

CYBHI Community of Practice Cal-Map Project ECHO

October 20, 2026



POPULATION HEALTH
INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE

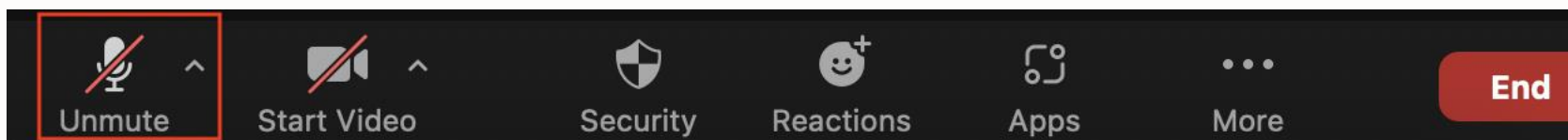


This event is being recorded and transcribed.

Why? PHIL uses the recording and transcription to assess key takeaways, participant needs, and to develop better events for you in the future.

Recordings will be available by request after the event.
Email info@pophealthinnovationlab.org to request access.

Please mute your microphone during the presentation.





Welcome & Introductions

Kathryn Stewart

*Population Health Innovation
Lab (PHIL)*





Beyond Land Acknowledgment

The Population Health Innovation Lab team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the U.S.

Acknowledgment is the beginning. Acknowledgment—and the research required to do it with integrity—should be an invitation to deeper analysis, relationship, and action.

Learn more about how to go *beyond* land acknowledgments. Visit www.nativegov.org



Welcome & Housekeeping



Roll Call

Drop in the chat: your name,
organization



Housekeeping

Be present & take care of
yourself. Place questions in the
chat. Slides will be shared after
the meeting

Pumpkin Check-In

On a scale of 1 to
9 – where are you
at today? Please
share in the chat.





Thank You for Your Support!

The Rural Resilience Innovation Hub is made possible through support from the Department of Health Care Services, Children Youth and Behavioral Health Initiative.

DHCS investment allows rural partners to learn together, strengthen systems, and improve outcomes for youth and families.





Agenda

- Welcome & Introductions
- Background of RRIH and CYBHI Community of Practice
- Cal-Map Project Overview and Introduction to Project ECHO
- Case Discussion
- Breakout Discussions
- Looking Ahead & Closing



Expanding Access to Child & Youth Behavioral Health Resources for California Communities

The Children and Youth Behavioral Health Initiative & Northern ACEs Collaborative



The Northern ACEs Collaborative's (NAC) **Rural Resilience Innovation Hub (RRIH): 2026- 2027**

- **NAC Vision:** All Northern California residents have everything they need to live resilient and happy, healthy lives.
- **RRIH Purpose:** To strengthen rural Northern California county systems serving children and youth by aligning behavioral health and justice efforts through peer learning, cross-sector collaboration, and shared problem-solving.
- **Community of Practice:** A group of peers who learn from each other's real experience, share what works, and solve problems together.
- **CYBHI Community of Practice:** The RRIH will serve as a community of practice, **regularly bringing together practitioners, CYBHI resource partners, and regional stakeholders to highlight promising uses, share emerging lessons, and continue building a curated, accessible resource collection to support ongoing implementation.**





Population Health Innovation Lab

Northern ACEs Collaborative (NAC)



Rural Resilience Innovation Hub (RRIH)



Know better, do better

Rural Resilience Innovation Hub hosts generative dialogue, disseminates on-point, innovative information, and facilitates action to address trauma and promote resilience.



OYCR
Community of
Practice

Completed 2026

Youth justice
systems of care



CYBHI Rural
Implementation
CoP

Starting Now

Rural implementation of
CYBHI Resources



CYBHI
Training
CoP

Emerging/May
become a CoP

CYBHI-funded trainings: Safe Spaces,
Open Doors HRSA-funded training:
Single-Session Interventions



Rural Opioid &
Substance Use
Prevention CoP

Starting October

Opioid and substance use
prevention

Potential overlap or separate offerings for participants.





CYBHI Community of Practice Resource Doc

[Click here to access
the Resource Doc](#)

Rural Resilience Innovation Hub - CYBHI Community of Practice (2026-2027)

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Welcome to the resource center for the Rural Resilience Innovation Hub -
CYBHI Community of Practice!

CYBHI Community of Practice: Putting CYBHI Resources to Work in Rural Communities (2026-2027)

The Population Health Innovation Lab (PHIL), through the [Northern ACEs Collaborative](#) (NAC) and with support from the [Children and Youth Behavioral Health Initiative \(CYBHI\)](#), launched the [Rural Resilience Innovation Hub](#) (RRIH)'s CYBHI Community of Practice in 2026. Rather than introducing a new program or service model, RRIH invests in the strengths already present in rural communities by creating structured spaces for peer learning, relationship-building, and cross-sector collaboration.

California's [Children and Youth Behavioral Health Initiative \(CYBHI\)](#) has created new, no-cost and low-cost behavioral health resources for children, youth, and families — and rural





RRIH Meeting Dates

- **October 20, 2026:** Cal-MAP School-Based ECHO with Humboldt County
- **December TBD:** CYBHI Resource Fair
- **January TBD:** Brightlife and Soluna
- **March 17, 2027:** Northern ACEs Collaborative 5th Annual Summit
- **April 2027 TBD:** Single Session Consultation /Motivational Interviewing

And more in the works!





5th Annual
Rural ACEs Summit

**ROOTED IN
RESILIENCE**

FROM STORY TO SYSTEM

MARCH 17, 2027 | CORNING, CA

SAVE THE DATE! 5th Annual Rural ACEs Summit

Date: March 17, 2027

Location: Corning, CA

The 2027 theme, **Rooted in Resilience: From Story to Systems Change**, explores how the stories, strengths, and lived experiences of rural communities can shape the systems intended to serve them.

Keynote Speaker: **Josh Gryniewicz**

Founder and Chief Narrative Strategist, Odd Duck

Interested in sponsoring?

- To become a sponsor or for more details, please contact Sue Grinnell, Senior Advisor, Population Health Innovation Lab, at SGrinnell@phi.org.



POLL





Welcome to our Trainers!



Lauren Haack, Ph.D
Clinical Psychologist, UCSF



Megan S. Irgens, Ph.D
Clinical Psychologist, UCSF



Vanessa Vritak
Program Director of School-Based
Wellness Programs, Humboldt IPA



California Child and Adolescent Mental Health Access Portal (Cal-MAP)

 Cal-MAP

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Resources ▾

What's New

Tech Support

🔍

Log in

Cal-MAP | A CalHOPE program

Address your pediatric patients' mental health needs with expert guidance.

California Child and Adolescent Mental Health Access Portal (Cal-MAP) is the go-to resource for California **pediatric primary care providers** to address their patients' mental and behavioral health needs within their practice.

Access same-day provider-to-provider behavioral health consultations, on-demand educational trainings, and resources for addressing mental health concerns—all for free.

 **Register Today**

Want to register a group?
[Learn more about group registration →](#)



Lauren M. Haack, PhD

Cal-MAP Associate Director, School Program Lead

cal-map.org/

Mental Health Access Program Model:

All Essential Components Build Workforce Capacity to Increase Access to Care

Applications / Potential Contexts

- » Primary care
- » Schools
- » Perinatal Care
- » Substance Use
- » Emergency
- » Justice system
- » Child welfare

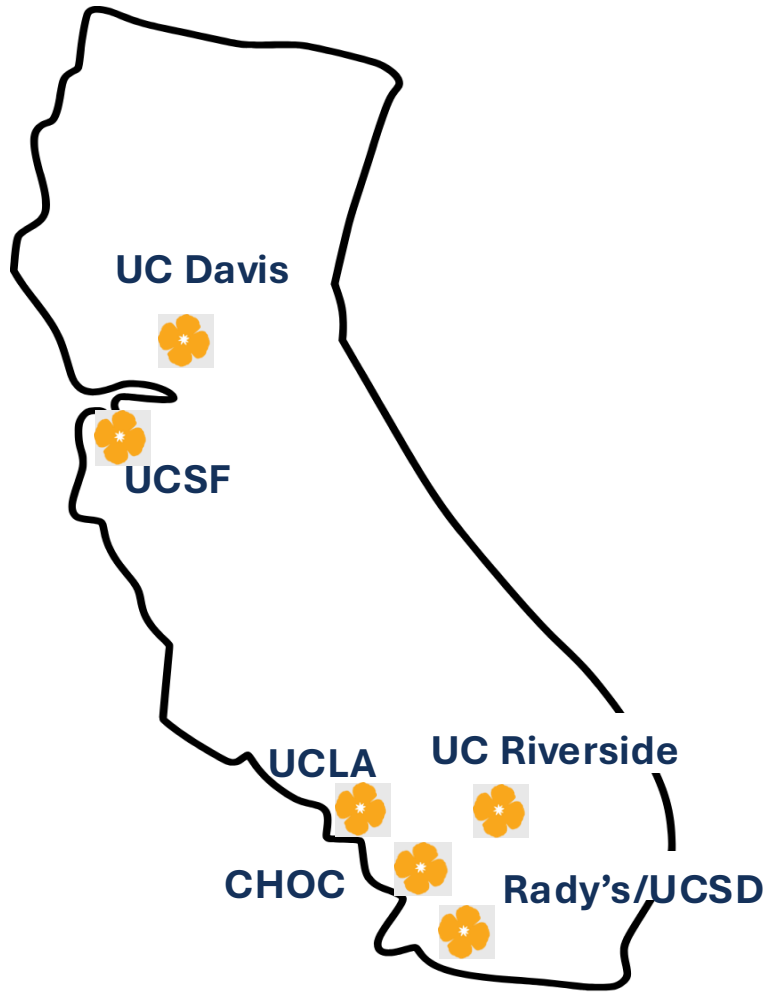


Utilizers/ Potential Utilizers

- » PCPs
- » OB-GYNs, Pediatricians
- » School professionals
- » Emergency Clinicians
- » TAY ID/DD care teams
- » Therapists
- » Legal/Justice professionals
- » Care Coordinators/ ECM

» ***Plus, Direct-to-Family Consultation when available*** Dvir et al. 2023

Cal-MAP



“Curbside consultations” with child & adolescent psychiatrists, psychologists, and care coordinators on specific patient cases



50+ hours of Virtual Training on diagnosing and treating pediatric mental health concerns



Curated resources for clinicians and families

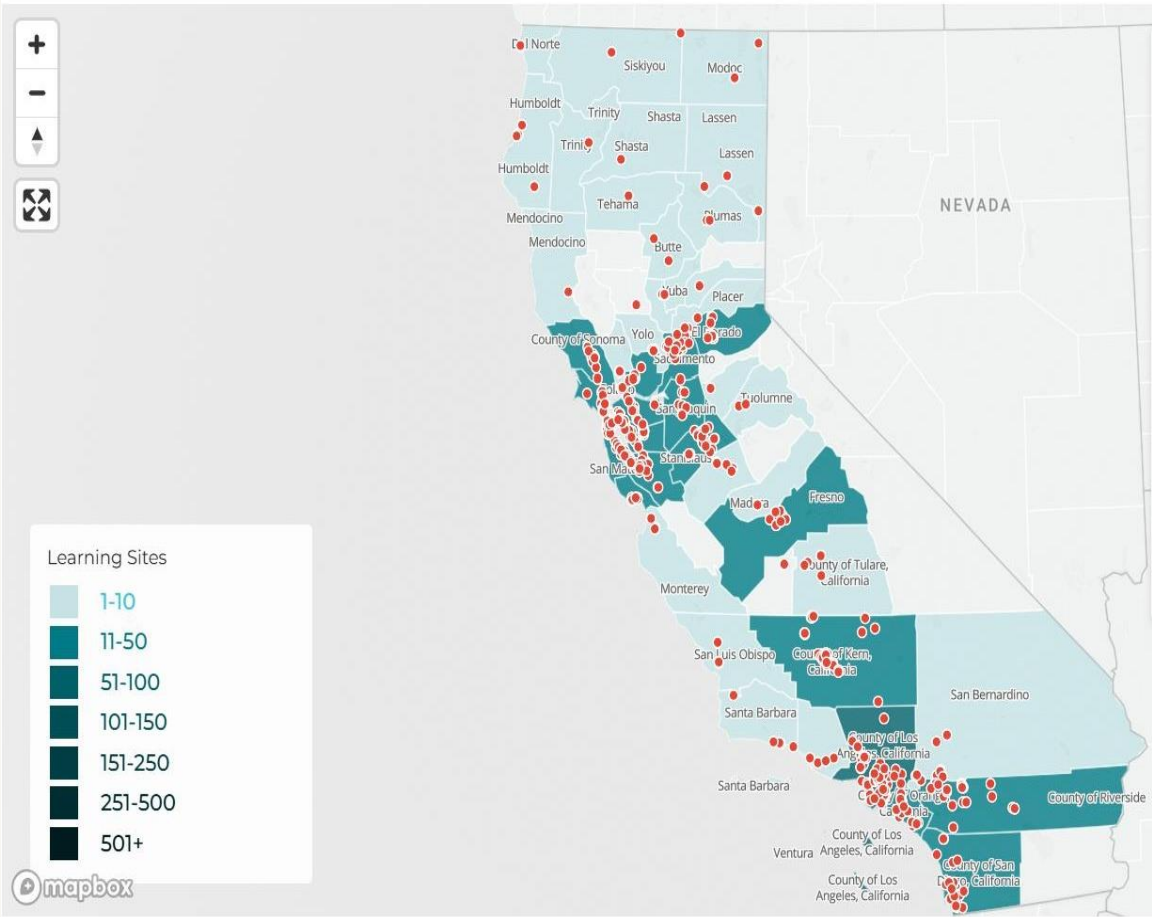


Care coordination services, including vetted referrals by patient insurance and location, and direct-to-family care coordination support

Statewide Educational Programs Are Scaling Fast

Series Type	Total Attendances	Avg. Attendance
Live Webinar	1,025	79
PCP ECHO	611	56
School ECHO	1,309	145
Enduring	1,195	66
Bootcamp	336	42
Total	4,476	

421+ registrants for this year’s School ECHO series



Learning sites span nearly every county in California

Upcoming School-Based ECHO Virtual Learning Sessions

School ECHO's will take place 3rd Mondays at 9:00am, except January and February will take place on the 4th Monday.

Date	Start Time	Session and Presentation Title(s)	Name and Professional Degree
9/21/2026	9am	Showing Up Matters: Strategies to Boost Attendance and Tackle Chronic Absenteeism	Jeanne McPhee, PhD
10/19/2026	9am	Saving Lives from Awareness to Action: Schoolwide Suicide Prevention, Identification, and Response	Megan Ramaiya, PhD
11/16/2026	9am	Beyond the Cafeteria: Addressing Disordered Eating in the School Environment	Sasha Gorrell, PhD
12/14/2026	9am	Small Steps, Big Impact: Helping Students Manage Anxiety and Depression with Brief Intervention Strategies	Josh Langfus, PhD
1/25/2027	9am	Navigating the Next Chapter: Promoting Higher Education Success for Students with Mental Health Challenges	Yanni Rho,MD & Rebecca Sturner, MD
2/22/2027	9am	Building Bridges: Engaging Families from Universal Workshops to Re-entry after Crisis	Kevin Rowen, PhD
3/15/2027	9am	Hosting Healing Spaces: Trauma-Informed Care Strategies for your School	Sheila Modir, PhD
4/19/2027	9am	Digital boundaries & safety in the world of Technology, Social Media, and AI	Kimberley Lakes, PhD
5/17/2027	9am	Supporting and Advocating for LGBTQ+ Students	TBD

School-Based Providers Report Strong Confidence Gains

78% → 89%

Share of participants moderately or very confident supporting student mental health and wellbeing (pre- vs. post-series)

- Post-series survey of the FY26 School-Based ECHO series (n = 102 respondents; 94% complete).
- Respondents span school-based providers, social services/mental health staff, and healthcare professionals across urban, suburban, and rural districts.
- 65.7% of respondents were attending an ECHO session for the first time this series.

Participant Feedback

Would recommend the ECHO to a colleague 95%

Likely to apply their learning in practice 99%

Say the ECHO grew their professional network 79%

Sample size n = 102

Education Feedback

As a result of my participation in this ECHO, I strengthened my professional knowledge and skills in the field of eating disorders and mental health. I plan to apply new therapeutic strategies, promote a more interdisciplinary approach, and provide more comprehensive and patient-centered care in my professional practice.

This is full of resources we can continue to use and share! I appreciate having more understanding around the comorbidity of ADHD diagnoses. This has been extremely helpful!

So grateful for these collaborative trainings, they are so incredibly helpful, particularly as a rural PCP with little-to-no mental health resources for my Medi-Cal patient population.

Enforcing these newly learned social media guidelines in a pediatric well-child exam, which I conduct during my shifts, is a vital tool to address these concerns. Thank you for the awareness!

As a result of participating in this ECHO, I plan to strengthen communication and care coordination with healthcare and mental health providers to better support students and families. I also plan to increase family education around accessing timely care and understanding their rights within healthcare systems. Additionally, I hope to continue incorporating more proactive collaboration, problem-solving, and resource-sharing within school teams to help reduce barriers to support for students.



Downloadable Resources for Providers and Families



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Cal-MAP

School Resources

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EFFECTIVE PRAISE TO IMPROVE ADULT-YOUTH RELATIONSHIPS

Praise improves relationships when it is:

Specific	Frequent	Immediate
Clearly labeling the positive behavior	Praise 5 times for every 1 correction; can use both verbal and non-verbal modalities	Given as soon after the behavior as possible
"Great job following directions the first time."	"I see you got started on your worksheet, high Five."	"It's awesome that you just tried again."

Praise improves relationships when it focuses on:

EFFORT instead of ability	PROGRESS instead of perfection
"I can see you are working really hard on that assignment - nice job."	"I like that you used a coping tool to try to calm down."

Personal Praise Plan:

1. Behaviors I'd like to see more often:

a.

b.
2. Times or situations I can look for these behaviors are:

a.

b.
3. Specific, labeled praise statements I can make for # 1 are:

a.

b.
4. Nonverbal reinforcements I can pair with praise statements in #3 are:

a.

b.

Notes about using my personal praise plan (for example, when and what I praised, how it went):

FUNCTIONAL BEHAVIOR ANALYSIS MODEL



“ABC” Functional Behavior Analysis Model

ABCs: Antecedents, Behaviors, Consequences

First, we assess WHY challenging behaviors are happening:

Step #2: Identify the <u>A</u> ntecedents	Step #1: Define the <u>B</u> ehaviors	Step #3: Identify the <u>C</u> onsequences
What aspects of the youth's history may contribute to the behaviors? What environmental factors seem to trigger or increase the likelihood of the behaviors?	What is concerning to the youth? To their family? In other settings? Be descriptive and not judgmental .	What happens after the behaviors that might be reinforcing them (even if unintentionally)? What outcomes or responses may be encouraging the behaviors to continue?

Next, we set **GOALS** to change the challenging behaviors:

Step #5: Set Goal <u>A</u> ntecedents	Step #4: Set Goal <u>B</u> ehaviors	Step #6: Set Goal <u>C</u> onsequences
What changes can we make in the youth's environment to encourage goal behaviors? What clear, consistent expectations can we establish?	What positive or more effective behaviors can replace the concerning ones? What strengths does the youth have that we can build on?	How can we positively reinforce progress toward goal behaviors? <i>Note: Positive reinforcement is typically more effective than punishment.</i>

For a video on this model, please visit: <https://youtu.be/jz1mD848GhE?si=h6CpPkM5OLTChTj>



Risk Mitigation/Safety Planning

- Removing student from social environment/peers when self-harming to limit contagion
- STOP taking him out of class/excusing from assignments, rather allow break in calm-down corner and to do work when calm
- Directly address bullying with peer and separate child from bully in classroom seating
- Means restriction
- Assign to "lunch bunch" social group during lunch time
- Create/update safety plan and share with family

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1. _____
2. _____
3. _____
Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):
1. _____
2. _____
3. _____
Step 3: People and social settings that provide distraction:
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____
Step 4: People whom I can ask for help:
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:
1. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
Step 6: Making the environment safe:
1. _____
2. _____

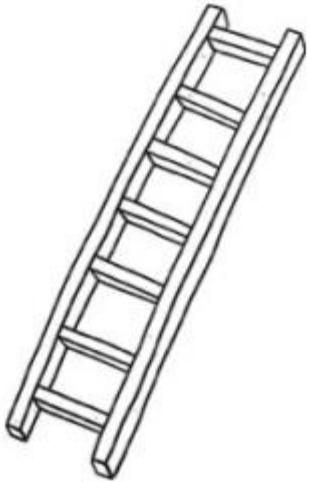
Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:

Teaching CBT Strategies

- Teach coping skills:
 - Grounding techniques
 - Paced breathing
 - Progressive Muscle Relaxation
 - Teach cognitive reframing techniques:
 - Catch the thought
 - Identify distortions
 - Check the evidence
 - Replace the thought
- Teach these skills BEFORE assigning exposures
 - Refer for CBT and/or Social Skills Group if child not able to practice/implement or needing more support

Building an Exposure Ladder:



What are Exposure Ladders?

Exposure ladders are practical tools to help students gradually face school-related fears and avoidance. By breaking the process into smaller, achievable steps, students can build confidence and resilience as they work toward full re-entry.

Why Use Them?

Ladders make overwhelming goals feel manageable. This structured approach:

- Reduces anxiety
- Encourages steady progress
- Helps students avoid getting stuck in patterns of avoidance

How to Use Exposure Ladders

Step 1: Identify Small, Actionable Steps

- » Collaborate with the student and caregivers (as needed) to create personalized steps.
- » Make each step specific and behavior-based (e.g., Sit in classroom chair for 10 minutes, even if anxious).
- » Use an anxiety rating scale (e.g., 0 = no anxiety, 100 = extreme anxiety) to rank each step.

Rewards!

Check-in/Check-out Daily Report Card

Name: _____					
Behavior Goals	Mon	Tue	Wed	Thu	Fri
1.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
2.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
Daily Total	____%	____%	____%	____%	____%

Goal Criteria		
0 point: Try Again!	1 point: Almost!	2 points: Great Job!
0-20% of the time -or- 3 or more reminders	20%-80% of the time -or- 2 or fewer reminders	80%-100% of the time -or- 1 or fewer reminders

Reward Menu	
80-100% of your Daily Points	80-100% of your Weekly Points

Connecting For Care

Most plants communicate with each other underground through their root system to ensure optimal growth for all.

Similarly, we want to ensure we are connecting with you and that care teams are connecting with each other to ensure optimal development of California's youth.



Introduction to the ECHO Model and Ekstasis approach to peer consultation



Lauren M. Haack, PhD
Cal-MAP Associate Director,
School Program Lead
cal-map.org/

Vanessa Vrtiak, MA
Program Director of School-Based
Wellness Programs at Humboldt
Independent Practice Association

Project ECHO Mission

To democratize medical knowledge and get best practice care to underserved people all over the world.

Get the right knowledge to the right place at the right time



For more information, go to <https://echo.unm.edu/>
or watch a short video for example [Project ECHO Autism Example UC Davis](#)

Project ECHO Principles

All teach, All learn (peer learning)

Sharing best practices to **reduce disparities** (tele-mentoring)

Case-based learning-

Managing real patients together collaboratively

Community-

“What makes ECHO work isn’t just knowledge, but love, kindness, respect, and sharing.”

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Anatomy of a TeleECHO Session

- **Zoom** in to join your teleECHO session
- **Announcements/Check In**: Announcements from hub team
- **Brief Learning Session**: Didactic presentation by a hub specialist (15-20 minutes)
- **Case-Based Learning and Consultation**: Participants present real (de-identified) cases, to obtain consultation from hub specialists and peer provider participants using the Ekastsis model (25 minutes)
- **Feedback**: complete brief zoom poll and optional evaluation for CEU credit



Participant Expectations

- **Active participation:**
 - Please have your **camera on if possible** and participate actively in case discussions
 - We are **all learning from each other**- not just the experts!
 - If you volunteer for a case, you will be asked to share a 5-minute case summary (de-identified), respond to questions, and provide reflections after observing the group brainstorm
- **Authenticity:** No need to impress- we'll learn more from each other's honest questions
- **Supportive atmosphere:** "We are all here to learn from each other"



Agreements

We agree to accept a dialectical philosophy.

There is no absolute truth.

When caught between conflicting opinions, we agree to look for the truth in both positions & to search for a synthesis by asking such questions as, “What is being left out?”

We agree to celebrate diversity and change.

Expertise comes from the collaboration, not from any one or few folk

We agree to practice a non-judgmental stance.

We assume we and our students are trying our best AND want to improve.

The work that we do is both hard AND important; thus, we agree to accept and appreciate the vulnerability all group members bring into the consultation space.

We agree to stretch limits.

We are all on a learning journey individually and as a community

Growth can be uncomfortable at times AND helpful

We expect that there may be “unfinished business” in the 25-minute frame

We agree that we all make mistakes.

Therefore, it is agreed that we will inevitably violate all of these agreements, and when this is done we will rely on each other to point out the polarity and move to a synthesis.

****Modified from Dialectical Behavioral Therapy (DBT) team agreements***

Case-Based Learning via the Ekstasis Model



Reflective



Learner
Centric



Interactive



Emotionally
Engaged



Structured

-Small Group based

-Need for
confidentiality

“

To be or stand
outside oneself

”

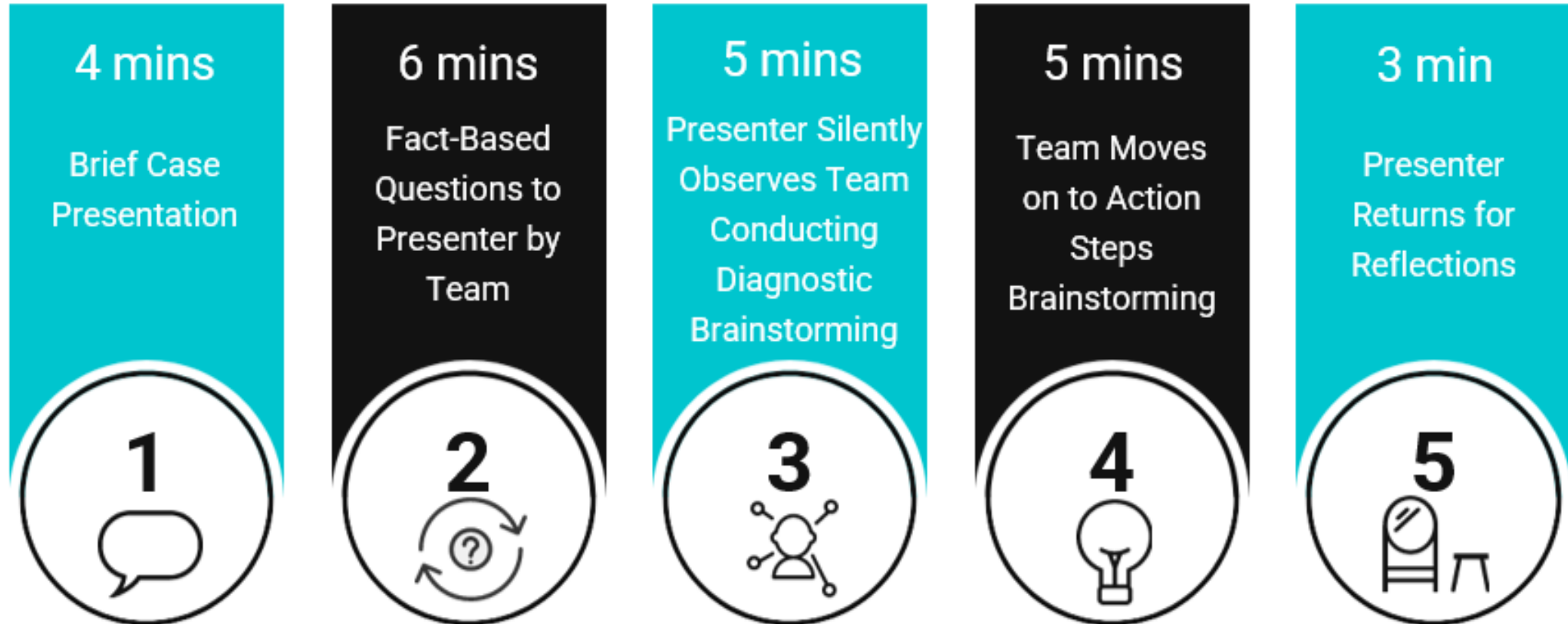
"Because we
are inherent
philosophers"

Peer Consultation using
the Ekstasis Mo



<https://ucsf.box.com/s/n08ca89znuaa4msrxnwr8hr2b7yjak9>

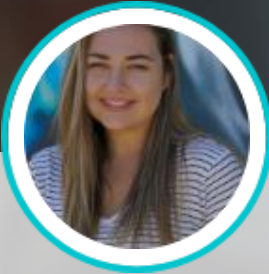
Structure



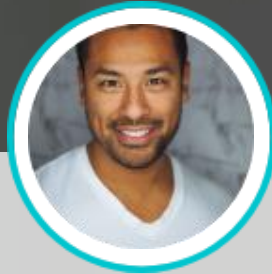
2 mins for HUB team summary of recommendations

Testimonials

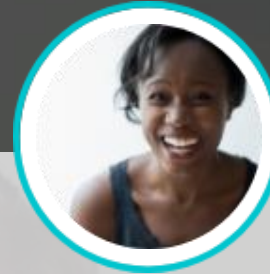
+ experiences from
Vanessa Vrtiak, MA



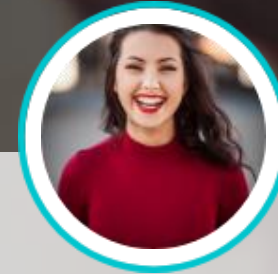
"I found this experience helpful in a way that I have not found other types of consultation and peer support. I really valued it and hope it continues."



"In addition to content discussed, the feeling of community has been really valuable"



"Helps me to feel less silo'd, and validation from colleagues about shared experiences (even if those experiences are negative) was very beneficial."



"I really enjoyed the confidential nature of it and how that helped create a connectedness in the group"



Project ECHO: Reflections from Rural Humboldt County

The Challenges

- Adolescent substance use is shaped by trauma, family dynamics, poverty, and community norms.
- Rural communities face limited access to specialized services and resources.

Our Approach

- Harm reduction, motivational interviewing, and relationship building.
- Meeting students where they are, without judgment.
- Shifting from punishment to support and understanding the purpose substance use serves.

What Project ECHO Affirmed

- The value of our existing student-centered, compassionate practices.
- The importance of interdisciplinary collaboration and shared expertise.
- Opportunities to reflect, ask difficult questions, and strengthen confidence in our work.

Project ECHO® Consultation Template

Date: _____ **Presenter:** _____ **Facilitator:** _____ **Consultation Question:** _____.

Diagnostic Brainstorming

Action Steps

Recommendations

Diagnostic Brainstorming = 

Action Steps = 

Recommendations = 



Breakout Discussion

- How can you put these practices into place into your settings?
- What would you need to be successful in implementing this approach?





Looking Ahead





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Founder and Chief Narrative Strategist, Odd Duck

Interested in sponsoring?

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CYBHI Community of Practice Resource Doc

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Rural Resilience Innovation Hub - CYBHI Community of Practice (2026-2027)

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We want to hear how today went!

Before you go, please complete our quick poll to share how today went!

You can complete the poll that is popping up on your screen now or use the QR code here:



Help us make
the next event
awesome. 🐾 🐾



A close-up photograph of several hands stacked together in a circle, symbolizing unity and support. The hands are of various skin tones and are wearing different colored sleeves (red, green, blue, yellow, white). One hand has a ring on the ring finger. The image has a soft, warm, and slightly blurred aesthetic with a greenish-yellow tint.

Thank you!



POPULATION HEALTH INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE

Learn more about PHIL at pophealthinnovationlab.org