



**TEAM UP Scaling and Sustainability Center
Funding Opportunity:
Request for Applications to Partner with TEAM UP**

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Introduction to TEAM UP

The TEAM UP—**T**ransforming and **E**xpanding **A**ccess to **M**ental Health Care **U**niversally in **P**ediatrics—Scaling and Sustainability Center ([TEAM UP Center](#)) at Boston Medical Center (BMC) is pleased to offer primary care practices serving children and adolescents the opportunity to work with the TEAM UP Center in advancing integrated pediatric behavioral health care.

Access to behavioral health care is an ongoing challenge in Massachusetts and beyond, with nearly [1 in 5 children experiencing a mental health issue](#); however, [only roughly 50%](#) receive treatment from a mental health professional. The average delay from the onset of symptoms to treatment is [11 years](#).

Building on nearly a decade of work, the TEAM UP Center promotes positive child health and well-being through the consistent delivery of innovative evidence-based integrated care. Our team-based primary care model ensures that behavioral health risk factors and concerns in children and adolescents—from birth through young adulthood—are identified early and accurately, with safe and effective treatments provided in the most accessible settings.

TEAM UP, which began in 2015 and is now the standard of care in seven pediatric practices serving over 40,000 children, is expanding to reach 126,000 children in 29 clinics across the Commonwealth. Through this expansion, the TEAM UP Center is excited to announce its first request for applications (RFA), inviting primary care practices that serve children and adolescents to participate in this funding opportunity.

[About The TEAM UP Model™](#)

Developed collaboratively with pediatric primary care practices, the TEAM UP model is an innovative approach to integrating behavioral health into pediatric primary care. The model utilizes a fully integrated, multidisciplinary care team—including behavioral health clinicians (BHCs), community health workers (CHWs), and primary care providers (PCPs)—to promote healthy development and ensure early identification of emerging behavioral health issues and rapid access to care. Patients are often connected with behavioral health services within their pediatric medical home on the same day a concern is identified. Multiple studies show that the model's approach to early identification, intervention, and treatment works to increase access, improve mental health outcomes, and reduce provider burnout.

Practices that implement the model join the [TEAM UP Learning Community](#) as part of a cohort, where they receive in-depth clinical training, practice transformation support, and customized, data-driven technical assistance alongside other participating practices. This collaborative network provides ongoing guidance and tailored resources to support the successful implementation and long-term sustainability of integrated behavioral health (IBH) services within each practice.

Since its inception, the TEAM UP Center has trained over 400 professionals and engaged more than 15 practices to implement the TEAM UP model or build capacity for IBH care. With the launch of this funding opportunity, new practices are invited to join this growing community, collaborating with other practices to implement and sustain a proven model that has demonstrated [positive outcomes](#) for children and families. TEAM UP practices screen for behavioral health issues at more than 90% of all well child visits—well above the documented Massachusetts state average of 68%—and children are routinely connected to same-day, on-site care. Symptoms get better over time, with improvements in health-related quality of life and better school attendance. The TEAM UP model has contributed to decreased burnout and increased professional fulfillment across the primary care workforce, as well as increased primary care visits without impacting the total cost of care.

Investment in Evaluation, Research, and Advocacy

The TEAM UP Center has a robust evaluation team and is committed to using data to drive practice transformation, support advocacy efforts, and advance the IBH field. As part of model implementation, participating practices engage in a mixed-methods evaluation, with metrics gathered from electronic medical records (EMR) and staff surveys, alongside a separate analysis of claims data from the Massachusetts All-Payer Claims Database. This approach allows us to measure implementation progress and impact at the practice level. Visit our [website](#) to see examples of peer-reviewed literature published about the model.

The TEAM UP Center has contracted with [Relevant Healthcare](#) to support EMR data collection, sharing, and utilization. Relevant has a long history of partnering with community health providers, particularly federally qualified health centers, to streamline data collection processes and translate data into actionable insights through the creation of an implementation dashboard. Their expertise will enhance evaluation efforts, support meaningful participation for practices, and defray practice-level data collection and reporting burdens. Please refer to [Appendix: About Relevant Healthcare for more information](#).

Advocacy is a key element to ensuring the long-term viability of IBH care, specifically for children and adolescents, by supporting policies and payment structures that align with practice investments. The TEAM UP Center collaborates with [Health Care For All](#) to advocate for policies that improve reimbursement for key services within pediatric integrated care models.

About the Funding Opportunity

We invite Massachusetts-based primary care practices serving children and adolescents to apply to join our next cohort to implement the TEAM UP model. The TEAM UP Center will provide practices with the financial, technical, and operational support needed to successfully integrate behavioral health care into their primary care services for children and adolescents. Our support includes role-specific clinical training for BHCs, CHWs, and PCPs as well as interdisciplinary team-based training to strengthen collaboration and care delivery.

Benefits of Participation

Participating practices benefit from comprehensive financial, technical, and operational support. This section outlines the key benefits provided to practices.

Financial and Infrastructure Support

- Scaled funding between \$100,000-\$300,000 based on the size and demonstrated need of the patient population, as well as the staffing and infrastructure support needs of the practice. Funding will be disbursed through milestone-based payments over 30 months to support practice investments, such as staffing, protected time to engage in training and implementation efforts, and evaluation and project-related activities.
- Access to a dynamic data dashboard powered by Relevant to track metrics and performance over time. The dashboard will integrate data from EMR systems to provide real-time insights to support practice transformation efforts and inform the TEAM UP Center's research and evaluation activities. The TEAM UP Center will fund Relevant to create a dashboard for each participating practice and populate a warehouse of data accessible to the TEAM UP Center's evaluation team. Of note, the warehouse will include de-identified EMR data and no protected health information from patients in participating practices.

Non-Financial Benefits

For patients and families:

- Prompt access to needed mental and behavioral health services in a climate where resources are scarce
- More comprehensive and responsive care from a multidisciplinary team
- Improved experience navigating healthcare systems
- Care from providers who are highly trained

For staff/direct care providers:

- Focused training for all core members of the multidisciplinary care team, as well as responsive and tailored technical assistance
- Ongoing professional development over the course of 30 months, followed by

access to free training opportunities as TEAM UP “alumni”

- Improved professional vitality and fulfillment, and reduced risk of burnout
- Improved care coordination and collaboration amongst staff teams
- Connection to peers and colleagues in the field across the state
- Opportunities to contribute to field building and advocacy

For organizations:

- Alignment with the current MassHealth 1115 Demonstration Waiver, supporting team-based care, improved coordination, and quality metrics
- Department-wide training opportunities that improve organizational culture and quality care
- Guidance in revenue optimization and other quality improvement measures
- Increased staff satisfaction and stability
- Certification as a TEAM UP practice upon successful completion of the initiative

Expectations and Commitments

The TEAM UP Center is committed to supporting practices in delivering high-quality, integrated, and culturally responsive behavioral health care to promote equitable access to services for all children and adolescents. Through this partnership, we advance health equity with the aim of sustaining gains beyond the funding period. Over a 30-month period, participating practices will assemble a team to lead implementation within the practice, as outlined in the following Practice Expectations and Practice Commitments. Please refer to [Appendix: TEAM UP Model Implementation Activities](#) for more detail.

Practice Expectations

Participating practices will:

- Deliver evidence-informed IBH services through a fully staffed care team of BHCs, CHWs, and PCPs directly integrated within the primary care clinic(s)
- Ensure all patients have access to culturally responsive, trauma-informed, family centered care in alignment with the TEAM UP model
- Develop and implement clear processes for team collaboration and patient referrals through standardized workflows that align with TEAM UP model components
- Collaborate with Relevant to share accurate and timely data to support implementation tracking, quality improvement, and evaluation
- Work toward TEAM UP model certification through active engagement and continuous improvement

Practice Commitments

Participating practices commit to the following requirements to successfully implement the TEAM UP model. See [Appendix: Learning Community Overview and Practice Staffing Requirements](#) for more detail on time commitment by team role.

- Form a core project team composed of key staff outlined below who will lead practice transformation efforts and ensure that all BHCs, CHWs, and PCPs are also able to participate in those efforts.
- Designate a member of the executive leadership to serve as an Executive Sponsor to champion the initiative, participate in key activities, and facilitate decision-making and allocation of resources to support implementation of the model towards TEAM UP certification within the practice.
- Appoint Clinical Champions with expertise and leadership authority in both primary care and behavioral health to lead implementation and ensure sustainability.
- Assign administrative leads including a Project Manager, IT Representative, and Billing Representative to oversee operational components, including project deliverables, data set-up and sharing, billing, and workflow optimization.
- Engage clinical and administrative staff and providers in all TEAM UP Learning Community training, activities, and annual community events, including a limited number of in person events and trainings.
- Ensure EMR readiness by adding simple standardized documentation templates and collaborating with Relevant to share data through your practice dashboard.
- Commit to proactively engage patients and families in the transformation process.

Join us for an upcoming [webinar](#) to learn more about TEAM UP and this funding opportunity. Details on the webinar dates and times, as well as other options on how to get in touch with us are outlined in the [Recruitment Process](#) section.

Recruitment Process

Our recruitment process is designed to be transparent and supportive, helping us get to know your practice, your goals, and how we can best partner with you. In an effort to minimize the burden of applying, we are adopting a two-step approach that includes an application and a direct follow up discussion with each practice.

Step 1: Submit an Application

The [application](#) helps us understand your practice’s capacity, service model, and IBH goals. This is an opportunity for us to learn more about your needs and how the TEAM UP Center can support you.

Step 2: Review and Follow-Up

After reviewing applications, we will follow up with all practices to discuss next steps. Upon receiving your application, we will follow up to gain a deeper understanding of your practice and explore ideal and meaningful opportunities for engagement.

Key Recruitment Dates and Deadlines

Informational Webinars (two options available)	Wednesday, April 9, 2025, 8:30-9:30am EST Wednesday, April 16, 2025, 12:30-1:30pm EST
Technical Assistance Office Hours (Two options available)	Wednesday, April 23, 2025, 8:30-9:30am EST Wednesday, April 30, 2025, 12:30-1:30pm EST
Application Deadline	Friday, May 9, 2025, 5:00pm EST

Informational Webinar

Both informational webinar sessions will cover the same material. Recordings will be posted for those unable to attend live. Please [register for the informational webinar session](#) you plan to attend.

Technical Assistance Office Hours

We will offer two technical assistance office hours to answer questions about the application and the initiative. Please [register for the technical assistance office hours](#) you plan to attend. Recordings will be posted for those unable to attend live. The FAQ will be updated regularly with questions and content from informational and technical assistance webinars, as well as emails received during the open recruitment period.

Application Overview

The application is designed to help us assess key aspects related to each practice's capacity to implement the TEAM UP model. Below are the domains that will be assessed:

- **Organizational Overview:** Core services, affiliations, organizational structure, and, if applicable, current tier level designation within the MassHealth primary care sub-capitation program
- **Patient Population:** Payor mix, characteristics of communities served
- **Pediatric Developmental and Behavioral Health Needs and Services:** Prevalence of behavioral health conditions and availability of existing behavioral health services
- **Clinical Model:** Current screening practices, diagnostic processes, and access to mental and behavioral health services
- **Operational Infrastructure:** Existing staffing, EMR systems, and billing practices.
- **Organizational Priorities:** Alignment with TEAM UP's mission and commitment to full implementation of the care model
- **Practice Leadership and Staffing Plan:** Key leadership roles, including executive, clinical, IT, and billing
- **Supporting Documentation:** Leadership bios

Eligibility and Selection Criteria

Eligibility Criteria

To support a successful partnership, practices must demonstrate capacity, readiness for change, and organizational commitment. Interested practices should meet the following foundational criteria for participation:

- Pediatric primary care or family medicine practice
- Located in Massachusetts
- Minimum patient panel of about 2,500 children and adolescents
- No planned changes to the EMR system in the next 36 months
- Commitment to participate in all practice transformation and evaluation activities

Selection Criteria

The TEAM UP Center will lead the review and selection process for the next cohort of participating practices based on the following criteria. These criteria will guide the selection process to ensure participating practices are positioned to successfully implement and sustain the TEAM UP model as part of the next cohort.

- **Demonstrated Need:** The volume and characteristics of the patient population expected to benefit from the intervention. Examples may include but are not limited to a high proportion of publicly insured or uninsured patients, and/or significant gaps in access to mental and behavioral health care within the community.
- **Organizational Commitment:** Clear institutional commitment to implementing and sustaining the TEAM UP model, including alignment with the practice's overall strategic goals.
- **Leadership Strength:** Ability of organization's leadership and key personnel to champion the initiative within the practice.
- **Infrastructure and Data Capacity:** Strength of existing infrastructure to support pediatric behavioral health integration, quality improvement, and evaluation activities, including the capacity to support data sharing.
- **Capacity to Contribute to Learning and Innovation:** Experience providing data for evaluation and practice transformation, potential to demonstrate clinical improvement within the initiative period, and commitment to critical thinking, collaboration, and transparent data sharing within the TEAM UP Learning Community.

Get in Touch with the TEAM UP Center

Staff in the TEAM UP Center are available to support practices throughout the application process. Please email Recruitment.TEAMUPCenter@bmc.org with any questions you have. We will update the Recruitment FAQ regularly to share responses.

We recognize that practices are at different stages in achieving their IBH goals. Even if your practice is not quite ready for full model implementation, you can still make significant strides in enhancing IBH access for your patients by partnering with the TEAM UP Center. We offer a variety of pathways to support your progress. Please complete this [interest form](#) to tell us more about your practice and to help us understand how we can best support your goals.

Thank you for your interest in partnering with TEAM UP!

Appendix: TEAM UP MODEL Implementation Activities

Practices implementing the TEAM UP model focus on a series of priorities aimed at establishing a multidisciplinary integrated care team, developing clinical workflows and processes to enable delivery of integrated behavioral health care, and optimizing the operational environment to support successful uptake and sustainability. The table below outlines major commitments and expectations for participation in the initiative along with implementation activities that further operationalize what practices' will be accountable for in each area.

Practice Commitments and Expectations	Summary of Implementation Activities
Executive leadership and organizational structure of the practice supports the goals of fully integrated behavioral health (IBH) care that ensures equitable access for all children and adolescents receiving care within the practice	<ul style="list-style-type: none"> • A member of the executive leadership team is identified to serve as Executive Sponsor and participate in select TEAM UP activities to promote successful implementation and sustainability • Executive Sponsor attests to the organization's commitment to sustaining pediatric IBH as a standard of care and codifying IBH model within organizational chart and strategic plans
Clinical and administrative champions are empowered to lead transformational change within the practice	<ul style="list-style-type: none"> • Individuals in leadership positions are identified to serve as Clinical Champions from both the medical and behavioral health sides of the practice; individuals with demonstrated commitment to IBH are strongly advised, experience with public health, population health, and quality improvement is recommended • An individual with strong administrative skills is identified to serve as the practice's Project Manager (PM); experience with public health, population health, and quality improvement is recommended • Clinical Champions and PMs lead TEAM UP model implementation efforts within the practice and participate in activities as defined
All members of the integrated team have adequate physical space within primary care	<ul style="list-style-type: none"> • PCPs, BHCs, and CHWs complete activities as defined in the TEAM UP Learning Community Syllabus • Additional roles, e.g., supervisors, etc. participate in activities as defined
EMR systems are modified to support IBH documentation and data collection for TEAM UP evaluation	<ul style="list-style-type: none"> • An individual(s) with skills in EMR development and data extraction is identified to serve as an IT representative for the practice and partner with Relevant Healthcare on data collection, reporting, and EMR optimization • A contract with Relevant Healthcare is executed to support data extraction and reporting • All necessary Institutional Review Board (IRB) documentation is completed • TEAM UP Behavioral Health (BH) Plan templates and screeners are built within the practice's EMR with attention to ensuring all data fields are extractable and each is integrated into the appropriate template(s) • EMR templates are optimized and/or developed for PCPs, BHCs, and CHWs such that all roles have access to the same patient data
The revenue cycle and associated clinical and operational workflows are optimized to ensure sustainability of IBH	<ul style="list-style-type: none"> • An individual with experience in billing and revenue cycle management is identified to serve as a Billing representative for the practice and participate in activities as defined • Processes are developed to consistently monitor coding, billing, and denials with mechanisms for feedback to the IBH team • IBH schedules, productivity standards, and supervision structures are established and maintained within the practice

Practice Commitments and Expectations	Summary of Implementation Activities
Patients and families are proactively engaged in the transformation process	<ul style="list-style-type: none"> • All patients birth-18 years receive annual screening for health-related social needs utilizing a screener selected by the practice • All patients birth-4 years receive screening at each WCV utilizing the Survey of Wellbeing of Young Children (SWYC) • All patients 5-18 years receive screening at each WCV utilizing the Pediatric Symptom Checklist (PSC) • Patients 12-18 years who screen positive on the internalizing subscale of the PSC receive supplemental screening with the Patient Health Questionnaire (PHQ-9)
Established workflows and communication pathways enable collaboration and handoff between members of the integrated team (PCPs, BHCs, CHWs)	<ul style="list-style-type: none"> • Workflows are established and documented for initiating a warm handoff from the PCP to both the BHC and CHW • Workflows are established and documented for initiating a cold handoff or referral from the PCP to both the BHC and CHW • Consistent processes for bi-directional communication between members of the integrated team are established and documented
Members of the integrated team (PCPs, BHCs, CHWs) deliver evidence-informed IBH care	<ul style="list-style-type: none"> • PCPs screen for social, developmental, behavioral health needs at well-child visits, collaborate on establishment of plan of care for identified issues, and prescribe and manage first line medications for common diagnoses, e.g., ADHD, depression, anxiety • BHCs provide an array of short-term, bridge, and ongoing services to engage, assess, and treat behavioral health issues with evidence-informed transdiagnostic interventions • CHWs provide care coordination and navigation services to engage, educate, and advocate for patients and families identified with social, developmental, and behavioral health concerns
Members of the integrated team (PCPs, BHCs, CHWs) document the plan of care for behavioral health concerns utilizing a standardized IBH template	<ul style="list-style-type: none"> • PCPs, BHCs, and CHWs utilize role-focused TEAM UP BH Plans to document behavioral health assessments, actions taken to address concerns identified, and follow up plans of care as a standard part of all visit documentation in the EMR
Patients receive a universal touchpoint from the integrated team during the newborn period to promote strength-based parenting strategies and support engagement in care	<ul style="list-style-type: none"> • A universal newborn touchpoint with a BHC and/or CHW is delivered to all families with an infant during the first two months of life
Population health strategies, including defined clinical pathways to care, are developed for special populations of focus determined by the practice (e.g., families at-risk during the perinatal period, early childhood developmental concerns, children and adolescents with common diagnoses including ASD, ADHD, depression, anxiety)	<ul style="list-style-type: none"> • Documented strategies, clinical pathways, and/or workflows are established for a minimum of two special populations of focus determined by the practice • Strategies, clinical pathways, and/or workflows will include at minimum: <ul style="list-style-type: none"> ◦ An established process for closed loop tracking for common referrals to community and specialty services ◦ A defined scope of work for each member of the integrated team that enhances the IBH services already available within primary care for the unique needs of the identified special populations of focus

Appendix: Learning Community Overview and Practice Staffing Requirements

The TEAM UP Learning Community (LC) is the primary vehicle within which practices receive training and technical assistance to support TEAM UP Model™ implementation. As such, there are set events that are required for participating practices; Table 1 of this appendix outlines these core events. Figure 1 provides an overview of the events as they are sequenced across the 30-month timeline of the initiative.

Table 2 of this appendix outlines key administrative leadership and multidisciplinary clinical care team roles. In addition, Table 2 introduces the LC events for each role, along with our best estimate of the time required to participate in these events over the 30-month timeline. Additional time may be needed for teams to plan, implement, evaluate, and adapt components of the TEAM UP model within their practice. Practices will also be asked to submit a narrative report semi-annually in alignment with the payment milestones and invoicing schedule.

Table 1. Learning Community Events

Event	Description and Purpose
Kick-Off Meeting	Virtual forum to welcome and orient leadership at new participating practices to the initiative and the TEAM UP Learning Community. Session will map out timeline and milestones, introduce TEAM UP staff, and allow for Q&A.
Practice Transformation Meetings	Virtual forum for site-specific technical assistance and implementation support that runs throughout the length of the initiative. Sessions are focused on monitoring implementation progress and supporting development of sustainable infrastructure and clinical workflows adapted to each practice.
Leadership Workgroup	Virtual forum for leadership from across practices to review data, discuss implementation facilitators and barriers, and set collective goals for continuous quality improvement.
Virtual Learning Platform	Asynchronous courses designed to enhance foundational behavioral health knowledge around assessing, screening, and caring for children and families. Continuing education credits are available.
Foundational Role-Focused Trainings & Consultations	Training series designed to prepare Behavioral Health Clinicians (BHCs), Community Health Workers (CHWs), and Primary Care Providers (PCPs) to provide effective integrated behavioral healthcare for pediatric populations and their families. Trainings are uniquely tailored to each role on the care team and are followed by 12 monthly consultation calls to enhance and consolidate learning, discuss application of skills, and explore current cases and clinical questions. Continuing education credits are available for training time.
Early Childhood Alliance	Virtual monthly forum for practitioners to increase comfort and confidence in caring for families with young children. The first six months are focused on didactic material, followed by twelve months of reflective consultation, a best practice in early childhood care.
Team-Based Care Sessions	Virtual forums convening direct care providers and practice leadership to enhance team collaboration and clinical processes. Sessions explore aspects of clinical approaches (e.g., trauma-informed care and organizational structure) as well as workflows for diagnosis-specific care (e.g., treating ADHD as a whole team).

Event	Description and Purpose
Supervisor Forum	Virtual forum for clinical supervisors to meet with peers across practices to explore challenges, questions, and best practices around supervision, clinical and workflow innovations and issues, workforce support and sustainability, and other emerging concerns.
Revenue & Operations Workgroup	Virtual forum focused on introducing tools and strategies for setting up the infrastructure and systems necessary to adopt and sustain integrated behavioral healthcare.
Community Dinners	Annual in-person celebrations to convene across participating practice and acknowledge and learn from each other's work.

Figure 1. Learning Community Timeline and Events

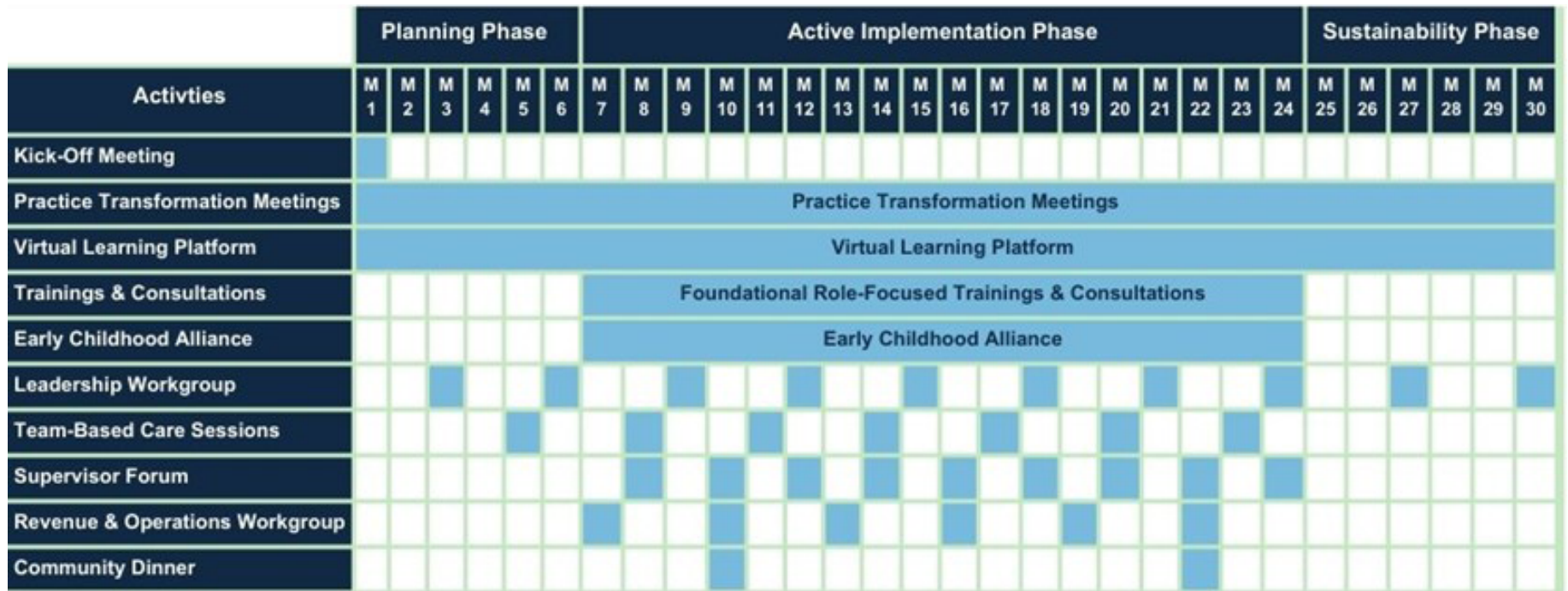


Table 2. Practice Staffing Requirements and Participation Expectations

Role	Responsibility	Required TEAM UP Events	Time Estimates per Individual
Administrative Leadership			
Executive Sponsor	Member of the organization’s executive leadership who will champion the TEAM UP model within the organization, participate in select events, and attest to the completion of initiative activities and milestones.	<ul style="list-style-type: none"> • Kick-Off Meeting • Team-based Care Sessions (select) • Community Dinners 	10-15 hours
Clinical Champions	Pediatric leads who will champion the TEAM UP model within the practice, participate regularly in events, and lead initiative activities and implementation. Practices are asked to identify two clinical champions with distinct expertise and leadership authority – one on primary care and one in behavioral health.	<ul style="list-style-type: none"> • Kick-Off Meeting • Practice Transformation Meetings • Leadership Workgroup • Revenue & Operations Workgroup • Team-based Care Sessions • Community Dinners 	70-75 hours
Project Manager	<p>Individual identified to provide administrative oversight and coordination for the practice to ensure full participation and compliance with all deliverables and expectations.</p> <p>The project manager role can be combined with another role, e.g., clinical champion, clinical supervisor, clinical care team member, so long as the individual can dedicate appropriate time to managing administrative components of the initiative in addition to other responsibilities.</p>	<ul style="list-style-type: none"> • Kick-Off Meeting • Practice Transformation Meetings • Leadership Workgroup • Community Dinners 	70-75 hours
IT Representative	Member of the organization’s information technology team who will support EMR development, participate in select activities, and collaborate with Relevant Healthcare on data reporting.	<ul style="list-style-type: none"> • Practice Transformation Meetings • Meetings with Relevant Healthcare 	10-15 hours [^]
Billing Representative	Member of the organization’s billing and revenue team who will support identification of relevant billing codes available for use, support reporting on revenue capture for IBH services, and collaborate on the development of IBH billing workflows.	<ul style="list-style-type: none"> • Practice Transformation Meetings • Revenue & Operations Workgroup 	10-12 hours
Clinical Supervisor	<p>Leader within the practice identified to provide clinical and administrative supervision to BHCs and CHWs.</p> <p>The clinical supervisor may also serve in another role, e.g., clinical champion, project manager, clinical care team member.</p>	<ul style="list-style-type: none"> • Revenue & Operations Workgroup • Supervisor Forum • Virtual Learning Platform • Foundational Training (select) • Team-Based Care Sessions • Community Dinners 	35-40 hours

Role	Responsibility	Required TEAM UP Events	Time Estimates per Individual
Multidisciplinary Clinical Care Team			
Primary Care Providers (PCPs)	Members of the care team responsible for providing primary care that is inclusive of the following IBH care: screening, patient engagement/ guided self-management, evidence-based medication management, warm handoff to BHC and CHW, reassessment and follow-up.	<ul style="list-style-type: none"> • Virtual Learning Platform • Foundational Training for PCPs • Consultation for PCPs • Team-Based Care Sessions • Community Dinners 	40-45 hours
Behavioral Health Clinicians (BHCs)	<p>Members of the care team responsible for providing IBH services within the primary care setting, inclusive of the following: comprehensive assessment of child behavioral health needs, development of child and family plan of care, consultation with child’s early care provider and school, collaboration with CHW and PCP to address developmental and behavioral health needs.</p> <p>BHCs within the TEAM UP Model serve children across the age range from birth through young adulthood with a staffing ratio of 1 BHC to every 3,000 pediatric patients.</p>	<ul style="list-style-type: none"> • Virtual Learning Platform • Foundational Training for BHCs • Consultation for BHCs • Early Childhood Alliance • Team-Based Care Sessions • Community Dinners 	80-85 hours
Community Health Workers (CHWs)	<p>Members of the care team responsible for facilitating coordination of services and access to resources in response to identified developmental and behavioral health needs, inclusive of the following: comprehensive assessment of family social needs, engagement of parents and caregivers to address barriers to care and provide parenting support, support navigating community resources and specialty services, collaboration with BHC and PCP to address developmental and behavioral health needs.</p> <p>CHWs within the TEAM UP Model specialize in navigation and care coordination for developmental and behavioral health needs with a staffing ratio of 1 CHW to every 3,000 pediatric patients.</p>	<ul style="list-style-type: none"> • Virtual Learning Platform • Foundational Training for CHWs • Consultation for CHWs • Early Childhood Alliance • Team-Based Care Sessions • Community Dinners 	95-100 hours

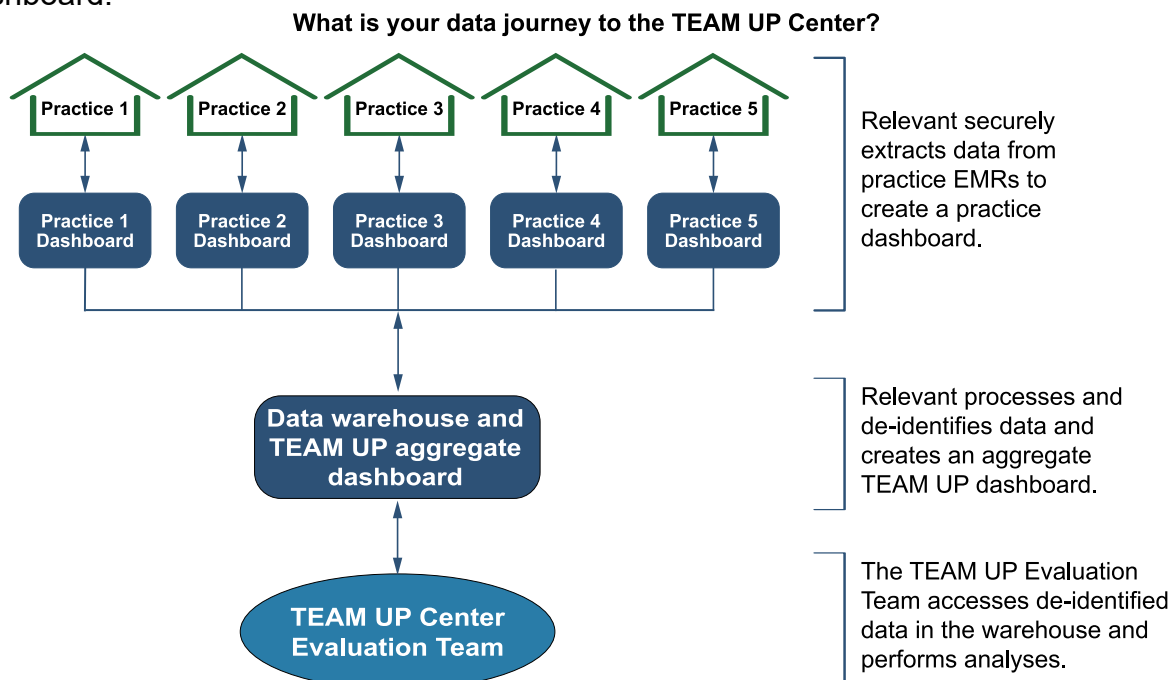
^Time estimates for the IT representative may not capture all of the time needed for meetings with Relevant Healthcare; additional time may be required to coordinate data sharing with them.

Appendix: About Relevant Healthcare

[Relevant Healthcare](#) is a New York-based organization that works with over 85 community health centers from across the country. Relevant provides digital tools and expertise to deliver data, reporting, and population health platforms to improve clinical quality, and close gaps in care. To support practices, the TEAM UP Center has contracted with [Relevant Healthcare](#) to support EMR data collection, sharing, and utilization. As part of this contract, Relevant will work with IT and clinical representatives to integrate their electronic medical record (EMR) data with a TEAM UP-customized implementation dashboard, providing real-time data analytics and visualization. This dashboard will support practice transformation efforts, inform evaluation activities, and facilitate advocacy initiatives aimed at advancing the evidence base for integrated behavioral health.

Harnessing Relevant's deep expertise and proven, adaptable tools, practices will gain insight and transparency into their implementation of the TEAM UP Model, key child and adolescent behavioral health quality measures, and patient-level trends over time. To ensure meaningful participation, Relevant will provide support, including training on the use of their software. Data collected and managed by Relevant will be available to practices through a secure backend data warehouse, where team members may run queries and integrate external tools like Tableau. De-identified EMR data will also be included in the TEAM UP Center's data warehouse to support ongoing evaluation, research, and advocacy—without requiring additional data extraction or reporting from practices. These data will enable tailored analyses in alignment with practice-identified goals for implementation and quality improvement.

Below is a high-level visual illustrating the secure flow of data from the practice's EMR to the TEAM UP Center data warehouse and ultimately to the TEAM UP implementation dashboard.



Appendix: Frequently Asked Questions

1. What is the TEAM UP Center?

The TEAM UP (**T**ransforming and **E**xpanding **A**ccess to **M**ental Health Care **U**niversally in **P**ediatrics) Scaling and Sustainability Center is based at Boston Medical Center (BMC) and works to advance pediatric integrated behavioral health care. The TEAM UP Center promotes positive child health and well-being through consistent delivery of innovative, evidence-based integrated care. It supports practices to build multidisciplinary care teams that include Primary care providers (PCPs), Behavioral Health Clinicians (BHCs), and Community Health Workers (CHWs) and expand access to integrated care. It does this by providing training, technical assistance, and funding, and leading evaluation, research, and advocacy efforts. Please visit our [website](#) for complete details.

2. What is the TEAM UP Model?

Developed collaboratively with pediatric primary care practices, the [TEAM UP Model™](#) is an innovative, team-based approach to integrating behavioral health services into pediatric primary care. The model utilizes a fully integrated, multidisciplinary care team—including BHCs, CHWs, and PCPs—to promote healthy development and ensure early identification of emerging behavioral health issues and rapid access to care. Children and families are often connected with behavioral health services within their pediatric medical home on the same day a concern is identified. Multiple studies show that the model's approach to early identification, intervention, and treatment works to increase access, improve mental health outcomes, and reduce provider burnout. Practices that implement the model join the TEAM UP Learning Community as part of a cohort, where they receive in-depth clinical training, practice transformation support, and customized, data-driven technical assistance. Refer to the [“About The TEAM UP Model™” section of the RFA](#) for complete details.

3. Who can apply for this funding opportunity?

Please refer to the [“Eligibility Criteria” section of the RFA](#). Interested practices should meet the following foundational criteria for participation:

- Pediatric primary care or family medicine practice
- Located in Massachusetts
- Minimum patient panel of about 2,500 children and adolescents
- No planned changes to the EMR system in the next 36 months

4. Commitment to participate in all practice transformation and evaluation activities What financial support is available?

Practices will receive scaled funding between \$100,000-\$300,000 based on practice size and demonstrated need. Funds will be distributed in milestone-based payments over a 30-month period to support staffing, training, implementation, and evaluation activities. Please refer to the [“Financial Support” section of the RFA](#) for more details.

5. What are the benefits of participation?

Benefits include comprehensive financial, technical, and operational support. Practices will receive access to training, technical assistance, a customized data dashboard, and ongoing professional development. For a full description of benefits to patients and families, staff/direct care providers, and organizations, refer to the [“Benefits of Participation” section of the RFA](#).

6. What are the key expectations for participating practices?

Participating practices are expected to implement evidence-based integrated behavioral health services aligned with the TEAM UP model. This includes maintaining a fully staffed care team, who together provide care that is culturally responsive, trauma-informed, and family-centered. Practices will share data with the TEAM UP Center’s data management partner, Relevant Healthcare, to support implementation tracking and evaluation activities. Practices actively engage in Learning Community training sessions and meetings. For full details, please refer to the [“Practice Expectations”](#) and [“Practice Commitments”](#) sections and [Appendix: Learning Community Overview and Practice Staffing Requirements](#) of the RFA.

7. What kind of support will practices receive during implementation?

Practices will receive hands-on technical assistance, role-specific clinical training for PCPs, BHCs, and CHWs, interdisciplinary team-based training, customized data dashboards developed by Relevant Healthcare, and opportunities to engage with peer practices across the TEAM UP Learning Community. Support is designed to guide practices through model implementation, continuous improvement, and sustainability. Please refer to the [“Benefits of Participation”](#) and [“Practice Commitments”](#) sections of the RFA for full details.

8. How will data be used to support practices?

Practices will receive access to a dynamic data dashboard powered by Relevant Healthcare to track metrics and performance over time. The dashboard will integrate data from EMR systems to provide real-time insights and inform the TEAM UP Center’s research and evaluation activities. A deidentified data warehouse will be accessible to the TEAM UP Center’s evaluation team. For full details, refer to the [“Investment in Evaluation, Research, and Advocacy” section of the RFA](#).

9. Who is Relevant Healthcare?

Relevant Healthcare has a long history of partnering with community health providers, particularly federally qualified health centers, to streamline data collection processes and translate data into actionable insights through the creation of an implementation dashboard. Their expertise will enhance evaluation efforts, support meaningful participation for practices, and defray practice-level data collection and reporting burdens. See the [“Financial Support” sections](#) and [Appendix: About Relevant Healthcare in the RFA](#) for more information.

10. How is the 30-month funding period structured?

The funding period is divided into three phases: six months for planning, eighteen months for implementation, and six months for sustainability. This structure is designed to support practices through each stage of TEAM UP model implementation. Please refer to [Appendix: Practice Staffing Requirements and Commitment in the RFA](#) for additional details.

11. What happens after the 30-month funding period?

Practices that successfully implement the TEAM UP model become TEAM UP Certified and join our growing community of certified practices. The TEAM UP Center continues to engage with certified practices by providing ongoing access to trainings and other resources, including research, advocacy, and dissemination activities designed to build the field of pediatric integrated behavioral health care. Please refer to the [“Benefits of Participation”](#) and [“Practice Commitments”](#) sections of the RFA.

12. What does it mean to become certified as a TEAM UP practice?

TEAM UP Certification indicates that a practice has successfully implemented the TEAM UP model and completed all initiative requirements. Practices who successfully complete the 30-month initiative will receive certification. For more details, please refer to the [“Benefits of Participation”](#) section of the RFA.

13. What is the application process?

The application process follows a two-step approach. First, practices submit an application that helps the TEAM UP Center understand their existing service model and integrated behavioral health (IBH) goals. Second, the TEAM UP Center conducts a follow-up discussion with each applicant to explore meaningful opportunities for engagement and support. Refer to the [“Recruitment Process”](#) section of the RFA for more details.

14. What is the application deadline?

Applications are due Friday, May 9, 2025, by 5:00pm EST.

15. When will funding decisions be announced?

Funding decisions will be announced in mid-July 2025.

16. When will the 30-month initiative start?

The 30-month initiative is expected to begin in September 2025; funded practices will be asked to complete contracting with the TEAM UP Center and Relevant Healthcare prior to the start of the initiative.

17. How can I learn more information about this funding opportunity?

We will be offering an informational webinar. The material covered will be the same in both sessions, and recordings will be available. Please [register for the informational webinar](#) session you plan to attend: Wednesday, April 9, 2025, 8:30–9:30am EST or Wednesday, April 16, 2025, 12:30–1:30pm EST. Additionally, we will offer technical assistance office hours to answer questions about the application and the initiative. Please [register for the technical assistance office hours](#) you plan to attend: Wednesday, April 23, 2025, 8:30–9:30am EST or Wednesday, April 30, 2025, 12:30–1:30pm EST. Informational webinars and technical assistance office hours will be recorded and available on our website.

18. How can I get in touch if I still have questions that have not yet been answered?

Please email Recruitment.TEAMUPCenter@bmc.org. The FAQ will be updated throughout the recruitment period.

19. We are interested in working with you, but unsure if we are ready to fully implement the TEAM UP model. Who can we contact for more information or to explore other opportunities to work with the TEAM UP Center?

The TEAM UP Center supports practices at various stages of IBH development and offers multiple engagement pathways. Please complete the TEAM UP [Interest Form](#) to share more about your practice and help us understand how we can best support your goals. Additionally, you can reach out to Recruitment.TEAMUPCenter@bmc.org for other inquiries and additional information.