

	1 Minimal Collaboration	2 Basic Collaboration at Distance	3 Basic Collaboration On-Site	4 Close Collaboration/ Partly Integrated	5 Fully Integrated/Merged
Access to Services	Two front doors; consumers go to separate sites and organizations for services	Two front doors; cross system conversations on individual cases with signed releases of information	Separate reception; but accessible at same site; easier collaboration at time of service	Same reception; some joint service provided with two providers with some overlap	One reception area where appointments are scheduled; usually one health record, one visit to address all needs; integrated provider model
Clinical Service Provision	Separate and distinct services and treatment plans; two physicians prescribing	Separate and distinct services with occasional sharing of treatment plans	Two physicians prescribing with consultation; two treatment plans but routine sharing on individual plans	One or Two physicians prescribing for consumers w/ some treatment plan integration, but not consistently with all consumers	One treatment plan with all consumers, one site for all services; ongoing consultation and involvement in services; one physician prescribing for one set of lab work
Funding	Separate systems and funding sources, no sharing of resources	Separate funding systems; both may contribute to one project	Separate funding, but sharing of some on-site expenses	Separate funding with shared on-site expenses, shared staffing costs and infrastructure	Integrated funding, with resources shared across needs; maximization of billing and support staff; potential new flexibility

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Governance	Separate systems with little or no collaboration; consumer is left to navigate the chasm	Two governing Boards; line staff work together on individual cases	Two governing Boards with Executive Director collaboration on services for groups of consumers (e.g. high utilizers)	Two governing Boards that meet together periodically to discuss mutual issues	One Board with equal representation from each partner
Use of Evidence-Based Practice	Individual EBP's implemented in each system	Two providers, some sharing of information but responsibility for care cited in one clinic or the other	Some sharing of EBP's around high utilizers; some sharing of knowledge across disciplines	Sharing of EBP's across systems; joint monitoring of health conditions for some consumers, joint EBP training	EBP's (e.g. Motivational Interviewing, diabetes prevention or management) are standard services
Data/ Information Technology	Separate systems, often paper-based, little if any sharing of data	Separate datasets, some discussion about linking data systems or regular sharing	Separate datasets; some collaboration on individual cases	Separate datasets, some collaboration around some individual cases; maybe some aggregate data sharing on population groups	Fully integrated, (electronic) health record with information available to all practitioners on need to know basis; data collection from one source

Reynolds, K. revision of Doherty, W. J., McDaniel, S. H., Baird, M. A. (1996). Five levels of primary care/behavioral healthcare collaboration. *Behavioral Healthcare Tomorrow*, October, 25-28.