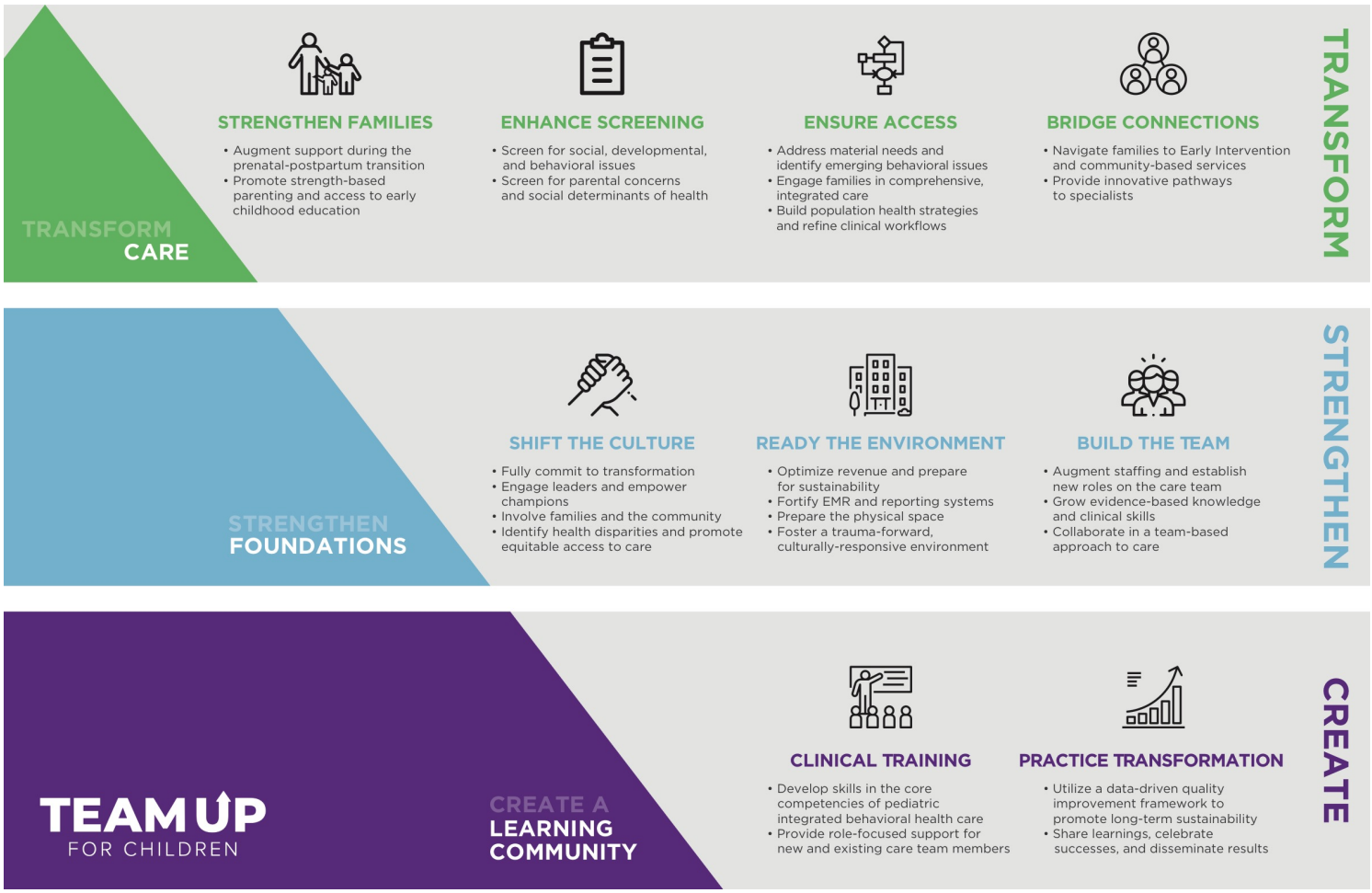
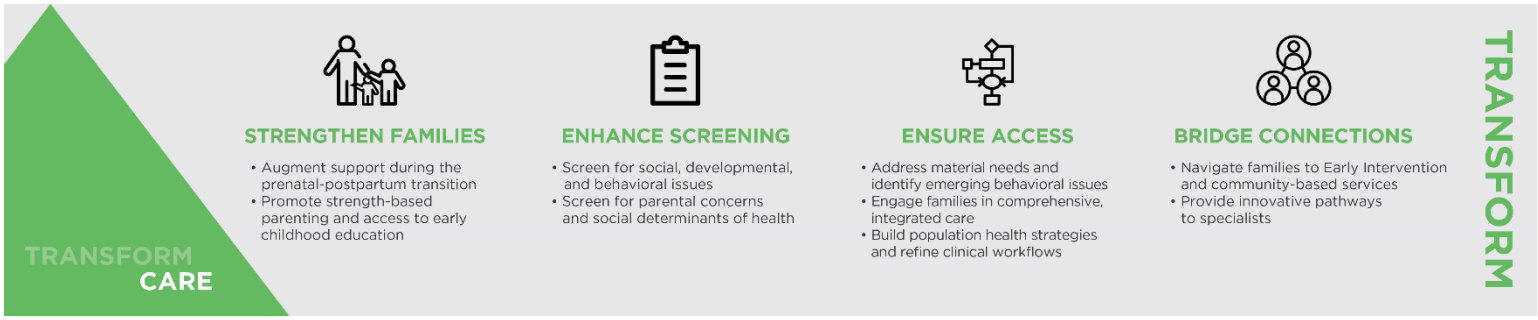
Transformation Model Narrative
Updated May 2021

TEAM UP for Children – **T**ransforming and **E**xpanding **A**ccess to **M**ental Health Care in **U**rban **P**ediatrics – aims to promote positive child health and well-being by building the capacity of urban community health centers (CHCs) to deliver high quality, evidence-based integrated behavioral health care to children and families. By strengthening the ability of CHCs to recognize emerging child behavioral health issues and intervene early with appropriate treatment, TEAM UP aims to improve life outcomes for tens of thousands of low income children in Greater Boston and Gateway cities, and beyond. Our vision is that all children in families will live within a community that fosters and promotes physical and behavioral health, wellness, and resilience.

In pursuit of this aim, TEAM UP has created a transformation model that outlines the major components necessary to implement this approach to care delivery.

Figure 1: TEAM UP for Children Transformation Model





The TEAM UP model identifies two major transformation domains. In the **Transform Care** domain, four transformation concepts are described. **Strengthen Families** emphasizes strength-based parenting approaches. **Enhance Screening** focuses on implementation of multidimensional screening processes. **Ensure Access** outlines a stepped care approach to delivering behavioral health services in primary care. **Bridge Connections** emphasizes a clear referral pathway to external resources and specialists.

Within this domain, discrete implementation activities include, but are not limited to, the following:

- Promote strength-based parenting strategies and encourage enrollment in early childhood education
- Identify at-risk families during the prenatal period and provide additional support to ensure access to services through the postpartum transition
- Implement the SWYC (Survey of Wellbeing for Young Children) screening tool, which includes screening for and responding to parental depression, domestic violence, and other family issues
- Implement the PSC (Pediatric Symptom Checklist) screening tool for broadband screening of school-age children and adolescents
- Implement universal screening for Social Determinants of Health (SDoH), including material needs, and develop workflows to address those needs through CHWs or other resources
- Implement workflows for primary care providers (PCPs) to document (in an extractable way) the plan of care when a behavioral health issue is identified
- Engage, assess, and treat behavioral health issues with evidence-based, transdiagnostic interventions, and monitor symptoms of children receiving behavioral health services in the integrated setting
- Deliver a brief trauma-informed assessment and intervention for children under the age of six and their caregivers (BRANCH – Building Resilience and Nurturing Children)
- Develop population health strategies, including defined clinical pathways for special populations of focus (e.g. Attention-deficit/hyperactivity disorder, Autism spectrum disorder)
- Track referrals to Early Intervention (EI) and provide navigational support at initiation and termination of services

In the **Strengthen Foundations** domain, three transformation concepts are described. **Shift the Culture** outlines the preliminary steps necessary to foster an environment actively seeking transformational shift in organizational culture. **Ready the Environment** focuses on developing health center-wide systems to support behavioral health integration. **Build the Team** focuses on establishing new roles for behavioral health clinicians (BHCs) and community health workers (CHWs) in the integrated primary care environment and building clinical skills across the care team.

Within this domain, discrete implementation activities include, but are not limited to, the following:

- Ensure that the executive leadership and organizational structure of the health center supports the goal of fully integrated behavioral and medical health care
- Identify clinical and administrative champions empowered to lead transformational change within the health center
- Initiate activities aimed at proactively engaging patients and families in the transformation process
- Optimize the revenue cycle for behavioral health services by identifying a billing champion, setting standard productivity expectations, and implementing processes to consistently monitor coding, billing, and denials
- Prepare electronic medical record (EMR) systems to support integrated behavioral healthcare by collecting discrete data, generating monthly reports, and enhancing EMR functionality for the end-user
- Ensure adequate physical space for the integrated care team
- Augment staffing in accordance with established staffing ratios for BHCs and CHWs, identify early childhood-focused care team members, and participate in clinical training activities

Both transformation domains are supported by the **TEAM UP Learning Community**, which provides **clinical training** tailored both to specific roles (PCPs, BHCs and CHWs) and the care team as a whole, as well as **practice transformation** in the form of a data-driven CQI framework with technical assistance.

Clinical Training is designed to expand knowledge in core areas of pediatric behavioral health. All members of the care team meet to discuss cases and build knowledge as a team and apply new skills to think through clinical processes together. This is accomplished through a self-paced e-course, case discussion in collaborative office rounds, and interactive in-person sessions. Additional role-focused training activities build specialized skills for BHCs and CHWs working in the integrated primary care setting.

Practice Transformation applies a quality improvement framework to collectively set goals, plan transformation activities, and monitor our progress across the Learning Community. Health centers receive technical assistance to ensure successful implementation and long-term sustainability of the model. The Learning Community comes together periodically to share our learning and celebrate our successes, always with an eye to building the field of expertise in integrated pediatric primary care through ongoing impact analysis, refining of the TEAM UP model, and dissemination of our work.

The TEAM UP evaluation is a central component of the model and is required for participation in the TEAM UP initiative. The evaluation seeks to **prove and improve** the TEAM UP model. Data are used for **continuous quality improvement**, with reports that are supplied to sites on a regular basis. Data are also used to **prove that the model leads to improved identification, treatment and outcomes for children with behavioral health concerns.**

Discrete evaluation activities include, but are not limited to, the following:

- Provide monthly EMR data about developmental and behavioral screening, SDoH screening, and primary care provider response to behavioral health concerns
- Provide monthly EMR data about psychotropic medication prescriptions
- Quarterly reports of health care/behavioral health use and symptomatology of children receiving behavioral health care
- Staff and provider surveys to assess perceptions of integration and burnout
- Claims data analysis of TEAM UP children, as compared to control children

Figure 3: TEAM UP Transformation Model – Evaluation Crosswalk

How the Evaluation Informs Model Implementation

Model Component	Evaluation Activities
Strengthen Families	– Assess rates of screening for BH, Development, and SDoH – Assess rates of positive screens for BH, Development, and SDoH
Enhance Screening	
Ensure Access	– Claims data – Assess number of psychotropic medication prescriptions – Collect primary care provider response to behavioral concerns – Assess receipt of services and symptoms of children receiving BH services
Bridge Connections	– Collect primary care provider response to behavioral concerns – Assess EI referrals
Shift the Culture	– Staff surveys – Validated BHI readiness assessments
Ready the Environment	
Build the Team