



Thursday, October 30, 2025

Integrating for Impact: Lessons from a California Learning Collaborative on Behavioral Health Integration

California Primary Care Association
Annual Conference



Disclosure

CPCA staff speakers have reviewed all financial relationships with ineligible companies and the presenters have no relevant financial relationships to disclose.

Welcome!



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Health Integration; Rady
Children’s Hospital San Diego,
now part of Rady Children’s
Health*



Today's Objectives



Highlight successful practices around behavioral health integration for children and youth



Share tactical lessons around improving screening, use of measurement informed care, engaging providers, and planning for sustainability



Identify action steps to improve whole child care

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



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



Children's Hospital of Orange County

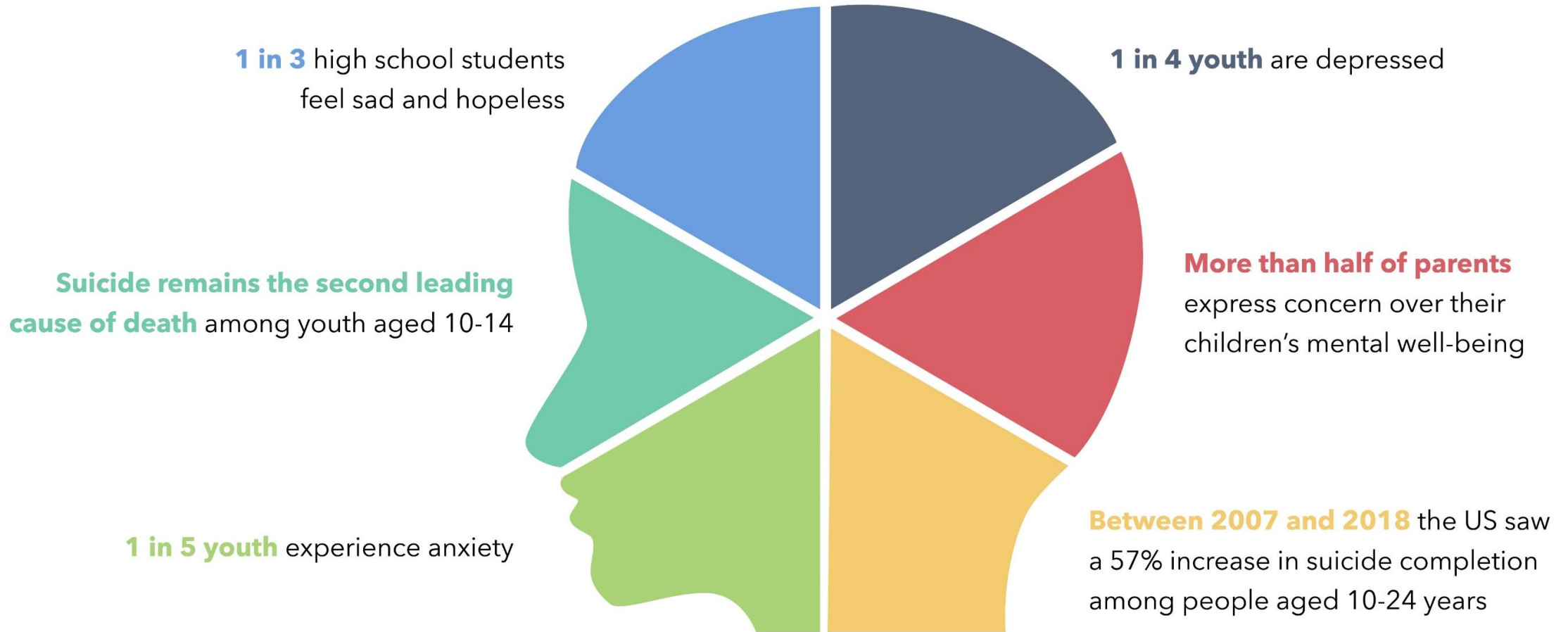
CHOC at Mission Hospital



Rady Children's Hospital San Diego



Youth Mental Health Crisis Statistics





California Quality
Collaborative

Behavioral Health Integration – Children and Youth Collaborative Learning Exchange

Program Overview and Impact

BHI-CYCLE California Participants



Watch highlights and hear directly from participating organizations at the [BHI – CYCLE Site Visit web page](#).



* Now part of Rady Children's Health
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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

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

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](#).



Primary Care Mental Health Integration Program

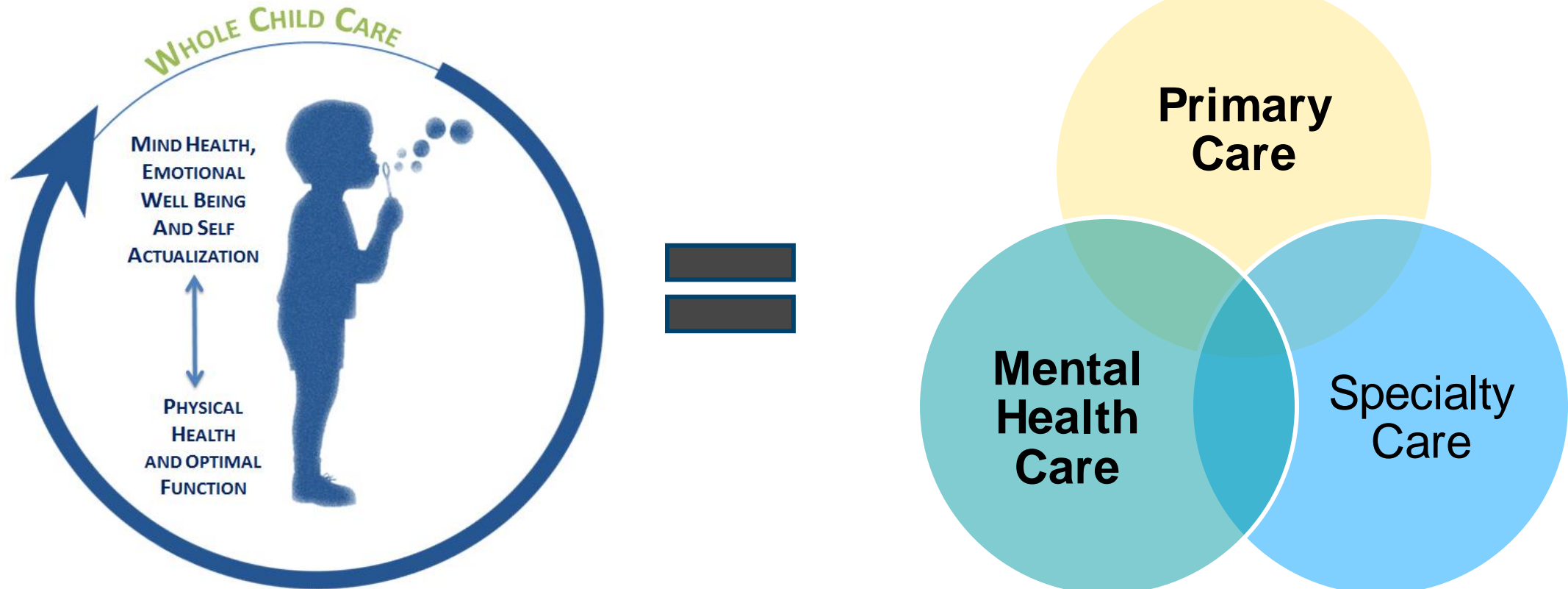
Rady Children's Hospital San Diego, now part of Rady Children's Health

Nicole Carr-Lee, PsyD

Director of Clinical Operations and Integration, Mental Health Integration



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



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

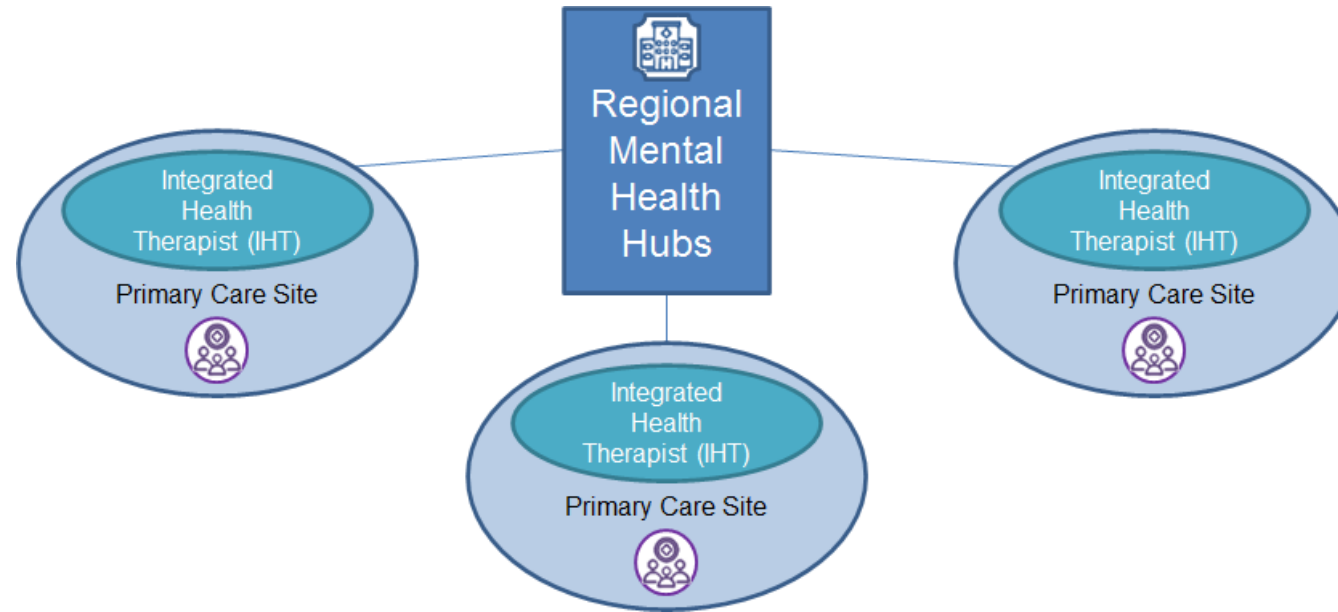
Substance Abuse and Mental Health Services Administration (SAMHSA) Spectrum of Integrated Care

COORDINATED KEY ELEMENT: COMMUNICATION		CO LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Mini Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/Merged Integrated Practice

Challenges to Integrated Care:

- Culture, workforce and local infrastructure
- Evidence-based care
- Research support
- Fiscal system changes and reimbursement

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



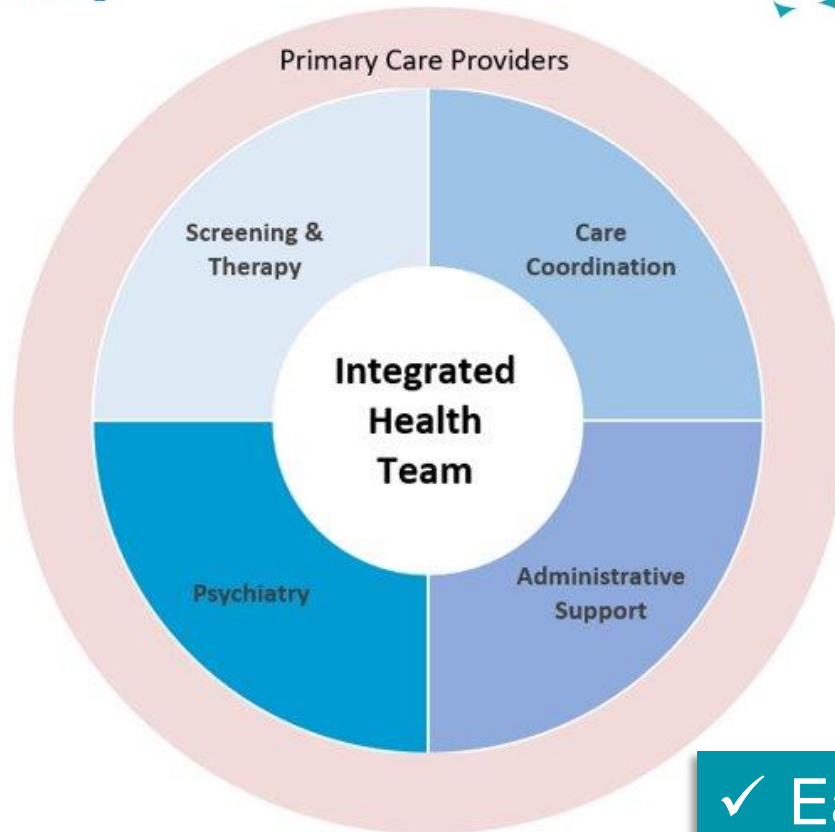
- Brief goal/solution-focused therapy (<12 visits) +/- Groups
- Psychiatric consultations
- Care Coordination
- More complex pathology, higher risk
- Co-manage with PCP

PCMHI Network

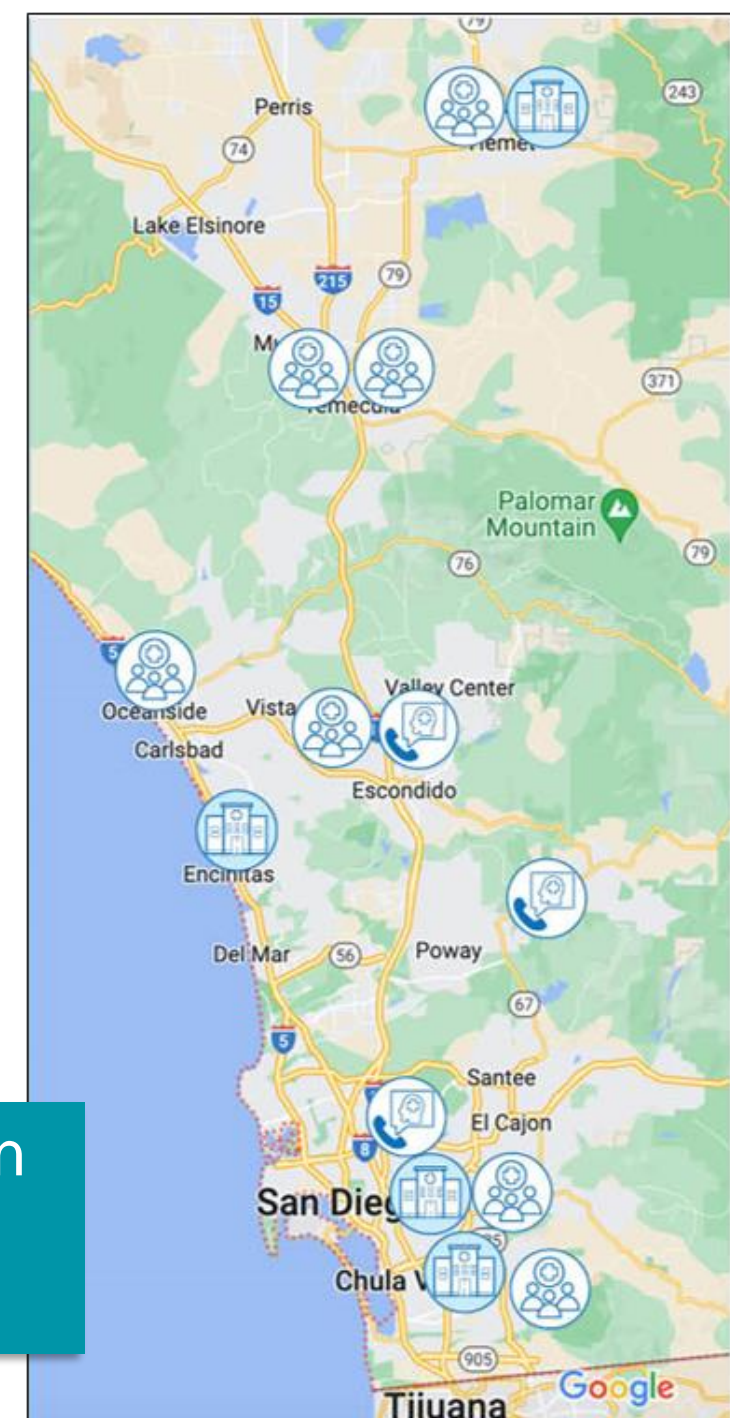
Children's Primary Care
Medical Group

Children's Physicians
Medical Group

UC San Diego

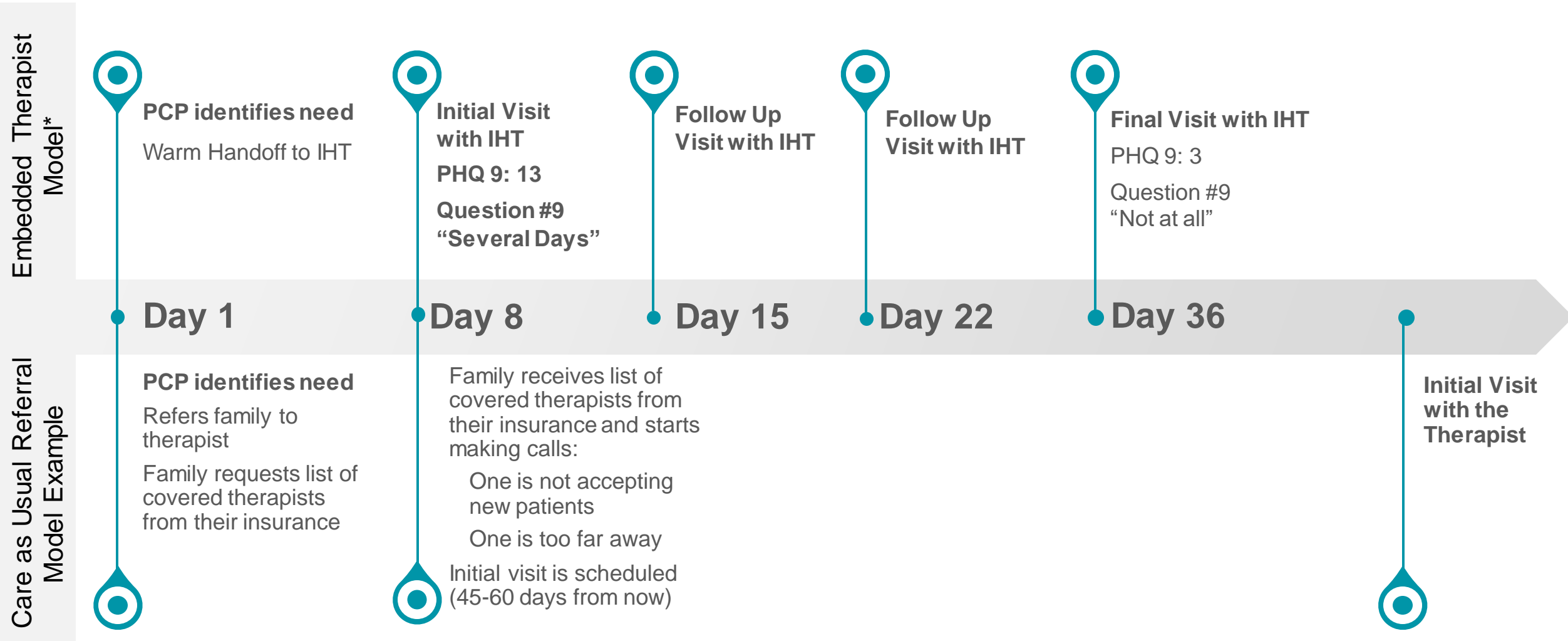


- ✓ Early Identification
- ✓ Early Intervention
- ✓ Early Recovery





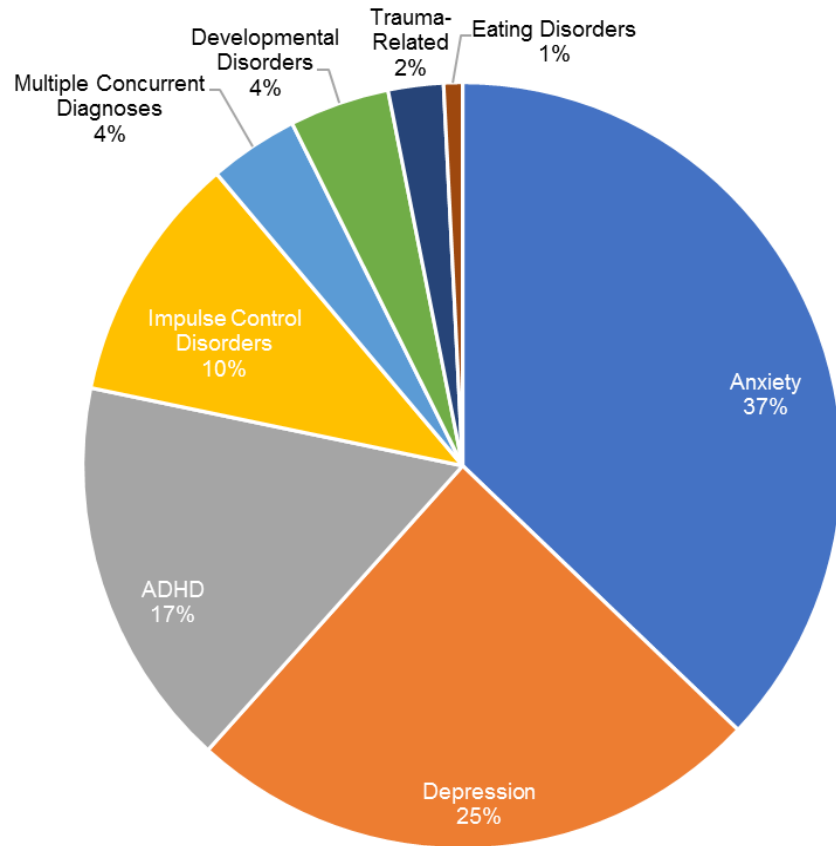
A side-by-side timeline shows an example of the difference between what early intervention is able to accomplish through primary care mental health integration, as compared to care as usual.



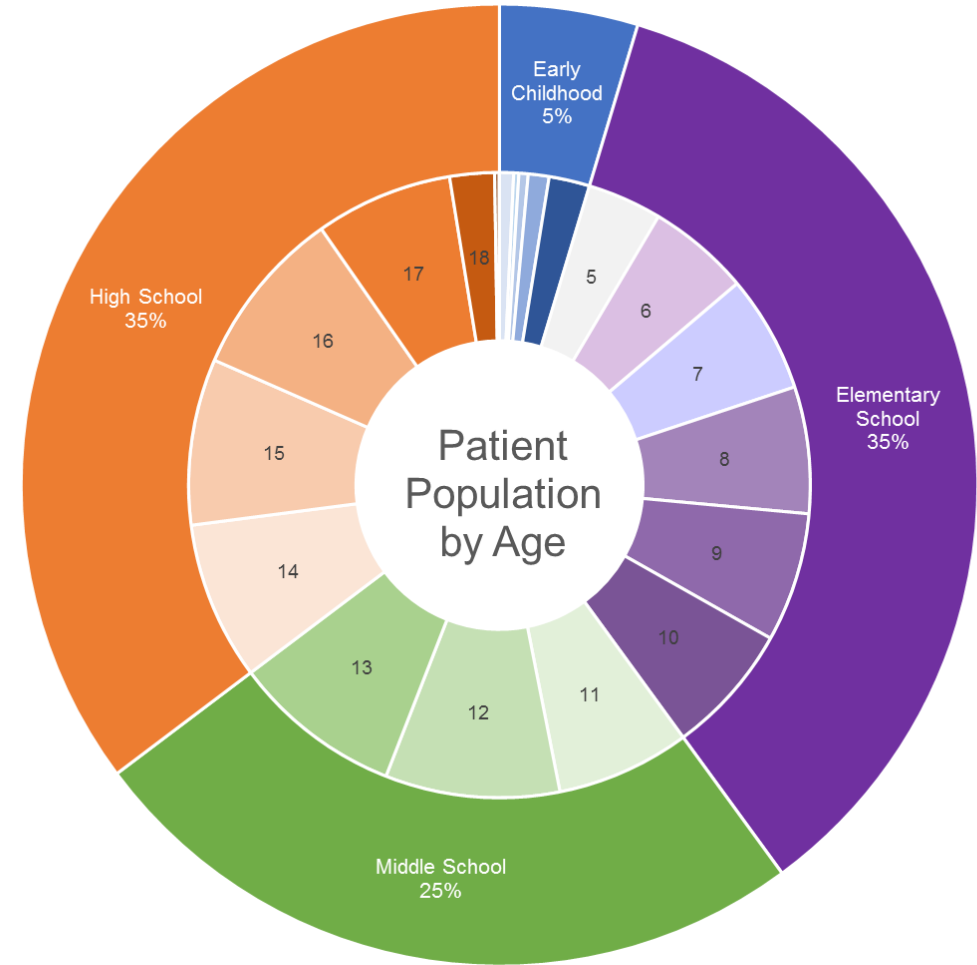


Demographics: Identifying Patients Earlier

Primary Health Integration Patient Diagnoses



Patient Population by Age



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



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



Rady Children's 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





California Quality
Collaborative

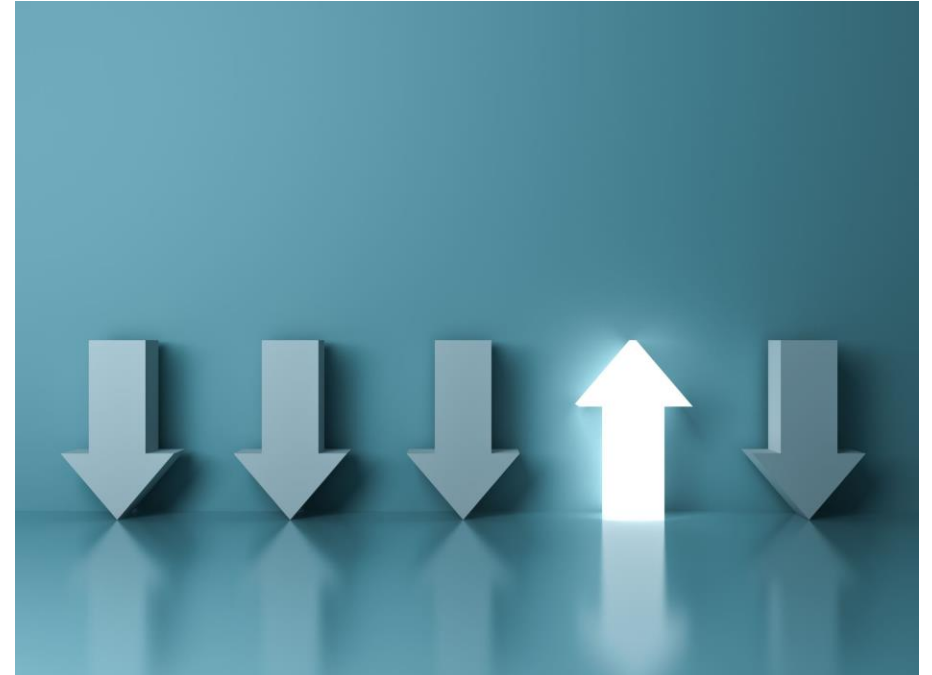
Behavioral Health Integration for Children and Youth

Tactical Lessons for FQHCs

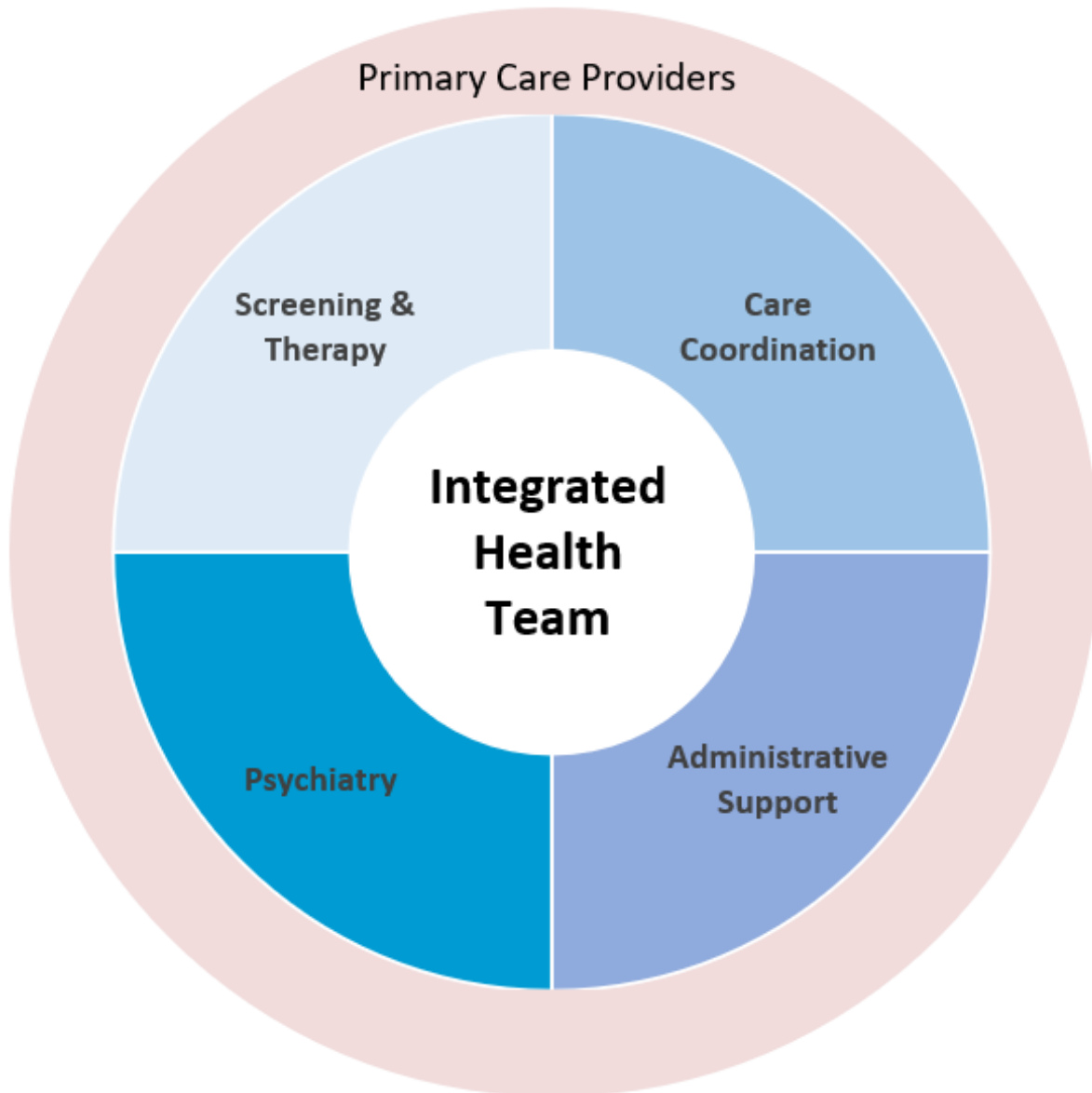
Poll: Challenges Providing Integrated Care for Children

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



PCMHI Care Team Roles



- **Primary Care Providers**
 - PCP Site Champions
 - PCPs
 - Front Desk/Scheduling Staff/Back office/Office Managers
- **Clinical Team**
 - Clinical Operations Director and Medical Director
 - Clinical Supervisors
 - Child Psychiatrists
 - Integrated Health Therapists and Pediatric Psychologists (LMFT, LCSW, LPCC, Psychologist)
 - Care Coordinators (Community Health Workers)
 - Hub Administrative Associates
- **Administrative Team**
 - Administrative Assistants, Analysts, Strategic Planners, Quality Improvement, Communications/Marketing

Tactical Lessons: BHI Teams & Buy-In

Tactical Lessons

- ✓ Adopt or improve integration model that meets the needs of your **patients, system and context**
- ✓ **PCP engagement** is as core success factor for integrated programs—start early!
- ✓ **Leaders and administrators** should champion and resource integrated programs—ensure they get program data



BHI-CYCLE Examples

- LifeLong Medical Care was able to make the **business case** to allocate and hire for a lead pediatric behavioral health clinician
- Core success factor about the spread of the Rady Children’s MHI clinical program has been **partnership with existing hospital-affiliated primary care groups**

Tactical Lessons: BHI Workflows

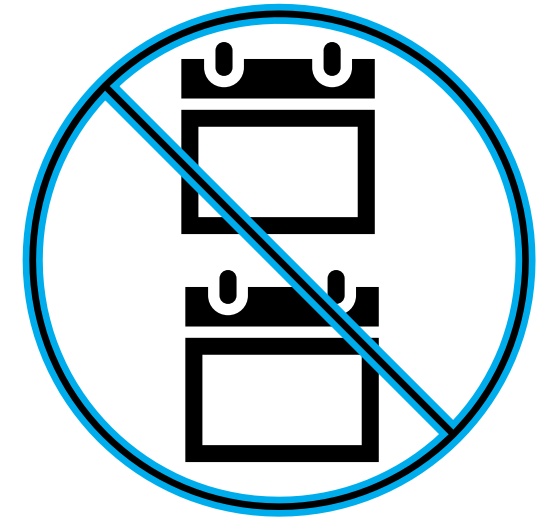
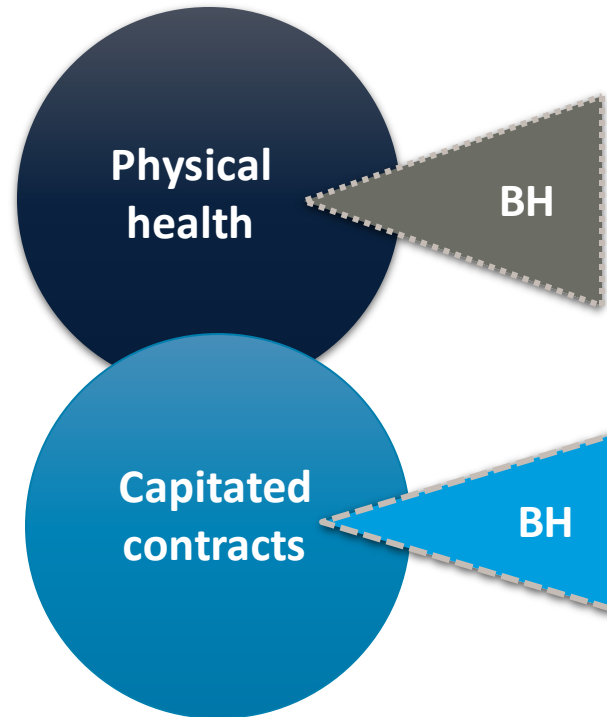
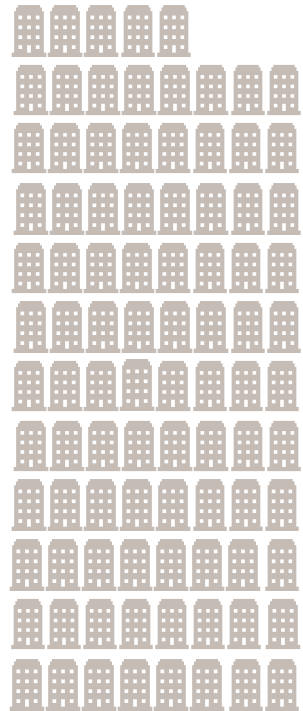
Tactical Lessons

- ✓ Integrated program workflow should include:
 - ✓ Collaboration between the primary care provider and BH provider
 - ✓ Opportunity for the PCP to provide patient history
 - ✓ Assessment
 - ✓ Triage by the BH provider and a safety supplemental schedule for patients that require immediate support
- ✓ Use Measurement-Informed Care in which treatment decisions are based on data collected in patient-reported outcomes measures with validated measurement tools

BHI-CYCLE Example

- AltaMed Health Services established the ASQ **standardized suicide risk assessment** for patients screening positive on Question 9 of the PHQ-9 depression screener

California | Context for FQHC 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

Tactical Lessons: Billing & Sustainability

Area	CPT Codes & Description
Community Health Workers	<ul style="list-style-type: none"> • 98960 – Education and training; 30 minutes face-to-face • 98961 – Education and training; 30 minutes 2-4 patients • 98962 – Education and training; 30 minutes 2-4 patients
Dyadic Services – for ages 0-20 and/or caregivers in outpatient setting [Medi-Cal]	<ul style="list-style-type: none"> • H1011 – Dyadic Behavioral Health (DBH) Well-Child Visit • H2015 – Dyadic Comprehensive community Support Service; 15 minutes • H2027 – Dyadic Psychoeducation Services; 15 minutes • T1027 – Dyadic Family Training and Counseling; 15 minutes
Primary Care / Behavioral Health Integrated Health Therapists	<ul style="list-style-type: none"> • 90791 – Psychiatric diagnostic evaluation • 90832 – Psychotherapy, 30 minutes • 90834 – Psychotherapy, 45 minutes • 90846 – Family psychotherapy (without patient); 50 minutes • 90847 – Family psychotherapy (with patient); 50 minutes

Providers should check with payers for frequency and other guidance.

Resource: [CQC BHI Billing and Coding](#) (updated 2025)

Leaving Today



Consider **one action step** you can take to improve integrated care for children and youth.

Championing Pediatric BHI Today

Your delivery system

- Capture patient story
- Track data today to use tomorrow
- Identify a physician champion

Health care system

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



Thank you!



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Thank You!

