



Monday, May 5, 2025, 12 p.m. – 1 p.m.

Training and Development

BHI-CYCLE Commons



California Quality
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Feedback for Altamed

If patients don't want to wait in clinic

- Making sure that your clinician is documenting the discussion / family response. Then, making a note for the care coordinators to reach out to the family later that day / next day.
- We also have follow up with our corporate compliance with an entire office when we have a large crisis in office / need to call PERT (as it is called in San Diego)

Understanding BH value during a crisis

- From a primary care standpoint, I'd say, having a champion in each office who has had a higher level of training is really helpful. Yes, potentially that could cascade out to pediatricians. But at least someone is doing behavioral mental health work.
- My colleagues at my site have become more helpful, become more comfortable because I am here, and they can ask me questions. So, making sure that there's a champion at every location who has a higher level of training that then leads to knowledge that if crisis is coming, "I know so and so is here." And then that person can help train others

Feedback *continued*

- Messaging that it is just a different type of crisis. What we've discussed with our PCP partners is in the same way that sometimes they need to call an ambulance to send a child to the emergency room, the same idea applies to mental or behavioral health emergency or crisis. It isn't really that different.
- Making sure you have someone available from BH team for that warm hand off or intervention even if the provider doesn't know the whole workflow.

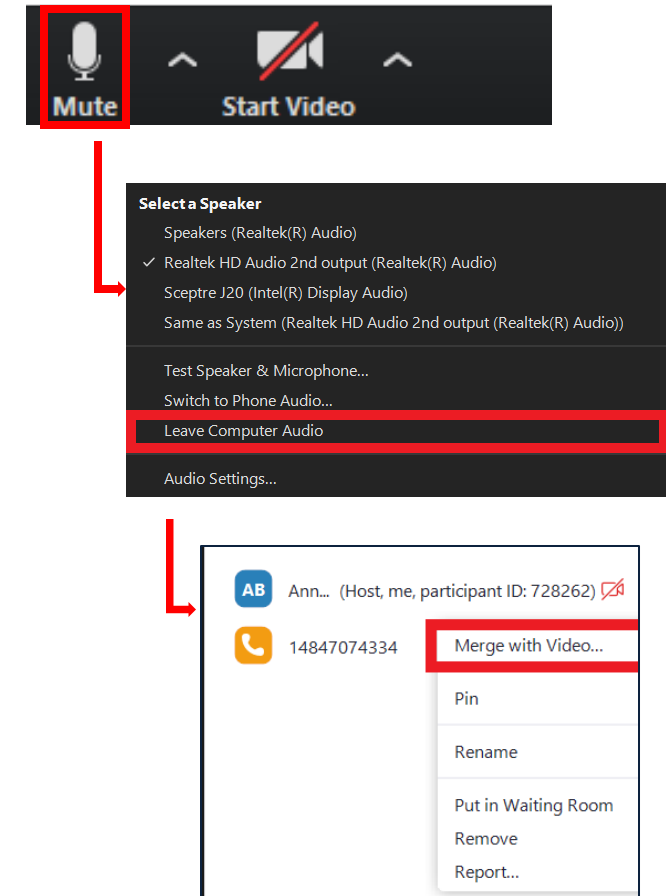
Zoom Tips

- Attendees are automatically **MUTED** upon entry
- Use the **chat box** for questions

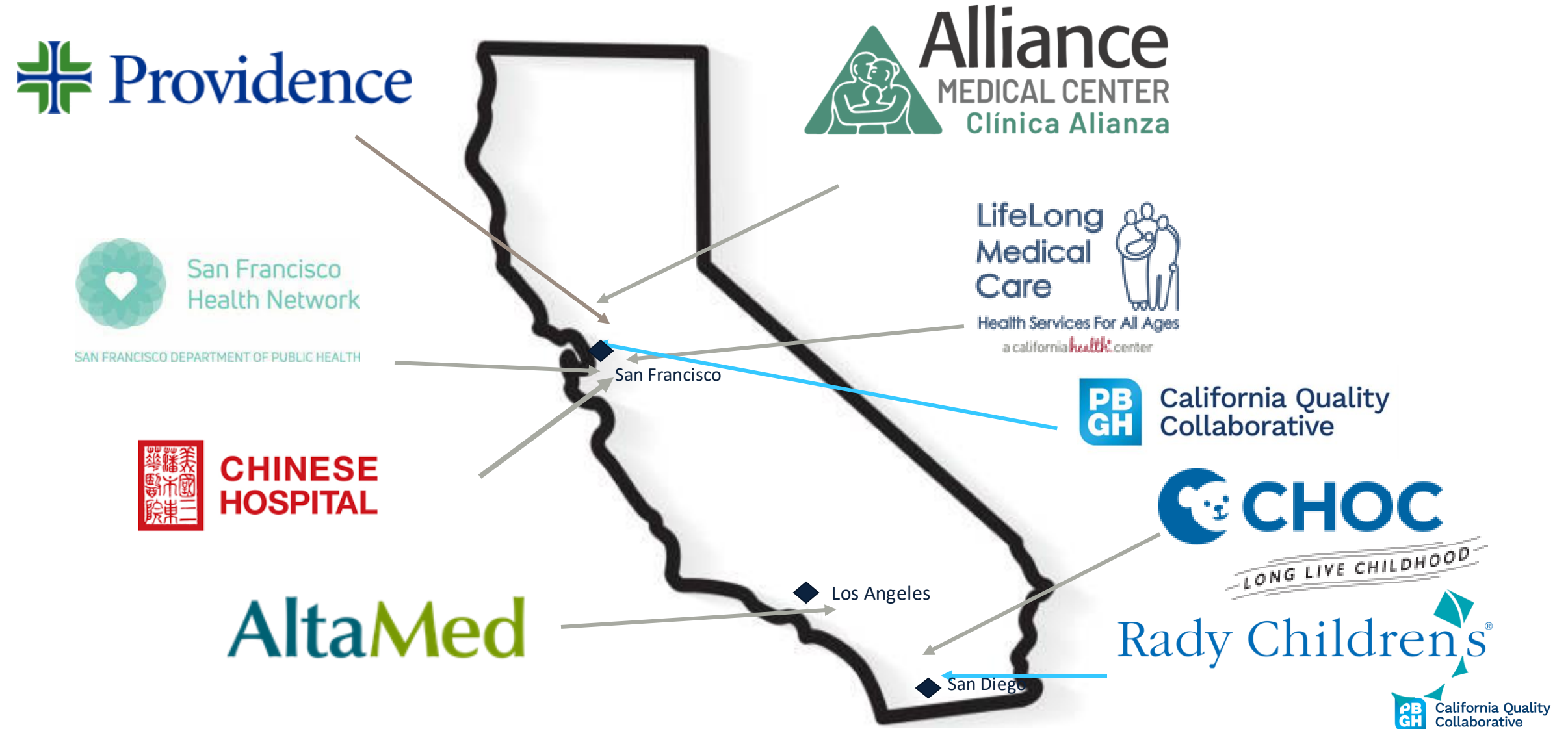


- Request closed captioning with 'Live Transcript' button
- Welcome to update name, pronouns and organization in your Zoom name
 - Right click on yourself → Rename
- Direct message Anna Baer** if you have any technical issues

- If you've dialed in, please link your phone to your video/computer



Hello and Welcome!



Poll: Training Strengths

What is your team's strength when it comes to training and development?

- Hiring and recruiting
- Medical team engagement
- Ongoing education
- Other - Let us know in the chat!



Today's Agenda

Today, we'll:



Review training and development practices at Rady Children's Hospital

*20 min presentation +
7 min Q&A*



AltaMed

Reflect and share advice on peer case study: Altamed Health

*10 - 15 min presentation +
10 min feedback*



Share about training and development at your organization



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Rady Children's Hospital Transforming Mental Health

Training and Development

Goals and Objectives

- Learn how the MHI Program supports team engagement, training and professional development
- Share how MHI engages and supports its pediatric primary care partners, ensuring
 - Their readiness for participation in an integrated mental health care program; and
 - Their ongoing education on relevant mental health care topics
- Share MHI's training approach for workforce development



MHI Clinician Training & Professional Development

MHI Clinician Onboarding

- New clinicians (licensed master's level clinicians, PhD, PsyD) complete a structured orientation process at the organization, division, and program levels
 - Rady Children's day long New Employee Orientation (NEO)
 - Mental, Behavioral, and Developmental Services NEO presentation
 - MHI orientation and training
 - 2-3 week orientation prior to beginning patient care
 - Shadowing opportunities
 - Time to read articles on integrated care, watch videos, and complete necessary trainings



MBD Guideline:

Signing Up New Employees for the Quarterly MBD NEO

Leadership and Professional Growth Opportunities

- In response to clinician requests for growth and supervision opportunities
 - Created two Lead Integrated Health Therapist (IHT) positions in Spring 2024
 - Offered a range of additional professional development and leadership experiences

Opportunities include (but are not limited to):

- Participating in department workgroups and/or committees
- Getting involved in a quality improvement project
- Presenting in the Integrated Health Series
- Presenting at a national or local conference
- Presenting at the school district webinar series
- Attending a professional training
- Attending a department clinical leadership meeting
- Serve as lead facilitator for a group
- Serve as a buddy mentor for new IHTs or team members
- Lead a team meeting or registry conference or group supervision
- Meet with senior leadership for mentorship and career development



First Approach Skills Training (FAST) Training

- Engaged Seattle Children's for live, interactive team trainings in FAST between January – April 2024
- Tools for brief, evidence-based interventions
- Team preparation for dyadic services billing

FAST Program Training Opportunities

We are excited to provide a few different ways to learn FAST programs:

We offer **free, on-demand training videos for each of our programs**. These videos walk you through the key ideas and show you how to use our freely downloadable handouts and workbook materials. Each video is approximately two hours long and can be accessed by clicking below and entering some basic information we use to follow how our different programs are being used.

- [FAST-Anxiety](#)
- [FAST-Behavior](#)
- [FAST-Depression](#)
- [FAST-Parenting Teens](#)
- [FAST-Trauma](#)
- **Bonus:** [Introduction to FAST-Anxiety \(Brief Version\)](#) (13 minutes)
- **Bonus:** [Video demonstration: Bringing up race, identity, and discrimination](#) (20 minutes)

Live, interactive web-based workshops are designed to give you hands-on skills practice and in-depth troubleshooting of common challenges that can come up for each program. Training is two hours for each program and is currently *free to primary care-based providers in Washington state*. [Contact us](#) for more information.

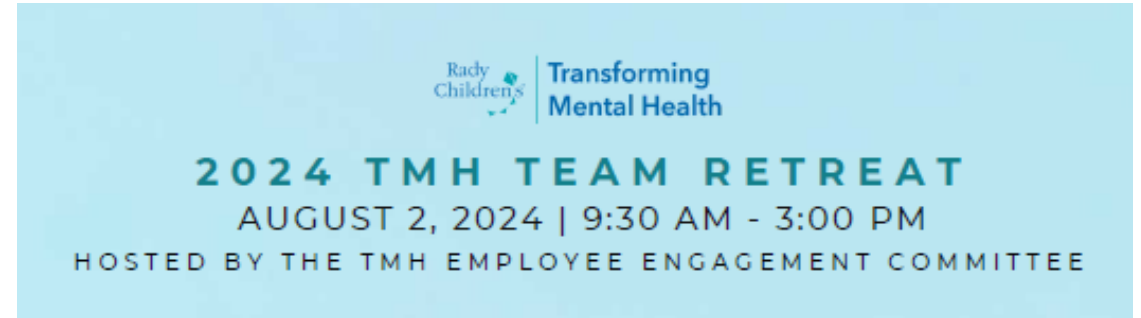
Supportive Supervision Structure

- Group Supervision
 - Program offers weekly group supervisions to all IHTs
 - Case support and discussion
- Weekly individual supervision
- Accessible clinical leadership team



Employee Engagement Committee

- Created in Spring 2023
- Initiatives foster a positive, collaborative, connected, and supportive team culture
 - Monthly Spotlight Series
 - Biannual in person breakfast socials
 - Annual all staff in person retreat



Pediatric Primary Care Partner Engagement & Support

MHI Onboarding for New PCPs



- Welcome and onboarding meeting with Hilary Bowers, MD, FAAP, Director of Behavioral and Mental Health Services, Children's Primary Care Medical Group
- MHI orientation meeting with PC site Integrated Health Therapist and Psychiatrist
- Recorded video trainings

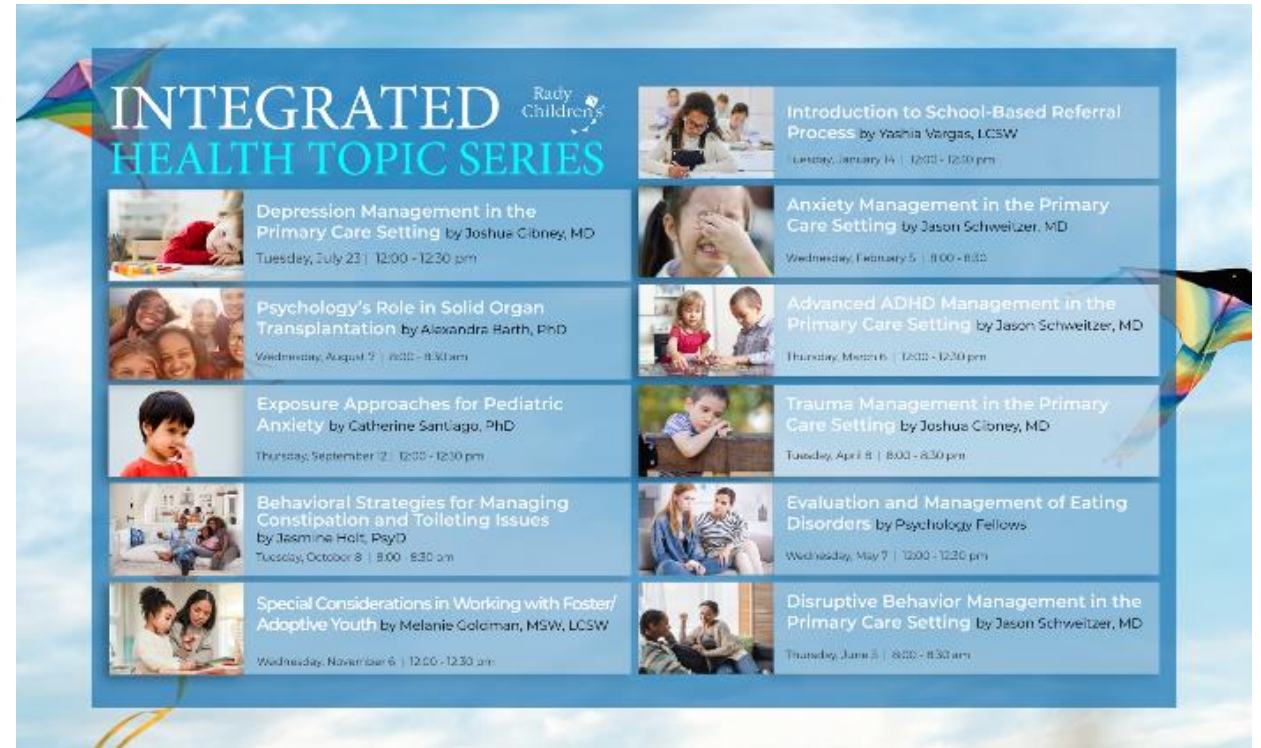
REACH Training

- Worked closely with the REACH Institute to enroll primary care providers in their *“Patient-Centered Mental Health in Pediatric Primary Care Mini-Fellowship on Mental Health and Pharmacology”*
- 184 PCPs completed the training during initial onboarding phase, through July 2022, exceeding our shared network goal of 150
- Children’s Primary Care Medical Group (CPCMG) continues to require all new PCPs to complete this training



Integrated Health Topics Series

- Monthly presentations offered by MHI clinicians for Primary Care Providers
- Fosters interdisciplinary dialogue on mental health needs seen within the primary care setting



Refresher Trainings, Touch Points, and Meetings

- Refresher trainings on the PCMH model annually or as needed
 - Education maintenance
 - Q&A and troubleshooting
- Clinical leadership team efforts to round regularly at all PC sites
- Monthly lead PCP meeting
- Quarterly all sites operations meeting



CMP / MHI Spring Lunch

March 15, 2024

Case Study

- IHT informs Clinical Supervisor in 1:1 that they've noticed the PCPs aren't interrupting them for a WHO and are instead just putting in a referral
- During registries, it's also clear that PCPs are struggling to understand the scope of the MHI Program
- Psychiatry also notices that PCPs are pushing back on taking patients back into their care
- All of this information converges in our weekly Clinical Operations meeting indicating that this particular site needs some additional support and education around the program's model and workflows
- To address
 - Plan an onsite lunch and training/model refresher
 - Discuss at monthly Lead PCP meeting
 - Discuss at monthly check-in meeting with Site Champion

Weekly Registry Conferences

- IHT, CCs, Psychiatrist, PCPs, Clinical Leads
- Supports co-management of patients
 - Team-based review, resource collaboration, and multi-directional education
- Specific layout of meeting to ensure team stays organized and efficient



Provider Training Resources

- Toolkits, articles, and training videos are available on the Rady Children's behavioral health webpage
 - <https://www.rchsd.org/programs-services/behavioral-health/providers-and-educators/>



For Providers

Training Approach for Workforce Development

Pediatric Residency Training in Mental Health

- **Primary Care Mental Health**

Elective rotation created in 2022

- In collaboration with the Division of Pediatrics
- 2-week multi-disciplinary and multi-site immersive experience
- Meets ACMGE requirements
- Builds skills and exposes pediatricians to integrated care
- Increases access to mental health care

Academic Year	Residents Trained
22 -23	4 PGY2/3
23-24	9 PGY2/3
24-25	8 PGY2/3
25-26	ALL PGY2s: 24





Rotation Impact

- Most residents reported increased confidence in the following actions after completing their rotation:
 - Using screening tools
 - Making mental health diagnoses
 - Providing treatment for ADHD, depression, and anxiety,
 - Conducting mental status exams
 - Assessing for self-harm



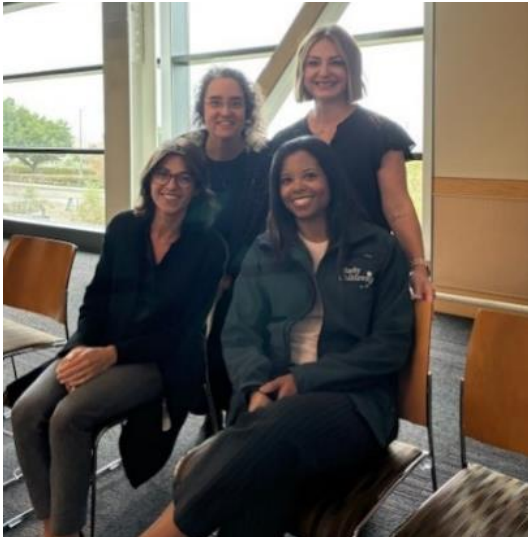
Psychology Interns & Psychiatry Fellows

- 2 psychology interns trained annually
- 4-5 child psychiatry fellows trained annually



Targeted Presentations and Outreach

- Participated in the Cal State University San Marcos (CSUSM) Interprofessional Education Event in September 2024
 - Presented on integrated mental health care to Cal State University San Marcos (CSUSM) undergraduate social work, nursing and human development students
 - Discussed best practices for promoting collaboration among various disciplines to deliver patient care
 - Promoted primary care integration as a future career path



Takeaways

- Invest in building collaborative relationships with our PCP partners
 - Sometimes a quick phone call can fix an emerging problem
 - Administrative time/support needs to be allocated to nurture these relationships
 - Consider financial investment in the form of site champion stipends
- Regular meetings with clinical supervisors and PCP leads to understand the state of sites and to support and troubleshoot
- Importance of fostering relationships with training institutions and local universities to support the workforce/training pipeline



Questions?



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Establishing Standardized Assessments

Altamed

All Teach, All Learn



Reminders

- Pose questions
- Offer suggestions
- Recommend solutions

Team Introduction: AltaMed Health Services





Organization Background

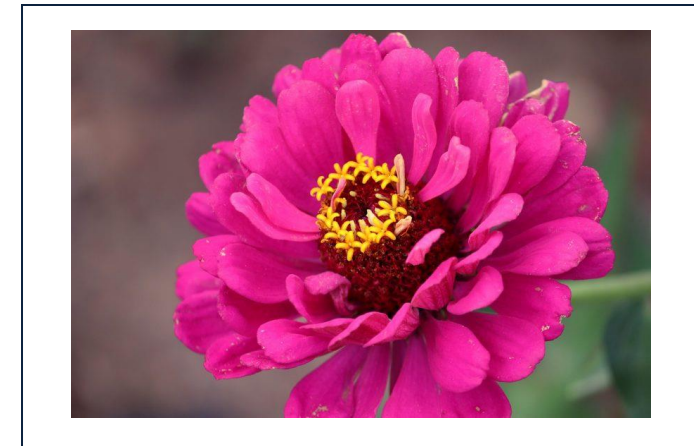
- AltaMed Health Services
- Federally Qualified Health Center
- Los Angeles/Orange County CA
- 380,455 patients served
- Epic EHR

About Your BH Integration Program

- Primary Care Behavioral Health Model
- 32 Clinicians that range from Licensed Clinical Social Workers and Associate Clinical Social Workers
- BH services offered at 19 AltaMed clinics
- Project: Suicidal Ideation screening workflow



			
Dr. Norma Perez - Pediatrician, ACEs Program Director	Dr. Lisette Robledo - Pediatrician, ACEs Behavioral Health Champion	Alexandra Perez - ACEs Project Coordinator	Emmanuel Okosisi - ACEs Project Coordinator



What are you trying to solve?

- Establish a standardized suicide risk assessment for patients who screen positive in question 9 of PHQ

- PHQ-9

9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
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- PHQ-A

9. Thoughts that you would be better off dead, or of hurting yourself in some way?				
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- Currently our health system performs depression screens for patients age 12+ at yearly preventative visits
- We do not have colocated psych in our clinics

IMPLEMENTATION

- Pediatric workgroup assessed use of Columbia Suicide Screener (utilized by Behavioral Health Department) vs. ASQ (Ask-Suicide Screening Questions)
 - Pediatric workgroup included Pediatric Physicians (CHLA and AltaMed), Pediatric Psychologist, Behavioral Health Manager, Behavioral Health Director and Pediatric Clinical Informatics
 - Workgroup expanded to include: Family Practice, Women's Health, Nursing, AltaMed Now Team (on call team), Health Information Management
- We implemented ASQ screener due to validated screener, short time to administer, clear workflow already established with the ASQ screener

ASQ (Ask Suicide-Screening Questions)

Ask Suicide-Screening Questions

1. In the past few weeks, have you wished you were dead?

NoYes

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?

NoYes

3. In the past week, have you been having thoughts about killing yourself?

NoYes

4. Have you ever tried to kill yourself?

NoYes

5. Are you having thoughts of killing yourself right now?

NoYes

Calculated Risk Score

Describe your thoughts of killing yourself right now:

Calculated Risk Score

Imminent Risk

Calculated Risk Score

Potential Risk

What have you tried?

- Providers trained during provider meeting
- Nursing team to cascade training for their teams
 - Workflow is for them to ask PHQ questions and if question 9 is positive then they ask ASQ questions
 - Nursing team monitored for use of ASQ when appropriate
- Monthly meetings continued with workgroup to address issues as they come up
- Initial plan to have urgent referrals placed for 24-72 hours for follow up

ASQ IMMINENT RISK

Nursing & Provider Practice Advisory

OurPractice Advisory - Aegea, Fourteen-PED

Critical (1)

Imminent Risk Identified!

Patient answered "YES" to question #5 for ASQ screen = **Acute Positive screen (imminent risk identified).**

Nursing:

- **Keep patient in sight**
- **Alert** provider, care team, & nurse leader via secure chat
- **Keep safety in mind**- have a clear line of exit
- **Remove all dangerous objects** from room
- Patient requires a **STAT** safety/full mental health evaluation.
- **AltaMed sites:** If your provider determines a patient needs a **more urgent AltaMed Behavioral Health evaluation** within 24-48hrs. Secure chat can be sent to "Behavioral Health Case Managers" GROUP with patient chart attached. BH team will contact the patient to evaluate them for next steps.
 - Please confirm phone #.
 - Msg: "This patient screened positive for ASQ suicide screening risk & patient needs to be contacted"

Provider:

- Please see smartset for further information.

Defer

Accept Dismiss

Provider Smart Set

AltaMed Suicide Screening Resource [Manage User Vers](#)

Suicide Screening Resource

Use this smartset to help with care of a patient who has screened positive for self-harm or suicidality.

Patient Health Questionnaire-9 Score: 10
Thoughts that you would be better off dead or hurting yourself in some way: Several days

ASQ Responses:

1. In the past few weeks, have you wished you were dead?: Yes
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?: Yes
3. In the past week, have you been having thoughts about killing yourself?: No
4. Have you ever tried to kill yourself?: No

5. Are you having thoughts of killing yourself right now?: Yes

Calculated Risk Score: Imminent Risk

ASQ: Calculated Risk Score: Imminent Risk

LINKS TO: [ASQ questions](#) (if not completed) | [SYNOPSIS](#) (summary of screening results)

If concern for IMMINENT RISK of suicide/self-harm :

- Touch base with provider partner(s)/clinic management to ensure all teams notified.
 - Patient must not be left alone
 - Call **PET TEAM LA (800) 854-7771** or **CAT TEAM OC (866) 830-6011** or **911**. Please keep patient/family informed of plan.
 - File AltaMed incident report within 24 hours
 - **If this is a TELEHEALTH visit:** please keep patient on the line, notify nursing and clinic management, someone from your team can call for help
- **AltaMed sites:** If your patient needs a **more urgent AltaMed Behavioral Health evaluation** within 24-48hrs. Secure chat can be sent to "Behavioral Health Case Managers" GROUP with patient chart attached. BH team will contact the patient to evaluate them for next steps.
 - Please have team confirm phone #.
 - Msg: "This patient screened positive for ASQ suicide screening risk & patient needs to be contacted"

ASQ POTENTIAL RISK

Suicide Screening Resource

Use this smartset to help with care of a patient who has screened positive for self-harm or suicidality.

Patient Health Questionnaire-9 Score: 17

Thoughts that you would be better off dead or hurting yourself in some way: Several days

ASQ Responses:

1. In the past few weeks, have you wished you were dead?: Yes
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?: Yes
3. In the past week, have you been having thoughts about killing yourself?: No
4. Have you ever tried to kill yourself?: No

5. Are you having thoughts of killing yourself right now?: No

Calculated Risk Score: Potential Risk

ASQ: Calculated Risk Score: Potential Risk

If **POTENTIAL RISK** of self-harm or suicide identified

- Brief Suicide Safety Assessment (BSSA) must be completed to assess next steps.
 - [YOUTH](#) & [ADULT](#) BSSA. Helpful guide linked below to use while administering BSSA.
- Complete [Stanley Brown safety plan](#) with your patient. This will appear on AVS.
- Schedule a follow up with patient within 72 hours for safety check and to determine whether or not they were able to obtain a mental health appointment
- If patient has established behavioral health support or is deemed low risk by provider- urgent behavioral health referral may not be required.
- AltaMed sites: If your patient needs a **more urgent AltaMed Behavioral Health evaluation** within 24-48hrs. Secure chat can be sent to "Behavioral Health Case Managers" GROUP with patient chart attached.
 - Please have team confirm phone #.
 - Msg: "This patient screened positive for ASQ suicide screening risk & patient needs to be contacted"

PROVIDER ORDERS

▼ Note Documentation (for Potential or Imminent Risk)

▼ Note documentation

This will add to the very end of the note. You can also use **.AMSUICIDEPLAN** to place the phrase in your note

☒ Suicide Plan for Note


▼ Orders & Diagnoses

▶ Diagnosis Click for more

▼ Suicide Screening Referral- Peds

*AltaMed Behavioral Health referral is for short-term therapy with bilingual therapists. Place **URGENT referral** for positive suicide screening.*

☒ Internal Behavioral Health Referral

 Internal Referral, BH BEHAVIORAL HEALTH, Behavioral Health, Specialty Services Required

☐ Internal PCSS/ACES and SDOH Case Management Referral

▼ Follow-Up

☒ 24-72hrs for mental health/safety follow-up

☐ Blank (click edit to fill in info)

▶ AM AMB SUICIDE PT INSTR Click for more

☒ Basic Crisis Instructions (E/S)

AVS INSTRUCTIONS

If you or someone you know are thinking about harming yourself or attempting suicide or are in crisis, tell someone who can help right away :

- Call 911 for emergency services.
- Go to the nearest hospital emergency room.
- Call or text 988 or call 1800-273-TALK (8255) to connect with Suicide & Crisis lifeline

Si usted o un conocido está pensando en hacerse daño o en suicidarse o está en crisis, avise a alguien quien le pueda ayudar enseguida:

- Llame al 911 para servicios de emergencia.
- Vaya al cuarto de emergencia del hospital más cercano.
- Llame al 988 o 1-888-628-9454 para conectarse con la Línea de Prevención del Suicidio y Crisis.

What would you like advice on?

- Collaboration with Behavioral Health team as they implement their acute crisis team (ie. Sustainability, how to staff especially “after hours”)
- How to help providers while waiting for PET team in clinic
- Specific suggestions when patients endorse suicidality on the phone?
- What to do with parent and teen who don’t want to wait in clinic for psych assessment?
- Suggestions to help support our providers when making these assessments?

Preparing for sharing: BHI-CYCLE Reflections

June 2 Webinar



What were you trying to cultivate (BHI-CYCLE Project Focus), and how did it go?

We will share most recent Team Intro slide

How did BHI-CYCLE help your BHI program grow?

Interactive sharing activity

What would you share as a recommendation to spread integration for children in California ?

Community sharing activity

Upcoming Events

BHI – CYCLE Office Hours: Open Office Hours

- Monday, May 19, 12 p.m. – 12:45 p.m.



Feedback

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- Review training and development practices at Rady Children's Hospital
- Reflect and share advice on peer case study: Altamed
- Share about training and development at your organization



BHI – CYCLE Commons | Program Timeline

Topic

Presenter

Commons Webinar: Screening	Office Hour: BHI Financing and Sustainability	Commons Webinar: BHI Financing and Sustainability	Commons Webinar: Staffing & Sustainability + Site Visit Preparation	In Person Site Visit – Rady Children’s, San Diego
Mon. 1/6 (12 – 1)	Mon. 1/21, 12 p.m. – 12:45 p.m.	Mon. 2/3 (12 -1)	Mon. 3/3 (12 – 12:45)	March 7, 2025
Providence			LifeLong Medical Care	

Topic

Presenter

By 4/18: BHI-CYCLE Program Survey	Commons Webinar: Engagement & Equity	Commons Webinar: Training and Development	Office Hour: Open Office Hours	Commons Webinar: Lessons Learned & Closing	CQC Public Webinar – BHI – CYCLE Successful Practices & Solutions Toolkit
	Mon. 4/7 (12 – 1)	Mon. 5/5 (12 – 1)	Mon. 5/19 (12 – 12:45)	Mon. 6/2 (12 – 1)	Wed. 9/17 (1 – 2)
	San Francisco Health Network	AltaMed		All!	

Thank you!