Wednesday, September 17, 2025

Meeting Youth Behavioral Health Needs – Successful Practices in Primary Care

California Quality Collaborative

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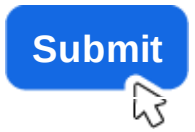

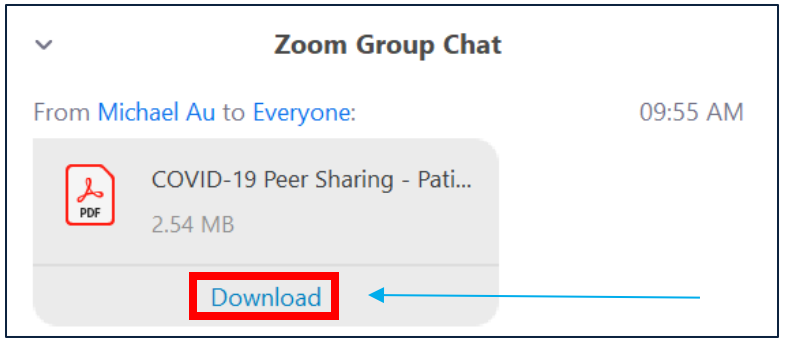

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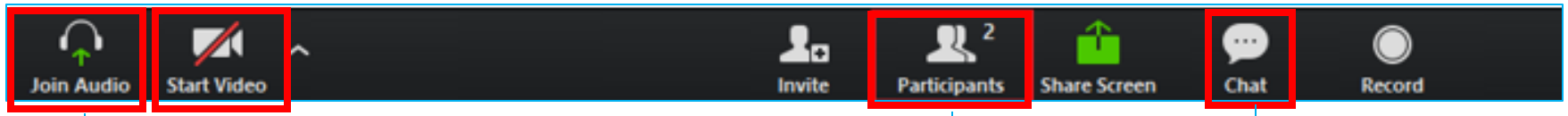

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All attendees have video off upon entry

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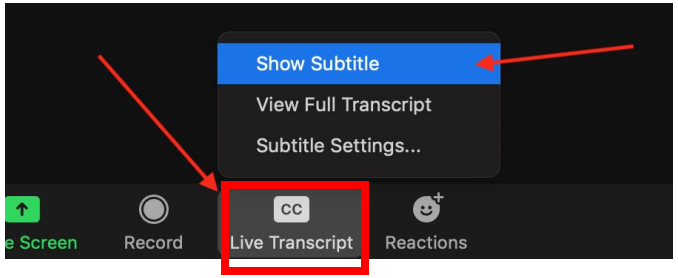
Ask questions and insert comments

Direct message Erika Lind for technical issues

Recording and deck will be shared with attendees



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California Quality Collaborative (CQC)

Advancing the quality and efficiency
of the outpatient health care delivery system by
creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder quality improvement program** of the Purchaser Business Group on Health.

Aligns priorities and coordinates activities across partners for greater collective impact.

Identifies and spreads best practices across the outpatient delivery system in California.

The program trains 2,000 individuals from 250+ organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

Sponsors

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Welcome!

Kristina Mody
Director, Practice Transformation, CQC

Anne Bird, MD
Medical Program Director, Primary Care Mental Health Integration Transforming Mental Health, Rady Children's Health

Norma Perez, MD
ACEs Program Director AltaMed Health Services

Anna Baer
Program Coordinator, Care Transformation, CQC

Nicole Carr – Lee, PsyD
Director of Clinical Operations and Integration – Mental Health Integration; Rady Children's Health

Rachel Clee, LMFT
Assistant Director, Primary Care Behavioral Health San Francisco Health Network

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Today's Objectives

Highlight adaptive solutions and resources for organizations implementing BHI for children and youth

Share proven practices from subject matter expert

Identify one new learning about integrated care for children and youth

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Sharing Your Thoughts

What is your wish or vision for behavioral health care for children in California?

Please share your response in the chat.

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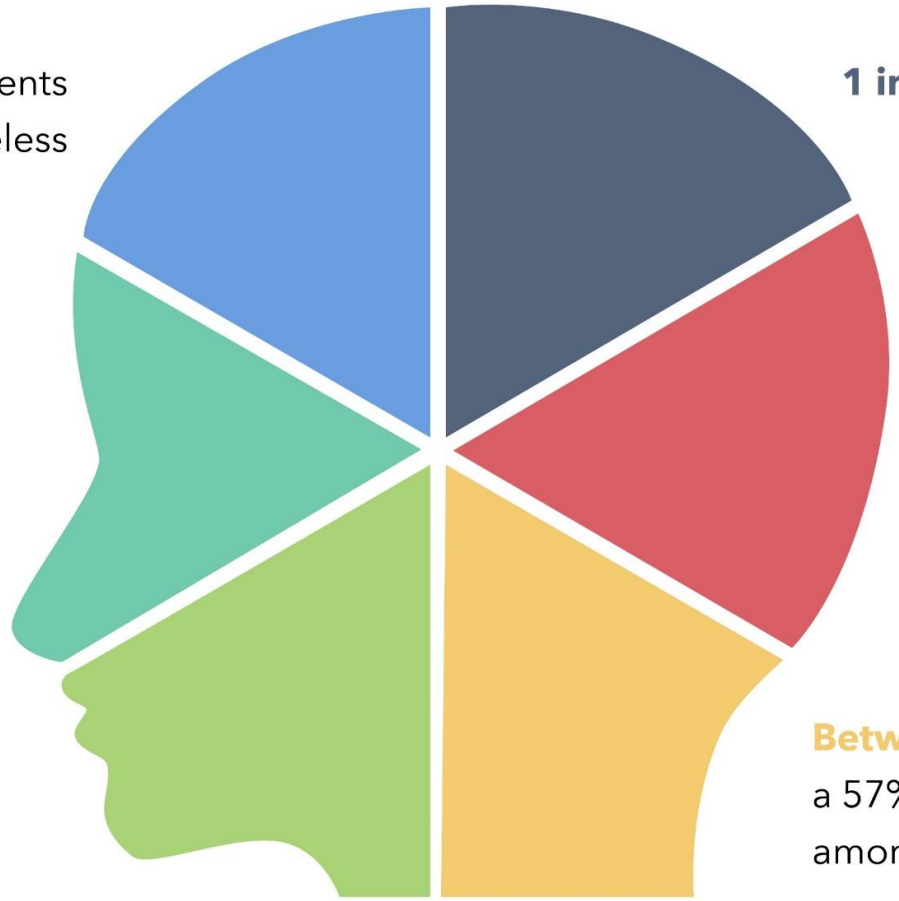
Youth Mental Health Crisis Statistics

1 in 3 high school students feel sad and hopeless

1 in 4 youth are depressed



Suicide remains the second leading cause of death among youth aged 10-14

More than half of parents express concern over their children's mental well-being

1 in 5 youth experience anxiety

Between 2007 and 2018 the US saw a 57% increase in suicide completion among people aged 10-24 years

Rady Children's Health

California Quality Collaborative

Behavioral Health Integration – Children and Youth Collaborative Learning Exchange

Program Overview and Impact

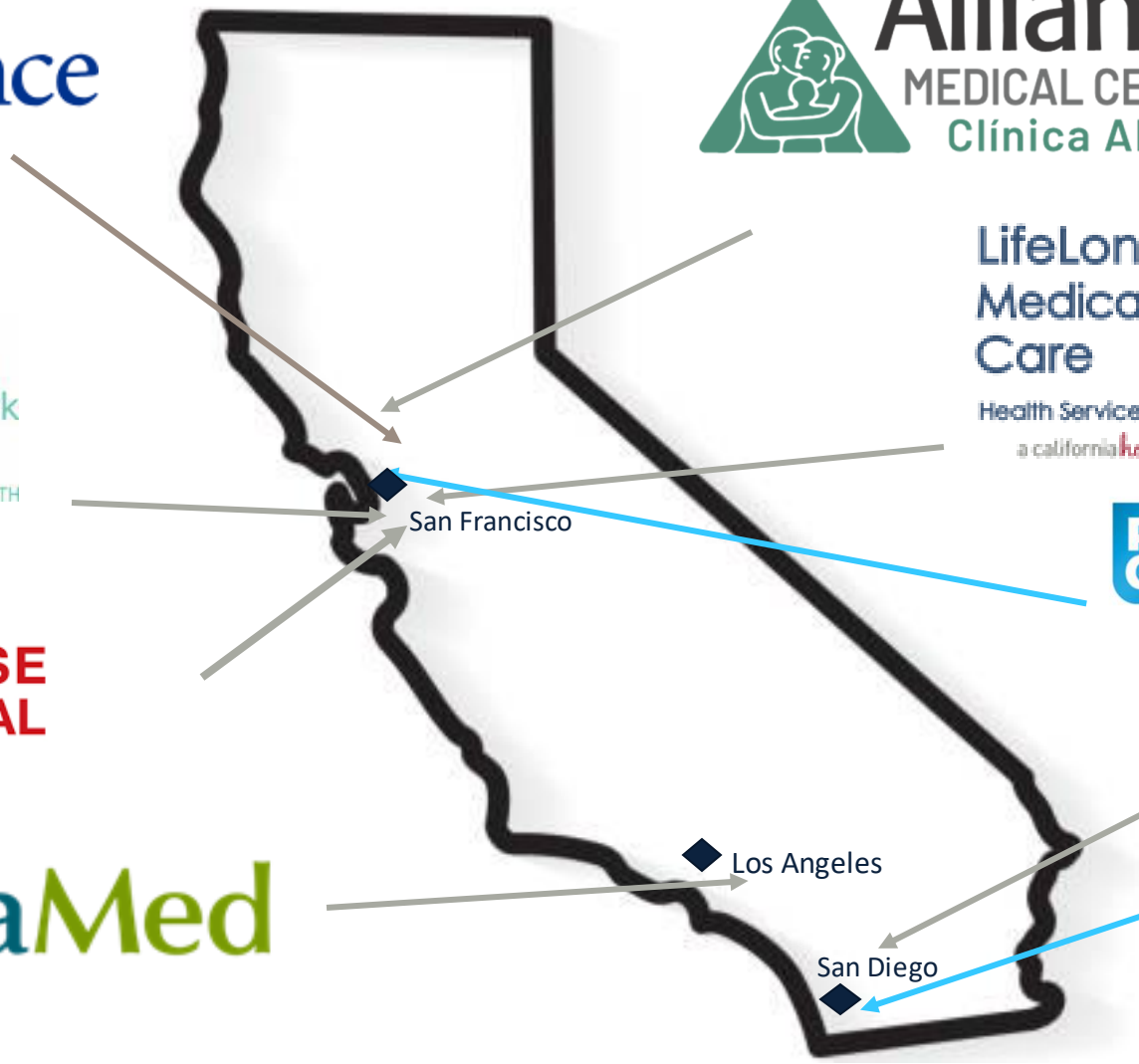
BHI-CYCLE California Participants

Providence

Alliance MEDICAL CENTER Clínica Alianza

LifeLong Medical Care
Health Services For All Ages
a california health center

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



PBGH California Quality Collaborative

CHINESE HOSPITAL

CHOC * LONG LIVE CHILDHOOD

AltaMed

Rady Children's *

PBGH California Quality Collaborative

Hear directly from participating organizations at the [BHI – CYCLE Site Visit website.]

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* Now part of Rady Children's Health

BHI-CYCLE Program Overview & Impact

A nine-month learning collaborative (Oct. 2024 - June 2025) that engaged provider organizations to improve integrated care for children and youth

Share successful practices

- Nine learning webinars
- One site visit to Rady Children's Health

Spread adoption of promising solutions

- Six participating organizations piloting projects on screening, workflows, team-based care and provider engagement

Showcase collaborative successes

- 15 recommendations synthesized in public toolkit

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Voices from Participants

"I have a lot of hope in terms of how to move forward from having other **examples to base what we're doing** on that are all in alignment with our goals." –San Francisco Health 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!" – Program participant

"We had a successful ACEs pilot and are more aware now of how to track data in Epic**.** Our **growing pains feel normal."** – Program Participant

"The webinars were particularly helpful as we got to hear from other teams and organizations. The **community-learning aspect** of the initiative was the most **encouraging and helpful** to us." – CHOC

"Renewed momentum and motivation to **advocate for BHI** with anyone and everyone!" – Program Participant

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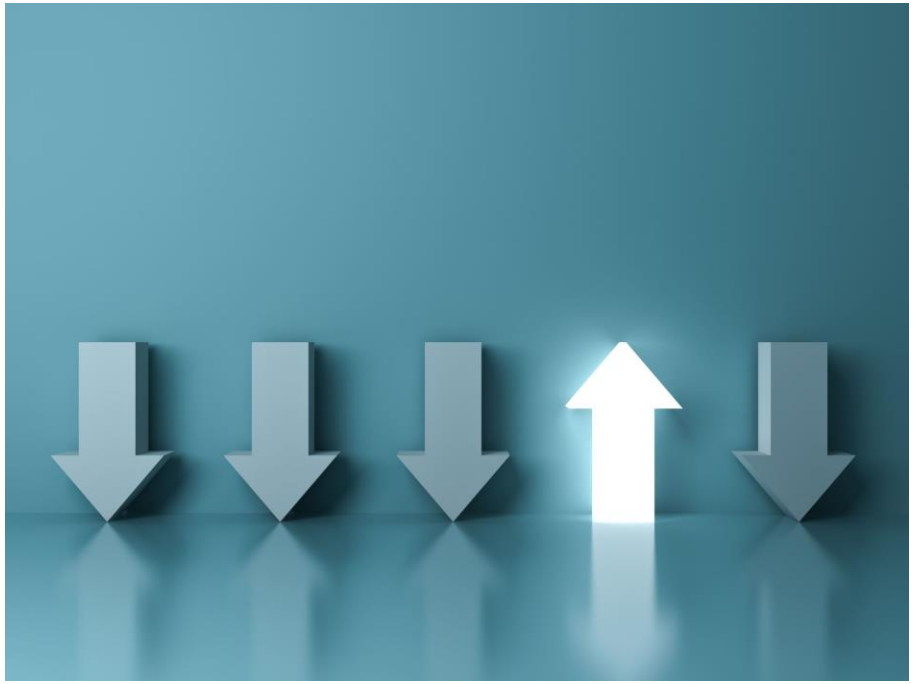
Poll: Challenges Around Providing Integrated Care for Children

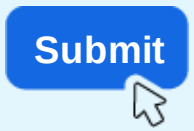
What are the biggest challenges to providing integrated care for children?

- Limited staff capacity or staffing shortages
- Primary care provider buy in
- Resistance to change
- Reimbursement issues

Please select multiple answers.



Select your response and click the blue **submit button** to complete the poll



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Primary Care Mental Health Integration Program

Rady Children's Hospital San Diego, now part of Rady Children's Health

Anne Bird, MD

Medical Program Director, Mental Health Integration & Transforming Mental Health

Clinical Professor, UC San Diego Health

Nicole Carr-Lee, PsyD

Director of Clinical Operations and Integration, Mental Health Integration

85

LOCATIONS IN SIX COUNTIES

ORANGE COUNTY
18 Primary Care locations
13 Specialty Care locations
3 NICU locations
5 Urgent Care locations
2 Hospitals

SAN DIEGO COUNTY
24 Primary Care locations
10 Specialty Care locations
4 NICU locations
4 Urgent Care locations
1 Hospital

RIVERSIDE COUNTY
7 Primary Care locations
2 Specialty Care locations
3 NICU locations

LOS ANGELES COUNTY
1 Primary Care location
1 Specialty Care location
3 NICU locations
1 Urgent Care location

SAN BERNARDINO COUNTY
4 NICU locations

IMPERIAL COUNTY
1 Specialty Care location

>2,000
MEDICAL STAFF

33K
TOTAL SURGERIES

33K
INPATIENT DISCHARGES

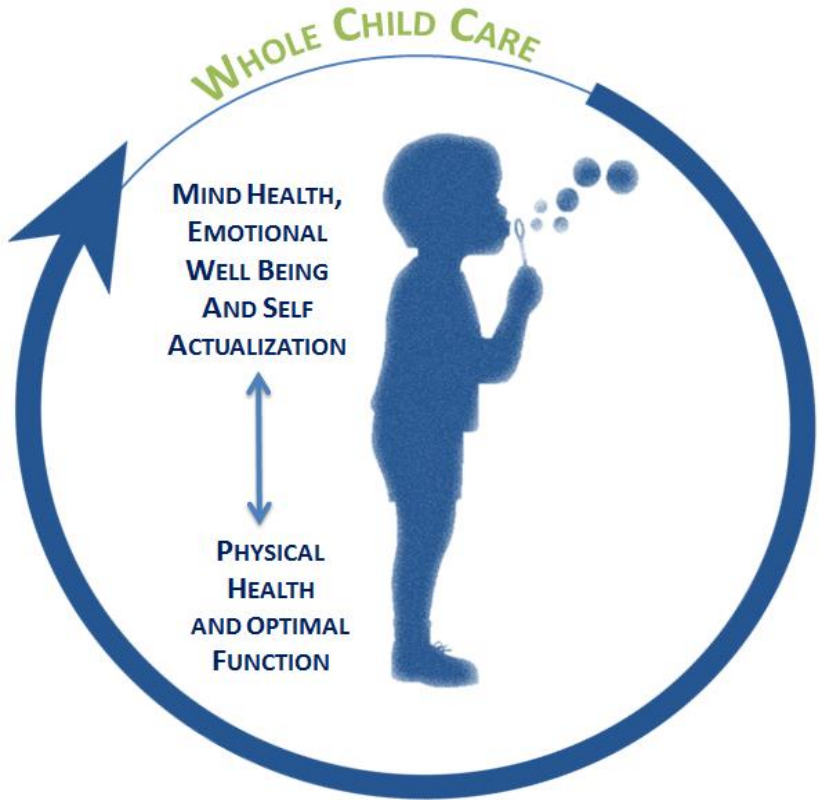
>10,600
EMPLOYEES

>500K
CHILDREN CARED FOR

284K
EMERGENCY DEPARTMENT & URGENT CARE VISITS

Rady Children's Health

In 2015, under the guidance of its Board, Rady Children's Hospital San Diego set an aspiration for transforming mental health with a focus on the whole child



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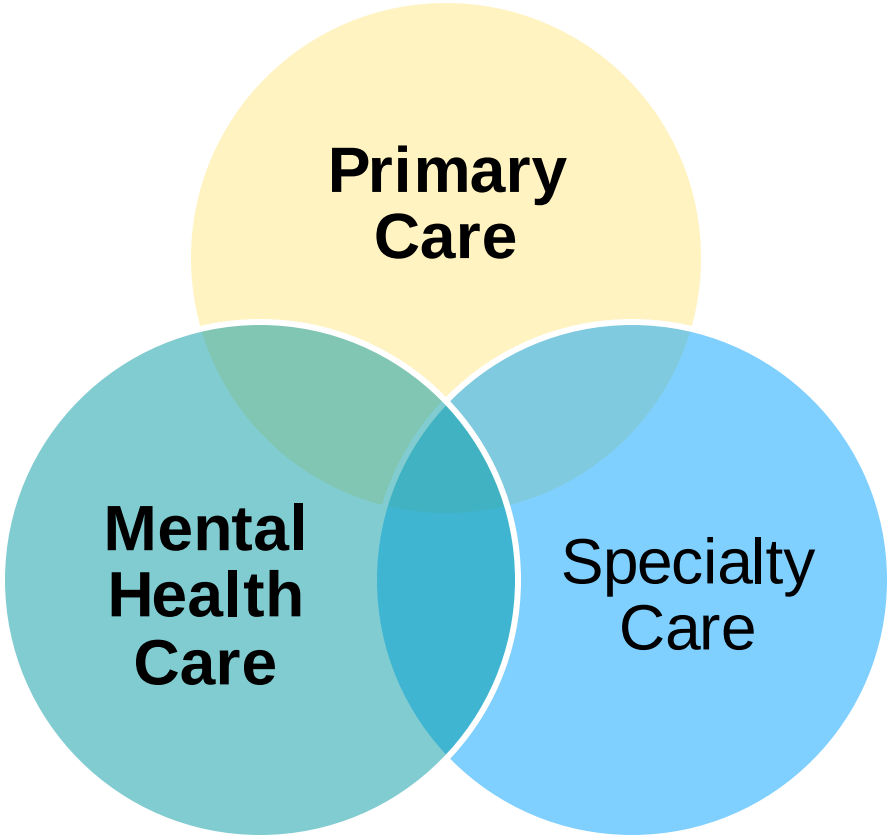
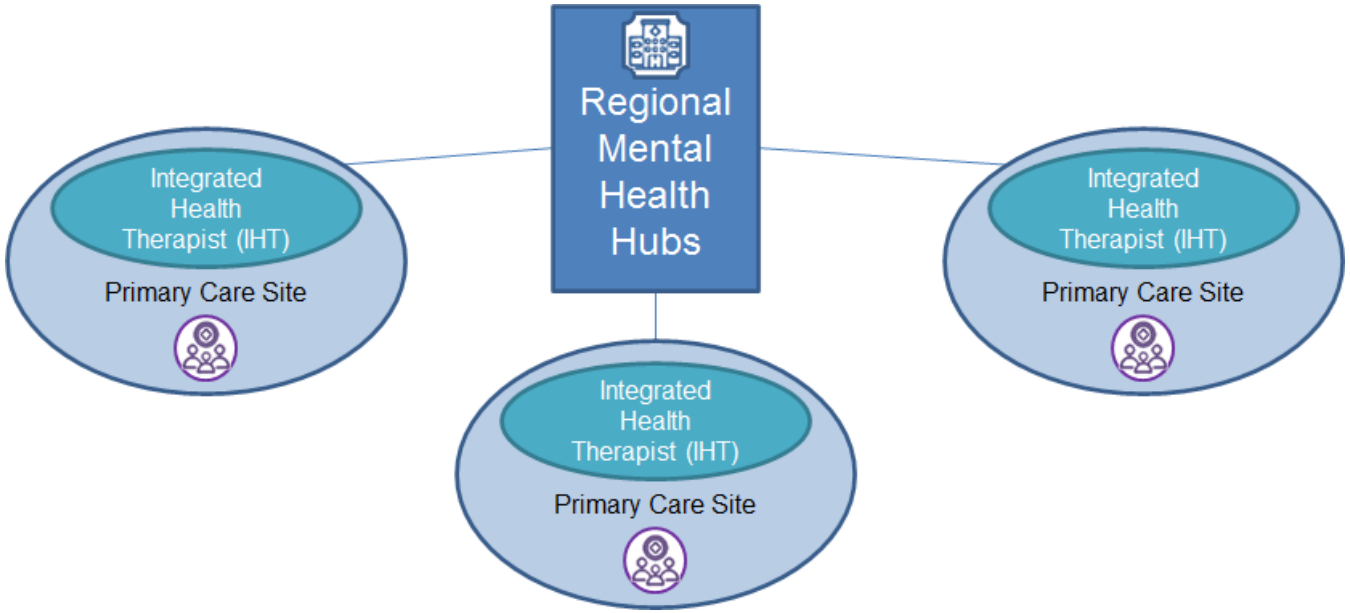


There is no health without **mental health**.

Rady Children's Health

PCMHI: Hub and Spoke Model



Primary Care Spokes

- Warm Hand Offs (WHOs)
- Assessments
- Brief goal/solution-focused therapy (4 visits)
- Care Coordination
- Preventative work and lower complexity
- Co-manage with PCP

Mental Health Hubs

- Brief goal/solution-focused therapy (<12 visits) +/- Groups
- Psychiatric consultations
- Care Coordination
- More complex pathology, higher risk
- Co-manage with PCP

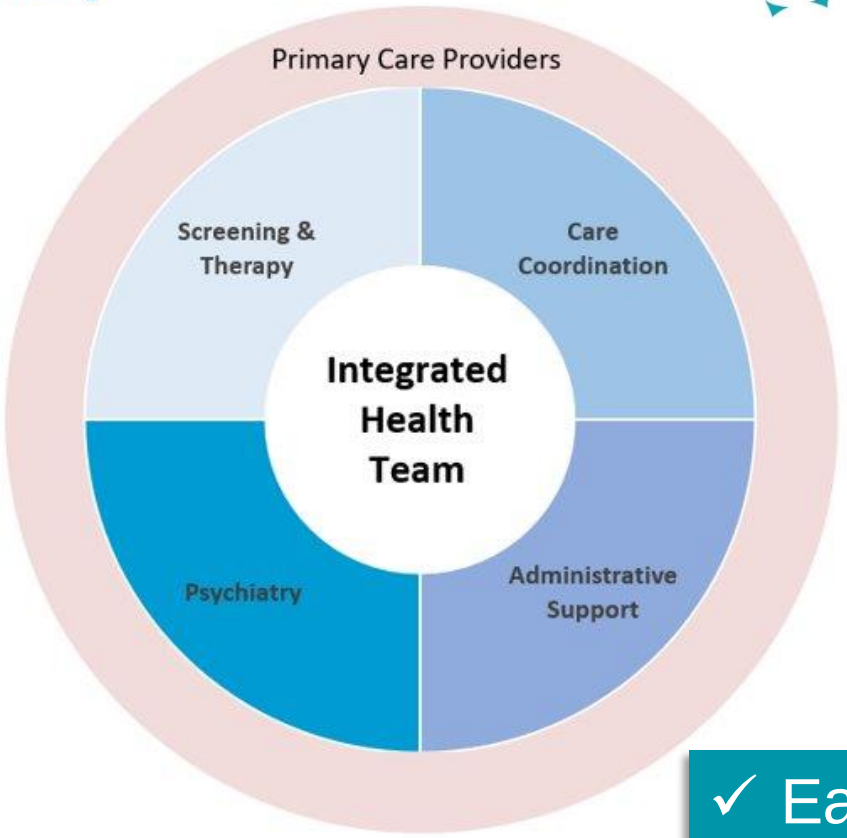
Rady Children's Health

PCMHI Network

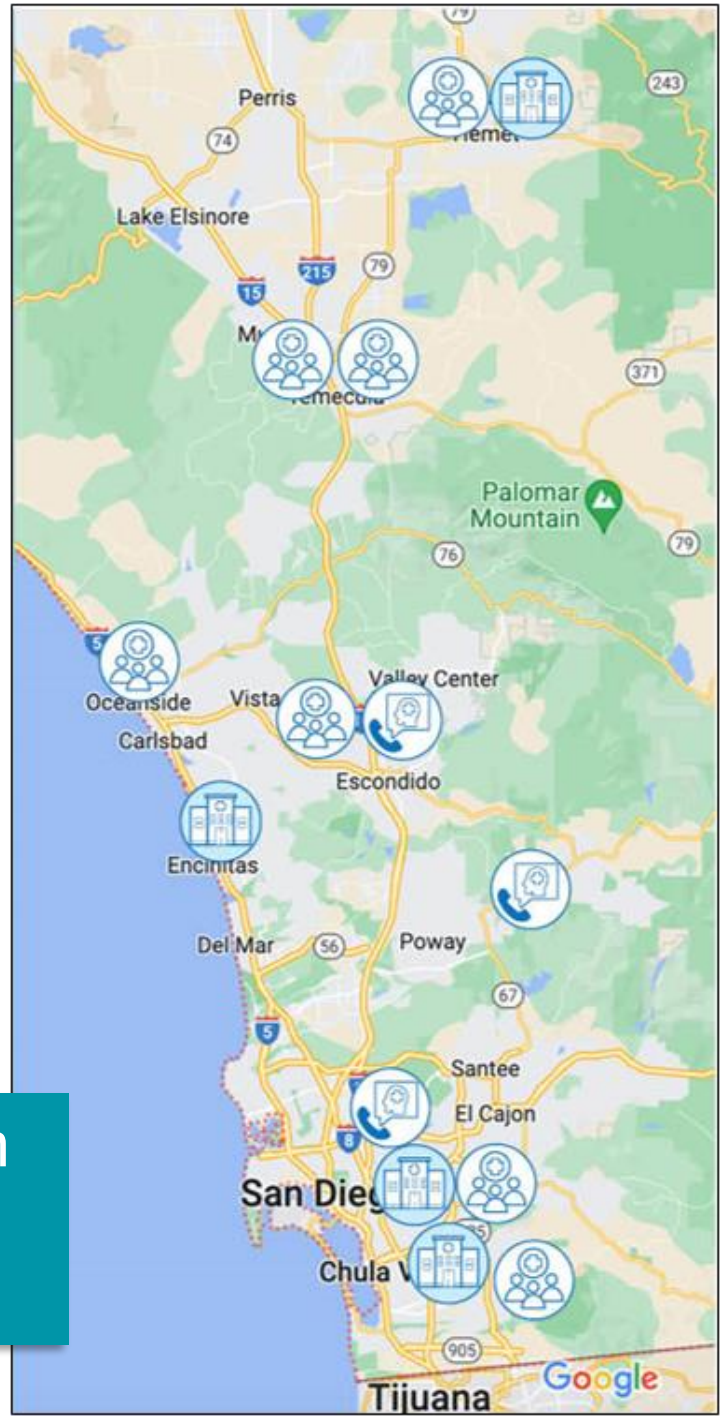
Children's Primary Care Medical Group

Children's Physicians Medical Group

UC San Diego



- ✓ Early Identification
- ✓ Early Intervention
- ✓ Early Recovery



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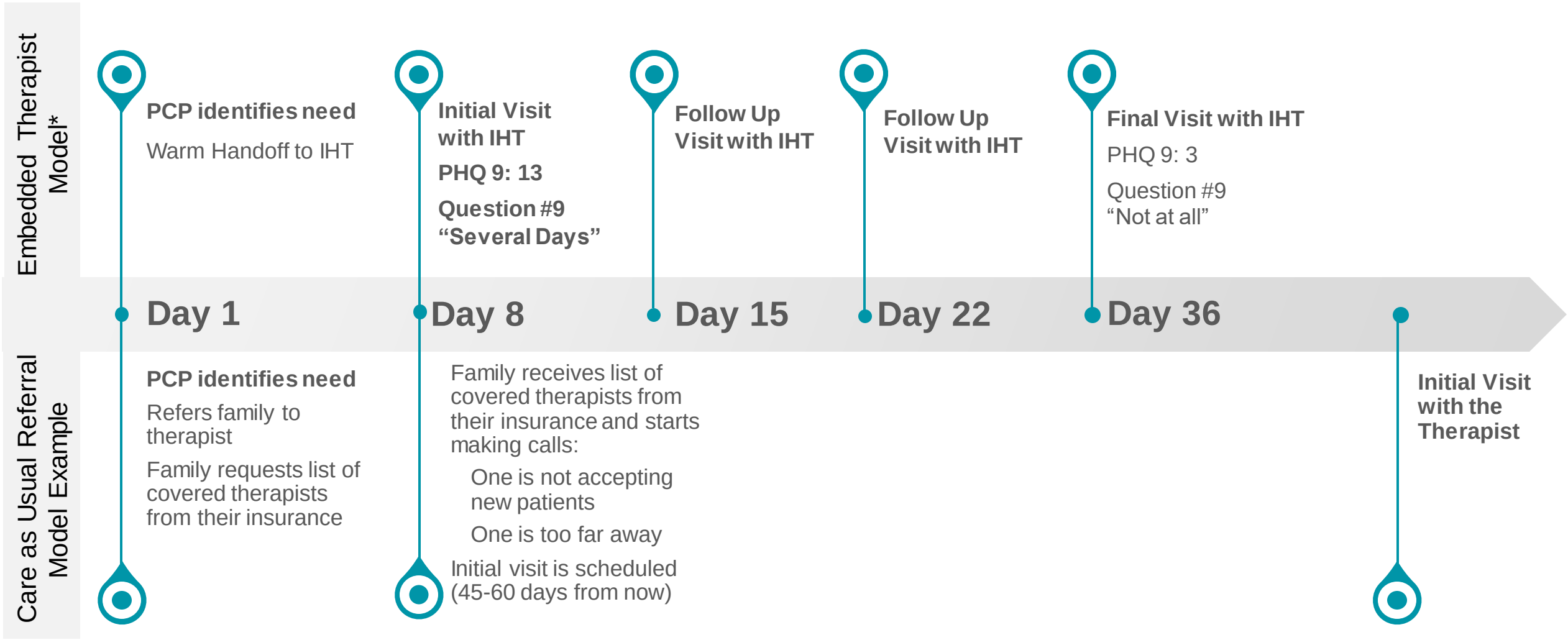
A side-by-side timeline shows an example of the difference between what early intervention is able to accomplish through primary care mental health integration, as compared to care as usual.



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*Based on an actual patient case in primary care mental health integration.


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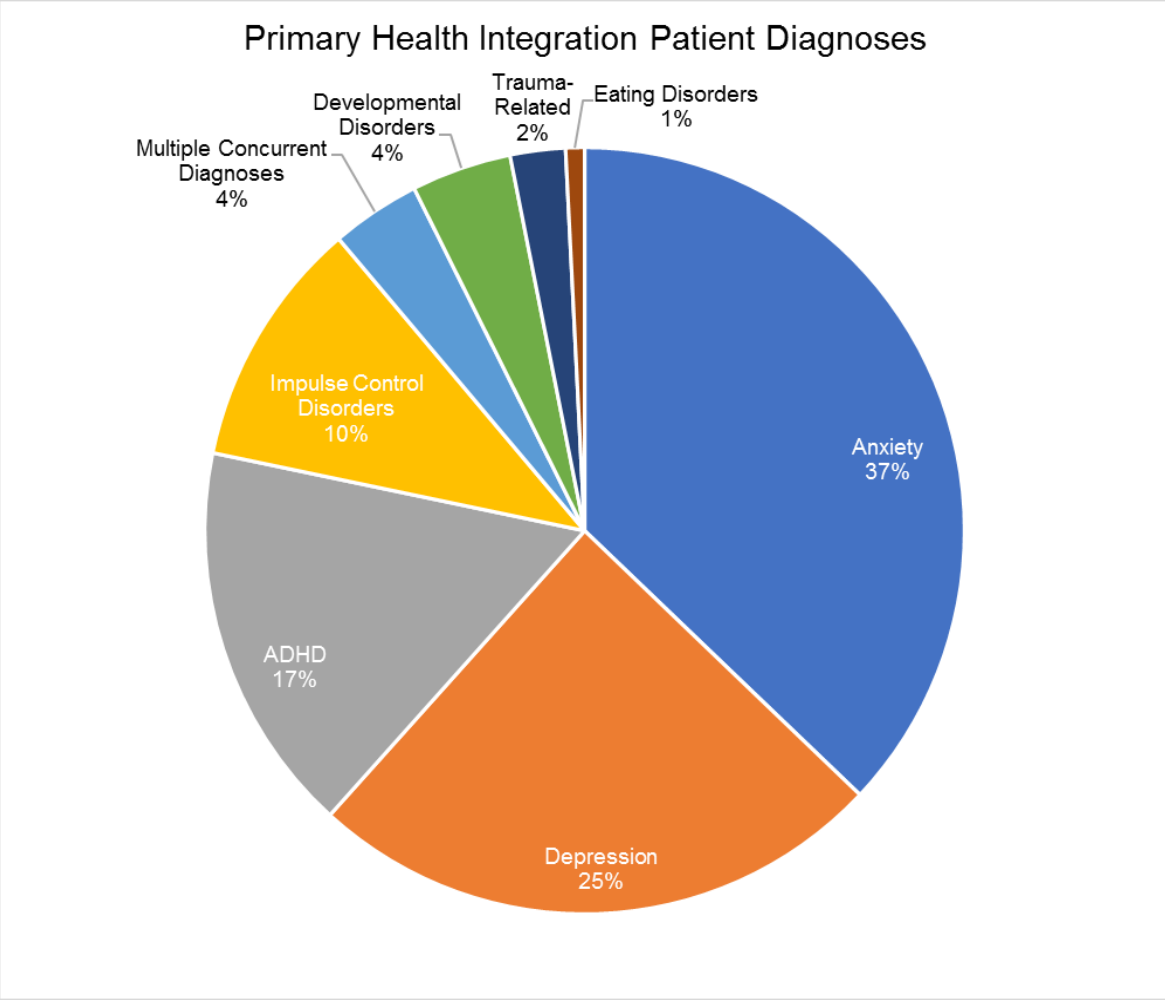
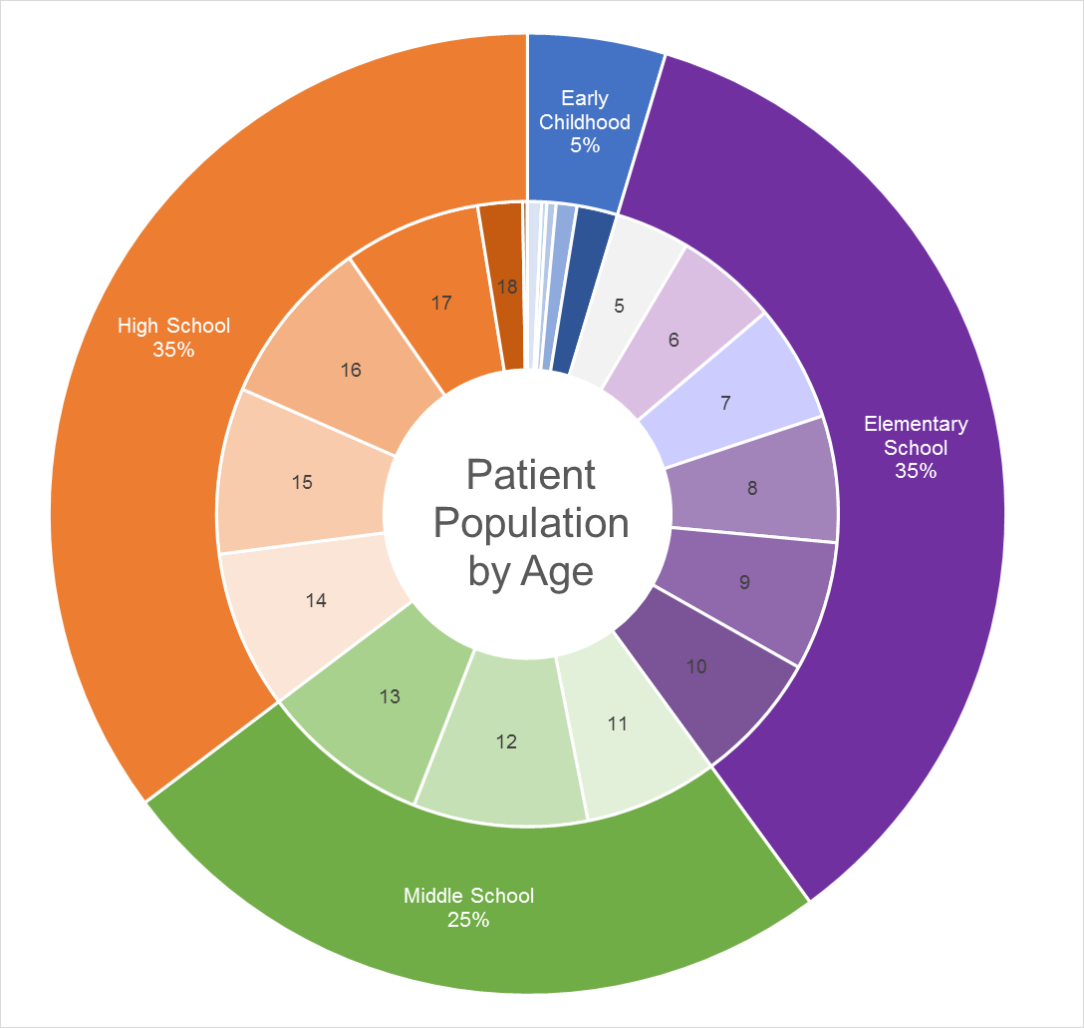
Demographics: Identifying Patients Earlier





Rady Children's Health

Our Outcomes

Patients seen to date: **13,000+**
Visits to date: **67,300+**

Wait Time: Days to initial appointment
✓ Therapy: **4** days
✓ Psychiatry: **7** days

68.6% of patients screened had a decrease in anxiety symptoms at follow-up

69.6% of patients screened had a decrease in depression symptoms at follow-up

Rady Children's Health

Rady Children's Health

Patient and Provider Experience

I am forever grateful to your program for getting my child the help he needed so quickly and effortlessly.

- Caregiver of MHI Patient

Our program is amazing. Last week I had a teen come in with high depression scores at her well child check. Within 20 minutes she had a meeting with our therapist, a follow up scheduled for continued therapy, and a prescription for SSRIs. Mom thanked me with tears in her eyes. She had been trying to get in to see a therapist for months. This program saves lives.

– Pediatrician at a MHI site with an IHT



Our Learnings

Challenges

- Recruitment
- Workforce training
- Cultural shifts
- Breaking down internal silos
- Reimbursement

Successes

- Clinical Champions
- Team-Based Care via Registry Conferences
- Training and retraining
- Measurement-Informed Care (MIC)
- Gains made in reimbursements from payors
- Philanthropy & grants

Best Practices

- Relationship-building
- Collaboration & communication
- Access to care as #1 priority
- MIC approach
- Continuous Quality Improvement

Rady Children's Health

Thank You!

Contact: TMHTeam@rchsd.org

Rady Children's Health

AltaMed Health Services

AltaMed

QUALITY CARE WITHOUT EXCEPTION

Organization Background

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

About our 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

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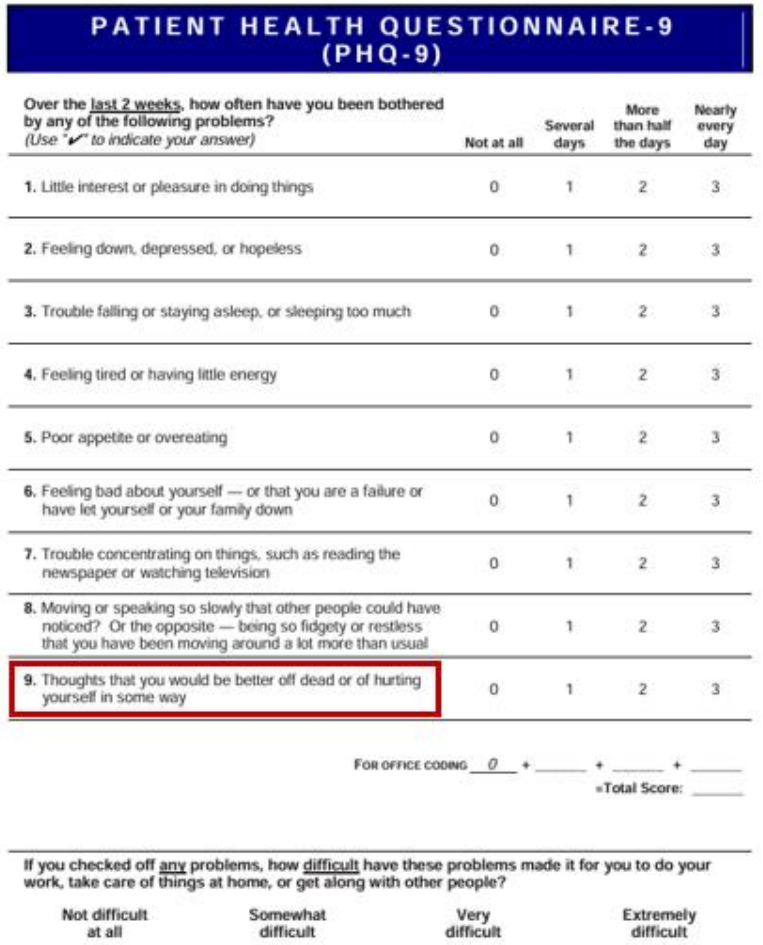
Team & Physician Engagement | AltaMed Health Services

- Behavioral health in primary care
  - Anxiety
  - ACEs
  - Depression and suicidal ideation

- Assessment of current workflow for a positive response to the suicidal ideation question on the PHQ-9
  - No standardization
  - Limited knowledge of resources
  - Delay in appropriate behavioral health intervention



PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult

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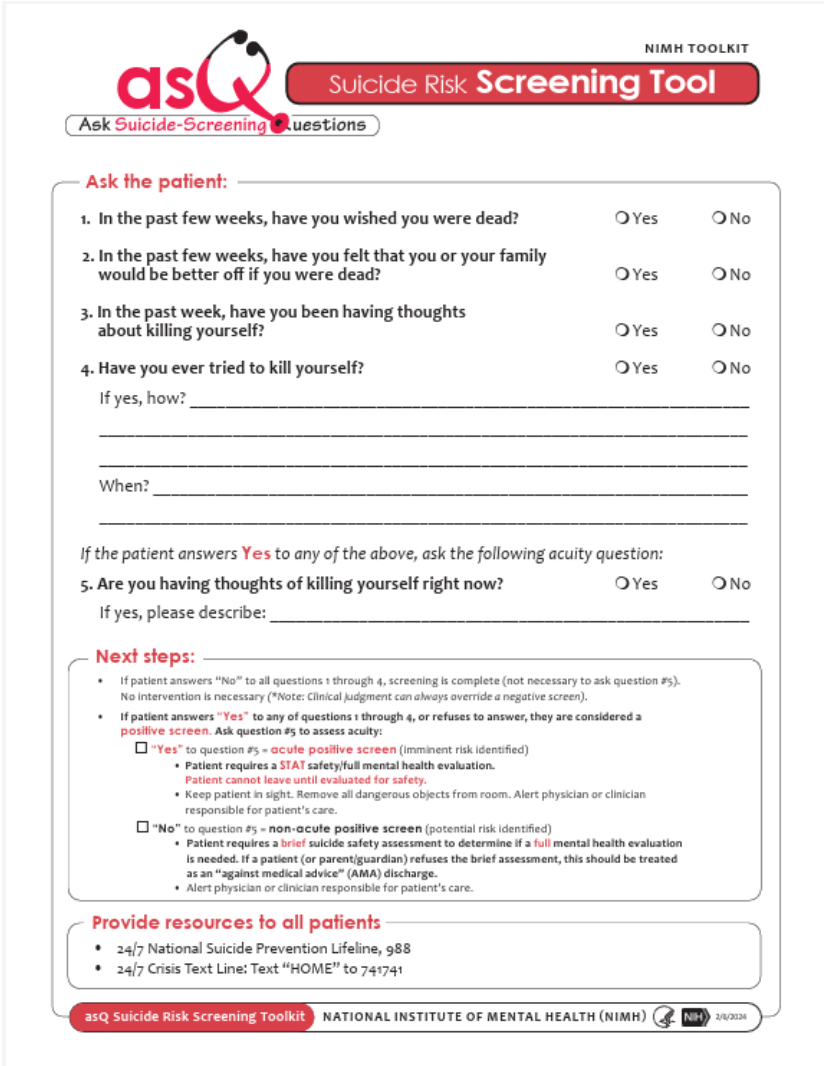
Team & Physician Engagement | AltaMed Health Services

- Formed a multi-specialty advisory group
  - Behavioral health, pediatrics, internal medicine, family medicine, women's health, and physician informaticist
  - Planning and implementation of workflow
  - Provider champions throughout the organization
- EHR-based Suicidal Ideation workflow created and implemented
  - 39 clinical sites
  - Telehealth visits



asQ Suicide Risk Screening Tool

NIMH TOOLKIT

Ask Suicide-Screening Questions

Ask the patient:

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

If yes, how? _____

When? _____

If the patient answers Yes to any of the above, ask the following acuity question:

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

If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation.** Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. If a patient (or parent/guardian) refuses the brief assessment, this should be treated as an "against medical advice" (AMA) discharge.**
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline, 988
- 24/7 Crisis Text Line: Text "HOME" to 741741

asQ Suicide Risk Screening Toolkit | NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) | 2/6/2026

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Team & Physician Engagement | AltaMed Health Services

- Increased collaboration with primary care and behavioral health
- Increased provider knowledge of resources and workflow
- Encourage provider training on how to approach behavioral health in the primary care setting
- Facilitate appropriate resources and support for a patient in crisis

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Children's Health Center

part of the SAN FRANCISCO HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Organization Background

- Part of the **San Francisco Health Network**, within the *SF Department of Public Health*
- Federally Qualified Health Center, Safety-Net Org
- CHC = UCSF + SFDPH + ZSFG affiliation, teaching hospital
- 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, as the 3rd largest (of 14) clinics in the network.




SAN FRANCISCO HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Integration Program at Children's Health Center

- Birth to 5 yrs: HealthySteps (HSS are currently UCSF providers, funded through affiliation agreement)
- 6-24 yrs: PCBH model (insufficient, due to adult-focused design—A-BHVS for 12+ yrs)
- BHI Providers – 2 BHCs, 1 Behavioral Assistant, 6-8 HealthySteps Specialists (part-time)
- Embedded other programs: MDAC (Multidisciplinary Assessment Center), SEED

PBGH California Quality Collaborative

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BHI Workflows @ Children's Health Center

What we tried

Chart Scrubbing (extensive)

Creating lots of educational/developmental information for children/families, famous "wall of resources"

Co-location in charting rooms (both RN & PCP)

What we learned

Medical providers gatekeep (with the best of intentions)

Space constraints contributed to departmental siloes

Co-location doesn't work with 100+ medical providers (academic setting)

Where we are now

PDSA-ing pairing BHCs with PCPs, switching daily

BA is supporting with reminder calls

Implementing 8+ minute WHOs, leveraging new dyadic billing codes

BHI Changes

- *CMO now co-owner/network Phys Champion*
- *Working on 2 PDSAs with clinic leadership around increasing visit volume & depression follow-up*
- *Workflows to reduce admin burden on BH providers to be implemented*

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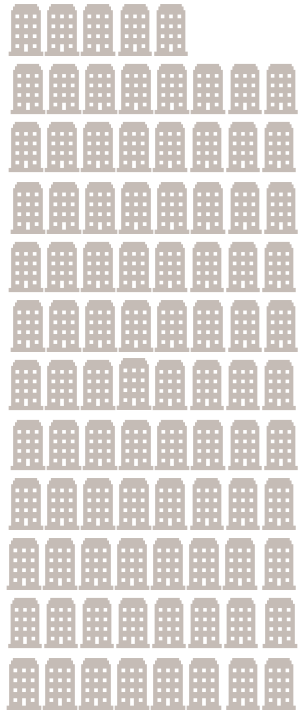
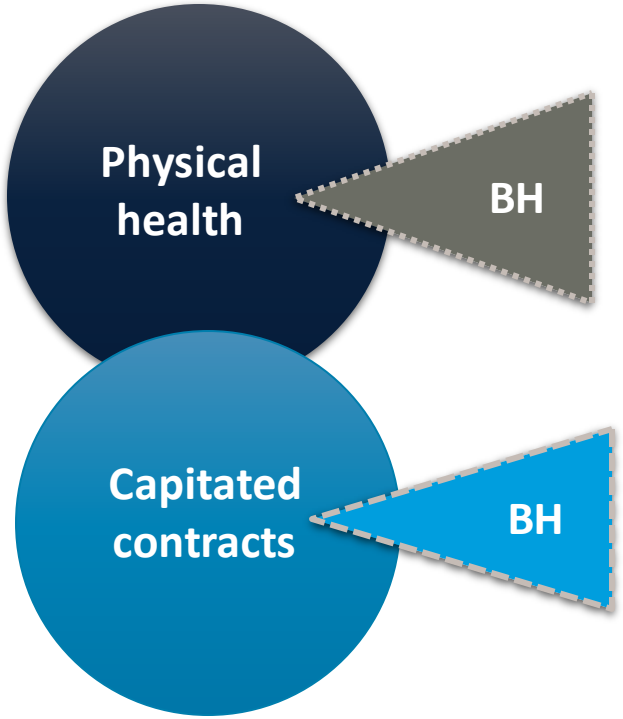
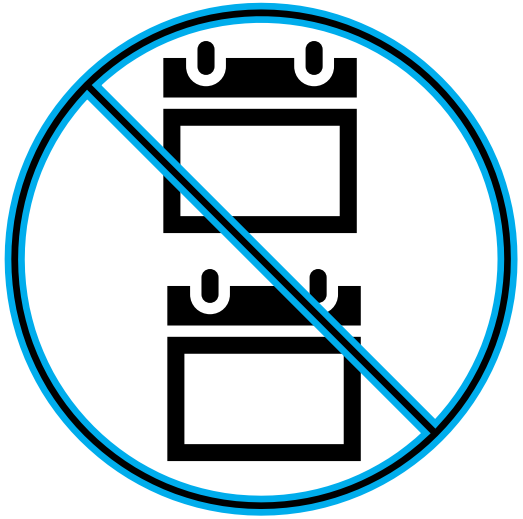
California | Context for BHI Sustainability







93 different payers (health plans, delegated provider organizations, managed behavioral health organizations)

Two (often overlapping) carve-outs (largely commercial plans)

- Mental health benefits
- Capitated arrangements

Same-day billing prohibited for medical and behavioral visit for FQHCs

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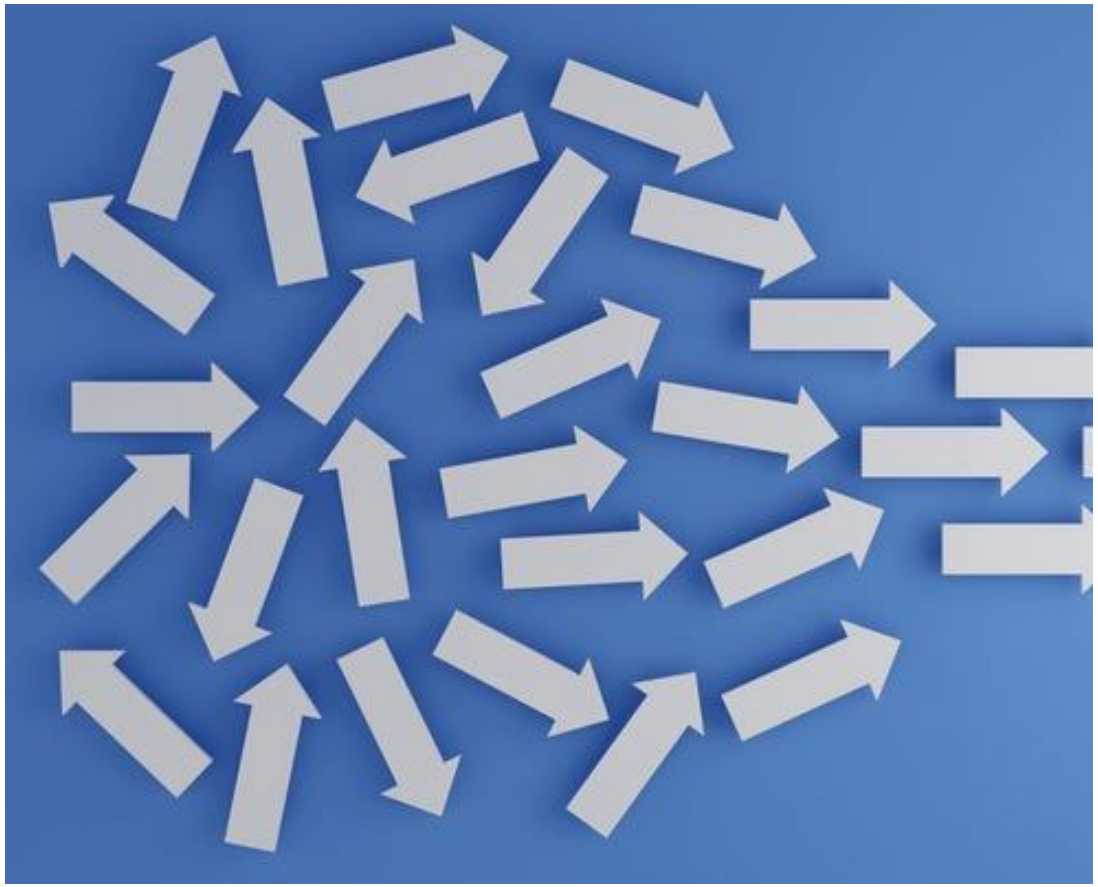
BHI Billing & Financing

- Identify and assess needs, barriers and current state to guide billing and financing decisions
- Identify payer mix
- Gain awareness of behavioral health carve-outs and carve-ins
- Foster cross-department relationships internally through frequent communication between behavioral health team, primary care and finance/billing departments in order to address, understand and solve challenges



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Q&A and Closing

Q&A

Anne Bird, MD

Medical Program Director, Primary Care Mental Health Integration Transforming Mental Health, Rady Children's Health

Nicole Carr – Lee, PsyD

Director of Clinical Operations and Integration – Mental Health Integration; Rady Children's Health

Norma Perez, MD

ACEs Program Director AltaMed Health Services

Rachel Clee, LMFT

Assistant Director, Primary Care Behavioral Health San Francisco Health Network

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Takeaway

What is one new learning about providing integrated care for children and youth that you will take away from this webinar?

Please share your response in the chat.

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Championing Pediatric BHI Today

Your delivery system

- Capture patient story
- Share with a colleague
- Identify a physician champion

Health care system

- Engage a payer partner on BHI
- Identify policy and advocacy opportunities

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Behavioral Health Integration for Children and Youth Toolkit

Access more insights and lessons learned in CQC's [Behavioral Health Integration Children and Youth Collaborative Learning Exchange Toolkit](#).

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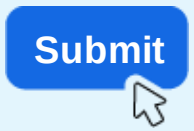
Poll | Webinar Feedback

1. **Please rate the quality of today's webinar.**
   - 5 – Excellent, 4 – Good, 3 – Average, 2 – Fair, 1 – Poor

2. **Which objectives were achieved today?** (select multiple)
   - Highlight adaptive solutions and resources for organizations implementing BHI for children and youth
   - Share proven practices from subject matter expert
   - Identify one new learning about integrated care for children and youth

3. How could we improve future webinars? (open ended)

Select your response and click the blue **submit button** to complete the poll



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CQC Improvement Coaching Workshop

Earn 6 AAFP Credits while learning equity-centered quality improvement!

Thursday, October 9, 2025

8:30 a.m. – 4:30 p.m.

The California Endowment, Oakland

Use Promo Code: WEBINAR for 25% off registration!

(originally $250)

Interested? Register Today! Questions? Email Erika Lind!

REGISTRATION CLOSES SEPT. 19

California Quality Collaborative

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Upcoming CQC Events

Conference Appearances

- Civitas Networks for Health | Anaheim, CA | Sept. 28-30
- Collaborative Family Healthcare Association | Raleigh, NC | Oct. 16-18
- California Primary Care Association | San Diego, CA | Oct. 30-31

CQC Events

- Improvement Coaching Workshop | Oakland, CA | Oct. 9, 2025 (8:30 a.m.-4:30 p.m.)
  - Earn **6 AAFP Credits while mastering equity-centered quality improvement**

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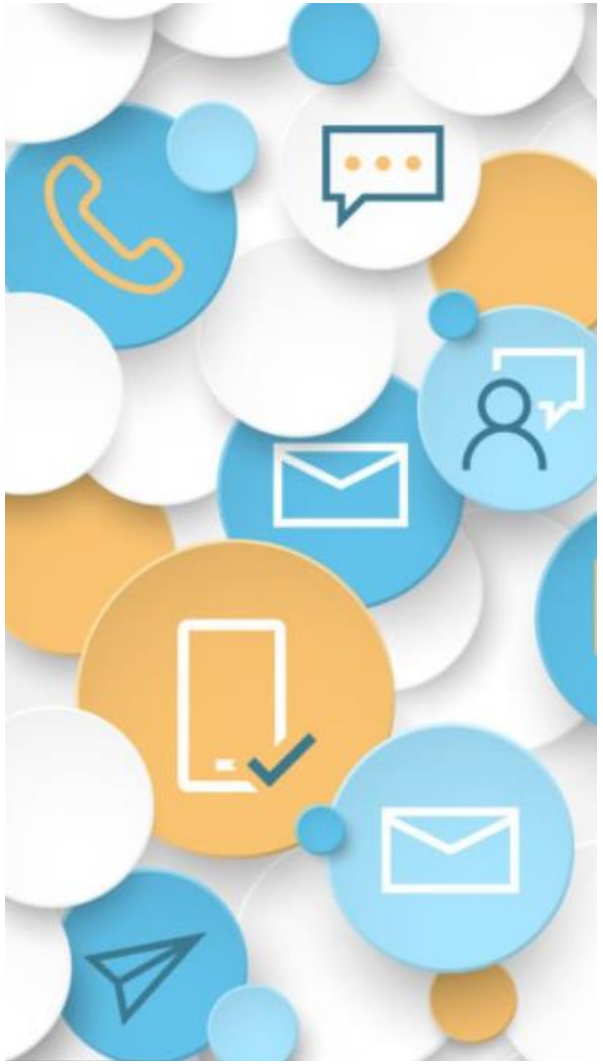
THANK YOU!

Stay Connected to CQC



- **Register to join Cal-IN** quarterly virtual peer group hosted by CQC & CFHA for individuals working to integrate behavioral health care into primary care setting in California
- **Visit** our website to access webinar materials and register for other upcoming events
- **Sign-up** to receive the CQC Newsletter
- **Sign-up** to receive the BHI Quarterly Implementation Update
- **Join in** on the conversation on LinkedIn
- **Email us** with questions or feedback

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