

Strengthening Behavioral Health Promotion and Upstream Prevention in Massachusetts
Promote Prevent Commission Public Hearing
Written Testimony from TEAM UP for Children
December 15, 2017

TEAM UP – Transforming and Expanding Access to Mental Health in Urban Pediatrics – for Children is grateful for this opportunity to provide written testimony to the Legislative Commission on Behavioral Health Promotion and Upstream Prevention in Massachusetts. TEAM UP is a four-year, \$10-million initiative that seeks to build the capacity of three local community health centers – Codman Square Health Center, The Dimock Center, and Lowell Community Health Center – to deliver high quality, evidence-based integrated behavioral health care to children and families. The initiative brings together the three community health centers with Boston Medical Center to co-develop a state-of-the-art clinical model for integrated care and give children in the region better access to mental health services.

In alignment with the mission of the Promote Prevent Commission, TEAM UP's mission is to promote positive child health and well-being through innovation and consistent delivery of evidence-based integrated care. Our vision is that all children and families will live within a community that fosters and promotes physical and behavioral health, wellness, and resilience.

As you well know, one out of five children experience a mental health issue, and there is often a significant delay in proper diagnosis of mental health conditions in children – a delay that can have a lasting impact on development, behavior, and academic achievement. Several studies suggest that sub-clinical mental illness symptoms reported in late childhood and early adolescence – if left untreated – are likely to develop into psychological disorders with long-lasting effects well into adulthood. Integrated behavioral health in pediatric primary care offers the opportunity for promotion of healthy social and emotional development, prevention of mental health problems and early treatment of [mental disorders](#) among young children in the context of their families.^{1,2} In addressing this challenge, our strategy is three-fold: 1) expand access to behavioral health care within the primary care setting, 2) build the capacity of care teams to promote healthy development and address emerging behavioral issues, and 3) partner with community organizations to ensure children and families can access the services they need. Now, at the half-way point of this initiative, we'd like to share with you our key lessons learned.

¹ Nelson, F., & Mann, T. (2011). Opportunities in public policy to support infant and early childhood mental health. *American Psychologist*, 66, 129–139.

² Jones TM, Hill KG, Epstein M, Lee JO, Hawkins JD, Catalano RF. [Understanding the interplay of individual and social-developmental factors in the progression of substance use and mental health from childhood to adulthood](#). *Dev Psychopathol*. 2016 Aug;28(3):721-41. doi: 10.1017/S0954579416000274.

What's working in behavioral health promotion and upstream prevention?

Expanding access to care has been crucial to the ability of the TEAM UP health centers to address the developmental and behavioral needs of the children and families they serve. This expanded access has taken various forms. First, each health center has integrated behavioral health clinicians and community health workers or family partners into the clinical departments as care team members working alongside their primary care provider colleagues. Second, the initiative supports expanded access to specialty care, including psychiatric consultation through the Boston Medical Center Child and Adolescent Psychiatry department. Third, we have worked to develop clinical pathways to fortify linkages to other community service organizations, such as Early Intervention providers, to ensure high-risk children can access needed services.

Integrating behavioral health care into the primary care environment works on a number of levels. It capitalizes on the on-going relationship families have with their trusted primary care providers, and it de-stigmatizes behavioral health by recognizing its legitimate position as a crucial component of healthy mental and physical development. The inclusion of community health workers on the expanded care team further addresses potential barriers to accessing care often experienced by traditionally underserved communities, such as language and literacy obstacles and cultural beliefs and expectations, by utilizing their unique skill set to overcome these obstacles and support families in navigating the complexities of the health care system.

TEAM UP has also been intentional about collaborating with partners doing complementary work within our communities. One example of this is our relationship with Boston Basics, which are five evidence-based parenting and caregiving principles to promote positive early childhood development for children from birth to age three.³ At Codman Square Health Center, Boston Basics booklets are used by community health workers at newborn visits and 18-month well-child visits to promote healthy parenting and early childhood behavioral development. This collaboration allows us to expand the reach of this strength-based messaging.

How can we better fund what's working?

One week ago, today, we hosted our first TEAM UP for Children Symposium, where we brought together a diverse gathering of stakeholders, all of whom work in the field of behavioral health care for children and families. We shared our learning and engaged in a lively discussion, which included much strategizing about how to optimally support and sustain integrated behavioral health care for children and families. We identified a number of areas where further investment is needed to ensure the long-term sustainability of this model of care. We'd like to highlight three examples below.

³ Please visit the Boston Basics website for more information: <http://boston.thebasics.org/>

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Integrated behavioral health care requires an investment in workforce development. As behavioral health clinicians and community health workers venture into the integrated primary care environment, we need to build their skills and capacity to optimally deliver care in this setting. To that end, TEAM UP has created a Learning Community, where the entire care team – primary care providers, behavioral health clinicians, community health workers, nurses, and medical assistants – come together to build their collective skills in screening, prevention, diagnosis, treatment, and management of common childhood behavioral health issues.

In parallel to the Learning Community, the three TEAM UP health center have invested in a thoughtful process to conceptualize and implement new care team roles and responsibilities for integrated behavioral health clinicians and community health workers. This is intensive work, including developing a wide variety of new operational workflows for orchestrating the delivery of clinical services by various care team members, communicating and documenting care, and accurately coding and billing for services. In addition to direct funding, the TEAM UP for Children initiative provides practice transformation and IT support to the participating health centers in acknowledgment of the significant investment needed to transform clinical practice in this way.

Integrated behavioral health care also requires a reliable form of reimbursement that is on par with reimbursement for physical health care. In our current Fee-For-Service payment environment, the TEAM UP health centers have attempted to create a clinical model that can be sustained through reimbursement for billable services. The Dimock Center, for example, has done extensive work to develop a sustainable productivity model for behavioral health clinicians. While progress has been made in this area, our conclusion is that the current system simply does not adequately reimburse for many of the services that are directly related to promoting healthy development and preventing behavioral health disorders. For example, there is no billable code to capture the effort of the behavioral health clinician who spends 15 minutes with a new mother during her newborn's well-child visit to address her emerging symptoms of depression. There is no billable code to capture the efforts of the community health worker who accompanies a father to his child's school to assist him in navigating the IEP process for his first-grade son. Nor is there a billable code to capture that community health worker's efforts to help secure safe housing for a family.

With the emergence of Alternative Care Organizations (ACOs), new attention is being paid to the impact of co-morbid behavioral and physical health issues and social determinants of health. We welcome this shift, particularly as it holds the potential of ushering in a more flexible and holistic approach to care delivery. Nonetheless, it is important that, as the transition to ACOs occurs, there is full investment in the system-wide resources needed to adequately address behavioral health issues and social determinants of health

What can we achieve if we fund what works?

Now 18 months into the TEAM UP for Children initiative, we have specific examples of what we can achieve through the funding and support the initiative have provided. Here are a few examples to share with you.

TEAM UP for Children has developed a clinical model of care that is based on the Institute of Medicine Prevention Framework, the first step of which is comprehensive universal screening. The TEAM UP health centers have implemented the Survey of Wellbeing in Young Children (SWYC) for use with children up to five years of age. The SWYC includes comprehensive screening for developmental and behavioral issues, as well as screening for parental depression and other family concerns. Along with the SWYC, health centers perform universal screening for basic material needs for all children up to age 18 at all well-child visits. In the month of August alone, 1615 children were screened across the three TEAM UP health centers.

Comprehensive universal screening has opened the door to a variety of promotion and prevention activities. For example, providers are engaging in more conversations with families about parents' expectations of their child's development. This offers an opportunity for the care team to reinforce normal development, healthy parent-child attachment, and strength-based parenting strategies.

Coupled with the expanded availability of behavioral health clinicians on the primary care team, comprehensive screening also offers an opportunity to identify emerging behavioral issues and intervene early, often before symptoms have progressed to the point of meeting diagnostic criteria. Clinicians focus on families with particular risk factors and provide extra support. For example, all three TEAM UP health centers are developing clinical pathways to identify patients at high risk for postpartum depression. Clinicians initiate services during the prenatal period and track patients through to the postpartum period, linking parents to adult providers for on-going care if necessary.

With the added skills of the community health workers, the TEAM UP health centers have also fortified linkages to community agencies to ensure children receive needed services, such as Early Intervention. Each health center has developed a clinical pathway whereby Early Intervention referrals are tracked and families are offered navigational support to overcome obstacles to engaging in services. Lowell Community Health Center has established standing collaboration meetings with its two main Early Intervention partners – an emerging 'best practice' that has enabled much better tracking of children who are receiving services at various sites of care.

Looking to the future, TEAM UP for Children anticipates more opportunities to contribute to the growing field of integrated behavioral health care for children. For example, work is currently underway on a brief primary care assessment/intervention for use in primary care with children

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0-6 that screens for trauma and supports development of a healthy parent-child relationship. This intervention also draws upon the contributions of the behavioral health clinicians and community health workers as part of the expanded care team. We plan to pilot this intervention in 2018 and look forward to sharing our findings in the coming year.

As part of our commitment to continuous quality improvement, TEAM UP also includes a robust multi-component evaluation process that is used both to inform ongoing improvement work, and to assess and document the overall effectiveness and efforts of the initiative. We anticipate our strong formative evaluation will provide major contributions to the literature and to the field of pediatric behavioral health integration.

All activities within the TEAM UP for Children initiative are made possible through the contributions of Codman Square Health Center, The Dimock Center, Lowell Community Health Center, Boston Medical Center, and Boston University School of Medicine. Funding for TEAM UP is provided by the Richard and Susan Smith Family Foundation and the Robert Wood Johnson Foundation.

Thank you for this opportunity to share our experience and learning with the Legislative Commission on Behavioral Health Promotion and Upstream Prevention.

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Please visit us at <http://www.teamupforchildren.org!>