



Case Management to Address Social Needs for Youth and Families

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Acknowledgements

This work was supported by generous funding from an anonymous philanthropic donor.

Many thanks to all our project staff and partners:

La Clínica Leadership & Administration

- Amy Blackshaw
- Ellen Moore
- Elena Garcia
- Karen Gersten-Rothenberg
- Navdeep Dhillon
- Whitney Greswold

Hawthorne School- Based Health Center

- Claudia Ramirez
- Fatima Acevedo-Quezada
- Julie McDevitt
- Estela Lucas

Training Consultants

- Naomi Schapiro
- Victoria Keeton

UCSF Child & Adolescent Psychiatry

- Lauren Haack
- Petra Steinbuchel

UCSF Evaluation

- Samira Soleimanpour
- Sandy Ng
- Sara Geierstanger

Land Acknowledgement

We would like to acknowledge and pay respects to the Chochenyo and Ramaytush Ohlone people, who are the traditional custodians of the land that is home to our SBHCs and university in the SF bay area, and the Serrano and Cahuilla people, who originally settled and occupied this land in Redlands. We are proud to continue their tradition of coming together and growing as a community, and we thank them for their stewardship and support.

Objectives

01

Explain the rationale for and benefits of case managers as an essential role for addressing social determinants of health for SBHC youth and their families.

02

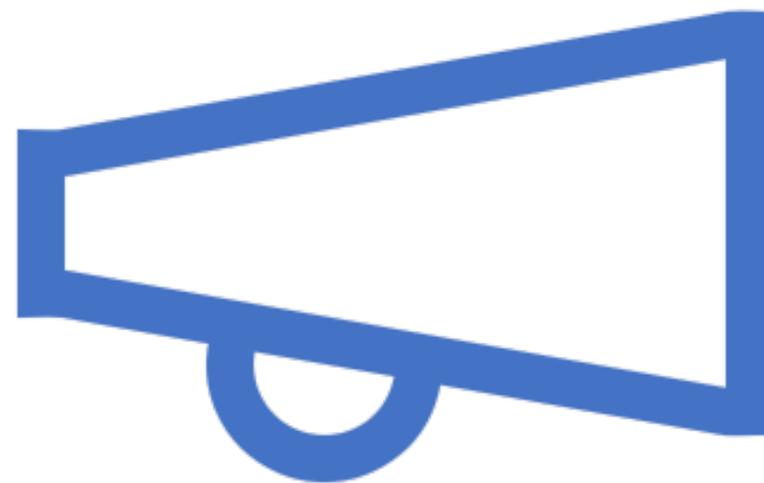
Describe the role of case manager and a workflow example for working together with medical and behavioral health providers in an SBHC.

03

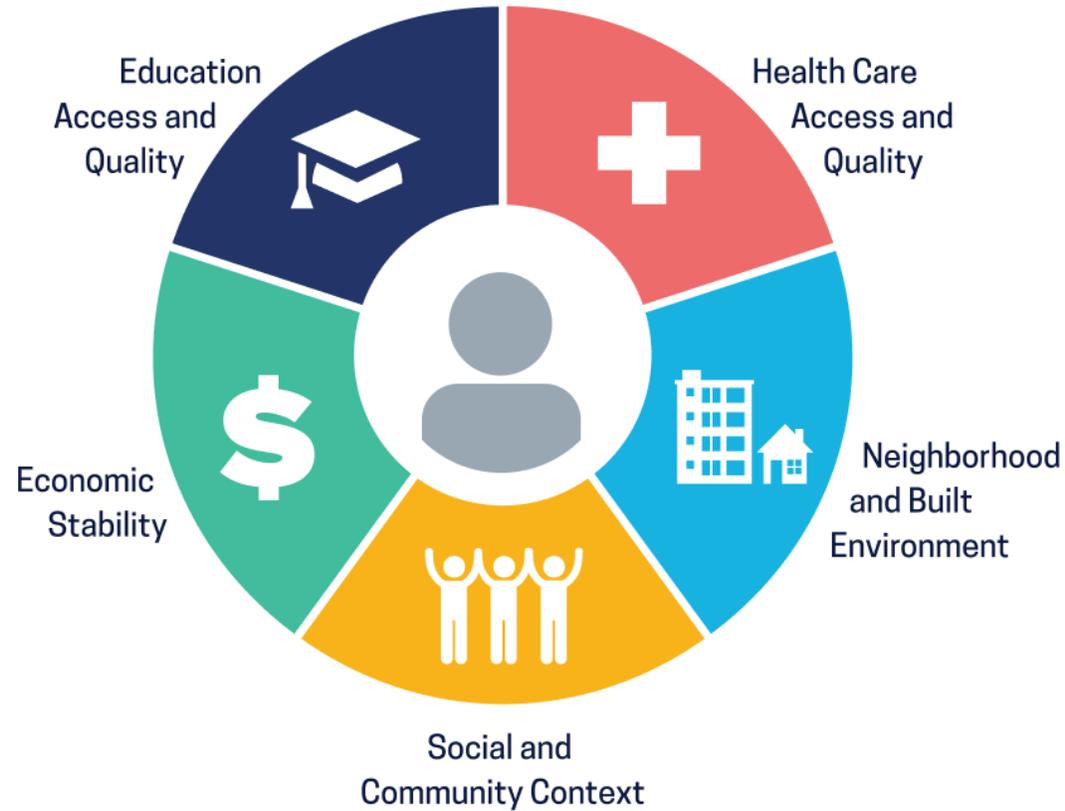
Identify planning and sustainability factors to consider when integrating a case manager into their institutions.

Take out your polling device (phone, laptop, tablet, etc)...

First, let's hear from you!



Social Determinants of Health

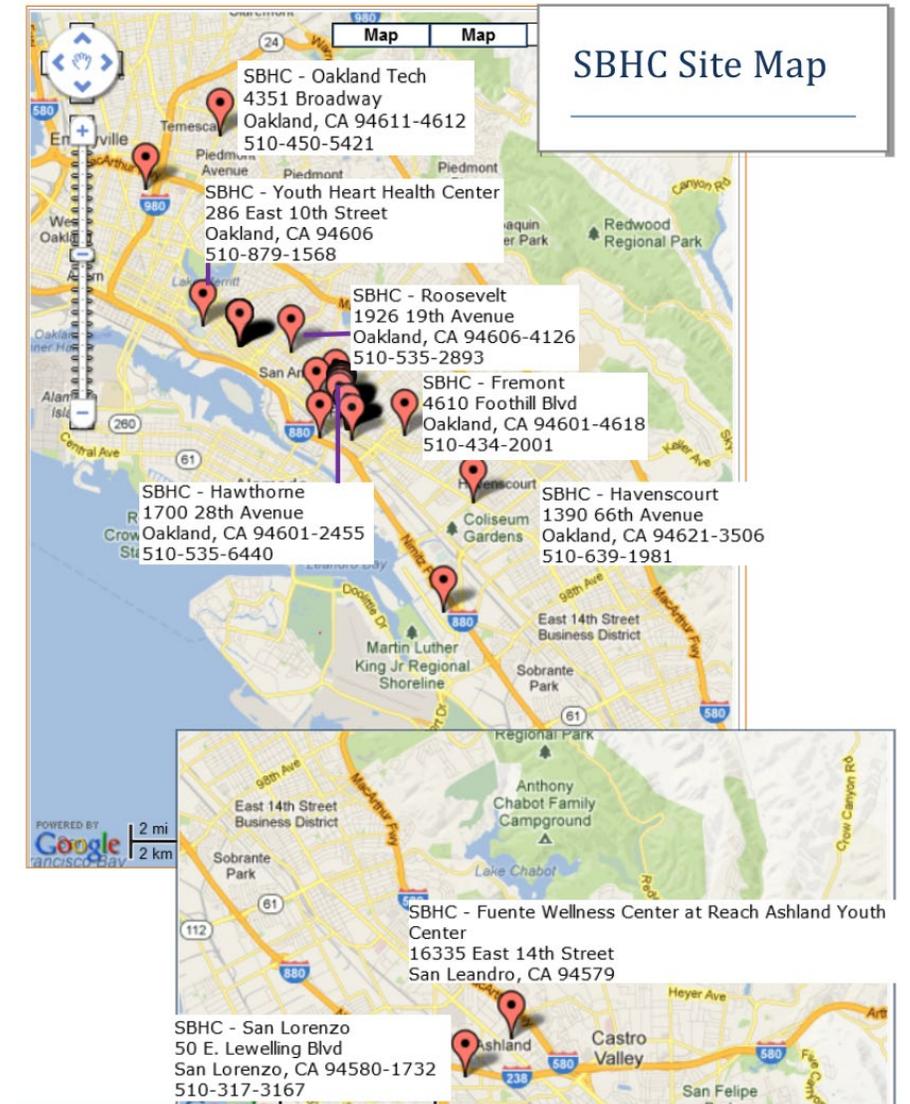


Why are we here?

Who is La Clínica?

(La Clínica de La Raza, Inc.)

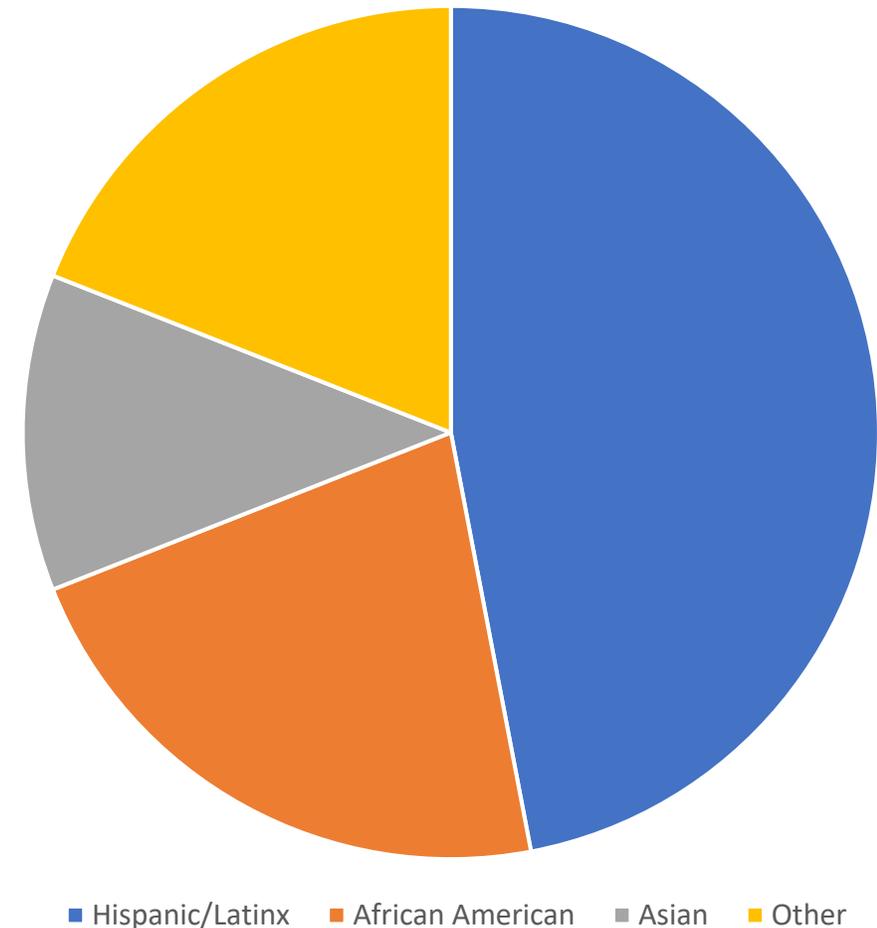
- Federally Qualified Health Center
- Alameda, Contra Costa, Solano Counties
- Mission to “improve the quality of life of the diverse communities it serves by providing culturally appropriate, high quality and accessible health care for all”
- 8 SBHCs in Alameda County
 - Medical, dental care, vision, health ed and behavioral health services
- SBHCs serve over 2,000 youth annually



Why are we here?

- Our SBHCs serve 12 partner schools and youth centers
- 11,711 students!
- ~72% receive free/reduced meals
- High % of newcomer* (immigrant) youth, many unaccompanied
- Many Mam speakers
- High need for social resources

Racial/Ethnic Diversity of Students We Serve



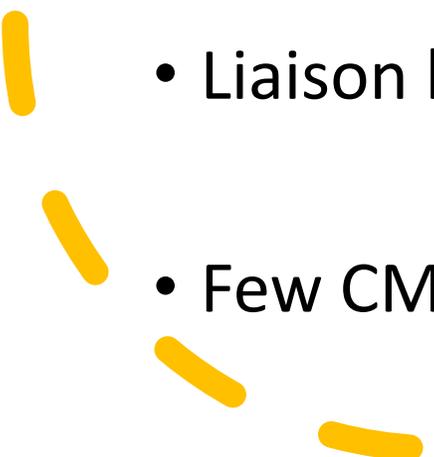
**have been in the U.S. < 3years and speak a language other than English at home*

Impact of COVID-19 on our SBHCs

- 5 of 8 SBHCs temporarily closed
- Increased demand for behavioral health services
 - isolation, loneliness, and disengagement
 - A series of losses
 - annual school events
 - connection with friends and social gatherings
 - ritualistic happenings at school
- Needs of patients exceeding the capacity of providers

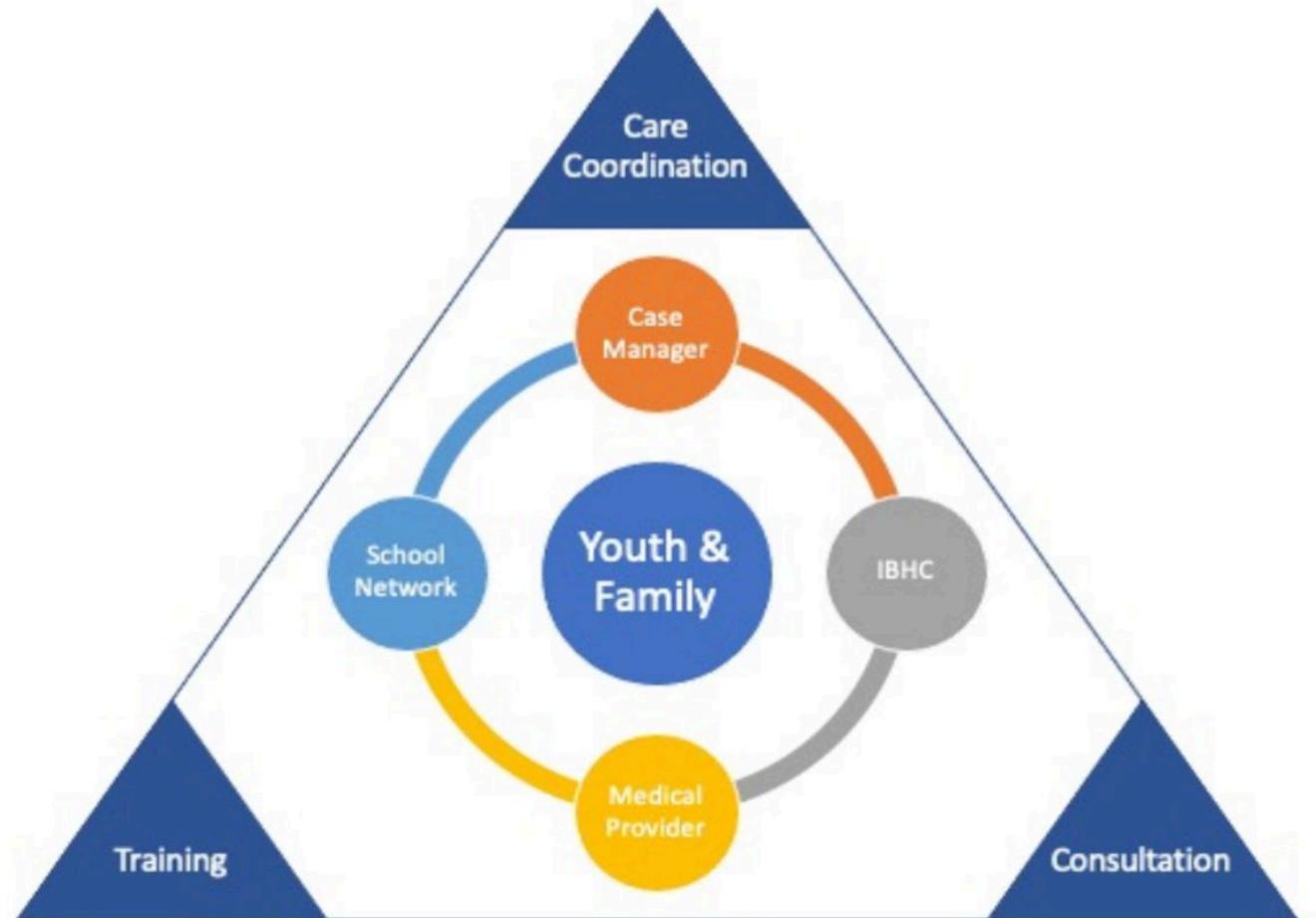


Making the Case for Case Management

- “Collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy...to meet an individual/family’s comprehensive health needs” (CMSA, 2022)
 - Having a CM to provide social care services also allows other providers to manage increasingly complex medical and behavioral health needs
 - Liaison between school and SBHC for holistic care of students
 - Few CMs in larger FQHC organization, but never in our SBHCs
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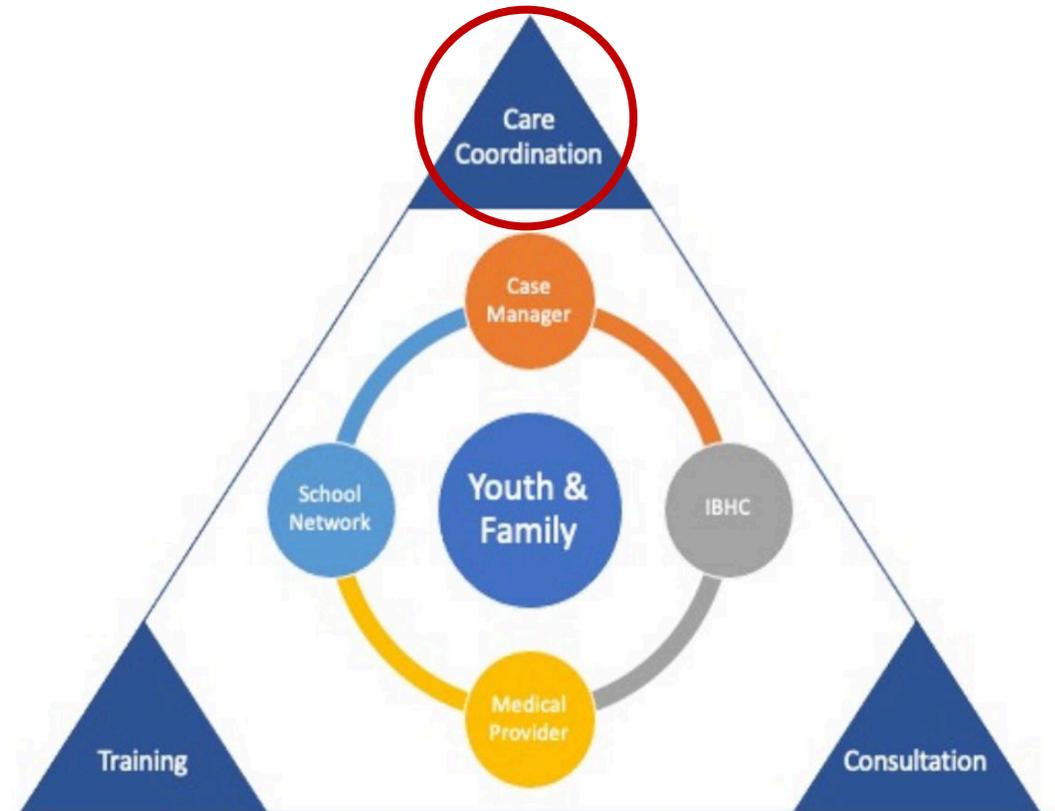
“Case Management for Collaborative Care” (CMCC) Program

- First case management program at La Clinica SBHC
- Three primary components:
 - Care coordination
 - Consultation
 - Training



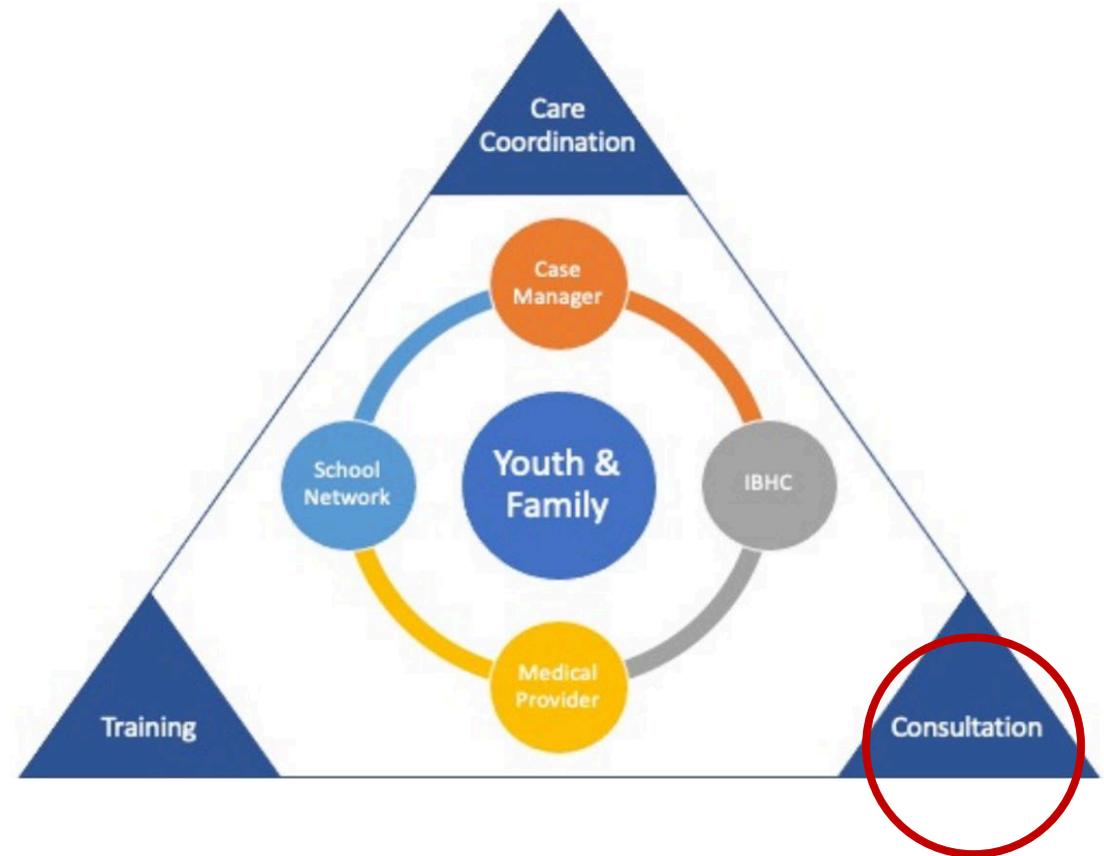
Care Coordination

- Holistic support both within the clinic and to outside local resources
- Linkage and advocacy for mental health, medical care, and social service needs
- Direct contact with community agencies to facilitate access and linkage to resources
- Establishing a trusting relationship with school partners to refer youth and families



Consultation

- Partner with local psychiatry group for additional support in meeting complex health needs of SBHC clients
- Leverage existing psychiatry consultation program
 - UCSF Child and Adolescent Psychiatry Portal (CAPP)
- Psychiatrist, psychologist, and fellows
- Offer case consultations with behavioral health providers



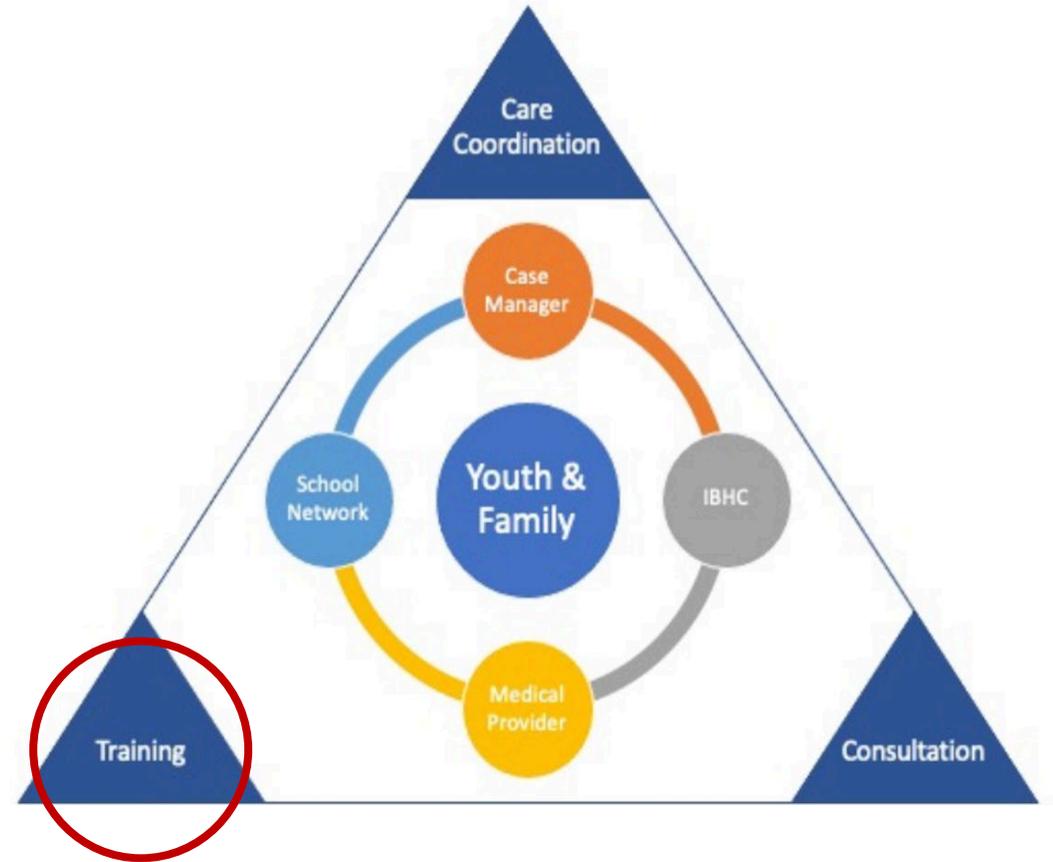
Training

“Train the trainer” model

Goal to support clinic and school staff in supporting youth with complex needs

Response to requests from staff/providers about more support for behavioral health issues

Training team: consultants from CAPP and UCSF NP educators with SBHC clinical experience



Evaluation Team

School Health Services Research & Evaluation
Team from the UCSF Institute for Health Policy
Studies

Expertise in conducting evaluations of school-
based behavioral health services throughout
California

20 years of experience evaluating SBHCs in
Alameda County

Hawthorne School-Based Clinic has participated
in this evaluation for over ten years

Evaluation Plan



Implementation Timeline

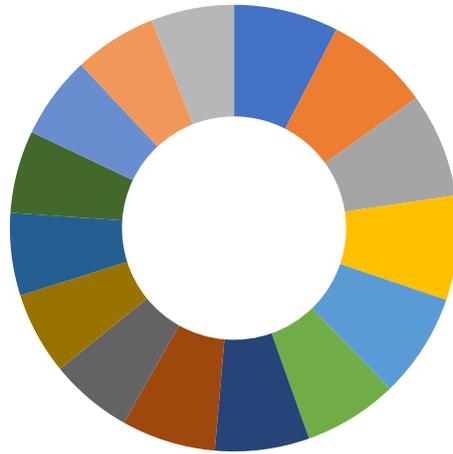


2021: Spring June July August September October December



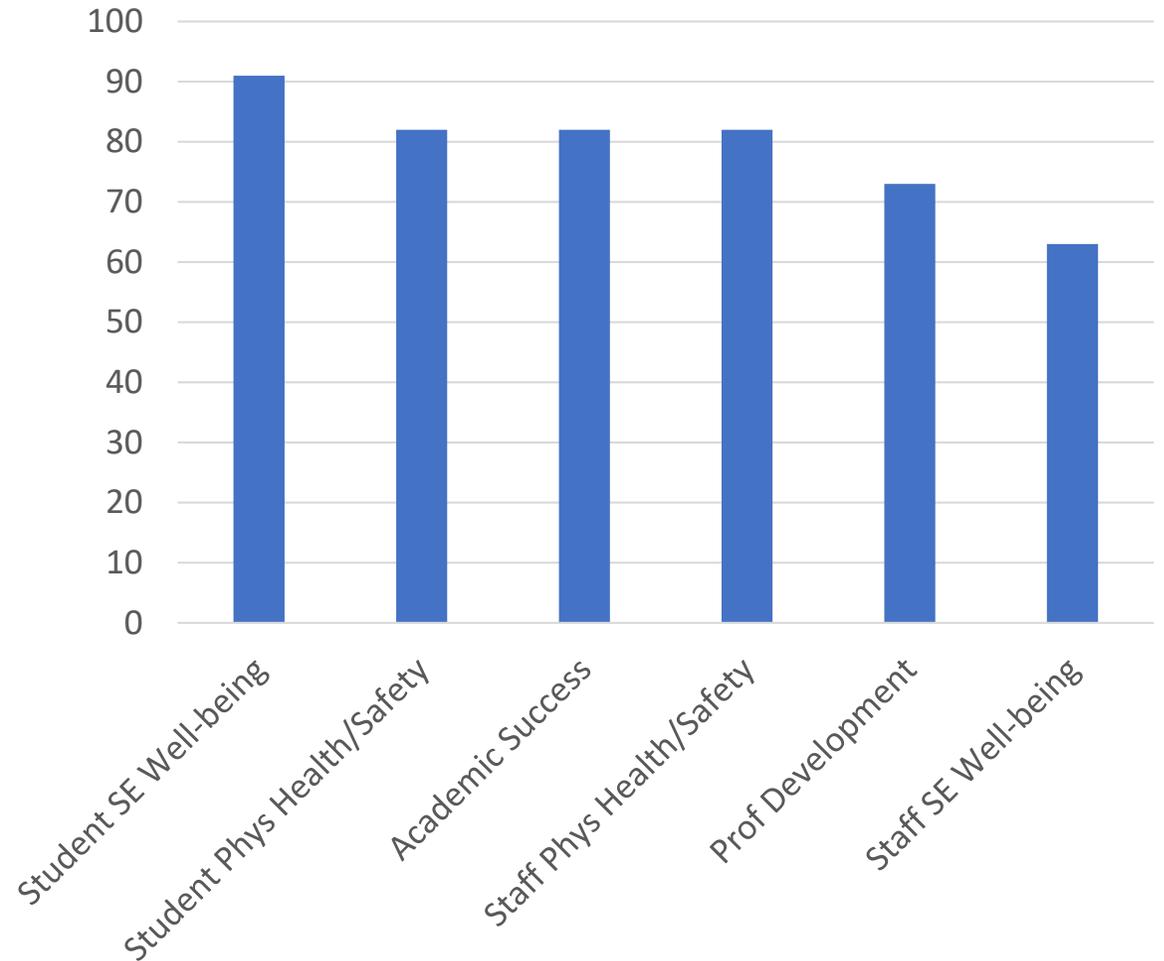
2022: February March April May June

Stressors



- Poverty/fin instability
- Depression
- COVID-19-related
- Exposure to violence/abuse
- Health concerns
- Grief and loss
- Family stress
- Community violence
- Hunger
- Anxiety
- Isolation/loneliness
- Suicidality/hopelessness
- Job loss
- Discrimination/racism
- Academic Challenges

Areas for Support



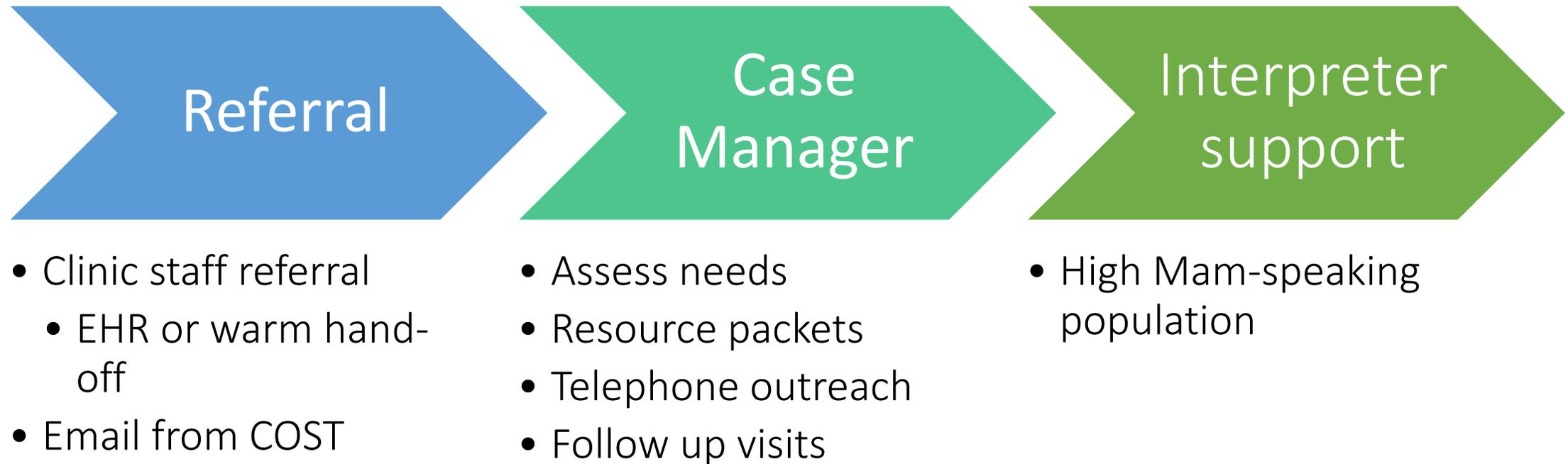
Needs Assessment – Sept 2021

Hawthorne School-Based Clinic

- First La Clínica SBHC, 1992
- Community facing
- Of patients served, 49%
Medi-Cal, 13% uninsured
- Newcomer population,
Unaccompanied Immigrant
Youth, Mam speakers
- Integrated care model



Case Management Workflow

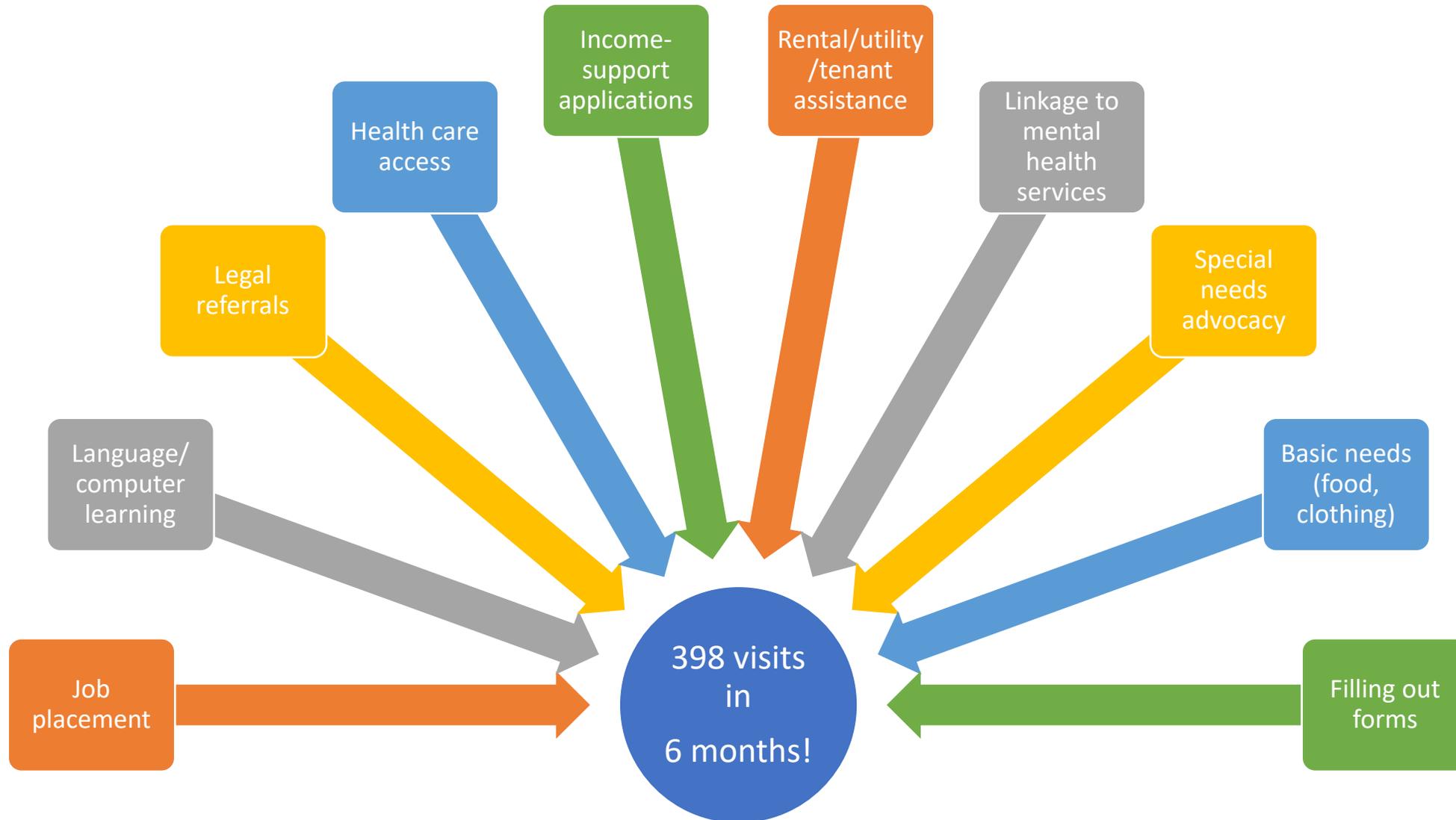




Documentation and Tracking

- EPIC flowsheet for case management
 - Referrals through EHR and brief details in visit notes
 - Medical/behavioral billing codes to document social needs (Z codes)
 - Each visit documented, including telephone encounters
- 

Preliminary Results





Case Example #1

- *Family of four from Guatemala*
 - *children ages 4 and 5*
 - *Referred by the BH Clinician, for housing and financial resources.*
 - *November 2021 – CM assisted them with Oakland Resilient Families (ORF - universal income pilot project) application*
 - *Early December 2021, the family contacted CM that they had received a text from ORF, but they weren't sure what it meant*
 - *CM investigated – told family that they had been selected to receive granted funds!*
 - *\$500 guaranteed income will play a crucial role in helping this family with basic needs and stabilize their housing and essentials*
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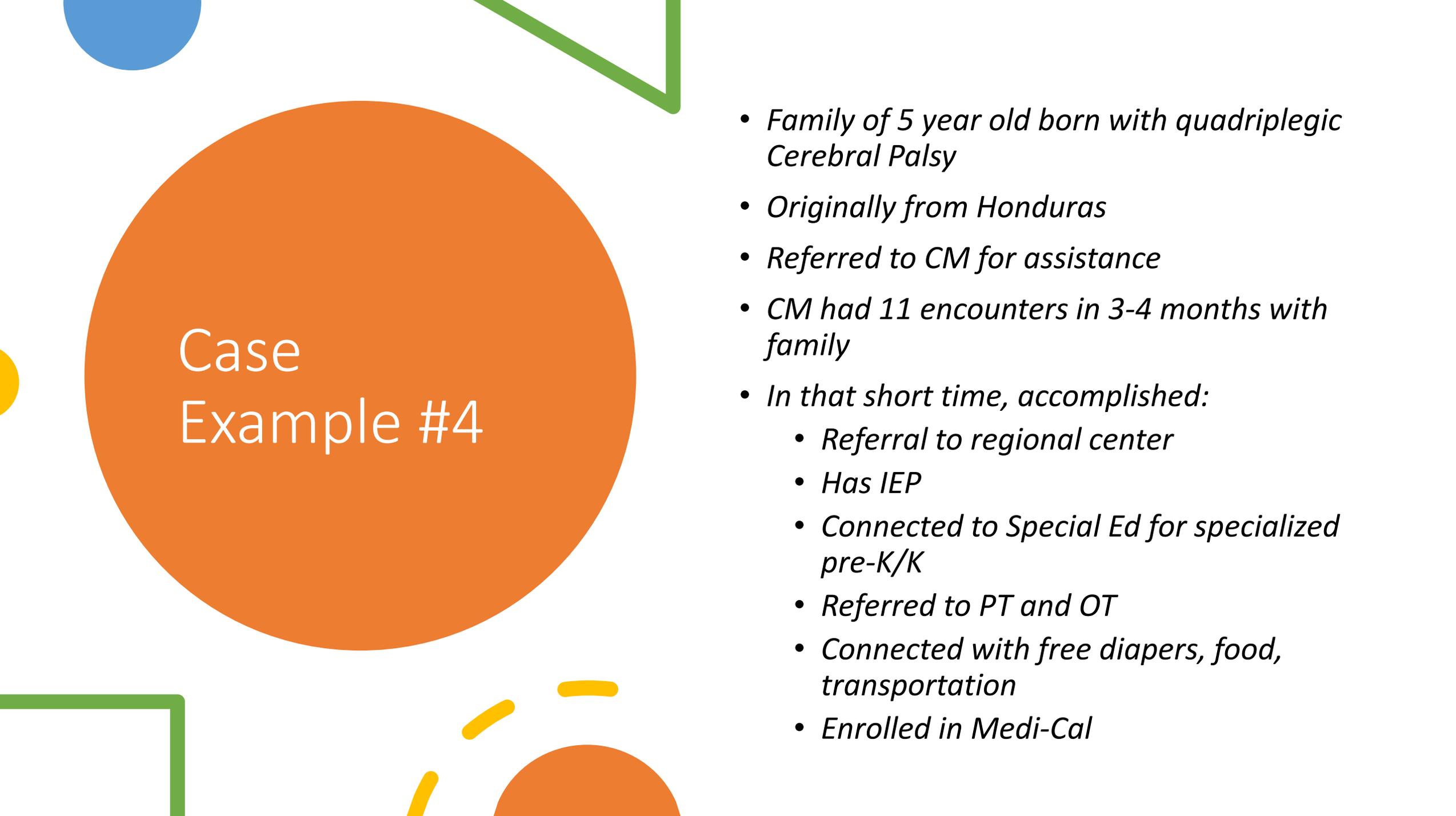
Case Example #2

- *Student in previous mental health services but fell out of care*
- *History of depression and post-trauma symptoms*
 - *witnessed DV and then father passing away*
- *Restarted therapy at school, but experienced a mental health crisis while clinician happened to be out on leave*
- *School counselor requested a second opinion about student's suicidal ideation*
- *SBHC BH met with the student*
 - *assessed her as not needing to be hospitalized*
 - *had two more crisis appointments to bridge time until therapist returned*
- *Hasn't been able to attend school - needed support at home*
- *Mother unaware that she could apply for Paid Family Leave without having work authorization*
 - *at risk of losing her job for missed work days*
- *BH worked with COST to inform mom about PFL*
- *Made an appointment with CM to complete application!*



Case Example #3

- *Family of two (mom and student)*
 - *Originally from El Salvador*
 - *Referred to CM by BH for help to apply for COVID rental assistance*
 - *CM helped mom enter application to Bay Area Community Service (BACS) Care Coordinator*
 - *Mom contacted to submit required documents, but communication gaps between mom and BACS Care Coordinator*
 - *CM and BACS collaborating on mom's case*
 - *CM assisted in reviewing documents and re-submission*
 - *After three months of all working together, BACS approved the COVID rental assistance aid and mailed out a check of \$4,450!*
- 



Case Example #4

- *Family of 5 year old born with quadriplegic Cerebral Palsy*
- *Originally from Honduras*
- *Referred to CM for assistance*
- *CM had 11 encounters in 3-4 months with family*
- *In that short time, accomplished:*
 - *Referral to regional center*
 - *Has IEP*
 - *Connected to Special Ed for specialized pre-K/K*
 - *Referred to PT and OT*
 - *Connected with free diapers, food, transportation*
 - *Enrolled in Medi-Cal*

Staff Satisfaction with Program

“The integration has been smooth. A lot of the things that the Case Manager has been supporting are things that were in the past were done by the provider or the medical assistant. So, it has made a huge difference for the workflow on our team. Our provider and medical assistant can focus on the medical side of the visit.”

Staff Comments on CM

"I can tell that she is very passionate about what she's doing and she puts her heart into her work. She goes out and beyond to help the patients."

"We've seen results from families getting help with rent payment and getting connected to places where they can get food and clothing."

Lessons Learned

Successes

- Our case manager Fatima!
- Trainings well-received – staff report feeling better equipped to care for patients with mental health needs
- Newsletter created as alternate to consultation

Challenges

- COVID!
 - Delta/Omicron surges shifted priorities for school staff – less ability to engage in consultation/training
 - Instead of in-person resources, websites; difficult for newcomers with limited English
- Space in clinic to accommodate CM
- Staffing shortages/scheduling difficult to implement more consistent consultation system

Sustainability Considerations

- Look for grant opportunities related to social care integration
- Partner with community organizations, including social care agencies, universities, mental health providers
- Lack of billing for Case Management services
 - Consider offset from increasing capacity of medical/behavioral provider visits
 - Use shared medical/CM telehealth visits to increase billing potential
- Difficult to measure benefits of social care as preventive
 - Advocate for change at the policy level!
 - Need more research to demonstrate health outcomes
- Consider hiring CHWs or other community members as CMs

Next steps

Plans to add CM role to multiple SBHC sites

Transition of training/consultation to support schools directly

Applying for grants, state/regional funding sources

Pair & Share

Now it's your turn!

Pair or group up with those around you to discuss if already implementing a similar program or what this might look like at your organization.

What successes/challenges do you anticipate?



Thank you!

Questions?