



COMMUNITY HEALTH
IMPROVEMENT PARTNERS
making a difference together



2009 SAN DIEGO DEPRESSION SCREENING WEEK **OCTOBER 5-9, 2009**

The Community Health Improvement Partners' (CHIP) Behavioral Health Work Team is collaborating with other San Diego County organizations, to offer free depression screenings during *San Diego Depression Screening Week*, October 5-9, 2009. During this week, residents of San Diego County over the age of 18 will have the opportunity to visit designated sites to receive a free, anonymous, depression screening; learn about the signs and symptoms of depression, anxiety disorder, postpartum depression and other topics related to depression.

You and your organization are invited to become a partner and host a screening site(s) during *San Diego Depression Screening Week*. Attached you will find a copy of the screening site registration form. There are two options for participation:

Option 1: Disseminate information and provide resources about the signs and symptoms of generalized depression, bipolar depression, postpartum depression and other mental health topics.

Clinicians are not necessary for Option 1 participation.

Option 2: In addition to providing the information in Option 1, Option 2 sites will administer the *San Diego Depression Week Screening Tool*. Upon completing a *San Diego Depression Week Screening Log*, you will enter your information into a confidential online survey which will be sent to the contact listed below. In order to participate in Option 2, a Mental Health Clinician **must** be on site to assist someone who presents a severe mental health issue that requires further assessment.

A voluntary Site Staff Training will be held on September 30, 2009 from 10:00 a.m.-12:00 p.m. at the North Central Region Administration Building located at 8965 Balboa Ave. Conference Rm. 1A, San Diego, CA 92123, for any organization that will be a screening site.

PLEASE COMPLETE THE ATTACHED REGISTRATION FORM AND RETURN IT BY TUESDAY, SEPTEMBER 15, 2009

Please forward this information to any organization that you feel may be interested in participating.

We look forward to working with you to make 2009 San Diego Depression Screening Week a huge success!

For more information, you may contact Curley Jordan at Curley.Jordan@sdcounty.ca.gov or (619) 409-3252.

SAN DIEGO DEPRESSION SCREENING WEEK
OCTOBER 5-9, 2009
SCREENING SITE REGISTRATION FORM

To register your organization please COMPLETE THIS FORM and then DO ONE of the following:

1. Press PRINT at the bottom of the page and Fax to: (619) 409-3113, or
2. Call or email your information to Curley Jordan at (619) 409-3252 or Curley.Jordan@sdcounty.ca.gov

Please print clearly - complete all sections:

Parent Organization Sponsoring Screening Site: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Screening Site Contact Person: _____ Phone: _____

Site Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Screening Site Date(s) and Hours of Operation:

- | | |
|------------------------------------|---------------------------|
| <input type="checkbox"/> Monday | Hours of Operation: _____ |
| <input type="checkbox"/> Tuesday | Hours of Operation: _____ |
| <input type="checkbox"/> Wednesday | Hours of Operation: _____ |
| <input type="checkbox"/> Thursday | Hours of Operation: _____ |
| <input type="checkbox"/> Friday | Hours of Operation: _____ |
| <input type="checkbox"/> Other | Hours of Operation: _____ |

Age Group(s) you will screen at site:

(check all that apply)

- | |
|--|
| <input type="checkbox"/> Adults (18-64) |
| <input type="checkbox"/> Older Adults (64 and above) |

Language(s) spoken at site: (check all that apply)

- | | |
|---|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Other, please specify: _____ | |

Is your site open to the general public? ☐ Yes ☐ No

Special Population Capabilities (please list): _____

What level of participation is your organization interested in (check appropriate box):

- ☐ **Option 1:** Information Dissemination and Referral Sources Only
- ☐ **Option 2:** Information Dissemination and Referral Sources **AND** Administration of *San Diego Depression Week* Screening Tool

Directions to Screening Site and Parking Information: _____

Additional Information (including weekend hours or if organization specializes in certain populations):

Will you attend the training on September 30, 2009 :

- ☐ Yes, I will attend
- If yes, how many will be attending: _____

☐ No, I will not attend

PRINT