

Integrated Mental Health Care Team Building Process

This team building tool was developed based on experience helping more than 500 organizations adapt, implement, and sustain evidence-based collaborative care for common mental disorders. Our experience has taught us that for integrated care programs to succeed, clinics need to clearly define the roles of all team members and create an effective 'shared workflow' that makes optimal use of existing staff resources and meets the behavioral health needs of the unique patient population served by each clinic.

There are five steps in the team building process:

1. Conduct a Staff Self-Assessment with Individual Staff Members
2. Identify Gaps, Duplicate Services, and Training Needs
3. Create a Customized Integrated Behavioral Health Care Work-Flow for your Practice
4. Generate an Implementation Plan and Timeline
5. Track program Outcomes and Adjust as necessary

There are three worksheets to support this team building process:

- Staff Self Assessment
- Task Summary by Staff Member
- Team Building Summary & Change Plan

Facilitation of Integrated Care Team Building Process

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.
- 4) Create an implementation plan and timeline
- 5) Regularly revisit the Summary & Change Plan with the team to review progress and adjust roles as necessary.

*For the purpose of this team building process, define the integrated care team broadly: include all clinical staff who are involved (including primary care providers) and administrative support staff

Step 1: Staff Self-Assessment

Identify who will perform each of the collaborative care tasks.

- **Each member of the team will complete the Team Building Worksheet individually.**
- The worksheet lists several collaborative care tasks—for each task, individuals will answer:
 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 organization's capacity with regards to this task?
 5. What is the individual's comfort level with this role? (respondents should answer even if they are not currently doing this task)
 6. Would the individual like training to learn or improve their capacity to perform this task?
 7. Are there other important tasks that should be on this list?

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

Map out the current team structure and activities, 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 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 and Integrated Work-Flow and Change Plan

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.

Step 4: Create an Implementation Plan and Timeline

- Fourth, create a quality improvement action plan with designated champions / sponsors, process owners, and a detailed timeline
- Create materials to introduce the Integrated Care Team to patients (see pp. 4-5 below).
- Create clinic-specific protocols for
 - ✓ **Psychiatric Emergencies (e.g., what to do if a suicidal patient presents in clinic)**
 - ✓ **Communication among team members (e.g., how will you ensure that recommendations from psychiatric consultants are effectively communicated to the primary care provider)**

Step 5: Reassess New Process Regularly

Revisit the Summary & Change Plan regularly (e.g., monthly) to review progress and make adjustments in the program as needed to get desired results. Focus reviews on

- Number of clients served in the integrated program
- Number and proportion of clients who receive initial assessments, follow-up assessments, and psychiatric consultation if they are not improving as expected.
- Number and percent of clients who show clinical improvement as measured at the client level.

Conditions for which you plan to provide clinical care (select all that apply)

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

STAFF SELF-ASSESSMENT

AIMS CENTER

Advancing Integrated Mental Health Solutions

Integrated Care Tasks

Is This A
Priority Task?

Is This Your
Role Now?

If No, Whose Role?

Your Organization's
Capacity with This
Task?

Your Level of
Comfort with This
Task

Would You Like
Training to Perform
This Task?

Integrated Care Tasks	Yes	No	Yes	No	If No, Whose Role?	High	Med/Low	High	Med/Low	Yes	No
Identify and Engage Patients											
Identify People Who May 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"/>
Screen for Behavioral Health Problems Using Valid Measures	<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 Behavioral Health 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"/>
Engage Patient in Integrated Care Program	<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"/>
Initiate and Provide Treatment											
Perform Behavioral Health Assessment	<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"/>
Develop & Update 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"/>
Patient Education about Symptoms & Treatment Options	<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 Psychotropic Medications	<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"/>
Brief Counseling, Activity 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"/>
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"/>
Identify and 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"/>
Facilitate Referral to Specialty Care or 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"/>
Create and Support Relapse Prevention 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"/>
Track Treatment Outcomes											
Track Treatment Engagement and Adherence using 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"/>
Reach out to Patients who are Non-adherent or Disengaged	<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"/>
Track Patients' Symptoms with Measurement Tool (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"/>
Track Medication Side Effects & Concerns	<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"/>
Track Outcome of Referrals and Other Treatments	<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"/>
Adjust Treatment if Patients are Not Responding											
Assess Need for Changes in 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"/>
Facilitate Changes in Treatment / 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"/>
Provide Caseload-Focused Psychiatric Consultation	<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 in Person 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"/>
Other Tasks Important for Our Program (add tasks as needed)											
Coordinate Communication Among Team Members / Providers	<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"/>
Administrative Support for Program (e.g., Scheduling, Resources)	<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"/>
Clinical Supervision for Program	<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"/>
Training of Team Members in Behavioral 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"/>
1.	<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"/>
2.	<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"/>
3.	<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"/>

AIMS TEAM BUILDING – TASK SUMMARY BY STAFF

STEP 2

Integrated Care Tasks <i>Please mark an x below where appropriate Name:</i>	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Partner Agency	Referral Agency	Total #	Changes Needed
Identify and Engage Patients											
Identify People Who May Need Help											
Screen for Behavioral Health Problems											
Diagnose Behavioral Health Disorders											
Engage Patient in Integrated Care Program											
Initiate and Provide Treatment											
Perform Behavioral Health Assessment											
Develop and 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)											
Identify and Treat Coexisting Medical Conditions											
Facilitate Referral to Specialty Care or Social Services											
Create and Support Relapse Prevention Plan											
Track Treatment Outcomes											
Track Treatment Engagement and 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 and Other Treatments											
Adjust Treatment if Patients are Not Responding											
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											
Other Tasks Important for Our Program (add tasks as needed)											
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											
1.											
2.											
3.											

IDENTIFY AND ENGAGE PATIENTS				
Integrated Care Tasks	Who Name / Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	When	Where
Identify People Who May Need Help				
Screen for Behavioral Health Problems				
Diagnose Behavioral Health Disorders				
Engage Patient in Integrated Care Program				
Needs for Implementation <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	Notes			
Timeline:				

INITIATE AND PROVIDE TREATMENT				
Integrated Care Tasks	Who Name / Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	When	Where
Perform Behavioral Health Assessment				
Develop and 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)				
Identify and Treat Coexisting Medical Conditions				

AIMS TEAM BUILDING – SUMMARY & CHANGE PLAN

STEP 3

Integrated Care Tasks	Who Name / Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	When	Where
Facilitate Referral to Specialty Care or Social Services				
Create and Support Relapse Prevention Plan				
Needs for Implementation <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	Notes			
Timeline:				

TRACK TREATMENT OUTCOMES				
Integrated Care Tasks	Who Name / Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	When	Where
Track Treatment Engagement and 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 and Other Treatments				
Needs for Implementation <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	Notes			
Timeline:				

ADJUST TREATMENT IF PATIENTS ARE NOT RESPONDING				
Integrated Care Tasks	Who Name / Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	When	Where
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				
Needs for Implementation <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	Notes			
Timeline:				

OTHER TASKS IMPORTANT FOR OUR PROGRAM (ADD TASKS AS NEEDED)				
Integrated Care Tasks	Who Name / Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, mail)	When	Where
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				
1.				
2.				
3.				
Needs for Implementation <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	Notes			
Timeline:				