



**TEAM UP Scaling and Sustainability Center
Funding Opportunity:
Request for Applications to Implement the TEAM UP Model**

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TEAM UP Funding Opportunity: At a Glance

Sponsoring Organization:

TEAM UP Scaling and Sustainability Center, Boston Medical Center

Funding Opportunity Title:

Request for Applications to Implement the TEAM UP Model™

Purpose:

To expand access to integrated behavioral health care for children and adolescents in Massachusetts by supporting primary care practices to implement the TEAM UP model of pediatric integrated behavioral health.

Eligible Applicants:

Massachusetts-based pediatric primary care and family medicine practices serving children and adolescents.

Funding Period:

30 months (April 1, 2026 – September 30, 2028)

Key Dates:

- Informational Webinar: December 3, 2025, 12:30-1:30pm
- Application Deadline: December 12, 2025
- Disposition to Applicants: January 30, 2026
- Initiative Onboarding: February - March 2026
- Initiative Start: April 1, 2026

Funding Range:

Scaled awards of approximately **\$100,000–\$400,000** over 30 months, based on patient volume, need, and practice infrastructure. Funding will be distributed through milestone-based payments.

Support Provided:

- Financial, technical, and operational support to integrate behavioral health care into pediatric primary care
- Role-specific and team-based training for behavioral health clinicians, community health workers, and primary care providers
- Participation in the TEAM UP Learning Community and access to data and evaluation resources

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. Nearly [1 in 5 children experience a mental health issue](#); however, only [20% of children with mental health issues](#) receive treatment from a mental health professional. The average delay from the onset of symptoms to treatment is [11 years](#).

Building on 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 integrated behavioral health care model ensures that behavioral health risk factors and concerns in children and adolescents—from birth through age 18—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. Following the successful launch of our Request for Applications to Implement the TEAM UP Model earlier this year, the TEAM UP Center is pleased to open the next round of applications for this initiative. We welcome primary care practices serving children and adolescents to apply to participate in the continued expansion of the TEAM UP model across Massachusetts.

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.

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 have the opportunity

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. Multiple studies show that TEAM UP practices identify and address behavioral health needs early and effectively within the pediatric medical home. Children are screened for behavioral health concerns at more than 90 percent of well child visits, and are often connected to same-day, on-site care when a concern is identified. This integrated approach improves access, enhances mental health outcomes, and supports better quality of life and school attendance for children and adolescents. TEAM UP has also reduced provider burnout, increased professional fulfillment, and strengthened engagement in primary care without increasing 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 health records (EHR) 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 access peer-reviewed literature published about the model.

To ensure participating practices are equipped to use data effectively for implementation and evaluation, the TEAM UP Center will support the development of data infrastructure and reporting capabilities within practices. One established option is to leverage our partnership with [Relevant Healthcare](#), a data and analytics organization with extensive experience working with community-based providers to facilitate EHR data extraction, reporting, and visualization through dashboards and related tools. Relevant Healthcare's capabilities can help reduce reporting burden and strengthen the use of data to monitor progress and inform quality improvement. Please refer to the [Appendix: About Relevant Healthcare](#) for more information.

Recognizing that data systems and analytic capacity differ across practices, the TEAM UP Center will collaborate with each participating site to identify the most appropriate and feasible approach to meeting implementation and evaluation requirements. While Relevant Healthcare represents one option, alternative solutions may be pursued where needed to ensure that all participating practices are able to meaningfully engage in data-driven implementation and evaluation activities.

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 financial, technical, and operational support over a 30-month period 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 ranging from \$100,000 to \$400,000 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 six milestone-based payments over 30 months to support practice investments, such as staffing, protected time to engage in training and implementation efforts, and evaluation related activities.
- Participation in TEAM UP includes access to implementation support, the Learning Community, and data resources that represent a meaningful investment in practice transformation. The TEAM UP Center will work with each practice to establish an approach for data collection to support continuous improvement and evaluation. Depending on the solution selected by the site, this may include data tools that enable performance monitoring and inform integrated behavioral health delivery. All data shared with the TEAM UP Center will comply with applicable privacy and security requirements.

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 sustainability 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 the TEAM UP Center 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/Data/EHR Representatives, and Billing Representative to oversee operational components, including but not limited to: 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 EHR readiness by adding simple standardized documentation templates and collaborating with the TEAM UP Center to share data as part of the evaluation.
- Commit to proactively engage patients and families in the transformation process.

All research activities conducted by the TEAM UP Center are overseen by the joint Boston Medical Center/Boston University Institutional Review Board (IRB). Research activities associated with this initiative will be covered under that IRB, and all relevant materials will be shared for review and approval prior to initiation.

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 utilize a two-step approach that includes an application and direct follow up with each practice.

Step 1: Submit an Application

The application helps us understand your practice's capacity, existing 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

Upon receiving your application, we will follow up to gain a deeper understanding of your practice through a discussion, and potentially a site visit, to explore ideal and meaningful opportunities for engagement.

Key Recruitment Dates and Deadlines

Informational Webinar	December 3, 2025, 12:30-1:30pm
Application Deadline	December 12, 2025, 5:00pm
Follow-up and Site Visits	January 5-January 19, 2026
Final Disposition to Applicants	January 30, 2026
Initiative Onboarding	February-March 2026
Initiative Start	April 1, 2026

Informational Webinar

We will be hosting an informational webinar to provide an overview of this funding opportunity and answer questions from interested applicants. A recording will be made available for those unable to attend live. Please register for the informational webinar using the following: [Registration link](#).

Questions about the application or the initiative may be submitted to [Recruitment.TEAMUPCenter@bmc.org](mailto:TEAMUPCenter@bmc.org) during the open recruitment period. The TEAM UP Center will update the Frequently Asked Questions (FAQ) document regularly to include common questions and responses from the informational webinar and from inquiries received by email.

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, EHR systems, and billing practices
- Organizational Priorities: Alignment with the TEAM UP Center's mission and commitment to full implementation of the model
- Practice Leadership Plan: Key leadership roles, including executive, clinical, IT/Data/EHR, 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
- Demonstrated intent to staff a minimum of 1.0 FTE BHC and 1.0 FTE CHW per 3,000 pediatric patients. Staffing expectations scale proportionally with patient volume
- Commitment to participate in all implementation and evaluation activities

Based on our experience, major transitions such as leadership changes, EHR replacement, or organizational restructuring can affect a practice's ability to fully participate in implementation activities, and we encourage practices to consider and share any such plans when applying.

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 the 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 implementation, 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 within the TEAM UP Center are available to support practices throughout the application process. Please email Recruitment.TEAMUPCenter@bmc.org with any questions. 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	- 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	- 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	- 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
EHR systems are modified to support IBH documentation and data collection for TEAM UP evaluation	- Methods to support data extraction and reporting are established in partnership with the TEAM UP Center - An individual(s) with skills in EHR development and data extraction is identified to serve as an IT/Data representative for the practice and partner with the TEAM UP Center on data collection, reporting, and EHR optimization - All necessary Institutional Review Board (IRB) documentation is completed - TEAM UP Behavioral Health (BH) Plan templates and screeners are built within the practice's EHR with attention to ensuring all data fields are extractable and each is integrated into the appropriate template(s) - EHR 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	- 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	• 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)	• 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	• PCPs screen for social, developmental, behavioral health needs at WCV, 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	• 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 EHR
Patients receive a universal touchpoint from the integrated team during the newborn period to promote strength-based parenting strategies and support engagement in care	• 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)	• 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: ◦ 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).
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.

Event	Description and Purpose
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.	• 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 in primary care and one in behavioral health.	• Kick-Off Meeting • Practice Transformation Meetings • Leadership Workgroup • Revenue & Operations Workgroup • Team-based Care Sessions • Community Dinners	70-75 hours
Project Manager	Individual identified to provide administrative oversight and coordination for the practice to ensure full participation and compliance with all deliverables and expectations. 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.	• Kick-Off Meeting • Practice Transformation Meetings • Leadership Workgroup • Community Dinners	70-75 hours
IT/Data/EHR Representative(s)	Member(s) of the organization who will support EHR development, data reporting, and integration of Relevant Healthcare's platform where applicable.	• Practice Transformation Meetings • Meetings with Relevant Healthcare, where applicable	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.	• Practice Transformation Meetings • Revenue & Operations Workgroup	10-12 hours
Clinical Supervisor	Leader within the practice identified to provide clinical and administrative supervision to BHCs and CHWs. The clinical supervisor may also serve in another role, e.g., clinical champion, project manager, clinical care team member.	• 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.	• Virtual Learning Platform • Foundational Training for PCPs • Consultation for PCPs • Team-Based Care Sessions • Community Dinners	40-45 hours
Behavioral Health Clinicians (BHCs)	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. BHCs within the TEAM UP model serve children across the age range from birth through young adulthood with a staffing ratio of 1 FTE BHC to every 3,000 pediatric patients.	• 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)	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. CHWs within the TEAM UP model specialize in navigation and care coordination for developmental and behavioral health needs with a staffing ratio of 1 FTE CHW to every 3,000 pediatric patients.	• 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/Data/EHR Representative(s) 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 Healthcare 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 EHR data collection, sharing, and utilization. As part of this contract, Relevant Healthcare will work with IT and clinical representatives to integrate their EHR 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 Healthcare'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 Healthcare will provide support, including training on the use of their software. Data collected and managed by Relevant Healthcare 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 EHR 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 EHR to the TEAM UP Center data warehouse and ultimately to the TEAM UP implementation dashboard.

