

The successful execution of Collaborative Care (CoCM) programs require participation from a team of clinical and administrative staff to deliver, monitor, and supervise the evidence-based model of care. While workforce changes are inevitable, preparation can help ensure these transitions are smooth and successful. **Use the check boxes to ensure the appropriate infrastructure is in place.** Click the embedded links, underlined, to review corresponding resources.

## What Staff Are Needed for CoCM Programs?

### Clinical Staff

The following staff are responsible for delivering CoCM services. The model uses the strengths of each team member to optimize patient care.

- [Behavioral Health Care Manager\(s\) \(BHCM\)](#)
- [Psychiatric Consultant\(s\)](#)
- Primary Care Provider (PCP) Champion
- Auxiliary Staff (e.g., Medical Assistants, Community Health Workers, Peer Support Specialists)

### Administrative Staff

The following staff are responsible for monitoring and overseeing the delivery of CoCM services. The roles of the clinical supervisor, program manager, or quality improvement coordinator may be played by one or more individuals.

- Clinical Supervisor (behavioral health clinical experience is strongly encouraged)
- Program Manager
- Quality Improvement Coordinator
- Clerical Staff

## What Meetings Facilitate Successful Oversight?

It is easy to lose track of regular meetings when programs are undergoing change. These meetings are important to ensuring patients, the caseload, and the overall program are appropriately monitored.

**Block time for attendees to participate in the following meetings:**

- Panel Review** – Weekly  
Attendees: BHCM and Psychiatric Consultant  
[Guide to Conducting Panel Review](#)
- Caseload Review** – Quarterly\*  
Attendees: BHCM and Clinical Supervisor; Psychiatric Consultant, as able  
[Guide to Conducting Caseload Review](#)
- Program Review** – Quarterly\*  
Attendees: BHCM, Clinical Supervisor, Program Manager, Quality Improvement Coordinator;  
Psychiatric Consultant, other leadership (as able and appropriate)  
[Guide to Conducting Program Review](#)

\* This is the minimum frequency. Activities may occur more frequently during initial rollout stages.

### Behavioral Health Care Manager (BHCM)

#### Roles and Responsibilities:

The BHCM is a licensed behavioral health professional (e.g., clinical social worker or nurse) who will manage a caseload of patients. They will work with the PCP to facilitate patient engagement and education, perform structured outcomes-based assessments (e.g., PHQ-9, GAD-7), systematically track treatment using a population health patient registry, provide brief behavioral interventions, support medication management, and engage patients in relapse prevention planning. Additionally, they will regularly review their caseload with the psychiatric consultant to ensure all patients receive proactive and tailored treatment recommendations.

#### Projected Training Timeline:

The duration of training will depend on the staff member's previous experience with behavioral health care and practicing CoCM.

**We recommend engaging the BHCM in part-time training three months before they begin to provide CoCM services, and continuing education for an additional six months afterward.**

#### Training Resources:

- [Skills Assessment and Training Plan](#)
- [A Week in the Life](#)
- [Training Website](#)

#### Additional Notes:

Working as a BHCM within CoCM is a unique role that may not be the best fit for everyone. When hiring a new BHCM, reflect on the interpersonal characteristics that will allow this staff member to work well within this team-based model of care.

- [Job Descriptions](#)

### Psychiatric Consultant

#### Roles and Responsibilities:

The Psychiatric Consultant will support the PCP and BHCM by regularly reviewing cases with the BHCM in regular panel review sessions, specifically patients who are new, not improving, or would benefit from medication adjustments.

#### Projected Training Timeline:

Identifying and credentialing a psychiatric consultant may be challenging. Plan to engage in these activities as soon as possible once a new psychiatric consultant is needed. **Training activities will take approximately 10 hours to complete.**

- [Professional Services Agreement](#)

#### Training Resources:

- [Training Website](#)
- [Training Plan](#)
- [How Do I Document on CoCM Patients?](#)

## Primary Care Provider (PCP)

### Roles and Responsibilities:

The Primary Care Provider (PCP) oversees all aspects of a patient's care, diagnose behavioral health concerns, prescribe medications, and adjust treatment following consultation with the BHCM and the psychiatric consultant. The PCP remains the team lead and will decide whether or not to incorporate recommendations from the consulting psychiatrist.

### Projected Training Timeline:

**We recommend engaging new PCPs no more than one month before beginning to provide CoCM services.** Additional training should be provided as appropriate and desired.

### Training Resources:

- [Collaborative Care Basics](#)
- [How to Talk to Patients about Collaborative Care](#)

### Additional Notes:

A refresher may be beneficial for new and existing PCPs. At an upcoming meeting share recent outcomes and refresh PCPs on the goal of the program, appropriate referral processes, and patient success stories.

## Clinical Supervisor

### Roles and Responsibilities:

The clinical supervisor will provide clinical oversight for the BHCM(s) working within the CoCM program, specifically related to behavioral health practices.

### Projected Training Timeline:

Training activities for a new clinical supervisor may take one month, depending on additional responsibilities. It is highly recommended that this staff member has experience delivering behavioral healthcare. It is imperative this staff member has a sound understanding of the clinical aspects of the model and thus should engage in shadowing activities whenever possible.

### Training Resources:

- [Training Plan](#)
- [Caseload Review Guide](#)

### Additional Notes:

This staff member may also serve as the program manager or quality improvement coordinator.

## Program Manager

### Roles and Responsibilities:

The program manager should have a sound operational understanding of CoCM. They will assist the BHCM(s) in managing the caseload from a population health perspective and guide the effective and efficient delivery of CoCM services.

### Projected Training Timeline:

We recommend allowing

### Training Resources:

- [Program Review Meeting Guide](#)
- [Quality Improvement Resources](#)
- [Sustainability and Billing Resources](#)

### Additional Notes:

This staff member may also serve as the clinical supervisor or quality improvement coordinator.

## Quality Improvement Coordinator

### Roles and Responsibilities:

The quality improvement coordinator will help monitor and evaluate the success of the CoCM program.

### Projected Training Timeline:

No specific timeline is referenced. This team member should become familiar with the monitoring and evaluation processes for the CoCM program, specifically as it is integrated with overall monitoring for the health center. It is also helpful for this team member to have a basic understanding of the model.

### Training Resources:

- [Quality Improvement Resources](#)
- [Collaborative Care Basics](#)

### Additional Notes:

Monitoring processes may be highly individualized for each clinic, specifically electronic health record and patient registry platform. Ensure an appropriate transition period is provided for staff leaving and entering this role.