UCSF Center for Advancing Dyadic Care in Pediatrics

Why Dyadic Care and Why Now?

Babies don't go to the doctor by themselves. Dyadic care means taking the opportunity to support caregivers in their parenting efforts during these frequent visits early in a baby's life. The service can focus on the child, the caregiver, or the relationship between them. Early childhood is a pivotal stage of development where health promotion and prevention efforts for both the young child and their caregivers yields the greatest impact, highest return on investment, and most effective safeguard against the adverse health consequences stemming from exposure to toxic stress.

The first three years of pediatric primary care uniquely offer 12 natural touchpoints to care for babies—and support families to do the same.





COVERAGE UPDATE: Medi-Cal now covers dyadic behavioral health promotion and prevention for children. This includes brief interventions or comprehensive services for children without a mental health diagnosis and services for their caregivers irrespective of insurance status.

Dyadic Care Promotes California Priority Quality Outcomes and Aligns with DHCS¹ Bold Goals

California ranked 43rd in the nation for preventative care with children and youth comprising 42% of Medi-Cal enrollees and only 14% of expenditures (2019).

Dyadic care models for pediatric primary care like HealthySteps and DULCE² have decades of evidence showing improvements with:

Ŷ	Well child visit attendance, immunization rates, universal screening rates
Q	Improvements in early identification and connection with early intervention services
8	Improvements in linkage with services for maternal depression and reduction in symptoms
	Improvements in developmental outcomes, including social emotional development

1 Department of Health Care Services

2 DULCE (cssp.org/our-work/project/dulce) and HealthySteps (healthysteps.org).

STATE LEVEL BOLD GOALS: 50x2025

Close racial/ethnic disparities in well-child visits and immunizations by 50%

> Improve maternal and adolescent depression screening by 50%

Close maternity care disparity for Black and Native American persons by 50%

Improve follow up for mental health and substance use disorder by 50%

Ensure all MCPs exceed the 50th percentile for all children's preventive care measures

Dyadic care holds the potential to improve critical, time-sensitive services to children, youth, and their families who are already in the service setting



Making family-centered, dyadic behavioral health promotion and prevention a routine and sustainable standard of pediatric health care in early childhood

Why CADP?

The UCSF Center for Advancing Dyadic Care (CADP) grounds its practice in the largest pediatric safety net clinic in San Francisco County where the dyadic benefit was piloted and the practice is thriving. The team of active dyadic care providers draws from national best practices in integrated behavioral health in pediatric primary care to promote practice transformation via sustainable, data-driven dyadic services. CADP utilizes training and technical assistance practices designed for public health settings and that prioritize equitable and trauma informed care, and which have shown success in California and across the United States.

	OUR COLLECTIVE TASK			
2016	2019	2021	2022	2024 →
Launched Integrated Behavioral Health at ZSFG Children's Health Center	Launched HealthySteps at ZSFG Children's Health Center	Launched San Francisco Dyadic Billing Pilot	Launched Center for Advancing Dyadic Care in Pediatrics	Scale Dyadic Services Across California's Medi-Cal Beneficiaries
Serving 9,000 patients ages 0–24	Serving ~3,000 patients ages 0–5	Serving ~3,000 patients ages 0-5	Serving 34,000 patients across 3 counties	Serving 5.4M eligible members

TRANSFORMING PEDIATRIC PRACTICE

UCSF CADP Targets Four Interconnected Areas to Support Dyadic Care Adoption



OUR GENEROUS SUPPORTERS

The UCSF CADP partners with organizations across California to achieve its vision. California Children's Trust • California Primary Care Association • CYBHI • First 5 Center for Children's Policy • Genentech • Sarlo Family Foundation • Stupski Foundation • UCLA / UCSF ACEs Aware Resilience Network • ZERO TO THREE

Focusing on Three Critical Areas to Mitigate Barriers to Successful Dyadic Care

HEALTH CENTERS

Facilitating sustainable dyadic care implementation by:

- » Shifting to family-centered paradigms and away from diagnosis-driven, singular patient focus
- » Supporting billing infrastructure & revenue modeling
- » Providing a blueprint for operational infrastructure
- Developing a behavioral health workforce trained in prevention and promotion in children

MANAGED CARE PLANS

Coordinating efforts to develop scalable pilots by:

- » Implementing a train the trainer strategy
- » Building Countywide MCP collaborations
- » Clarifying gaps in dyadic care infrastructure needs
- » Connecting related initiatives (e.g., ECM)
- » Recommending shared metrics

OPOLICY-MAKERS

Providing subject matter expertise to:

- Clarify the intention and optimal application of dyadic care
- » Align billing policies with dyadic care best practices
- » Highlight pilot successes and areas of challenge