

# The What and Why of Dyadic Care

*Wednesday, February 12<sup>th</sup> 12pm to 1:30pm*



# Introductions – CPCA Staff



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Center for Advancing  
Dyadic Care in Pediatrics

# The What and Why of Dyadic Care

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2/11/2025



# UCSF CADP Team + Our Partners/Sponsors



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*This webinar is sponsored thanks to a grant to CPCA from the Children and Youth Behavioral Health Initiative, Evidence-Based Practice Grants program*



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# Acknowledgements

CHC  
Patients &  
Families

**Genentech**  
*A Member of the Roche Group*



California  
Children's  
Trust



**FIRST 5 CENTER FOR  
CHILDREN'S POLICY**




California  
Primary Care  
ASSOCIATION



**UCLA | UCSF**  
ACEs Aware Family Resilience Network



# Advancing the Uptake of Dyadic Approaches to Care in Pediatrics

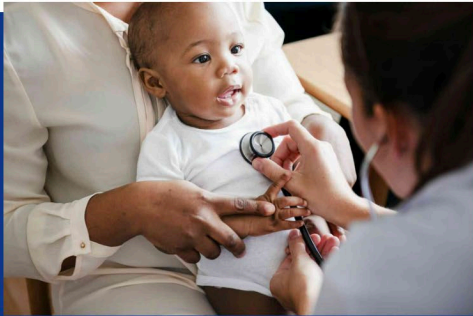


Center for Advancing  
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[About](#) [Dyadic Care 101](#) [Our Work](#) [Contact](#) [Resources](#)

## Because babies don't go to the doctor by themselves


With up to twelve routine visits in the first three years of life, pediatric primary care offers an unparalleled opportunity to promote child health by also supporting the health of caregivers through dyadic interventions. The UCSF Center for Advancing Dyadic Care in Pediatrics helps clinics take full and ongoing advantage of this opportunity.



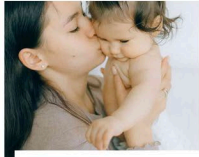
### Why Dyadic Care and Why Now?




Babies don't go to the doctor by themselves. Family health is critical to child health and must be part of pediatric health care delivery.



→ The first three years of pediatric primary care uniquely offer 12 natural touchpoints to care for babies—and support families to do the same.



→ Dyadic care improves child health and the way we deliver healthcare. The impact of dyadic care is highest during a child's first three years of life.



→ Coverage Update: Medi-Cal now covers dyadic behavioral health promotion and prevention for children.

## Our Vision

To make family-centered, dyadic behavioral health promotion and prevention a routine and sustainable standard of pediatric health care in early childhood.

## Our Mission

To promote child and family well-being by working collaboratively with publicly insured pediatric primary care settings to develop sustainable early childhood integrated behavioral health services through technical assistance and training.



# Dyadic Care Webinar Series by UCSF Center for Advancing Dyadic Care in Pediatrics

1. The What and Why of Dyadic Care

*February 12, 2025*



2. Financing and Sustainability of Dyadic Care

*March 12, 2025*

3. Setting Up the EMR + Quality and Data Reporting

*April 2, 2025*

4. Setting Your Practice Up for Success + Workflows and Implementation

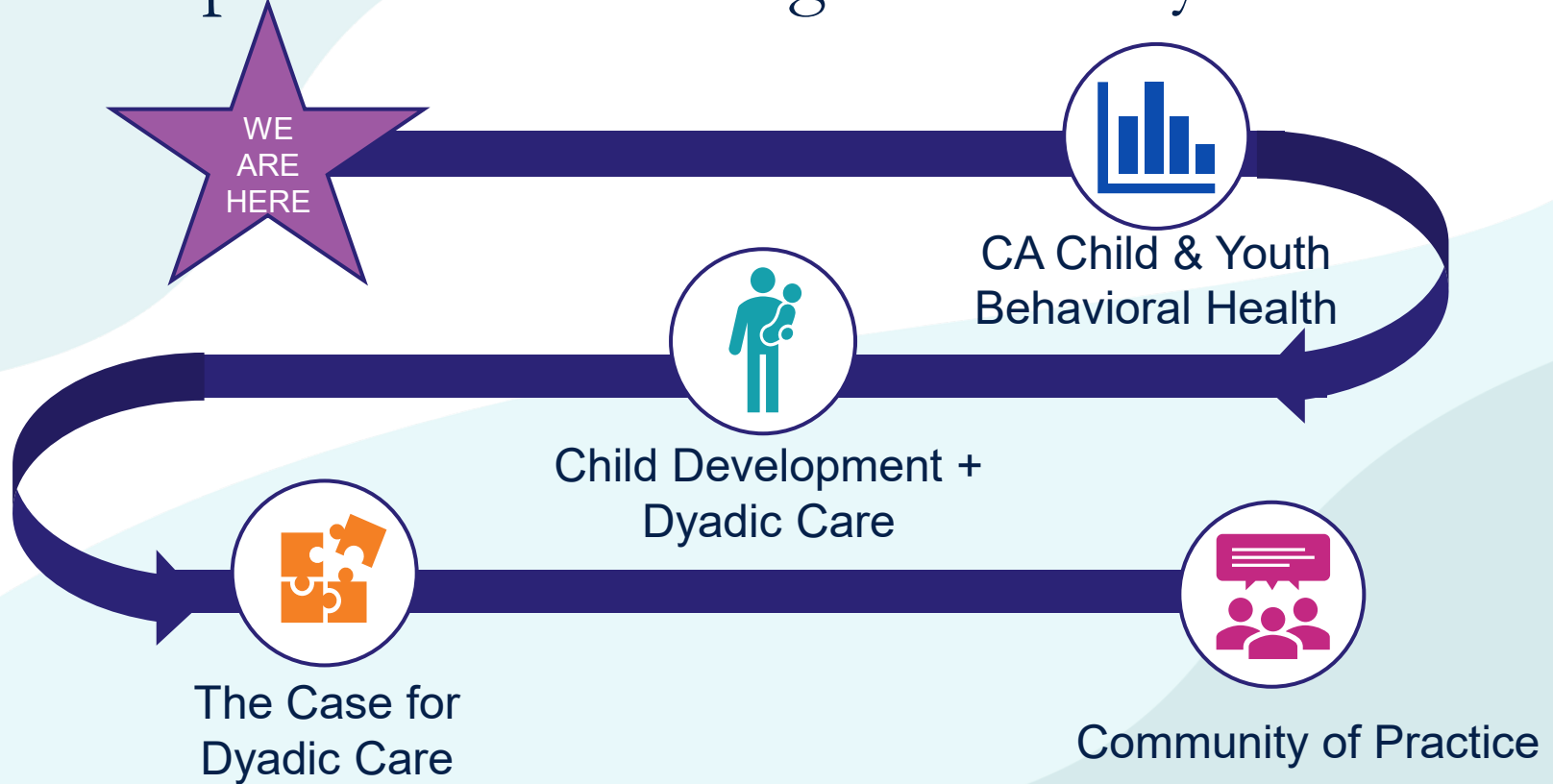
*May 7, 2025*

# Objectives

- ✓ Discuss childhood mental health in the context of the current healthcare system and mental health epidemic
- ✓ Identify benefits associated with providing early childhood, preventive dyadic care services in primary care
- ✓ Understand dyadic care in the context of California initiatives including CalAIM and ACEs Aware



# Roadmap of Our Time Together Today

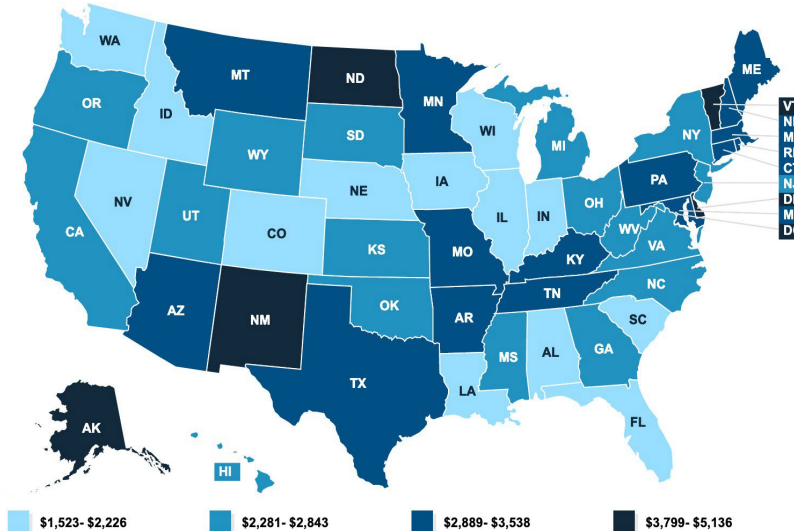


# California Child & Youth Behavioral Health Background

# Dramatic Under Investment in Children

**20%**

of all children aged 3-17 in the United States struggle with mental, emotional, developmental, or behavioral disorders.



**California ranks 48th in the nation  
in access to care for children**

**More than half**  
of children with  
mental illness  
don't receive  
help for their  
disorders.

# There is a Crisis in Young People's Mental Health

Consider the facts before COVID-19:



**Increase in inpatient visits for suicide, suicidal ideation, and self injury**  
for children ages 1-17 years old, and 151% increase for children ages 10-14



**Increase in mental health hospital days**  
for children between 2006 and 2014



**Increase in the rate of self-reported mental health needs**  
since 2005

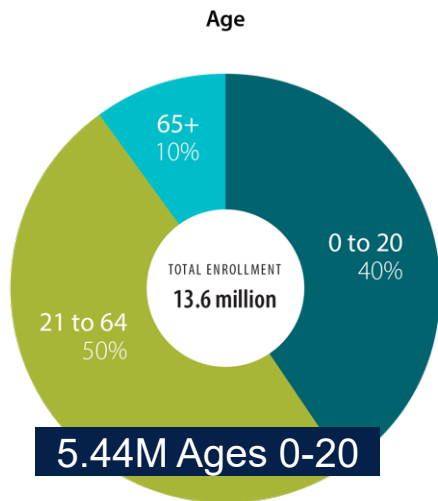


**California ranks low in the country for**  
providing behavioral, social, and development screenings that are key to identifying early signs of challenges

# Medi-Cal and Children

Medi-Cal Enrollees and Spending  
by Eligibility Category, FY 2019–20

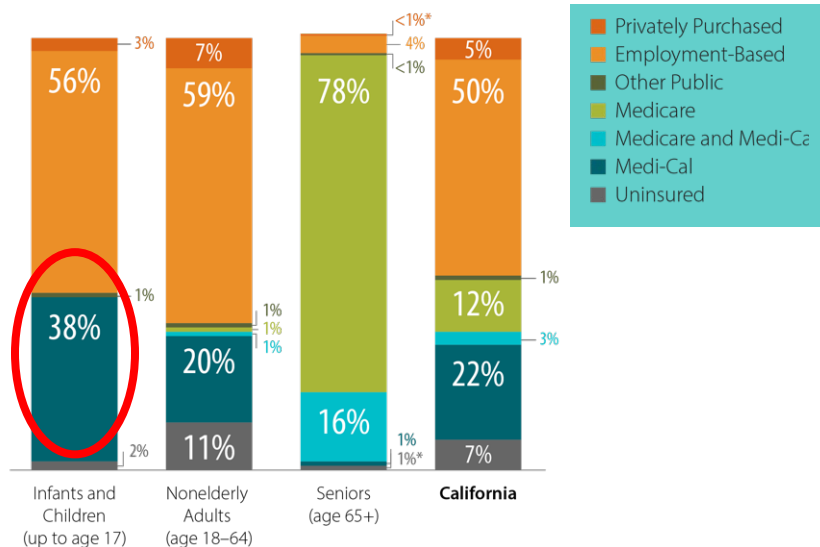
## Medi-Cal Enrollee Profile by Age and Gender, 2021



Note: Enrollment month is January 2021.

Source: Medi-Cal Monthly Eligible Fast Facts (January 2021) (PDF), California Dept. of Health Care Services, April 2021.

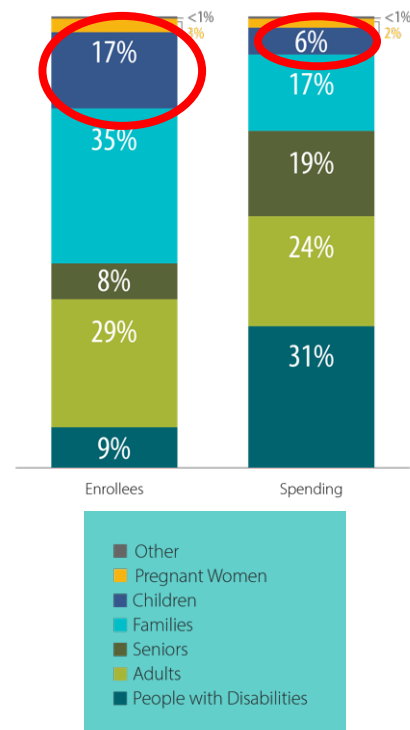
## Sources of Insurance Coverage, by Age Group California, 2019



\* Indicates that results are statistically unstable.

Notes: Insurance status is self-reported. Medi-Cal includes those who reported they have Medi-Cal coverage only, and may include those with restricted-scope benefits. See "About the Data" on page 69 for a full explanation of how this could impact findings. Medicare includes people who have only Medicare as well as Medicare and other. Privately purchased includes those that purchased health insurance directly from an insurance company or HMO, or through Covered California. Other public includes those enrolled in county indigent programs and those with coverage for military personnel, retirees, and dependents. Percentages may not add to 100% due to rounding.

Source: 2019 California Health Interview Survey, UCLA Center for Health Policy Research.



Notes: Figures presented are estimates for FY 2019–20 calculated as of May 2020. Other includes Hospital Presumptive Eligibility and other aid codes. For additional information about Medi-Cal spending on maternity care, please see CHCF's report *Maternity Care and Payers for Maternity Services*.

Source: "Fiscal Year 2019–20 Cost per Eligible Based on May 2020 Estimate," in *Medi-Cal May 2020 Local Assistance Estimate for Fiscal Years 2019–20 and 2020–21* (PDF), California Dept. of Health Care Services.

## Images from the California Health Care Foundation

# THE “PRICE” IS HIGHER FOR BLACK AND BROWN CHILDREN

*Many receive the wrong services at the wrong time...in restrictive or punitive settings.*

81%

81% of children on Medicaid are **children of color**.

2X

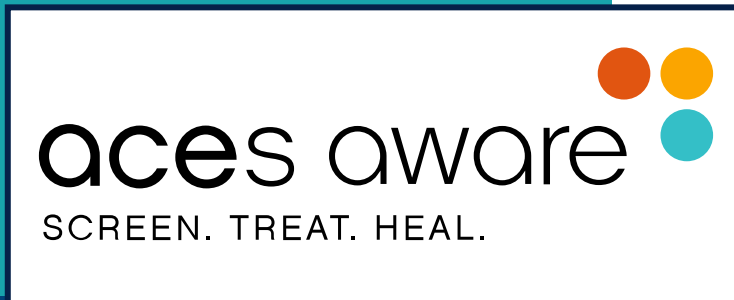
The **suicide rate for black children**, ages 5-12, is 2x that of their white peers.

70%

70% of youth in California's **juvenile justice system have unmet behavioral health needs**, and youth of color are dramatically over-represented.

Making Healing Centered Practices a reality isn't simply a matter of tweaking access or programs...

It requires acknowledgment of how racism and poverty impact the social and emotional health of children and families



# California Reforms



# Why Primary Care? Why Pediatrics?

- ❑ Port of Entry
- ❑ Preventative setting supporting continuum of care<sup>1</sup>
- ❑ Half of adults' symptoms seen by the age of 14 years<sup>2</sup>
- ❑ PCP as sole source of mental health treatment<sup>3</sup>
- ❑ Babies Don't Go to the Doctors by themselves

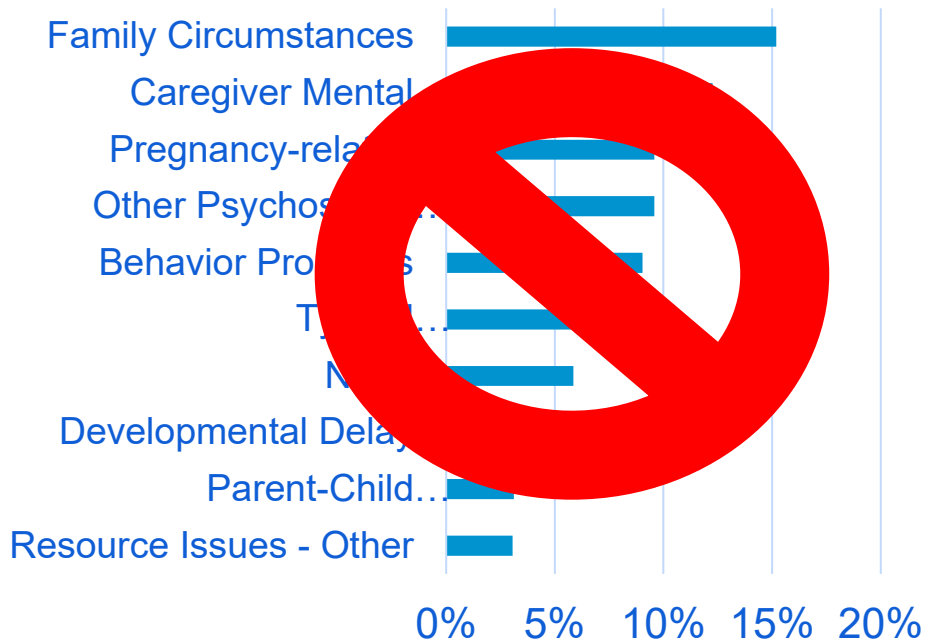
1 Blanchard LT, Gurka MJ, Blackman JA. Emotional, Developmental, and Behavioral Health of American Children and their Families: A Report From the 2003 National Survey of Children's Health. *Pediatrics* , 117 (6), June 2006, e1202-1212.

2 Sessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 2005 Jul; 62(7): 768.

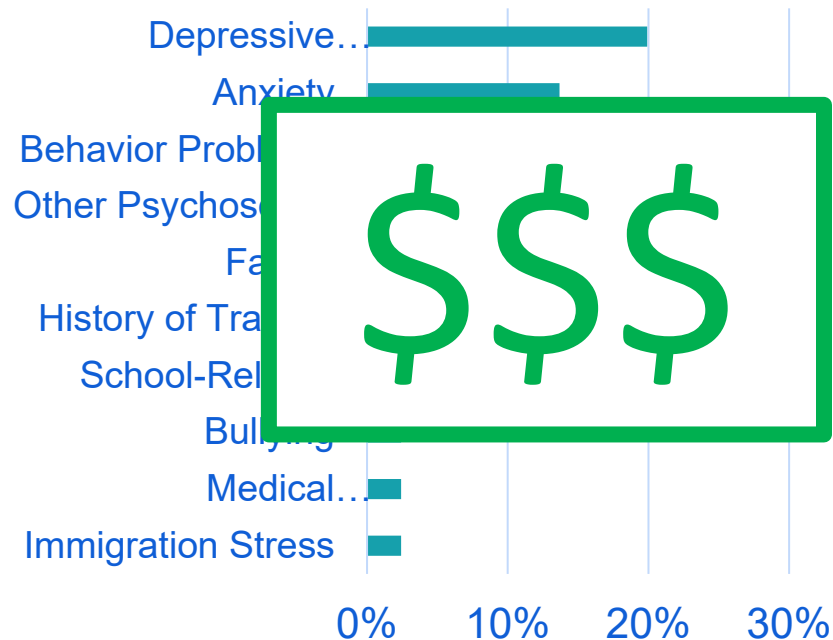
3 Anderson LE, Chen ML, Perrin JM, Van Cleave J. Outpatient Visits and Medication Prescribing for US Children With Mental Health Conditions. *Pediatrics* 136 (5), November 2015, e1178-1185.

# Misaligned Science and Payment Systems Created Gap in Continuum of Care for Prevention Services

≤5 years (n = 1,639; 51%)



≥6 years (n = 1,572; 49%)



# REDEFINING MEDICAL NECESSITY: NEW MEDI-CAL BENEFITS PAY FOR PREVENTION

**\$800M**  
Over 5 Years



## A FAMILY WELLNESS CHECK: CALIFORNIA INVESTS IN TREATING PARENTS AND CHILDREN TOGETHER

ANALYSIS | BY **KAISER HEALTH NEWS** | JULY 08, 2021



California is poised to become the first state to pay for "dyadic care," treating parents and children simultaneously.

**C3 AI transforms  
Healthcare.**

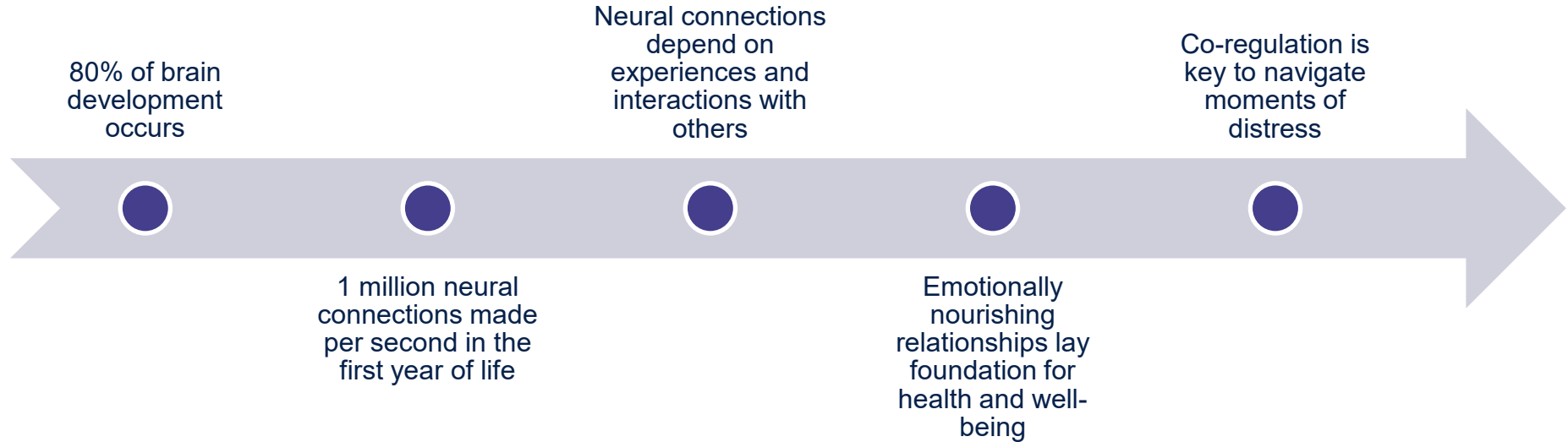
[Learn how](#)

### KEY TAKEAWAYS

**THE REMOVAL OF DIAGNOSIS AS A PRE-REQUISITE FOR CARE IN COUNTY  
MENTAL HEALTH PLANS AND MEDI-CAL MANAGED CARE**

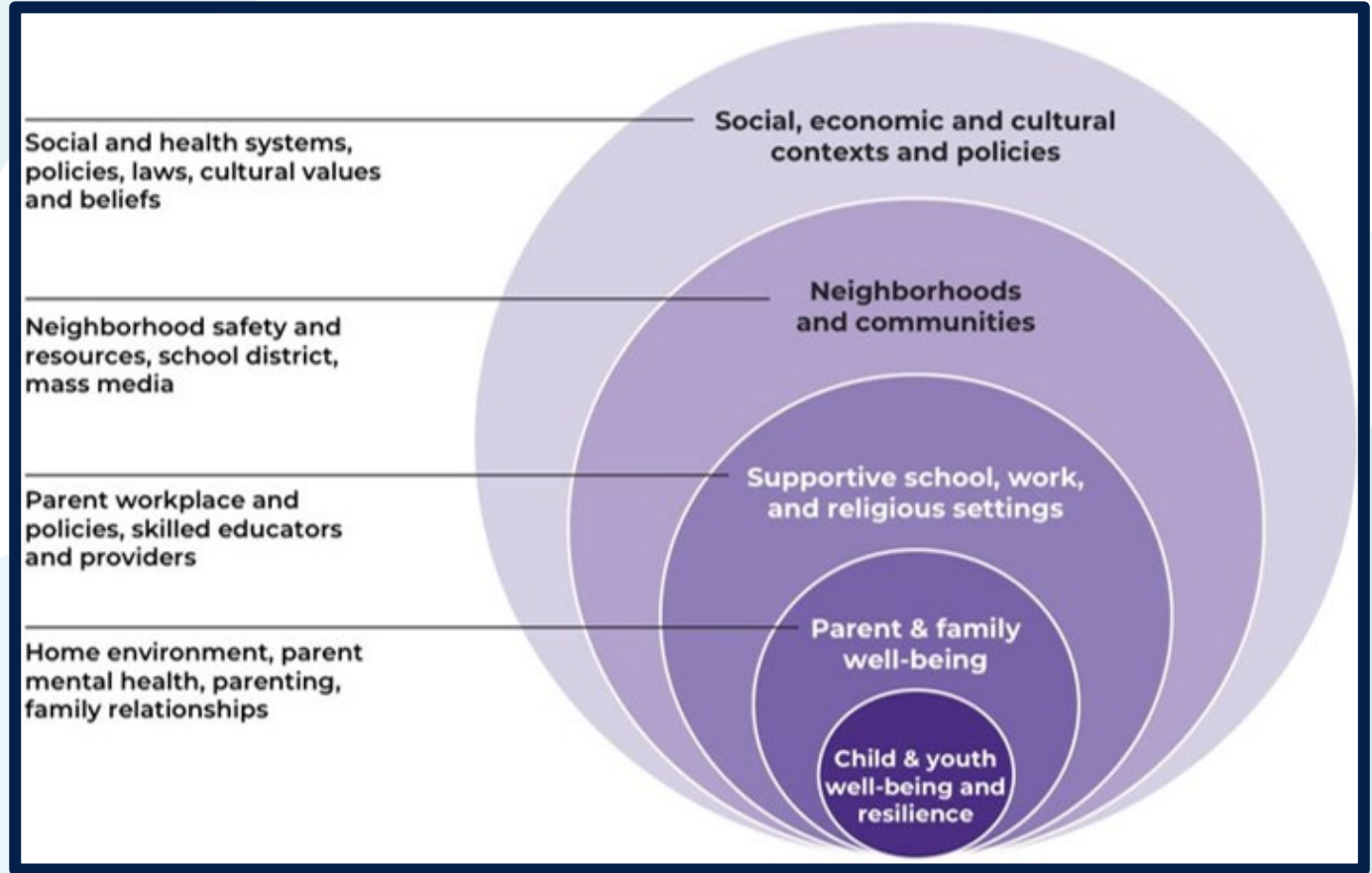
# Child Development & Dyadic Care

# Development in the First Three Years of Life



Reference: Tierney AL, Nelson CA 3rd. Brain development and the role of experience in the early years. Zero Three. 2009;30(2):9-13. PMID: 23894221; PMCID: PMC3722610

# Child Development is Contextual



# Infant and Early Childhood Mental Health

Social and emotional development, or infant and early childhood mental health, is the developing capacity of a child from birth to 5 years old to...



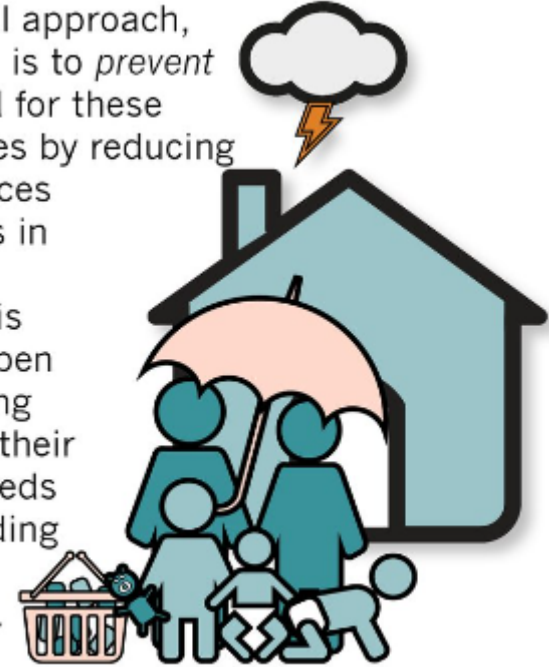


# Toxic Stress and Children

Experiencing many ACEs, as well as things like racism and community violence, without supportive adults, can cause what's known as toxic stress. This excessive activation of the stress-response system can lead to long-lasting wear-and-tear on the body and brain.



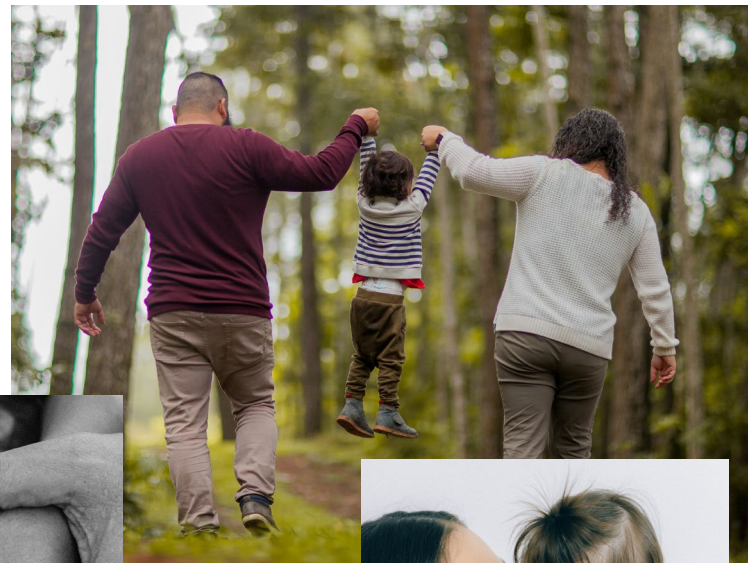
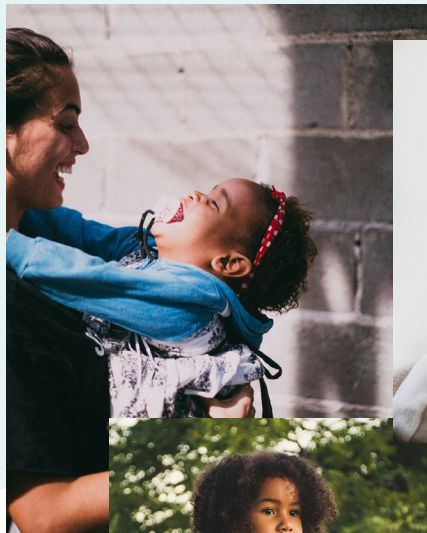
The ideal approach, however, is to *prevent* the need for these responses by reducing the sources of stress in people's lives. This can happen by helping to meet their basic needs or providing other services.



Reference: [What Are ACEs? And How Do They Relate to Toxic Stress? \(harvard.edu\)](https://www.harvard.edu/what-are-aces-and-how-do-they-relate-to-toxic-stress/)

Center on the Developing Child  HARVARD UNIVERSITY  
Learn more about ACEs from the [Centers for Disease Control and Prevention](https://www.cdc.gov/nczod/cehs/cehs.htm).

# The Case for Dyadic Care



# Dyadic Care: What Does it Do?



Serves both parent(s) or caregiver(s) and child together



Targets family well-being to support healthy development and mental health



Centers significant relationships into assessment, intervention, and referrals



Focuses on a developmental, behavioral or social emotional need of child/caregiver with planned intervention

# Dyadic Care: How Does it Work?



**Supports the well-being of caregiver**

**>>>**

**A better resourced caregiver helps promote the healthy development of the child through co-regulation**



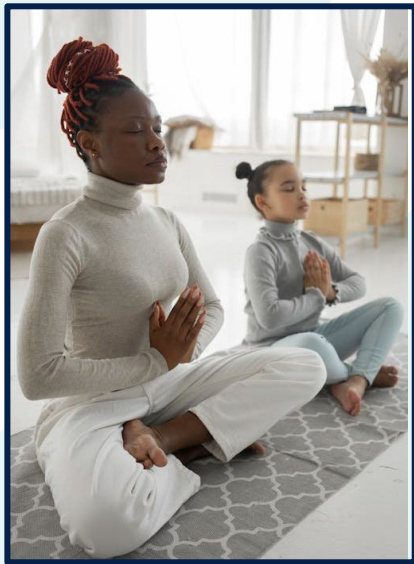
*Infant and early childhood practitioners recognize the inextricable link between a young child and their caregiver and caregiving environment, making the relationship between the child and their caregiver and environment the target of interventions*

*Thus, infant and early childhood mental health inherently includes a “dyadic,” “triadic,” or family-centered focus.*



# Caregiver Relationship as a Buffer to Toxic Stress

**A healthy dyadic relationship plays a critical role in protecting against the harmful effects of toxic stress and Adverse Childhood Experiences (ACEs)**



- ❑ Providing consistent emotional support, stability, and nurturing interaction, which are essential for healthy development
- ❑ Ensures that the child has a secure and trusted person who can help moderate their stress response and provide the necessary support to cope with and recover from traumatic experiences
- ❑ Helps mitigate the potential biological and psychological impacts of toxic stress, promoting resilience and healthier developmental outcomes despite the presence of adversity



# Dyadic Care: Evidence-Based Approaches to Behavioral Health Care for Young Children

Parent Child  
Interaction  
Therapy

Child Parent  
Psychotherapy

Trauma Focused  
CBT

Attachment  
Vitamins

DIR/Floortime

Skills Building:  
Incredible Years,  
Triple P, Circle of  
Security

Home Visiting

HealthySteps

Dulce



# Dyadic Care in Pediatric Primary Care

**An integrated care model  
provided within pediatric  
primary care settings whenever  
possible**



- Identify behavioral health need
- Referrals to services
- Focuses on Caregiver-Child relationship
- Team-based medical visits
- Warm hand-offs
- Facilitates care team connections

Reference: Funderburk JS, Gass JC, Wray JM, Shepardson RL. Prevalence and predictors of team-based care activities between primary care providers and embedded behavioral health providers: A national survey. *Journal of Interprofessional Care*. 2023;37(1):58-65. doi:10.1080/13561820.2021.2004098

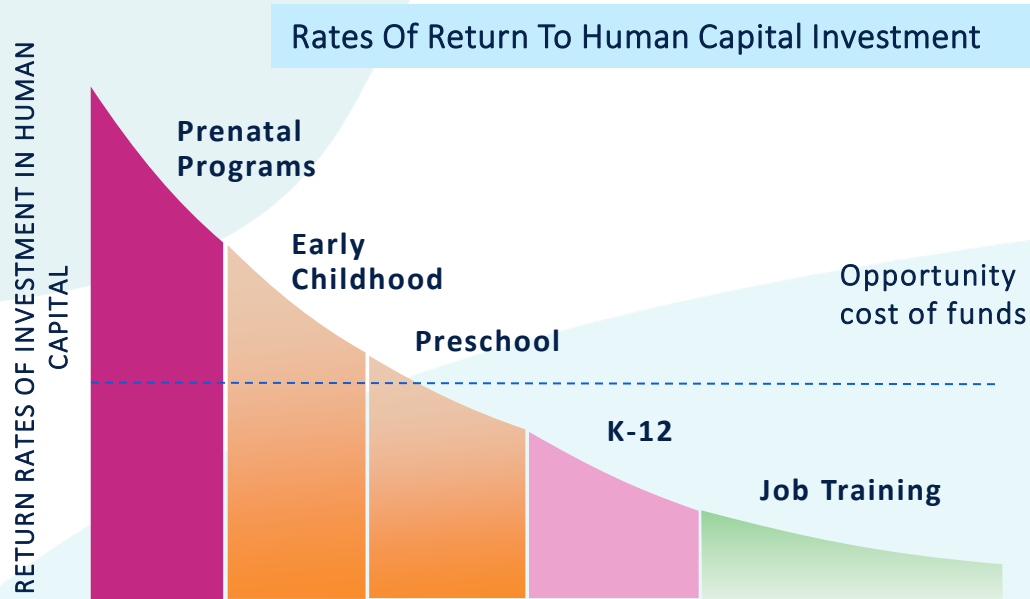
# Why Primary Care? Why Pediatrics?

Because Babies Don't Go to the Doctors Themselves...



# Why is it Important for Children?

## Early Investments, Greatest Gains



### Benefits of Early Investment

- INCREASES IN**
  - Children's cognitive and social-emotional development
  - Educational performance and graduation rates
  - Parental involvement
  - Job training and earnings
- REDUCTION IN**
  - Juvenile and adult crimes
  - Cases of abuse and neglect
  - Intimate partner violence
  - Welfare dependency
  - Special education

Source: Zero To Three, HealthySteps Adapted from Heckman, J., "Return on Investment in Birth-to-Three Early Childhood Development Programs", September 6, 2018.

# Why is it Important for Caregivers + Families?

## Improving Outcomes Through Preventive Care

- Supports a young child's caregiving relationship & environment
- Fosters team-based approaches to meeting family needs
- Provides screening and opportunity for connection to services
- Increases understanding of child development
- Easier access to mental health
- Supports safety practices



# California Quality Priorities

## Reimagine mental health and emotional well-being

for **ALL** children, youth,  
and families in California  
by delivering equitable,  
appropriate, timely, and  
accessible behavioral  
health services and  
supports from prevention  
to treatment to recovery



Advance  
Equity



Designed for  
Youth by Youth



Start Early,  
Start Smart



Center around  
Children and  
Youth



Empower  
Families and  
Communities



Right Time,  
Right Place



Free of Stigma

HHS CYBHI

DHCS

## BOLD GOALS: 50x2025

STATE LEVEL



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



Improve follow up for mental health and substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventive care measures

# What Does it Look Like in Practice?

## Team-Based Approach to Pediatric Primary Care with Integrated Behavioral Health

Healthcare for the child is delivered by a team of medical and behavioral health providers in the context of the caregiver and family during medical visits

*This can be for an ACUTE NEED or for PREVENTION based on identified risk factors*

CPT Code + Modifier	Dyadic + Family Service Descriptor
H1011 mod U1	DYADIC BEHAVIORAL HEALTH WELL CHILD VISIT
H2015 mod U1	DYADIC COMPREHENSIVE COMMUNITY SUPPORTS
H2027 mod U1	DYADIC PSYCHOEDUCATIONAL SERVICES
T1027 mod U1	DYADIC FAMILY TRAINING & COUNSELING FOR CHILD DEVELOPMENT
See Manual	DYADIC CAREGIVER SERVICES
90847, 90846	FAMILY THERAPY

See the NSMHS Manual for details: [Non-Specialty Mental Health Services: Psychiatric and Psychological Services \(non spec mental\)](#)

Julie P. Katkin, Susan J. Kressly, Anne R. Edwards, James M. Perrin, Colleen A. Kraft, Julia E. Richerson, Joel S. Tieder, Liz Wall, TASK FORCE ON PEDIATRIC PRACTICE CHANGE, Joshua J. Alexander, Patricia Jeanne Flanagan, Mark L. Hudak, Ricardo A. Quinonez, Budd N. Shenkin, Tyler Kimberly Smith; Guiding Principles for Team-Based Pediatric Care. *Pediatrics* August 2017; 140 (2): e20171489. 10.1542/peds.2017-1489

# Facilitators of Readiness to Promote Uptake of Dyadic Approaches in Pediatric Primary Care

Universal Family-based Screening (ACEs, Postpartum Depression, Social Needs)

Licensed Behavioral Health Clinician Onsite

Culture of Same Day Referrals/Warm Hand Offs

Family-based Care

Early Adopter of New Family Therapy Codes

Care Coordination Services

Multidisciplinary Care Team (CHWs, Lactation, Etc.)

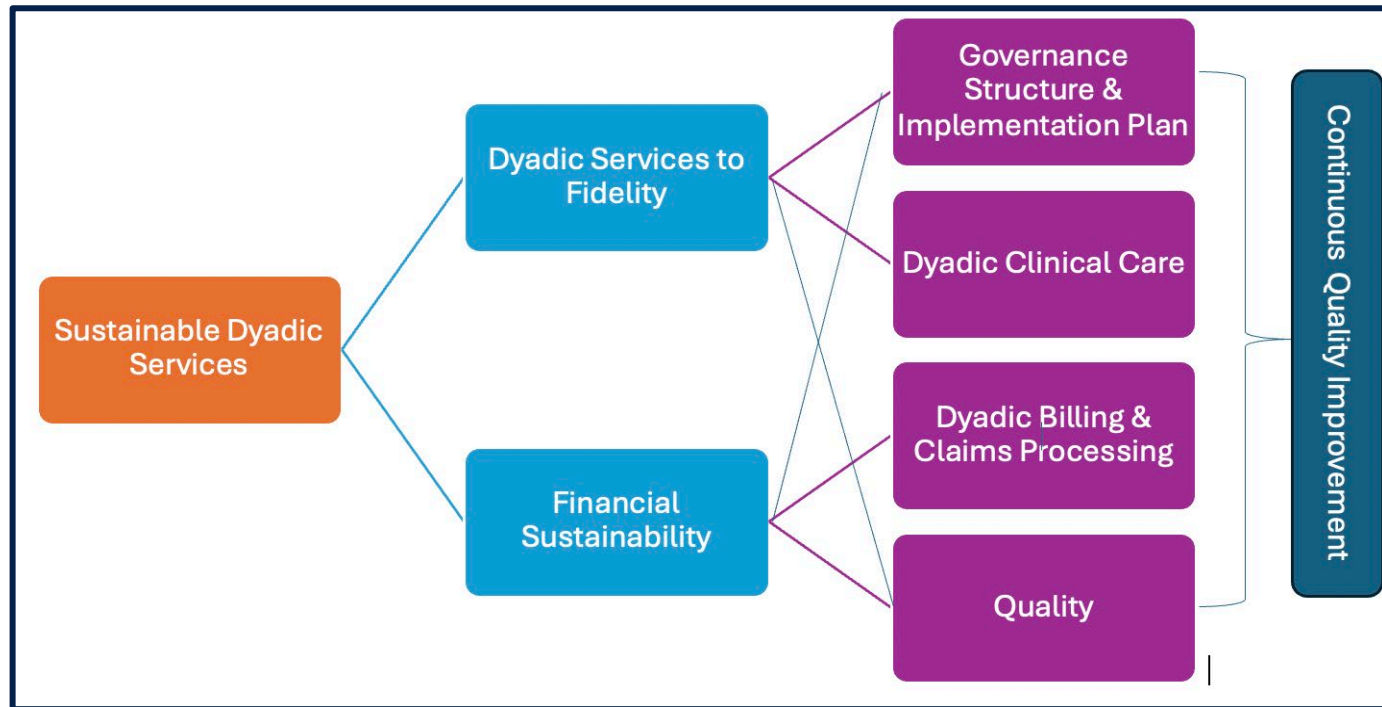
Utilizes CPSP

Providers Already Panned and Billing NSMHS Benefit



# Mitigating Barriers to Sustainable Dyadic Care with Comprehensive Training & Technical Assistance

- Awareness of benefits
- Initiative fatigue
- Complicated policy
- Compliance questions
- Provider-MCP Relationships
- Culture + Practice change
- Workforce Training



# How Can Kids Thrive by 5?



# Community of Practice

# The Case for Dyadic Care: An Illustration

# Consider the Case Example of a Fussy Baby



# Consider the Case Example of a Fussy Baby



Fussiness is common, but  
fussy babies raise multiple  
concerns + questions

Families with fussy babies often  
lean on the medical model to  
resolve high distress levels

Lack of support with fussiness  
can have multiple negative  
consequences

# When Support is Lacking + What Can We Do



Caregiver  
distress



MH screening, assessment,  
intervention

Attachment  
disruption



Explore expectations,  
perceptions, relational  
sensitivities

Emergency  
Room visits



Enhance connection to PC  
home; Co-create support plan

Physical Harm  
to Infants



Safe soothing strategies,  
education and safety planning



# Consider Case Example of a Fussy Baby with Dyadic Care



Learn More Here:



## Summary of How Dyadic Care Enhances & Improves Care

Relationship-  
based long-term  
care

Facilitate  
attachment &  
bonding

Access to  
evidence-based  
dyadic services

Caregiver-level  
clinical care

Reduce ED  
utilization &  
increase primary  
care visits

Support infant  
health and  
safety

# 3-2-1 Reflections



3 ideas that resonated with me



2 questions I'm wondering about



1 idea I'd like to explore further

*“We don’t have to engage in grand, heroic actions to participate in change.  
Small acts, when multiplied by millions of people, can transform the world.”  
– Howard Zinn*



**Coming Up Next...**

***March 12, 2025***

**Financing and Sustainability of  
Dyadic Care**



Center for Advancing  
Dyadic Care in Pediatrics

# Thank you – Upcoming Dydiac Webinar Series

## Part 2: Financing and Sustainability of Dyadic Care – Key Considerations for Primary Care Clinics Serving Children

DATE: Wednesday, March 12th, 2025

TIME: 12:00 P.M. to 1:30 P.M.

## Part 3: Dyadic Care Benefits – Setting Up the Electronic Medical Record/Quality and Data Reporting

DATE: Wednesday, April 2nd, 2025

TIME: 12:00 P.M. to 1:30 P.M.

## Part 4: Setting Your Practice Up for Success – Dyadic Care Workflows/Operations and Implementation in Clinics

DATE: Wednesday, May 7th, 2025

TIME: 12:00 P.M. to 1:30 P.M.