Figure S1: Intervention procedure and decision flowchart

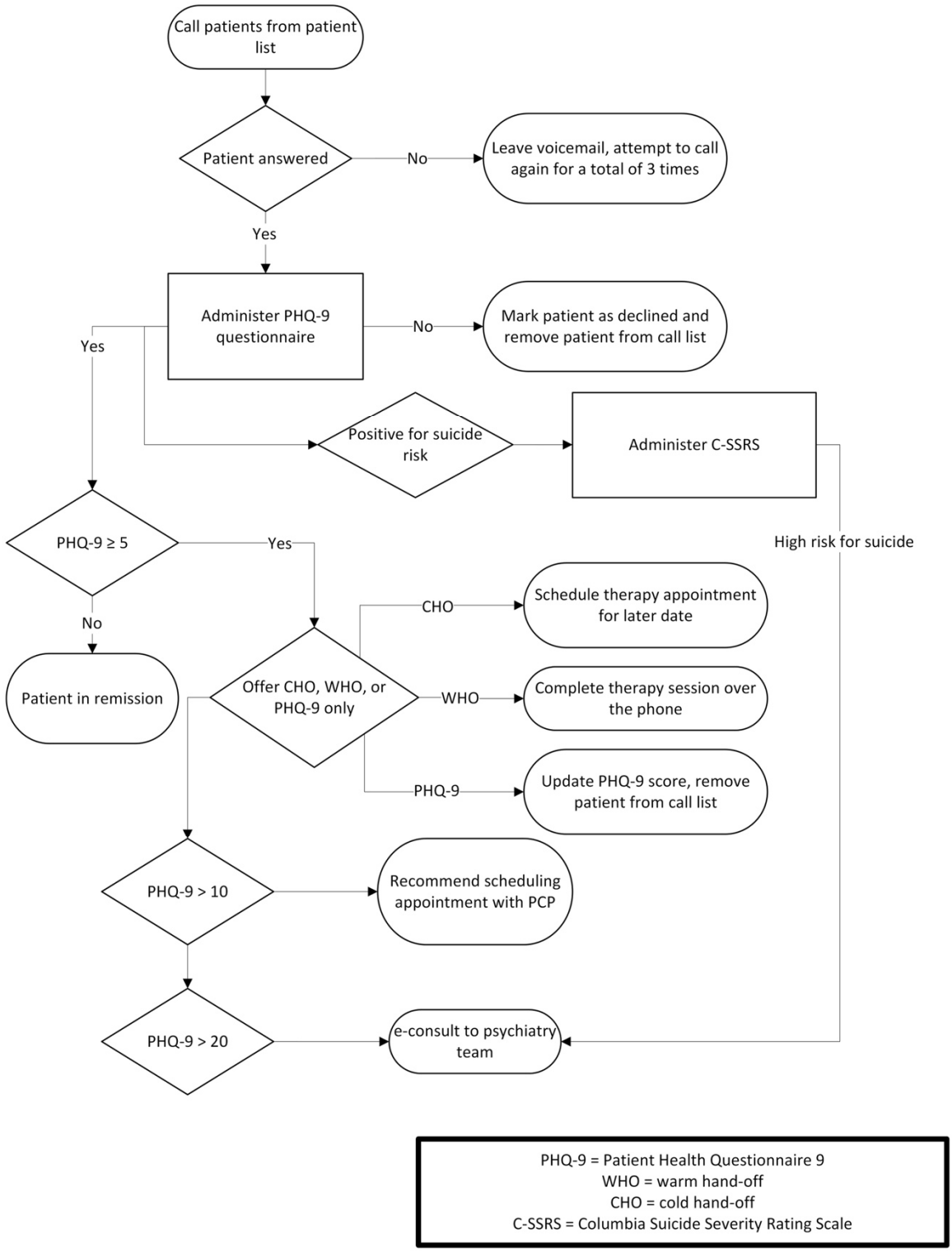


Table S1: Interview Guide

Opening questions:	• What is your overall impression of this project's intervention? • What has been the overall response?
Main questions:	• What have you learned from implementing the intervention? • What are the intervention's advantages and disadvantages? • What aspects of the intervention would you adapt, accept, or abandon? • Do you have any stories of a patient encounter (without giving any identifying patient information) during this intervention that you felt made a difference in the patient's health care?
Concluding questions:	• What would you consider the most important thing regarding therapist outreach and depression remission? • Is there anything you would like to add regarding therapist outreach and depression remission or anything else we have discussed?

Figure S2: Outcome results

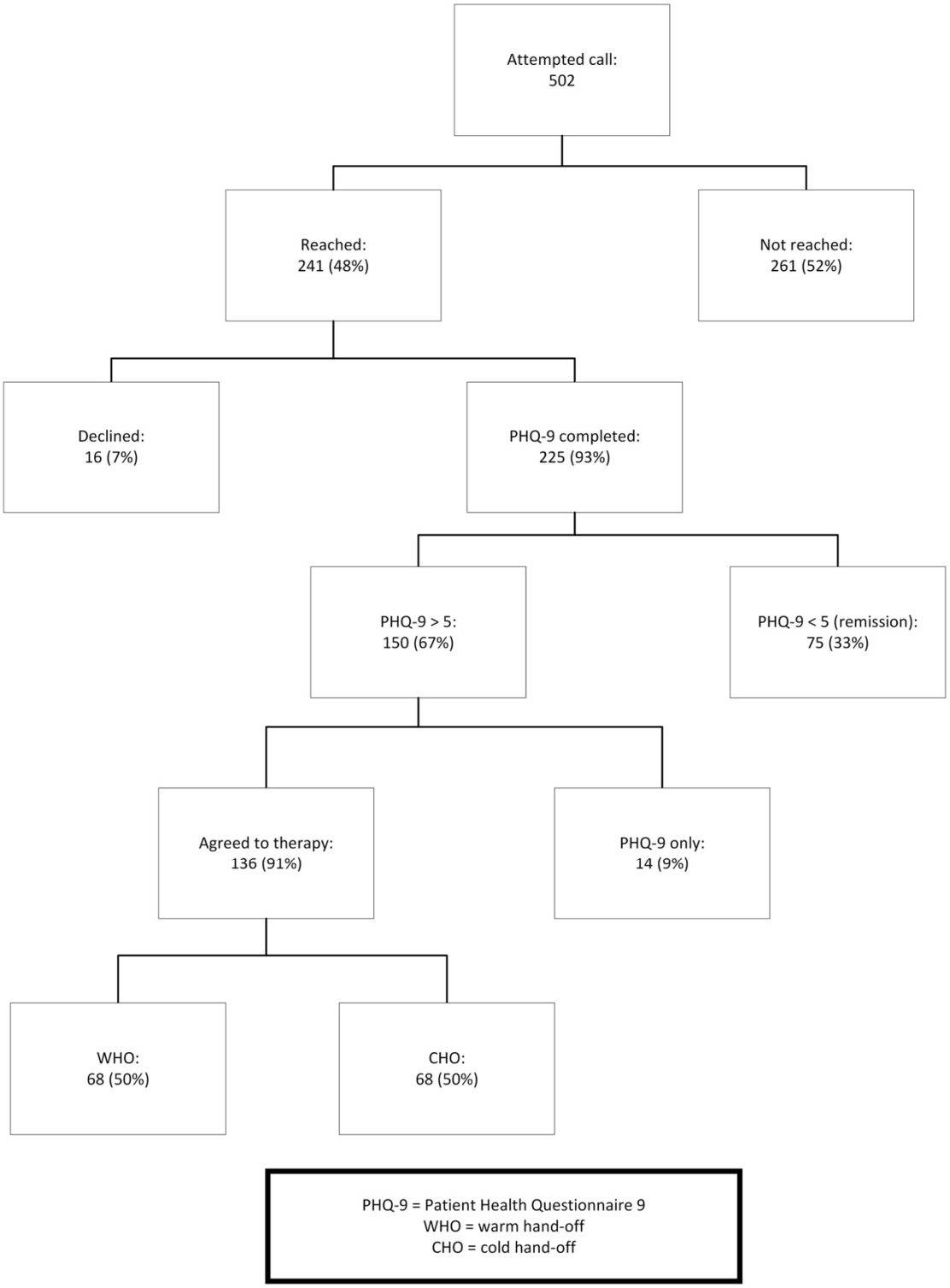
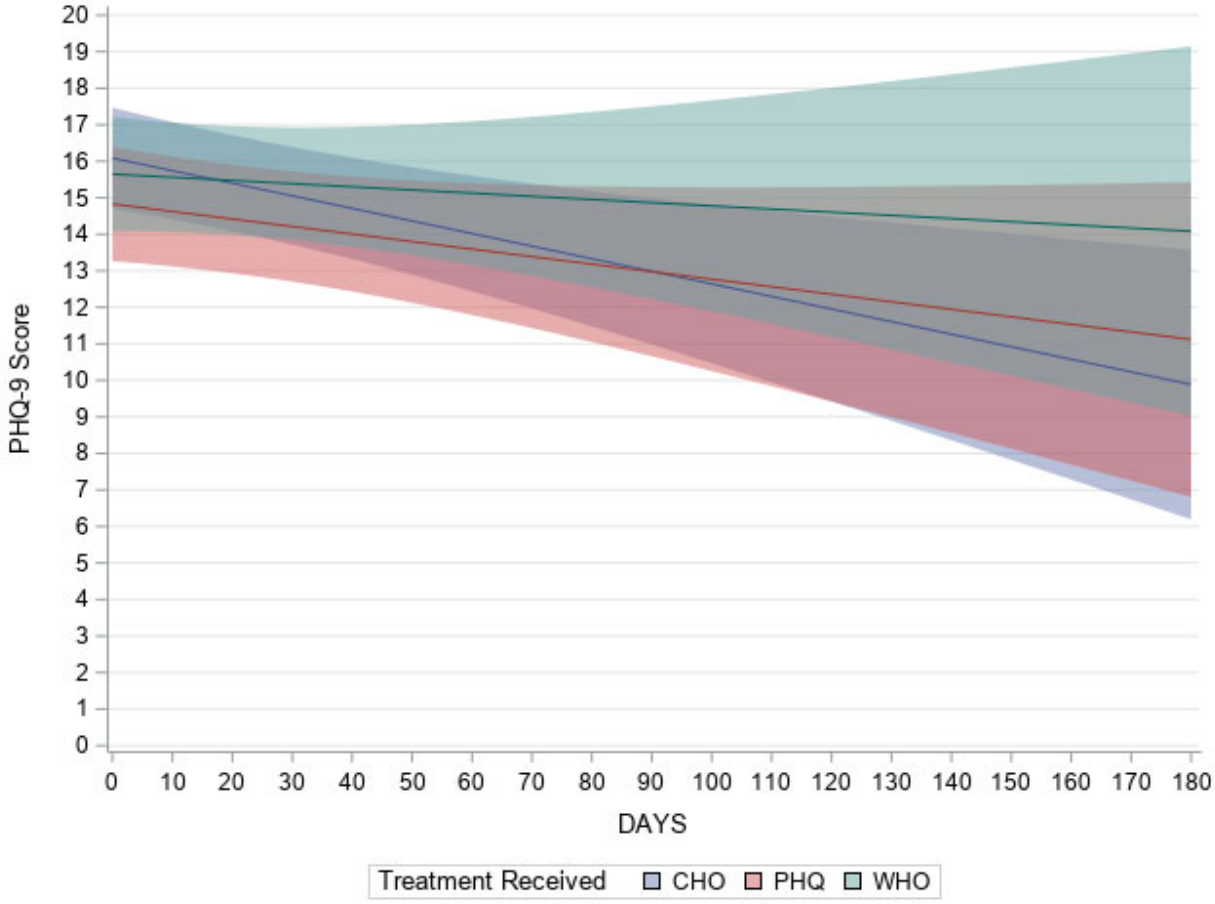


Figure S3: Six-month follow-up of those with PHQ-9 > 10 on outreach by treatment type



Shaded regions represent 95% confidence intervals for estimated PHQ-9 scores over time for individuals with PHQ-9 > 10 by treatment group (based on original intervention received).

Table S2: Results of the semi-structured interview with therapists

Themes	Representative quotes
Positive intervention for following up with patients	"... there are some patients who are doing well, meaning their PHQ is fairly low, but they still appreciate the fact that we are checking in on them and then they will say thank you for calling me…it feels really good to know that [the clinic] cares…And a lot of them will tell me that [the calls] are good reminders of things that they need to be doing to just kind of maintain their low depression symptoms….and then I have other patients who are still currently struggling, their PHQ was high in the past and then it's still high as we talk about it. And a lot of them just also kind of expressed that same gratitude." "...there was this patient with severe depression, severe anxiety, suicidal ideation…after the session was over, I checked up on him in about a week…I did the PHQ. And I did the GAD, and they were normal now. And also no suicidal ideation. And then I said, 'Hey, so what happened?' And he said, 'Honestly, just having you care…You know, if someone listened to me, I think that made me change my perspective on life. And I started to focus on the things you suggested I should focus on. And it's just made a difference.' …And so that's just one quick story that I wanted to share. I think we're a team and it does matter and I think it makes it better when you have that integrated care. You have the medical, you have a therapist, and then the patient but when everybody works together, I think great things are done."
Cold-calling was not helpful	"...sometimes it's kind of a lack of trust, when you call and especially, you call from the number that they don't recognize…they are still kind of hesitant to provide information." "People aren't expecting us. So you call them they're at the grocery store, they're with their kids, they're at work. And so it's calling them out of the blue to talk about probably very personal things even to complete the PHQ, which some people do in a variety of places. But so I think that's a disadvantage…just calling people and expecting them to maybe be ready or to be in a place that they can have these conversations."
Possible adaptations	"I was thinking maybe once we get our PHQ [call] list, we could care message those patients on that list saying, 'Hey, someone's going to be contacting you from [the clinic], a therapist or whatever.' And we could kind of send out a message ahead of time." "We also had an idea for like a care manager, like somebody who could be managing the list, who could also maybe be doing some of the cold calling, and just scheduling with therapists. That's an idea that would take resources and finances, obviously, to pay somebody to do that. But that might be a possibility."

Figure S4: Clinic's annual depression and remission results