



Integrating Family Behavioral Health into Primary Care



Featuring **TEAM UP for Children**



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November 1st, 2023 | 1 PM EST

This webinar is a joint project of the Centers of Excellence in Maternal and Child Health at Harvard T.H. Chan School of Public Health and Boston University.

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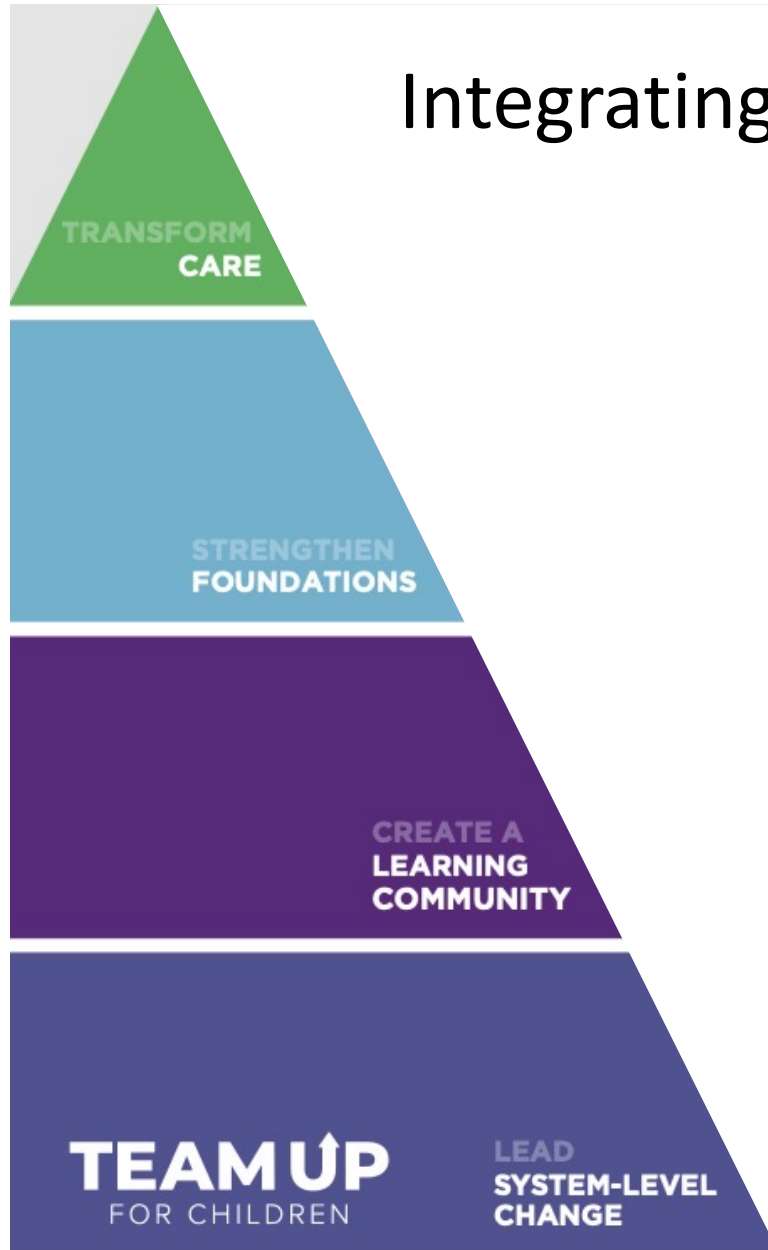


School of Public Health
Center of Excellence in Maternal & Child Health

Integrating Family Behavioral Health Into Primary Care

Sonia Erlich
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Maternal and Child Health Centers of Excellence
Harvard T.H. Chan School of Public Health
Boston University School of Public Health
November 1, 2023



TEAMing UP for Integrated Behavioral Health

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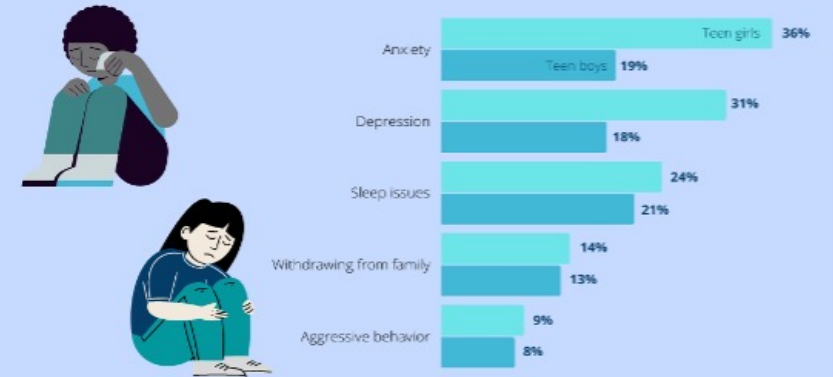
Funding for the TEAM UP for Children initiative was provided by the Richard and Susan Smith Family Foundation and the Klarman Family Foundation.

Why TEAM UP?



Effects of the pandemic on adolescent mental health

Percent of parents noticing a new or worsening mental health problem since the start of the pandemic



Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2021



Our kids and teens face a **MENTAL HEALTH CRISIS.**
We must act.

Sponsored by:
Children's Hospital Association
American Academy of Pediatrics

1 in 5


children experience a mental health issue

20%

of children with a mental health issue receive treatment from a mental health professional

11 years

Average delay from the onset of mental health symptoms to treatment

Leveraging the moment

Protecting Youth Mental Health

Key takeaways from the Surgeon General's Advisory

Mental health is an essential part of overall health

Mental health conditions are real, common, and treatable. People experiencing mental health challenges deserve support, compassion, and care — not stigma and shame.

COVID-19 added to pre-existing challenges that youth faced

Since the pandemic began, rates of psychological distress among young people have increased. The pandemic is most heavily affecting those who were already vulnerable. This includes youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, and other marginalized communities.

A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association:

As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.

This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

...there is tremendous need for mental health care for children, youth, and families

Leveraging the moment: View from the top

HEALTH AFFAIRS FOREFRONT

RELATED TOPICS:

BEHAVIORAL HEALTH CARE | ACCESS TO CARE | ORGANIZATION OF CARE | PRIMARY CARE PROVIDERS
| MENTAL HEALTH | CHILDREN'S HEALTH | PRIMARY CARE | COVID-19 | SYSTEMS OF CARE
| SUBSTANCE USE DISORDER

Addressing The Nation's Behavioral Health Crisis: An HHS Roadmap to Integrate Behavioral Health

[Xavier Becerra](#), [Andrea Palm](#), [Rebecca L. Haffajee](#), [January Contreras](#), [Alison Barkoff](#), [Dawn O'Connell](#), [Robert Otto Valdez](#), [Rochelle P. Walensky](#), [Chiquita Brooks-LaSure](#), [Robert M. Califf](#), [Carole Johnson](#), [Roselyn Tso](#), [Lawrence A. Tabak](#), [Rachel L. Levine](#), [Micky Tripathi](#), [Miriam Delphin-Rittmon](#), [Vivek H. Murthy](#)

DECEMBER 2, 2022

10.1377/forefront.20221130.118858

...at the federal level, a commitment to integrated behavioral health

Leveraging the moment : Local context

 OFFERED BY [Executive Office of Health and Human Services](#)

Background on the Behavioral Health Roadmap

Introduced in 2021 and implemented in 2023, the Roadmap is a multi-year blueprint, based on listening sessions and feedback from nearly 700 individuals, families, providers and other stakeholders who identified the need for expanded access to treatment, more effective treatment, and improved health equity.

...at the state level, a commitment to integrated behavioral health through the BH Road Map and the 1115 Waiver



Our Vision

All children and families will live within a community that fosters and promotes physical and behavioral health, wellness, and resilience



Our Aim

To promote positive child health and well-being through innovation and consistent delivery of evidence-based integrated behavioral health care



Target Population

Children, and their families, seeking care at participating TEAM UP federally-qualified community health centers

What Is TEAM UP

- Eight-year, \$22M+ initiative that **builds the capacity of seven local community health centers** to deliver high quality, evidence-informed **integrated behavioral health care** to children and families
- Expands access to care by **integrating behavioral health clinicians (BHCs) and community health workers (CHWs)** into pediatric and family medicine teams to provide comprehensive behavioral health services as part of routine primary care
- Focuses on **improving early identification** of behavioral health problems and providing a **full spectrum of preventative and treatment services** to children and families

Key Partners

- **Community Health Centers:** Brockton, Codman Square, Dimock, DotHouse, Greater New Bedford, Lowell, South Boston
- **Boston Medical Center**
- **Health Care For All**
- **Center for the Study of Social Policy**

The TEAM UP model has been developed through two phases of co-creation

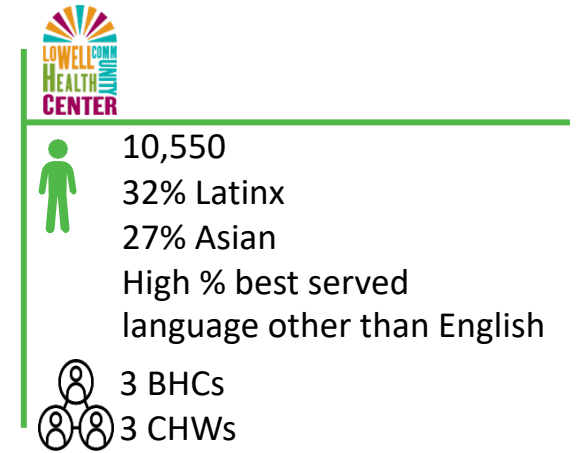
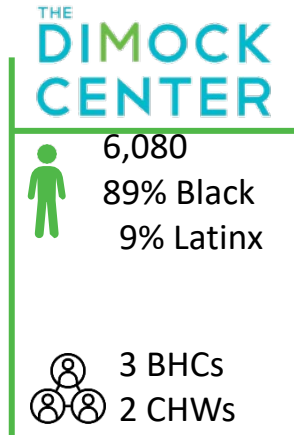
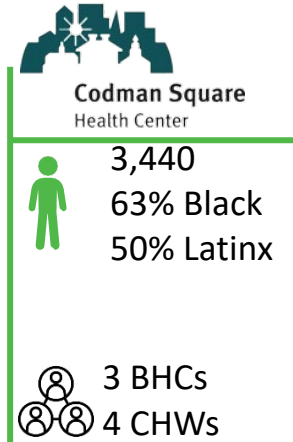
Phase I: Pilot

2
0
1
5

Model Development

Implementation

Initial Dissemination



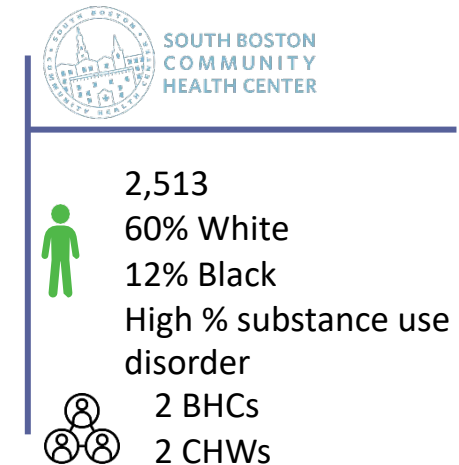
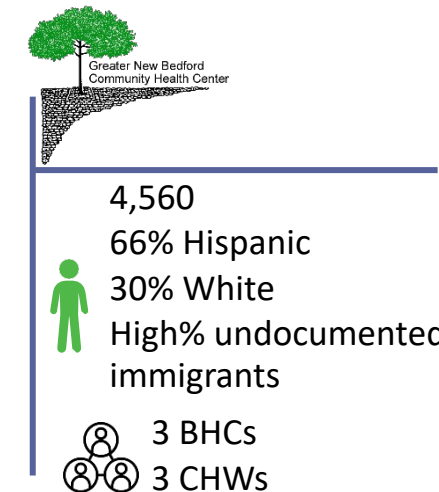
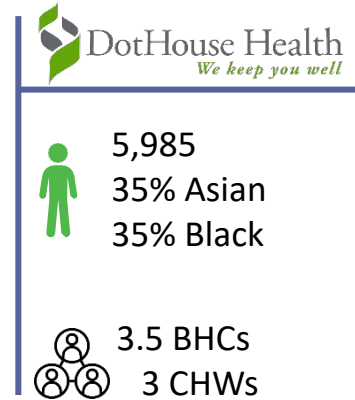
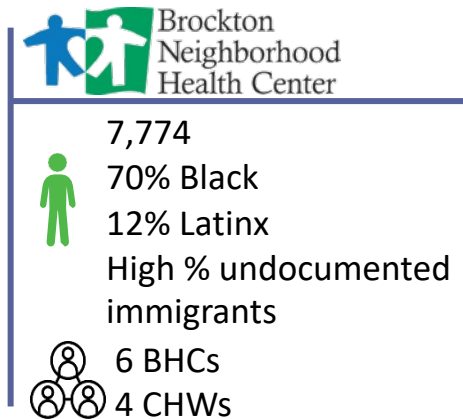
Phase II: Scale-up

2
0
1
9

Implementation

Model Growth

Dissemination & Spread



TEAM UP Transformation Model

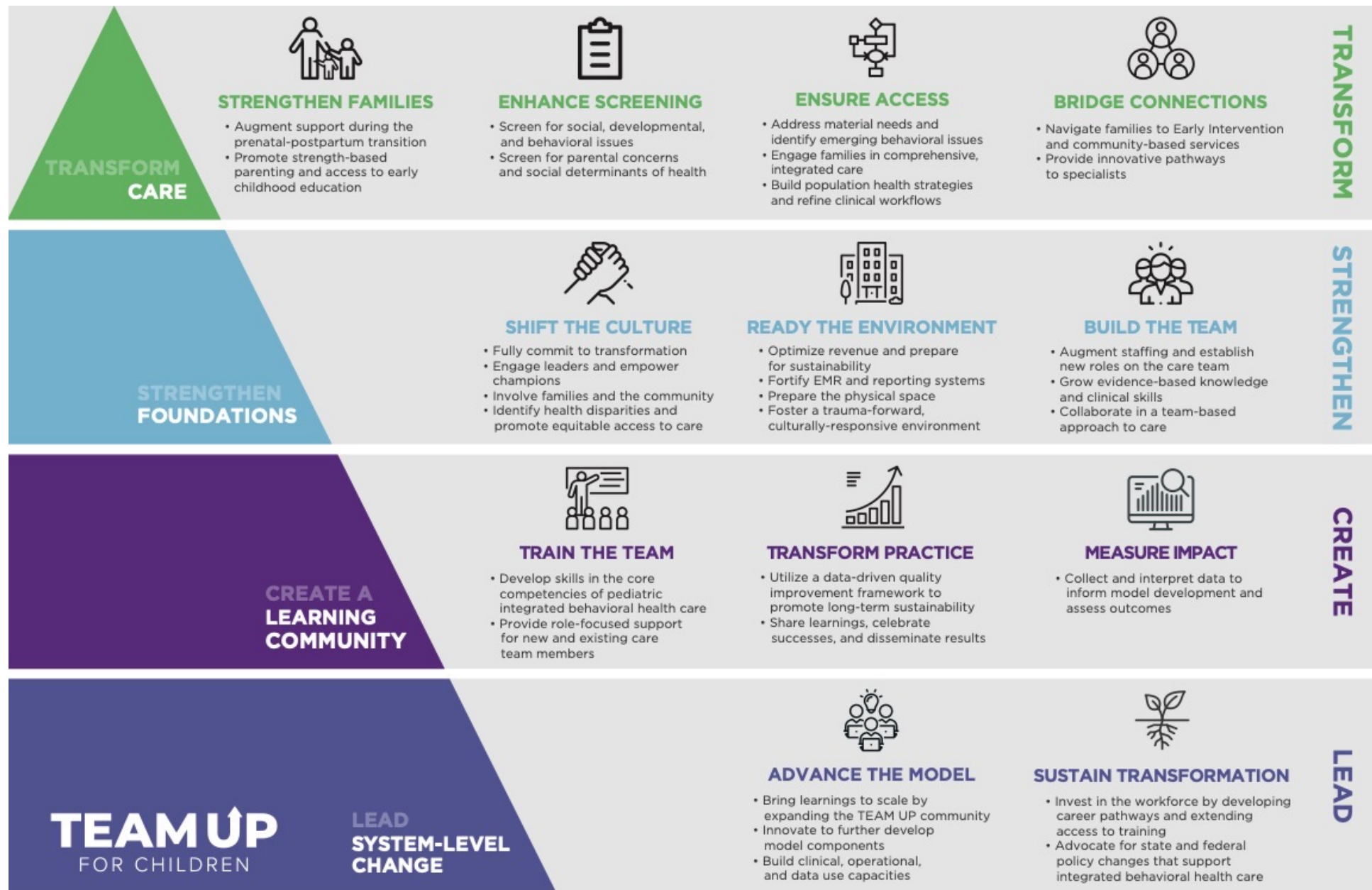
The model is full-spectrum, for children birth through young adulthood.

It focuses on promotion, prevention, early identification of emerging BH issues, and swift access to BH care.

Services are delivered by a team of BH clinicians, community health workers, and primary care providers.

Model implementation is supported by a Learning Community.

The Evaluation Team focuses on both proving and improving the model to support practice transformation and build the field.

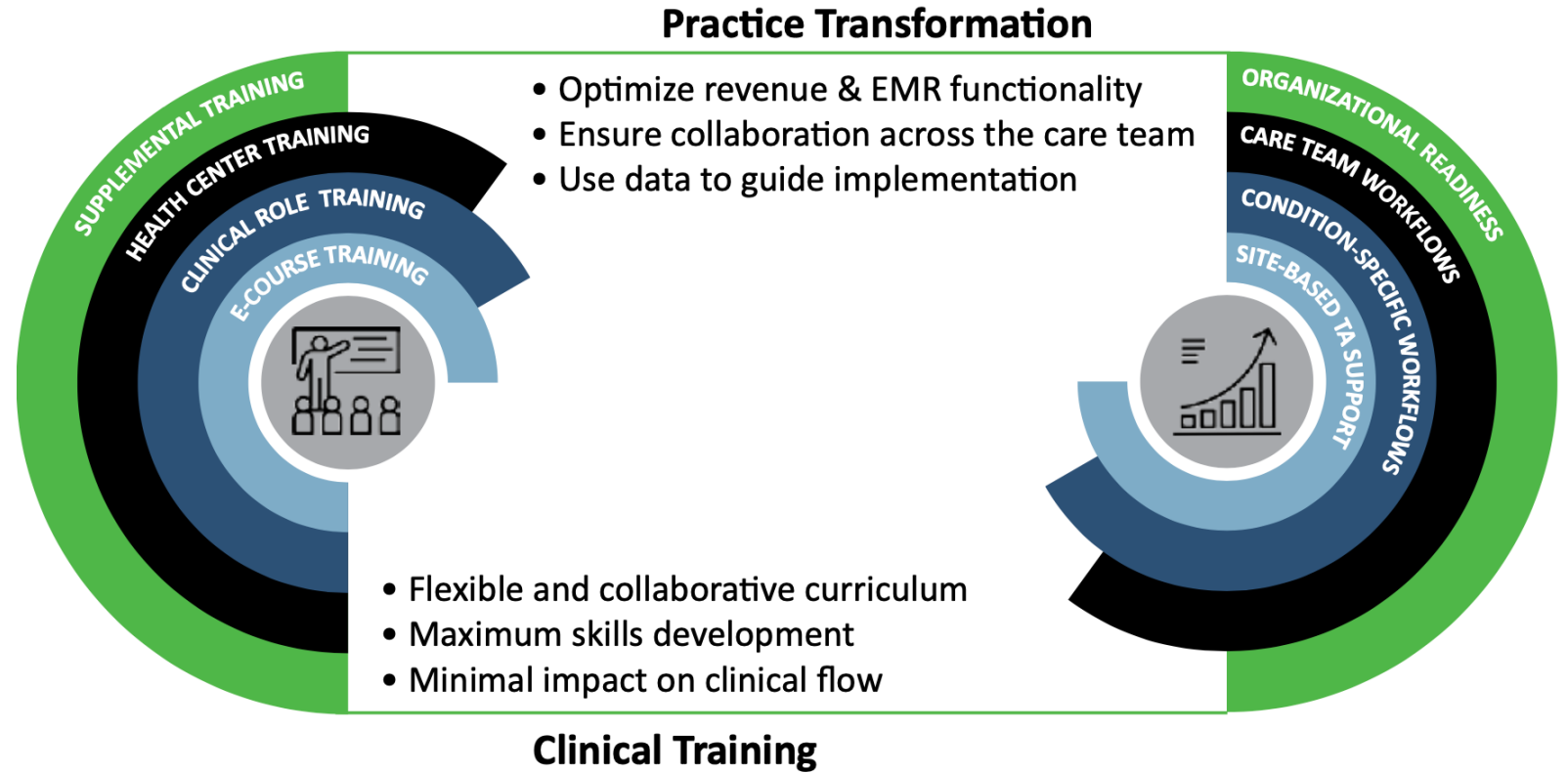


TEAMing UP....



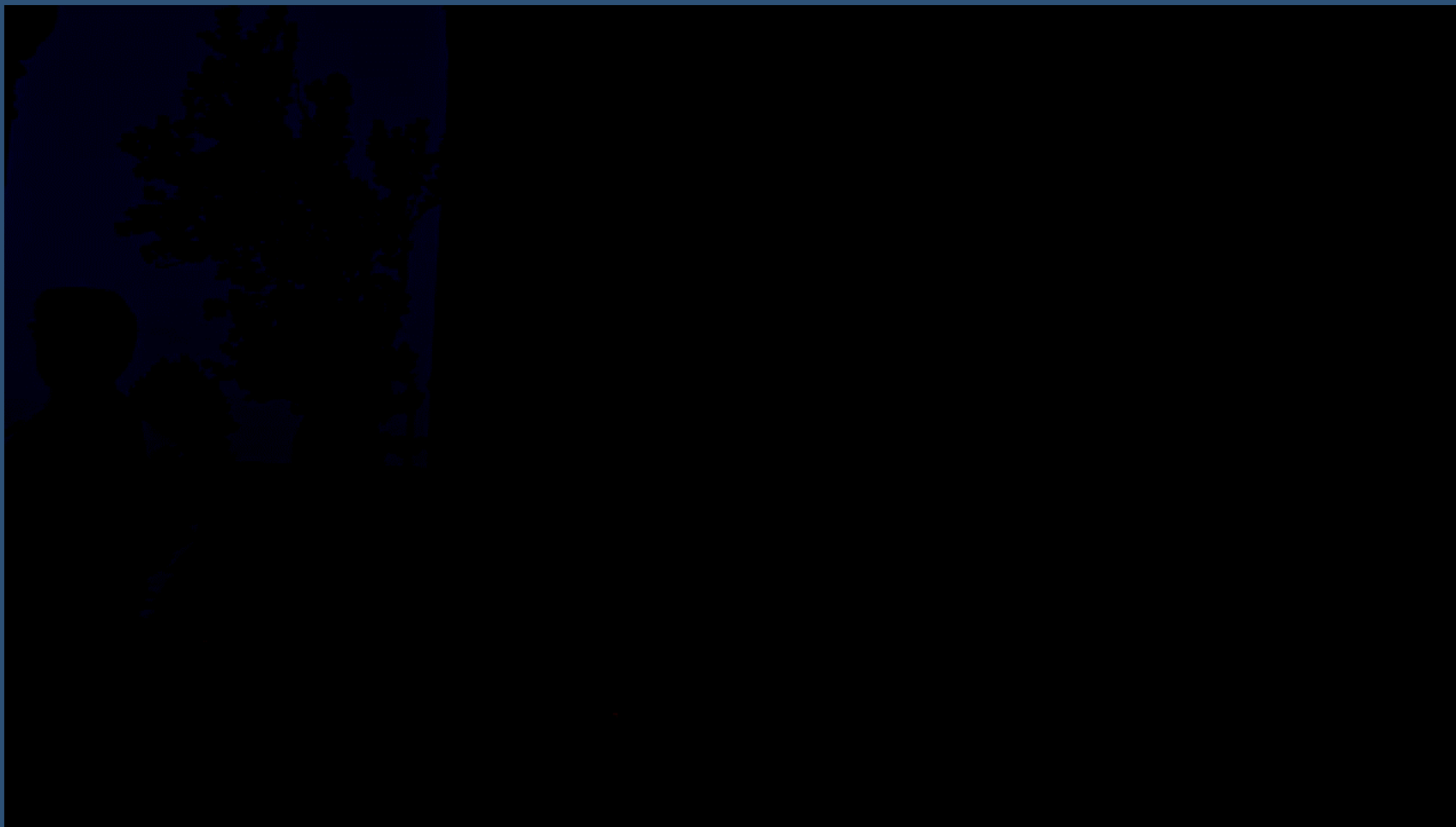
375+

Integrated workforce
trained



...to train and support the integrated care workforce

Introducing TEAM UP



Training the Workforce

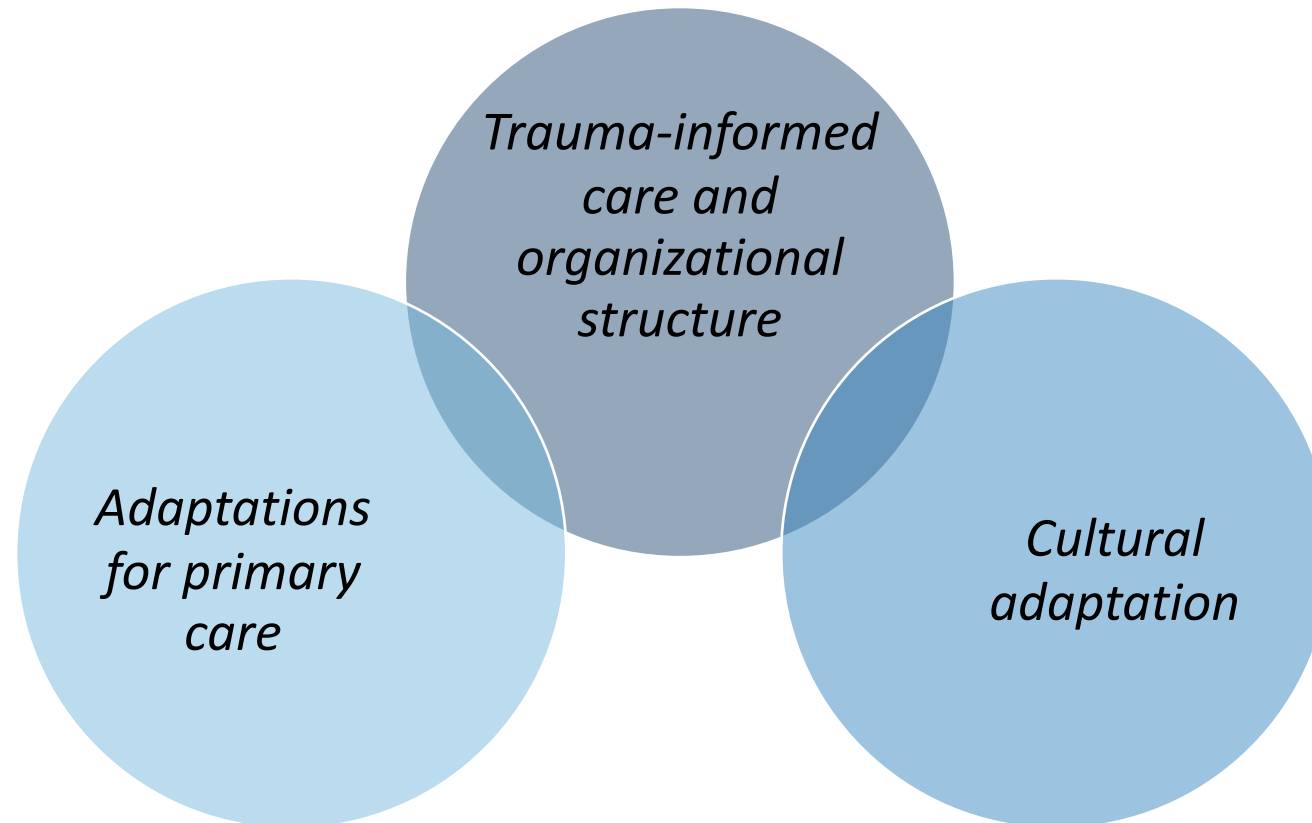


CLINICAL TRAINING

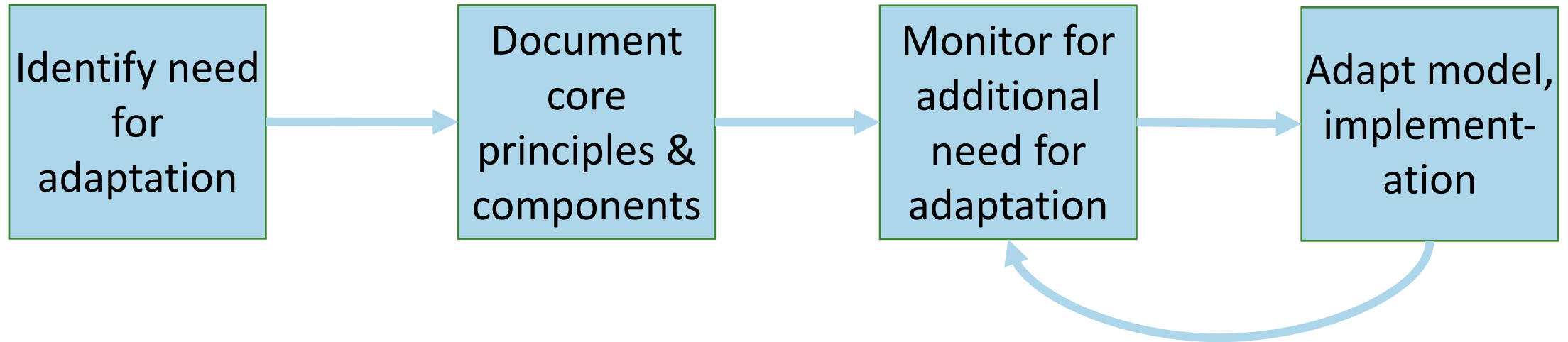
- Develop skills in the core competencies of pediatric integrated behavioral health care
- Provide role-focused support for new and existing care team members

- Expand knowledge in core areas of pediatric behavioral health
- Discuss cases with specialists and build capacity and content expertise
- Apply new skills to think through clinical processes as a team

Theoretical Approaches Driven by the Populations and Contexts

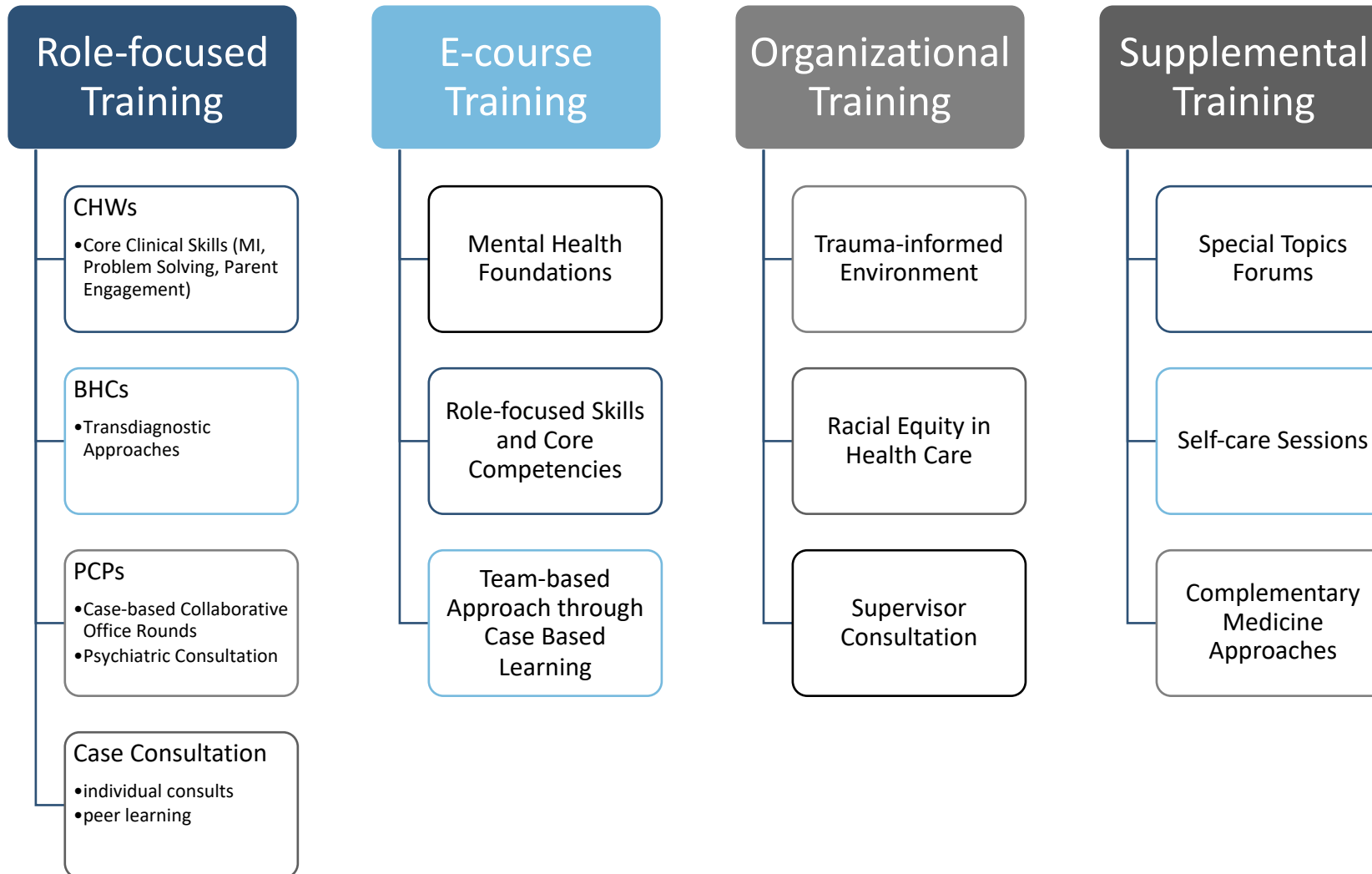


Learning Community Model



The model for clinical training and the learning collaborative is a co-development with TEAM UP health centers. Thus, its components evolve and are responsive to the needs, feedback, and ideas of our partner health centers.

If you are an integrated care team member at a TEAM UP health center, here's what you receive in clinical training over the course of the initiative



Workforce sustainability is a public health issue



A 2021 Association for Behavioral Healthcare survey revealed a major shortage in behavioral health professionals at community-based care centers in Massachusetts

- Approx. 17 Behavioral Health staff vacancies at all surveyed sites
- Nearly 14,000 individuals on waitlists to receive outpatient services
- Children and adolescents spend ~15 weeks on a waitlist before initiating ongoing therapy

Highlights from TEAM UP Cohort 1 and Cohort 2 Studies of Provider Burnout

- Results from qualitative interviews conducted with Cohort 1 demonstrated that the TEAM UP model of integrated BH care was **associated with perceived greater interdisciplinary collaboration and communication, and enhanced provider wellness***
- We added the Maslach Burnout Inventory to staff surveys for Cohort 2, and at baseline, **PCPs reported higher levels of burnout** in comparison to their BHC and CHW colleagues
- Compared to national estimates among physicians and psychologists, **Cohort 2 PCPs and BHCs reported lower levels of burnout**, while personal accomplishment was similar
- While we collected the baseline Cohort 2 provider burnout data prior to the onset of the pandemic, **we have recently collected these data at mid-point, and will again at the end of the implementation period**

*Fong, H., Tamene, M., Morley, D. S., Morris, A., Estela, M. G., Singerman, A., & Bair-Merritt, M. H. (2019). Perceptions of the Implementation of Pediatric Behavioral Health Integration in 3 Community Health Centers. *Clinical Pediatrics*. 2019 Oct;58(11-12):1201-1211. <https://doi.org/10.1177/0009922819867454>

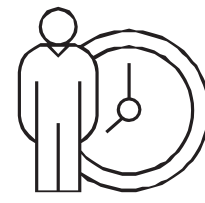
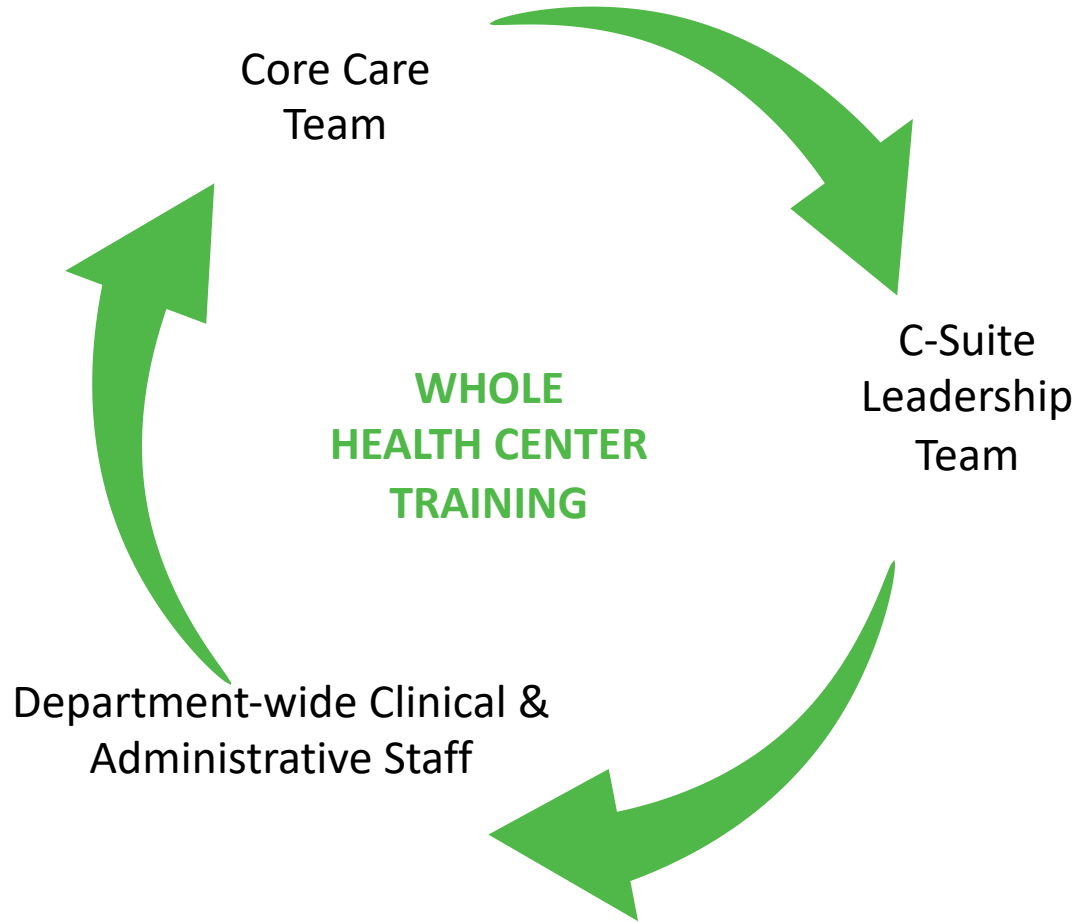
TEAM UP efforts to promote sustainability

Build a Learning Community for Peer Connection, Resource Sharing, and Professional Growth

Offer Weekly Self-Care for Healthcare Workers Sessions

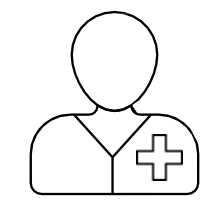
Provide Organizational Training to Develop a Trauma-Informed Work Environment

Protect Team Time for Interdisciplinary Learning and Communication



Curriculum Design

- ➔ Flexible and collaborative
- ➔ Maximum skills development
- ➔ Minimal impact on clinical flow



375+

Health Care
Workforce Trained

235+

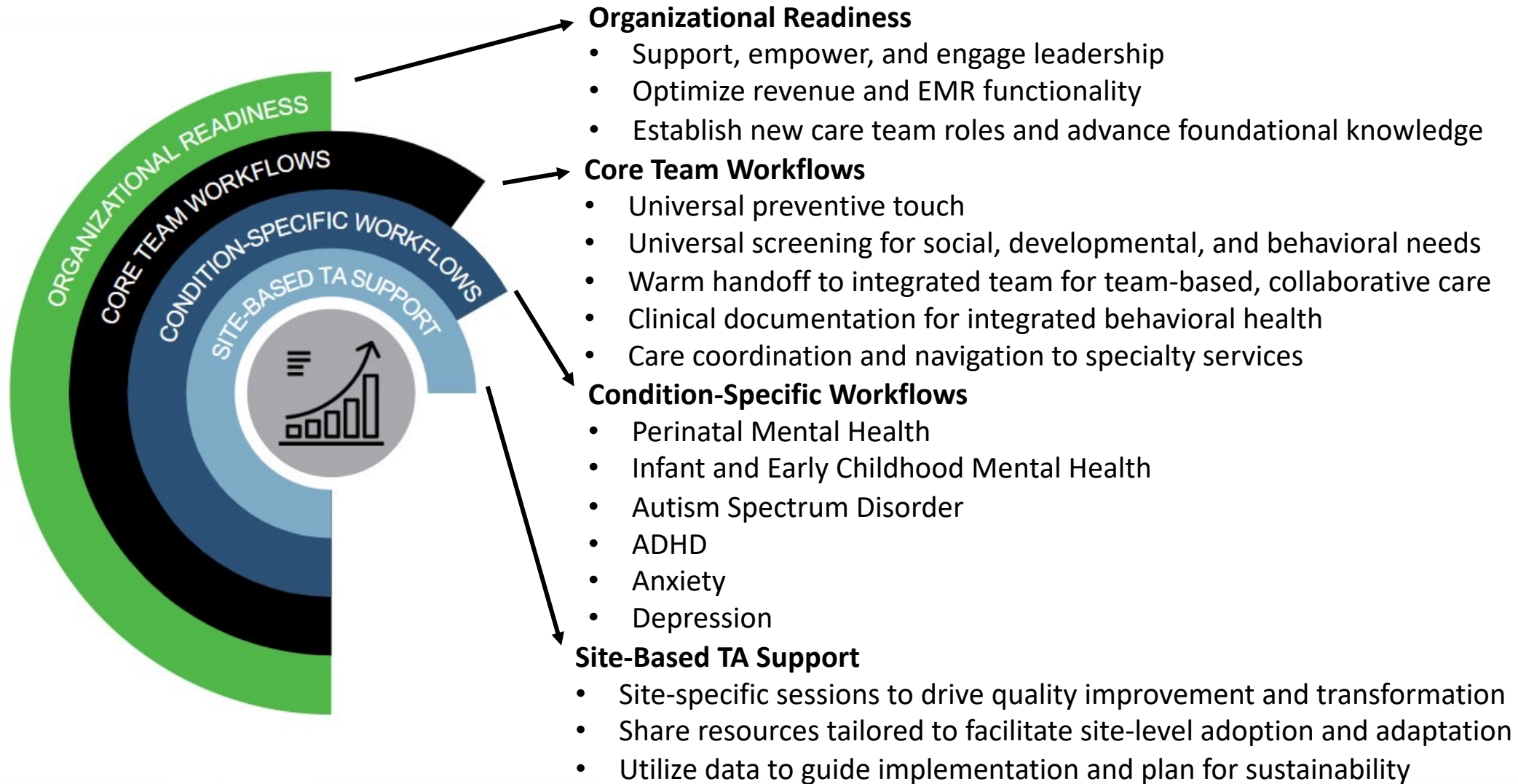
Training Event

40+

Special Topic
Forums

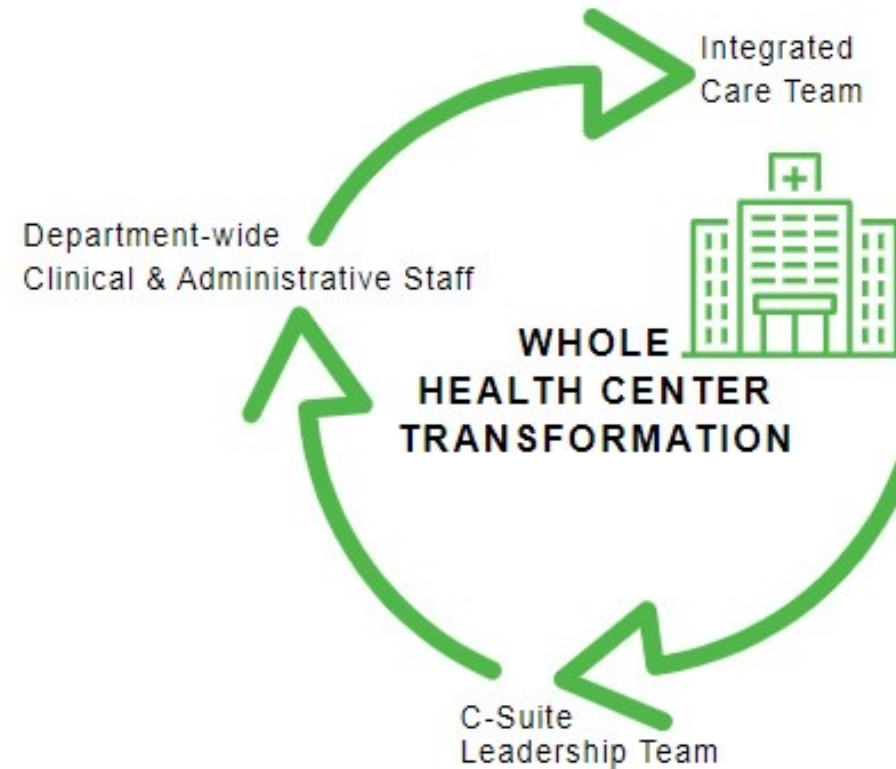
Enabling Practice Change

Practice transformation through data-driven quality improvement



Shifting clinical practice to sustainable integrated behavioral health care

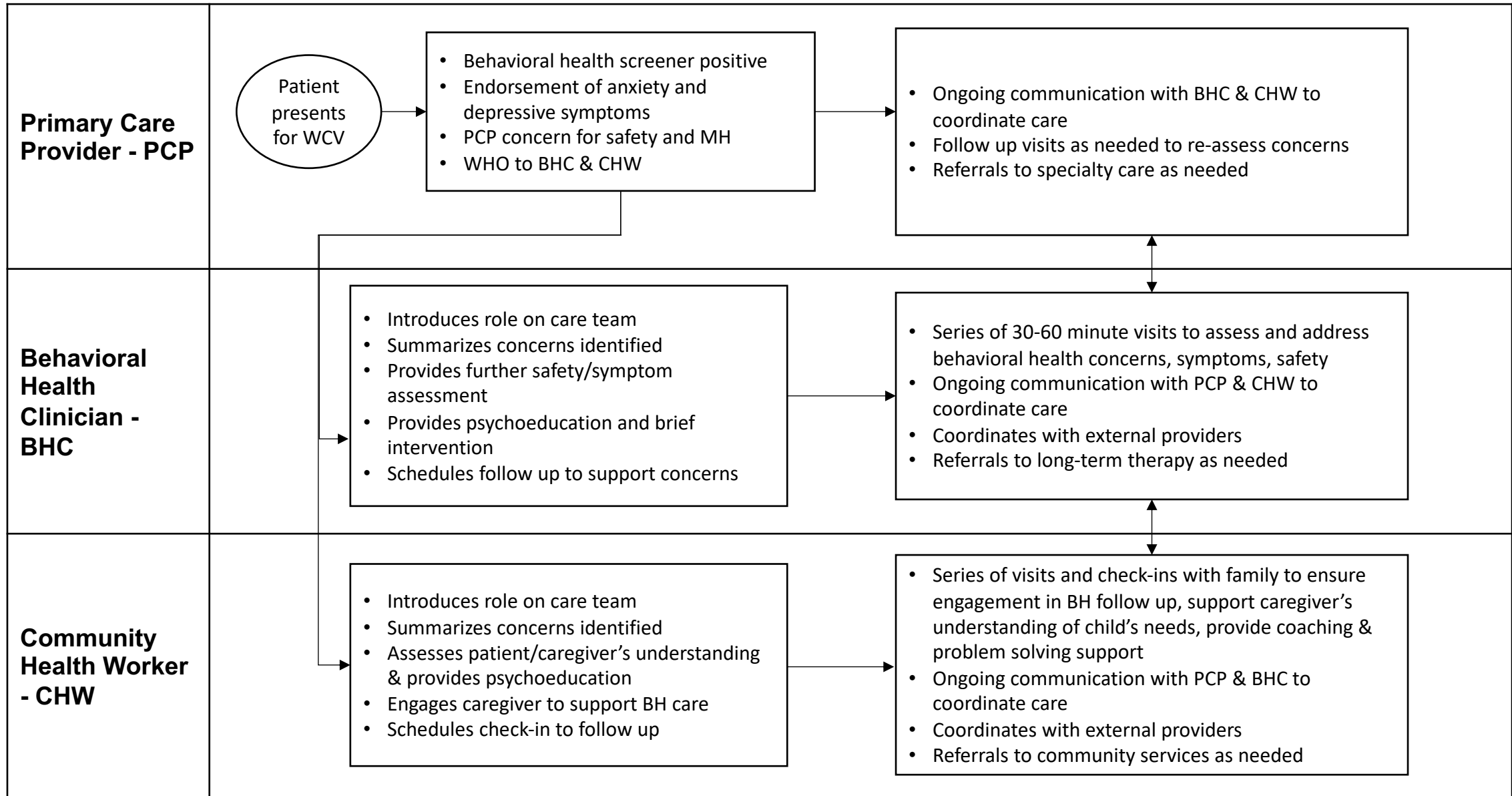
Practice transformation through data-driven quality improvement

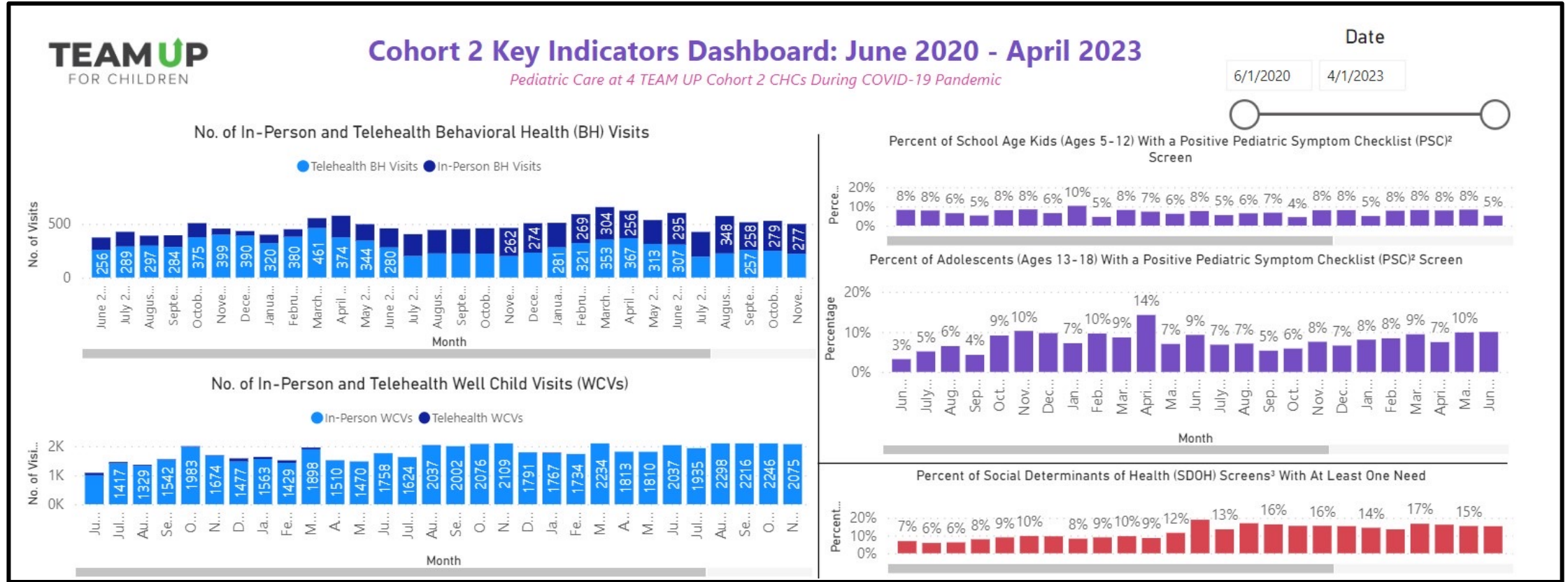


Shifting clinical practice to sustainable integrated behavioral health care

Role-specific Scopes of Work within IBH		
Primary Care Provider	Behavioral Health Clinician	Community Health Worker
<ul style="list-style-type: none"> • Identification of initial concern • Assessment with standardized screeners • Medication initiation & management 	<ul style="list-style-type: none"> • Assessment with standardized screeners • Brief intervention & psychotherapy • Periodic reassessment of symptoms 	<ul style="list-style-type: none"> • Patient & caregiver engagement • Health education & advocacy • Care coordination & navigation
<ul style="list-style-type: none"> • Warm handoffs between and amongst core IBH team • Referral to specialty care and community services as needed 		

Process mapping new workflows and pathways for collaboration





Monitoring month-to-month trends over multiple key indicators to guide implementation and improvement

Matching the revenue to the model

TEAMUP FOR CHILDREN
Revenue Model

Step 1: Calculate Completed Visits Per Week

How many
This is completed visits, not scheduled

Step 2:

How many collaborative
This includes CPT codes 90887 and 90889


Step 3: Calculate

How many interested
This includes CPT code 90785, which is

E/M and Psychotherapy Coding Algorithm

CPT® time-unit codes, descriptions, and other data only are copyright 2012 by the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT®. CPT® is a registered trademark of the American Medical Association (AMA).





Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Managed Care Entity Bulletin 65
August 2021

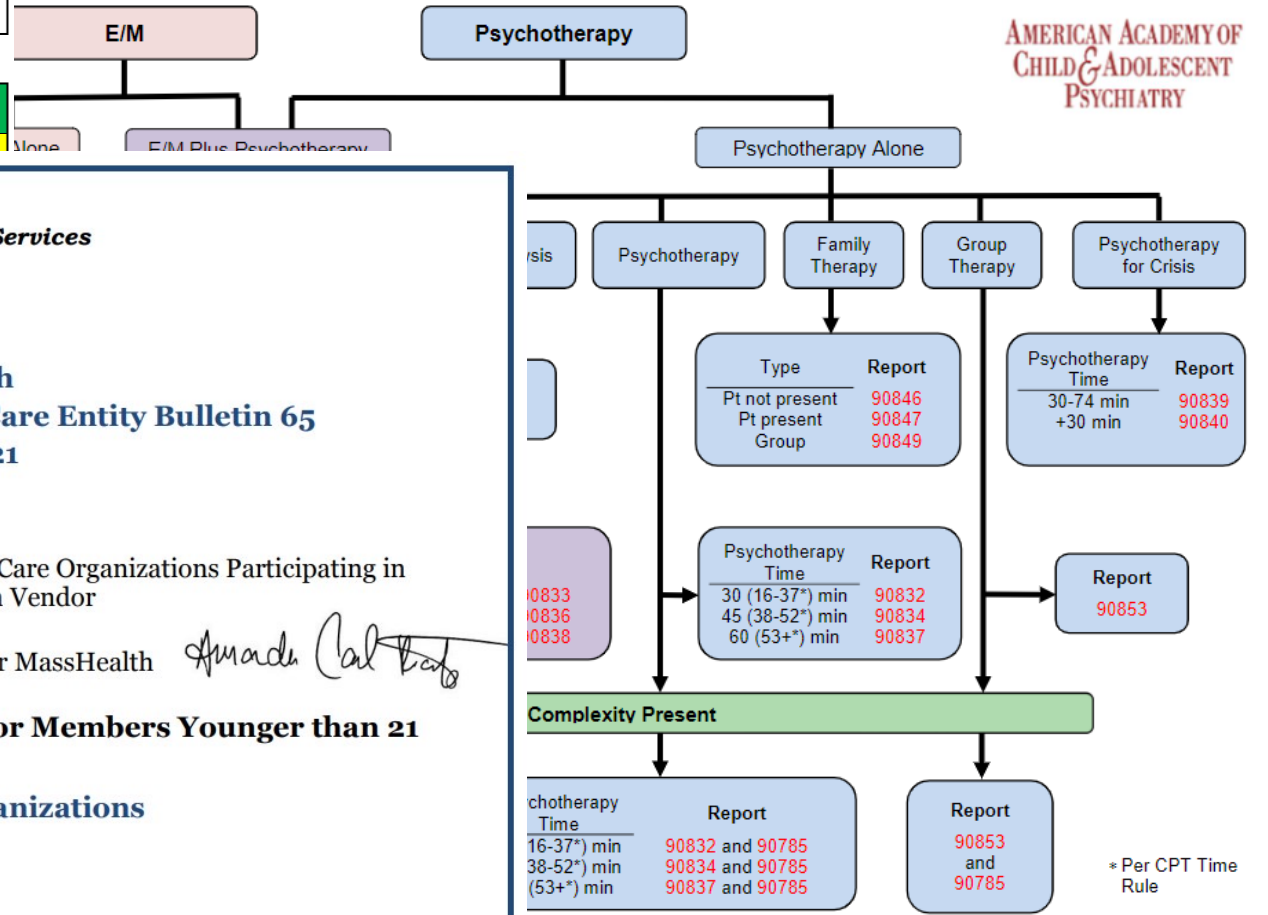
TO: Accountable Care Partnership Plans and Managed Care Organizations Participating in MassHealth and the MassHealth Behavioral Health Vendor

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth *Amanda Cassel Kraft*

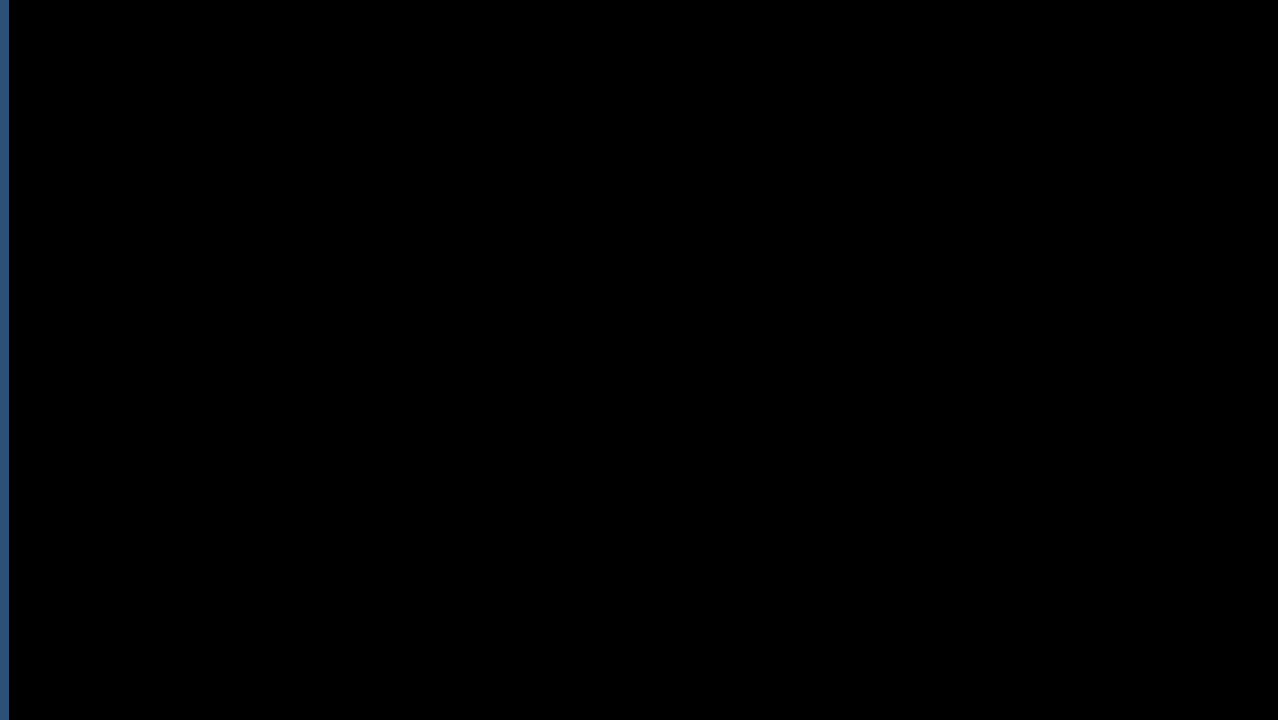
RE: **Preventive Behavioral Health Services for Members Younger than 21**

Applicable Managed Care Entities and PACE Organizations

- Accountable Care Partnership Plans (ACPPs)
- Managed Care Organizations (MCOs)
- MassHealth's behavioral health vendor
- One Care Plans
- Senior Care Organizations (SCOs)
- Program of All-inclusive Care for the Elderly (PACE) Organizations



TEAM UP in Our Partner Health Centers



Building Evidence and Supporting Sustainability

Building the field of knowledge about best practice in integrated care in pediatrics

Improved identification of child behavioral health issues



No clinically significant difference in screening based on child’s race, ethnicity, or language

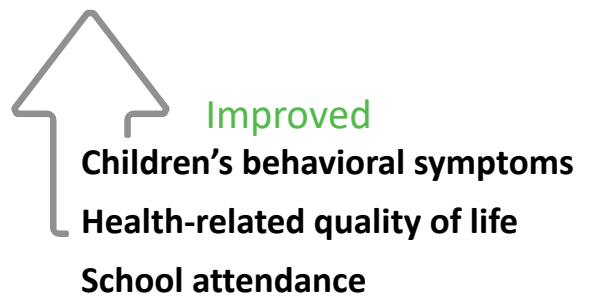
Increased receipt of behavioral health services



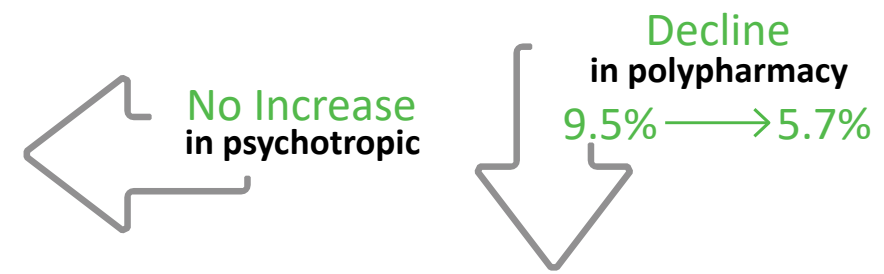
Children who receive a warm handoff had **2 BH visits** before children with routine referral had **1 BH visit**

Children with a new diagnosis of ADHD more likely to have follow-up with BHC within **30 Days**

Improved children's behavioral symptoms



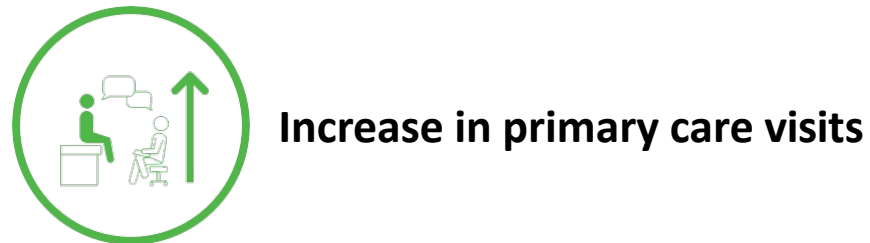
Improved child outcomes



Improved workforce wellness



Improved engagement in primary care



Pediatrics (2022) 149 (4): e2021051822.

<https://doi-org.revproxy.brown.edu/10.1542/peds.2021-051822>


Integrating Pediatric Universal Behavioral Health Care at Federally Qualified Health Centers

R. Christopher Sheldrick, PhD,^a Megan H. Bair-Merritt, MD, MSCE,^{b,d} Michelle P. Durham, MD, MPH,^{c,e} Jessica Rosenberg, MPH,^{b,d} Mahader Tamene, MS,^{b,d} Cathleen Bonacci, MD,^f Genevieve Daftary, MD, MPH,^g Michael H. Tang, MD, MBA,^h Nandini Sengupta, MD,ⁱ Anita Morris, MSN, FNP-BC,^d and Emily Feinberg, ScD, CPNP^{b,d}

Results showed that the TEAM UP model of integrated behavioral health care supported identification and access to services for children of all ages in FQHC that serve predominantly marginalized populations

ORIGINAL ARTICLE

Changes Over Time in Outcomes of School-Age Children and Parents Receiving Integrated Mental Health Care in Federally Qualified Health Centers

 Kim, Jihye PhD^{*}; Bair-Merritt, Megan H. MD, MSCE^{†,‡}; Rosenberg, Jessica MPH[†]; Feinberg, Emily ScD, CPNP[§]; Morris, Anita MSN, FNP-BC[†]; Durham, Michelle P. MD, MPH^{||}; Estela, Maria Guadalupe BS[†]; Sheldrick, R. Christopher PhD^{¶,**}

[Author Information](#) 

Journal of Developmental & Behavioral Pediatrics 44(7):p e493-e500, September 2023. | DOI:

10.1097/DBP.0000000000001203 

Over 12 months, children's mental health symptoms, health-related Quality of Life, and school-related functional outcomes significantly improved.

J Ambulatory Care Manage
Vol. 46, No. 4, pp. 265-271
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Pediatric Provider and Staff Burnout in Federally Qualified Community Health Centers

***Cameron Hill, MPH; Stacy Justo, MA;
Hannah Park, MPH; Megan Bair-Merritt, MD, MSCE;
Anita Morris, MSN, FNP-BC; Emily Feinberg, ScD, CPNP;
R. Christopher Sheldrick, PhD***

Primary care providers and behavioral health clinicians reported lower levels of burnout than established national benchmarks.

Original Investigation | Health Policy

Association of Integrating Mental Health Into Pediatric Primary Care at Federally Qualified Health Centers With Utilization and Follow-up Care

Jihye Kim, PhD; R. Christopher Sheldrick, PhD; Kerrin Gallagher, MPH; Megan H. Bair-Merritt, MD, MSCE; Michelle P. Durham, MD, MPH; Emily Feinberg, ScD, CPNP; Anita Morris, MSN, FNP-BC; Megan B. Cole, PhD, MPH

TEAM UP was positively associated with primary care visits with MH diagnoses and MH service use and was negatively associated with rates of psychotropic medication use and polypharmacy.

Spread and Dissemination

TPEC: Transforming Pediatrics for Early
Childhood Partnership with Massachusetts
Department of Public Health



Increasing Pediatric Integrated Behavioral
Health Capacity Using
Community Health Workers



ADVANCING INTEGRATED HEALTHCARE

...at TEAM UP, emerging
partnerships to test scaling
strategies

New Opportunities to Support Sustainability

Billing for preventive services

Funding for team-based care under MassHealth 1115 waiver

MassHealth Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

**MassHealth
Managed Care Entity Bulletin 65
August 2021**

TO: Accountable Care Partnership Plans and Managed Care Organizations Participating in MassHealth and the MassHealth Behavioral Health Vendor

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth *Amanda Cassel Kraft*

RE: Preventive Behavioral Health Services for Members Younger than 21

Applicable Managed Care Entities and PACE Organizations

- Accountable Care Partnership Plans (ACPPs)
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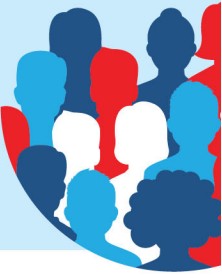
Background

The COVID-19 pandemic is significantly and uniquely impacting the well-being of children and adolescents. This is particularly true in populations already at risk for poor health outcomes due to longstanding inequities—many Black and Latinx children and youth and individuals in the perinatal period are experiencing increased anxiety and depression as well as other behavioral health concerns. Absent targeted intervention, many of MassHealth's youngest members may be at risk of developing clinical level behavioral health disorders and worsening health. Earlier identification and intervention are key to providing children, adolescents, and their caregivers with needed behavioral health supports to preserve and promote their well-being.

For many youth, short-term interventions in supportive group, individual, or family settings cultivate coping skills and strategies for symptoms of depression, anxiety, and other social/emotional concerns, which may prevent the development of behavioral health conditions. Very young children can benefit from interventions that target the well-being of the caregiver-child dyad, as well as provide guidance for caregivers on how to support their developmental and emotional health.

To address and mitigate the negative impacts of the pandemic on children and adolescents, and to further healthy developmental outcomes for MassHealth-enrolled youth, managed care organizations (MCOs), Accountable Care Partnership Plans (ACPPs), and the behavioral health vendor (collectively referred to in this bulletin as "managed care plans") must cover medically necessary preventive behavioral health services for members from birth until age 21. Managed care contracts will be amended to include this requirement.

Medicaid 1115 Demonstration “Waiver”

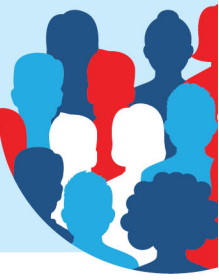


What is an 1115 Waiver?

- Agreement between state Medicaid agency and CMS
- Allows the state flexibility in its Medicaid program beyond what is allowed under a Medicaid State Plan

Why is it important?

- Can expand eligibility to individuals who are not Medicaid or CHIP eligible
- Can offer services that are not typically covered by Medicaid
- Can use innovative service delivery systems that improve care, increase efficiency and reduce costs



Children's Health & Behavioral Health Integration

MassHealth included improving **primary care, pediatric care and behavioral health care** in its overall priorities for the waiver renewal.

Primary care sub-capitation program

- Prioritizes behavioral health integration
- Encourages team-based care, including non-clinicians
- Includes pediatric-specific competencies

Children with medical complexities

- Establishes new care coordination program



Behavioral Health in Primary Care Tiers

Tier 1

- EPSDT behavioral/developmental/social screenings & assessments
- Bi-directional communication & monitoring
- Medication management
- Establish relationships with local CBHI provider
- Enroll and coordinate with MCPAP

Tier 2

- Brief interventions for BH conditions
- Telehealth-capable BH referral partner
- At least 1 after-hours or weekend session/week
- At least 1 dedicated team-based staff role (CHW, peer professional, social worker, nurse case manager)
- Maintain consulting BH clinician
- *E-consults available in at least 3 medical specialties*
- On-site non-clinical staff with children, youth and family-specific experience (BH & HRSN)
- SNAP/WIC application assistance
- At least one buprenorphine waived prescriber

Tier 3

- At least 1 of the 3:
 - Clinical pharmacy visits
 - Group visits
 - Designated educational liaison for pediatric patients
- *E-consults available in at least 5 medical specialties*
- At least 3 after-hours or weekend sessions/week
- At least 3 team-based staff roles at each site:
 - BH clinician
 - Peer, family navigator, CHW or similar
 - Peer, social worker or nurse case manager
- Consulting BH clinician w/prescribing capability
- Full-time, on-site staff with children, youth and family-specific experience (BH/HRSN)
- Active buprenorphine availability

	Pediatric members	Adult members	Overall
Tier 1 PMPMs	~\$5 -- ~\$7	~\$4 -- ~\$6	\$4 -- ~\$6
Tier 2 PMPMs	~\$7 -- ~\$9	~\$6 -- ~\$8	\$6 -- ~\$8
Tier 3 PMPMs	~\$13 -- \$15	~\$10 -- ~\$12	\$11 -- ~\$13

Thank you for having us!

Emily Feinberg, Director of Implementation

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All activities within the TEAM UP for Children initiative are made possible through the contributions of the TEAM UP partners. Funding for the TEAM UP for Children initiative is provided by the Richard and Susan Smith Family Foundation and The Klarman Family Foundation.

FUNDERS



IMPLEMENTATION AND EVALUATION PARTNER



HEALTH CENTERS

