



A Resource to Help Pediatricians & Families Get Mental Health Care

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Behavioral Health Consultation Services

a program to support

Behavioral Healthcare Practice

in

Primary Care

SmartCare BHCS is a behavioral health integration partnership program of Vista Hill.
Funding provided by San Diego County HHS Behavioral Health Services – MHSA.



PEDIATRIC PARTNERS

CPCMG-Children's Primary Care Medical Group: 21 San Diego County Offices

Independent Pediatric Practices:

- Children's Healthcare Medical Group
- Pediatrics in Paradise
- La Mesa Pediatrics
- Bailony Pediatrics

FQHC'S (Federally Qualifying Health Centers) including:

- Family Health Centers
- Neighborhood Healthcare
- San Ysidro Healthcare
- TrueCare
- Vista Community Clinic



OUR CLIENTS & SERVICES

Primary Care Providers
(MD, PA, NP)

- Psychiatric Consultation
- Support & Education including biweekly newsletter, CME education

Caregivers & Patients

- Education on Behavioral Health Needs
- Emotional Support & Affirmative Encouragement
- Recommend Treatment Options
- Connect with Services



Providing:

- * Psychiatric Consultation support & education to primary care providers via telephone & telehealth video
- * Telephone consultation & education for patients & caregivers to help them better identify their, or their child's, behavioral health needs & to outline recommended treatment options

What Types of Cases Can Providers Call About?

We service pediatric (0-18) and young adult populations (18-21)

Clinical Arenas: Screening, Assessment, Treatment

- General Behavioral Health & Developmental Concerns
ADHD, Behavior Disorders, Depression, Anxiety, Sleep Disorder, etc.
Family Problems, Adjustment Issues, School Difficulties
- Severe illnesses and Disorders
Autism, Bipolar & Mood Disorders, Psychotic Disorders
- Substance Use Concerns & Problems

Medication Management Support

- Side effects & Dosing
- Titration Strategies
- Contraindications

Crisis Assessment and Management Strategies

- Suicide Risk, Danger to Others, Risk Management
- Community Referral Resources





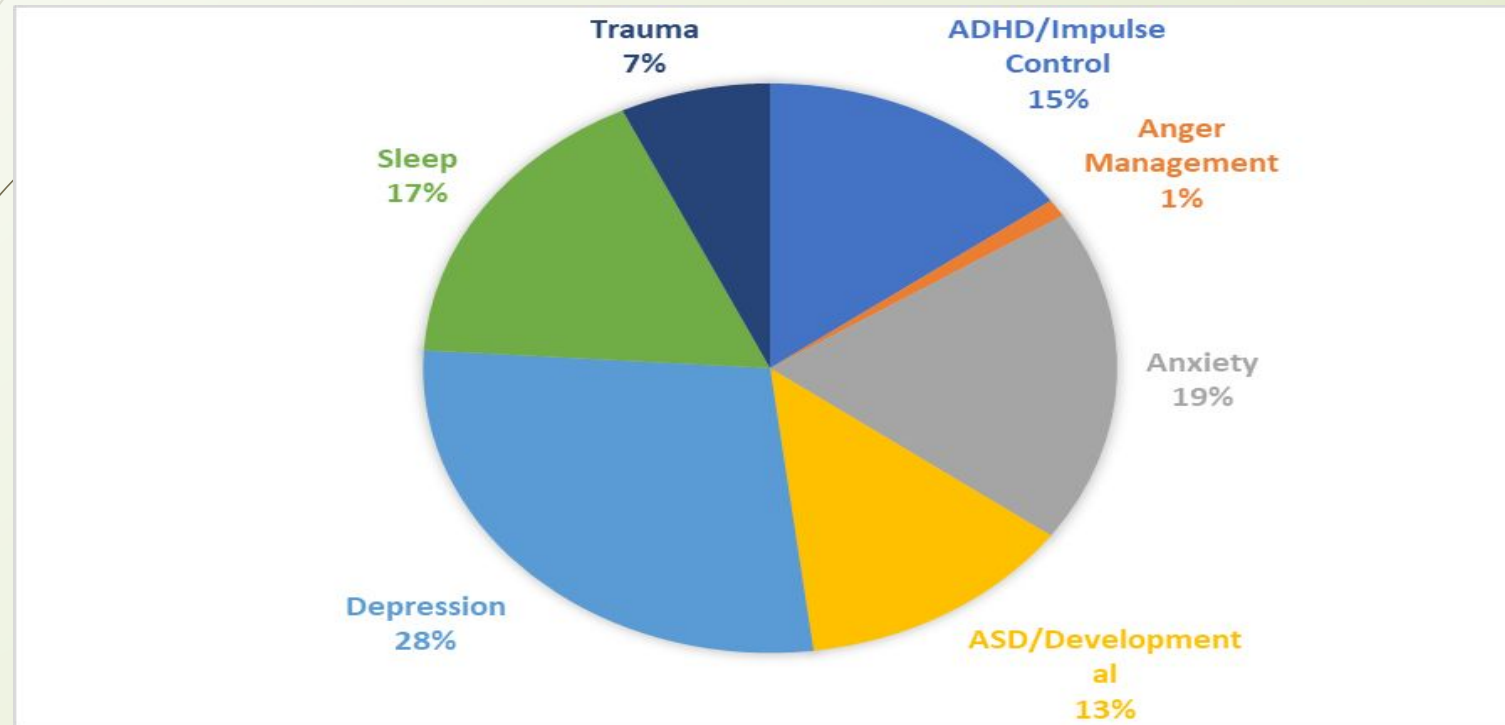
CELEBRATING 10 YEARS!




- Over 4,000 Provider Consultations
- Over 10,000 Patient and Family Consultations
- Over 950 Community Trainings/Wellness Forums
- Over 450 Provider Trainings/Forums/Open Office Hours

Early Childhood Consultation Call Concerns (< Age 8) 2018-2023

- 3,948 consultations (Female: 1,738; Male: 2,210)






Postnatal Depression Screening Pilot 1 Results

August 1, 2017-February 2, 2018 EPDS: Edinburgh Postnatal Depression Scale


Children's Primary Care Medical Group Euclid Office	Elevated Risk Screenings Resulting in Patient Mother Consultation Total: 16
Screening @ 2 weeks old Total: 167	Intake, Screening, Triage with Patient Mother Total: 12
Screening @ 2 months old Total: 109	Additional Referral Linkage to Community Based Resources Total: 5
Combined Total Screenings: 276	Total Contacts with Identified Elevated Risk Patient Mothers: 33
	Percentage of EPDS screened Patient Mothers identified as Elevated Risk 6%



Postnatal Depression Screening Pilot 2 Results

July 1, 2019 – December 31, 2019 **PHQ-9: Patient Health Questionnaire**

<p style="text-align: center;">Children’s Primary Care Medical Group Euclid Office</p> <p>2 Week Screening Total: 66</p> <p>2 Month Screening Total: 105</p> <p>4 Month Screening Total: 89</p> <p>6 Month Screening Total: 77</p> <p>Combined Total Screenings: 337</p>	<p>Elevated Risk Screenings Resulting in Patient Mother Consultation Total: 24</p> <p>Intake, Screening, Triage with Patient Mother Total: 23</p> <p>Additional Referral Linkage to Community Based Resources Total: 13</p> <p>Total Contacts with Identified Elevated Risk Patient Mothers: 60</p> <p>Percentage of PHQ-9 screened Patient Mothers identified as Elevated Risk 7%</p>
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Resiliency Pilot Results July 2021-August 2022
Children's Primary Medical Group & SmartCare BHCS
PEARLS Total referred: 176 Received Consultation: 158

INITIAL SCORES

Average Score: 2.2

Most reported markers

- ❖ Spending time with an adult
- ❖ Spending time with friends
- ❖ Sleep
- ❖ Exercise
- ❖ Calming behaviors
- ❖ Positive self image

30 DAY FOLLOW UP

Average Score: 3.9

Most reported markers

- ❖ Spending time with adult
- ❖ Sleep*
- ❖ Spending time with friends
- ❖ Calming behaviors*
- ❖ Exercise
- ❖ Positive self image

Choosing the right mental health care

Keep these factors in mind when referring among the various types of mental health services and referrals:

1. The concern or condition.
2. Whether there is a potential need for medications.
3. The severity of the condition.
4. The health insurance coverage.



ASSESSMENT IS THE FIRST STEP for an Effective Referral

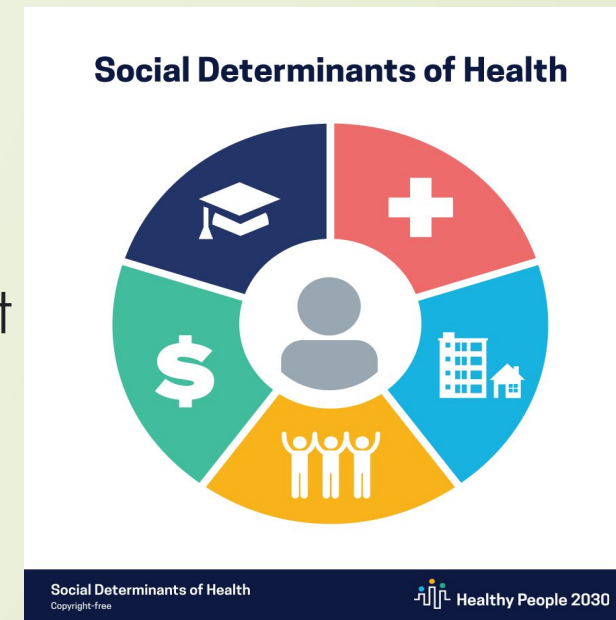


WHAT TO ASK-

- ❖ ***“What is your concern or reason for the call?”***
- ❖ ***“What do you feel is the most challenging or important thing right now?”***
- ❖ ***“Who, what, when, where, why, how, what else?”*** What other specifics are important to see the problem clearly?
- ❖ **PAST experience(s), which is *“what has been tried already?”*** Make a list. Then cross them off if they have not worked at all. Any that have been somewhat successful leave on the list.
- ❖ **Assess for safety concerns including DV in the home, abuse, behaviors that are potentially harmful to the child and others. This is a first priority to address.**

Consider social determinants of health

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context



Other considerations....

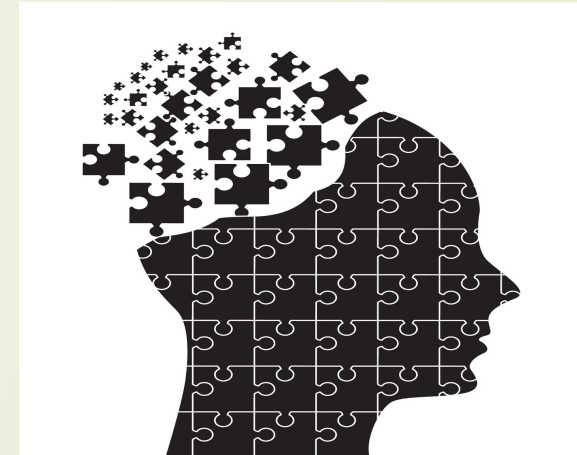
Are there co-occurring medical issues? i.e genetic issues, in utero exposure to drugs or alcohol, premie, respiratory issues, weight

Are there developmental delays/concerns? Speech, motor, behavior

Other psychosocial issues? i.e. foster care, recent family changes-death, divorce, parent incarcerated, new school, DV/abuse, neglect, sibling issues

Family history-parents with medical issues, mental health issues, relationship problems

Health Care Insurance and Adequacy





4 year old with challenging behaviors

Mother tells pediatrician of problems in preschool.

The child's parent (mother) reports that the child is 4 years old and currently attending UTK (Universal Transitional Kindergarten) at a public school.

Mother has been getting calls daily from his teacher about the child's behaviors:

- ❖ **lack of attention**
- ❖ **easily distracted leading to distracting his peers.**

Mother reports that the child does not currently have an IEP or 504 plan. Mother also states that the behaviors of being distracted and having lack of attention are not new as the child has always have these behaviors.

No prior therapy or assessments have been done.

The child's mother reports no safety concerns. No unreasonable amount of risk was detected based on the information provided by the mother during intake.

Mother reported being capable in responding to any potential harm.

Additional Information...

Covered by TriCare Insurance

Attends school in Oceanside Unified School District

Was referred by school district & primary care pediatrician for an assessment & services

Father is active duty military and is deployed

Child is an only child





What information and referrals were provided?



Mother was directed to call 911 if she suspected that the child was in any danger.

Assessment and therapy options:

- ❖ **Mindpath Health San Marcos. 277 Rancheros Drive | STE #301 San Marcos, CA 92069. (760) 471-4073.**
- ❖ **LifeStance San Marcos. 300 Rancheros Drive, Ste. 130 San Marcos, CA 92069. (858) 279-1223**
- ❖ **San Diego Youth Psychology (858) 356-2176**

Get in touch with the Oceanside School District to request an educational assessment and possible 504 plan or IEP. 760-966-7864. Send request in written format to maintain documentation and timeline

Postpartum Mother



Case was referred to SmartCare BHCS by pediatrician of baby.

Mother has been experiencing sx's of depression since the birth of her son 6 months ago. She endorsed passive SI with no plan or intent.

Mother asked her sister to take care of her son if she should die, however she reported that she does not want to die.

She reported having limited support at this time from her family. She reported that her primary care provider is aware of her depression and has offered her medication.

She would like to try therapy before going on medication at this time.

She reported that her father recently passed away and she has thoughts of "wanting to be with him."

Patient stated that she felt she "going to die," but again denied SI.

She identified the patient (her baby) as a protective factor and stated that she wanted therapy.

Mother and baby are both insured by Medi-Cal Molina. Mother is stay at home, single mother.



What information and referrals were provided?



Patient's mother was advised to immediately go to: *Exodus Recovery Center: 1701 Mission Ave Suite 130, Oceanside CA 760-305-4848*

They were contacted prior her to arrival and informed that she would be coming directly to them.

At Exodus, patient's mother met with a social worker and connected her to behavioral health resources.

SmartCare followed up with the patient's mother on 1/19/2023 and provided additional resources.

Mother was advised to call 911 and request *PERT* or go to the nearest emergency room if experiencing SI. Mother identified the her infant son and her sister as protective factors. (*Safety Planning*)

A referral was made to the *Nurse Family Partnership* for the Mother to be connected to their program. A nurse was able to be assigned to her and reached out to the mother on 1/20/2023. <https://www.nursefamilypartnership.org/>



Autistic Boy



Patient is a 7 yo boy who recently moved here with his single mother and 2 siblings-his twin sister and an older brother age 10.

The family is from Louisiana and moved to CA to try to get better services for the 7 yo boy who is diagnosed with severe ASD.

Patient was diagnosed at age 3 years with ASD Level 3 with speech delay and intellectual delay. He is non-verbal, “hyper”, elopes and is unaware of safety issues, puts many non-food items in his mouth constantly and is a poor sleeper. He does not read and appears to have poor receptive language.

There are no outward aggressive behaviors or SIB. He is constantly seeking “big hugs”.

Currently on no medications. Mother is reluctant to start meds.



Additional Info.....

Mother was referred to SmartCare BHCS by her son's pediatrician for assistance with accessing services for him.

The following additional information was obtained during phone discussion with mother:

- ❖ **Child is a San Diego Regional Center client with the following services pending -respite care 60 hours/quarter, swimming lessons.**
- ❖ **Child is covered by Medi-Cal Blue Shield Promise.**
- ❖ **Starting OT at Rady's soon. Has pending speech therapy referral.**
- ❖ **Enrolled in public school in mod/severe special day class. Has IEP that requires a 1:1 aide, but school has been unable to fulfill staffing for this all last year. Mother feels the school is dismissive of her because the family is Black.**
- ❖ **Receives IHSS services at 255 hours/month. Mother is his provider.**
- ❖ **She would like ABA services, but has not been able to find a provider on his insurance plan.**
- ❖ **Mother would like her son to see a psychiatrist.**



What referrals and information was provided?



SAN DIEGO REGIONAL CENTER-included review of how to access respite services, one conference per year paid for parent/caregiver, social and recreation programs paid by RC


ABA-list of specific, local agencies that accept his insurance #14

SUPPORT GROUPS-Local ASD groups, including *Shades of Unity for BIPOC* families of regional center clients

SOCIAL/RECREATION PROGRAMMING FOR ASD YOUTH-list of options provided

PSYCHIATRY OPTIONS-list provided where insurance was accepted

Report with all information was sent to primary care pediatrician after consent from parent was obtained to do so.



How to access mental and behavioral health services

- ◆ **Pediatrician/Primary Care Provider-First point of access & as potential provider of care**
- ◆ **Must consider medical insurance provider**
- ◆ **Medi-Cal & Medi-Cal Enhanced Care Management Services**
- ◆ **Refer to appropriate community service provider(s) May include:**
 - First 5 San Diego/Health Development Services**
 - Therapy/ PCIT (Parent Child Interactive Therapy)**
 - Developmental Services-**
 - Assessment, Early Intervention Services, Project Impact, Parent Education, Ancillary services such as speech, OT, PT**
 - San Diego Regional Center**
 - Public School for early childhood assessment and services**



OTHER RESOURCES:

SmartCare BHCS

- (858) 880-6405 (858) 956-5900
- <https://www.smartcarebhcs.org>

2-1-1 San Diego

Psychology Today

- <https://www.psychologytoday.com/us>

It's Up To Us

- <https://www.up2sd.org/resources/>

Live Well San Diego

- <https://www.livewellsd.org/events/check-your-mood/community-resources>

Suicide Prevention

- 9-8-8
- (800) 273-8255

San Diego 24-Hour Access and Crisis Line

- (800) 479-3339

Mobile Crisis Response Team

- (888) 724-7240

ESU Emergency Screening Unit

Private Psychiatric Hospitals

Aurora Behavioral Health (888) 565-4228

Sharp Mesa Vista (858) 836-8434



Call us! 8:30am-4:30pm (Monday-Friday)

Provider Clinical Triage Phone Line: **(858) 880-6405**

Patient and Caregivers Helpline: **(858) 956-5900**

Email consultations to: **BHCS.provider@vistahill.org**

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