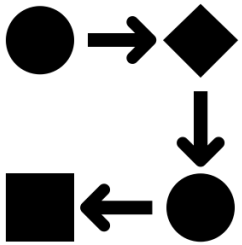
Process Map Examples



TEAM UP FOR CHILDREN

Transforming and
Expanding
Access to
Mental Health Care in

Urban
Pediatrics

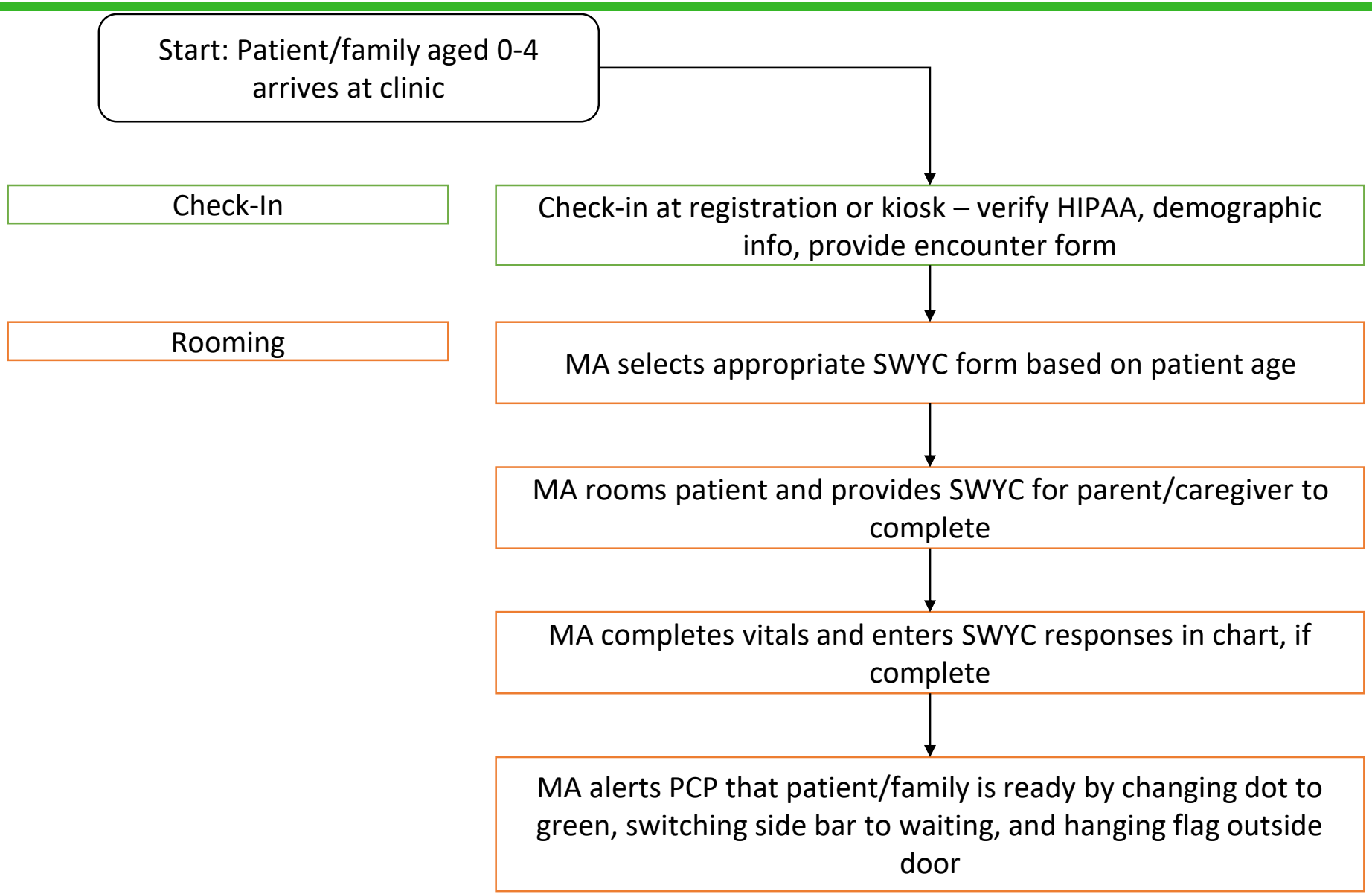
Core Clinical Workflows

TEAM UP FOR CHILDREN

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

Universal Screening – SWYC



Universal Screening – SWYC

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

↓

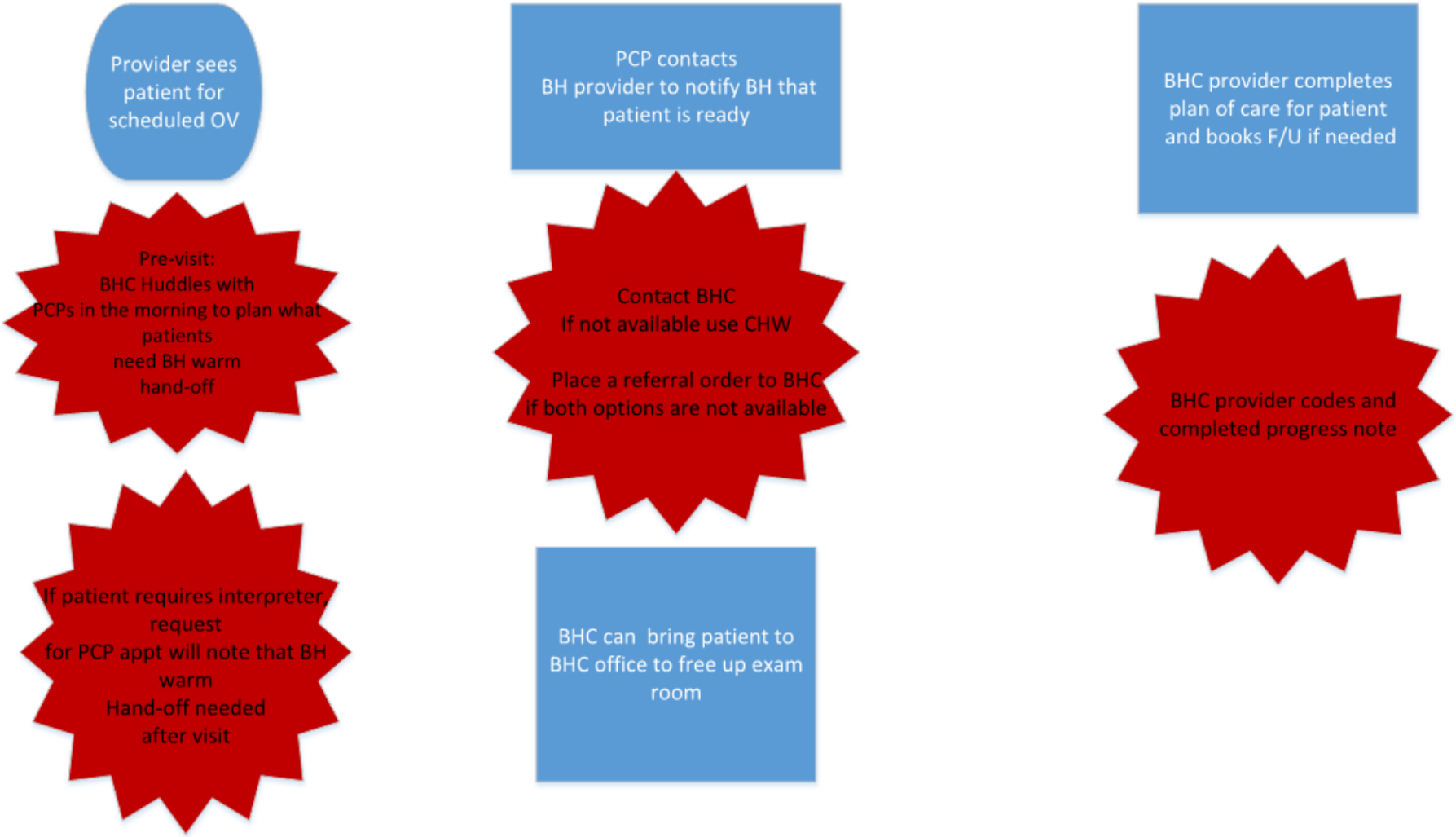
PCP reviews completed screeners with family and identifies areas of need, brings in interpreter if comprehension issues are suspected

↓

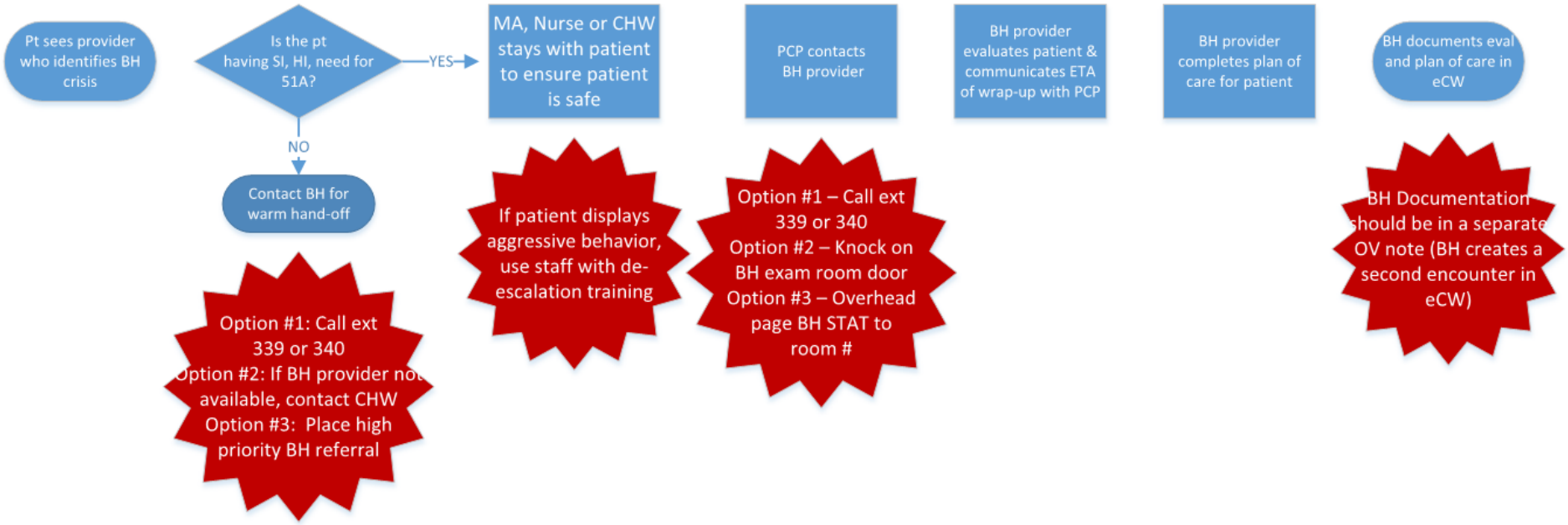
PCP completes PCP BH Plan, and recommends follow-up and/or referral to EI, DBP, other if problem is identified

WHO to BHC/CHW to be continued

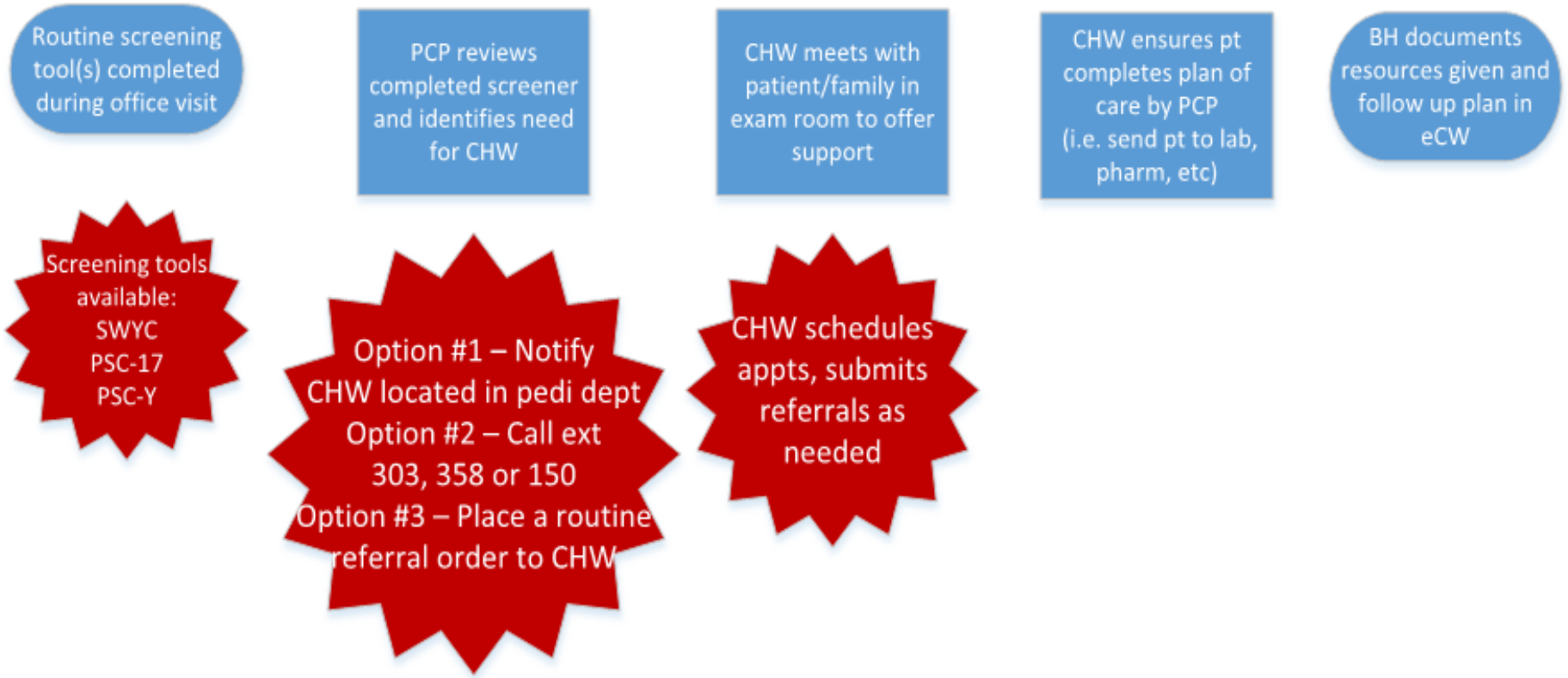
Routine Warm Hand-off to BHC



Urgent Warm Hand-off to BHC



Routine Warm Hand-off to CHW

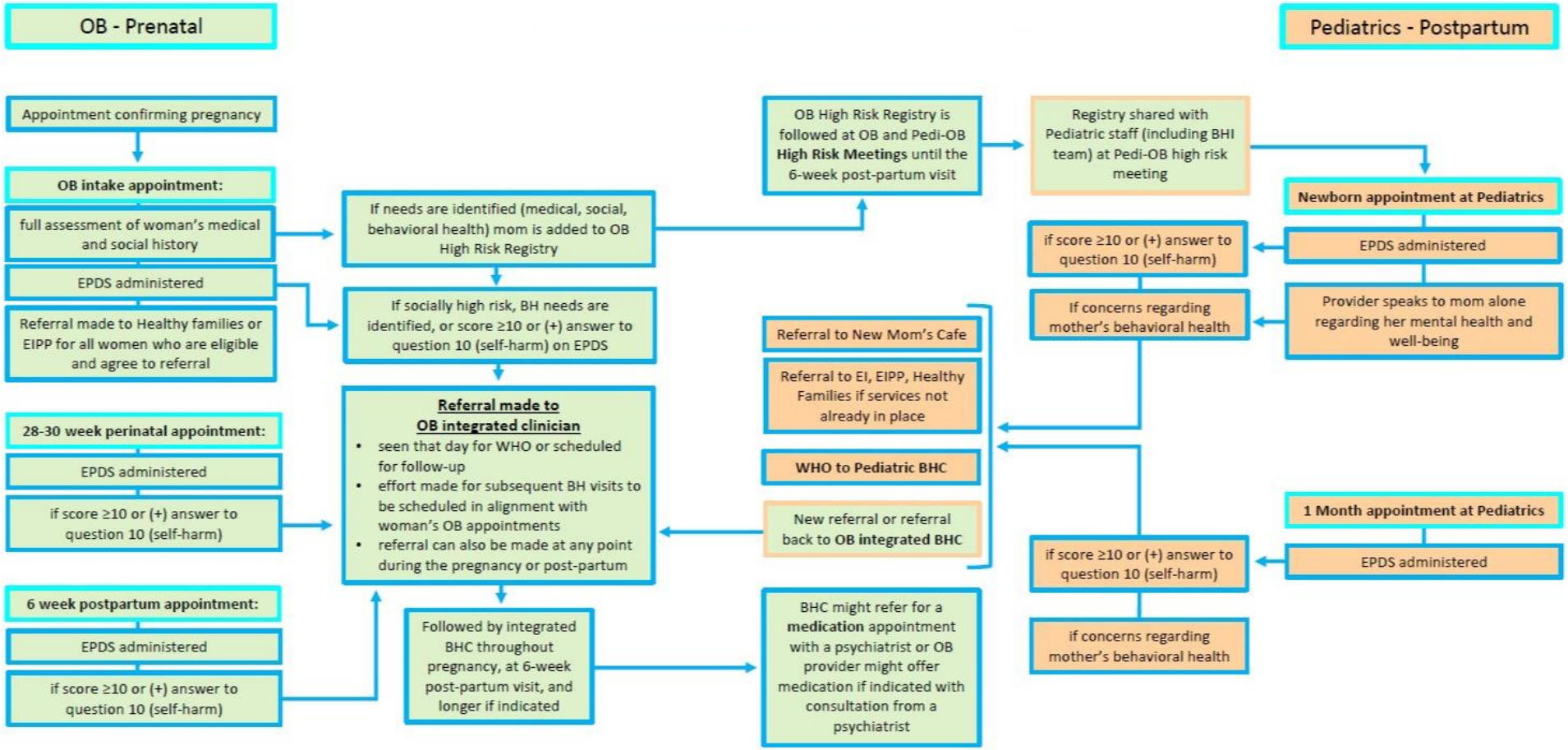


Depression Screening & Treatment

TEAM UP FOR CHILDREN

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



ADHD Diagnosis & Treatment