CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

PHS BH Workflows collected at July 2018 BHI Roundtable Meeting

Screen & Refer → Diagnose & Engage → Rx → Therapy → Monitor & Track Status

PHS	Staff used	Staff used	Staff used	Staff used	Staff used	Other notes
Kern	MA; Clerical Support: Paper forms or Tonic [iPad] → Support staff: notify pager, email, T/C → LCSW / MFT: dispatch to clinic	Nurses/MA/PCP ←→ LCSW: see patients in order of availability, practicum students under supervision	PCP: Consult only Psychiatrist	LCSW/MFT: MI, SFT, CMG, Groups	MA; Clerical Staff; IT: Reporting → LCSW/MFT: follow up as added	
Los Angeles	MA RN LCSW PCP, RN: Refer	PCP CSW RN	PCP Psych	CSW Community Orgs Psych	RN For other social issues: Medical Case Worker	All patients every visit screened for: PHQ, GAD, Tob, Alc, SU, IPV, Housing, Food
San Francisco	Front desk: check if due, give PHQ-2; Combine w/ screening tool due at 10 months from last screen MA: collects form, enters into EHR; give deeper screen (PHQ-9, Audit, Dast for + screen), enter into EHR and/or alert PCP	PCP: review scores, triage, warm handoff or referral → LCSW: sometimes BHC enters exam room before PCP	PCP: will prescribe Psychiatrist: will consult with PCMH teams and prescribe	LCSW: adhere to care model; 4-6 contacts with pt PHQ-9 between score of 10-27; 4-6 and med consult for 20+ score	Behavioral Assistants/peer navigators: phone pt/ check in, schedule repeat, considering PHQ-9 when due QI team: manage registry, inreach/ outreach reports	Looking for good strategies in monitoring & tracking
San Joaquin	MA: notify via MER LCSW (if needed: activation; referral	PCP → Psychiatrist (MD): Previous Rx with PCP via curbside consultation →Psychologist	PCP	Psychiatrist (MD) Psychologist; LCSW → Group or brief individual	Psychiatrist (MD) PCP LCSW Psychologist EMR Assisted	Starting MH Outreach, social worker

Please email kmody@caph.org for updates

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UCLA	MA, RN: Screen PCP: Refer	PCP Psych LCSW *	Psychiatrist PCP	LCSW Psych	PCP MA *Care Coordination	
UCSF	Front desk staff MA Every clinic Annual screening in clinic only	PCP + behavioral health nav. team LCSW → in pilot CC model	Psychiatrist: embedded in every clinic PCP: every clinic LCSW + 10% Psychiatrist = care navigation	LCSW PCP referral; Collaborative care referral → Embedded psychiatrist	Navigator or LCSW (patients only in Collaborative Care) Population Health: CC pilot KPIs; PRIME metrics	Piloting Collaborative Care Pilot at 1-2 clinics; navigator + PharmD
VCMC	MA LVN RN	PCP Or LCSW: specialty referrals	PCP: eConsult Psychiatrist: specialty referrals	LCSW	?: patients not in treatment LCSW: for patients in treatment	Model: co-locations → integration

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