



California Quality
Collaborative

CalHIVE
BEHAVIORAL HEALTH INTEGRATION

2024 Annual Convening
Implement, Improve, Impact
Participant Workbook

Tuesday, May 21, 2024
Wednesday, May 22, 2024
Long Beach, CA

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I. About The Event

Greetings and welcome to the 2024 CalHIVE BHI in-person convening! We are excited to bring teams together for our two-day learning and networking session.

The Desired Impact

As a result of this session, we hope attendees will have:

- Developed workflows and training plans for integrating BHI into current operations
- Mapped out BHI Implementation Plan for pilot site as team
- Exchanged lessons learned and highlighted successes with collaborative cohort
- Identified opportunities to leverage data to improve BHI
- Prioritized activities to support person-centered, equitable BHI
- Planned for sustainable BHI financing

The People

All eight organizations participating in CalHIVE BHI are in attendance today. See more detail on who's in the room in the [Attendance Roster](#) (pages 27-28).

Participating Organization Project Teams:

- ◆ Chinese Hospital, a hospital system with locations in San Francisco and Daly City
- ◆ Community Memorial Healthcare, a hospital system in Ventura County
- ◆ Perlman Clinic, a multi-site primary and specialty care clinic in San Diego
- ◆ Pomona Valley Hospital Medical Center, a medical center located in Pomona
- ◆ Riverside Family Physicians, a primary care practice in Riverside
- ◆ San Francisco Health Network, a multi-site Federally Qualified Health Center (FQHC) and part of San Francisco's public health system
- ◆ Scripps Health, a health system (hospitals and ambulatory care) based in San Diego
- ◆ Sharp Rees-Stealy Medical Centers, a multi-specialty medical group located in San Diego

Speakers & Planning Team

The CalHIVE BHI team, made up of members from the California Quality Collaborative (CQC) and the Collaborative Family Healthcare association (CFHA), will be speaking and facilitating sessions throughout the two days.

Read more about the speakers and facilitators in [About the Speakers and Organizations](#) (pages 22-26).

- ◆ CalHIVE BHI Team: Anna Baer, Daniela Vela Hernandez, Erika Lind, Kristina Mody, Mary Nickel-Nguy, Jose Ordonez, Peter Robertson, Brian Sandoval
- ◆ Other CQC team members: Anna Elgart, Karin Johnston

External speakers include:

- ◆ Jennifer Christian-Herman, PhD, Vice President, Mind Body Medicine - Behavioral Health (Blue Shield of California)

The Time and Timing

This convening will be on Tuesday, May 21st and Wednesday, May 22nd from 8:00am-3:30pm. Breakfast and lunch will be provided.

The Place and Space

The convening is held in Long Beach, California at the Ballroom of the Long Beach Marriot Hotel (4700 Airport Plaza Dr, Long Beach, CA, 90815).

Land Acknowledgement

We acknowledge that we are on the land of the Tongva/Gabrieleño who have lived and continue to live here. We honor and respect the Tongva Nation and their spiritual connection as the first stewards and the traditional caretakers of this land.



Meeting Materials

In addition to this meeting workbook, meeting materials (slides, worksheets and resource links) will be posted on the [CalHIVE BHI website](#) (available via this QR Code).

CalHIVE BHI – Collaborative Values

1. Collaboration around a common goal
2. Trust & transparency
3. Reflect, learn & revise

II. Agenda

DAY 1 (TUESDAY, MAY 21)

Audience: CalHIVE BHI clinical, operational and behavioral health team members (including pilot site representatives)

The Time	The Content & Facilitator	Achievement-Based Objectives
8:30 AM – 9:15 AM	Breakfast	
9:15 AM – 9:25 AM	Anchoring Today <ul style="list-style-type: none"> ◆ Kristina Mody, Director, Practice Transformation (PBGH/CQC) 	◆ Introduce team and plan for session
9:25 AM – 10:00 AM	BHI Workflows – Key Concepts <ul style="list-style-type: none"> ◆ Kristina Mody, Director, Practice Transformation (PBGH/CQC) ◆ Brian Sandoval, Clinical Advisor (CFHA) ◆ Daniela Vela Hernandez, Technical Assistance Associate (CFHA) 	◆ Highlight BHI workflow development concepts
10:00 AM – 11:30 AM	BHI Workflows – In Practice <ul style="list-style-type: none"> ◆ Daniela Vela Hernandez, Technical Assistance Associate (CFHA) ◆ Mary Nickel-Nguy, Senior Manager, BHI (PBGH/CQC) ◆ Brian Sandoval, Clinical Advisor (CFHA) 	◆ Observe and develop behavioral health integration (BHI) workflows to integrate into current operations
11:30 AM – 12:15 PM	Breakout Sessions – By BHI Model CoCM <ul style="list-style-type: none"> ◆ Daniela Vela Hernandez, Technical Assistance Associate (CFHA) PCBH <ul style="list-style-type: none"> ◆ Brian Sandoval, Clinical Advisor (CFHA) ◆ Kristina Mody, Director, Practice Transformation (PBGH/CQC) ◆ Mary Nickel-Nguy, Senior Manager, BHI (PBGH/CQC) 	◆ Identify workflow changes relevant to chosen BHI model
12:15 PM – 1:15 PM	Lunch & Networking	
1:15 PM – 2:15 PM	Integration Plan Team Time – BHI Workflows <ul style="list-style-type: none"> ◆ Daniela Vela Hernandez, Technical Assistance Associate (CFHA) 	◆ Map out BHI Implementation Plan for pilot site as team
2:15 PM – 3:25 PM	Training & Monitoring <ul style="list-style-type: none"> ◆ Kristina Mody, Director, Practice Transformation (PBGH/CQC) ◆ Brian Sandoval, Clinical Advisor (CFHA) 	◆ Analyze best practices on how to train and monitor for new workflows
3:25 PM – 3:30 PM	Closing <ul style="list-style-type: none"> ◆ Kristina Mody, Director, Practice Transformation (PBGH/CQC) 	
3:30 PM – 4:30 PM	Informal Networking (Optional) <ul style="list-style-type: none"> ◆ Light refreshments and networking hosted by CQC 	◆ Connect with CalHIVE BHI project teams

DAY 2 (WEDNESDAY, MAY 22)

Audience: All CalHIVE BHI project team members

The Time	The Content & Facilitator	Achievement-Based Objectives
8:00 AM – 8:30 AM	Breakfast	
8:30 AM – 8:40 AM	Welcome: Where We’ve Come, Where We’re Going <ul style="list-style-type: none"> ◆ Kristina Mody, Director, Practice Transformation (PBGH/CQC) 	◆ Reflect on program accomplishments and values
8:40 AM – 9:30 AM	Optimizing BHI with Data <ul style="list-style-type: none"> ◆ Jose Ordonez, Data Manager (PBGH/CQC) 	◆ Identify opportunities to leverage data to improve BHI
9:30 AM – 10:50 AM	Lessons Learned & Bright Spots <ul style="list-style-type: none"> ◆ Kristina Mody, Director, Practice Transformation (PBGH/CQC) 	<ul style="list-style-type: none"> ◆ Celebrate success and recap learnings from peers on BHI progress ◆ Vote for CalHIVE BHI 2024 awards
10:50 AM – 11:00 AM	Break	
11:00 AM – 12:00 PM	Lessons from 2027: Sustainable BHI Financing <ul style="list-style-type: none"> ◆ Jennifer Christian-Herman, Vice President, Mind Body Medicine - Behavioral Health (Blue Shield of California) 	◆ Plan for sustainable BHI financing
12:00 PM – 1:00 PM	Lunch & Networking	
1:00 PM – 2:00 PM	Action Planning for Patient-Centered, Equitable BHI <ul style="list-style-type: none"> ◆ Jose Ordonez, Data Manager (PBGH/CQC) ◆ Mary Nickel-Nguy, Senior Manager, BHI (PBGH/CQC) 	◆ Prioritize activities to support person-centered, equitable BHI
2:00 PM – 2:50 PM	Peer Sharing <ul style="list-style-type: none"> ◆ Peter Robertson, Senior Director, Practice Transformation (PBGH/CQC) 	◆ Connect with peers to exchange lessons and questions around BHI topics
2:50 PM – 3:00 PM	Break	
3:00 PM – 3:20 PM	Implementation Plan Team Time <ul style="list-style-type: none"> ◆ Daniela Vela Hernandez, Technical Assistance Associate (CFHA) 	• Advance your organization’s BHI Implementation Plan
3:20 PM – 3:30 PM	Closing & Award Ceremony <ul style="list-style-type: none"> • Peter Robertson, Senior Director, Practice Transformation (PBGH/CQC) 	

III. Participant Workbook

This workbook is to help you and your team capture questions, lessons learned and action items collected in the course of the convening.

DAY 1 (TUESDAY, MAY 21)

Session: BHI Workflows – Key Concepts

Get in groups of 3 (with people outside of your organization) to share:

- What is your one key question around workflow development in the context of BHI?

Make a note below.

Developing BHI Workflows: Checklist

- Could this be absorbed in the current workflow? (Y/N)

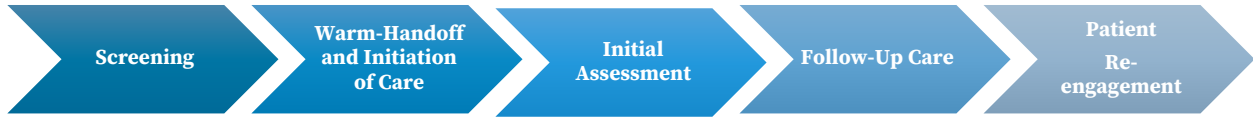
If no...

- Who owns the workflow?
- What is the target patient population for the workflow?
- How will BHI workflows align with other workflows?
- Who is implementing the workflow?
 - What clinical staff are involved in each step?
 - Is each step clear to everyone based on roles?
- What are the steps needed for the workflow?
- How does the patient experience the workflow?
 - Are there considerations around specific patient needs (e.g. language, literacy, digital access)?
- Technology
 - What technology changes are needed?
 - What documentation templates need to be developed?
- Finance
 - Does the finance team need to be involved?

- Reflect: How are you going to approach refining and sharing your BHI workflows?

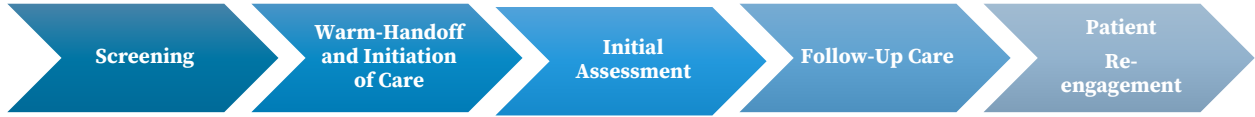
Jot your intention below.

Session: BHI Workflows – In Practice



Identify: In addition to screening, how will you identify patients for BHI workflows?

Reflect: What was your experience trying a BHI Warm Handoff (WHO)?



Add notes, takeaways and action items regarding each BHI Workflow step.







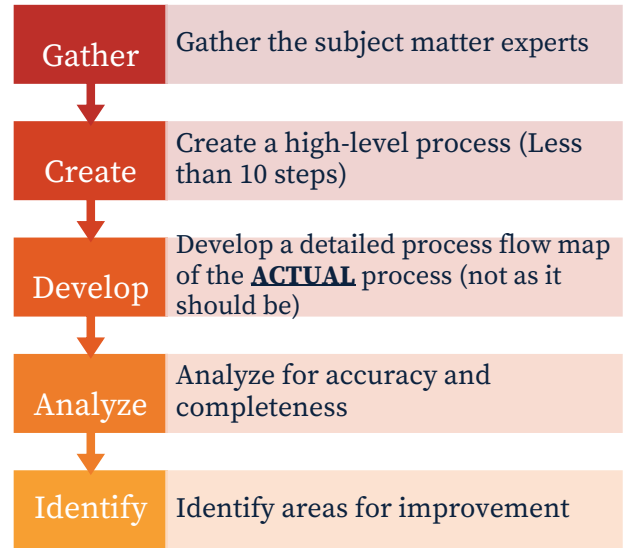
Session: Breakout Session By Model

- Primary Care Behavioral Health (PCBH)
- Collaborative Care Model (CoCM)

Add notes, takeaways and action items regarding BHI Workflows in your integrated model.

Session: Implementation Plan Team Time – BHI Workflows

- 
Start and End: Oval used to show inputs (materials, information or action) that starts a process and outputs (the results) at the end of a process
- 
Activity: Rectangle represents one task/ activity/step in the process
- 
Decision: Diamond represents a decision point in the process
- 
Break: A circle identifies a break in the process



► **Try it – Post It App**
Free; scan notes and upload

Session: Training and Monitoring

What needs to be updated around training for BHI?

How will you show appreciation for buy-in for BHI workflow changes?

What are your opportunities around monitoring for BHI?

DAY 2 (Wednesday, May 22)

Session: Optimizing BHI with Data

Data Stratification is a data analysis technique that sorts data into distinct groups. It can help:

- Contextualize your data
- Highlight and understand differences in your patient population and measure performance
- Allocate resources
- Design targeted interventions
- Improve patient care by addressing disparities

As a team, review your pilot site Measurement Plan:

- **Select** one of your measures from your Pilot Site Measurement Plan.

- **Brainstorm** data fields to stratify your measure. Consider your organization’s existing data and data you don’t collect.



- **Identify** one data field that is most meaningful to improvement. How would stratification inform success of your integration work?

- Within that data field, **list** the levels of detail available. What specific fields for that category will you stratify by?

Session: Lessons Learned & Bright Spots

A. In a group of two or three at your team table, **share** about a time you received an affirmation or feedback that made your week.

Ask yourselves:

- What about this moment stands out to you? How did you feel?

Use this space for thoughts or reflections:

B. During our session, we will utilize the technique “I like, I wish, I wonder” to provide input and reflections on each other’s BHI posters. Each team will present their poster for 3 minutes. Use the space below to record reflections.

C. Using the sticky notes at your table, start at a poster board other than your own. You will have **4 minutes** to provide feedback by placing sticky notes on the edge of the poster board. Feel free to engage in feedback with your peers. When the **chime sounds**, you can move to a new poster board. Remember the “I like, I wish, I wonder”

- *“I like the use of images.”*
- *“I wish they used bold text for emphasis in the Aim Statement”*
- *“I wonder if they could have included more information about the measurement plan”*

D. Use your 2 index cards to vote for CalHIVE BHI 2024 Awards for **Most Improved** and **Most Impact**.



Session: Lessons from 2027: Sustainable BHI Financing

Health plan panelists will share advice to support organizations plan for sustainable BHI financing.

What questions do you have for the panelists about BHI financing?

What takeaways do you have from the speakers' suggestions and experiences?

Are there additional resources you would like regarding BHI financing?

Session: Action Planning for Patient-Centered Equitable BHI

Use this space to note any warm-up reflections, thoughts, feelings or takeaways.



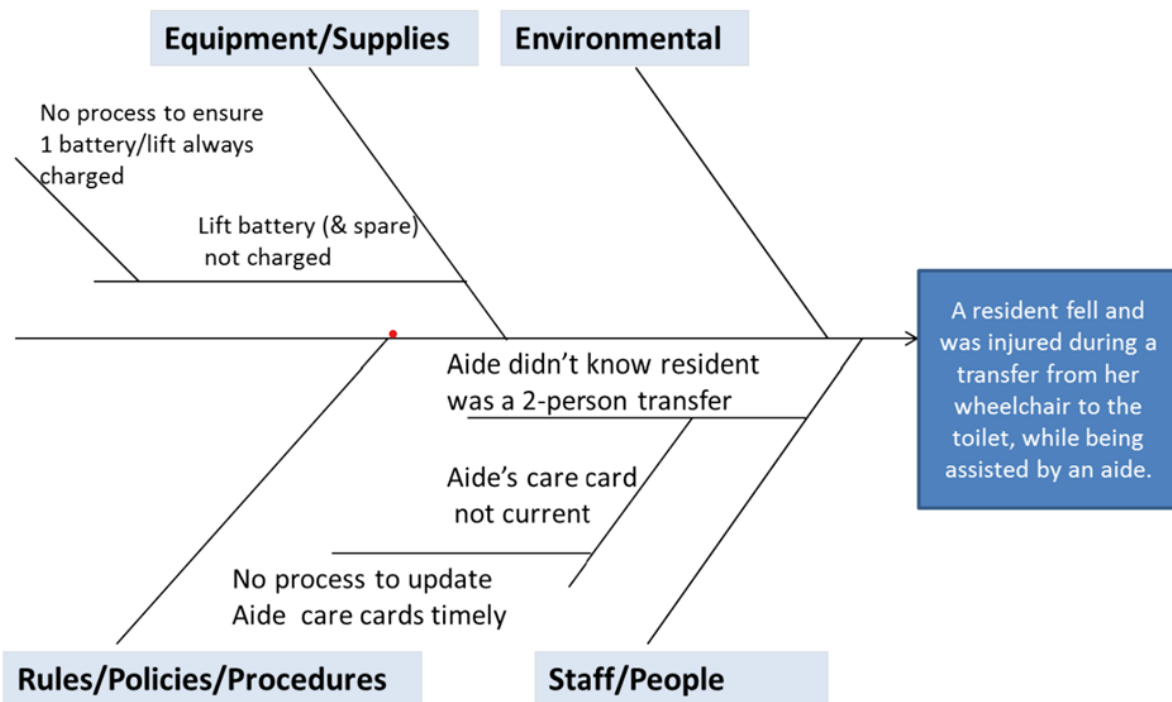
- **Health Equity:** Achieved when everyone has the opportunities and resources they need to be as healthy as possible, and no one is disadvantaged due to social drivers or policies. Because structural racism has systematically denied opportunities and resources based on race, health equity is inextricably linked to racial equity.
- **Health Disparities:** Differences in health status rates between population groups.
- **Health Inequities:** Health disparities that are due to differences in access to social, economic, environmental, or health care resources. Simply put, health inequities are health disparities that are unfair and unjust.

Fishbone Diagram

- Using a fishbone diagram allows teams to dig deeper and better understand what in the organization’s systems and processes are causing the problem, so they can be addressed.

Fishbone Example

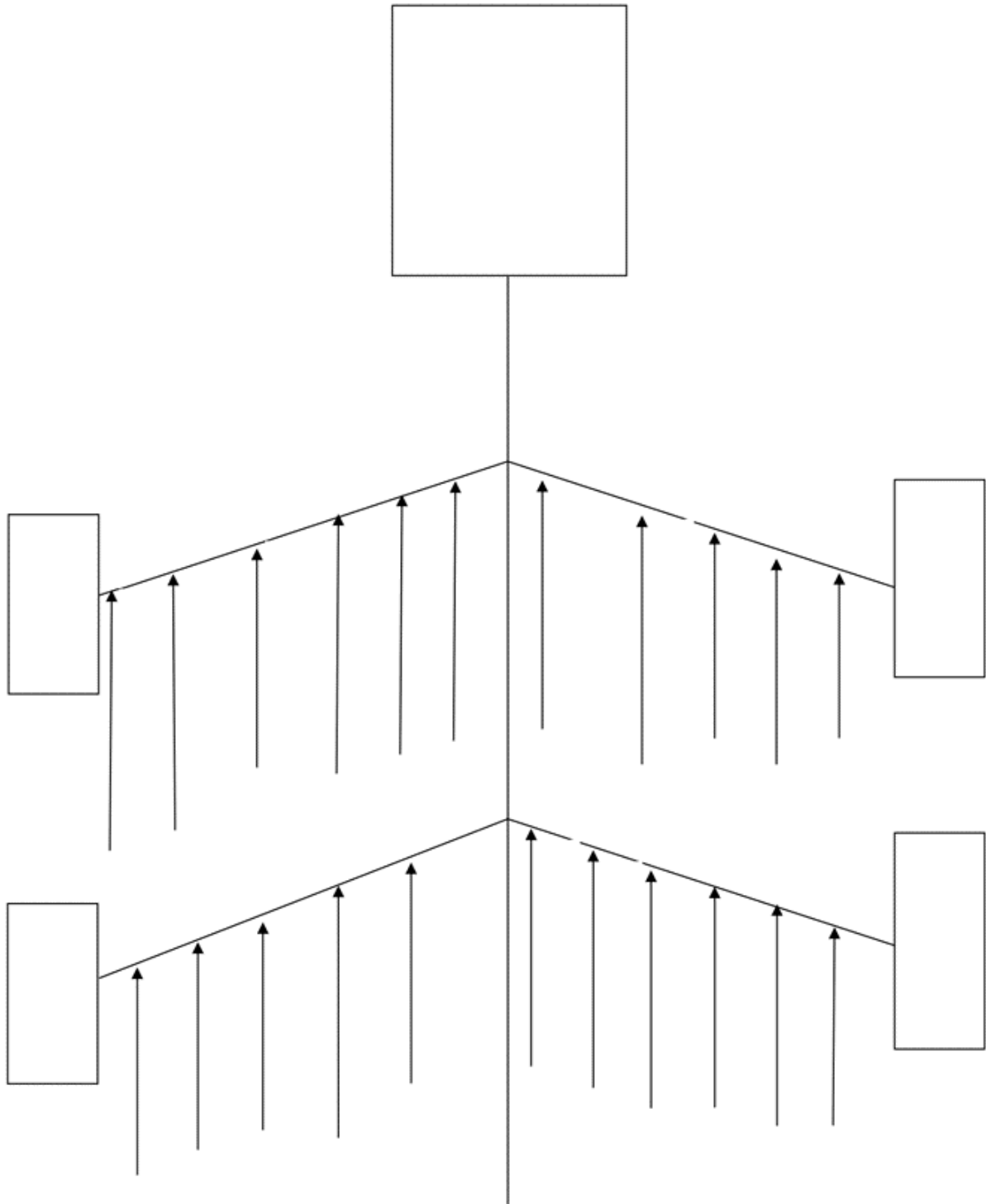
- Below is an example of a completed fishbone diagram, showing information entered for each of the four categories agreed upon by this team.
- Note: as each category is explored, teams may not always identify problems in each of the categories.



Facts gathered during preliminary investigation:

- Time of fall: change of shift from days to evenings
- Location of fall: resident’s bathroom
- Witnesses: resident and aide
- Background: the plan of care stipulated that the resident was to be transferred with two staff members, or with one staff member using a sit-to-stand lift.
- Information from interviews: the resident was anxious and needing to use the bathroom urgently. The aide was helping the resident transfer from her wheelchair to the toilet, without using a lift, and the resident fell, sustaining an injury. The aide stated she did not use the lift because the battery was being recharged, and there was no extra battery available. The aide stated she understood that the resident could be transferred with one assistant.

As a team, fill in the fishbone diagram below to improve equity of your BHI workflows.





Session: Networking

Round 1 – Topic:

What lessons or takeaways did you collect?

Round 2 – Topic:

What lessons or takeaways did you collect?



Session: Implementation Plan Team Time

What are your next steps to support a successful pilot?

IV. About the Speakers and Organizations

California Quality Collaborative/Purchaser Business Group on Health pbgh.org/cqc

The California Quality Collaborative (CQC), a health care improvement program of the Purchaser Business Group on Health (PBGH), is dedicated to helping ambulatory care teams gain the expertise, infrastructure and tools they need to advance care quality, be patient-centered, improve efficiency and thrive in today's rapidly changing environment.

The program is dedicated to advancing the quality and efficiency of the health care delivery system across all payers, and its multiple initiatives bring together providers, health plans, state and purchasers to align goals and take action to improve the value of health care for Californians.

Collaborative Family Healthcare Association cfha.net

The Collaborative Family Healthcare Association (CFHA) is a multi-guild member association whose goal is to make integrated care the standard of care across the United States and beyond. For us, collaboration is not just a word in our name; it defines who we are, how we interact with each other and other organizations. We believe deeply that collaboration across professions is an essential element necessary for revisioning healthcare.

FACULTY BIOGRAPHIES



Peter Robertson

Senior Director, Practice Transformation

As Senior Director of Practice Transformation, Peter Robertson leads the California Quality Collaborative's (CQC) technical assistance programming. Most recently, Peter led the CalHIVE Network, a multi-year improvement collaborative that supported the expansion of virtual care tools for chronic disease management. Prior to his current role, Peter served as Director of Insights, Analytics and Data Management at PBGH. Previously, Peter led the quality measurement activities of the American Academy of Ophthalmology (AAO). This work included the development and maintenance of quality measures stewarded by the AAO and the implementation of a broad range of measures for federal quality reporting within the AAO's IRIS® Registry. Peter's background also includes experience developing clinical practice guidelines at the American Academy of Otolaryngology. Additionally, he worked for the regulatory body of the National Health Service in England and Wales, analyzing and reporting patient experience data. Peter earned a master's degree in Public Administration from Indiana University and a bachelor's degree in International Management from the University of Manchester.



Kristina Mody

Director, Practice Transformation

As Director of Practice Transformation with PBGH's California Quality Collaborative (CQC), Kristina Mody leads technical assistance design and delivery, working directly with delivery system partners to transform clinical practices, including behavioral health integration into primary care and chronic condition management using virtual care. In her role, she plans and implements programs ranging from multi-year improvement collaboratives to day-long trainings, leveraging adult learning principles as a [Certified Dialogue Education Practitioner](#). She also serves as an improvement coach for participating health care delivery organizations and their improvement teams to support them as they advance toward high-value, patient-centered advanced primary care. Kristina brings a wealth of experience creating technical assistance that meets the needs of health care quality leaders, especially those working with underserved patient communities. Kristina earned her M.P.H. and B.A. in English and History from the University of California, Berkeley. In her free time, she enjoys reading, cooking, and exploring California's parks and beaches with her husband, two children and dog.



Mary Nickel-Nguy, DSW

Senior Manager, Behavioral Health Integration

As PBGH's Senior Manager, Behavioral Health Integration with the PBGH's California Quality Collaborative (CQC), Dr. Mary Nickel-Nguy leads CalHIVE Behavioral Health Integration Improvement Collaborative improvement advising. She oversees the implementation of behavioral health integration strategy and provides technical assistance. She also serves as an improvement coach for participating health care delivery organizations and their improvement teams to support them as they advance toward high-value, patient-centered and equitable advanced primary care. Mary comes to PBGH with diverse clinical and program operations experience. She is a licensed clinical social worker and has experience in private practice, medical and behavioral health systems, health plans and higher education. Previously, she served as Principal Clinical Program Manager at Blue Shield of California (BSC), leading behavioral health roadmaps, strategy and implementation for the Accountable Care Organization department, with a focus on value-based programs. Mary earned a Doctorate in social work from the University of Pennsylvania, a Master of Science in social work from Columbia University and a Bachelor of Arts in social work from California State University of Sacramento.



Jose Ordonez
Manager, Data Analytics

As Manager of Data Analytics for PBGH's California Quality Collaborative (CQC), Jose Ordonez leads the infrastructure of data collection, validation, and analysis of clinical, process and utilization performance measures within CQC's technical assistance programming. In his role, Jose leverages health equity, demographic and payer data to identify health disparities and inequities across participating provider organizations' patients. He also provides technical assistance to participating health care delivery organizations on data reporting and visualization and supports in making more data driven decisions. Previous to his current role, Jose served as Data Analyst for CQC's CalHIVE Network, a multi-year quality improvement collaborative, where he managed the data collection, validation and analysis for a set of chronic condition management, utilization and depression screening performance measures. Prior to joining PBGH, he interned at 10,000 Degrees, where he assisted with data entry, management and analysis for the College Success Program while he was an undergraduate. He also served as a research assistant on a project where he assisted in the data collection on measures around food waste reduction, school lunch participation and consumption of fruits and vegetables. Jose received a Bachelor of Science in Nutritional Science with a concentration in Physiology and Metabolism from the University of California at Berkeley.



Erika Lind
Manager, Care Transformation Events and Learning

As Manager of CQC Events and Learning, Erika Lind is responsible for implementing the systems and processes that underpin PBGH's Care Transformation programs, events and learning. She leads and executes in-person and virtual event planning and production, serves as an advisor to team members in creating engaging learning programs and manages the design and production of virtual improvement collaborative learning events. Erika previously served as Associate Project Manager for PBGH's Care Transformation team. Before joining PBGH, she worked in the entertainment industry as a Production Assistant and Product Placement Coordinator, where she organized deadlines for production schedules, maintained budget trackers for set coordinators and acted as a liaison between luxury brands and production companies. Erika received a Bachelor of Arts in Communication with certificates in Health and Wellness and Personal Training from the University of California, Santa Barbara.



Anna Baer
Program Coordinator

As Program Coordinator, Anna Baer works with the Practice Transformation team to provide logistics, event and administrative support. Prior to joining PBGH, Anna worked in digital health software and social services. She has led software improvement projects focused on increasing patient access to maternal health resources and served as a peer-to-peer coach, guiding child welfare case workers through a standardized practice model. Anna holds a Master of International Development degree from the University of Pittsburgh's Graduate School of Public and International Affairs and a bachelor's degree in political science with a minor in women's, gender and sexuality Studies from Penn State University. In her free time, she can be found riding her bike or trying new recipes in the kitchen.



Daniela Vela Hernandez, LMFT
Technical Assistance Associate

Daniela Vela Hernandez, LMFT is part of the Collaborative Family Healthcare Association's Technical Assistance team as a Technical Assistance Associate and supports clinics with behavioral health integration implementation and workflow optimization. Prior to joining the CFHA team, Daniela developed a strong clinical background and experience in multiple settings from community mental health clinics to startup behavioral health. She is passionate about making mental health services accessible to all and is able to use her knowledge of traditional mental health services and integrated behavioral health to support the growth and implementation of integrated care. Daniela grew up in San Diego, but now resides in little-known Imperial, CA with her husband, two children, and two pups. When not supporting the CFHA mission, Daniela is out rooting for her kiddos on the field.



Brian Sandoval, PsyD
Clinical Advisor

Dr. Brian Sandoval is a psychologist with more than a decade of experience spearheading efforts to integrate behavioral, medical, and social care services. Dr. Sandoval's career spans various capacities, including program design, policy development, payment reform, clinical training, and direct patient care. He is currently the Senior Director of Development at Comagine Health, a quality improvement organization that works closely with state Medicaid agencies. Prior to his current role, Dr. Sandoval spent eight years at a community health center, designing and implementing an exemplary behavioral health program across two states. He co-chairs CFHA's Value-Based Care Committee and has served on several state committees to align policy, payment, and clinical care delivery. He continues to work nationally as an independent consultant and subject matter expert in behavioral health integration. Dr. Sandoval and his family currently reside in the Phoenix, AZ metro area.

GUEST SPEAKER BIOGRAPHIES



Jennifer Christian-Herman, PhD
Vice President, Mind Body Medicine – Behavioral Health
Blue Shield of California

Jennifer Christian-Herman, PhD, is vice president of Mind Body Medicine at Blue Shield of California. She leads strategy and a portfolio of innovations that leverage technology and clinical interventions focused on lifestyle medicine, behavioral health, social drivers of health, and digital therapeutics, with a goal of transforming total-person health and improving engagement and clinical outcomes for members. Dr.

Christian-Herman has a PhD degree in clinical psychology from Stony Brook University and is a licensed clinical psychologist.

V. Attendance Roster

Name	Email	Job Title
Chinese Hospital		
Scott Huang, DO	scotth@chasf.org	Medical Director
Ruby Li	rbyl@chasf.org	Clinic Operation Coordinator
Jiami Wu, MPH	jiamiw@chasf.org	Director of Clinics
Rain Zhang	yingz@chasf.org	Clinic Supervisor
Community Memorial Health Services		
Jennifer Elson, LCSW	jelson@cmhshealth.org	LCSW
Maureen Hodge, LCSW	mhodge@cmhshealth.org	Director Behavioral Health and Grants
Mayra Medina	mmedina1@cmhshealth.org	BHI Coordinator
Kristine Supple	ksupple@cmhshealth.org	Associate Vice President of Care Coordination
Jacquelyn Valles, LCSW	jvalles@cmhs.org	LCSW
Perlman Clinic		
Lauren MacGregor	lmacgregor@perlmanclinic.com	Operations Manager
Ian Perlman	ian@perlmanclinic.com	CEO
Mike Rufo	mrufo@health.ucsd.edu	Director of Physician Network
Pomona Valley Hospital Medical Center		
Dan Blocker PhD LMFT	Daniel.blocker@pvhmc.org	Director of Behavioral Health
Debra King	Debra.king@pvhmc.org	Director of Centralized Billing Office
Riverside Family Health		
Kacie Paik, MD	drkpaik@famdoc.org	Family Physician
Tarek Mahdi, MD	drtmahdi@famdoc.org	President
Rosie Moreno	rmoreno2@famdoc.org	Director Behavioral Health
Harneel Sandhu	hsandhu@famdoc.org	VP of Operations
Zana Sharwin, MD	zsharwin@famdoc.org	MD
Wendy Torres	wtorres@famdoc.org	Director of Programs
Nancy Zepeda	nzepeda@famdoc.org	QI Lead
San Francisco Health Network		
Rachel Clee, LMFT	Rachel.Clee@sfdph.org	Assistant Director
Paul Glantz	paul.glantz@sfdph.org	Health Program Coordinator
Danielle Guidry	Danielle.guidry@sfdph.org	Coordinator
Rafael Pena	Rafael.pena@sfdph.org	Nurse Manager

Name	Email	Job Title
Saba Shahid, PsyD	Saba.Shahid@sfdph.org	Director of PCBH
Scripps Health		
Vicki Diamond	Diamond.victoria@scrippshealth.org	Director, Population Health
Gurinder Dabhia, MD	Dabhia.gurinder@scrippshealth.org	Pediatrician - MD
Jessica Guevara, RN	Guevara.jessica@scrippshealth.org	Director of Operations - RN
Lesile Reynolds, NP	Reynolds.lesile@scrippshealth.org	NP
Sharp Rees – Stealy Medical Centers		
Janet Appel, RN, MSN, CCM	Janet.Appel@sharp.com	Director of Population Health
Ashton Harris, LCSW	Elizabeth.Harris@sharp.com	Lead Behavioral Health Case Manager
Scott Heimer	Scott.heimer@sharp.com	Project Manager
Rene Kreitlow	Rene.kreitlow@sharp.com	Supervisor, Population Health
Maggie Kube	maggie.kube@sharp.com	Behavioral Health Case Manager
Aasif Parekh	Aasif.Parekh@sharp.com	Project Coordinator
California Quality Collaborative		
Anna Baer	abaer@pbgh.org	Program Coordinator
Anna Elgart	aelgart@pbgh.org	Communications Manager
Karin Johnston	kjohnston@pbgh.org	Senior Manager, Practice Transformation
Erika Lind	elind@pbgh.org	Manager, Care Transformation Events and Learning
Kristina Mody	kmody@pbgh.org	Director, Practice Transformation
Mary Nickel-Nguy, LCSW	mnickelnguy@pbgh.org	Senior Manager, Behavioral Health Integration
Jose Ordonez	jordonez@pbgh.org	Manager, Data Analytics
Peter Robertson	probertson@pbgh.org	Senior Director, Practice Transformation
Collaborative Family Healthcare Association		
Daniela Vela Hernandez, LMFT	Dvhernandez@cfha.net	Technical Assistance Associate
Brian Sandoval, PsyD		Clinical Advisor