approximately 15 hours over the first nine months, and then not more than one hour per month thereafter.

   ○ Yes ○ No

2. I am interested in being part of a learning community of peers who will help shape the way integrated care is implemented in Texas through supporting BHIG clinician leads in the development of evidence-based guidelines and implementation supports.

   ○ Yes ○ No

3. I am interested in learning more about how to treat common behavioral health issues, such as depression, anxiety and ADHD in my practice, with guidance and support from the BHIG Initiative.

   ○ Yes ○ No

4. I am interested in learning how to implement elements of integrated care into my practice, such as a patient registry or behavioral health screenings, with guidance and support from the BHIG Initiative.

   ○ Yes ○ No

5. The best times for me to meet with BHIG Initiative clinicians and my peers in the Provider Advisory Group are (select all that apply):

   ○ Weekday mornings (7-8:30 am)
   ○ Weekday afternoons (11:30 am-1 pm)
   ○ Weekday evenings (5:30-7 pm)
   ○ Other _____

BEHAVIORAL HEALTH INTEGRATION GUIDANCE INITIATIVE
PROVIDER ADVISORY GROUP

children's health®

Participating provider information

1. Name _____ 2. Title _____

3. Direct email address _____

Clinic information

1. Name _____ 2. Website _____

3. Email _____ 4. Phone _____

5. Address _____

6. Fax _____

7. Practice type
   a. Pediatrics
   b. Family medicine
   c. Integrated (pediatrics and family medicine)
   d. Other _____

8. Parent organization (leave blank if N/A) _____

9. Practice affiliations: ACO's, hospital affiliations (leave blank if N/A) _____