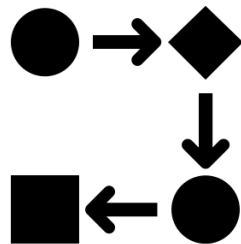


Process Map Examples



TEAMUP
FOR CHILDREN

Transforming and
Expanding
Access to
Mental Health Care in

Urban
Pediatrics

Model Component	Clinical Workflow	Sequencing
Strengthen Families	Prenatal-Postpartum Transition Support	
	Healthy Parenting Support	
Enhance Screening	Enhanced Universal Screening	
Ensure Access	PCP BH Plan	
	Warm Hand-off to BHC	
	Warm Hand-off to CHW	
	Symptom Tracking	
	BHC BH Plan	
	CHW BH Plan	
Bridge Connections	Early Intervention (EI) Tracking	
	Clinical Pathways for Special Populations	
	Access to Specialty Care	
1st	2nd	Throughout

Start: Patient/family aged 0-4
arrives at clinic

Check-In

Check-in at registration or kiosk – verify HIPAA, demographic
info, provide encounter form

Rooming

MA selects appropriate SWYC form based on patient age

MA rooms patient and provides SWYC for parent/caregiver to
complete

MA completes vitals and enters SWYC responses in chart, if
complete

MA alerts PCP that patient/family is ready by changing dot to
green, switching side bar to waiting, and hanging flag outside
door

Visit & Check-Out

PCP checks status of SWYC in chart, ask MA status of completion if not entered



PCP supports family in completing SWYC, if needed



PCP reviews completed screeners with family and identifies areas of need, brings in interpreter if comprehension issues are suspected



PCP completes PCP BH Plan, and recommends follow-up and/or referral to EI, DBP, other if problem is identified

WHO to BHC/CHW to
be continued

Routine Warm Hand-off to BHC

Provider sees
patient for
scheduled OV

PCP contacts
BH provider to notify BH that
patient is ready

BHC provider completes
plan of care for patient
and books F/U if needed

Pre-visit:
BHC Huddles with
PCPs in the morning to plan what
patients
need BH warm
hand-off

Contact BHC
If not available use CHW

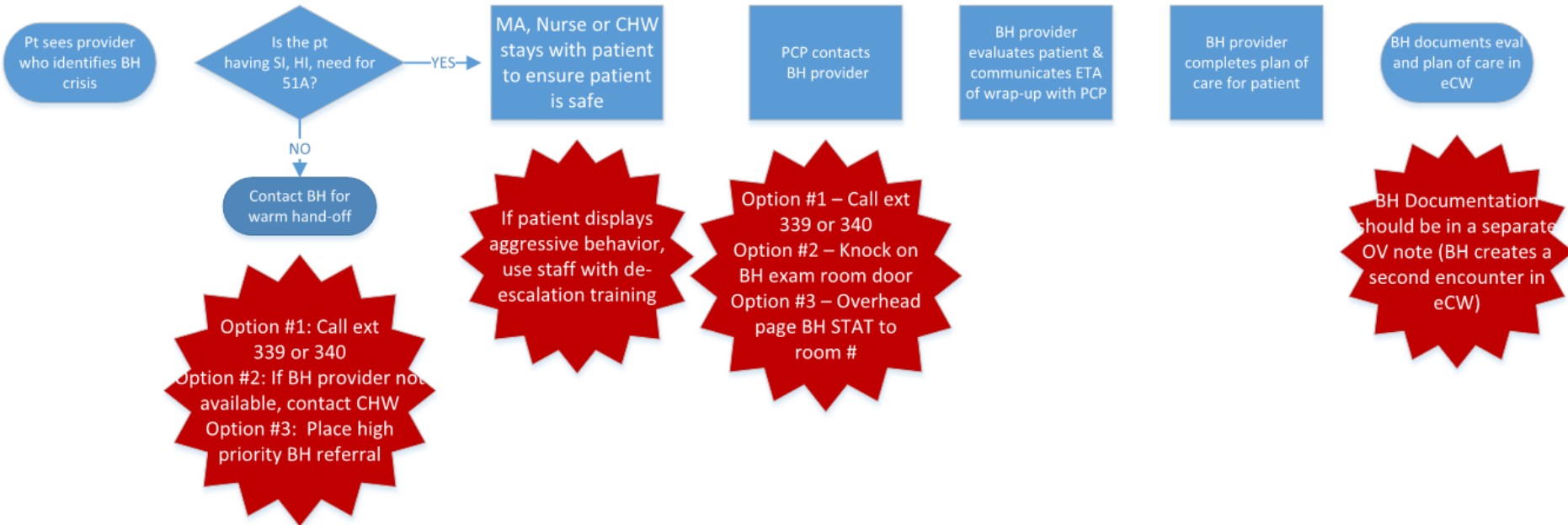
Place a referral order to BHC
if both options are not available

BHC provider codes and
completed progress note

If patient requires interpreter,
request
for PCP appt will note that BH
warm
Hand-off needed
after visit

BHC can bring patient to
BHC office to free up exam
room

Urgent Warm Hand-off to BHC



Routine Warm Hand-off to CHW

Routine screening
tool(s) completed
during office visit

PCP reviews
completed screener
and identifies need
for CHW

CHW meets with
patient/family in
exam room to offer
support

CHW ensures pt
completes plan of
care by PCP
(i.e. send pt to lab,
pharm, etc)

BH documents
resources given and
follow up plan in
eCW

Screening tools
available:
SWYC
PSC-17
PSC-Y

Option #1 – Notify
CHW located in pedi dept
Option #2 – Call ext
303, 358 or 150
Option #3 – Place a routine
referral order to CHW

CHW schedules
appts, submits
referrals as
needed

PHQ 9 score	0-5	6-10	11-15		>16
Office procedure	Routine review	Beck at home or on site Task BHC	IDQ request to BHC for Beck and intake	IDQ request to BHC for Beck and intake	IDQ request to BHC for intake
Beck Score			11-20	>21	
PCP Visit Frequency	Routine	3 months	1 month	1 month	1 month
BHC Visit Frequency	N/A	As needed	As needed	1-2 weeks	1-2 weeks
Counseling Referral	N/A	Yes if +SI or Beck >10	Yes	Yes Urgent	Yes Urgent
CHW Phone Follow-up	N/A	As needed	Yes	Yes	Yes
Psychiatry Consult/referral	N/A	Possible	Possible	Yes	Yes
Medication	N/A	Pending therapy	Consider	Consider	Yes

Prenatal to Postpartum Transition Care

