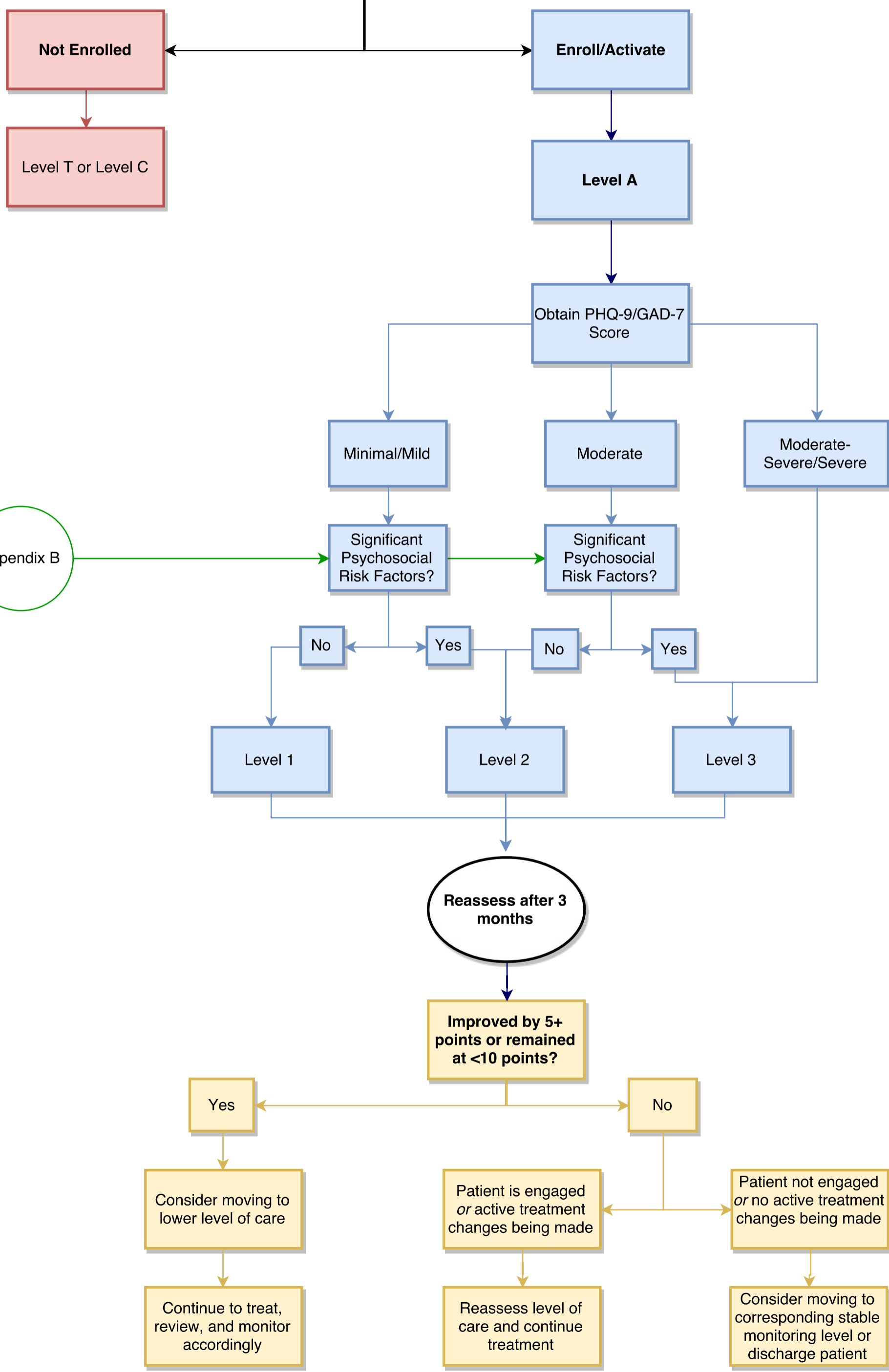


Initial Assessment



Appendix B

Level	Criteria	Services Provided	CM Contact Frequency	Service Provider
T	Brief contact or assistance; patient not enrolled in collaborative care	-Brief assessment -Resource allocation or mental health referrals -Triage	2-3 contacts total, check-in, support every 2-4 weeks	MSW
C	Curbside consult by psychiatry, Care Manager not involved	One-time Psychiatric Curbside Consult	1x	Psychiatrist (CM can liaison)
A	Assessment Period, 1 month, immediately following enrollment	-Diagnostic Assessment -Treatment Planning -Administration of baseline outcome measures -Determination of initial self-management plan	2-4 contacts within this initial one month period	MSW
1	Active, low level of need; Scores minimal to mild level; low psychosocial stressors, treatment change recently made or new to program	- Outcomes monitoring by distance or FTF -Goal to move to stable monitoring after 3-6 months -Psychoeducation, behavioral activation, brief interventions, MI, SBIRT as needed -Panel review at intake and again if no improvement -Medication monitoring	Every 3 months	MSW
2	Active, medium level of need; Scores at mild or moderate level, depending on additional risk factors present; medications may be in the midst of titration	-Outcomes monitoring by distance (with close monitoring of scores) or FTF -Psychoeducation, behavioral activation, brief interventions, MI, SBIRT as needed -Medication review with changes if needed and medication monitoring	Every 1-3 months	MSW
3	Active, high level of need; Scores moderate-severe to severe level	-Outcomes monitoring by distance (with close monitoring of scores) or FTF -Regular panel review -Psychoeducation, behavioral activation, brief interventions, MI, SBIRT as needed -Medication monitoring -Crisis and safety planning as needed	Monthly, or more frequent contacts if clinically indicated	MSW

1S	Stable monitoring, in remission; low scores for 3-6+ months	<ul style="list-style-type: none"> -Primarily outcomes monitoring at distance and monitoring for relapse -Relapse prevention plan in place -Check in if scores increase 	Every 6 months	BSW
2S	Stable monitoring, nearing remission; low scores and no significant treatment changes for 3+ months, pt actively engaged in self-management	<ul style="list-style-type: none"> -Primarily outcomes monitoring at distance and monitoring for relapse -Check in if scores increase -Develop relapse prevention plan with sustained improvement if not yet in place 	Every 1-3 months	BSW
3S	Stable monitoring, chronic mood disorder; chronically high scores despite changes in treatment and/or referral to specialty care, low level of engagement, medication compliance, and/or pre-contemplative about change	<ul style="list-style-type: none"> -Outcomes monitoring -Crisis and safety planning if needed -Clarification of goals and review of recommended services -Regularly reassessing for patient engagement and willingness and ability to make changes -High levels of Motivational Interviewing and SBIRT -Coordinate with PCP to make aware of recommended services 	Every 3-6 months	MSW

Appendix

A. Psychiatric Panel Review: Standard Review Prompts

- a. Patient new to program
- b. If no improvement in three months
- c. If no improvement in six months
- d. Further review may occur based on clinical judgment, medication concerns, or diagnostic clarification needs

B. Significant Psychosocial Risk Factors

- a. Unstable housing
- b. Food insecurity
- c. Limited social support
- d. History of trauma
- e. Financial difficulties
- f. Under- or unemployed
- g. Low level of literacy and/or low level of education
- h. Limited or no transportation
- i. Legal difficulties
- j. Undocumented immigration status
- k. Exposure to community violence
- l. Under- or uninsured (health insurance)
- m. Chronic health condition(s) and/or disability
- n. Generally poor access to basic services