

3rd ANNUAL
TEAM UP
FOR CHILDREN
SYMPOSIUM NEWSLETTER
January 10th, 2020



TEAM UP for Children – Transforming and Expanding Access to Mental Health Care in Urban Pediatrics – hosted the 3rd annual gathering of stakeholders committed to improving the health and well-being of children and families.

NEWS AND UPDATES

We kicked off our 3rd Annual TEAM UP Symposium with a presentation from TEAM UP Director, Dr. Emily Feinberg, and TEAM UP Director of Practice Transformation, Anita Morris, who highlighted the tremendous need we currently face in child mental health.

With *The Klarman Family Foundation* joining the *Smith Family Foundation* in Phase 2 to help address this need, TEAM UP has expanded to four new community health centers (CHCs). Now in seven CHCs across eastern Massachusetts, the TEAM UP model reaches 40,000 children, representing 1 in 4 of all MA children who receive care at federally-qualified health centers.

- Anita shared an updated version of the [TEAM UP Transformation Model](#), along with the first round of [claims evaluation results](#) to emerge from Phase 1, which found TEAM UP to be associated with a relative increase in the rate of primary care visits among Medicaid-enrolled children with no increase in cost.
- Emily then led a session of expert panelists who discussed the current need for behavioral health integration (BHI) and the barriers it's facing in the broader healthcare space.
- On this panel were Donna Cohen Ross, Kate Ginnis of MassHealth, Dr. James M. Perrin of Harvard Medical School, Lissette Blondet of the Massachusetts Association for Community Health Workers, and Dr. Laurel Leslie of the American Board of Pediatrics.

For symposium [presentation slides](#) and [speaker bios](#), please visit teamupforchildren.org/symposium.

SESSIONS

BREAKOUT 1 CLINICAL TRACK

Implementation Challenges and Solutions:

Improvement Strategies to Guide Your Implementation of Core BHI Clinical Workflows

This session, led by TEAM UP Implementation Manager, Charlotte Vieira, focused on challenges and best practices for implementing clinical workflows core to the BHI model using continuous quality improvement approaches. Dr. Jane Marie Dolan and Marsha Ilus of Brockton Neighborhood Health Center shared challenges and proposed solutions to implementing universal screening with the Survey of Well-being of Young Children (SWYC) from the perspectives of both a primary care provider (PCP) and community health worker (CHW). Dr. Huy Nguyen and Lara Jackson of DotHouse Health shared their experience with systems redesign and data monitoring to support implementation of enhanced universal screening. Dr. Michael Tang of The Dimock Center closed out the session by sharing key design elements and drivers of success that have helped them advance across and beyond the six levels of integration outlined by SAMHSA-HRSA's Center for Integrated Health Solutions.

BREAKOUT 1 STAKEHOLDER TRACK

Support Your Workforce and Reduce Burnout: How Integrated Care Can Improve the Work Experience

This session focused on the ways in which an integrated model and a team-based approach can help reduce burnout for PCPs, behavioral health clinicians (BHCs), and CHWs. Session moderators Dr. Michelle Durham, TEAM UP Director of Clinical Training, and Sonia Erlich, TEAM UP Clinical Role Development Manager, shared findings from in-depth interviews with 38 professionals involved in Phase 1 of the initiative, who identified greater interdisciplinary collaboration/communication and enhanced provider wellness as main overarching themes resulting from BHI at their health centers. Sarah Alexander and Dr. Cathleen Bonacci of Lowell Community Health Center shared firsthand information from their pediatric provider survey on the perceived changes in their practice resulting from BHI. Emily Hames and Dr. Kevin Coughlin of South Boston Community Health Center shared the group supervision model they use in an effort to enhance team cohesion.

BREAKOUT 1 SPECIAL POPULATIONS TRACK

Special Programs to Serve Families with Young Children

During this session, led by Dr. Emily Feinberg, participants shared early childhood focused programs at their sites and the results that they've seen thus far from these efforts. Dr. Beril Bayrak of Lowell Community Health Center began by describing their Gentle Connections Program, which seeks to identify high risk dyads during pregnancy and seamlessly connect them with services after birth. Rachel Lerner of Greater New Bedford Community Health Center shared their efforts to improve the process of early intervention referrals in order to more effectively connect children to services. Ingrid Dautruche, Molly Brigham, and Cleisa Gomes from Codman Square Health Center shared new initiatives and community partnerships to support families of young children, such as the implementation of prenatal universal touches by a pediatric dyad consisting of a BHC and Family Partner (FP). Jill Baker of the BMC SOFAR Clinic shared efforts being undertaken to support families through addiction and recovery, particularly during the postpartum period. Emily closed off the session with an overview of Building Resilience and Nurturing Children (BRANCH), which is a brief, trauma-informed assessment and intervention for children ages 0-5 and their parents designed in a flexible framework that can be implemented in the primary care setting.

SESSIONS

BREAKOUT 2 CLINICAL TRACK

Behavioral Health Integration: Voices from the Field

This session, led by Sonia Erlich, used video storytelling, accompanied by a panel discussion from CHWs, FPs, and BHCs, to explore the more recent interest in incorporating behavioral health into primary care and the benefits this approach has in addressing mental health concerns. This was juxtaposed with how mental health has traditionally been viewed and treated throughout history, which is as a completely separate entity from physical health. On the panel for this session were Kira Armajani of The Dimock Center, Alyce Norcross and Lauren Carpenter of Lowell Community Health Center, and Molly Brigham and Cleisa Gomes of Codman Square Health Center.

BREAKOUT 2 STAKEHOLDER TRACK

TEAM UP's Learning Healthcare System

This session highlighted efforts within TEAM UP to create a positive culture around data in which data is used to stimulate practice transformation and facilitate co-development of metrics. TEAM UP's Evaluation Co-directors, Dr. Megan Bair-Merritt and Dr. Chris Sheldrick, and Anita Morris discussed how this is achieved through a bi-directional relationship between evaluation data and practice transformation/continuous quality improvement efforts, and frequent communication and collaboration with providers.

BREAKOUT 2 SPECIAL POPULATIONS TRACK

Addressing the Behavioral Health Needs of School-aged Children and Adolescents

During this session, led by Dr. Michelle Durham, participants shared a variety of multidisciplinary approaches to addressing the needs of school-aged children and adolescents at their organizations. Two distinct presentations, one from Dr. Dana Rubin of DotHouse Health and the other from Dr. Genevieve Daftary, Hannah Carey, and Chanelle Thomas of Codman Square Health Center, outlined specific clinical workflow changes each health center has implemented to better identify and address the needs of children with ADHD. Grant Pike of Greater New Bedford Community Health Center shared how the addition of a behavioral health workforce has helped them strengthen community collaboration to support the most vulnerable youth in their community, many of whom are unaccompanied minors. Linda Doran and Erica Rollock from South Boston Community Health Center shared successes from their Youth Ambassadors Program, which seeks to engage South Boston youth in youth development, health promotion, and leadership building activities.

ADVOCACY SESSION

How to Advocate for the Long-term Sustainability of Pediatric Integrated Care

Suzanne Curry of Health Care for All and Eva Marie Stahl of Community Catalyst closed out the day by laying out the current Massachusetts policy landscape relating to pediatric integrated behavioral healthcare, with a particular focus on advocacy opportunities. They led a discussion on the biggest challenges audience members face in their practices to sustaining this kind of care and gathered information on possible solutions, all in an effort to inform the TEAM UP advocacy agenda.

Don't just take our word for it... Hear directly from attendees themselves!

"I really enjoyed everything, especially the breakout sessions. The material was very useful and relevant for the health centers, researchers, advocates, etc."

"The plenary session and the clinical track 1st breakout session were great. The entire program was useful, reinvigorating & inspiring in thinking about implementation."

"This conference was very helpful in giving me further inspiration and knowledge about what various centers are doing to implement BHI. My hospital is just in the planning stage of BHI and there were lots of helpful suggestions."

"I have been attending the conference for 3 years and it gets better each time. Really enjoyed the breakout sessions this year. The food was phenomenal."

"First time. Feel invigorated about the work I do. Thank you."

Stay in touch with us on [Instagram](#) and [Twitter @teamup4children](#)
or by email at teamupforchildren@bmc.org!

