



Resources and Guidelines for Clients with  
Depressive Symptoms – **for Care Managers**

June 2019

This manual is based in part on the Community Partners in Care, Partners in Care Guidelines and Resources for the Depression Nurse Specialist (Rubenstein, et. al. 1996), RAND, and the REACH NOLA Mental Health Outreach Guidelines & Resources 2009.

## PURPOSE

The purpose of this manual is to give staff within agencies serving clients that live with mental health issues and depression, practical tools to help clients engage in services, consider options, and to follow their progress. The tools can also facilitate communication among members of a team in following multiple clients. The manual is based on evidence-based practices for care management in the Partners in Care study, adapted for use by safety-net organizations participating in the Community Partners in Care research study.

The materials provide a framework for Care Managers to use along with partnering treating providers in getting to know clients, documenting provider treatment recommendations, following up on client progress and use of recommended services, supporting wellness and client co-management, and providing summaries of progress across clients for team review.

## WHO SHOULD USE THIS MANUAL?

This manual is intended for the **Care Manager (CM)** participating in the C-LEARN project.

- A Care Manager is a staff member who works within a services agency that also provides treatments through a licensed provider, or that works closely with another partnering agency that provides treatment.
- The Care Manager may be a provider such as a nurse or social worker, or a trained lay person who is supported or supervised by a provider. The Care Manager is a key resource in communication of care goals between the agency and the client and also serves as a client supporter and advocate to help assure that the client's goals of recovery from depression can be achieved through working with the agency.

## ADDITIONAL RESOURCES FOR THE CARE MANAGER

This manual is designed as a resource together with other materials:

- Beating Depression: The Journey to Hope
- Educational brochures about depression (English and Spanish)
- Forms and Screening Documents

The manual, forms, and other resources listed above are available online at the C-LEARN website

## WHAT IS COLLABORATIVE CARE?

The Collaborative Care Model is a systems-based approach to managing a health condition such as depression. Health management often requires coordination and communication among multiple types of providers, education for patients and families, and support for clients to be active co-managers of their health and wellness. Our healthcare systems typically support

individual providers in giving care to individual clients that is oriented to solving an immediate problem. Communication across providers and agencies is often challenging. The Collaborative Care Model addresses these challenges through facilitating communication, bringing different providers into a similar understanding of what is needed to support recovery from depression, and assisting clients in becoming active participants in recovery and wellness.

In applying the Collaborative Care Model for mental health and depression to the C-LEARN study, the **Care Manager (CM)** plays a vital role. The Care Manager can establish initial contact with enrolled clients in the study. In C-LEARN, enrolled clients have been screened already by the study and may have depressive symptoms but have not yet had a clinical assessment for whether they would benefit from treatment for depression, substance abuse, or any other medical or social problems. Some of the enrolled clients may already be in treatment or receiving services. Their enrollment offers an opportunity to review how they are doing and what approaches might help them.

The enrollment of a client in C-LEARN is an opportunity for their agency to nurture positive rapport and influence positive growth and engagement in services. The CM can be the link that connects resources and the glue that holds an assessment and recovery plan together.

## **GOALS FOR THE CARE MANAGER:**

1. Support the effectiveness of the client's meeting with their provider after study enrollment by:
  - Building trust for assessing symptoms of depression
  - Completing the client structured assessment
  - Supporting clients as co-managers of their care.
2. Help communicate the provider's recommendations for care by:
  - Documenting and explaining the provider's treatment plan
  - Educating clients about depression and available services
  - Supporting a client wellness plan that helps them return to pleasant activities and solve problems that interfere with adherence to their care plan
3. Help clients implement their care plan through regular follow-up:
  - Assess symptoms of depression with a standard measure
  - Assess how clients use their treatment and wellness plans
  - Give feedback to the treating provider on client progress and key concerns
  - Encourage clients to maintain their care plan or contact their provider
  - Refer to additional needed or desired services
4. Build trust and rapport over time.
  - Show interest
  - Assure confidentiality
  - Listen with empathy
  - Offer encouragement and hope
  - Show consistency in support by following through

Individuals who serve as Care Managers in C-LEARN may very well do some or all of these activities already and have their own style. That is fine. The protocols and forms we offer are designed to make it easier for most to complete these tasks, but we do not want our approach to become an extra burden! Given these broad goals above, Care Managers should, with their agency supervisors, use their best judgment about what to keep of current practice, and what to try to add from the forms and approach we offer.

Good luck!

## **SCOPE OF WORK FOR THE CARE MANAGER:**

### **CLIENT IDENTIFICATION**

**Learning about a Client:** If you are a Care Manager, you will be working at or partnering with an agency that can provide an initial clinical assessment and/or treatment or wellness services for C-LEARN enrolled clients. The agency from which the client was identified may work with that client to consider seeking an initial assessment at the same agency or at a partnering agency that provides clinical services.

### **INITIAL ASSESSMENT VISIT**

- **Schedule the initial visit:** If you feel that a client may be experiencing mental health issues or depression and have their contact information, please schedule an initial assessment visit. Getting the wheels in motion is the important first step. It often takes more than one try to reach the client.

#### **Care Manager Tasks:**

- Contact the client by phone to schedule an initial assessment using the simple script provided, "**Script for Initial Telephone Call**".

Tips:

- Be encouraging and offer hope.
- Support the client's active involvement.
- Answer questions.
- Arrange to meet the together before and after seeing the clinician.

## Script for Initial Telephone Call

1. Introduce yourself : Good (morning / afternoon / evening), M(r/s)\_\_\_\_\_.  
I am \_\_\_\_\_, a Care Manager at the \_\_\_\_\_ clinic. Is this a good time for you to talk on the phone? (If yes, continue. If no, ask when you can call back)
2. Explain how you obtained the patient's name: Okay, great! I work with \_\_\_\_\_, and your name was given to me by \_\_\_\_\_ who has spoken with you about our study to improve the treatment of depression.
3. Explain purpose of call (scheduling visit): I am calling to schedule your initial visit with myself and your provider.
4. Explain the nature of the initial visit: During the initial visit, you and I will spend about 45 minutes going over the symptoms you have been experiencing in more detail. That information will help you and your provider decide about whether you need treatment, and if so, what the right treatment is for your symptoms. After you and I meet, you will meet with your clinician.
5. Wait for feedback; if none, continue: Do you have any questions?
6. Schedule visit if none has been scheduled: When would be a good time for you to come to the clinic?

(Arrange a visit time, ideally coordinating it with the provider's schedule so that the clinician can see the patient immediately after the visit with the CM. If the CM is not responsible for scheduling appointments, patient's scheduling preferences should be given to the appropriate staff person.)

7. Thank patient and provide contact telephone number: Thank you very much. I look forward to meeting you on \_\_\_\_\_ (date/time). If you have any questions between now and our visit, feel free to call me at \_\_\_\_\_ (CM's telephone number).
8. Send a reminder appointment card and write down the client's contact information on the "**Contact Information and Initial Visit**" form.

**Tip:** You can use this document to trigger future phone calls. For example, you can set up a file box with weeks of the month as tabs. When you plan to call a client a certain week, simply place this form behind that tab to remind yourself or another Care Manager who may be covering while you are away. You can also keep track of attempts to contact the client by providing the date, notes and your name. That way you can help figure out the best time to contact the client the next time. Having an organized approach to track and trigger calls (reminders) will be more important as your case load grows. Use extra "**Telephone Call Notes**" if you run out of space.

## INITIAL CARE MANAGER VISIT

We recommend a 45-minute visit between the client and the Care Manager prior to the first visit scheduled with the clinician after study enrollment. The goals of the first visit are to build trust, develop rapport, prepare the client to be an active partner in their care, and review and write down information on the client's symptoms and history to provide to the clinician. We provide forms for this purpose but you should feel free to talk in an open manner to learn the client's story and follow-up with more specific questions on the details. It can be helpful to combine an assessment with education about depression to help clients understand why they are being asked to give certain information, using the educational tools that are available in the client education toolkit from Partners in Care. The one component of this visit for which we recommend a structured assessment is the PHQ-9, a standard depression screener used in many current services locations. You will use this measure to track outcomes over time and we suggest that the questions be asked just as they are written to keep the scoring standard over time and across clients. Instructions for using the PHQ-9 and a copy of the form are also included in the materials available from the C-LEARN study

### Care Manager Tasks:

- Facilitate completion of the **"Getting to Know You Worksheet"**. You can read the worksheet to the client and record their responses or clients can complete this form themselves if they prefer. But be available for questions or clarifications. You can make a copy of this for both the provider and client if the client would like it, and keep a copy for your records.
- Conduct a baseline **PHQ-9**. Clients can complete this form themselves if they wish. Copies can be given to the provider and client but please keep a copy for your records.
- Update the "Contact Information and Initial Visit" Form
- Identify one or two questions that the client would like to ask the provider. Ask the client how comfortable they think they will be in talking with their provider about how they are feeling.

**Tips:** Rather than advocating for the client, support the client in advocating for themselves. Try to focus the discussion and recording of information on the domain of depression or stress and its symptoms, and the other related issues in the initial assessment form. For any but the most basic information in your area of training, refer the client to other sources of information for their questions. For example, you can refer them to their provider or to information in the brochures provided by the study.

- Share the completed "Getting to Know You Worksheet" with the provider prior to the first provider visit. Let the client know you will be doing this.
- Record results of the baseline PHQ-9 on the **"Vital Sign Worksheet"**
- Enter the name and study ID results of the baseline PHQ-9 on the "Register Follow-up Log"

## **POST CARE MANAGER, CLIENT, AND PROVIDER FOLLOW-UP VISIT**

Facilitate a 15-minute post provider visit between the client, provider and Care Manager (either in person or over the phone) after the first provider visit. The provider may only be needed for the first portion of this visit. Depending on how tired the client is at this point in the day, the CM and client may opt to meet over the phone or at another time in person for this visit. During this time, the CM facilitates completion or review of the treatment plan and initiates with clinician approval the wellness plan. The CM clarifies any questions and reinforces the written instructions. Any miscommunications can be relayed back to the clinician or client for clarification. During this follow-up (either in person or over the phone), the CM will complete the following:

### **Care Manager Tasks**

- Review and reinforce recommendations made by the clinician on the "**Personal Treatment Plan**"
- Facilitate any necessary referrals using resource guides available to your agency, including those provided by the study.
- Introduce the "**Personal Wellness Plan**" with every client, regardless of their treatment recommendation. Go over at least one example. You may need to complete this as a follow-up on the telephone.
- Determine frequency of next contact and implement a reminder system to trigger next contact.

## **ABOUT “YOUR PERSONAL TREATMENT PLAN”**

The treatment plan documents the recommendations for care that the client and provider have agreed upon. If they have not agreed on a course of action, you can facilitate its completion by suggesting that they review the options again and agree, for example, whether medication or therapy, both or neither is recommended or whether a specialist or other services are needed. Some providers may want to complete that form themselves, some clients may wish to complete and most of the time, they may want your assistance in completing it. Regardless of who completes it, the provider, client, and care managers should all have a common understanding of the goals of care or the next assessment step and who will be involved. Particularly for medication recommendations, we suggest that the prescribing provider completes this part of the form because there are often misunderstandings about medications. Please make sure that this form is accurate.

- **Medications for depressive symptoms.** Some clients will be starting a new medication, some may already be on medication and some may not want to be on medication. Either way, the provider will check one of the boxes (Medication or Not on Medication). It is the responsibility of the provider to write in the medication name, number of tablets, dosage, frequency and duration. The Care Manager is not responsible for transcribing medication information unless they are also a provider with training in medication management.
- **Therapy for depressive symptoms.** Some clients will be starting therapy, some will already be in therapy and some may not want to participate in therapy. Either way, the provider will check one of the boxes (Starting Therapy, Already in Therapy or Not in Therapy). The provider may recommend a referral to a new provider for management of medications, therapy or assessment (second opinion). The provider will complete this information if it is applicable.
- **Wellness.** The provider will make a specific recommendation for wellness. For example, the provider may recommend that the client attend a meditation class at a local community center.
- **Keep in Touch.** In the event the client and provider agree that treatment for depressive symptoms is not necessary right away, or if the client refuses treatment that the provider recommends, the provider may indicate that they will stay in touch to monitor progress with the ability to reconsider treatment as needed. At that time if the plan changes, a new treatment plan should be completed.
- **Copy Forms for the Client and Maintain on in Care Manager Records.** The completed treatment plan should be photocopied so that the client and CM have copies for their records. The Care Manager should store all client-specific materials in locked, confidential files stored in a safe place. We recommend that these forms be kept in a separate file from usual client files unless the agency prefers keeping the information together. These forms will not necessarily be the kind of forms that your agency is used to storing and may be best used by people trained to use them in your agency. That will be up to you and the leaders of your program.

## Care Manager Tasks

- Make sure “Your Personal Treatment Plan” is completed
- Review the selections made by the provider. The medication section should be completed by a prescribing provider. Ask the providers if you don’t understand or the form is incomplete. Assist clients in understanding the plan.
- Make copies of each plan for the client and for the CM records. Your records can also be available on request by the provider. If the provider wants their own copy that is fine; make sure that it is stored in a locked and secure place, like any confidential record in your agency.
- **My Resources.** This is a space for the client and care manager to review the client’s assets. This can include their providers and treatment recommendations, their faith, their family and friends, their hobbies and activities, or other strengths. That is a good starting point for considering wellness and offers a balance to focusing just on problems, which is often a risk in working with depressed clients.
- **Managing My Challenges.** There is a strong relationship between depression and having difficulties with life circumstances or stresses. The relationship goes both directions – depression can make it difficult to address life-problems, and stresses can worsen depression. Many stresses and life challenges can also make it difficult for clients to engage in treatment or to obtain other services that might help them. Once the cycle gets started, it can cause a person to get completely stuck. For example, you might recommend housing assistance or other services but the client does not follow-through. Many service providers are used to trying to help clients in some way directly, or doing things for clients. For clients living with depression, it is important to find at least one area where you can support the client in solving their own problem, as a way of helping them to be active and positive.

As part of the wellness plan, you can help clients by identifying an issue, perhaps one that would otherwise keep them from receiving the services or treatments they need, that you can work with them on in a “problem solving” way. Many problems in life are not entirely within our control. But we almost always feel better when we make an effort to see the problem clearly and examine some choices.

Breaking down a challenge into manageable parts not only helps the client to see the whole issue, but it can make what seems like an impossible situation, possible.

1. Define the Challenge. Try to help the client get specific. Who, what, where, when and why?
2. Establish a “winnable” goal. Help the client set a realistic goal that is both achievable and “measurable,” that is it is feasible and either happens or doesn’t. For example, going out with friends is a better goal for this purpose than improving self-esteem, which may be an outcome of going out with friends. The goal should also be an achievable next step. Making a million dollars may not be easily achievable, but getting information on what jobs are available, searching the want ads, or calling a friend are likely to be achievable.

3. Options. Try to help the client brainstorm some options to approach the goal. Help them think of as many as possible. Encourage the client's ideas and withhold your judgment.
  4. Weigh the options. What are the positive and negative aspects of each option for the client. What is unique about each option? For example, "It solves my problem" is not unique. It's "quick", "social" or "affordable" are all unique qualities.
  5. Make a Decision. Help the client rate and compare the options. How much does each option cost in terms of effort, time, money, emotional impact and involving others? Does the solution satisfy the goal?
- **Returning to Pleasurable Activities.** Most people have things they like to do that give them pleasure and restore them. For some, it may be going to church, running or talking to walk. For others it might be listening to music, reading a book, or playing a game. When people get depressed, they often lose their enjoyment of usual activities that give them pleasure, withdraw from them, and then get more depressed. Research has shown that returning to pleasurable activities and being active in general can help people become less depressed and recover their functioning. You can help people learn a simple educational method to be more active. As in the case of problem solving above, you can help them identify a goal for having a pleasant activity and help them review options for achieving that goal. As with problem solving, make the goal a small step that is achievable and measurable and hopefully self-reinforcing by being fun! Support the client in identifying a goal in this area, review and brainstorm with them on their options for taking a step, and weigh the pros and cons. Support them in making a choice to try out.

For example, an elderly man who was used to getting a lot of exercise became depressed and withdrew into his room. Working with a care manager, he identified the goal of getting off the bus one stop early when returning from work. He felt a bit better and the next day got off two stops early. He met a friend and they had a cup of coffee and agreed to have dinner the following week. Then he felt quite a bit better and started to wonder whether it would help him to talk to his doctor about getting help. Sometimes people need to feel well enough to go for help!

### **PROVIDER REVIEW OF WELLNESS PLAN**

While you can work out the wellness plan with the client, it is important to share this plan with the treating provider so that there is a coordination between the treatment plan, led by the provider, and the wellness plan, which is a shared program between the care manager and the client. If the provider has the background and interest, they may want to complete the wellness plan with the client themselves and review it with you, or if the client is in therapy and you are working as a part with that therapist, their therapist may have good ideas about this plan and want to follow progress.

## EDUCATING ABOUT DEPRESSION AND TREATMENT OPTIONS

Remember that education is most effective when it is a two-way process. The client is the expert in their own life and experience. You have resources available from a particular perspective, that can be used to understand depressive symptoms and options for treatment, with the support of a provider who conducts the assessment and makes treatment recommendations. The C-LEARN study has three main sources of information about depression available to help you, and of course there are many other sources of information available.

One source is ***“Beating Depression: Journey to Hope”***, which is for your use to give you the background that can help prepare you to work with your clients in this area. The assessment you used in the initial visit, was taken largely from the Appendix toolkit from this book, which itself was based on the Partners in Care study.

Yet another source, which may be especially helpful in working in brief visits with clients, is the Partners in Care client brochure, also in English and Spanish. This brochure can be given to clients to take home and share with their family members if they wish. You can also use it to address different concerns that clients have, both initially and over time. For example, many clients may say “I’m not crazy” or “You think I’m crazy?” They may not accept terms such as depression or mental health, preferring words such as stress or drama. Feel free to use terms the clients use, but then explain about depression. For example:

- Review information on how common depression (or stress) is, and what the common symptoms are.
- Review information on the fact that depression affects people’s functioning, including work and personal relationships—so that it is important to seek help to feel and function better.
- Review the treatment options and encourage clients to think about what they can accept and what works for them.
- Show clients the statements from persons who have experienced depression on the back of the Partners in Care brochure. Do any of those statements feel familiar? Do any offer hope?

As you work with clients to complete various aspects of the care manager task, be alert for opportunities to provide information about depression that may help them. Stay flexible and work with the client’s own language. Let them know that this is one of the most common and sometimes disabling health conditions in the world. But also let them know that this is one of the most treatable conditions. When clients resist seeking help or considering treatment, try to show them that others who have suffered similarly, have felt better. Normalize seeking help and encourage them to be hopeful. Be positive.

Over time, congratulate them on their progress and reinforce the positive things they are doing to follow their ***Personal Treatment Plan*** and their ***Personal Wellness Plan***. Also, remember you are not alone—consult with the provider about what education might be effective and how it is going in working with the client. You can make a difference!

## **FOLLOW CLIENT PROGRESS.**

Follow clients as they complete their treatment and wellness plan. As a care manager, you can be very helpful to clients and providers in follow-up by reinforcing the care plan, documenting client progress and communicating that progress to the partnering providers. For each client you will need to determine the best follow-up schedule and develop a system, such as the “trigger” system referred to above, to note when you should call the client and to remind yourself to make the contact, given other clients you are following. When you contact the client, you will be learning helpful information on how they are doing, using the standard PHQ-9, learn about their use of services, and any special issues. As with the initial visit, this information can be obtained through a narrative review or in a more structured way—with the PHQ-9 especially requiring a structured approach. These can be in person or telephone visits or a combination and they can be done separately from the provider visit or at the same time. During these contacts, the CM can complete the following:

### **Care Manager Tasks**

- Select a visit schedule.
  1. **New Medication with or without therapy.** Contact every 1-2 weeks at first, then monthly if stable. After recovery, the provider may suggest follow-up every 3 months to check in.
  2. **Continued Medication with or without therapy.** Contact monthly if stable. After recovery, the provider may suggest follow-up every 3 months to check in.
  3. **Therapy only.** Contact every 3 months if the client is in therapy and stable.
  4. **Keep in Touch.** Contact monthly if stable to see if the client is improving or maintaining, or getting worse and should come in to consider entering into treatment.
  5. **No Follow-up Needed.** The provider may decide that the client does not have a problem with depression and does not need follow-up from the care manager.
- Initiate a “Care Manager Contact Worksheet” for each contact
  1. Record the client’s name and date
  2. You can record efforts to contact the client by documenting date and notes from attempted calls.
  3. Indicate whether the contact was successfully completed by phone or in person and name of the CM conducting the contact.
- Conduct a **PHQ-9**. This will allow you and the provider to follow progress in terms of depression, through your records at each visit.
- Complete the “Vital Sign Worksheet”
  1. Record the date of the contact and report the answers to the questions on the Vital Sign Worksheet for that date directly below.
  2. Record the date and PHQ-9 score on the “Vital Sign Worksheet” and plot the same score on the depression severity graph below it.
  3. Record client’s participation in their Wellness Plan
  4. Depending on treatment recommendations, record client’s use

5. of therapy and medications, or their Treatment Plan.
  6. Add other notes on how things are going and any concerns.
- Complete the “Care Manager Contact Worksheet”
    1. Document completion of Vital Signs and review for stability, such as a score of greater than 10 on the PHQ-Q, a positive response on the suicide ideation item, or an unexpected change in use of treatments.
    2. Describe in a narrative any issues regarding treatment, wellness or recent experiences with depression or life stresses.
    3. Determine based on the care plan and stability of symptoms the timing of the next contact.
    4. If known, document next provider visit. If the client is not stable or there is an unexpected change in use of treatments, make a note to contact the provider and let them know or schedule an appointment with the provider.
    5. Follow-up on any necessary action items such as contacting the provider for questions or concerns.
  - Record date and score of PHQ-9 on “Register Follow-up Log”

### **PARTICIPATE IN REGULARLY SCHEDULED TEAM MEETINGS.**

Care managers can have a lot of responsibility. They make quick decisions about what is OK and what needs attention, and what to pass on to the provider or bring back to the client. Over time, the care manager gets more comfortable with the role, what is expected, and what they can do to help the client and provider. Many care managers find it rewarding to help their clients and enjoy having a structured program to guide their work.

Given these responsibilities, it is important to have someone to report to, to review the progress of clients to obtain feedback. The team meeting should be at least monthly and preferably weekly for a busy practice. It should include the care managers, their supervisor and a provider who also works with other providers in the agency. Sometimes one care manager sets up the meetings and the agenda or it rotates among care managers.

### **Care Manager Tasks**

- Bring completed “**Register Follow-up Log**” and be prepared to review and discuss client outcomes based on results of the PHQ-9.
- Be prepared to provide additional observations to the team information documented on the “Vital Sign Worksheet” and “Care Manager Worksheet”. This means bringing the set of client charts or sheets of care manager forms for clients to be reviewed at the team meeting.
- Complete “**Team Meeting Worksheets**” (Optional) to document action items determined during the team meeting.
- For individual clients, adjust frequency of Care Manager follow-up or other actions as needed based on team discussion.
- Set up the team meeting schedule and agenda if asked by your agency.

## **CARE MANAGER SELF-CARE AND SUPPORT**

Sometimes care managers can become stressed themselves when they work over time with many clients who suffer from depression. They often hear about client's personal issues, their family, financial problems and challenges finding housing or work, and experiences with discrimination or problems with the legal system. While they also hear about their joys, when people are depressed they tend to dwell on their problems. Care managers might live in the same community as their clients, and might face similar challenges in their own lives. When they hear about their clients problems, it can sometimes bring them down or be a source of stress. Here are some options for self-care and support.

- Take the time to debrief with other care managers and use some of the team time for that purpose. Support each other.
- Your organization may be able to support a restorative activity, such as an exercise program, alternative health or meditation time, or music or drumming circle or other activity to relieve stress.
- You can review the self-care suggestions in the Beating Depression book to think about the ways that help you to cope with stress.
- Some agencies have special wellness programs and activities for staff. Check with your agency or supervisor.
- In some stressful community situations (such as following a community emergency or natural disaster), agencies can arrange for support groups or therapy programs or staff and providers.
- Take the time to support yourself! You will be better able to support your clients if you do!

## **SCREENING FOR DEPRESSIVE SYMPTOMS WITH THE PHQ-9**

We provide below an example of a “script” that was used in the Mental Health Infrastructure and Training project in New Orleans. But please note: The sample script provided may help you in speaking about the screening tools and how to interpret them once they have been administered. Remember to use words appropriate to your client.

Make sure to ask questions about depression in a confidential environment. Either ask people the questions when you are alone with them in a separate space or room, or have them complete answers on their own in writing, so that no one sees their answers. What someone says about depression should be their own business, and yours as a trained outreach worker, to help them.

*Our agency is participating in a program to help identify people who may be suffering from depression or stress and the blues, and who may need help in finding someplace to get help. Depression or stress is a common condition in most communities, and can improve with treatment, but many with depression or stress may not know that this is the problem or realize that help might be available for them. What I'd like to do if you are willing is ask you a few questions about how you are feeling now, from a survey for depression that I will read to you. Based on your answers, I can tell you whether your score suggests you might have depression and should talk to a professional about that, or whether you seem OK right now. Would you be OK with my asking you those questions? OK, here we go.”*

Read each question and the responses from PHQ-9 and score them exactly as they are. Remember to ask the questions in a safe environment where others can't hear the answers!

The PHQ-9 is used to determine whether a client may be suffering from depression - you are not diagnosing them.

## PHQ-9 SCORING CARD

### PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

*for healthcare professional use only*

**Scoring—add up all checked boxes on PHQ-9**

**For every ✓:** Not at all = 0; Several days = 1;  
More than half the days = 2; Nearly every day = 3

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#### Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

If screening is positive, read or paraphrase the meaning of the positive response:

*“The answers to the questions you were asked show that you could be clinically depressed, but only a doctor or counselor can make a diagnosis of depression. These materials contain information about depression and I can help provide you with a list of places you could possibly go for treatment. Depression is treatable. There is hope! You can feel better!”*

If screening is negative, read or paraphrase the meaning of the negative response.

*“The answers to the questions you were asked show that you may not currently have a problem with clinical depression or that it is mild. If you have had serious clinical depression in the past, you may still wish to discuss your current symptoms with a clinician/doctor or counselor. At this time, however, your symptoms are not severe enough to suggest that immediate treatment is required. I am happy to offer you educational materials to better understand the problems that you might encounter if additional symptoms develop or that other people you know might have with depression.”*

Again, remember to read those interpretations in a safe environment where others cannot hear what you are saying!

# **MENTAL HEALTH SPECIALTY REFERRALS AND HANDLING EMERGENCIES**

## **WHEN TO REFER CLIENTS TO SPECIALIZED SERVICES**

This section provides resources on handling clients with special needs as well as guidelines for intervention in the field for clients with suicidal ideation, from the Mental Health Infrastructure and Training Project in New Orleans.

Some types of clients should be prioritized for specialized attention, such as expediting their referrals or referring to a more specialized type of agency. While outreach workers are not clinicians, they are often on the “front lines” of services organizations in the community and may encounter situations where they feel that specialized or urgent attention is needed. Some of these may be emergencies, and others may be just special types of clients or illnesses requiring more specialized attention, although not urgently.

1. Actual or threatened HARM TO SELF—this is an urgent situation and needs immediate, specialized attention. See fellow.
2. Actual or threatened HARM TO OTHERS—this is an urgent situation and needs immediate, specialized attention
3. Gravely disabled—this is an urgent situation and needs immediate, specialized attention.
4. Individuals with substance abuse issues or who are suspected to be intoxicated—this often requires more specialized help from a substance abuse provider and depending on the level of intoxication or behavior problem, may or may not require urgent assistance.
5. Individuals who have a history of violent behavior—this may not be known to the case worker and while it suggests more specialized help is needed, will likely depend on the particulars of the behavior and situation in the community.
6. Children or Adolescents—most often require providers with special training in assessing and treating this age group; their pediatrician or family doctor can be an important first step, however. Unless they have urgent problems such as a threat to harm self, this is not necessarily an urgent situation.
7. SMI (Serious Mental Illness)—persons with psychotic disorders, such as delusional thinking, paranoia, seeing visions, or hearing voices (hallucinations) often require specialized help from a mental health provider; but it may or may not be urgent depending on whether criteria are met for the first 3 above.

## **ROLE PLAYS FOR INTERVENTION IN SUICIDAL IDEATION**

In many cases it can be helpful to role-play handling a suicidal emergency. Here is an example:

### Scenario 1:

Client: I have been feeling so down lately. I've thought of taking my own life.

Outreach Worker: I'm so sorry! Let's figure out how to help you. Do you feel at risk right now? We can call 911 and get some help right away, to get to an emergency room.

Client: No, I won't doing anything right now.

Outreach Worker: Are you sure you are safe? But this is very important to talk to your provider about. Are you talking to your counselor or doctor?

Client: Yes, all the time. He says I have to keep hoping. He thinks the medications will help in a week or two. I'm just blowing off steam.

Outreach Worker: Please tell your counselor you mentioned it to me, and if you really feel at risk, I want to make sure you call 911 or go to an emergency room. Do you know where you would go? Also, I will tell my supervisor about our conversation, as I think it's important we all know how to support you.

### Scenario 2:

Client: Yes, I've even been thinking of taking my own life. I have a gun at home, I've been fingering it lately.

Outreach Worker: That sounds really serious. That is something you need help for right away.

Client: Oh, I'll be OK.

Outreach Worker: No, really. That's too serious a risk, now that you've told me. The best thing is to get help now. I am going to tell our supervisor so that he (she) can help us. We need to call 911 or go to an emergency room.

Client: I have a counselor. He told me to call him anytime. Let's do that first. Outreach

Worker: OK, let's do that now, and I'll just make a call to my supervisor. OR:

Client: I really don't want to go to an emergency room.

Outreach Worker: You need the help. {Options: I can call 911, right now, but it's best if you do it so that they know how to reach you and help you see it through. OR: Here is a suicide hotline number, let's call it right now because you need the support right away; while you do that, I'll let my supervisor know}.

Client; Well, OK, if you really think I should.

Outreach worker calls supervisor and notifies him/her and gets support for next steps.  
DOCUMENT WHAT HAPPENED IN A WRITTEN NOTE FOR YOUR SUPERVISOR CHECK  
OUT EMERGENCY POLICIES WITH YOUR AGENCY BEFORE YOU START FIELD WORK  
WITH SCREENING FOR DEPRESSION

## **EMERGENCY CONTACT INFORMATION IN NEW ORLEANS**

- Metropolitan Crisis Response Team: (504) 826-2675.
- Suicide Prevention Lifeline: 800-273-8255
- Trans Lifeline: 877-565-8860
- Jefferson Parish Behavioral Health Mobile Crisis Line: 504-832-5123
- Counseling & Social Services: 211

## **ABOUT CALLING 911**

In the event on an emergency where you need to call the police or an emergency response vehicle:

1. Call 911
2. State the nature of the call.
  - a. Do not downplay the situation. If it was important enough to make you call 911, then explain the importance to the operator.
  - b. Stay on scene until police arrive.
3. This does not mean that the person will be taken away for evaluation- if there is an alternative solution to the condition then the Mobile Crisis Service Technicians and the on-scene officers will determine what is appropriate at that point.

What we have learned from talking to 911 is in most emergency situations involving a threat to harm oneself, it is best to have the individual affected call if they are able to do so. For example, if a client is concerned about harming themselves, then it is best to support them in calling 911. This is a situation you likely will want to discuss with your supervisor first if possible. The reason is that otherwise, that client may not be there when the emergency service arrives, or it could take days to locate the client. For persons threatening to harm others, it is probably best to report this situation to your supervisor or follow your agency procedures. In most of these situations, you or someone in charge does the reporting, unless the person threatening to harm someone wants the help. For grave disability, the individual may be unlikely to be able to make the call or act on their own behalf.

# THE DEPRESSION CARE MANAGER CHEAT SHEET

- Schedule the initial visit. (phone)
  - ☑ *"Script for Initial Telephone Call"*.
  - ☑ *"Contact Information and Initial Visit"*
  - ☑ *"Telephone Call Notes"*
- Complete the initial care manager visit. (45 minutes)
  - ☑ *"PHQ-9"*
  - ☑ *"Getting to Know You Worksheet"*.
  - ☑ *"Update the Contact Information and Initial Visit"*
  - ☑ *"Vital Sign Worksheet"*
  - ☑ *"Communicate findings with clinician"*
  - ☑ *"Register Follow-up Log"*
- Facilitate the clinician visit. (15 minutes)
  - ☑ *"Provider completes your Personal Treatment Plan"*
- Complete a post clinician follow-up visit. (15 minutes)
  - ☑ *"Personal Wellness Plan"*
  - ☑ *"Your Personal Treatment Plan"*
- Complete follow-up visits throughout treatment.
  - ❖ New Medication with or without therapy. Contact every 1-2 weeks, then monthly if stable
  - ❖ Continued Medication with or without therapy. Contact monthly if stable
  - ❖ Therapy only. Contact every 3 months if stable
  - ❖ Keep in Touch. Contact monthly if stable
    - ☑ *"Care Manager Contact Worksheet"*
    - ☑ *PHQ-9.*
    - ☑ *"Vital Sign Worksheet"*
    - ☑ *"Care Manager Contact Worksheet"*
    - ☑ *"Register Follow-up Log"*
- Participate in regularly scheduled team meetings.
  - ☑ *"Register Follow-up Log"*
  - ☑ *"Team Meeting Worksheets"*

## SCRIPT FOR INITIAL TELEPHONE CALL

### 1. Introduce yourself

Good (morning / afternoon / evening), M(r/s). \_\_\_\_\_.

I am \_\_\_\_\_, a Care Manager at the \_\_\_\_\_ clinic. Is this a good time for you to talk on the phone?

(If yes, continue. If no, ask when you can call back)

### 2. Explain how you obtained the patient's name

Okay, great! I work with \_\_\_\_\_, and your name was given to me by \_\_\_\_\_ who has spoken with you about our study to improve the treatment of depression.

### 3. Explain purpose of call (scheduling visit)

I am calling to schedule your initial visit with myself and your provider.

### 4. Explain the nature of the initial visit

During the initial visit, you and I will spend about 45 minutes going over the symptoms you have been experiencing in more detail. That information will help you and your provider decide about whether you need treatment, and if so, what the right treatment is for your symptoms. After you and I meet, you will meet with your clinician.

### 5. Wait for feedback; if none, continue:

Do you have any questions?

### 6. Schedule visit if none has been scheduled

When would be a good time for you to come to the clinic?

(Arrange a visit time, ideally coordinating it with the provider's schedule so that the clinician can see the patient immediately after the visit with the CM. If the CM is not responsible for scheduling appointments, patient's scheduling preferences should be given to the appropriate staff person.)

### 7. Thank patient and provide contact telephone number

Thank you very much. I look forward to meeting you on \_\_\_\_\_ (date/time). If you have any questions between now and our visit, feel free to call me at \_\_\_\_\_ (CM's telephone number).

### 8. Send a reminder appointment card

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns     +  +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).    TOTAL:

**10.** If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all    \_\_\_\_\_  
 Somewhat difficult    \_\_\_\_\_  
 Very difficult    \_\_\_\_\_  
 Extremely difficult    \_\_\_\_\_

# PHQ-9 Patient Depression Questionnaire

## For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

## **Consider Major Depressive Disorder**

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

## **Consider Other Depressive Disorder**

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

**Note:** Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

## **To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:**

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

## **Scoring: add up all checked boxes on PHQ-9**

**For every ✓** Not at all = 0; Several days = 1;  
More than half the days = 2; Nearly every day = 3

## **Interpretation of Total Score**

<b>Total Score</b>	<b>Depression Severity</b>
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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# CONTACT INFORMATION AND INITIAL VISIT

To: (Primary care clinician) \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

Client Name: \_\_\_\_\_ Study ID: \_\_\_\_\_

Phone \_\_\_\_\_ Best day/time to reach patient \_\_\_\_\_

Client's preferred language:  English  Spanish  Other: \_\_\_\_\_

## Scheduled Initial Visit

Initial Care Manager visit with \_\_\_\_\_

Date of visit: \_\_\_/\_\_\_/\_\_\_ Time of visit: \_\_\_:\_\_\_ am / pm

Initial Clinician visit with \_\_\_\_\_

Date of visit: \_\_\_/\_\_\_/\_\_\_ Time of visit: \_\_\_:\_\_\_ am / pm



Client was given care manager's telephone number

---

## Telephone Call Notes

### Record of Calls 📞

\_\_\_/\_\_\_/\_\_\_  
(date)

Notes: \_\_\_\_\_

Name of caller/Initials \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_  
(date)

Notes:

Name of caller/Initials \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_  
(date)

Notes: \_\_\_\_\_

Name of caller/Initials \_\_\_\_\_

# TELEPHONE CALL NOTES

## Record of Calls

\_\_\_/\_\_\_/\_\_\_  
(date)

Notes: \_\_\_\_\_

Name of caller/Initials\_\_\_\_\_

# GETTING TO KNOW YOU WORKSHEET

Today's date: \_\_\_/\_\_\_/\_\_\_

PHQ-9: \_\_\_\_\_

Client Name: \_\_\_\_\_

Dear Client,

The following questions help us get to know you. The more we learn about how you are feeling and what you have been through, the more prepared we will be to help you. Please find a private place to think about and respond to each section below.

Language I prefer  English  Spanish  Other \_\_\_\_\_

## Activities I like and things I can do to help myself

Pleasant or Relaxing Activities \_\_\_\_\_

Alternative Health (Yoga, Pilates, Tai Chi, Meditation) \_\_\_\_\_

Exercise/ Exercise \_\_\_\_\_

Sleep \_\_\_\_\_

People, Places and Things to Avoid \_\_\_\_\_

Other \_\_\_\_\_

## My experience with treatment - Check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> I've been diagnosed with depression in the past | <input type="checkbox"/> Counseling helped me in the past                       |
| <input type="checkbox"/> I received treatment for depression in the past | <input type="checkbox"/> My family or friends have tried counseling in the past |
| <input type="checkbox"/> I've taken antidepressants in the past          | <input type="checkbox"/> Counseling helped my family or friends                 |
| <input type="checkbox"/> The antidepressants helped me                   | <input type="checkbox"/> I am against taking medications                        |
| <input type="checkbox"/> My family or friends have taken antidepressants | <input type="checkbox"/> I am against counseling or therapy                     |
| <input type="checkbox"/> The antidepressants helped my family or friends | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> I've tried counseling in the past               |   |

## Things that would make it hard for me to get care - Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> I worry about cost   | <input type="checkbox"/> I am too embarrassed to discuss my problem with anyone                                 |
| <input type="checkbox"/> The provider won't accept my insurance                                 | <input type="checkbox"/> I am afraid of what others will think of me  |
| <input type="checkbox"/> My health plan won't pay for my treatment                              | <input type="checkbox"/> I can't get work leave for medical appointments and will lose pay                      |
| <input type="checkbox"/> I can't find where to go for help                                      | <input type="checkbox"/> I need someone to take care of my children   |
| <input type="checkbox"/> I can't get an appointment as soon as I need one                       | <input type="checkbox"/> No one speaks my language at the provider's office                                     |
| <input type="checkbox"/> I can't get to the provider's office when it's open                    | <input type="checkbox"/> I feel discriminated against because of my age, race, ethnicity, or sexual orientation |
| <input type="checkbox"/> It takes too long to get to the provider's office from my home or work | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> I can't get through on the telephone or leave messages                 |   |
| <input type="checkbox"/> I don't think I can be helped  |   |

**In the last month, was there a single day in which you had five or more drinks of beer, wine, or liquor?**

Yes     No

**Did you ever think that you were an excessive drinker?**

Yes     No

**Have you ever drunk as much as a fifth of liquor in one day? (That would be about twenty drinks or three bottles of wine or as much as three six-packs of beer in one day.)**

Yes     No

**Medications I am taking right now**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Events I have experienced in the past year - (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Someone close to me died  | <input type="checkbox"/> I had a serious injury or illness  |
| <input type="checkbox"/> I had a serious argument with someone who lives at my home                                      | <input type="checkbox"/> I had minor financial problems   |
| <input type="checkbox"/> I had a serious argument with a close friend or relative or neighbor not living with at my home | <input type="checkbox"/> I had major financial crisis   |
| <input type="checkbox"/> I separated, divorced or ended an engagement or relationship                                    | <input type="checkbox"/> Someone close to me had a sudden serious illness or injury   |
| <input type="checkbox"/> I had arguments or other difficulties with people at work                                       | <input type="checkbox"/> I, or someone important to me, had problems because of discrimination based on age, gender, race, ethnicity or immigration status. |
| <input type="checkbox"/> Someone moved out of my home  | <input type="checkbox"/> I lost my home   |
| <input type="checkbox"/> I was laid off or fired from work   | <input type="checkbox"/> Other event _____  |

**Questions I have for my provider**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Thank you for sharing your feelings and experiences. We will ask you some of these same questions as we go along so that we both start to get a sense of how you are progressing.**

Client Name: \_\_\_\_\_ Study ID: \_\_\_\_\_



# MY PERSONAL TREATMENT PLAN

Date: \_\_\_/\_\_\_/\_\_\_

Client Name: \_\_\_\_\_

Study ID: \_\_\_\_\_

Completed by (Clinician): \_\_\_\_\_

(Requires signature)

MEDICATION

NOT ON MEDICATION

<b>Name of medication:</b> _____	<b>New Med: Yes/No</b>	<b>From:</b>	<b>To:</b>
<b>1<sup>st</sup></b> Take ___ tablet(s) of ___ mg every morning/evening for ___ days		___/___	___/___
<b>THEN</b> <b>2<sup>nd</sup></b> Take ___ tablet(s) of ___ mg every morning/evening for ___ days		___/___	___/___
<b>Name of medication:</b> _____	<b>New Med: Yes/No</b>	<b>From:</b>	<b>To:</b>
<b>1<sup>st</sup></b> Take ___ tablet(s) of ___ mg every morning/evening for ___ days		___/___	___/___
<b>THEN</b> <b>2<sup>nd</sup></b> Take ___ tablet(s) of ___ mg every morning/evening for ___ days		___/___	___/___
<b>Name of medication:</b> _____	<b>New Med: Yes/No</b>	<b>From:</b>	<b>To:</b>
<b>1<sup>st</sup></b> Take ___ tablet(s) of ___ mg every morning/evening for ___ days		___/___	___/___
<b>THEN</b> <b>2<sup>nd</sup></b> Take ___ tablet(s) of ___ mg every morning/evening for ___ days		___/___	___/___

**NOTE:** *The medication is started at a low dose to give your body time to adapt. Remember: It may take a few weeks before you experience the medication's full effect, so don't get discouraged.*

**\* IMPORTANT!!! \***

**DON'T STOP THE MEDICATION BEFORE CALLING YOUR DOCTOR**

STARTING THERAPY

ALREADY IN THERAPY

NOT IN THERAPY

<b>Referral to</b> _____	<b>For</b> <input type="checkbox"/> Medication management	<input type="checkbox"/> Therapy	<input type="checkbox"/> Assessment
Address _____	Phone _____	Appt Date _____	Time _____
<b>Referral to</b> _____	<b>For</b> <input type="checkbox"/> Medication management	<input type="checkbox"/> Therapy	<input type="checkbox"/> Assessment
Address _____	Phone _____	Appt Date _____	Time _____

WELLNESS

<b>Referral to</b> _____	<b>For</b> _____
<b>Referral to</b> _____	<b>For</b> _____
<b>Referral to</b> _____	<b>For</b> _____

KEEP IN TOUCH





# TEAM MEETING WORKSHEETS

Care Manager: \_\_\_\_\_

Clinic \_\_\_\_\_

Team Meeting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Line #	Client Name <small>Last, First</small>	What needs to happen?	By Who	By When	Resolved <input type="checkbox"/>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

# MY PERSONAL WELLNESS PLAN

Client Name: \_\_\_\_\_ Study ID: \_\_\_\_\_

## MY RESOURCES

My medical doctor: _____	Tel. N <sup>o</sup> : (____) _____
My care manager: _____	Tel. N <sup>o</sup> :(____) _____
My therapist: _____	Tel. N <sup>o</sup> :(____) _____
My _____: _____	Tel. N <sup>o</sup> :(____) _____
My friend I can count on: _____	Tel. N <sup>o</sup> :(____) _____
My pharmacy: _____	Tel. N <sup>o</sup> :(____) _____

## MANAGING MY CHALLENGES

<b>1. My challenge</b>	<b>2. My goal</b>	
<b>3. The options (list)</b>	<b>4. What makes this a good option?</b>	<b>5. Why is this not a good option?</b>
a.		
b.		
c.		
<b>6. MAKE A DECISION</b>		

## MAKING PLEASURABLE ACTIVITIES PART OF MY LIFE

<b>1. My challenge</b>	<b>2. My goal (the pleasurable activity)</b>	
<b>3. The Options (list)</b>	<b>4. What makes this a good option?</b>	<b>5. Why is this not a good option?</b>
a.		
b.		
c.		
<b>6. MAKE A DECISION</b>		

# CARE MANAGER WORKSHEET

**Client Name:** \_\_\_\_\_ **Study ID:** \_\_\_\_\_

**Attempted Calls:** \_\_\_/\_\_\_/\_\_\_ Notes: \_\_\_\_\_

(date) Caller/Initials \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ Notes: \_\_\_\_\_

(date) Caller/Initials \_\_\_\_\_

This follow-up visit was by   OR  in person with \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_  
(date)

**Vital Signs entered and I've observed for stability**

**Treatment Issues** (Issues effecting compliance with medications or therapy)

\_\_\_\_\_  
\_\_\_\_\_

**Wellness Issues** (issues effecting problem solving or returning to pleasant activities)

\_\_\_\_\_  
\_\_\_\_\_

**Notes** (recent life events, social stressors, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- New Medication with or without therapy: Contact every 1-2 weeks, then monthly if stable
- Continued Medication with or without therapy: Contact monthly if stable
- Therapy Only: Contact every 3 months if stable
- Stay in Touch: Contact monthly if stable

**AFTER ASSESSING CLIENT'S TREATMENT PLAN & THEIR STABILITY, MY NEXT CONTACT SHOULD BE:**

**Next Care Manager Follow-up Appointment:** \_\_\_/\_\_\_/\_\_\_ **With:** \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (Signature of Clinician)