

HealthPartners Care Coordination
Clinical Care Planning and Resource Guide
MENTAL HEALTH

The following Evidence Base Guideline was used in developing this clinical care guide: MCG Behavioral Health Guidelines and National Institute of Mental Health (NIMH).

Documented Health Conditions: Depression

What is Depression?

Depressive illnesses are disorders of the brain. There are several forms of depressive disorders.

Major depressive disorder, or major depression, is characterized by a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally. Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

Dysthymic disorder, or dysthymia, is characterized by long-term (2 years or longer) symptoms that may not be severe enough to disable a person but can prevent normal functioning or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetimes.

Minor depression is characterized by having symptoms for 2 weeks or longer that do not meet full criteria for major depression. Without treatment, people with minor depression are at high risk for developing major depressive disorder.

Common Causes of Depression

Most likely, depression is caused by a combination of:

- genetic- some types can run in families
- biological –co-existing medical illness such as CAD, stroke, diabetes, cancer
- environmental
- psychological factors- trauma loss, difficult relationship or any stressful episode

Diagnosis & Clinical Indicator

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- **Visit a doctor or mental health specialist.** Certain medications, and some medical conditions such as viruses or a thyroid disorder, can cause the same symptoms as depression. A doctor can rule out these possibilities by doing a physical exam, interview, and lab tests. If the doctor can find no medical condition that may be causing the depression, the next step is a psychological evaluation.
- **Referral to mental health professional,** who should discuss with you any family history of depression or other mental disorder, and get a complete history of your symptoms. You should discuss when your symptoms started, how long they have lasted, how severe they are, and whether they have occurred before and if so, how they were treated. The mental health professional may also ask if you are using alcohol or drugs, and if you are thinking about death or suicide.

Signs and Symptoms of Depression:

People with depressive illnesses do not all experience the same symptoms. The severity, frequency, and duration of symptoms vary depending on the individual and his or her particular illness.

Signs and symptoms include:

- Persistent sad, anxious, or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.
- The elderly may have decrease in memory function

Treatment and Self Care

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Depression can be treated in various ways. Counseling, psychotherapy, and antidepressant medicines can all be used. Lifestyle changes, such as getting more exercise, also may help.

- **Antidepressants**-primarily work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine.
- **Psychotherapy**- Two main types of psychotherapies—cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT)—are effective in treating depression. CBT helps people with depression restructure negative thought patterns. IPT helps people understand and work through troubled relationships that may cause their depression or make it worse.
- **Electroconvulsive therapy and other brain stimulation therapies**-For cases in which medication and/or psychotherapy does not help relieve a person's treatment-resistant depression, electroconvulsive therapy (ECT) may be useful.

How do older adults experience depression?

Depression is not a normal part of aging. Studies show that most seniors feel satisfied with their lives, despite having more illnesses or physical problems. However, when older adults do have depression, it may be overlooked because seniors may show different, less obvious symptoms. They may be less likely to experience or admit to feelings of sadness or grief.

Sometimes it can be difficult to distinguish grief from major depression. Grief after loss of a loved one is a normal reaction to the loss and generally does not require professional mental health treatment. However, grief that is complicated and lasts for a very long time following a loss may require treatment. Researchers continue to study the relationship between complicated grief and major depression.

Older adults also may have more medical conditions such as heart disease, stroke, or cancer, which may cause depressive symptoms. Or they may be taking medications with side effects that contribute to depression. Some older adults may experience what doctors call vascular depression, also called arteriosclerotic depression or subcortical ischemic depression. Vascular depression may result when blood vessels become less flexible and harden over time, becoming constricted. Such hardening of vessels prevents normal blood flow to the body's organs, including the brain. Those with vascular depression may have, or be at risk for, co-existing heart disease or stroke.

Although many people assume that the highest rates of suicide are among young people, older white males age 85 and older actually have the highest suicide rate in the United States. Many have a depressive illness that their doctors are not aware of, even though many of these suicide victims visit their doctors within 1 month of their deaths.

Most older adults with depression improve when they receive treatment with an antidepressant, psychotherapy, or a combination of both. Research has shown that medication alone and combination treatment are both effective in reducing depression in older adults.

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Psychotherapy alone also can be effective in helping older adults stay free of depression, especially among those with minor depression. Psychotherapy is particularly useful for those who are unable or unwilling to take antidepressant medication.

Self-Care

- Continue treatment to lower risk of relapse and improve outcomes.
- Medication and appointment schedule adherence.
- Engage in relaxation, cognitive techniques, and stress management techniques.
- Set realistic expectations. Break large tasks into smaller, more manageable steps.
- Avoid substance abuse.
- Lifestyle changes-exercise and nutrition.
- Seek help early if at-risk behaviors develop.
- Behavioral crisis care- follow established crisis plan.
- Suicide risk monitoring and prevention.

Definition of Well Managed

- No ER or inpatient admissions for depression symptoms or complications.
- Member has a physician recommended treatment plan and follows it
- Follows treatment plan for monitoring depression i.e. medications, psychotherapy if recommended, scheduled appointments. Follows through with contacting clinic when symptomatic, can report signs/sx's increasing depression, depression triggers.
- Follows lifestyle recommendations.
- No at risk behaviors noted. Seek help early if at-risk behaviors develop, including:
- Skipping doses or stopping medication
- Consumption of intoxicating substances
- Poor insight and negative attitude about illness and treatment providers
- Schedule disruption
- General lack of symptoms as outlined above

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HEDIS Measures /Targets:

Follow-up after hospitalization for mental illness

- Follow-up care within 7 and

30 days Antidepressant medication
management

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Documented Health Conditions: Bipolar Disorder

What is Bipolar Disorder?

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. Symptoms of bipolar disorder are severe. They are different from the normal ups and downs that everyone goes through from time to time.

Common Causes of Bipolar Disorder:

Scientists are studying the possible causes of bipolar disorder. Most scientists agree that there is no single cause. Rather, many factors likely act together to produce the illness or increase risk.

- **Genetics-** Bipolar disorder tends to run in families. Some research has suggested that people with certain genes are more likely to develop bipolar disorder than others.
- **Environmental factors-** Research suggests that factors besides genes are also at work. It is likely that many different genes and environmental factors are involved. However, scientists do not yet fully understand how these factors interact to cause bipolar disorder.

At Risk:

Bipolar disorder often develops in a person's late teens or early adult years. At least half of all cases start before age 25. Some people have their first symptoms during childhood, while others may develop symptoms late in life.

Diagnosis & Clinical Indicators:

Doctors diagnose bipolar disorder using guidelines from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. To be diagnosed with bipolar disorder, the symptoms must be a major change from your normal mood or behavior. There are four basic types of bipolar disorder:

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- **Bipolar I Disorder**—defined by manic or mixed episodes that last at least seven days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks.
- **Bipolar II Disorder**—defined by a pattern of depressive episodes and hypomanic episodes, but no full-blown manic or mixed episodes.
- **Bipolar Disorder Not Otherwise Specified (BP-NOS)**—diagnosed when symptoms of the illness exist but do not meet diagnostic criteria for either bipolar I or II. However, the symptoms are clearly out of the person's normal range of behavior.
- **Cyclothymic Disorder, or Cyclothymia**—a mild form of bipolar disorder. People with cyclothymia have episodes of hypomania as well as mild depression for at least 2 years. However, the symptoms do not meet the diagnostic requirements for any other type of bipolar disorder.

Signs and Symptoms of Bipolar Disorder:

Mood Changes

- A long period of feeling "high," or an overly happy or outgoing mood
- Extreme irritability

Behavioral Changes

- Talking very fast, jumping from one idea to another, having racing thoughts
- Being easily distracted
- Increasing activities, such as taking on new projects
- Being overly restless
- Sleeping little or not being tired
- Having an unrealistic belief in one's abilities
- Behaving impulsively and engaging in pleasurable, high-risk behaviors

Bipolar disorder usually lasts a lifetime. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of symptoms, but some people may have lingering symptoms.

Treatment and Self Care:

Bipolar disorder cannot be cured, but it can be treated effectively over the long-term. Proper treatment helps many people with bipolar disorder—even those with the most severe forms of the illness—gain better control of their mood swings and related symptoms.

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However, even with proper treatment, mood changes can occur. In the NIMH-funded Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) study—the largest treatment study ever conducted for bipolar disorder—almost half of those who recovered still had lingering symptoms. Having another mental disorder in addition to bipolar disorder increased one's chances for a relapse. An effective maintenance treatment plan usually includes a combination of medication and psychotherapy.

- **Medications** -The types of medications generally used to treat bipolar disorder include mood stabilizers, atypical antipsychotics, and antidepressants. Anticonvulsants are also used as mood stabilizers.
- **Psychotherapy:**
 - o **Cognitive behavioral therapy (CBT)**, which helps people with bipolar disorder learn to change harmful or negative thought patterns and behaviors.
 - o **Family-focused therapy**, which involves family members. It helps enhance family coping strategies, such as recognizing new episodes early and helping their loved one. This therapy also improves communication among family members, as well as problem-solving.
 - o **Interpersonal and social rhythm therapy**, which helps people with bipolar disorder improve their relationships with others and manage their daily routines. Regular daily routines and sleep schedules may help protect against manic episodes.
 - o **Psychoeducation**, which teaches people with bipolar disorder about the illness and its treatment. Psychoeducation can help you recognize signs of an impending mood swing so you can seek treatment early, before a full-blown episode occurs. Usually done in a group, psychoeducation may also be helpful for family members and caregivers.

Self-Care:

- Learn about causes.
- Manage and comply with medication plan.
- Adhere to individual and family counseling.
- Learn about strategies to stay well.
- Keep daily diary about feelings, mood changes, sleep patterns, activities during day, times food was eaten, and when medications were taken.
- Learn to recognize and deal with increases in stress or triggers (eg, difficult people, finances, noise, or high-pressure situations).
- Set realistic expectations. Break large tasks into smaller, more manageable steps.
- Recognize available support services
 - Crisis hotline
 - Support groups
 - Online information and support
 - Individual psychotherapy
- Legal or financial assistance
- Suicide risk monitoring and prevention

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Definition of Well Managed Bipolar Disorder:

- No ER or inpatient admissions for bipolar symptoms or complications.
- Member has a physician recommended treatment plan and follows it.
- Follows treatment plan for monitoring bipolar i.e. medications, psychotherapy if recommended, scheduled appointments.
 - Follows through with contacting clinic when symptomatic i.e. can report signs/sx's increasing at risk or relapse behaviors.
 - Follows lifestyle recommendations.
- No at relapse or at risk behaviors noted. Seek help early if at-risk behaviors develop, including:
 - Skipping doses or stopping medication
 - Consumption of intoxicating substances
 - Poor insight and negative attitude about illness and treatment providers
 - Schedule disruption
- General lack of symptoms as outlined above

HEDIS Measures /Targets:

Follow-up after hospitalization for mental illness

- Follow-up care within 7 and 30 days

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Documented Health Conditions: Schizophrenia

What is Schizophrenia?

Schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history. People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. People with schizophrenia may not make sense when they talk.

Many people with schizophrenia have difficulty holding a job or caring for themselves, so they rely on others for help. Treatment helps relieve many symptoms of schizophrenia, but most people who have the disorder cope with symptoms throughout their lives. However, many people with schizophrenia can lead rewarding and meaningful lives in their communities.

Common Causes of Schizophrenia?

Experts think schizophrenia is caused by several factors. Scientists think interactions between genes and the environment are necessary for schizophrenia to develop.

- **Genetics-** Scientists have long known that schizophrenia runs in families. The illness occurs in 1 percent of the general population, but it occurs in 10 percent of people who have a first-degree relative with the disorder, such as a parent, brother, or sister. The risk is highest for an identical twin of a person with schizophrenia. He or she has a 40 to 65 percent chance of developing the disorder. Scientists believe several genes are associated with an increased risk of schizophrenia, but that no gene causes the disease by itself.
- **Environmental factors-** Scientists think interactions between genes and the environment are necessary for schizophrenia to develop. Many environmental factors may be involved, such as exposure to viruses or malnutrition before birth, problems during birth, and other not yet known psychosocial factors.
 - **Different brain chemistry and structure.** Scientists think that an imbalance in the complex, interrelated chemical reactions of the brain involving the neurotransmitters dopamine and glutamate, and possibly others, plays a role in schizophrenia. Neurotransmitters are substances that allow brain cells to communicate with each other. Scientists are learning more about brain chemistry and its link to schizophrenia. Studies of brain tissue after death also have revealed differences in the brains of people with schizophrenia. Scientists found small changes in the distribution or characteristics of brain cells that likely occurred before birth. Some experts think problems during brain development before birth may lead to faulty connections. The problem may not show up in a person until puberty. The brain undergoes major changes during puberty, and these changes could trigger psychotic symptoms.

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Risk Factors: About 1% of Americans have this illness.

Schizophrenia affects men and women equally. It occurs at similar rates in all ethnic groups around the world. Symptoms such as hallucinations and delusions usually start between ages 16 and 30. Men tend to experience symptoms a little earlier than women. Most of the time, people do not get schizophrenia after age 45. Schizophrenia rarely occurs in children, but awareness of childhood-onset schizophrenia is increasing.

Diagnosis & Clinical Indicators:

Schizophrenia affects men and women equally. It occurs at similar rates in all ethnic groups around the world. Symptoms such as hallucinations and delusions usually start between ages 16 and 30. Men tend to experience symptoms a little earlier than women. Most of the time, people do not get schizophrenia after age 45.³ Schizophrenia rarely occurs in children, but awareness of childhood-onset schizophrenia is increasing.^{4,5}

It can be difficult to diagnose schizophrenia in teens. This is because the first signs can include a change of friends, a drop in grades, sleep problems, and irritability—behaviors that are common among teens. A combination of factors can predict schizophrenia in up to 80 percent of youth who are at high risk of developing the illness. These factors include isolating oneself and withdrawing from others, an increase in unusual thoughts and suspicions, and a family history of psychosis.⁶ In young people who develop the disease, this stage of the disorder is called the "prodromal" period

Signs and Symptoms of Schizophrenia:

The symptoms of schizophrenia fall into three broad categories: positive symptoms, negative symptoms, and cognitive symptoms.

Positive Symptoms- Positive symptoms are psychotic behaviors not seen in healthy people. People with positive symptoms often "lose touch" with reality. These symptoms can come and go.

- Hallucinations- a person sees, hears, smells, or feels that no one else can see, hear, smell, or feel.
- Delusions- are false beliefs that are not part of the person's culture and do not change.
- Thought Disorders- are unusual or dysfunctional ways of thinking. One form of thought disorder is called "disorganized thinking." This is when a person has trouble organizing his or her thoughts or connecting them logically.
 - Movement Disorders- may appear as agitated body movements. A person with a movement disorder may repeat certain motions over and over. In the other extreme, a person may become catatonic.

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Negative Symptoms- People with negative symptoms need help with everyday tasks. They often neglect basic personal hygiene. This may make them seem lazy or unwilling to help themselves, but the problems are symptoms caused by the schizophrenia.

- Flat affect" (a person's face does not move or he or she talks in a dull or monotonous voice)
- Lack of pleasure in everyday life
- Lack of ability to begin and sustain planned activities
- Speaking little, even when forced to interact

Cognitive Symptoms- Cognitive symptoms often make it hard to lead a normal life and earn a living. They can cause great emotional distress.

- Poor "executive functioning" (the ability to understand information and use it to make decisions)
- Trouble focusing or paying attention
- Problems with "working memory" (the ability to use information immediately after learning it).

Treatment and Self Care

Because the causes of schizophrenia are still unknown, treatments focus on eliminating the symptoms of the disease. Treatments include antipsychotic medications and various psychosocial treatments. People with schizophrenia can get help from professional case managers and caregivers at residential or day programs. However, family members usually are a patient's primary caregivers.

Antipsychotic Medications

Antipsychotic medications have been available since the mid-1950s. The older types are called conventional or "typical" antipsychotics. Some of the more commonly used typical medications include:

- Chlorpromazine (Thorazine)
- Haloperidol (Haldol)
- Perphenazine (Etrafon, Trilafon)
- Fluphenazine (Prolixin)

In the 1990's, new antipsychotic medications were developed. These new medications are called second generation, or "atypical" antipsychotics. o Risperidone (Risperdal)

- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Ziprasidone (Geodon)
- Aripiprazole (Abilify)

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- Paliperidone (Invega).

Some people have side effects when they start taking these medications. Most side effects go away after a few days and often can be managed successfully. People who are taking antipsychotics should not drive until they adjust to their new medication. Side effects of many antipsychotics include:

- Drowsiness
- Dizziness when changing positions
- Blurred vision
- Rapid heartbeat
- Sensitivity to the sun
- Skin rashes
- Menstrual problems for women

Long-term use of typical antipsychotic medications may lead to a condition called tardive dyskinesia (TD). TD causes muscle movements a person can't control. The movements commonly happen around the mouth. TD can range from mild to severe, and in some people the problem cannot be cured.

Antipsychotics can produce unpleasant or dangerous side effects when taken with certain medications. For this reason, all doctors treating a patient need to be aware of all the medications that person is taking. Doctors need to know about prescription and over-the-counter medicine, vitamins, minerals, and herbal supplements.

- Antipsychotic medication information
- Venous thromboembolism (VTE) risk increase
- Caution when driving or operating dangerous machinery
- Hormonal changes may occur (ie. retrograde ejaculation, amenorrhea, and weight gain).
- Sun sensitivity may occur, sunburn prevention precautions recommended.
- Clozapine - weekly laboratory testing for agranulocytosis may be needed
- Neuroleptics - do not use alcohol while taking

Psychotherapy:

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- **Illness management skills.** People with schizophrenia can take an active role in managing their own illness. Once patients learn basic facts about schizophrenia and its treatment, they can make informed decisions about their care. If they know how to watch for the early warning signs of relapse and make a plan to respond, patients can learn to prevent relapses. Patients can also use coping skills to deal with persistent symptoms.
- **Integrated treatment for co-occurring substance abuse.** Substance abuse is the most common co-occurring disorder in people with schizophrenia. But ordinary substance abuse treatment programs usually do not address this population's special needs. When schizophrenia treatment programs and drug treatment programs are used together, patients get better results.
- **Rehabilitation.** Rehabilitation emphasizes social and vocational training to help people with schizophrenia function better in their communities. Because schizophrenia usually develops in people during the critical career-forming years of life (ages 18 to 35), and because the disease makes normal thinking and functioning difficult, most patients do not receive training in the skills needed for a job. Rehabilitation programs can include job counseling and training, money management counseling, help in learning to use public transportation, and opportunities to practice communication skills. Rehabilitation programs work well when they include both job training and specific therapy designed to improve cognitive or thinking skills. Programs like this help patients hold jobs, remember important details, and improve their functioning.
- **Family education.** People with schizophrenia are often discharged from the hospital into the care of their families. So it is important that family members know as much as possible about the disease. With the help of a therapist, family members can learn coping strategies and problem-solving skills. In this way the family can help make sure their loved one sticks with treatment and stays on his or her medication. Families should learn where to find outpatient and family services.
 - **Cognitive behavioral therapy.** Cognitive behavioral therapy (CBT) is a type of psychotherapy that focuses on thinking and behavior. CBT helps patients with symptoms that do not go away even when they take medication. The therapist teaches people with schizophrenia how to test the reality of their thoughts and perceptions, how to "not listen" to their voices, and how to manage their symptoms overall. CBT can help reduce the severity of symptoms and reduce the risk of relapse.
- **Self-help groups.** Self-help groups for people with schizophrenia and their families are becoming more common. Professional therapists usually are not involved, but group members support and comfort each other. People in self-help groups know that others are facing the same problems, which can help everyone feel less isolated. The networking that takes place in self-help groups can also prompt families to work together to advocate for research and more hospital and community treatment programs. Also, groups may be able to draw public attention to the discrimination many people with mental illnesses face.

Self Care

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- Focus on coping with diagnosis, understanding illness and course, and ways to manage symptoms.
- Set realistic expectations.
- Break large tasks into smaller, more manageable steps.
- Obtain social skills training.
- Obtain daily living skills training.
- Nighttime sleep promotion
- Manage and comply with medication plan.
- Adhere to individual and family counseling.
- Lifestyle changes-exercise and nutrition.
- Smoking cessation
- Seek help early if at-risk behaviors develop
- Behavioral crisis care plan
- Suicide risk monitoring and prevention
- Deep venous thrombosis prevention

Family or Support Person Should:

- Keep record of what types of symptoms have appeared, what medications (including dosage) have been taken, and effects of various treatments.
- Provide appropriate orientation, support, and assistance.
- Be familiar with treatment plan and what to do in emergency situation.
- Identify factors that aggravate and alleviate symptoms of anxiety.
- Provide environment free from distractions if possible.
- Encourage self-awareness and autonomy.
- Promote personal self-care as much as possible, and praise successes.
- Set limits on individual's behavior when he or she is unable to do so.
- Avoid confrontation unless it is necessary to prevent harmful behavior
- Demonstrate or supervise medication adherence and drug and alcohol abstinence.
- Encourage relaxation, cognitive techniques, and stress management.
- Promote supportive emotional environment.

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Definition of Well Managed Schizophrenia:

- No ER or inpatient admissions for schizophrenia symptoms or complications.
- Member has a physician recommended treatment plan and follows it:
 - o Follows treatment plan for schizophrenia i.e. medications, psychotherapy programs if recommended, scheduled appointments.
 - o Follows through with contacting a clinic when symptomatic i.e. signs/sx's increasing at risk or relapse behaviors, antipsychotic medication side effects, increasing positive, negative or cognitive symptoms.
 - o Follows lifestyle recommendations.
- No relapse or at risk behaviors noted. Seek help early if at-risk behaviors develop, including:
 - o Skipping doses or stopping medication
 - o Consumption of intoxicating substances
 - o Poor insight and negative attitude about illness and treatment providers
 - o Schedule disruption
- General lack of symptoms as outlined above

HEDIS Measures /Targets:

Follow-up after hospitalization for mental illness

- Follow-up care within 7 and 30 days

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Chronic Care Guideline Goal from MCG	“As evidenced by” (AEB) example	Suggested care plan education from Coach & Communicate
Goal: better understanding of Depression diagnosis	As evidenced by patient self-reporting understanding of depression diagnosis.	
	As evidenced by patient self-reporting understanding of concerning depression symptoms.	
	As evidenced by patient self-reporting comprehension of health education and resources received.	
Goal: better understanding of personal harm warning signs and action plan	As evidenced by patient/parent successfully following up with mental health provider.	
	As evidenced by creation of an emergency plan so family and caregivers know steps to take if personal harm symptoms present.	
Goal: initiate and maintain a Behavioral Health therapy or support plan	As evidenced by scheduling appointment for evaluation of need for behavioral health therapy.	
	As evidenced by identification of coping mechanisms and options for alternative mechanisms.	
	As evidenced by self-report of importance of follow up with behavioral health providers to help address disease symptoms and provide a supervised program.	
Goal: develop, implement, and maintain a Depression self-management plan	As evidenced by patient self-reporting follow up with primary care or behavioral health provider to develop, review, or evaluate self-management plan.	
	As evidenced by patient self-reporting of what to do when depression symptoms worsen.	
	As evidenced by self-report of when to get emergency help.	
Goal: develop, initiate and maintain improved social support systems or connections	As evidenced by self-report of establishment of a helpful social network.	
	As evidenced by participation in community support groups, therapy groups, or social support network.	

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Chronic Care Guideline Goal from MCG	“As evidenced by” (AEB) example	Suggested care plan education from Coach & Communicate
Goal: better understanding of Bipolar diagnosis	As evidenced by patient self-reporting understanding of bipolar definition.	
	As evidenced by patient self-reporting understanding of concerning symptoms.	
	As evidenced by patient self-reporting comprehension of health education received.	
	As evidenced by patient self-reporting adherence to prescribed plan of care.	
Goal: better understanding of personal harm warning signs and action plan	As evidenced by creation of an emergency plan so family and caregivers know steps to take if personal harm symptoms present.	
	As evidenced by self-identification of risks of suicide or harm to self or others.	
	As evidenced by self-report of awareness of when to call provider or seek emergency help.	
Goal: establish a Medical Home for ongoing patient care	As evidenced by patient/parent successfully following up with behavioral health provider.	
	As evidenced by patient/parent successfully following up with primary MD.	
Goal: develop, implement, and maintain a Bipolar self-management plan	As evidenced by patient self-reporting follow up with primary care provider to develop, review, or evaluate for problems with self-management plan.	
	As evidenced by patient self-reporting adherence to medication regimen and lifestyle changes as necessary for reducing risk of complications.	
Goal: develop, implement, and maintain a Behavioral Health therapy or support plan	As evidenced by identification of coping mechanisms and options for alternative mechanisms (specify).	
	As evidenced by self-report of importance of seeing psychiatrist, psychologist, therapist, or social worker to help address disease symptoms and provide a supervised program.	

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Chronic Care Guideline Goal from MCG	“As evidenced by” (AEB) example	Suggested care plan education from Coach & Communicate
Goal: better understanding of Schizophrenia diagnosis	As evidenced by patient self-reporting understanding of schizophrenia definition and diagnosis.	
	As evidenced by patient self-reporting understanding of concerning symptoms.	
	As evidenced by patient self-reporting comprehension of health education received.	
	As evidenced by patient self-reporting adherence to prescribed plan of care.	
Goal: better understanding of personal harm warning signs and action plan	As evidenced by creation of an emergency plan so family and caregivers know steps to take if personal harm symptoms present.	
	As evidenced by self-identification of risks of suicide or harm to self or others.	
	As evidenced by self-report of awareness of when to call provider or seek emergency help.	
Goal: establish a Medical Home for ongoing patient care	As evidenced by patient/parent successfully following up with behavioral health provider.	
	As evidenced by patient/parent successfully following up with primary MD.	
Goal: develop, implement, and maintain a Schizophrenia self-management plan	As evidenced by patient self-reporting follow up with primary care provider to develop, review, or evaluate for problems with self-management plan.	
	As evidenced by patient self-reporting adherence to medication regimen and lifestyle changes as necessary for reducing risk of complications.	
Goal: initiate and maintain a Behavioral Health therapy or support plan	As evidenced by identification of coping mechanisms and options for alternative mechanisms (specify).	
	As evidenced by self-report of importance of seeing psychiatrist, psychologist, therapist, or social worker to help address disease symptoms and provide a supervised program.	