

Bicycles Finding Joy!





Monday, June 2, 2025, 12 p.m. – 1 p.m.

Lessons Learned and Closing

BHI-CYCLE Commons



California Quality
Collaborative

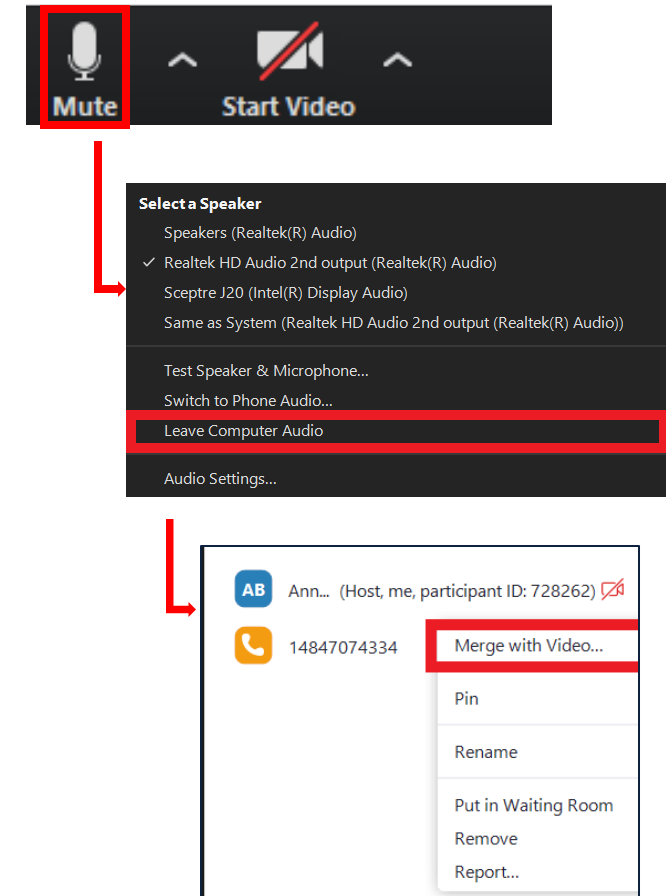
Zoom Tips

- 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



Sharing

What is your wish for
whole child care in
California?



Today's Agenda



Share what you are trying to cultivate (BHI-CYCLE Project Focus), and how it went



Identify how BHI-CYCLE helped your BHI program grow



Capture recommendations to spread integration for children in California



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Lessons Learned



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

Team Reflection: AltaMed Health Services





Organization Background

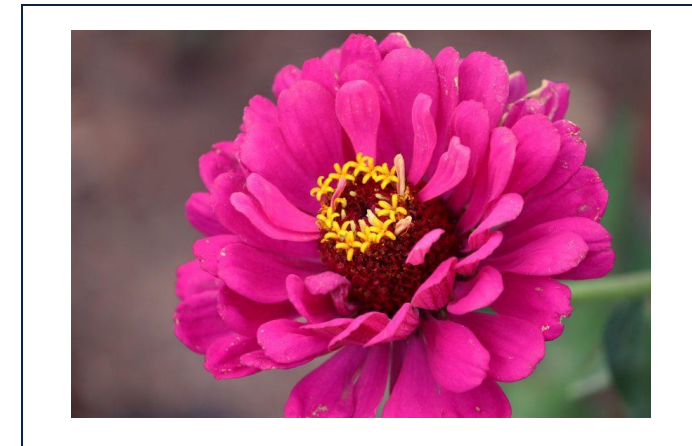
- AltaMed Health Services
- Federally Qualified Health Center
- Los Angeles/Orange County CA
- 380,455 patients served
- Epic EHR

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



Team Reflection: CHOC (Children's Hospital Orange County)

Organization Background

- Children's Hospital Orange County (CHOC)
- We are a pediatric health care system consisting of hospitals, urgent cares and community based primary and specialty care clinics
- We are based in Orange County, CA
- We serve roughly 2 million children over four counties
- We utilize Cerner as our EHR

Primary Care

- CHOC has 26 primary care clinics (22 outlying clinics, 4 medical clinics) and a mobile clinic team. Our Psychology and Social Work providers are integrated into most of these clinics and provide services on-site or via telehealth
- Psychology team consist 6 psychologists & 2 resource specialists
- Social Work team consists of 3 primary care social workers
- Projects we are interested in working on with our teams include sustainability, maximizing billing, integrating HealthySteps, and increasing in-person interactions during patients' primary care visits



Psychology



Chris Min, PhD



Sarah Ruiz, PhD



Annemarie Kelleghan, PhD



Mariam Ibrahim, PhD



Sandra Avila, PsyD



Darcy Alcantara, PhD



Maritza Estrada

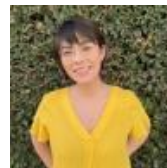


Nataly Alvarado

Social Work



Amy Hernandez, LCSW, PMH-C



Gloria Flores, MSW



LuzElena Najera, LCSW

TEAM MASCOT (S)



Team Reflection: LifeLong Medical Care

- FQHC/Community Health Center
- SF East Bay (from Oakland to Rodeo)
- 57,082 patients served (medical and behavioral health) in 2023
- Epic EHR

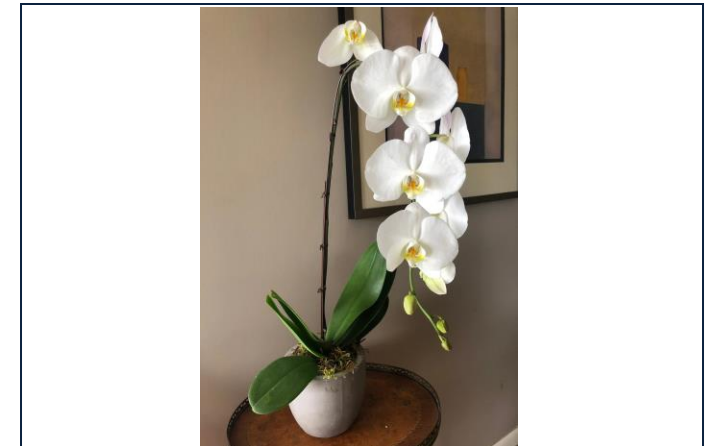
- **Teams:** 10 clinic-based IBH teams + 4 additional IBH teams + 3 school based health center teams
- **Staff:** 24 BH Community Health Workers + 58 therapists + 18 psych providers + 9 Recovery Support Counselors + 21 BH interns + Leadership
- **Project:** Increasing clinical support for pediatric BH therapists



Carrie Cangelosi

BH Operations
Director

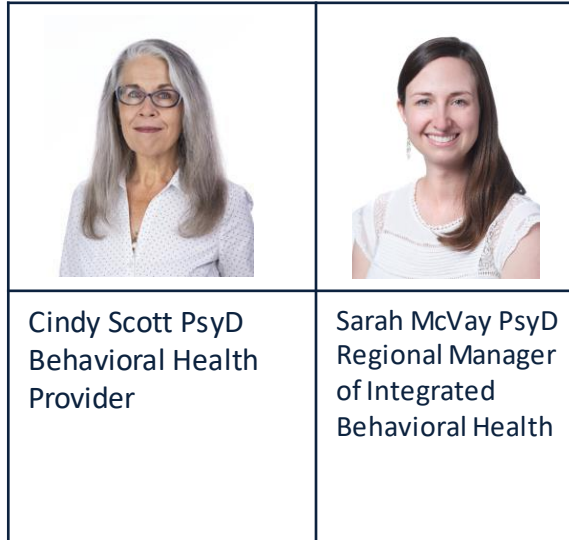
Ops Support



Team Reflection: Providence Doyle Park Pediatrics Santa Rosa

- Providence Medical Group
- Pediatric clinic
- Santa Rosa
- # 1,000
- Epic

- PCBH program, grant funded. BHP started in October 2023.
- One BHP to 10 providers. Two pediatricians are offsite in Petaluma, one is a developmental pediatrician.
- ACEs screening and response during WCCs for ages 12+



Team Reflection: **Children's Health Center**

Organization Background

Name: *San Francisco Health Network,
part of the SF Department of Public Health*

Org Type: *FQHC, safety-net*

Children's Health Center, ZSFG

**The Children's Health Center (CHC) @
Zuckerberg San Francisco General
Hospital (ZSFG)** sees roughly 40,000
visits per year through its primary,
urgent, and specialty care
operations, accounting for 65% of the
SFHN's pediatric visits, currently
serving 7000+ empaneled patients,
ages birth to 24.

EHR: EPIC

BHI Current State

Birth to 5 yrs: HealthySteps (through UCSF affiliation)

6-24 yrs: PCBH model (but insufficient, due to largely a dult-focused design—A-BHVS for 12+ yrs)

BH Providers

2 Behavioral Health Clinicians (1 currently vacant, + 1 BH supervisor)

1 Behavioral Assistant

6-8 HealthySteps Specialists

Current Strengths

- Enhanced chart scrubbing to promote WHO scheduling
- Partnership with PCPs to clarify PCBH services and ways to introduce BH providers in clinic.



**Rachel Clee, LMFT
& IF-ECMHS -
Assistant Director
for PCBH**

TEAM MASCOT










Team Reflection: BHI - CYCLE



Organization Background

- California Quality Collaborative
 - Technical Assistance Organization
 - All over California
- Rady Children's Hospital
 - Leading BH integration in pediatric primary care
 - San Diego



						
Kristina Mody Director, Practice Transformation BHI – CYCLE Director	Anna Baer Program Coordinator, Care Transformation Coordinator	Anne Bird, M.D. Medical Program Director, Primary Care Mental Health Integration Transforming Mental Health, Rady Children's Hospital	Nicole Carr – Lee, PsyD Director of Clinical Operations and Integration – Mental Health Integration; Rady Children's Hospital – San Diego	Benjamin Maxwell, M.D. Chief, Child and Adolesc ent Psychiatry, UC San Di ego Una Davis Endowed Chai r, Rady Children's Hospit al – San Diego	Elizabeth Rains. MPH Manager, Business Planning	Jen Zubyk Quality Improvement Advisor

BHI CYCLE – Key Program Learnings

- Empower clinical champions
- Avoid internal siloes
- Collaboration and communication are key
- Adopt measurement informed care
- Eye toward continuous quality improvement
- Consider how you are using the integrated care space for providers and patients



What else?



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BHI-CYCLE Program Impact



How did BHI-CYCLE help your BHI program grow?

How did BHI-CYCLE help your BHI program grow?



Sharing Activity

Join at menti.com | use code 5509 2600

Mentimeter

How did BHI-CYCLE help your BHI program grow?

Make connections

Learning

Peer support network

Connecting with others to share successes and challenges cultivated a community of support – this helped sustain our energy, encourage us, and reinforce the positive power of integrated care!

Sharing the ways that others have/had similar issues and experiences with ideas on how to continue to make movement

Site visit - being able to experience integrated care

Our program is essentially the same as it started, but with more confidence. We had a successful ACEs pilot and are more aware now of how to track data in Epic. Our growing pains feel normal.

It was great to learn so concretely and practically how other peds BH programs operate, from intakes to dot phrases to billing.

It gave us exposure to how other folks were supporting BHI in pediatric settings, and opportunities to learn together, and ultimately ideas of what we could try out to support our overall BHI goals.

Motivation to not give up and

Sharing Activity

Join at menti.com | use code 5509 2600

Open Mentimote

How did BHI-CYCLE help your BHI program grow?

It was great to learn so concretely and practically how other peds BH programs operate, from intakes to dot phrases to billing.

Site visit was great!

The consultation about how to manage high need with one BHP helped me think through other ideas, especially with billing and payment.

It gave us exposure to how other folks were supporting BHI in pediatric settings, and opportunities to learn together, and ultimately ideas of what we could try out to support our overall BHI goals.

It's helpful to have other colleagues to reach out to.

We made a template based on Rady's epic template and look forward to using this.

it started, but with more confidence. We had a successful ACEs pilot and are more aware now of how to track data in Epic. Our growing pains feel normal.

Motivation to not give up and recognition that all good takes time. I felt supported, and this was passed down to the teams in our organization.

Renewed momentum and motivation to advocate for BHI with anyone and everyone!



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California Recommendations



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

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

Consider recommendations for:

- Your own organization
 - Internal delivery system
- Broader state-level
 - Health care delivery system



Chat Waterfall Instructions

- *Take the next few minutes to type your responses in the chat, **do not hit enter** until Kristina says “go”*
- *On “go” everyone will hit enter and we will view all responses at once*

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

better
reimbursement

More programs like BHI-CYCLE...creating spaces where programs/orgs/providers can come together to share the benefits of integrated care and talk about how to implement it. Advocating for higher reimbursement rates to represent the impact of integration and to allow programs to be able to sustain an integrated care model. Integrated care training as part of pediatric residency program/fellowship training.

FQHCs: look at opportunities to use dyadic care billing to support the extra work needed for pediatric BH.

Hire the right person(or people), connect with leaders and stakeholders at all levels (revenue cycle, contracts, billing/coding, physicians). Insurance companies assisting with ensuring programs get paid for their work.

I would advocate for better understanding from payers that these are models that providers want and paying for them

Additional financing to support the model for patients and providers. It's almost impossible to do and maintain quality work without the funds!

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

We need more programs like BHI-CYCLE that bring together organizations, providers, and programs to share the benefits of integrated care and discuss how to make it work in practice. We should also push for better reimbursement rates that reflect the value of integrated care and help keep these programs running. Integrated care trainings should be included in pediatric residency and fellowship programs. We also need sustainable funding models, education for clinicians during training, and physical space in pediatric clinics designed to support this type of care.

financial sustainability models; specific education for clinicians on this model of care during training; building physical space into pediatric clinics to accommodate this model

State level: allow same day billing for medical and BH visits (dyadic care takes a step toward this, but more could be done).

Taking Action Today



Your delivery system

- Capture patient story
- Share with a colleague
- Identify a physician champion
- Connect with the BHI-CYCLE cohort

Health care delivery system

- Engage a payer partner on BHI
- Policy/advocacy



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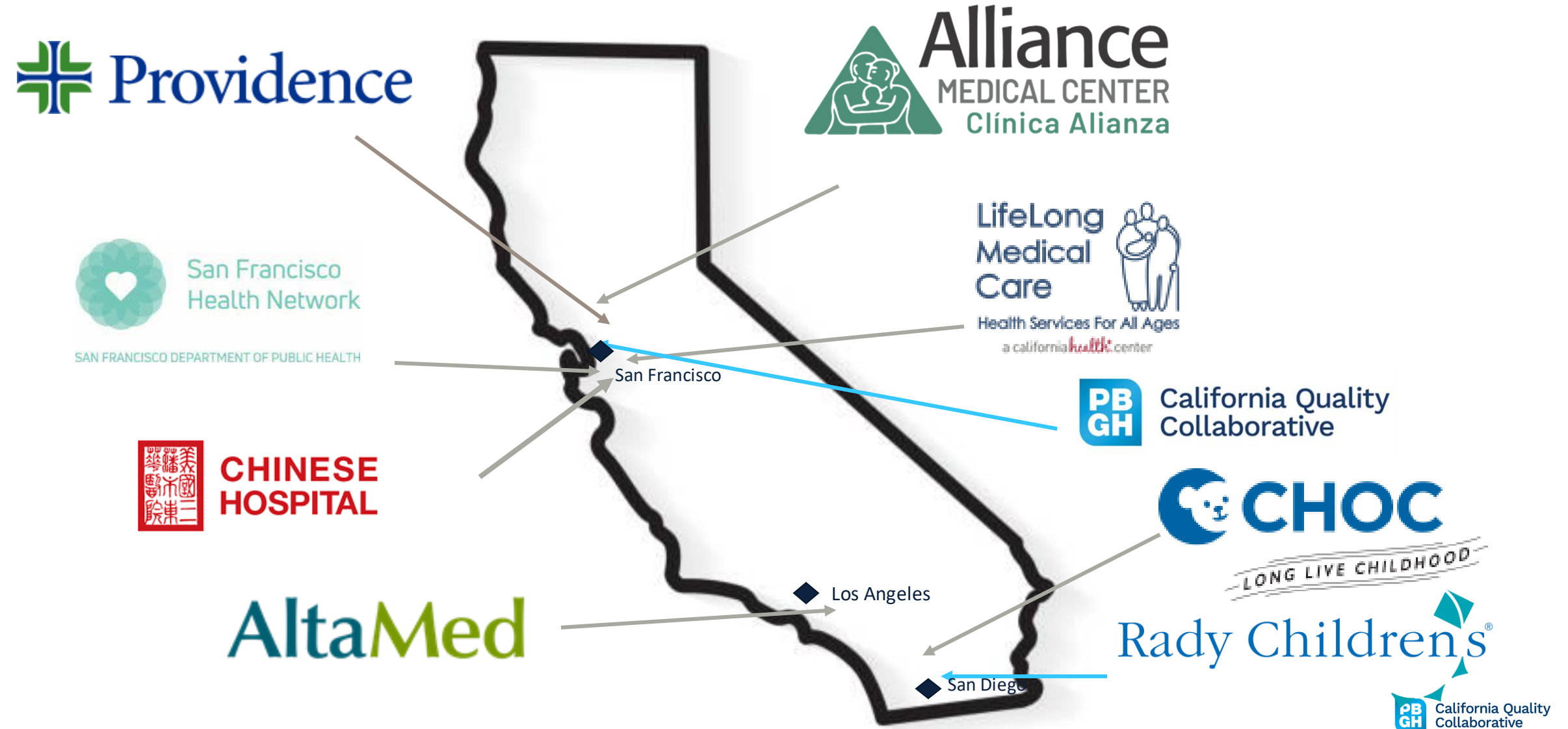
Closing

Next Steps

- **Site Visit Video Interviews**– Our team will share your site visit interview with you to review and provide any feedback before finalizing.
- **Second Program Payment**– Invoicing for the final program payment can begin in June with payments beginning on or after July 1st. Invoices can be sent directly to accountspayable@pbgh.org (cc abaer@pbgh.org) or to Anna.
- **CQC Public Webinar: BHI – CYCLE Successful Practices**– All participants have been invited to CQC’s public webinar on BHI – CYCLE learnings on Wed. 9/17 (1 p.m. – 2 p.m.).
- **Program Website** - You can continue to access resources and learning materials (slide decks, recordings, participant list) from the program on the [BHI – CYCLE website](#).
- **Toolkit** – Lessons from BHI – CYCLE will be synthesized and shared with you all for feedback.
- **Cal – IN Peer Group** – CFHA and CQC hosts quarterly meetings to connect with integrated peers in California. Register for the June meeting [here](#).



Until we meet again...Thank you!



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]*

- Share what you are trying to cultivate (BHI-CYCLE Project Focus), and how it went
- Identify how BHI-CYCLE helped your BHI program grow
- Capture recommendations to spread integration for children in California



Thank you!