

Team Meeting Template User Manual

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Overview and Tips

Weekly team meetings are an essential part of coordination of care. In each team meeting participant's goals, strengths, and successes are reviewed, challenges with engagement or barriers to care including family engagement are discussed, and risk and safety concerns are highlighted and addressed. The team meeting template provides a clear structure to ensure ongoing treatment coordination across all team members. The template may be tailored to specific team needs to ensure it is efficient and effective.

During the Team Meeting

Team Practices:

- All team members attend the full team meeting weekly even if there are no active participants in the program.
- For teams with no active participants, meetings should occur weekly to discuss community outreach and education strategic planning, including building partnerships across organizations, referrals, and program development.
- For teams with active participants, each team member contributes to service coordination across all spreadsheet categories during the team meeting, regardless of their indirect or direct service involvement with the EASA participant and their family members/supports for the week.
- Each EASA participant should receive service coordination across all spreadsheet categories for an equal amount of time during each team meeting.
- If a team member is going to be absent from a team meeting, they are encouraged to send information to the team ahead of time regarding the tasks related to their role for the upcoming week.
- If a specific role is not included as part of the team (for example, occupational therapy or peer support), or the individual in that team role is absent that week, the team discusses and determines who will cover the tasks related to that role for the upcoming week.
- To ensure all team members and participants are represented in each meeting, it is recommended that teams alternate the rotation of the order of discussion so that everyone has the opportunity to take the lead and contribute equally. One suggestion for this is to change the rotation of participant order, such as alternate participants who have been in the program the longest one week and then those who are newest to the program the next week. It is also recommended to alternate the order in which team members share updates to support equal participation of each team member. It can be beneficial to assign the role of scribe to someone who is not a supervisor/team lead so that the supervisor/team

lead can facilitate the team meeting. Each team should decide what will work best for them in terms of roles of facilitator and scribe.

Template Tips:

- “Success/Progress, Challenges, Next Steps” Section: Ensure that each of the three items - “Success/Progress, Challenges, Next Steps” - are addressed during the meeting. Focusing on successes, values, and strengths promotes person-centered treatment planning and coordination while also addressing challenges and outlining specific next steps for each team member.
- It is recommended that teams create a new sheet for each week instead of a new document. This will allow for easier week-to-week monitoring where all information is in one place. See “Creating New Sheets for Next Meeting” section for instructions.
- If more than 3-4 minutes is needed to discuss a specific EASA Participant, clinical disagreements arise, there is no information added to the same category for 2 weeks in a row, or if there are no updates at all for an EASA Participant for 2 weeks in a row a separate meeting should be scheduled to discuss what needs to be addressed in more detail. There is a check box in the upper-left corner of each participant’s name cell in the template that can be marked as a helpful reminder to return to the discussion and make a plan as a team for further discussion if one of the above criteria is met.

Identifying Participant “Engagement Level”

Improving and maintaining participant engagement is one of the most important factors in delivering quality care. Some studies show that young people receiving specialized early psychosis intervention care have disengagement rates of 20-40% (Lai et al., 2015). A core EASA philosophy is the deliberate pattern of practice of engaging participants and their family members and supports in ways that are tailored to their specific needs, values, and norms in order to support wellness and recovery. By focusing on the participant and family’s goals, values, culture, and priorities, teams can build and sustain strong participant and family engagement.

This tool can be utilized to assess and monitor participant engagement and identify any barriers or challenges that may arise related to engagement. When teams identify a decrease in engagement and there is not enough time during the meeting to discuss engagement strategies as a team, check the box at the top-left corner of the participant’s name cell and schedule a follow up team meeting to brainstorm and problem-solve.

There are some potential markers of engagement levels below. Teams may also choose to utilize different metrics, such as the number of recently missed appointments, last date of contact, etc. Discussions regarding engagement or lack thereof should be

focused on participant strengths and values, addressing barriers to engagement, and creativity in engagement strategies. Eliciting routine formal and informal participant and family member feedback is a critical element of engagement in care.

Engagement Levels

High = keeping appointments, staying in frequent contact with at least one team member, having at least one participant identified treatment goal that they are working towards

- Keep it up! Depending on how long the participant has been in the program and the progress being made, the team may be able to start transition planning (transition planning typically takes place at least 4-6 months prior to discharge) and independence building during this time depending on participant and family preference and needs.

Medium = some participation with participant identified treatment goal(s). Rapport building may be in process and the team may be utilizing natural supports to help connect with the participant.

- Engage with the participant based on their preferences. For example, offer flexible scheduling, meet them at their preferred location, and/or have different team members reach out whenever possible.
- Use creative means to engage. Traditional treatment goals like symptom reduction may be tabled initially while your team focuses on building rapport and engagement. Follow participant lead and offer to do activities together that the participant enjoys or has shown interest in.

Low = can't find/reach. Participant is not responding to various forms of outreach from different team members. Participant is missing most, or nearly all, appointments. Most, if not all, team contact is with natural support(s).

- Continue assertive outreach with multiple types of attempts (phone, email, text, drop-in, etc.)
- Ensure family members/supports are aware of the participant's crisis plan and crisis resources following applicable agency policies and procedures and consent laws. Ensure that family members and supports are aware of resources on the EASA website, including the "Family and Friends Manual" and ensure they have access to crisis and other resources if needed.

Identifying Participant "Risk Level"

An up-to-date comprehensive risk assessment is required across all domains for EASA participants. The EASA comprehensive risk assessment (linked in Reference and Resources section) is a living document. It must be completed with all participants unless it is a barrier to the participant engaging in care. It should be routinely revisited

throughout EASA treatment. The EASA comprehensive risk assessment does not replace behavioral health assessments.

When there are identified items of risk for any EASA participant, a detailed crisis and/or safety plan should be developed or revisited and updated with the participant, their family members, and supports with participant consent. Evaluating and planning for potential risks across categories should be initiated during the screening process, updated at entry into the program, and evaluated as needed, based on you and your EASA team's discretion and clinical decision-making during the course of EASA. Comprehensive risk assessments must be updated prior to transition from the EASA program.

Risks can come in many forms – mental health symptoms, physical health issues, hospitalizations, etc. In discussing a participant's risk factors, consider the following items:

- Suicidality/ homicidality levels
- High risk or disorganized behaviors
- Loss of relationships or increasingly conflictual relationships (friends, intimate partners, family members)
- Substance use/misuse
- Recent hospitalizations
- Interactions with law enforcement and/or the legal system

Risk Levels

Low = things are going well. Few, if any, risk markers.

- Focus on wellness/relapse prevention planning, continuing to build independent living skills and continuing to provide education and support for participant and family members/supports
- Continue building and strengthening coping skills through practice.

Medium = “yellow flags” are showing up, some increase in symptoms, including disorganized behavior patterns, reduced engagement with the team, participant appears to need more support

- Revisit wellness/ relapse prevention plans
- Conduct crisis and suicide assessments routinely as clinically indicated
- Revisit and strengthen crisis plans, ensure family members and supports are involved with participant consent. More active and assertive practice with coping and crisis management skills.

High = yellow flags have turned red. There are immediate concerns and substantial barriers to wellness. Safety of self or others may be at risk.

- Review crisis plan, update in the moment as needed.
- Collaborate as a team with participant, family members, supports, crisis services, and/or law enforcement as needed to minimize trauma that may come from any hospitalizations or interactions with law enforcement.

Using and Customizing the Template

Choosing the Right Template for Your Team

Teams are encouraged to review and try out the templates to determine which is the best fit for their team. The templates each capture the same information, however, each one has its unique benefits for meeting facilitation.

Domain-Based

- May be good for smaller teams where staff are covering different roles/tasks
- More focused on wellness/relapse prevention domains
- Allows for documenting flexibility in terms of which team members are assisting with which goals

Included Domains with Example Topics

- Mental Health: wellness, activities of daily living, symptoms, coping skills, cognitive and sensory needs, substance use/misuse
- Physical Health: nutrition, physical activity/movement, sleep, tobacco use, sexual health, chronic or acute illnesses, nutritional supplements
- Social: friends, hobbies, dating, classmates/coworkers, leisure, recreation, community involvement
- Case Management: health insurance, housing, transportation, food, access to community resources
- Family/Natural Supports: Engagement with family members, participant consent to include family members in treatment, structured family psychoeducation including joining sessions, educational workshop and Multifamily Groups (MFG)/ Single-family interventions, family therapy, family support groups
- Psychiatric/Medication Management: side effects, medication adherence, starting/reducing/discontinuing medications, difficulty obtaining medications
- Spiritual/Cultural: identity development, spiritual/cultural identity and needs (for example: upcoming religious holidays that may affect capacity or availability (e.g. fasting and disrupted sleep during Ramadan)
- Education: accommodations, attendance, grades, search and enrollment support needs, financial assistance, scholarships
- Employment: benefits, accommodations, attendance, search and application support needs, ongoing follow along support
- Transition Planning: EASA transition checklist³ items, post-EASA resources, graduation celebration, continued involvement in MFG or other groups after graduation, agency or systemic barriers related to transition areas

While not listed as separate domains, ensure the team discusses family psychoeducation including MFG/single-family interventions, other group participation, and substance use/misuse. The domain list can also be edited to include these items separately if your team prefers.

Role-Based

- May work well for teams with multiple people in one role (for example, a large team that includes several therapists)
- Allows for focus on assigning tasks/areas to specific team members

If a specific role is not part of the team (e.g. occupational therapist, nurse, case manager, peer support specialist) discuss and determine who will cover the tasks related to that role for the upcoming week.

Automatic Formulas and Color Coding

Automatic color coding is programmed into the form for easy identification of important upcoming or past-due dates to assist in planning for transition, and upcoming outcomes assessment. These are also in place for easy visual identification of participants who may need more engagement or crisis prevention/intervention services.

- “Next 90 Day Review,” “Projected Transition Date,” “Engagement Level,” and “Risk Level” are all formatted to automatically color code for easy visual reminders
- “Next 90 Day Review” and “Projected Transition Date” cells will turn green when that event is within 30 days, and red when they are overdue
- “Engagement Level” will show red for low, yellow for medium, and green for high
- “Risk Level” will show green for low, yellow for medium, and red for high

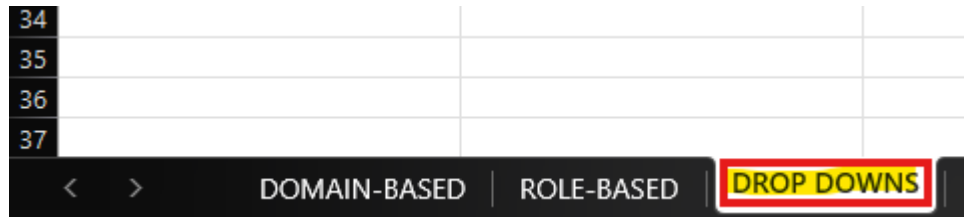
Next 90 Day Review and Projected Transition cells are pre-formatted with a formula that will automatically calculate the correct date. These formulas can be overwritten if the date needs to change. However, as a caution, this also means they can be accidentally deleted. To replace the formula if it has accidentally been overwritten, use the following formulas:

- Projected Transition Date: “= C10 + 730”
 - Note: “C10” above is an example – you will need to choose the cell containing the correct participant’s intake date, so the number will likely NOT be 10
- Next 90 Day Review: “C11 + 90”
 - Note: “C11” above is an example – you will need to choose the cell containing the correct participant’s last review date, so the number will likely NOT be 11

Changing Drop-Down Options

This process will allow you to customize your team meeting notes to reflect your team makeup. You can include team members' names or their roles, depending on your needs.

1. At the bottom of the page, select sheet "DROP DOWNS"



2. In existing columns, add or edit items as needed. You can add up to 15 options for Domains and Team Members. If you need more, please contact C4E staff for assistance.
3. Teams can change roles/team member options to reflect correct staffing, either by staff name or role on the team.
4. [Tutorial](#)

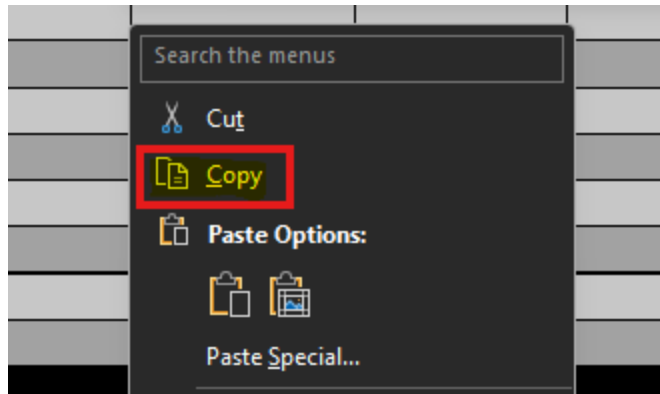
Creating Rows for New Participants (Bottom of Sheet)

This process may be helpful if you would like to order your list of participants by date of intake.

1. Click the upper left box with the client's name, hold down the Shift key, then click the black bar separating participants. The participant's section should be highlighted at this point.

	A	B	C	D	E	F
1						
2		JOHN (HE/HIM) -any information programs need-		Role	Success/Progress, Barriers, Next Steps	
3				Counselor	reviewed relapse prevention plan, highlighted strengths, scheduled next week to continue	
4				Supported Employment	applied to a job, meeting next week to follow up with employer	
5				Occupational Therapist	adapting night time routine, working on sleep hygiene	
6				Peer Support	building rapport and reflecting on past experiences. interested in attending peer group but needs a ride	
7				Counselor	practicing job interview questions and wants to practice public transportation to mall	
8				Case Manager	will schedule joining session for MFG	
9				Med Provider		
10			Intake:			
11		Last Review				
12		Next 90 Day Review:	3/30/1900			
13		2 Year Anniversary:	12/30/1901			
14		Engagement Level:				
15		Risk Level				
16						
17				Role	Success/Progress, Barriers, Next Steps	

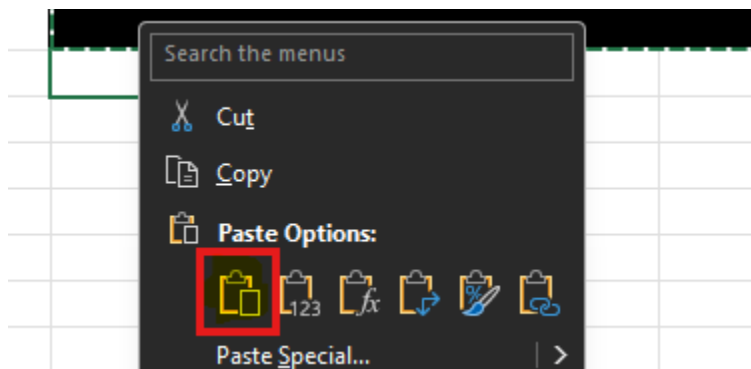
2. Right-click the selection or press Ctrl+C



3. Click the top-left EMPTY cell below the last black bar under the last participant on the list.

27	Next 90 Day Review:	3/30/1900		
28	2 Year Anniversary:	12/30/1901		
29	Engagement Level:			
30	Risk Level			
31				
32				
33				
34				
35				
36				

4. Right click that cell and select the clipboard with the rectangle on it, or type Ctrl+V



5. To add multiple rows, continue pasting as many times as needed.
6. [Tutorial](#)

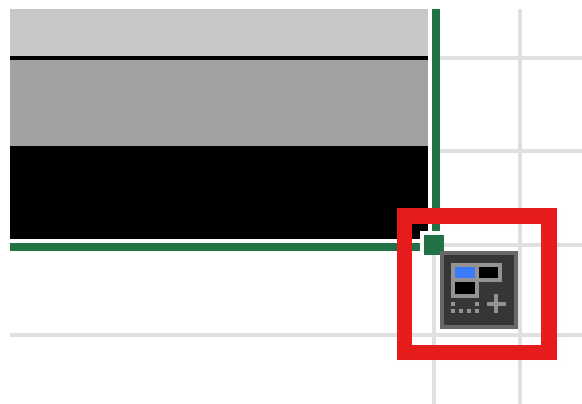
Alternative Methods

Sometimes the above method might not work. If you receive an error message, use the following process.

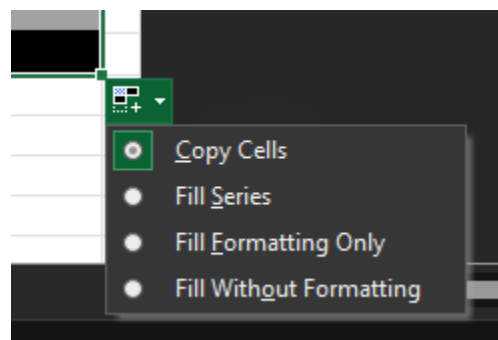
1. Click the upper left box with the client's name, hold down the Shift key, then click the black bar separating participants. The participant's section should be highlighted at this point.

JOHN (HE/HIM)		Role	Success/Progress, Barriers, Next Steps
-any information programs need-		Counselor	reviewed relapse prevention plan, highlighted strengths, scheduled next week to continue
		Supported Employment	applied to a job, meeting next week to follow up with employer
		Occupational Therapist	adapting night time routine, working on sleep hygiene
		Peer Support	building rapport and reflecting on past experiences. interested in attending peer group but needs a ride
		Counselor	practicing job interview questions and wants to practice public transportation to mall
		Case Manager	will schedule joining session for MFG
Med Provider			
Intake:			
Last Review			
Next 90 Day Review:		3/30/1900	
2 Year Anniversary:		12/30/1901	
Engagement Level:			
Risk Level			

2. Hover over the square at the bottom-right of the selected area until your cursor shows a black cross without arrows. Left click, hold, and drag down until you have created the correct amount of participant sections.
3. Click the pop-up icon that appears when the sections have copied.



4. Select "Copy Cells"



5. [Tutorial](#)

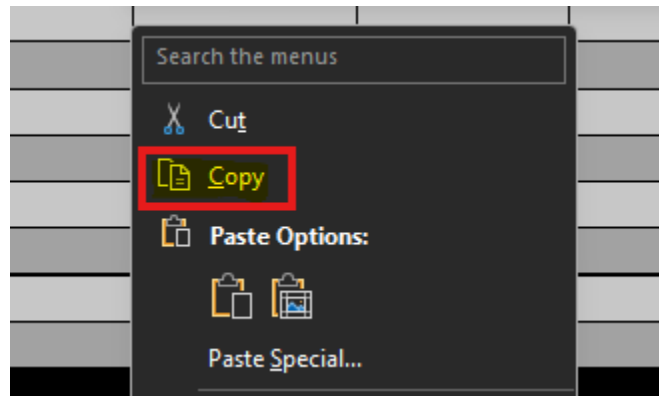
Creating New Rows Between Existing Participants

This process may be helpful if you would like to alphabetize your list of participants.

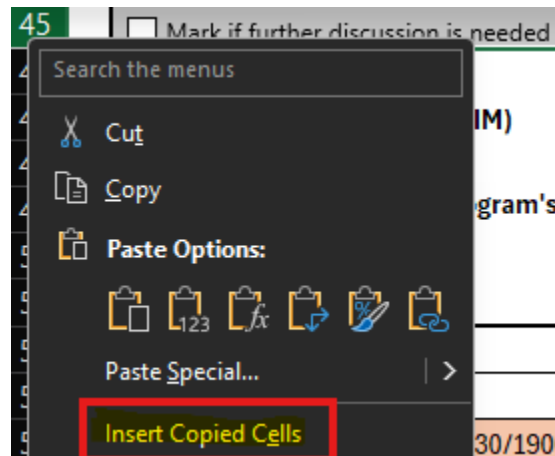
1. Click the Row number at the top of the preceding participant, hold down the Shift key, and click the Row number of the black bar separating participants.

15	Engagement Level			
15	Risk Level			
16				
17	JOHN (HE/HIM) -any information programs need-	Role	Success/Progress, Barriers, Next Steps	
18		Counselor	reviewed relapse prevention plan, highlighted strengths, scheduled next week to continue	
19		Supported Employment	applied to a job, meeting next week to follow up with employer	
20		Occupational Therapist	adapting night time routine, working on sleep hygiene	
21		Peer Support	building rapport and reflecting on past experiences. interested in attending peer group but needs a ride	
22		Counselor	practicing job interview questions and wants to practice public transportation to mall	
23		Case Manager	will schedule joining session for MFG	
24		Med Provider		
25		Intake:		
26		Last Review		
27	Next 90 Day Review:	3/30/1900		
28	2 Year Anniversary:	12/30/1901		
29	Engagement Level:			
30	Risk Level			
31				
32				

2. Right-click the selection and click "Copy," or press Ctrl+C



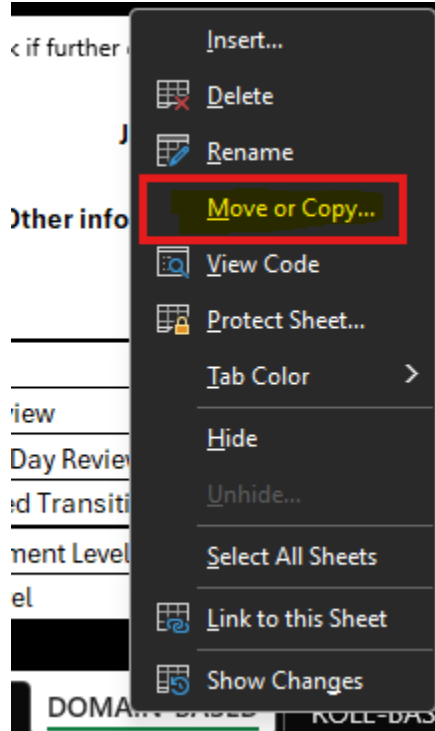
3. Select and right-click the Row number at the top of the participant you want to be AFTER the new participant and select "Insert Copied Cells"



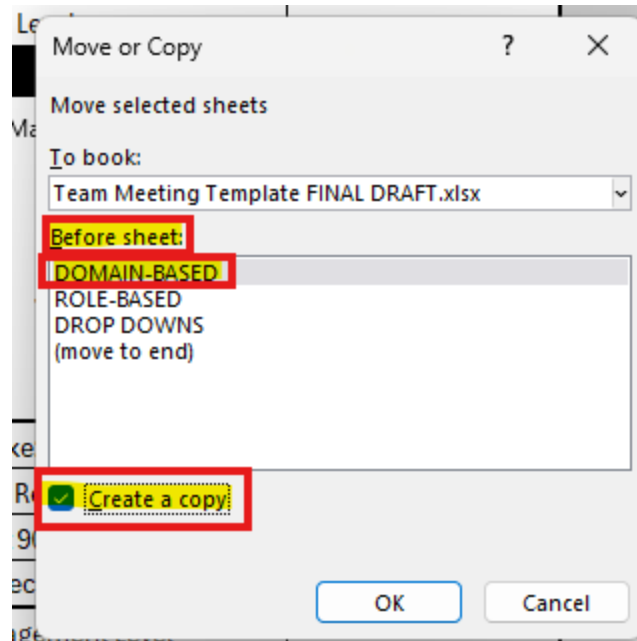
4. [Tutorial](#)

Creating New Sheets for Next Meeting

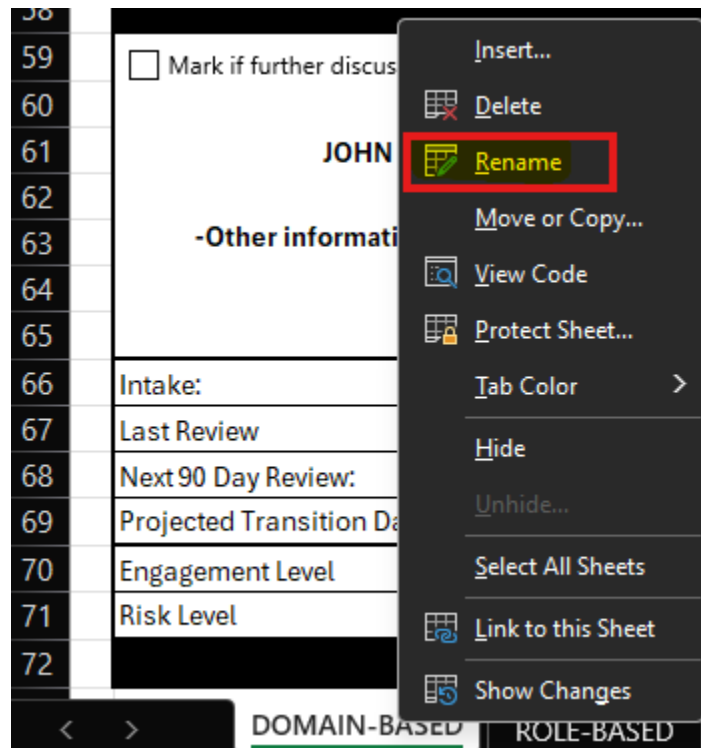
1. At the bottom of the page, right click the sheet you would like to copy.
2. Click “Move or Copy”



3. Choose “Create a copy” and select the sheet you would like the new page to be BEFORE.



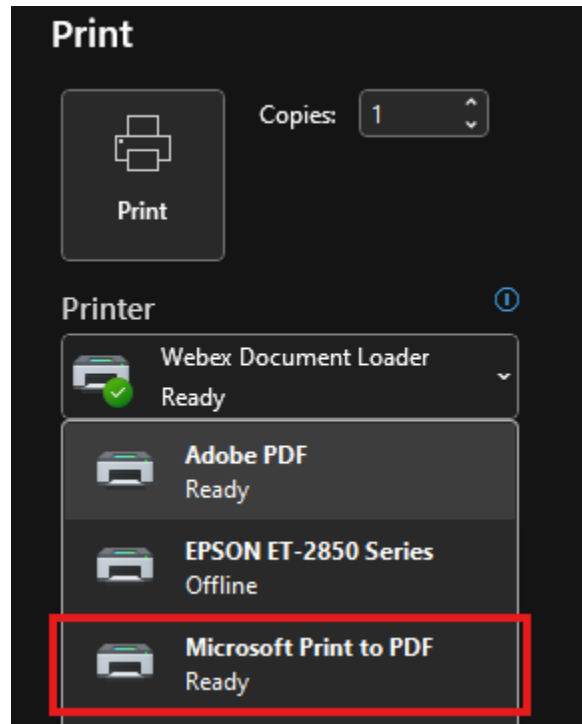
- Right-click the new sheet at the bottom of the screen. The name should end in "(2)." Select "Rename" and type the new date.



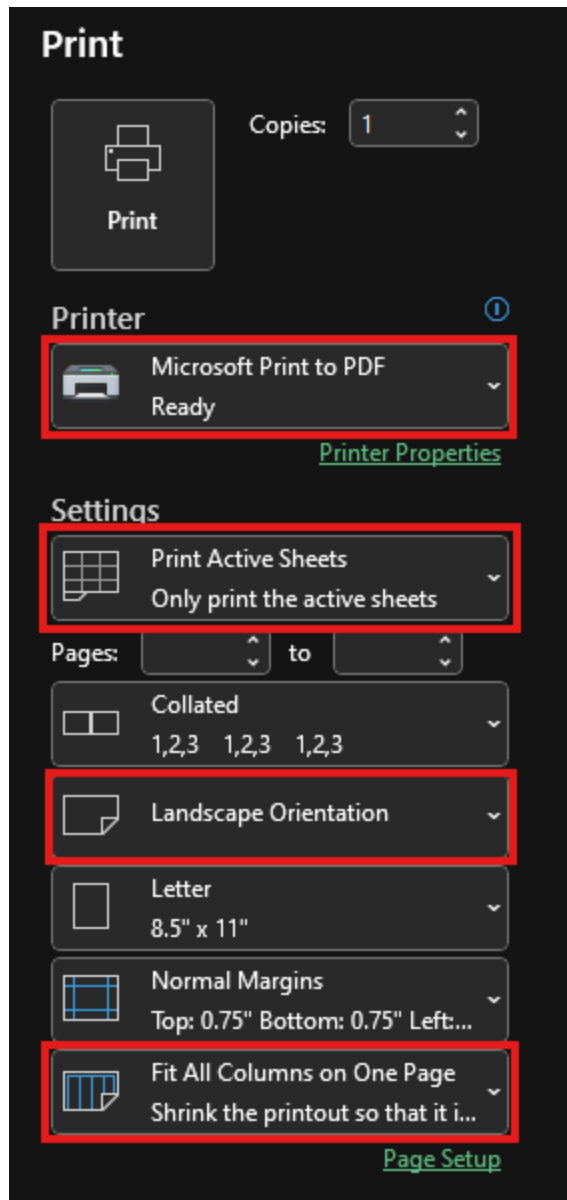
- Your new sheet is ready to go! Simply type over any information that needs to be changed.
- [Tutorial](#)

Printing Notes from Specific Meetings

1. While on the sheet you would like to print, press Ctrl+P, or select “File” -> “Print” at the top left of the page
2. Under “Printer,” select “Microsoft Print to PDF” to save to your computer, or select the physical printer you would like to use



3. Ensure that “Print Active Sheets,” “Landscape Orientation,” and “Fit All Columns on One Page” are selected



4. Click "Print," select the file location and type the name to save the document to your computer
5. [Tutorial](#)

References/Resources

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EASA Transition Checklist: <https://easacommunity.org/pro-resource/transition-checklist/>

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