



Thursday, March 13; 11 a.m. – 12 p.m. PT

Spreading Behavioral Health Skills Across the Care Team

CaHIVE BHI Commons



California Quality
Collaborative

Tech Tips



Welcome!

Add your organization to
your name

Turn on video if possible



Engaging Today

Share questions in the
chat or come off mute



Need help?

Direct message
Anna Baer
if you have any technical
issues



Welcome!



**CHINESE
HOSPITAL
& CLINICS**



Riverside Family Physicians



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perlmanclinic++

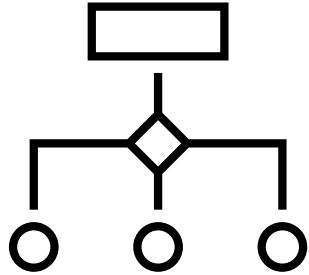


SHARP

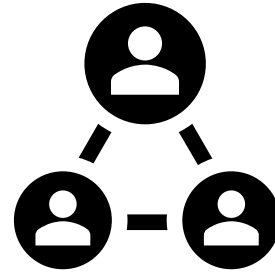


Our Objectives

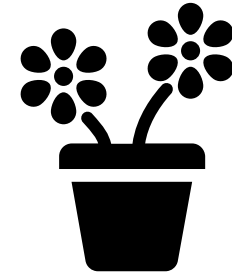
Today, we'll:



Identify and emphasize the foundational skills essential for equipping care team members to effectively address behavioral health needs



Review opportunities and real-life lessons from incorporating lay counseling as part of behavioral health integration



Highlight training and resources for all care team members' support of patients' behavioral health needs

Supporting Patients

What are 1-2 skills all care team members need to support patients with behavioral health?

Come off mute or let us know in the chat!



Welcome Elizabeth Morrison!

- Elizabeth is the co-creator of The Lay Counselor Academy (LCA), a course designed to train those without behavioral health degrees or licenses to do mental health counseling
- She has dedicated her career to working for and with non-profit safety net health organizations and has been a practicing clinician for 30 years, providing services in-person, by video, phone and text



Elizabeth C. Morrison PhD,
LCSW

Embedding BH Counseling Skills Within the Care Team

Elizabeth Morrison, PhD, LCSW, MAC
Co-Creator of The Lay Counselor Academy



THE
LAY COUNSELOR
ACADEMY



FAMILY FIRST
MEDICAL CLINIC



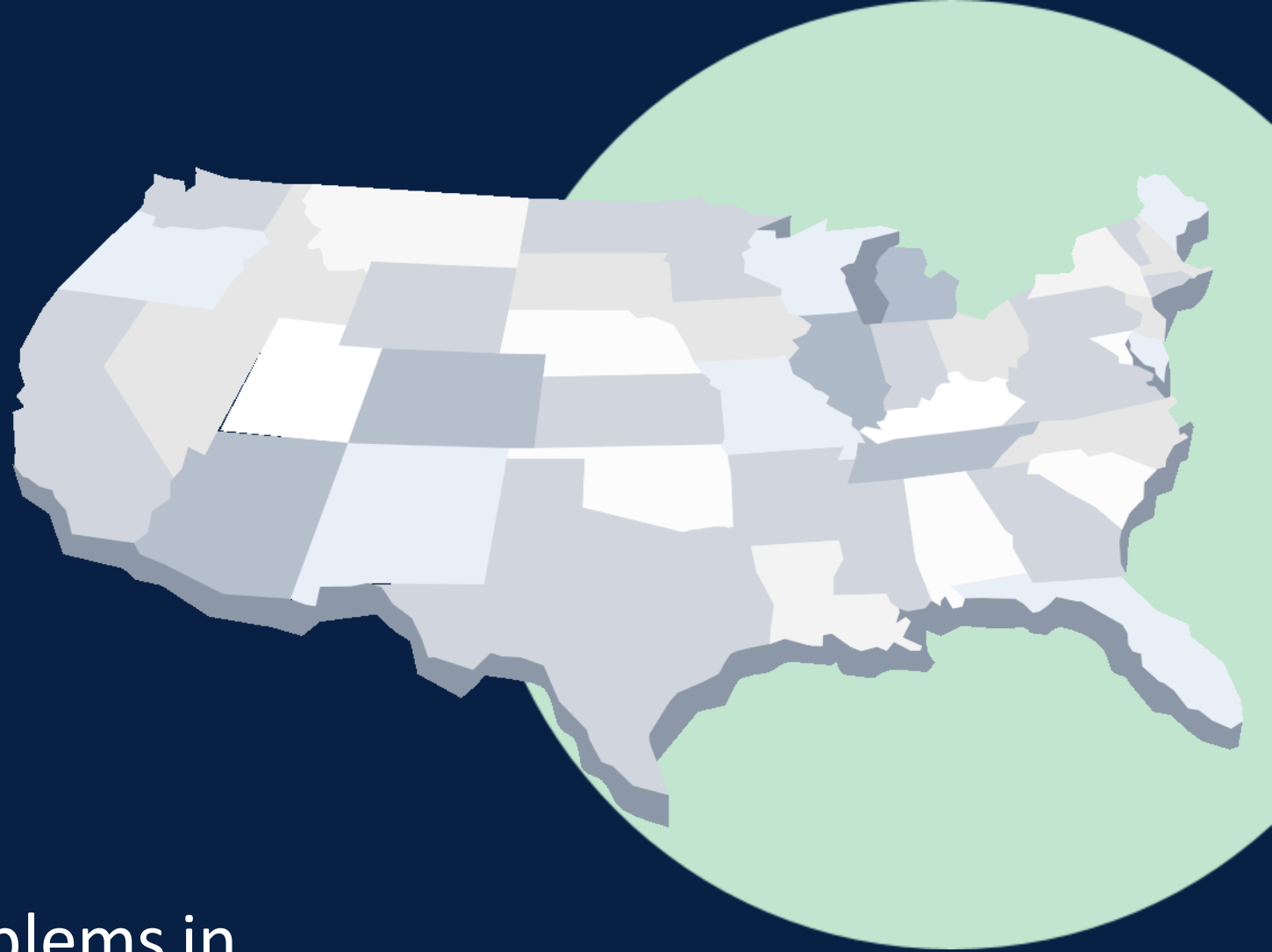
The Dream:
A bilingual BH clinician
on every team!



1. A Mental Health
Clinician Shortage

2. A Workforce that
Doesn't Reflect
the Community

3. Quality Problems in
the MH Field....



✓ Patients are ALREADY disclosing to other team members

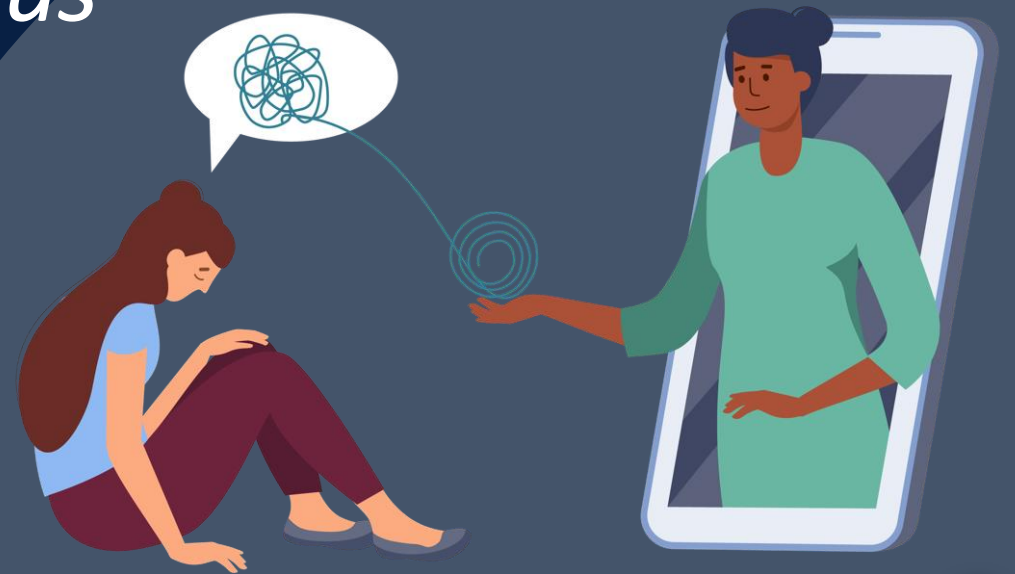
When we don't acknowledge this, we

don't provide sufficient support,

leading to staff at risk for vicarious

trauma and burnout.

✓ Other team members often have strong counseling skills





— THE —
LAY COUNSELOR
ACADEMY

What is a Lay Counseling?

*Mental health counseling delivered by
Someone who learned outside the
academic/licensure pathway*





ECM+ MH Counseling Skills



Peers + MH Counseling Skills



CHW + MH Counseling skills



SUD+ MH Counseling Skills



Case Manager+ MH Counseling Skills



Crisis Team+ MH Counseling Skills

Get **MH Counseling Skills** OUT
From Behind the Therapists Door.



It doesn't matter what it is called...

BH support

Therapeutic dialogue

Therapeutic Support

MH support

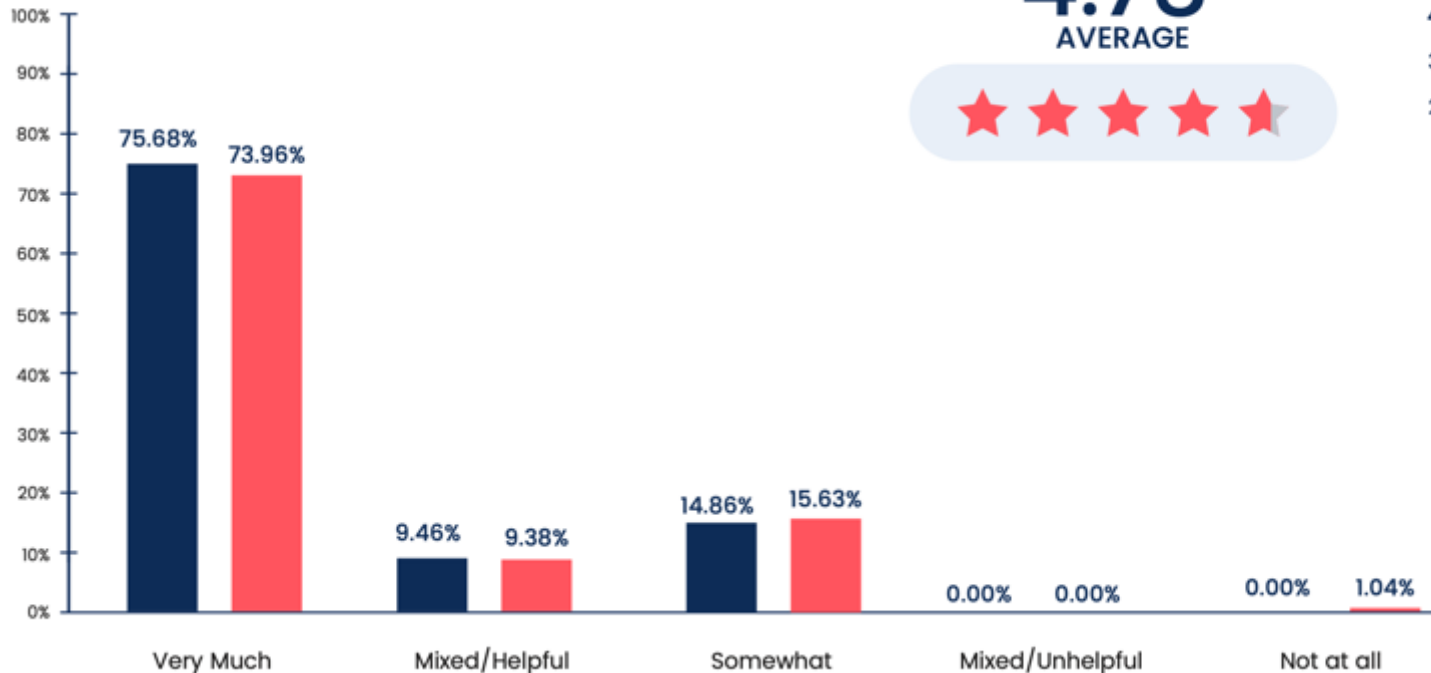
MH/BH Coaching





Q3

How much has counseling helped you?



Q2

How would you rate quality of counseling services you received?

LICENSED

4.8
AVERAGE



UNLICENSED

4.78
AVERAGE







No license needed

Why does therapy work?

- ✓ Therapeutic Alliance
- ✓ Non-judgment
- ✓ Unconditional Positive Regard
- ✓ Anti-Bias Practices
- ✓ Strength-Based



What are the EBPs?

- ✔ Trauma-Informed Care Practices
- ✔ Cognitive Behavioral Therapy
- ✔ Motivational Interviewing
- ✔ Supportive Counseling
- ✔ Person-centered Counseling
- ✔ Reflective listening
- ✔ Behavioral Activation



No license needed



Can anyone do it?

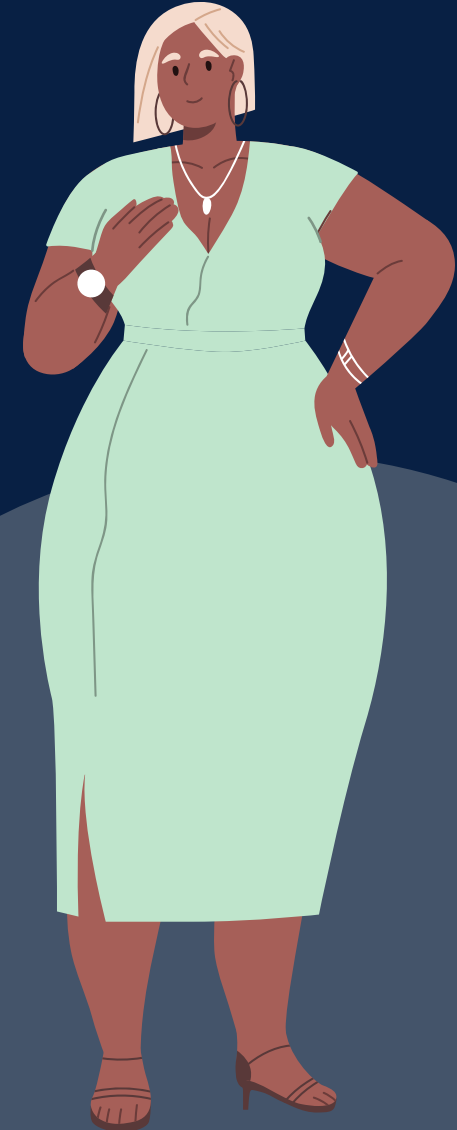
NO!!!

Mental Health Counseling takes enormous skill and is a lifelong practice. Not everyone, *(no matter how much training)*, can do it well!



Qualities of the most effective counselors:

- 1 Highly Skilled Interpersonally
- 2 Committed to non-judgment (bias) practices
- 3 Committed to Personal Growth
- 4 High Self-Awareness & Self-Reflection
- 5 Humility is a Central Stance



Core Curriculum

- 1 Therapeutic Alliance**
(Trust & Core Empathic Communication Strategies)
- 2 Anti-Bias Practices**
- 3 MI, CBT, BA, Parts of Self**
- 4 Helping with Depression, Anxiety, SUD & ACEs**
- 5 Responding to Suicidal Ideation,**
- 6 Boundaries & Vicarious Trauma Prevention**

65 hours



Home Stance



Friendly Body Language



Affirming Strengths



Empathic Reflection



Countering Shame



Open Ended Questions



Acknowledging Feelings





Asymmetry



Authenticity



**Know-nothing
mind**

WAYS of BEING



Mindful Presence



Non-judgment



**Unconditional
Positive Regard**



A patient shares with a CHW that she was abused as a child. She has panic attacks and worries 'constantly'. She's been referred to BH but missed the appointment, and doesn't seem motivated to go, especially when she found out the therapist uses the Language Line.

- 1. CHW knows how to respond to the disclosure in the moment, in a way that not only does not cause harm, **it also helps.***
- 2. The CHW **continues to have therapeutic conversations** (counseling) with the patient, interwoven into visits, that also include other CHW activities*
- 3. The CHW has clinical support every week, and continues to learn how to help patient with her past trauma, and current anxiety.*



An SUD Counselor has been seeing a patient for a few months; he is in early recovery from amphetamines. Patient shares feelings of depression, and some hopeless cognition. Patient shares they have been depressed many times before. They had a bad experience with a therapist as a teen, but are willing to try again. The wait time is 5 weeks.

- 1. The SUD counselor **knows how to respond to disclosures of depressive symptoms, and has BA/CBT/supportive counseling tools to help.** He is also able to refer to PCP for med eval if patient wants.*
- 2. The SUD counselor talks with a licensed clinician twice a month, shares about this patient for **guidance and support.***
- 3. When 5 weeks is up, the patient can start seeing the therapist for depression treatment, or can stay with SUD counselor if they prefer.*





UC Davis Fire Department

CRLA: Legal Aids

QHCs: San Ysidro, Hill County

Clinica de la

Alameda & Stanislaus County BH

LA & N

Northwell Health: Psychiatry Residents, Case Managers, ASWs

University of New Mexico C

Boulder County CO Crisis Response Team

Enhanced Care Managers

Community Youth Centers Staff

Santa Cruz Office of Education



CHCF Evaluation Findings....

100% of LCA learning cohorts reflect their community

70% of all LCA participants are bilingual/trilingual

40% Average increase confidence in evidenced-based MH Counseling skills

97% Of LCA participants reported **increased job satisfaction** after the LCA





All Moreno:
Co-creator of the LCA &
Lay Counselor

Elizabeth Morrison Co-
creator of the LCA PhD,
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What's Next?

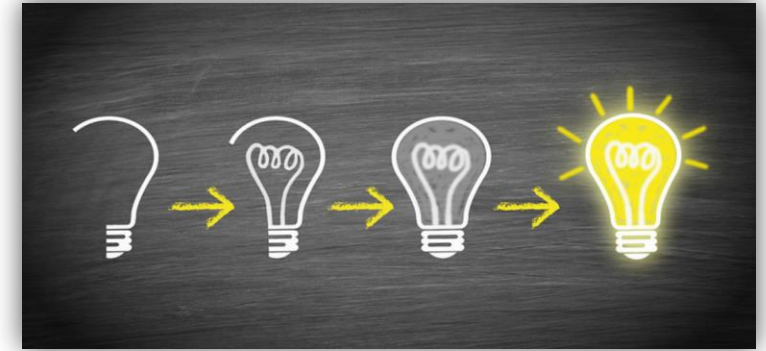
What is something you heard today that you can apply at your own organization?



Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- Identify and emphasize the foundational skills essential for equipping care team members to effectively address behavioral health needs
- Review opportunities and real-life lessons from incorporating lay counseling as part of behavioral health integration
- Identify training and resources to all care team members' support of patients' behavioral health needs

Registration is now open!

**Register today for the 2025 CalHIVE BHI Convening:
Successes, Systems and Sustainability in Long Beach, CA.**

- **When: Tuesday, May 13, 2025**
- **Where: The Grand, 4101 East Willow Street Long Beach, CA 90815**

[Cal-MAP](#) is a mental health care access program designed to increase timely access to mental health care for youth throughout California's communities, especially in the state's most underserved and rural areas. California Primary Care Providers (PCPs) can connect with a team of psychiatrists, psychologists and social workers provide **no-cost consultation, education, and resource navigation** mental and behavioral health concerns in youth 0-25.

- **Providers** - [register](#) for Cal-MAP to receive
 - Consultation: Real-time, direct-connect PCP-to-child and adolescent psychiatrist consultation for California-based primary care providers regarding screening, diagnosis, and treatment for youth ages 0-25 M-F 8:30-4:30, as well as specialized psychologist consultation in Early Childhood, Eating Disorder, Substance Use, Autism, ADHD and Mood/Anxiety Disorders.
 - Education: PCPs, school-based clinicians and staff can access no-cost trainings that offer accredited continuing medical education (CME) and continuing education units (CEUs).
 - Resource Navigation: An LCSW social worker can provide guidance on resources and referrals to PCPs, and direct support for families facing significant linkage barriers to connect with services.
- **Families and patients** can access [handouts and resources](#).

Find all details on the [Cal-MAP](#) website

Q1 2025 Sprint

JANUARY

Improvement Advising

- Plan In-Person Improvement Advising Site Visit (Jan to April 2025)

Tues. 1/7 (12-12:45)

CalHIVE BHI Data Office Hours – Cycle 3

- Ask questions about data submission process

Wed. 1/8 (12-1)

CalHIVE BHI Commons – CQC Public Webinar – BHI Sustainability and Spread

- Highlight approaches to successfully spreading behavioral health integration across practice sites
- Address common barriers and identify solutions to sustaining quality, access and financial targets

By Fri. 1/10 Cycle 3 Data Due

FEBRUARY

Improvement Advising

- Introduce Disparity Reduction Plan template
- Conduct In-Person Improvement Advising Site Visit (Jan to April 2025)

Tues. 2/11 (11-12)

CalHIVE BHI Commons – Disparity Reduction Plan

- Review components for creating impactful disparity reduction plan
- Highlight equity-embedded quality improvement practices to support health equity in BHI and across organization

MARCH

Improvement Advising

- Conduct In-Person Improvement Advising Site Visit (Jan to April 2025)

Thurs. 3/6 (12-1) – Data Webinar – Cycle 4

- Review process and requirements for upcoming data cycle submission

Thurs. 3/13 (11-12)

CalHIVE BHI Commons – Spreading Behavioral Health Skills Across the Care Team

- Reflect on learnings from organizations training paraprofessionals for BHI work
- Identify opportunity to incorporate lay counseling in BHI work

Wed. 3/19 (12-1)

[OPT] Cal – IN Peer Group Meeting

- Connect and learn from integrated peers

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

Q2 2025 Sprint

APRIL

Improvement Advising

- Conduct In-Person Improvement Advising Site Visit (Jan to April 2025)
- Conduct IMAT 3 of 4

Tues. 4/1 (11-12)

CalHIVE BHI Commons – BHI Nuts and Bolts

- Identify areas for BHI optimization and workflow improvements

Thurs. 4/4 (12-12:45) – Data Office Hours Cycle 4

- Open Q&A for upcoming data cycle submission

Fri. 4/11– Cycle 4 Data due

By Fri. 4/25

Behavioral Health Equity Improvement Plan - Draft & Convening Pre-Work Due

- Submit draft to Improvement Advisor
- Finalize pre-work for May in-person convening

MAY

Improvement Advising

- Conduct IMAT 3 of 4

Tuesday, May 13

CalHIVE BHI Convening 2025: Successes, Systems and Sustainability

- Review progress on BH Health Equity Improvement Plan
- Plan for BHI sustainability

By Fri. 5/31

Implementation Milestone Tool (#3 of 4)

Final scores documented

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

JUNE

Improvement Advising

- Prepare for Payment 3

Tues. 6/10 (11-12)

CalHIVE BHI Commons – Patient Self-Management and Support

- Identify opportunities to improve patient self-management in BHI

Thurs. 6/12 (12-1) – Data Webinar Cycle 5

- Review process and requirements for upcoming data cycle submission

Wed. 6/18 (12 - 1)

[OPT] Cal – IN Peer Group Meeting

- Connect and learn from integrated peers

Thurs. 6/26 (12-12:45) – Data Office Hours

- Open Q&A for upcoming data cycle submission

Thank you!

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