



# IMPACT

## Collaborative Care Model

### Team Building Process

This tool was developed based on four years experience helping a wide variety of organizations adapt, implement, and sustain IMPACT. Our experience has taught us that clearly defining the team members and operationalizing their roles is important to success.

The IMPACT study and subsequent Implementation Center was made possible by the generous support of the John A. Hartford Foundation.

There are four steps in the team building process\*:

1. Staff Self-Assessment
2. Identify Gaps, Duplicate Services, and Staff Needs
3. Generate Work-Flow and Change Plan
4. Reassess New Process Regularly

\*this process is a **suggestion** – modify it to suit your organizational needs

There are three forms to support the four-step team building process:

- Team Building Worksheet
- Task Summary by Staff Worksheet
- Summary & Change Plan Worksheet

### Team Building Process Facilitation

First, one (or two) team member(s) should be identified to **facilitate the team building process**:

- 1) Distribute and collect completed Team Building Worksheets for each team member\*\*;
- 2) Tabulate all team member responses by completing the Task Summary by Staff Worksheet;
- 3) Facilitate a follow-up meeting after Team Building Worksheets are completed and tabulated, and document—during or after the meeting—the current status and change plans in the Summary & Change Plan Worksheet, and
- 4) Regularly revisit the Summary & Change Plan with the team to systematically review progress and adjust roles as necessary.

\*\*define team broadly: include all staff who are involved in patient care and administrative support staff as needed



## Step 1: Staff Self-Assessment

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Identify who is currently and/or wants to perform each of the collaborative care tasks.

- **Each member of the team will complete the Team Building Worksheet individually.**
- The worksheet lists 29 collaborative care tasks—for each task, individuals will respond to the following:
  1. Is it a priority task to ensure effective patient care?
  2. Is it part of the individual's role now?
  3. If not part of the individual's role now, whose role is it?
  4. What is the individual's comfort level with this role? (respondents should answer even if they are not currently doing this task)
  5. Would the individual like to continue—or start doing—this task?
  6. Does the individual need additional training for this task?
  7. Is organizational change needed? If so, what is the organizational capacity for change?
  8. Are there other important tasks that should be on this list?

## Step 2: Identify Gaps, Duplicate Services, and Staff Needs

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Map out the current team structure, based on responses to the individual Team Building Worksheets to identify gaps, duplication, and opportunities for streamlining and/or more collaboration.

- The team member(s) facilitating the team building process will **complete the Task Summary by Staff Worksheet** by:
  - ✓ Writing in the staff member's name at the top of each column marked "Staff 1", "Staff 2", etc.
  - ✓ For each of the 29 collaborative care tasks, mark the cell for each staff member currently performing a task.
  - ✓ If a task is completed via a partner agency or a referral, mark that cell (this information will not be on the Team Building Worksheets; the team member leading this process will have to find out if s/he does not already know).
- Identify gaps and duplications in tasks by examining the completed worksheet. Identify opportunities to make the processes more efficient. Think about ways to collaborate effectively and discuss critical communication and 'handoff' steps.
- Think about if and where changes are needed.



### Step 3: Generate Work-Flow and Change Plan

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**Systematically review—as a team—the results from the Team Building Worksheets and the Task Summary by Staff Worksheet, in order to plan for implementation changes and document these plans.**

- First, **discuss the completed forms as a team**. This discussion should be facilitated by the team member(s) taking the lead for this process.
  - ✓ Discuss gaps—which cells are blank?
  - ✓ Discuss duplication—which tasks are currently being performed by more people than necessary?
  - ✓ Discuss any tasks that individuals are not currently performing, but would like to start, and discuss what training or other changes are needed to facilitate this.
  - ✓ Discuss any tasks that individuals are currently performing, but would not like to continue doing and discuss possible alternative task re-assignments.
- Second, discuss the “practical ideal” you are striving for in your organization to provide the most effective care for your clients.
- Third, systematically review the list of collaborative care tasks on the Summary & Change Plan Worksheet. **For each task—or set of tasks as shown in the worksheet—document who, how, when, and where the task will be completed as part of your implementation plan. This worksheet documents your current situation plus your plans for change.**
  - ✓ Write in the individual(s) names who will be performing each task.
  - ✓ Document how the task will be changed/ accomplished. Include plans for smooth hand-offs and communication methods.
  - ✓ Document when a task is completed, in terms of patient flow (e.g. intake, initial assessment). If a task will be constrained by certain days of the week (e.g. a prescriber is only available on a certain day, or data will be entered into a registry only on certain days), indicate this.
  - ✓ Document where the task will be completed. At the clinic? At a partner agency? Through an external referral?
  - ✓ For each main category of collaborative care tasks (e.g. Identify/ Screen/ Diagnose Depression, Anxiety, & Substance Abuse), consider if there are organizational-level changes necessary for these plans. Staff training needs? Staff hires? Other needs? Additional Supervision?
  - ✓ What is the implementation timeline for each of the main categories of collaborative care tasks? Note any relevant information in the appropriate section.
- Fourth, create a quality improvement action plan.
  - ✓ Generate a workflow diagram to illustrate team collaboration.
  - ✓ Generate a patient-friendly introduction to the collaborative care team.

### Step 4: Reassess New Process Regularly

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**Revisit the Summary & Change Plan regularly (e.g., weekly) to review progress and reassess needs.**





## TEAM BUILDING WORKSHEET – STEP 1

The purpose of this Team Building Worksheet is to help you and others in your organization identify components of collaborative care that are:

- important to your mission
- already part of your program or services
- something that you want to add to your existing program or services

This worksheet is designed to be completed by:

- primary care providers (e.g. physicians, physician assistants, nurse practitioners)
- nurses
- mental health providers (e.g. psychiatrists, psychologists, social workers, counselors)
- medical assistants
- clinic administrators and managers

This worksheet lists 29 collaborative care tasks—for each task, you will respond to the following:

1. Is it a priority task for your organization's mission, to ensure effective patient care?
2. Is it part of your role now?
3. If it is not part of your role now, whose role is it?
4. What is your comfort level with this role? (answer even if you are not currently doing this task)
5. Would you like to continue—or start doing—this task?
6. Do you need additional training for this task?
7. Is organizational change needed? If so, what is the organizational capacity for change?
8. Are there other important tasks that should be on this list?

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

### What is your main job category? (check all that apply)

- Primary care provider (e.g., MD, DO, PA, NP)
- Clinic administrator
- Quality improvement
- Clinical support staff (e.g., RN, LPN, MA)
- Psychiatrist (MD)
- Psychologist
- Social worker
- Other counselor / mental health provider
- Care coordinator or care manager
- Health educator
- Health aide
- Outreach worker
- Other: \_\_\_\_\_

### What do you consider your main discipline?

- Social work
- Psychology
- Nursing
- Medicine (primary care)
- Medicine (psychiatry)
- Pastoral counseling / chaplaincy
- Other: \_\_\_\_\_

### There are four steps in the team building process\*:

- **Staff Self-Assessment**
- **Identify Gaps, Duplicate Services, and Staff Needs**
- **Generate Work-Flow and Change Plan**
- **Reassess New Process Regularly**

\*all individual staff members will first complete the staff self-assessment (Step 1), a staff member(s) identified to facilitate this process will complete Step 2, and the team will complete Steps 3 and 4 together (Step 4 as needed)

Conditions for which **you** can provide clinical care (select all that apply)

- Depression  
 Anxiety (e.g. PTSD)
  Substance Abuse  
 Other Mental Disorders



## STAFF SELF-ASSESSMENT

Your Comfort Level Now: High Med/Low  
 Would Like to Continue or Start Doing: Yes No  
 Training or Organizational Change Needed: Yes No  
 Organizational Capacity for Change: High Med/Low

If no, whose role?

Your Role Now

Priority Task

### Collaborative Care Tasks

	Priority Task		Your Role Now		If no, whose role?		Your Comfort Level Now		Would Like to Continue or Start Doing		Training or Organizational Change Needed		Organizational Capacity for Change	
	Yes	No	Yes	No	High	Med/Low	Yes	No	Yes	No	Yes	No	High	Med/Low
<b>Identify/ Screen/ Diagnose</b>														
Identify People who Need Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen for Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnose Mental & Substance Abuse Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate Referral to Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Treat/ Provide Services</b>														
Develop Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Education about Symptoms & Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Education about Medications & Side Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleasant Event Scheduling/ Behavioral Activation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based Psychotherapy (e.g. PST, CBT, IPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe Antidepressants or other Psychotropic Meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treat Coexisting Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Consultation to PCPs & Other Clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Assessment of Challenging Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Track Treatment Outcomes</b>														
Use Outcome Measurement Tools (e.g. PHQ-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up to Track Patients' Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up with Patients about Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Treatment Response in a Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facilitate Care</b>														
Cue Clinician(s) if Patient not Improving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate Team Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange Psychiatric Consultations as Needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess Need for Changes in Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange Changes in Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer to Specialty Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer to Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer to Other Specialty Services (e.g. Sub Abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Relapse Prevention Plan with Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Relapse Prevention Plan Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Support Clinicians &amp; Care Managers</b>														
Provide or Ensure Administrative Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide or Ensure Clinical Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# IMPACT TEAM BUILDING -TASK SUMMARY BY STAFF

## STEP 2



Collaborative Care Tasks <i>Please mark an x below where appropriate</i>	Staff							Partner Agency	Referral	Total	Changes Needed
	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7				
<b>Identify/ Screen/ Diagnose</b>											
Identify People Who Need Help											
Screen for Symptoms											
Diagnose Mental & Substance Abuse Disorders											
Facilitate Referral to Treatment											
<b>Treat/Provide Services</b>											
Develop Treatment Plan											
Patient Education about Symptoms & Treatment											
Patient Education about Medications & Side Effects											
Pleasant Event Scheduling/ Behavioral Activation											
Evidence-based Psychotherapy (e.g. PST, CBT)											
Prescribe Antidepressants or other Psychotropic Meds											
Treat Coexisting Medical Conditions											
Psychiatric Consultation to PCPs & Other Clinicians											
Psychiatric Assessment of Challenging Patients											
<b>Track Treatment</b>											
Use Outcome Measurement Tools (e.g. PHQ-9)											
Follow-up to Track Patients' Symptoms											
Follow-up with Patients about Adherence											
Record Treatment Response in a Registry											
<b>Facilitate</b>											
Cue Clinician(s) if Patient not Improving											
Coordinate Team Communication											
Arrange Psychiatric Consultations as Needed											
Assess Need for Changes in Treatment Plan											
Arrange Changes in Treatment Plan											
Refer to Specialty Mental Health											
Refer to Social Services											
Refer to Other Specialty Services (e.g. Sub Abuse)											
Complete Relapse Prevention Plan with Patient											
Support Relapse Prevention Plan Implementation											
<b>Support Caseloads</b>											
Provide or Ensure Administrative Support											
Provide or Ensure Clinical Supervision											



## STEP 2

## IMPACT TEAM BUILDING -TASK SUMMARY BY STAFF

# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3



IDENTIFY/ SCREEN/ DIAGNOSE					
Collaborative Care Tasks	Who	How	When	Where	
Identify People Who Need Help	Name/Discipline	Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	<b>Patient Flow</b> <input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify:	<b>Specify Days</b> (if select days of the week only)	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify:
Screen for Symptoms			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify:		<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify:
Diagnose Mental & Substance Abuse Disorders			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify:		<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify:
Facilitate Referral to Treatment			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify:		
<b>Needs for Implementation</b> <input type="checkbox"/> Organizational-level, e.g. Role Reassignment <input type="checkbox"/> Staff Training <input type="checkbox"/> Staff Hires <input type="checkbox"/> Other specify: <input type="checkbox"/> Additional Supervision	Notes				
Timeline:					

# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3



# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3



TREAT/PROVIDE SERVICES					
Collaborative Care Tasks	Who	How	When	Where	
	Name/Discipline	Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	Specify Days (if select days of the week only)		
Develop Treatment Plan				<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(S) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Patient Education about Symptoms & Treatment				<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(S) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Patient Education about Medications & Side Effects				<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(S) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Pleasant Event Scheduling/Behavioral Activation				<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(S) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Evidence-based Psychotherapy (e.g. PST, CBT)				<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(S) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Prescribe Antidepressants or other Psychotropic Meds				<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(S) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Treat Coexisting Medical Conditions					<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____



# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3

Collaborative Care Tasks	Who		How Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	When		Where
	Name/Discipline			Patient Flow	Specify Days (if select days of the week only)	
Psychiatric Consultation to PCPs & Other Clinicians						<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Psychiatric Assessment of Challenging Patients				<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify: _____		<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Notes						
<b>Needs for Implementation</b> <input type="checkbox"/> Organizational-level, e.g. Role Reassignment <input type="checkbox"/> Staff Training <input type="checkbox"/> Staff Hires <input type="checkbox"/> Other specify: _____ <input type="checkbox"/> Additional Supervision						
Timeline:						

# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3



TRACK TREATMENT OUTCOMES					
Collaborative Care Tasks	Who	How	When	Where	
Use Outcome Measurement Tools (e.g. PHQ-9)	Name/Discipline	Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	<b>Patient Flow</b> <input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(S) <input type="checkbox"/> Other specify:	<b>Specify Days</b> (if select days of the week only)	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify:
Follow-up with Patients about Symptoms					<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify:
Follow-up with Patients about Adherence					<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify:
Record Treatment Response in a Registry					<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify:
<b>Needs for Implementation</b> <input type="checkbox"/> Organizational-level, e.g. Role Reassignment <input type="checkbox"/> Staff Training <input type="checkbox"/> Staff Hires <input type="checkbox"/> Other specify: <input type="checkbox"/> Additional Supervision	Notes				
Timeline:					

# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3



# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3



FACILITATE CARE					
Collaborative Care Tasks	Who	How	When	Where	
	Name/Discipline	Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	Patient Flow	Specify Days (if select days of the week only)	
Cue Clinician(s) if Patient not Improving					
Coordinate Team Communication					
Arrange Psychiatric Consultations as Needed			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____	
Assess Need for Changes in Treatment Plan					
Arrange Changes in Treatment Plan					
Refer to Specialty Mental Health			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____	
Refer to Social Services			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____	



# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3

Collaborative Care Tasks	Who Name/Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	When Specify Days (if select days of the week only) Patient Flow	Where
Refer to Other Specialty Services (e.g. Substance Abuse)			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Complete Relapse Prevention Plan with Patient				<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
Support Relapse Prevention Plan Implementation				<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify: _____
<b>Needs for Implementation</b> <input type="checkbox"/> Organizational-level, e.g. Role Reassignment <input type="checkbox"/> Staff Training <input type="checkbox"/> Staff Hires <input type="checkbox"/> Other specify: _____ <input type="checkbox"/> Additional Supervision	Notes			
Timeline:				

# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3



SUPPORT CASELOADS					
Collaborative Care Tasks	Who	How	When	Where	
Provide or Ensure Administrative Support	Name/Discipline	Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	Patient Flow	Specify Days (if select days of the week only)	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Other specify:
Provide or Ensure Clinical Supervision	Notes				
Needs for Implementation					
<input type="checkbox"/> Organizational-level, e.g. Role Reassignment <input type="checkbox"/> Staff Training <input type="checkbox"/> Staff Hires <input type="checkbox"/> Other specify:					
<input type="checkbox"/> Additional Supervision  Timeline:					

# IMPACT TEAM BUILDING - SUMMARY & CHANGE PLAN

## STEP 3

