

### STEP 3: TEAM BUILDING & WORKFLOW GUIDE **Clinical Workflow Plan**

IDENTIFY AND ENGAGE PATIENTS				
COLLABORATIVE CARE TASKS	WHO Name / Discipline	HOW Process (Including Hand-offs) & Communication Methods (e.g., telephone, mail)	WHEN In terms of patient flow and time constraints	WHERE Clinic? Partner agency? Through an external referral?
Identify People Who May Need Help				
Screen for Behavioral Health Problems Using Valid Measures				
Diagnose Behavioral Health Disorders				
Engage Patient in Collaborative Care Program and Introduce Care Team				
<b>Needed Organization-Level Changes</b> <input type="checkbox"/> Staff Hires <input type="checkbox"/> Staff Training <input type="checkbox"/> Clinical Supervision <input type="checkbox"/> Administrative Supervision <input type="checkbox"/> Other Resources needed	<b>Notes:</b>			

**INITIATE AND PROVIDE TREATMENT**

COLLABORATIVE CARE TASKS	WHO Name / Discipline	HOW Process (Including Hand-offs) & Communication Methods (e.g., telephone, mail)	WHEN In terms of patient flow and time constraints	WHERE Clinic? Partner agency? Through an external referral?
Perform Behavioral Health Assessment				
Develop & Update Behavioral Health Treatment Plan				
Patient Education about Symptoms & Treatment Options				
Prescribe Psychotropic Medications				
Patient Education about Medications & Side Effects				
Brief Counseling, Activity Scheduling, Behavioral Activation				
Evidence-based Psychotherapy (e.g., PST, CBT, IPT)				

**INITIATE AND PROVIDE TREATMENT (CONTINUED)**

COLLABORATIVE CARE TASKS	WHO Name / Discipline	HOW Process (Including Hand-offs) & Communication Methods (e.g., telephone, mail)	WHEN In terms of patient flow and time constraints	WHERE Clinic? Partner agency? Through an external referral?
Identify & Treat Coexisting Medical Conditions				
Facilitate Referral to Specialty Care or Social Services				
Create & Support Relapse Prevention Plan				
<p><b>Needed Organization-Level Changes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff Hires</li> <li><input type="checkbox"/> Staff Training</li> <li><input type="checkbox"/> Clinical Supervision</li> <li><input type="checkbox"/> Administrative Supervision</li> <li><input type="checkbox"/> Other Resources needed</li> </ul>	<p><b>Notes:</b></p>			

**TRACK TREATMENT OUTCOMES**

COLLABORATIVE CARE TASKS	WHO Name / Discipline	HOW Process (Including Hand-offs) & Communication Methods (e.g., telephone, mail)	WHEN In terms of patient flow and time constraints	WHERE Clinic? Partner agency? Through an external referral?
Track Treatment Engagement & Adherence using Registry				
Reach out to Patients who are Non-adherent or Disengaged				
Track Patients' Symptoms with Measurement Tool (e.g., PHQ-9)				
Track Medication Side Effects & Concerns				
Track Outcome of Referrals & Other Treatments				
<b>Needed Organization-Level Changes</b> <input type="checkbox"/> Staff Hires <input type="checkbox"/> Staff Training <input type="checkbox"/> Clinical Supervision <input type="checkbox"/> Administrative Supervision <input type="checkbox"/> Other Resources needed	<b>Notes:</b>			

**PROACTIVELY ADJUST TREATMENT IF PATIENTS ARE NOT RESPONDING**

COLLABORATIVE CARE TASKS	WHO Name / Discipline	HOW Process (Including Hand-offs) & Communication Methods (e.g., telephone, mail)	WHEN In terms of patient flow and time constraints	WHERE Clinic? Partner agency? Through an external referral?
Assess Need for Changes in Treatment				
Facilitate Changes in Treatment / Treatment Plan				
Provide Caseload-Focused Psychiatric Consultation				
Provide In-Person Psychiatric Assessment of Challenging Patients				
<b>Needed Organization-Level Changes</b> <input type="checkbox"/> Staff Hires <input type="checkbox"/> Staff Training <input type="checkbox"/> Clinical Supervision <input type="checkbox"/> Administrative Supervision <input type="checkbox"/> Other Resources needed	<b>Notes:</b>			

**OTHER TASKS IMPORTANT FOR OUR PROGRAM (ADD AS NEEDED)**

COLLABORATIVE CARE TASKS	WHO Name / Discipline	HOW Process (Including Hand-offs) & Communication Methods (e.g., telephone, mail)	WHEN In terms of patient flow and time constraints	WHERE Clinic? Partner agency? Through an external referral?
Coordinate Communication Among Team Members / Providers				
Administrative Support for Program (e.g., Scheduling, Resources)				
Clinical Supervision for Program				
Training of Team Members in Behavioral Health				
<b>Needed Organization-Level Changes</b> <input type="checkbox"/> Staff Hires <input type="checkbox"/> Staff Training <input type="checkbox"/> Clinical Supervision <input type="checkbox"/> Administrative Supervision <input type="checkbox"/> Other Resources needed	<b>Notes:</b>			