**Organization/Site:**

**Identified Lead:**

| **Roles/Tasks** | **Actionable Items/Examples\*** | **Current Status/Potential Barriers/Notes** | Plan (including timeframe) | **Who’s in Charge?** | **Metrics and How you define success for each item** |
| --- | --- | --- | --- | --- | --- |
| **Determine Who to Receive CC** | * Identify population to receive CC * Any other CC program? |  |  |  | 1. Confirm proposed target population.  2. Confirm how this population will be identified (inclusion criteria)  3. Caring Contacts SOP and Tracking Process Training |
| **Determine Who Administers** | * Method to administer CC * Determine who administers * MSA or PSA * Health tech * Social worker * Other |  | *The person who administers CC (sending and documenting) may need access to the electronic medical record.* |  | Caring Contacts Roles Filled |
| **Determine Start Date** | * Identify start date for the implementation of this plan. * It is ok change the start date after it was selected due to kinks in the plan. |  | *We recommend doing this ASAP after beginning to develop your plan.* |  | Target date to begin identifying suicidal recipients and initiate mailings set. |
| **Determine Schedule of CC** | * Consider the length, principles of non-demanding messages, and your audience * See recommended CC schedules |  |  |  |  |
| **Determine Content of Caring Contacts** | * Use existing CC templates * Author or signature of CC * Nurse * Social worker * Physician * Care team * Combination * Local contact information/ phone numbers (required) * Dedicated phone line & mailbox? * Consider administrative requirements such as branding or logos |  | *We strongly recommend using existing CC templates for messages that were developed with expert input to be appropriate for outreach.*  *Do not include messages that are a demand (e.g., please call us, attend your appointments). You should put a number to call if someone would like to reach out (e.g., we are available if you need assistance).*  *Handwritten messages are not needed, per research.* |  |  |
| **Determine Logistics of Sending CC** | * Establish process for enrolling recipient to the chosen platform with their correct contact information * For texting:   + Identify platform and establish terms of use * For mailing:   + Utilize return address on card   + Identify local standards for mailing.   + Determine capacity for mailing and providing postage for greeting card envelopes   + Identify resources and processes for printing |  | Identify resources and processes for printing and mailing  Coordinate printing and mailing with mail room/reproduction  Secure mailing supplies (envelopes, labels)  Complete any tasks related to the SOP (e.g., mail merge training)  Review documentation plan with relevant leadership, risk management, etc. |  | Mechanism in place with appropriate administrative and budget offices to obtain Caring Contacts materials (printed cards, envelopes, and labels).  Documentation plan approved by all relevant parties |
| **Determine What Needs to be Documented** | * Method of documentation * Local note template * Identify who will document * Person managing/printing/mailing CC * Provider * Other clinical staff * Administrative support * Other * When will documentation happen * When CC is sent/mailed |  | *We strongly recommend that the person printing/mailing the CC document when the card is prepared and mailed. This will allow them to see any relevant changes in CPRS.*  *Documentation of each CC contact in medical record may be required.* |  | 1. Process reviewed. 2. Process training completed. 3. Process integrated into workflow. |
| **Engage & Train Staff, Assign Roles** | * Determine which staff will be involved in Implementation Planning process (a meeting to complete the rest of this sheet). * Educate all staff through meetings and communications. * In-services with nursing staff * See section K for aligning with other CC programs. * Continue to engage and educate leadership. * Ensure all staff completes all brief CC training as needed. Training includes rationale for CC, how recipients are identified, and local SOPs. |  | *We recommend that staff is trained prior to your start date.*  *Include all relevant team members including ED, mental health, and primary care staff.* |  | Key services/staff are trained. |
| **Identify & Enroll Individuals** | * Based on the inclusion criteria decided on previously |  |  |  |  |
| **Start intervention** | * According to the message schedule previously decided on * Monitor outgoing messages to ensure that they are delivering correctly |  |  |  | 1. First set of recipients identified. 2. Messages are sent/Cards are mailed. 3. Messages are documented as needed |
| **Respond to Recipients’ Replies** | * Review the suggested responses based on message content |  |  |  |  |
| **Manage responses indicating crisis** | * Follow the protocols required by your organization, or |  |  |  |  |
| **Ending the intervention** | * Ensure that recipients are made aware that the program is ending * Proceed with post-intervention procedures previously decided on (offering to continue the messages, offering an exit interview or final check-in) * Request that recipients complete a reception survey |  | *Consider using the feedback survey provided on caringcontacts.info* |  |  |
| **Reporting Caring Contacts Use** | * Identify reports to document number of recipients served by CC * Review and report on feedback obtained from reception survey |  |  |  |  |
| *If applicable to your organization:* **Align with Other Caring Contacts Programs** | * Determine what other CC programs exist within your organization * Ensure that CC efforts are not duplicated or that identical messages are not sent to the same recipient from the different CC programs |  | *Determine if and how your facility will address multiple CC programs.*  *Note: Recipients may be enrolled in other CC programs independent from your organization.* |  |  |

**Suggested items to review for transitioning tasks during team turnover:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROCESS SUSTAINMENT PLAN** | | | | | | | | |
|  | **Identification of recipients** | **CC Message Sending Mgmt** | **CC Card Mailing** | **Caring Contacts Tracking Update** | **Caring Contacts**  **Documentation** | **Ongoing Caring Contacts Card Counts** | **Caring Contacts Ongoing Education** | **Caring Contacts**  **Funding** |
| **Responsible Person** |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **TRANSITION PLAN** | **Review Date** |
| **Review process of identifying recipients** |  |
| **Review use of Caring Contacts Tracker spreadsheet (duplicates, excluded individuals, etc.)** |  |
| **Review Documentation plan** |  |
| **Review Sending Processes** |  |
| **Review Reporting Processes** |  |