

IMPACT Fidelity Scale

Evidence-based Depression Care Practices	CIRCLE ONE				
	Not implemented			Fully Implemented	
SETTING, STAFFING & SUPERVISION (Collaborative Care)					
Designated staff (care manager) to support depression treatment.	1	2	3	4	5
Care manager participates in regularly scheduled, ongoing caseload supervision with a psychiatrist who makes treatment recommendations for patients/consumers who are not improving.	1	2	3	4	5
Consulting psychiatrist available by phone or in-person for ad hoc consultation to care manager and primary care providers.	1	2	3	4	5
Consulting psychiatrist available to evaluate patient/consumer and make treatment recommendations, if needed.	1	2	3	4	5
PATIENT EDUCATION					
Education about depression and treatment options provided to patients/consumers.	1	2	3	4	5
TREATMENT PLANNING & DELIVERY					
Treatments used are consistent with evidence-based treatment guidelines for depression.	1	2	3	4	5
Patients/consumers receive follow-up by phone or in-person within one week of starting new medication to evaluate for adherence and side effects.	1	2	3	4	5
Patients/consumers receive proactive assistance with management of side effects.	1	2	3	4	5
Behavioral activation or pleasant events scheduling provided by care manager as part of treatment.	1	2	3	4	5
Evidence-based counseling (such as Problem-Solving Treatment) offered, either as a primary treatment or adjunct to medication therapy.	1	2	3	4	5
Referral to mental health specialty care, if needed.	1	2	3	4	5

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	Fully Established			Not Yet Developed	
TRACKING TREATMENT OUTCOMES					
In-person or phone follow-up at least once every two weeks during the active phase of treatment to monitor response to treatment.	1	2	3	4	5
In-person or phone follow-up at least once a month during the maintenance phase of treatment.	1	2	3	4	5
Depressive symptoms monitored at each contact with a tool (e.g. PHQ-9) that quantifies treatment response.	1	2	3	4	5
Staff and providers use a registry or other tracking system to follow patients and insure that they don't fall through the cracks.	1	2	3	4	5
TREATMENT BASED ON OUTCOMES (Stepped Care)					
All treatment plans have a 'shelf life' of no more than 10 weeks (12 weeks for older adults). If the patient/consumer is not at least 50% improved at the end of 10 weeks, the treatment plan is changed (increased dose, medication change, add counseling, psychiatric consultation, etc.).	1	2	3	4	5
RELAPSE PREVENTION					
Patients/consumers who are in remission complete a relapse prevention plan. Patient/consumer and their primary care provider receive a copy of it for future reference.	1	2	3	4	5