

San Francisco

University of California

Department of
PediatricsCenter for Child and
Community Health

Department of Psychiatry and Behavioral Sciences Child and Adols BH Service Line

Health Equity Action Time

2023 Focus on Mental Health Session 2: June 9, 2023



Land Acknowledgement

Ramaytush Ohlone

"We would like to acknowledge the Ramaytush Ohlone people, who are the traditional custodians of this land. We pay our respects to the Ramaytush Ohlone elders, past, present, and future who call this place, the land that UCSF sits upon, their home. We are proud to continue their tradition of coming together and growing as a community. We thank the Ramaytush Ohlone community for their stewardship and support, and we look forward to strengthening our ties as we continue our relationship of mutual respect and understanding."



HEAT Planning Committee Members

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Overall Goal of 2023 HEAT

- 1. Highlight progress UCSF and local Counties have made toward the steps/priorities identified from the last HEAT series
- 2. Identify and discuss ongoing opportunities and barriers to implementing critical steps/priorities
- 3. Take steps to take advantage of opportunities and remove barriers



HEAT 2023 Event Page

Webinar Objectives

1.

Ground a discussion in a case to highlight different system resources and limitations for a patient with mental health needs in San Francisco 2.

Describe elements of effective coordination of care b/w primary care & schools/school based mental health –andutilizing CAPP in supporting a child or adolescent with mental health needs



Identify some of the ongoing system barriers to providing care for children and adolescents with mental health needs



- Welcome and Review
- Case presentation to ground our discussion
- System touch points highlighted by case
 - School Coordination
 - Child Adolescent Psychiatry Portal (CAPP)
- Reflection and Small Group Discussion



Brief Synopsis of 2022 HEAT

- Goal: a multidisciplinary forum to foster learning, connection, and concrete action to strengthen the system of care for Bay Area children and adolescents and improve their well-being and mental health outcomes
- Concrete next steps to improve child and adolescent mental well-being:
 - Build capacity, including training and workforce development.
 - Improve partnerships with communities, including schools.
 - Increase direct clinical services.
 - Provide infrastructure for cross-sector and cross-silo collaboration and info sharing.
 - Scale and sustain integrative behavioral health services.
- 2022 HEAT Series Summary and recordings



Link to 2022 HEAT Series

May 2023 HEAT Summary

- Case presentation
 - 13 yo TM with poor attention, learning concerns, depression, high body mass index
- System touch points:
 - Pediatric clinic: Integrated behavioral health
 - Managed care plan (MCP): Care management
- Discussion of each system
 - Resources and limitations
 - Facilitators and barriers
- Today: same case, different touch-points



Link to May HEAT recording

Case TM



- 13 yo patient; numerous visits in past year but inconsistent primary care
- Patient Priorities:
 - leg cramps misses a lot of school. Later states he has daytime sleepiness
 - poor attention and requests help with IEP (possible history of ADHD)
 - BMI >99%. Daily sugar sweetened beverage. History of fatty liver
 - depression PHQ 14 no SI. Has weekly counseling at school. Trouble with sleep onset.
- Social hx: Middle school. Plays video games mostly by himself. Feels lonely. Strength – "he's nice." Cannot id anything he is good at. 2018 moved to SF +IPV. Verbally abused by relative at age 5yo and received therapy. Lives with mom and stepfather whose preferred language is Spanish. Both came to the visit
- Family hx: does not identify history of depression.

Case TM: Follow Up

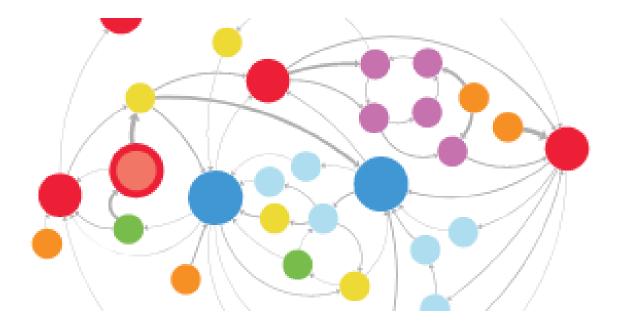


- Subsequent multiple visits to urgent care and primary care over the next 2 months for abdominal pain and nausea; bullying at school; headache; suicidal ideation. Multiple messages from urgent care to PCP concerned about TM's mental health.
- School counseling ending and TM starts services with clinic BHT.
- Referred to health plan case management.
- TM and mom express interest in treatment with medication

*patient and mom provided consent to share his case for educational purposes

Highlighting System Touchpoints

- Touchpoints
 - 1. Clinic 🗸
 - 2. Health plan 🗸
 - 3. School 🔶
 - 4. CAPP 🔶
- Opportunities and limitations
- Facilitators and barriers



Initial Clinic and School Coordination

- Counseling at school
- Referral to school for psychoeducation evaluation
- School nurse leaves PCP a voicemail on cellphone and also sends email:

"I am the school nurse at X MS and see TM frequently. His mom and I also speak often. Attached, are ROI forms from both SFGH and SFUSD. As an FYI, the school psychologist received the written request for psycho-educational testing. When are some good times for us to speak? I am very concerned about TM and would like to work as a team with you to help him. I look forward to hearing from you soon. School District Nurse"

Reflection: School District Role

• What should providers know about school district and multi-system collaboration opportunities??

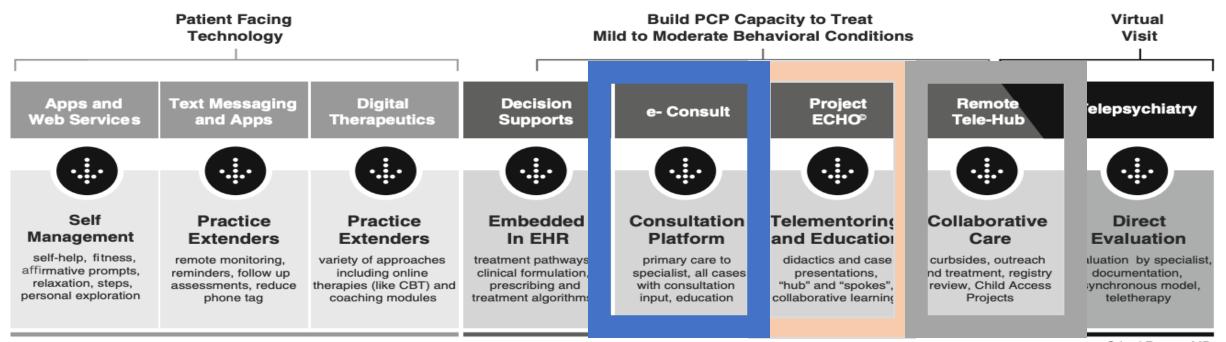
Starting medication in clinic

- Clinic guide for starting and managing SSRIs
- CAPP consultation
- Other CAPP resources that could be utilized
 - Reach out and Connect (ROC) Psychologist-family consultation
 - BRIDGE care coordinate
 - Training resources: Webinars & Project ECHO
 - Asynchronous resources: i.e. school assessment letter templates, family handouts on website

Reflection: CAPP Role

• What should providers know about integrated care and multisystem collaboration opportunities?

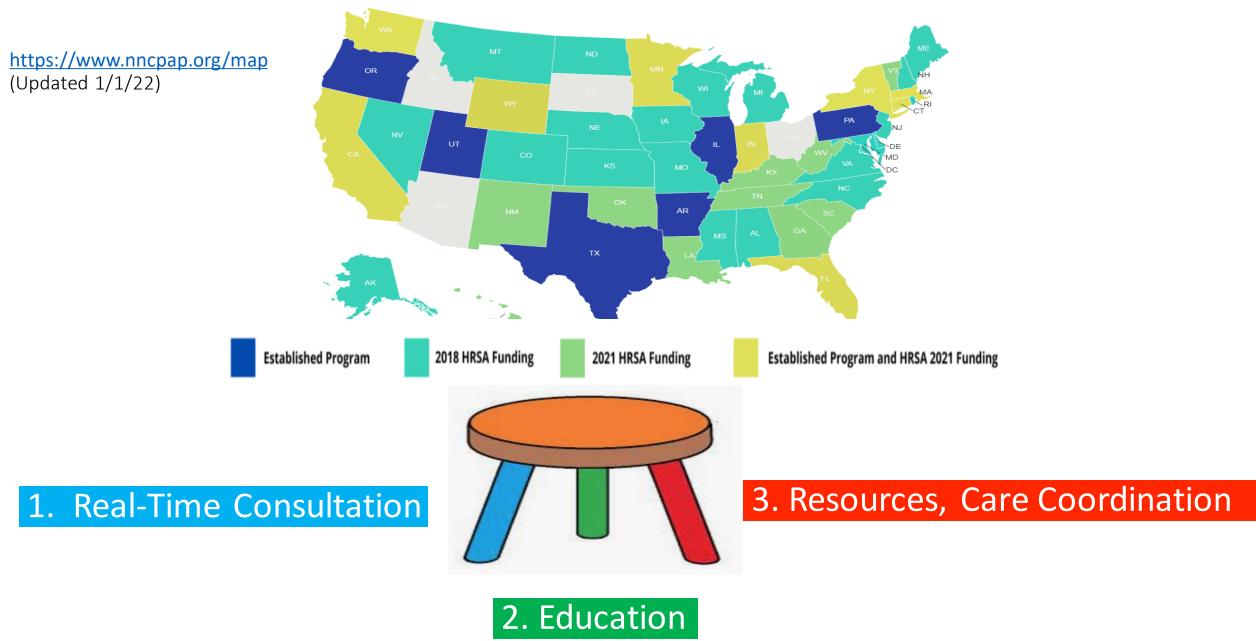
Continuum of technologically enabled behavioral health integration



© Lori Raney, MD

Fig. 1 Technology-enabled behavioral health services in primary care

Pediatric Mental Health Care Access Programs



UCSF Benioff Chi	dren's Hospitals	Child & Adolescent Psychiatry Portal
Initial CAPP Consult	Reach Out and Connect (ROC) Psychologist Consult	Bridge Care Coordination
Real-time, direct-connect consultation for PCPs	A one-time opportunity for families or PCPs to speak directly to a knowledgeable psychologist for clarification of underlying behavioral and mental health concerns, parent guidance on behaviors and navigating next steps	For families who need extra assistance in navigating recommended resources & referrals due to motivational, language and/or other barriers

Training & Education

8:00 am - 3:00 pm

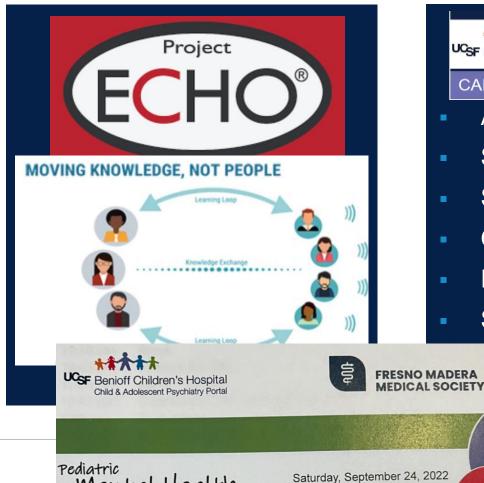


Child & Adolescent Psychiatry Portal

Project ECHO

Mental Health

Bootcamp



Monthly Webinars



ACE's Training



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



School Consultation Pilot Project ECHO® attendance

Date	Торіс	N
December '22	Introduction to Echo [®] and Ekstasis Peer Consultation model to reduce burnout	7
January '23	Trauma-informed language and approaches	8
February '23	Eliciting change talk: Motivational Interviewing	7
March '23	Suicide prevention, assessment, and post- intervention	146
April '23	Understanding & managing Internalizing Disorders in the Classroom	
May '23	Understanding & managing Externalizing Disorders in the Classroom	





capp.ucsf.edu/content/education-school-support

	University of California San Francisco		About UCSF	Search UCSF	UCSF Health	
	Child & Adolescent Psychiatry Portal Department of Psychiatry Portal Psychiatry and Behavioral Sciences About Us -	ces - Education -	Resou	Searc	h (
	Home > Resources > Family Resources > Education & School Support					
	Education & School Support					
	IEP vs 504 plan		Reso	urces		
	 School-based evaluations IEP request letter (sample) 		Family	Resources		
	Special education resources and advocacy		Provide	r Resources		
	 DREDF (Disability Rights Education and Defense Fund) Parents Helping Parents (PHP) 			General Screening Tools		
		ADH	ADHD			
			Anxie	ty		
ition			Autism			
	Benioff Children's Hospital San Francisco		Depression			
	Division of Developmental Medicine Pediatric Neuropsychology Service Stephany Cox, PhD Shannon Lundy, PhD		Suicide and Safety			
	Gina Pfeille, PhD The IDEA (IEP) and Section 504 (504 Plan)	Eating	Eating Disorders			
lı b	Information adapted from the Office of Civil Rights (OCR) U.S. Department of Education, Free Appropriate Public Education for Students with Disabilities (7/1999).		Socia	Social Needs		
			OCD	OCD		
			Traun	na & Stress		



[NAME OF PRINCIPAL] [NAME OF SCHOOL] [STREET ADDRESS] [TOWN, CITY, ZIP CODE]

RE: *Request for a Special Education Evaluation* Child's Name: DOB: (fill in birthdate) School Name and Grade: (fill in status) DATE:

Dear Educational Professionals:

I/We request the school district formally evalueligibility and services. I/We have concerns ab I/We want to ensure that Firstname bene adaptions, teaching strategies, and any other sudevelopmental and academic gains. As such, we assessment by the school district including, at the his/her placement for special education servand/or a 504 Accommodation Plan.

Provider Resources

CAPP provides screening tolls, diagnostic resources, online, and community resources for primary care providers to support behavioral health conditions.

CAPP Website Resources

PROVIDER RESC	DURCES	
GENERAL INFO ON BEHAVIORAL HEALTH	ATTENTION & BEHAVIORAL CHALLENGES	EDUCATION & SCHOOL SUPPORT
ΑΝΧΙΕΤΥ	AUTISM	EATING DISORDERS
GENDER	SLEEP	TRAUMA & STRESS
COVID-19 & EMOTIONAL WELLBEING	SOCIAL NEEDS (HOUSING, FOOD ETC)	

Family Resources

CAPP provides information for families on diagnoses, treatment of behavioral health conditions, navigating national and community resources through written information, online, and video resources.

FAMILY RESOURCES

Handouts & Book Recommendations for

- Anxiety
- Eating Disorders
- Gender
- Trauma and Stress....

https://capp.ucsf.edu/resources

Provider Quotes: Burnout & Support

"CAPP consultation helps to address <u>Provider Burnout</u>, so that you can keep your FQHC staff around, which is beneficial for everyone. I think if there is a pressure to see volume, you get <u>compassion fatigue</u>. You start feeling more unsure that you're actually making a difference, or how to really do that effectively. Having resources and tools available increases your feeling of confidence and willingness to keep trying and not to just send everybody to the emergency room. It makes you want to schedule that 2 week follow up appointment and squeeze them in."

-Pediatrician/CAPP User



Department of Psychiatry and Behavioral Sciences



Child & Adolescent Psychiatry Portal

Sunflowers communicate with each other underground through their root system, in order to ensure optimal growth for all.

Similarly, we want to ensure we are connecting for care with you, in order to ensure optimal development for all of CA's children

Workforce development requires trust and relationship To develop confidence, knowledge and skills

Importance of provider champions for uptake and utilization

Connecting for Care



Case TM: Final Follow Up



- Discussed SSRI dosage plan with mom.
- Delayed start of SSRI per mom's understanding pharmacy didn't have the prescription. Attending BHT visits. Psychoeducation eval pending
- Sleep improved with using tools given by BHT
- Delay in sub-specialty appointments because mom prefers in person visits

Just wanted to let you know that TM is looking so much better! He graduated 8th grade yesterday and was grinning from ear to ear. He's not been nearly as sleepy during class and looks like a new boy. I'm so glad that we worked together to help him- thank you!! - Email from school nurse

*patient and mom provided consent to share his case for educational purposes

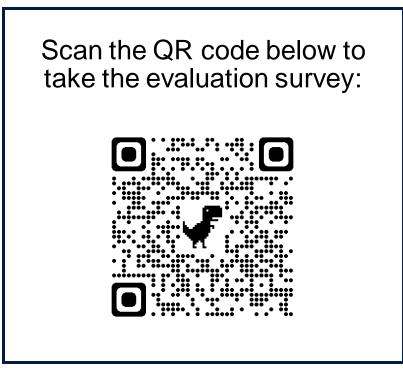
Small Group Discussion

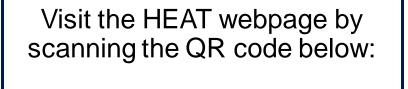
- In your breakout group, please discuss the following questions:
 - What have other people done to facilitate communication with schools

 What is needed?
 What is practical?
 - 2) What tools/resources/education offerings do PCPs need in order to engage in this more?



HEAT Evaluation & Next Session







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