

Health Equity Action Time

Session 1: Critical Reflection and a Shared Path Forward

April 26, 2022 from 1:00-4:00 PM

4/28/2022



Land Acknowledgement

Ramaytush Ohlone



Health Equity in Mental Health

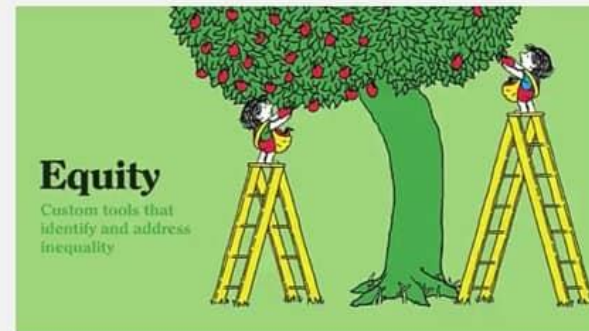
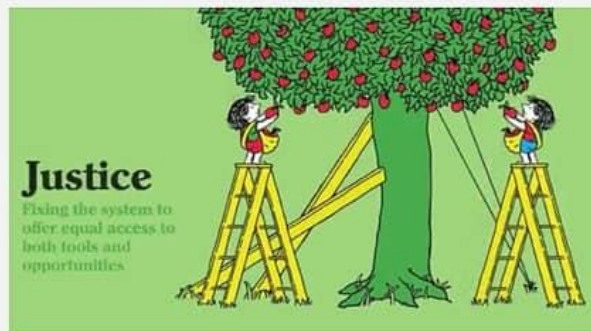
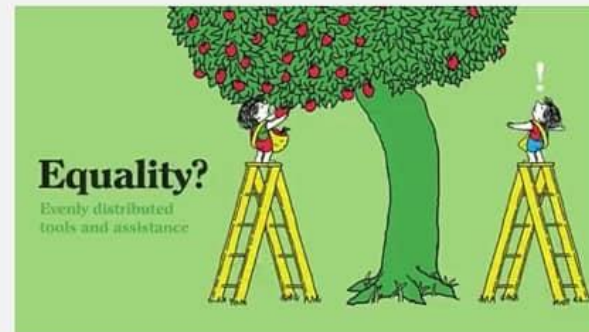
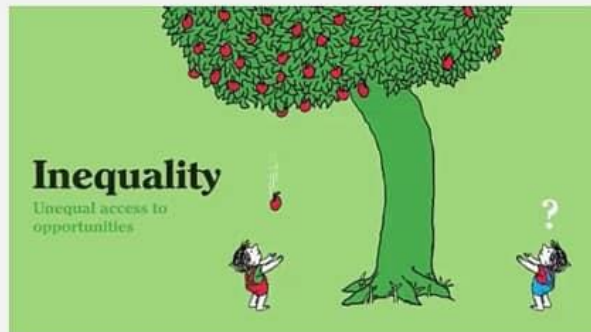


Health Equity in Mental Health



Health Equity in Mental Health

Health Equity- Heath Justice



Tony Ruth, @lunchbreath

Community Rules

1. Honor Multiple Perspectives

- We respect that other people's experiences might be different from our own.
- We seek to engage with difference from a place of curiosity.

2. Create Brave Spaces

- We pay attention to and are responsive to each other's needs.
- We each create conditions for safety so others can be brave.
- We own the intention and impact of our words and actions

3. Hold Patience & Urgency

- We strike a balance between actively rejecting what is not working in the status quo, while accepting that we can't solve everything today.
- We seek progress over perfection.

4. Take 'The Lessons Forward, Leave The Stories Behind

- We accept that we are all individual owners of our own narratives.
- We respect our peers' confidentiality, and commit to taking learnings forward into our professional and personal lives.

5. Commit To Collaboration and Learning

- We believe in working together to achieve more than what we can do individually.
- We are open to learning, sharing and exchanging,

Today's Agenda

1:00-2:45 PM

- Overview of HEAT Series & Why this is Important
- Youth Voices
- Oakland Thrives Child and Adolescent Behavioral Health Landscape Analysis
- Shared Vocabulary and Definitions for Providers and Advocates
- UCSF/ZSFG Landscape Mapping Overview
- Q&A

2:45-2:55 PM

- 10 min Break

2:55-4:00 PM

- Spotlight UCSF Mental Health Programs & Discussion
- Jamboard Activity
- Session Close



Health Equity Action Time (HEAT)

Focus on Child and Adolescent Mental Health

Session 1: Critical Reflection and a Shared Path Forward

- **April 26, 2022; 1:00-4:00 PM**
- Creating space for critical dialogue and provide a landscape analysis to better understand the current state of what happens to children and adolescents with mental health needs across UCSF sites and services

Session 2: An Unprecedented Reform Landscape in California and What It Means for Bay Area Children and Families

- **May 24, 2022; 1:00-4:00 PM**
- Meeting with leaders who are re-envisioning California's systems of care and take a deep dive into unprecedented State reform around behavioral and mental health.

Session 3: Moving from Promise to Practice: Roadmap for the Future

- **June 28, 2022; 1-4 PM**
- Identifying concrete steps we must take as providers, policy and system leaders, and advocates to create a shared roadmap to improve the mental and behavioral health and well-being of children and families

Please visit the event page for more information and registration:

<https://pediatrics.ucsf.edu/events/heat-health-equity-action-time>

HEAT Planning Committee Members

- Amy Beck, MD, MPH
- Cherrie Boyer, PhD
- Baylee DeCastro, MPP
- Archana Eniasivam, MD
- Anne Glowinski, MD
- Lauren Haack, PhD
- Joan Jeung, MD, MPH, MS
- Anda Kuo, MD
- Dayna Long, MD
- Alma Martinez, MD, MPH
- Kelley Meade, MD
- Zarin Noor, MD, MPH
- Francine Ostrem, PhD, MFT, MA
- Noemi Spinazzi, MD
- Saun-Toy Trotter, MFT
- Cassandra Vega, MPH



Photo by [Merakist](#) on [Unsplash](#)

New CDC data illuminate youth mental health threats during the COVID-19 pandemic

CDC's first nationally representative survey of high school students during the pandemic can inform effective programs

Press Release

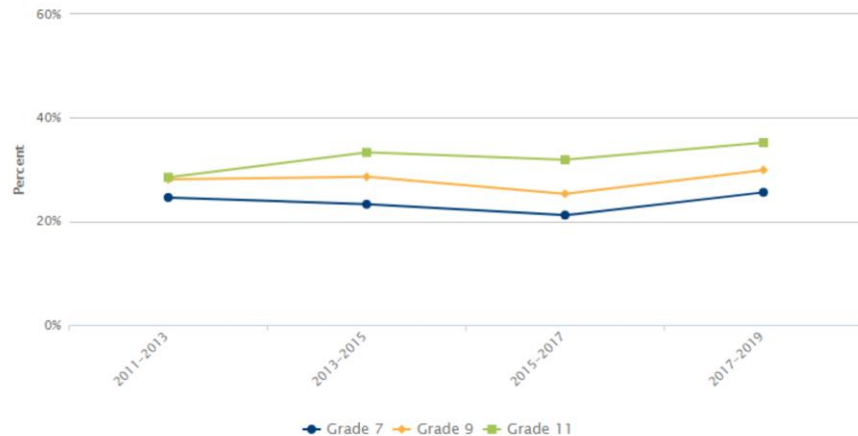
Embargoed Until: Thursday, March 31, 2022, 1:00 p.m. ET

Adolescent Behaviors and Experiences Survey		
Mental Health	Percentage	Confidence Interval
Who felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)	44.2	41.6 - 46.8
Seriously considered attempting suicide (during the 12 months before the survey)	19.9	18.0 - 22.0
Made a plan about how they would attempt suicide (during the 12 months before the survey)	15.3	13.6 - 17.2
Actually attempted suicide (one or more times during the 12 months before the survey)	9.0	7.7 - 10.5
Had a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	1.9	1.4 - 2.5
Reported that their mental health was most of the time or always not good (including stress, anxiety, and depression, during the 30 days before the survey)	31.1	28.5 - 33.7

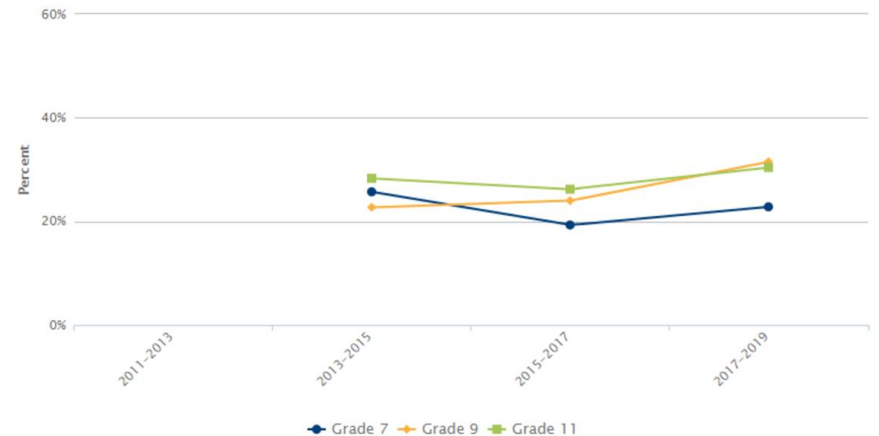
Depression-Related Feelings, by Grade Level: 2011-2013 to 2017-2019

(Grade Level: Grade 7, Grade 9, Grade 11; Student Response: Yes)

Alameda County



San Francisco County



Definition: Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities (e.g., in 2017-2019, 32.6% of California 9th graders had depression-related feelings in the previous year).

Data Source: [As cited on kidsdata.org](https://kidsdata.org), WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education (Aug. 2020).



Youth Voice: Malia Knapps & Tonica Coulter



Oakland Thrives

UCSF HEAT Series: Session 1

April 26, 2022



Child & Adolescent Behavioral Health

May
2021

- Adolescent Behavioral Health chosen by OTLC as priority focus area
- Advisory Group formed
- Landscape Analysis requested

Jun 2021 -
Jan 2022

- OT conducts rigorous review including:
 - Data analysis
 - Interviews with key stakeholders
 - Youth Focus Groups

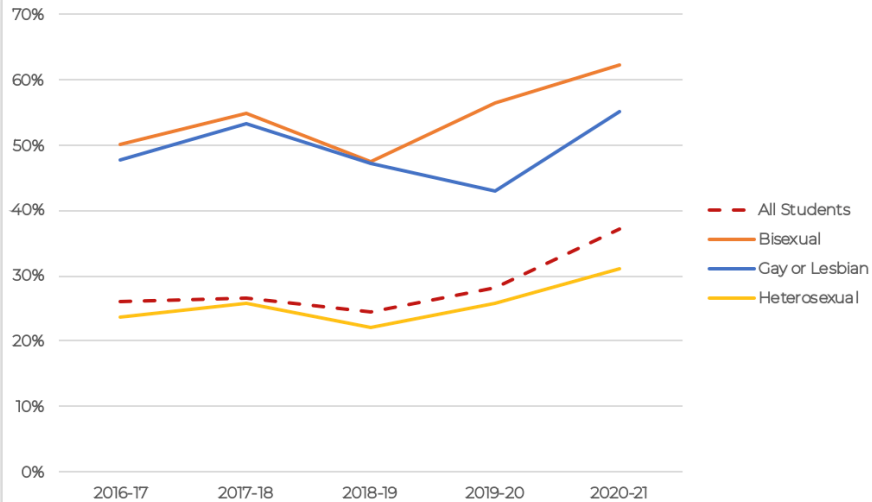
Feb 2022 -
Present

- Full report released yesterday!
- Implement immediate recommendations
- Convene key stakeholders to begin implementing mid/long term actions

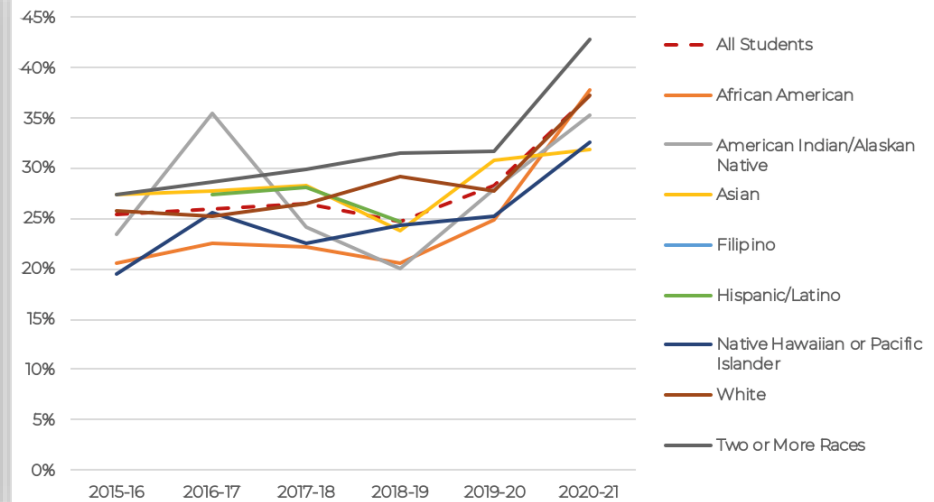


Feelings of hopelessness have been on the rise since the pandemic

Feel Sad/Hopeless Over Time by Sexual Orientation

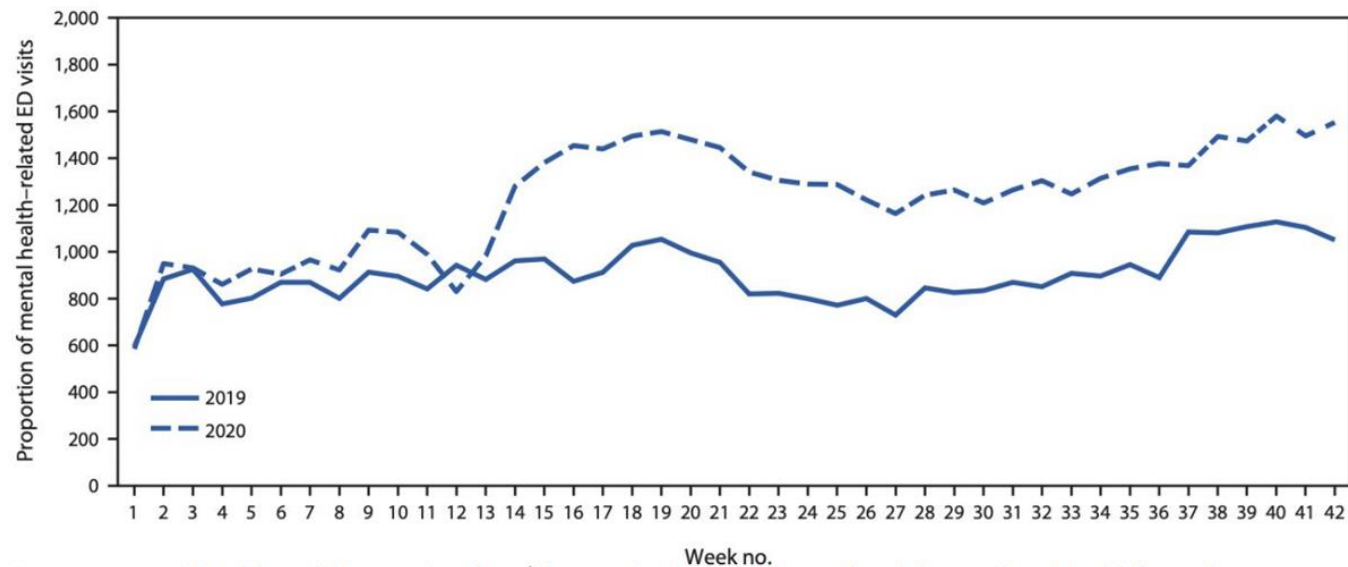


Feel Sad/Hopeless Over Time by Ethnicity



Mental health related emergency department visits for youth increased during the pandemic

Proportion of Mental Health Related Emergency Department (ED) visits per 100,000 Pediatric ED Visits Per Week, Children Aged <18 years, [National Syndromic Surveillance Program](#), United States, January–October 2019 and 2020



Source: US Department of Health and Human Services/Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report



What are youth saying?

“When you are close with your friends, it’s easier to share, and you understand how to share with them. With a therapist, they ask questions, and sometimes I don’t know how to respond because of the way they ask. [It] doesn’t work when therapists just ask what my problem is.”

- Focus group participant at Fremont HS



What are youth saying?

Stressors: gun violence, academic pressure, bullying, racism, childcare

Who they felt safe with

- At home with family and pets
- With their school counselor

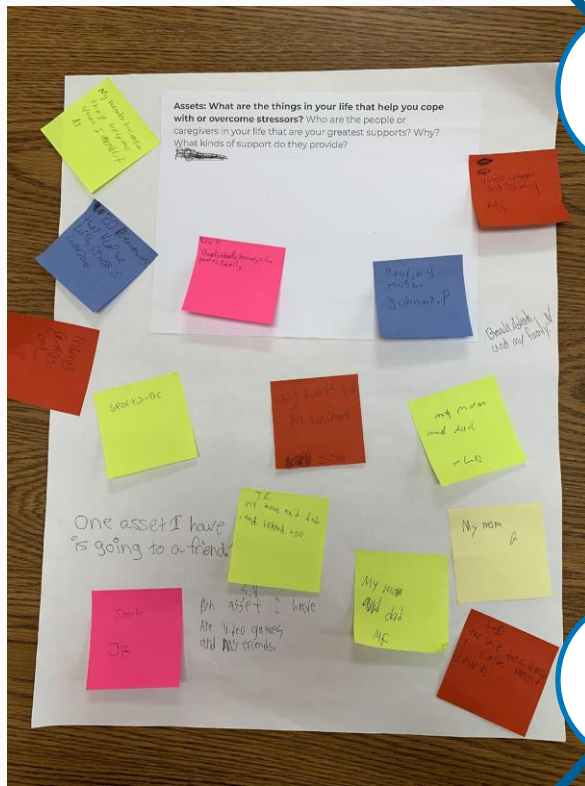
How they coped with stressors

- Art and music
- Talking to their mothers, sisters, and grandmothers

What resources they wanted

- Jobs
- Safe spaces

Themes



Our youth are in crisis – particularly our Black, Latinx and LGBTQ+ youth



We have unprecedented funding opportunities



Non-clinical approaches are powerful



We must build our clinical workforce and support practitioners of color

Theory of Change & Recommendations

Theory of Change

1. Improve School & Community Cohesion
2. Improve Family Cohesion
3. Identify & Respond to Severe Needs

Recommendations

1. Broaden how we define behavioral health
2. Go beyond the doctor & therapist
3. Make it easier to seek and provide clinical care



Shared Vocabulary and Definitions for Providers and Advocates

Medi-Cal Mental Health Systems for Children: the Basics

Non-specialty vs
specialty divide

Mental health
services in schools

Vocabulary/acronym
highlights

Non-specialty (Mild to Moderate)

- Managed Care Plans (**MCP**)
- Patients have a primary care provider (**PCP**)

Specialty Mental Health

- County Mental Health Plans (**MHP**)
- California has a "**waiver**" to do this



Which state entity oversees Medi-Cal?

Department of Health Care Services (DHCS)



Non-specialty Mental Health Services via Managed Care Plans (**MCPs**)

- Behavioral health management companies
 - e.g. Beacon

VS

- Managed directly by the MCP

Referral from PCP or family, connected to
contracted MH providers

Non-Specialty Benefit: Behavioral Health Therapy

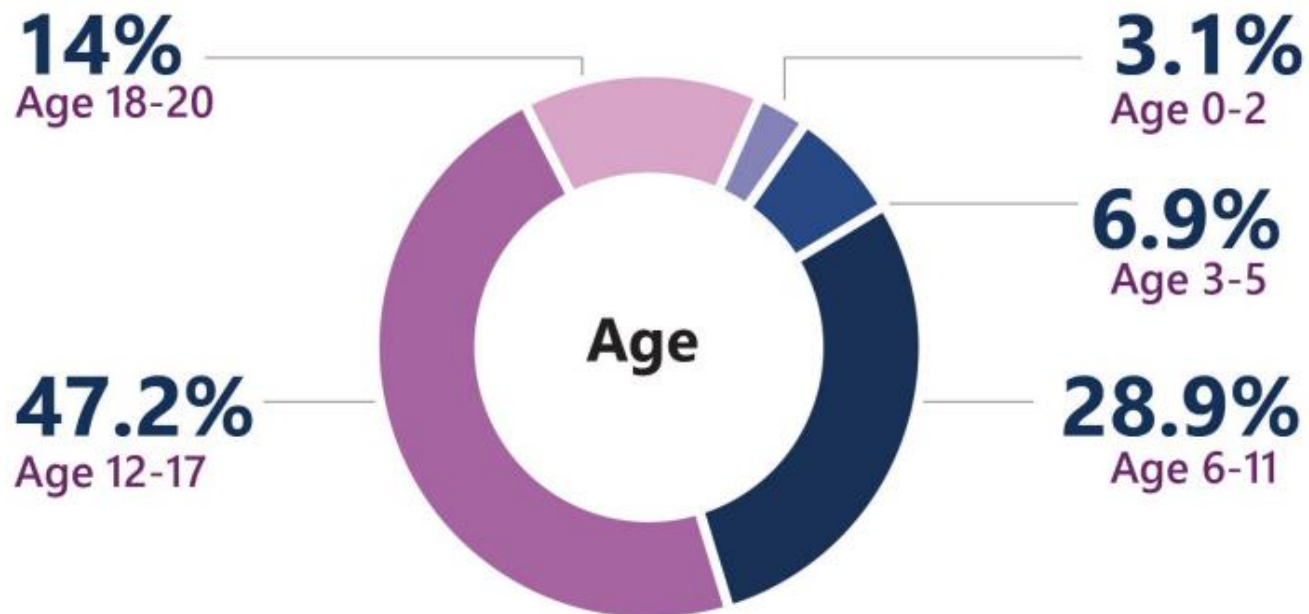
Example: Applied Behavioral Analysis (ABA)

- Board Certified Behavioral Analyst (BCBA) supervises Behavioral Technicians

Specialty Mental Health Services (**MHPs**)

- County MHP (aka **BHS** or **BHCS**) contracts with a network of organizations providing mental health services
 - Inpatient/ outpatient
 - Includes therapy, psychiatry, case management, crisis services
- Separate **EMR**
 - Including psychiatry notes about medications prescribed
- Referral either directly to the organization or via Access lines

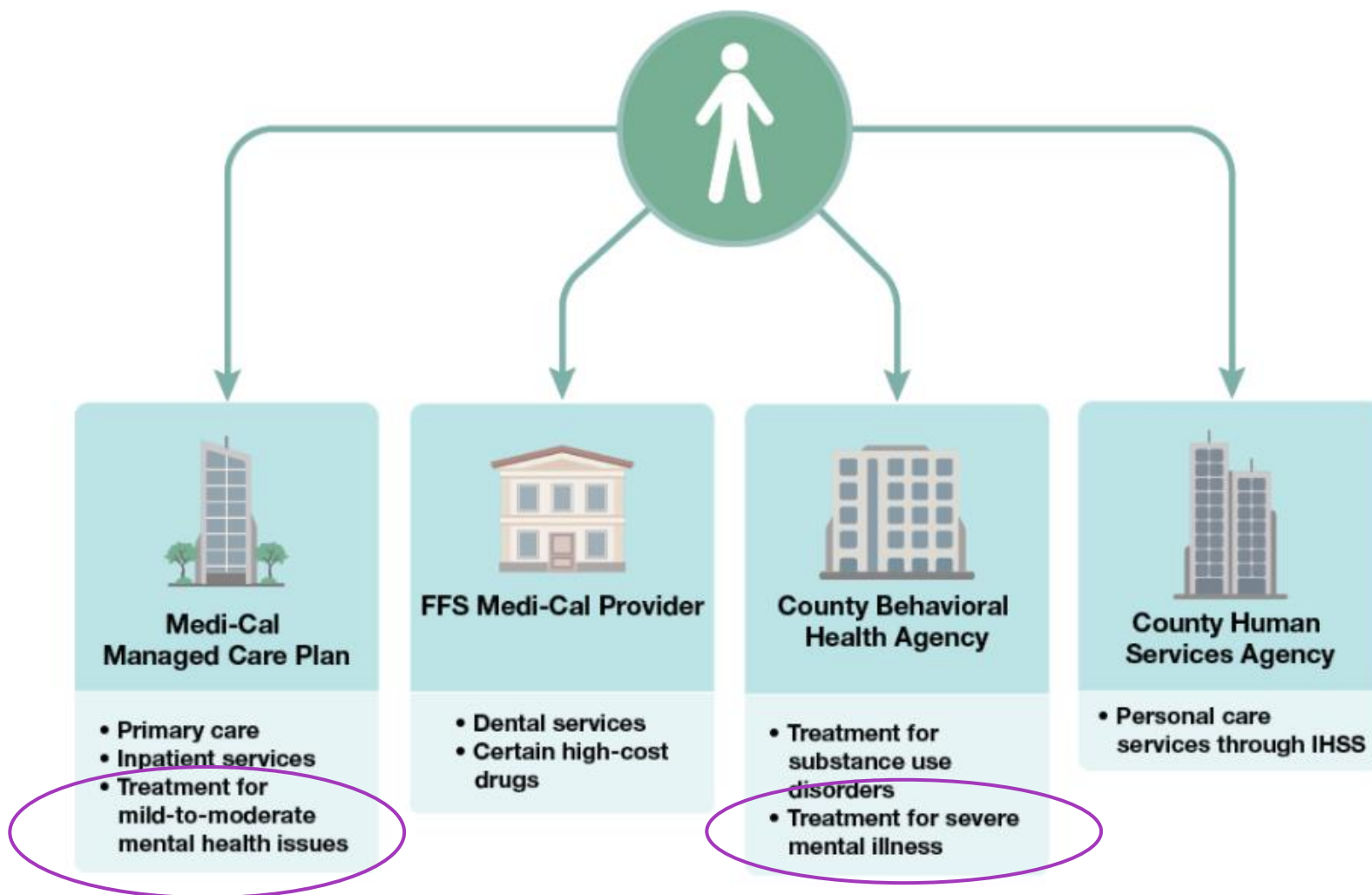
Figure 7: Medi-Cal SMHS Demographics—Children by Age



**Approximately 242,000
SMHS Children and Youth
Members**

June 2019-Jun 2020

<https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>



Source: <https://lao.ca.gov/Publications/Report/4185>

Early Periodic Screening Diagnosis & Treatment (EPSDT)

- Applies to those age <21 years on Medi-Cal
- Require Medicaid Programs to cover comprehensive screening, diagnosis, treatment and preventive health care services, including behavioral health services, when those services are necessary to “correct or ameliorate any physical or behavioral conditions” or “to prevent disease, disability, and other health conditions or their progression, to prolong life, and to promote physical and mental health and efficiency.”

Source: DHCS All Plan Letter. 18-007, March 2, 2018, p. 1-2.

Qualifications for Specialty MH:

Effective January 2022

1. A condition placing them at **high risk** for a mental health disorder due to **experience of trauma**

OR

2. Meets both of the following requirements:

- a) The beneficiary has a **significant impairment** or a **reasonable probability of significant deterioration or of not progressing developmentally**

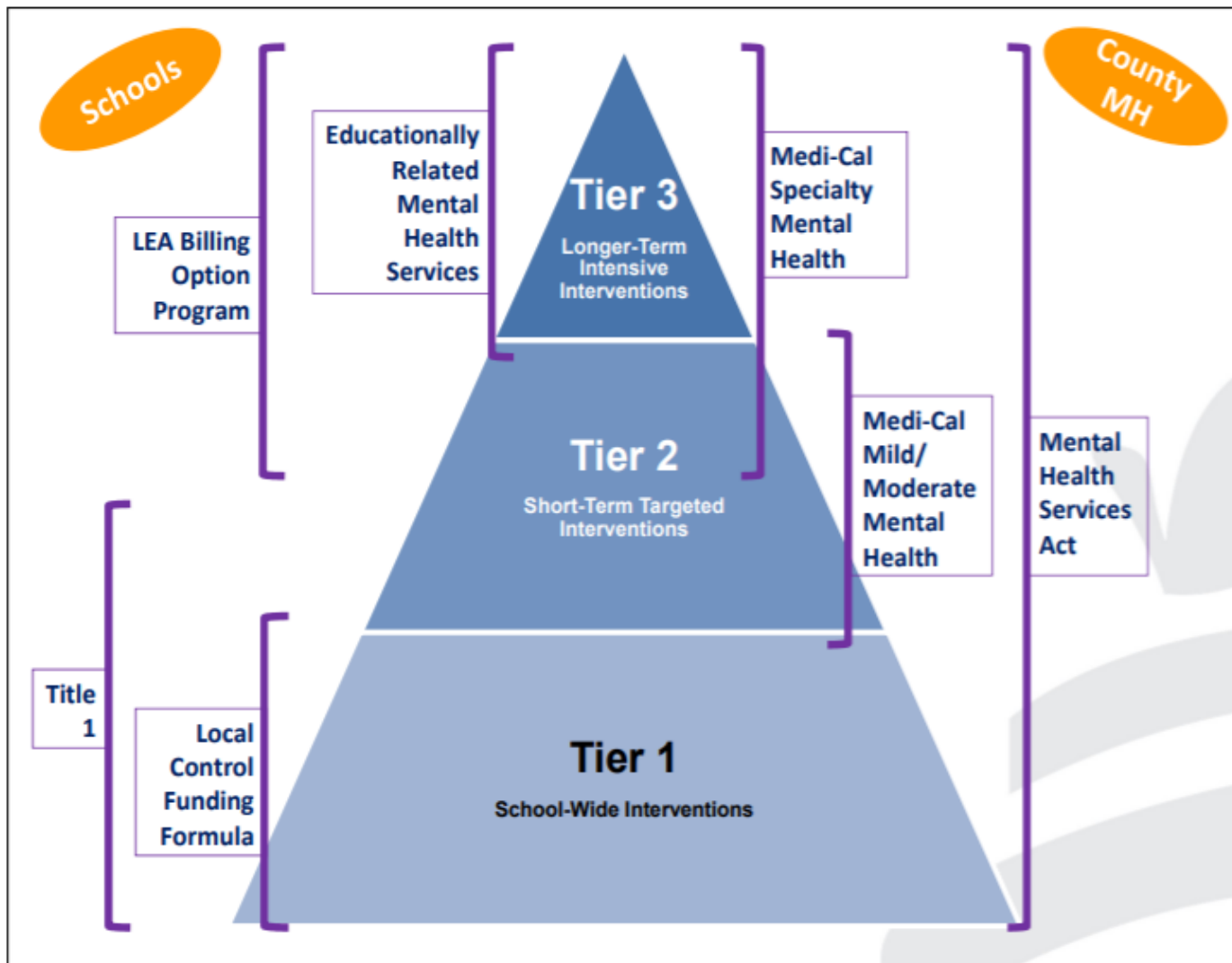
AND

- a) The condition is a **diagnosed or suspected** mental health disorder or a result of significant trauma placing the beneficiary at **risk of a future mental health condition**, based on the assessment of a licensed mental health professional.

What about mental health services in schools?



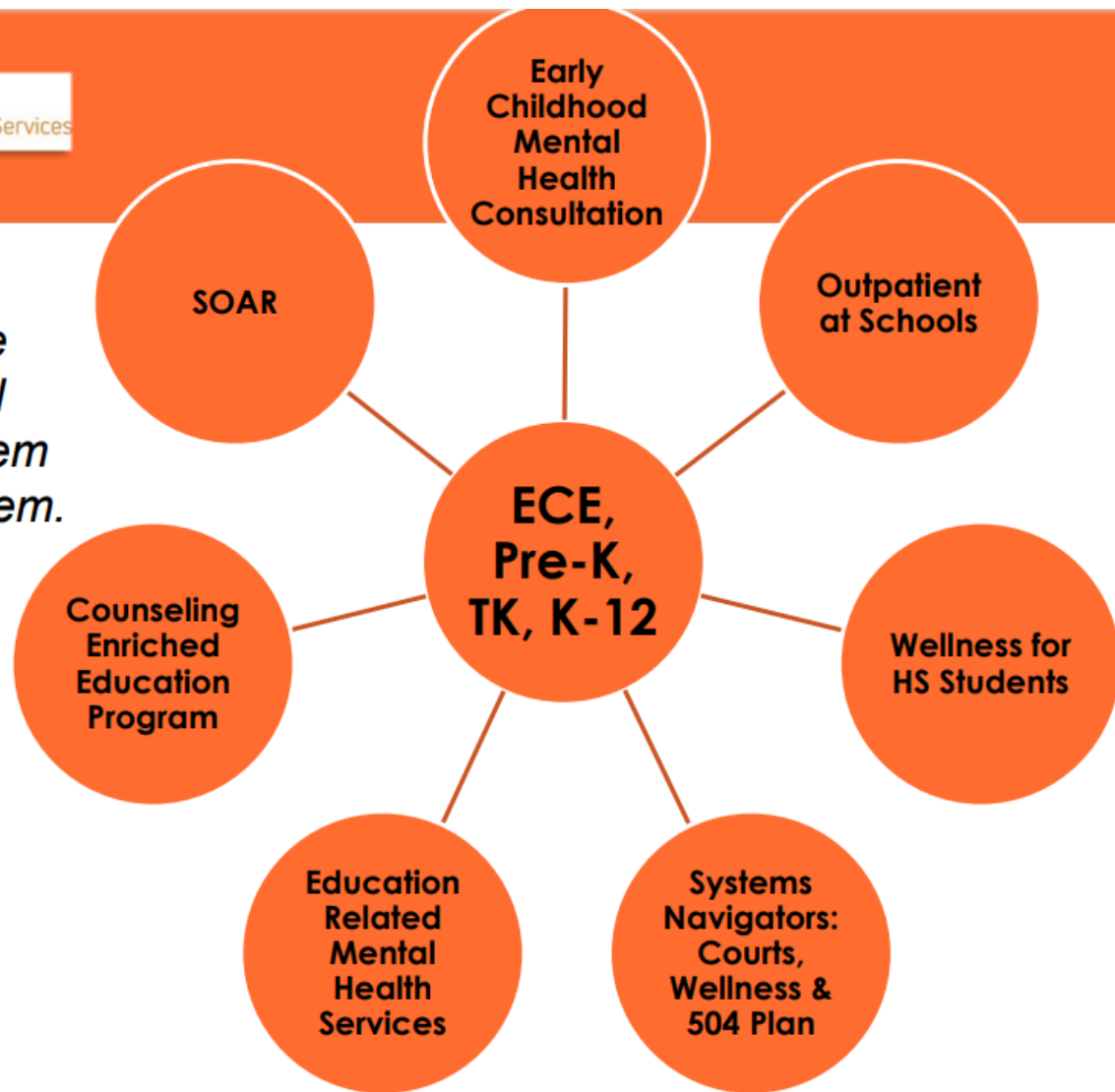
Photo: <https://unsplash.com/photos/PDRFeeDniCk>



Source: California School-Based Health Alliance



*Structured interface
between behavioral
health service system
and education system.*



School Based Mental Health Services

Educationally Related Mental Health Services (ERMHS)



- To allow students with IEPs who have mental health needs to access their education
- Can be a range of services/intensities
 - Counseling, SW support, parent counseling
 - Specialized classrooms
 - Specialized schools



Private Insurance Mental Health Landscape

Private Insurance Mental Health Landscape

- Aetna
- Anthem
- Beacon Health Options
- Blue Cross
- Blue Shield
- BlueCross BlueShield
- Cigna
- Empire BlueCross BlueShield
- Health Net
- Humana
- Kaiser
- Magellan
- Optima
- Sutter
- TRICARE
- TriWEST
- UnitedHealthcare
- Many more!

Private Insurance Mental Health Landscape

- Varied coverage and referral requirements
- Cost to the patient varies
- How to access? - Look on your card and call the number
 - Insurances can provide a list of mental health providers
 - This takes time, patience and follow up!
- Need a therapist? Try psychologytoday.com which can filter by insurance type

The Psychology Today logo is displayed in a large, bold, blue sans-serif font. It is centered within a white rectangular box that has a subtle drop shadow, giving it a three-dimensional appearance as if it's floating above the slide content.

Private Insurance Mental Health Landscape

- Lots of varied experiences
 - setting of the mental health support (1:1, group, parent involvement, crisis support)
 - languages spoken
 - ages seen
 - specific diagnoses
 - specialization (eating disorders, LGBTQIA mental health, substance abuse, etc)



Private Insurance

Mental Health Landscape at UCSF

- UCSF Langley Porter does not offer mental health services for patients with Medi-Cal and SFHP.
- For UCSF providers
 - lots of information in the psychiatry referral itself (useful dot phrases and patient information)
 - E-consults are useful
- For practices enrolled in CAPP: UCSF Benioff Children's Hospitals Child and Adolescent Psychiatry Portal (CAPP)
 - peer-to-peer child psychiatry consultative guidance to primary care providers



Mental Health Crisis Services

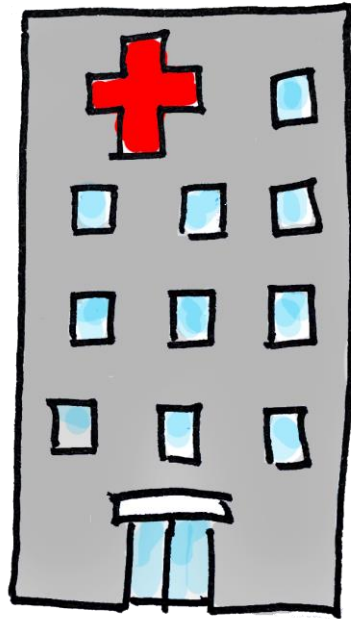
- Same for public vs private insurance
- Emergency? 9-1-1 or Emergency Room
 - Lots of help from the Comprehensive Child Crisis Team
- Non-emergent Crisis? Text or call:
 - 24-hour crisis hotline run by SF Suicide Prevention
 - 415-781-0500 or 800-273-8255
 - Alameda: [1-800-309-2131](tel:1-800-309-2131)
 - Also California Youth Crisis Line, National Runaway Safeline, Trans Lifeline



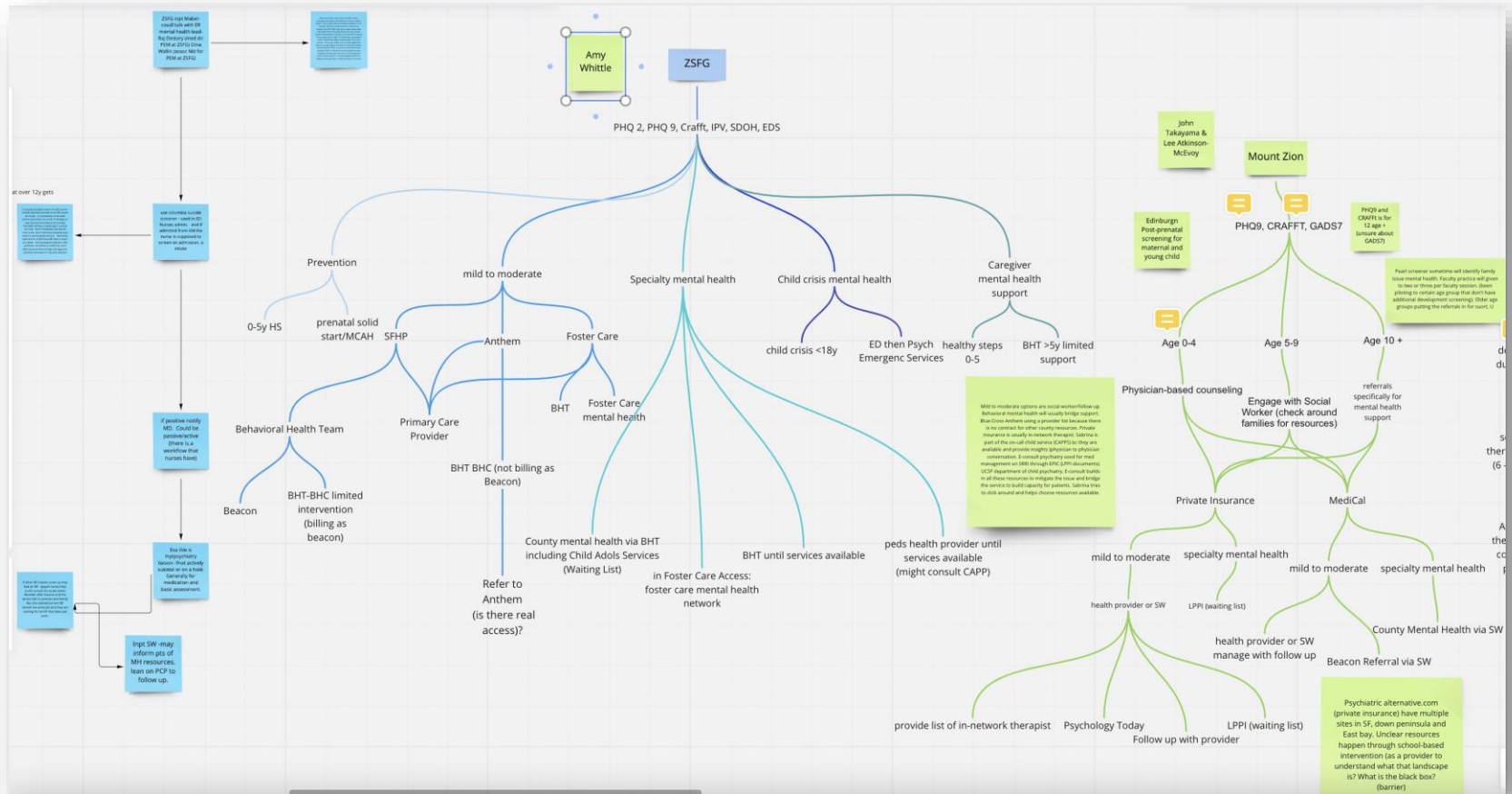


Mental Health Map Overview

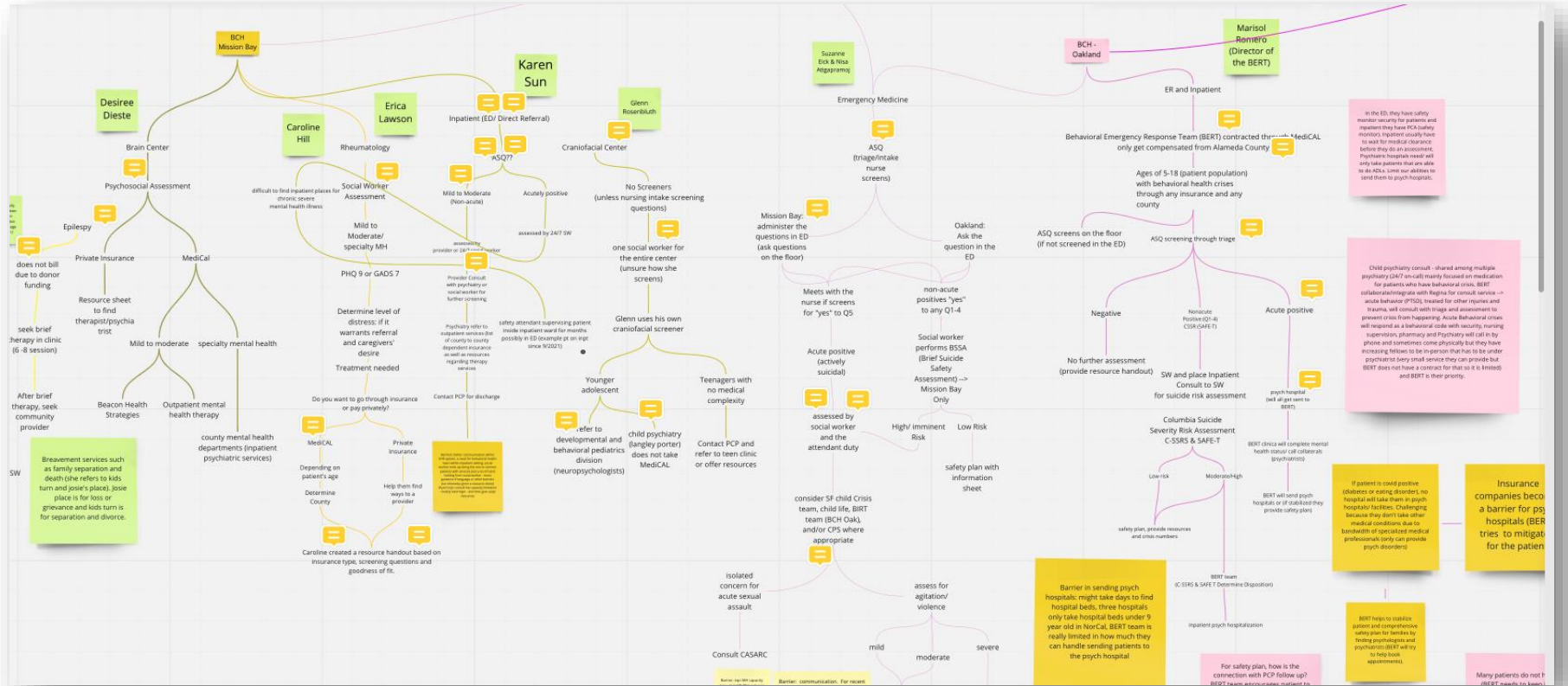
What happens when a child/adolescent seeks care at UCSF/ZSFG and has mental health needs?



What happens when a child/adolescent seeks care at UCSF/ZSFG and has mental health needs? - Part 1



What happens when a child/adolescent seeks care at UCSF/ZSFG and has mental health needs? Part 2





Pediatric Severe Asthma Algorithm

For children age ≥ 12 months

Recognition of Severe Asthma (age ≥ 12 months)

Severe Respiratory Difficulty

- Pediatric Resp Assessment Measure (PRAM) Score ≥ 8
- Increased work of breathing (WOB), wheeze or silent chest, cough

Impending Respiratory Failure

- Lethargy, cyanosis, decreasing respiratory effort and/or rising PCO_2

May not have asthma diagnosis or previous wheeze

PRAM Scoring Table

SIGNS	0	1	2	3
Suprasternal indrawing	Absent		Present	
Scalene retractions	Absent	Present		
Wheezing	Absent	Expiratory only	Inspiratory & expiratory	Audible wheeze/ silent chest / minimal air entry
Air entry	Normal	Decreased at bases	Widespread decrease	Absent / minimal
O ₂ Saturation (<i>R/A</i>)	$>94\%$	92 – 94%	$<92\%$	

Initial Management

- Continuous cardiopulmonary monitoring
- Administer oxygen to maintain $SpO_2 >92\%$
- Administer salbutamol + ipratropium **q20 min x 3** consecutive treatments, via nebulizer or metered dose inhaler (MDI) as per table below:

Weight	Salbutamol	Ipratropium
Less than 20 kg	MDI: 5 puffs OR Nebule: 2.5 mg	MDI: 4 puffs OR Nebule: 250 mcg
Greater than or equal to 20 kg	MDI: 10 puffs OR Nebule: 5 mg	MDI: 4 puffs OR Nebule: 250 mcg

- Administer oral steroid as soon as possible
- Dexamethasone 0.6 mg/kg (MAX 12 mg)
- Assess perfusion, consider IV access and fluids
- If impending respiratory failure administer:
- Magnesium sulfate 50 mg/kg IV (MAX 2 g) over 20 min; check BP q5 min during infusion, then q30 min

Reassess vitals and SpO_2 , WOB, perfusion and PRAM score

PRAM Score 4 – 7 (Improved)

- Continue salbutamol q30-60 min PRN
- Monitor closely for any clinical deterioration

- Assess need for admission/transfer at 4 hours post steroid administration and discuss with Pediatric Referral Site
- Ensure adequate hydration via PO/IV fluids

PRAM ≥ 8 or IMPENDING RESPIRATORY FAILURE

- Continuous nebulized salbutamol at above doses
- IV access x 2; IO access if 2 failed IV attempts
- IV NS bolus 20 mL/kg over 15 min
- Administer (if not already given):
- IV steroid: Hydrocortisone 8 mg/kg IV (MAX 400 mg)
- Magnesium sulfate 50 mg/kg IV (MAX 2 g) over 20 min; check BP q5 min during infusion, then q30 min
- Consider IM epinephrine if allergy suspected
- Dose: 0.01 mg/kg (1 mg/mL), MAX 0.5 mg
- Consider CXR

Alert Pediatric Referral Centre

Management of Respiratory Failure

STEPWISE STRATEGY:

1. Administer high flow O_2 if available
 2. CPAP MIN 5 cm H_2O (MAX 10 cm H_2O)
 3. Transition to BiPAP if needed, PEEP min 5 cm H_2O , keeping a minimum delta P of 5
- Assess for pneumothorax/barotrauma
 - Intubation is a high-risk procedure and is rarely required

Pediatric Referral Centre Discussion

CONSIDERATION OF:

- Airway management
- Difficult vascular access
- Concern for underlying cardiac problem
- Pneumothorax or other barotrauma

CAUTION!

- Avoid intubation
- Magnesium sulfate may cause severe hypotension
- Decrease infusion rate and treat with bolus fluids
- Consider other diagnoses if clinical status deteriorates with fluid administration (myocarditis/cardiogenic shock)
- Consider pneumothorax in patients who deteriorate/fail to improve

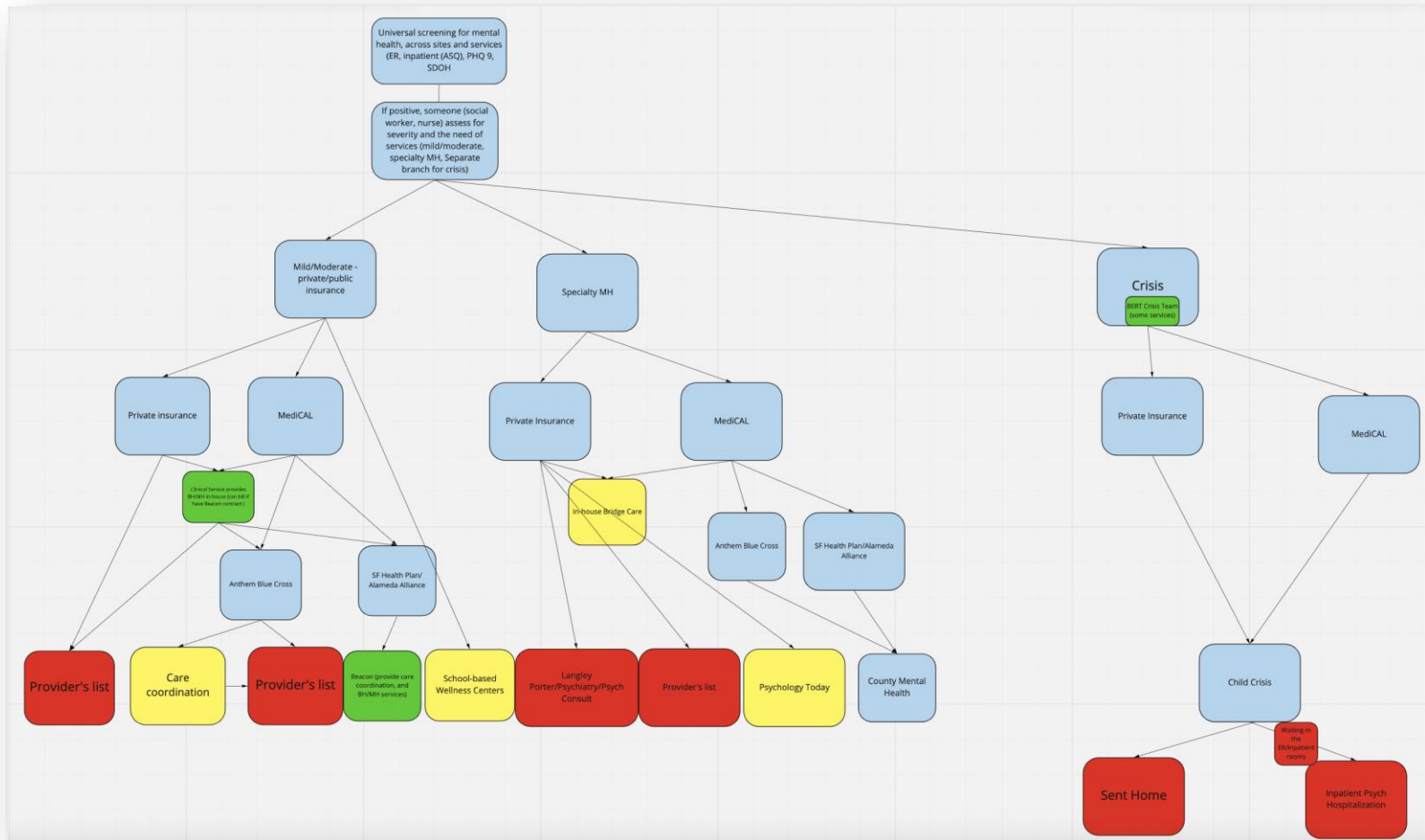
Discuss with Pediatric Referral Centre

PedsPacs
Point-of-Care Tools by TREKK

trekk Translating Emergency Knowledge for Kids

A PedsPac resource from TREKK.
For more tools in the series, call 204-975-7744 or visit trekk.ca
© 2018, TREKK. Published: Dec 2018 Version: 1.0 Review date: Dec 2020
© 2000, Dusharme

Generalized Mental Health Algorithm for Non-Mental Health Service Areas with Initial Facilitators and Barriers





Q&A

5 minute break



Photo by [Jon Tyson](#) on [Unsplash](#)

The background of the slide features a pattern of overlapping circles in various sizes, creating a cellular or honeycomb-like texture. The circles are light gray and are more densely packed in the upper right corner, fading out towards the bottom left.

Spotlight UCSF Pediatric Mental Health Programs



Resiliency Clinic

Resiliency Clinic

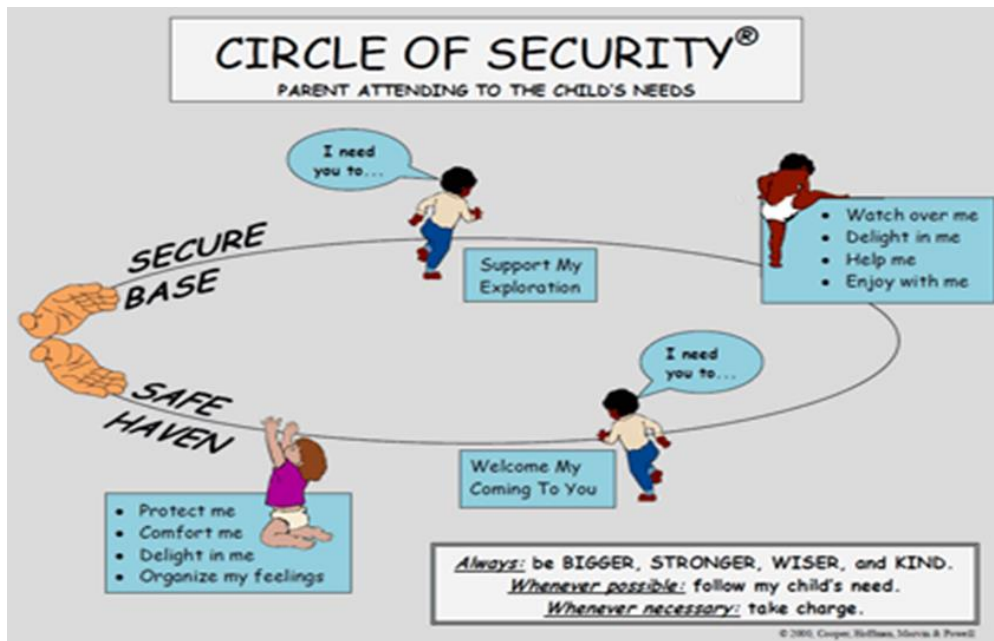
A caregiver/child program to promote resilience among children with ACEs



- Interactive group-based intervention for parents/caregivers of young children (ages 0-5 year) with a history of significant adversity.
- Groups are designed to teach mindfulness and other resiliency-promoting skills + promote stronger parent/child relationships
- Most referred by primary care providers following positive ACEs screen

Attachment & Mindful Parenting

Promoting self-regulation and co-regulation



Nuts and Bolts

Group Medical Visit Model = Long-Term Sustainability

Group Structure

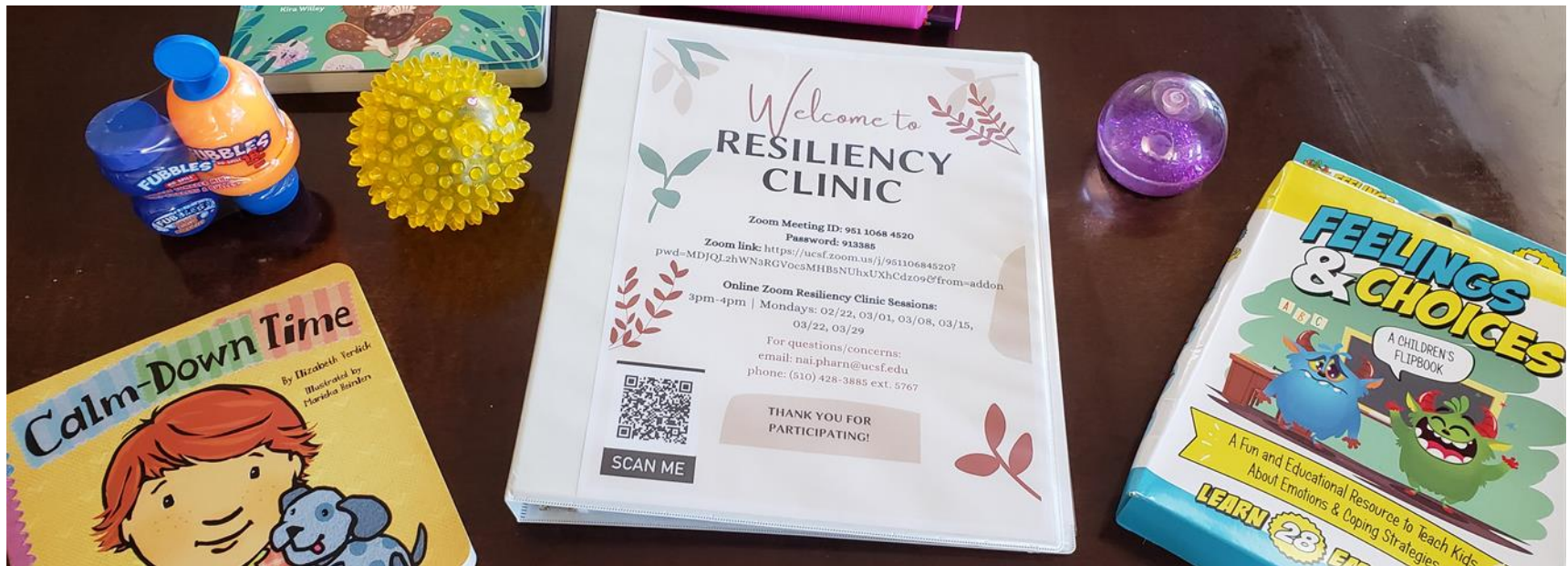
- Weekly Zoom sessions x 6
- Child/parent activity
- Parent circle
- MD/NP visit - billable
- Ages 0-5

Staffing

- Lead facilitator:
LCSW/MFT
- Co-facilitator: MD/NP
- Child activity/outreach:
health educator/CHW

Care Packages

Books, toys & handouts to support mindfulness and self- & co-regulation



Just Breathe

"Remember to breathe, Mommy." -Resiliency Clinic participant, age 4



Julie Bayer Salzman & Josh Salzman (Wavecrest Films)

<https://www.youtube.com/watch?v=RVA2N6tX2cg>

HealthySteps





At the ZSFG
Children's Health
Center



- SF Department of Public Health Safety Net FQHC
- 8,100 primary care patients 0-24
- Only pediatric clinic in 14 clinic SF Health Network

Pediatric Setting

ACCESS

Almost all families take their babies to see a pediatric primary care provider

TRUST

Parents trust their pediatric primary care provider

ACCEPTED

The pediatric office is a non-stigmatizing setting

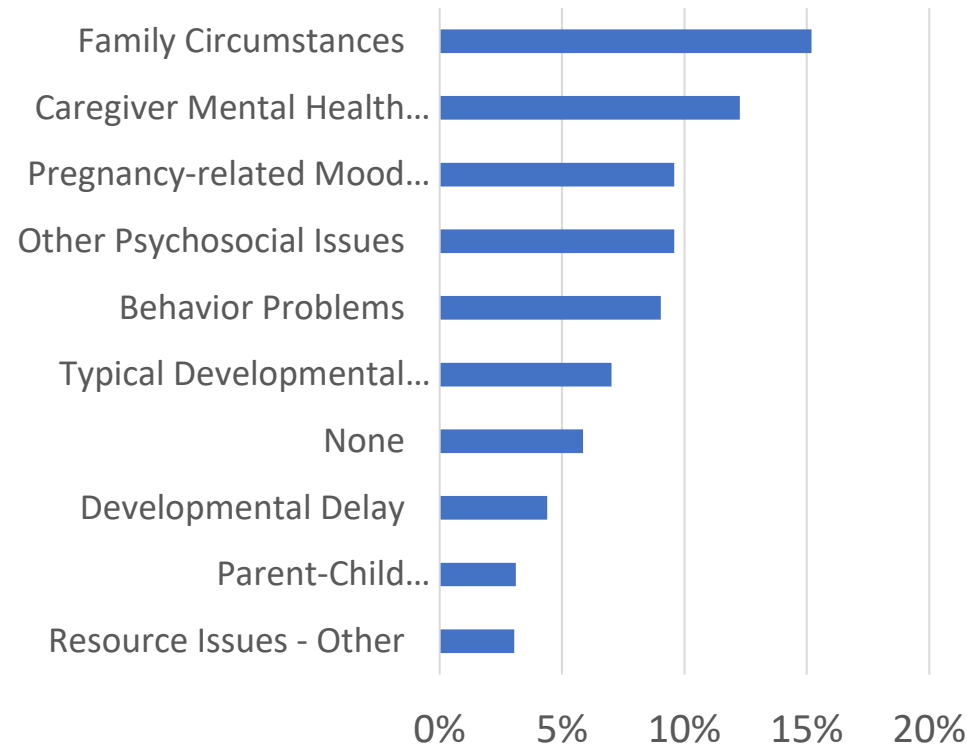
FREQUENT

New parents attend 12-13 well-child visits within the first 3 years of life; half occur in the first year

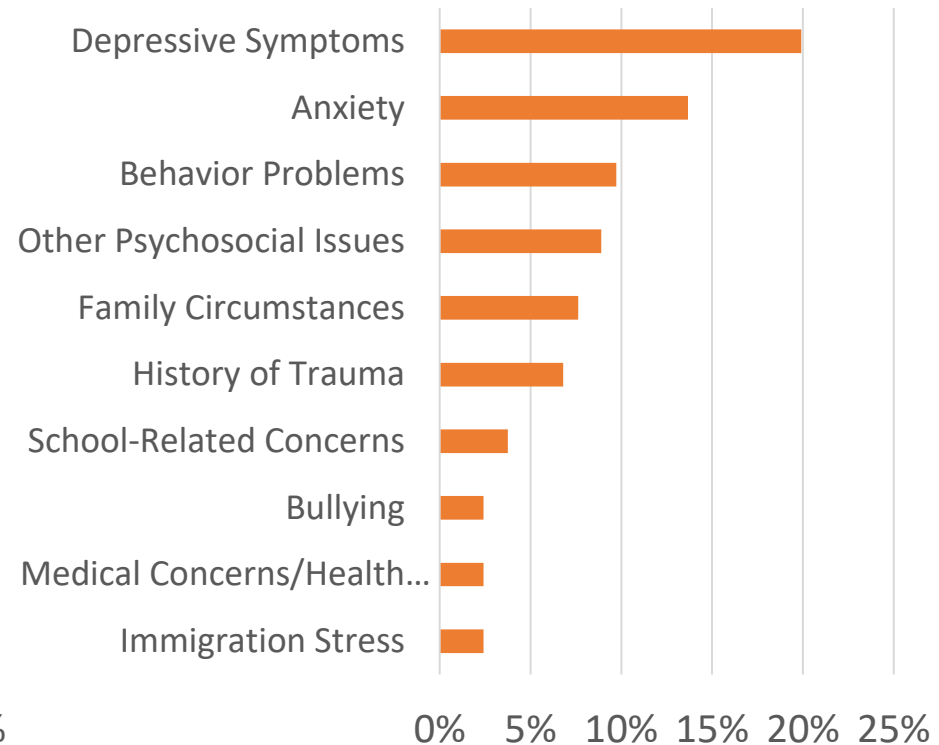


Top 10 Presenting Problems by Age Group

≤5 years (n = 1,639; 51%)



≥6 years (n = 1,572; 49%)



Tiers of Service Delivery

SERVICES INCLUDE

TIER 3

COMPREHENSIVE SERVICES

FAMILIES MOST AT RISK

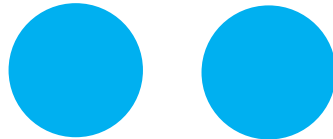


Ongoing, preventive team-based well-child visits

TIER 2

SHORT-TERM SUPPORT

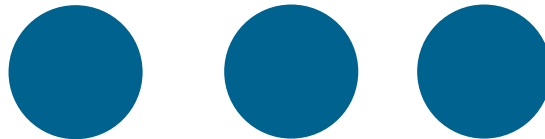
MILD CONCERNS



Child development & behavior consults
Care coordination & systems navigation
Positive parenting guidance & information
Early learning resources

TIER 1

UNIVERSAL SERVICES



Child developmental, social-emotional & behavioral screenings

Screening for family needs

- MATERNAL DEPRESSION
- OTHER RISK FACTORS
- SOCIAL DETERMINANTS OF HEALTH

Child development support line

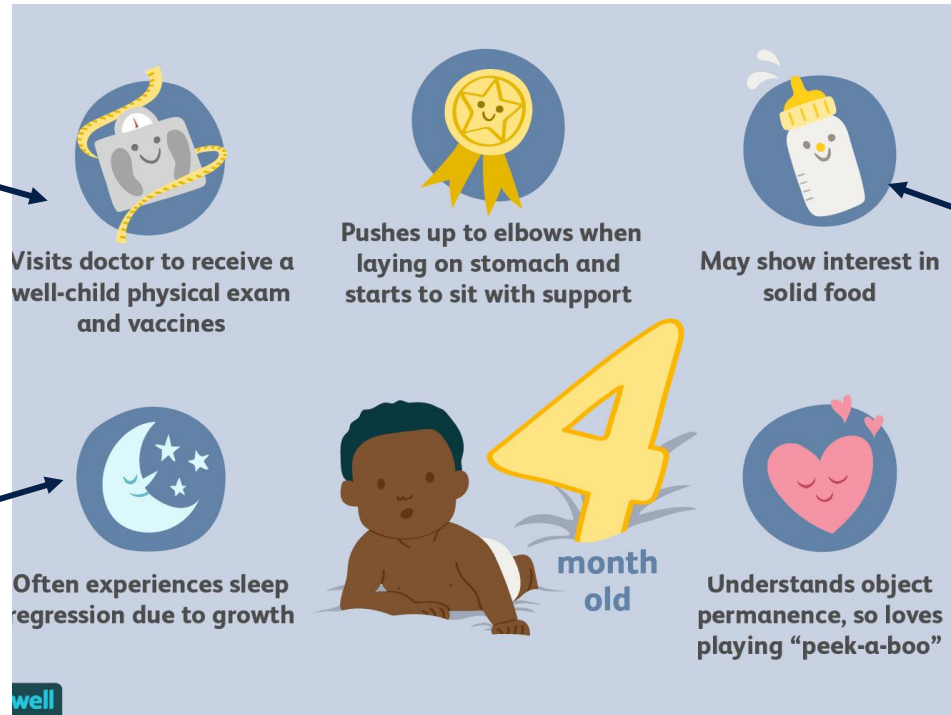
- PHONE, TEXT, EMAIL, ONLINE PORTAL

“And How are YOU doing?”



Dyadic Perspectives on the Well Child Visit

“Shots can be tough for parents. What is your ‘go to’ for soothing your baby when they are in pain?”



“Discussions about solid food can be emotional for breastfeeding parents because it is a sign that your baby is growing up and relying a little bit less on you. How are you managing this transition?”

“How is your family sleeping these days? Sometimes when parents aren’t sleeping, this affects their mood. How have you been feeling?”

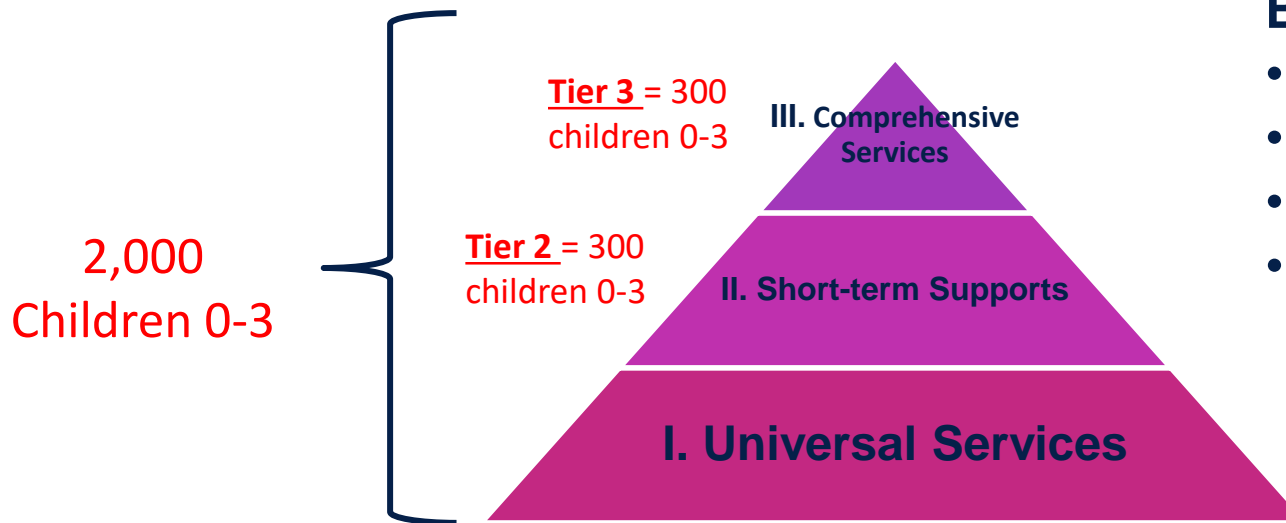
Population-based Care



**1.2 FTE HealthySteps Specialist (HSS)
= 1,200 Visits Last Year (20% of 0-5 yo
Patients)**

Common HSS Professional Backgrounds

- LCSW
- LMFT
- PHD/PSYD
- BA/BS Child Development



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New Medi-Cal Benefits Pay For Prevention

Seek parity for preventative behavioral health services by....



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.

ccess

ience

KEY TAKEAWAYS

**C3 AI transforms
Healthcare.**

[Learn how](#)

Barriers to Program Success



Funding Limitations:

- FQHC Same Day Exclusion
- Fee for Service Billing Model
- Medi-Cal Provider Limitations
- Fragmented Networks of Care

FIND*connect*



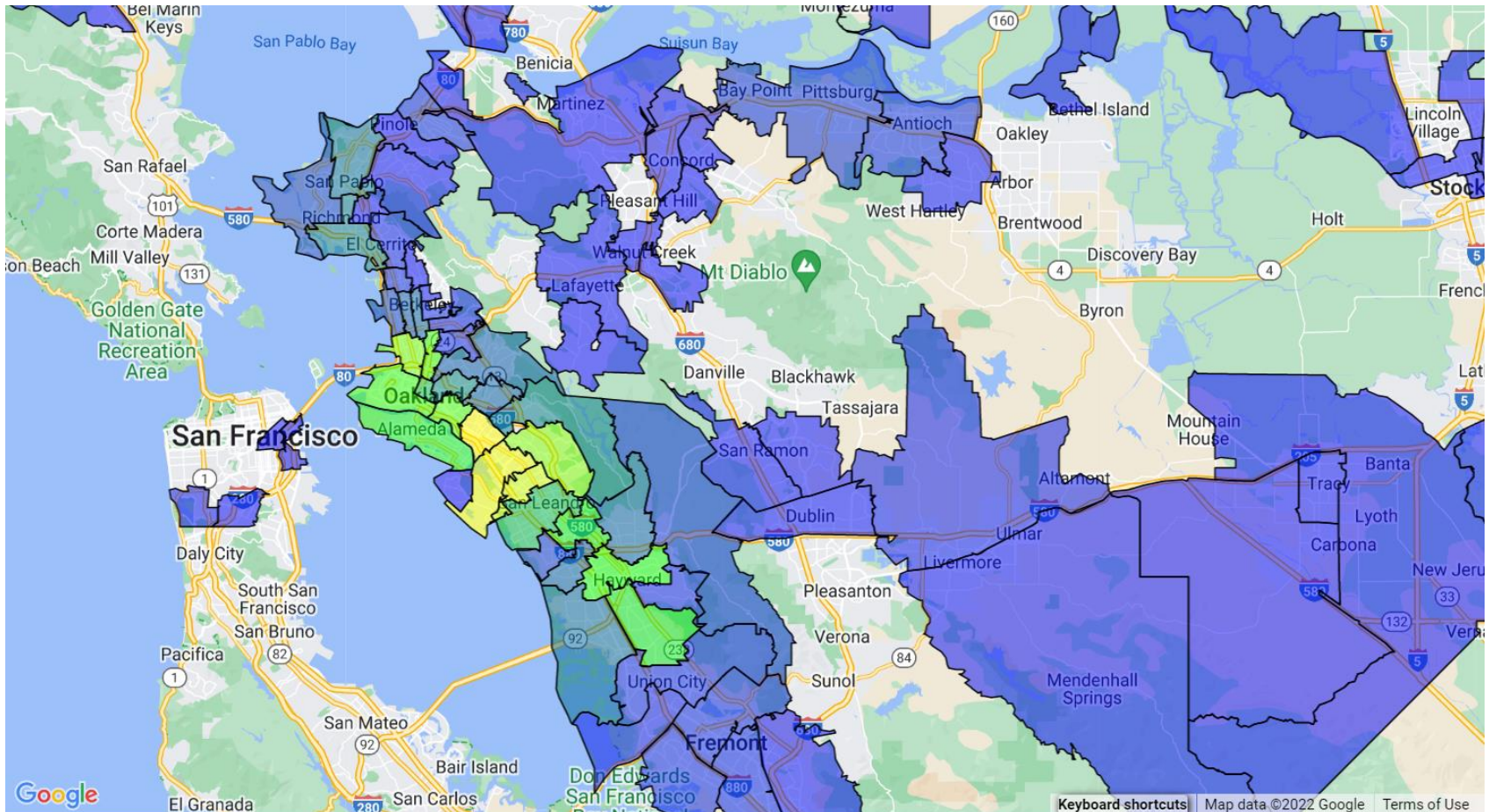
FIND *connect*

Family Information and Navigation Desk

- **Why:** FIND aims to reduce health inequities by partnering with families to reduce social drivers of Health (SDoH)
- **How:** Screening, Knowledgebase, Action Plans, and Follow Up
- **Who:** Families whose health is adversely impacted by SDoH
- **Referrals:** Navigator Outreach, Referred by Provider or social worker, or Self Referred
- **Program Sustainability:** Social and Community Service Grantmaking Foundations



Barriers to program success



Heat Map of FINDconnect Participant Communities in 2020-2022



Child and Adolescent Psychiatry Portal (CAPP)

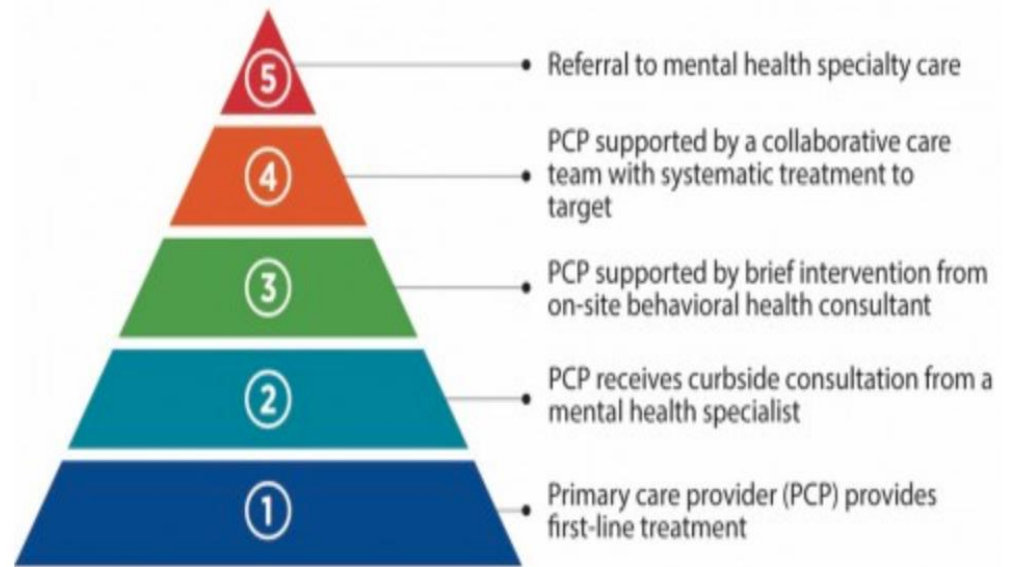
Expanding Access to
Pediatric Mental
Health Care



Connecting for Care

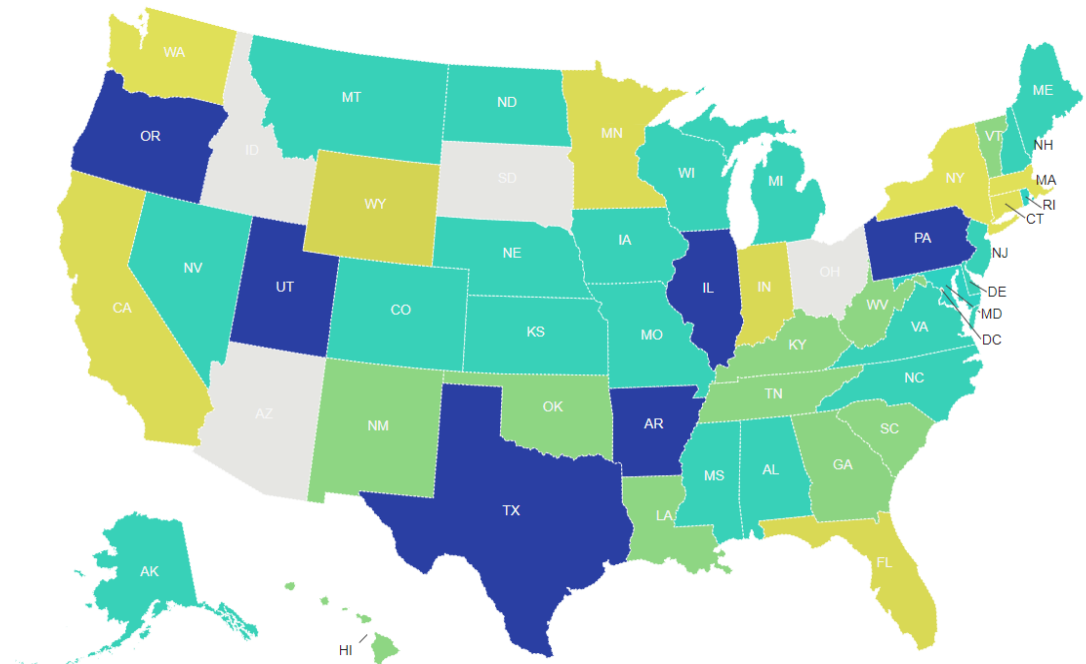
Workforce Development within the Medical Home

- AAP 2002 “*model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective to every child and adolescent*”
- *Care is easy for the child and family to obtain, including geographic access and insurance accommodation*



Pediatric Mental Health Care Access Programs

1. Real-Time Consultation
2. Education
3. Resource Referrals & Care Coordination



From <https://www.nncpap.org/map> (Updated 1/1/22)

UCSF Child and Adolescent Psychiatry Portal

CAPP

Initial CAPP Consult

Real-time, direct-connect consultation for PCPs



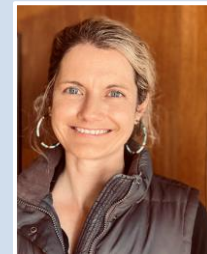
Reach Out and Connect (ROC) Psychologist Consult

A one-time opportunity for families to speak directly to a knowledgeable psychologist for clarification of underlying behavioral and mental health concerns, parent guidance on behaviors and navigating next steps



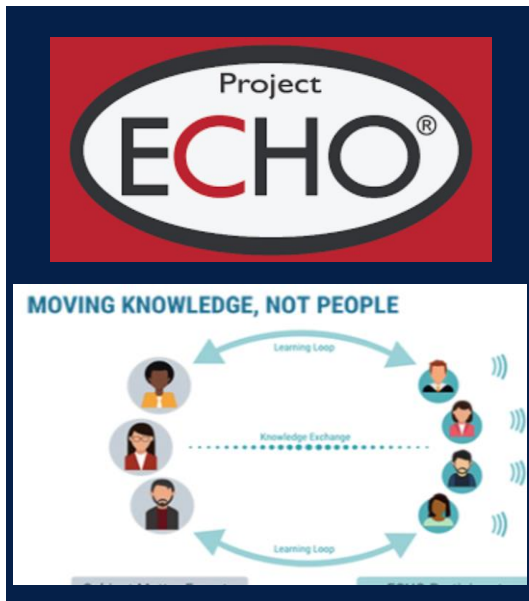
Bridge Care Coordination

For families who need extra assistance in navigating recommended resources & referrals due to motivational, language and/or other barriers



Training & Education

Project ECHO



Monthly Webinars

The banner includes the UCSF Benioff Children's Hospitals logo on the left and the text "Child & Adolescent Psychiatry Portal" on the right. Below this is a purple bar with the text "CAPP Webinar Series".

- Anxiety
- Suicidality/Self Harm
- SSRI's
- Gender Dysphoria
- Eating Disorders
- Screen Time
- *And more....*

ACEs Training

The logo for "aces aware" features the text "aces aware" in a lowercase, sans-serif font, with "SCREEN. TREAT. HEAL." in a smaller font below it. To the right of the text are three colored dots: orange, yellow, and teal.

- Core Training Certification
- Asynchronous learning
- Adverse Childhood Experiences and Trauma Informed Pediatric Care
- 4 hours
- CME Credit provided

CAPP in Review: 2019-present



1500+ consults



~200 practices enrolled



1000+ providers enrolled



28 counties





School-based Programs

School Based Programs

Bringing Quality and Culturally Responsive Health Care to Adolescents at School



School based programs

What do we do?

Individual and Family Therapy

Psychiatry

DBT Skills Groups

Resilient Teens

Mental Health Consultation

Outreach and Education

** referrals from schools COST or School Health Center provider. Can refer youth who attend Castlemont or McClymonds*



School Based

How are we funded?

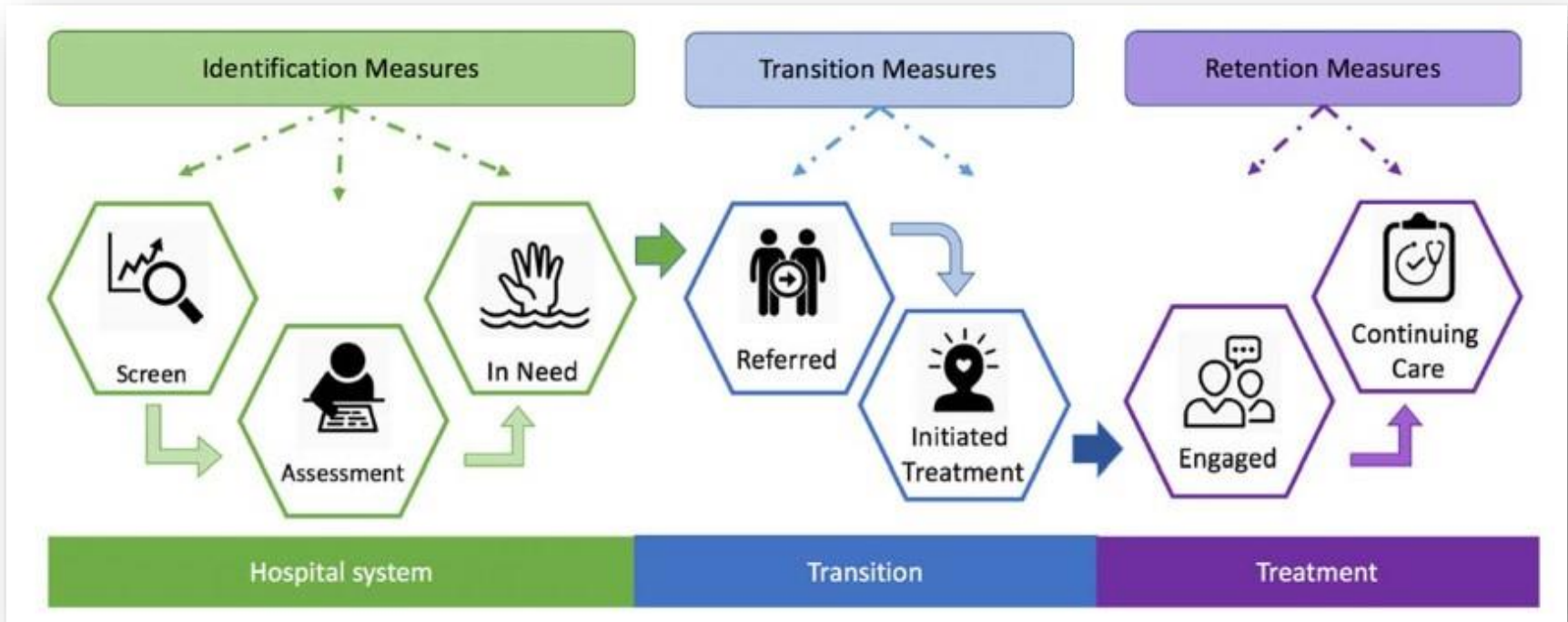
- Alameda County EPSDT Medi-Cal
- Family foundations and private donors- Dr. Dick Nagle, Pritzker Family Foundation, Sarlo Family Foundation



Family Mental Health Navigation



Family Mental Health Navigation



Program Goal: Reduce barriers that prevent publicly insured youth from finding, accessing, and engaging in mental health care treatment.



Family Mental Health Navigation

Program Overview



Activities: 6-month program, cross-system care coordination, 12-week family curriculum, linkage/engagement problem-solving and support

Population: Publicly insured youth ages 6-17 identified as needing specialty mental health services

Patient Access: Referred by PCP or BHT at Children's Health Center (6M) at ZSFG

Sustainability: SF Department of Public Health, CYF BHS contract (Clinical services/Cost reimbursement); Presidio Giving Circle (Research); Fee-for-service in the future

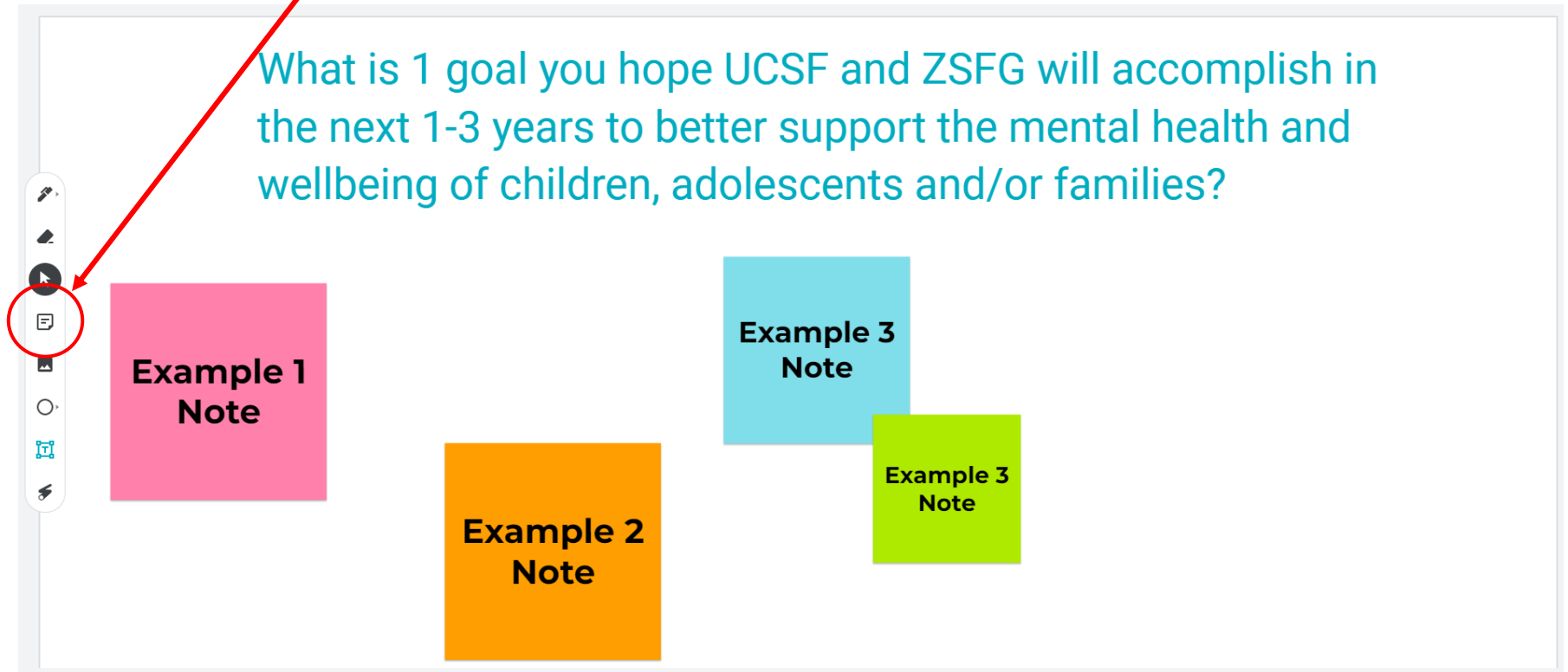
One Major Challenge: Lack of centralized referral and tracking system



Panel Questions

Jamboard Activity

Select sticky pad icon to add a note



Join Us: Creating a Roadmap for the Future

HEAT: Health Equity Action Time

Focus on Child and Adolescent Mental Health

Three-Part Series • April 26 • May 24 • June 28

Sponsored by UCSF School of Medicine, UCSF Department of Pediatrics,
and the Center for Child and Community Health

3-part interactive, virtual series to foster learning, connection, and concrete action to strengthen the system of care for children and adolescents and improve their well-being and mental health outcomes.

- Session 1: Critical Reflection and a Shared Path Forward **(April 26, 2022; 1:00-4:00 PM PST)**
- Session 2: An Unprecedented Reform Landscape in California and What It Means for Bay Area Children and Families. **(May 24, 2022; 1:00-4:00 PM PST)**
- Session 3: Moving from Promise to Practice: Roadmap for the Future **(June 28, 2022; 1:00-4:00 PM PST)**

Visit the [event page](https://pediatrics.ucsf.edu/events/heat-health-equity-action-time) for more information on speakers.

<https://pediatrics.ucsf.edu/events/heat-health-equity-action-time>

The background of the slide features a pattern of overlapping circles in various sizes, creating a cellular or bubble-like effect. A solid blue horizontal bar is positioned across the middle of the slide, containing the text "Thank you!".

Thank you!