

South County Collaborative Care Team



FOUNDING WORK GROUP

Mary Berle, M.Ed. Principal, Muddy Brook Elementary School

Deb Buccino, MD. MACONY Pediatrics

Adrien Conklin, BSN, RN. Care Coordinator, MACONY Pediatrics

Amy Taylor, M.Ed. South County Community Liaison, Berkshire County United Way

Cynthia Segui, LICSW. Community Health Program (CHP)

Everett Lamm, MD. Chief Medical Officer, CHP



NOW MANY PARTNERS

- Benjamin Doren, M. Ed. Principal, Monument Valley Middle School
- Nan Thompson, M.Ed. Assistant Principal, Muddy Brook Elementary School
- Kathryn Burdsall, M.Ed. Director of Student Services, Berkshire Hills Regional School District
- Brenda Butler, MD. Medical Director Child and Adolescent Psychiatry, The Brien Center and Berkshire Medical Center
- Edward Shapiro, MD. Senior Consultant, Erikson Institute for Education and Former Medical Director/CEO, Austen Riggs Center
- Donna Elmendorf, PhD. Director of Therapeutic Community Program, Austen Riggs Center
- Eric Plakun, MD. Medical Director and CEO, Austen Riggs Center
- Linda Mayes, MD. Director, Yale Child Study Center
- Nany Close, PhD. Assoc Director, Program in Early Childhood Education, Yale Child Study Center
- Megan Smith DrPH, MPH. Director, Parent and Family Development Program and MOMS Project, Yale Child Study Center
- Ann McDonald, MSN, RN. BFS Director Transformation Clinical Practice
- Kris Hazzard, MSW. former President and CEO, Berkshire United Way
- Peter Taylor, M.Ed. President, Berkshire Taconic Community Foundation
- Bruce Waslick, MD. MCPAP Western and Central Massachusetts Team Medical Director
- Richard Antonelli, MD. MS. Medical Director of Integrated Care at Boston Children's Hospital, Assistant Professor of Pediatrics, Harvard Medical School

PROBLEM AND SOLUTION

PROBLEM

- 700% increase** in students with social and emotional disabilities
 - ❖ Result of psychosocially stressed families
 - ❖ In 2014-2015, 34 school behavioral health referrals led to only 2 successful referrals

SOLUTION

Collaborative Care Team, built on strong relationships between families, schools, health care providers, and community services, improved coordination and accountability

PUT ANOTHER WAY . . .



Problem



Solution

EDUCATIONAL CONTEXT

NATIONAL

- 25% of principals leave annually.
- 50% of new elementary principals quit during 3rd year.
- Remainder often migrate from poor to affluent schools.

STATE

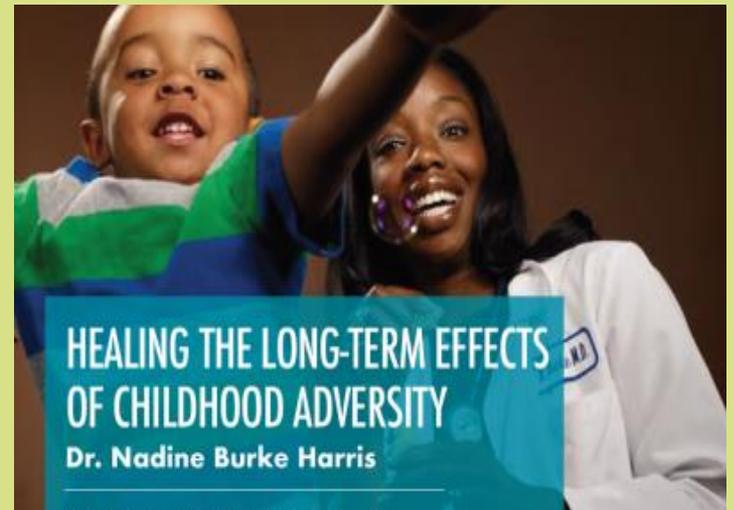
- State of MA identifies social and emotional learning as high priority in 2018.

LOCAL

- High principal turnover
- Increasing poverty in local elementary school
- More students with social/emotional needs

PEDIATRIC CONTEXT

- Adverse Childhood Experiences (ACEs) associated with increased social, emotional and cognitive impairment, medical and mental health disorders
- More ACEs = More problems
- 40% have 2 or more ACEs and 12.5% have 4 or more ACEs
- Disabilities in children have increased 16% over the last decade per CDC
- Increasing physician burnout



COLLABORATIVE CARE TEAM

Principal created school-based team

Pediatrician's long-term relationships with families provided foundation of trust

Care Coordinator served as link between family, school, healthcare and community services

Principal, Pediatrician and Care Coordinator modeled collaboration, including routines for reflection and continuous improvement.



Shifts Made Within the School



Recognized some needs beyond the school and require **collaboration** with outside partners.

Increased resources within school to meet demand. Added a second clinician and additional special education teacher.

Added curriculum and tiers of student support for social and emotional learning.

Built a Therapeutic Program with a dedicated classroom and staff.

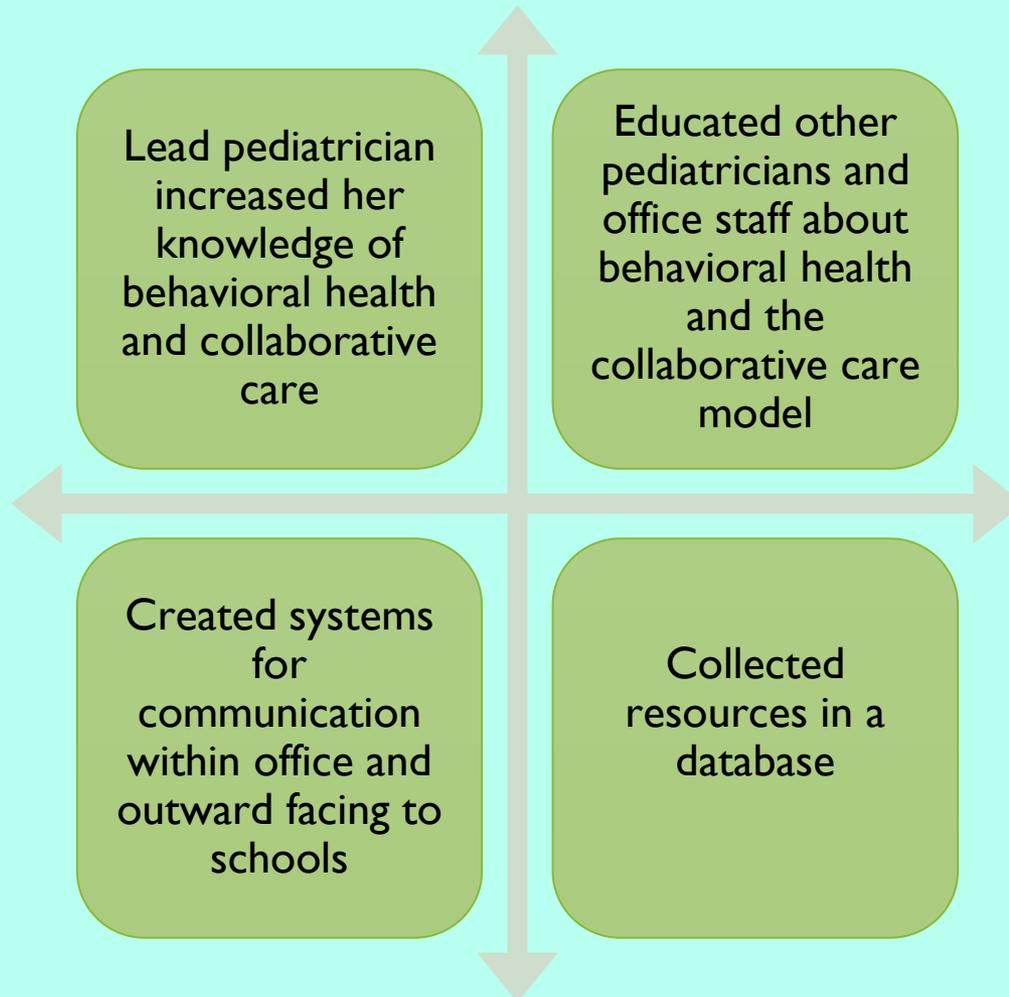
Shifted clinical roles to include outreach and coordination with families and health care.

Tracked cases to identify effective supports. Team met regularly with caregivers to review progress and make necessary adjustments

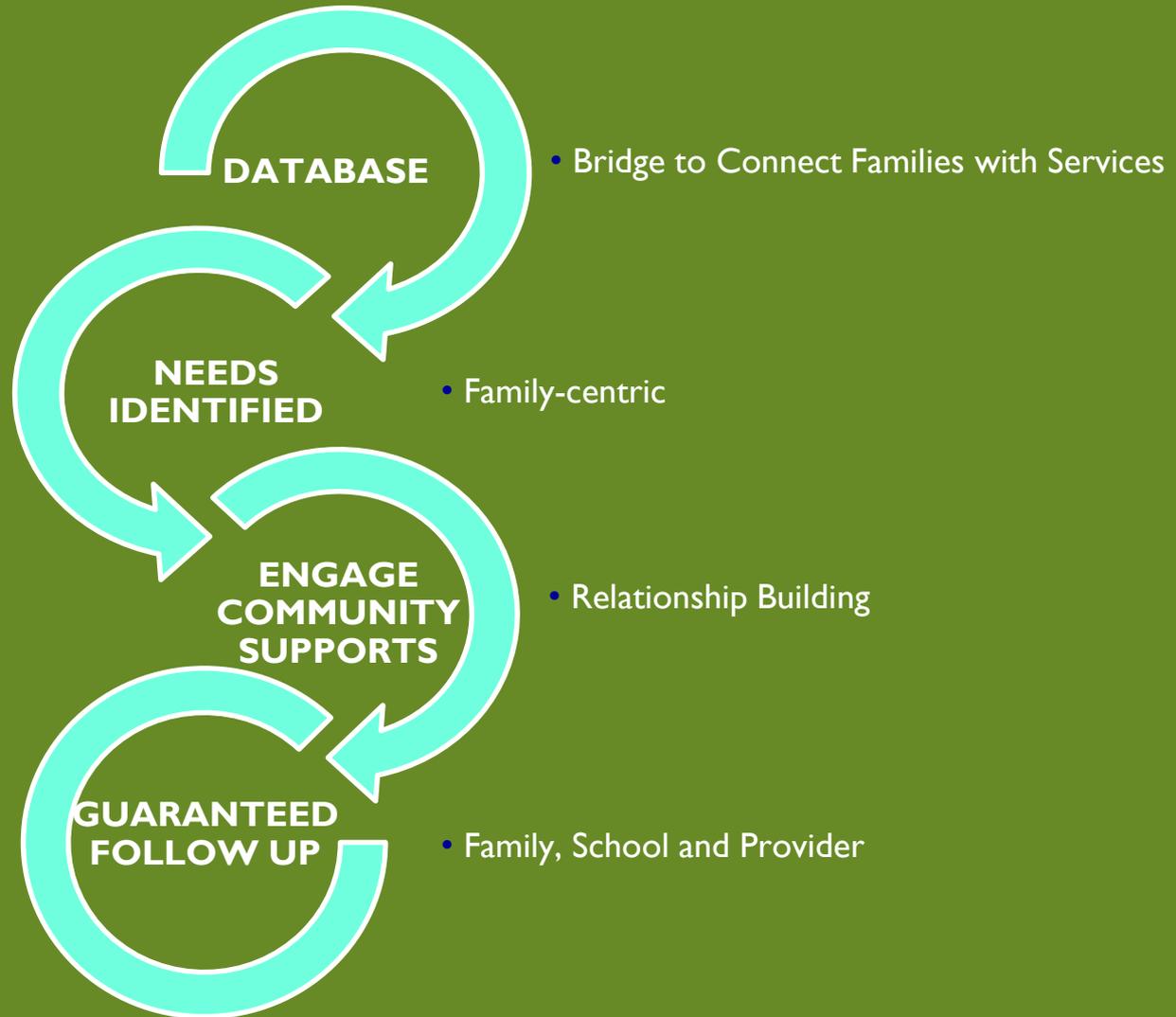
Trained all staff in trauma-informed care and social and emotional learning.

Identified and established protocol for teachers to access Collaborative Care on behalf of students and families.

SHIFTS WITHIN PEDIATRIC OFFICE



COLLABORATIVE CARE MODEL



BENEFITS OF COLLABORATIVE CARE



RESULTS

- Dramatic increase in successful referrals to community mental health center
- **125** families with complex behavioral and medical needs successfully connected with services in 2016 compared to **2** in the previous year.
- Classrooms *increasingly calm and productive*, as a direct outcome of Collaborative Care, creating better learning environment as evidenced by:
- Increased BAS Assessment reading scores for the cohort of students moving from second to fourth grade over 3 years while Collaborative Care Team in place:

Year (Grade)	% Reading below grade level
2015 (2 nd grade)	48%
2016 (3 rd grade)	28%
2017 (4 th grade)	11%



**SCHOOL OF
RECOGNITION!**

In 2018,
Muddy Brook is
one of only two
schools in
Berkshire
County and 52
schools in
Massachusetts
to receive this
award.

**Spring 2018
Massachusetts
Comprehensive
Assessment Scores
(MCAS)**



98% of All Students Met or Exceeded Criterion Referenced Targets in English Language Arts and Math



95% of Students with Disabilities Met or Exceeded Criterion Referenced Targets in English Language Arts and Math



100% of Economically Disadvantaged Students Met or Exceeded Targets in English Language Arts and Math

TESTIMONIALS

“Our experiences with [the Collaborative Care Coordinator] have helped immensely in facilitating communication, supports, and services for at risk families” – *The Brien Center*

“Care coordination at MACONY has made a world of difference to our family. Adrien is a true champion of this community and an advocate for these children. I know when she shows up everything will be ok.”- *Parent*

“The Collaborative Care we established represented an integrated care approach to surround families and effectively manage their needs. This type of collaboration is vital to ensure our students and their families feel held. Having a direct line of communication and support from health care providers is a game changer for school Clinicians. We are no longer on an island, there is a foundation built around families to close the communication gap and partner to provide care as a team.” - *Colleen Meaney, School Clinician at Muddy Brook*

KEY COMPONENTS OF CARE COORDINATION

From AAP Policy Statement, May 2014

Prosocial -
beyond
managing disease

Patient- and
family-centered,
assessment -
driven, team-
based work
designed to meet
needs while
enhancing
capabilities of
patients and
families.

Emphasizes
cross-
organizational
relationships and
continuous
capacity building

Connection in
the space
between
providers, visits
and entities.

Nobody is alone.

UPDATES

Collaborative Care was Disrupted

- Funding ended for nurse care coordinator
- Founding principal left the school

Now Lots of Good News

- Adrien now back at MACONY.
- School secures behavioral health grant focused on Collaborative Care.
 - Grant resumes and extends the model to include other pediatric practices as well as middle school grades.
 - Teen health van extends Collaborative Care model to young adults
- School administrators Nan Thompson and Ben Doren step in as champions of the school based work.
- Mary Berle shifts to cultural sector leadership and working with cultural assets networks including Mass Cultural Council.
- Mass Cultural Council leadership plans pilot with our Collaborative Care team..



DATA COLLECTION PLAN

Referrals to Collaborative Care

- Time in Collaborative Care, referrals made
- Reasons for failed referrals

Amount of Dysregulation at School

- Schools build database: child removed from class, class removed from child, radio calls, level of dysregulation - *will look for overall improvement in school as well as for children in Collaborative Care over time*
- In and out of school suspensions

Academic Performance

- Standardized benchmarks in reading and math
- Looking for improvement over time for those in Collaborative Care
- Track improvement for entire school

Attendance

Emotional Well-Being of Children

- Strengths and Difficulties standardized questionnaire at beginning of Collaborative Care and every 6 months

Patient/ Family Engagement and Satisfaction

- Survey every 6 months

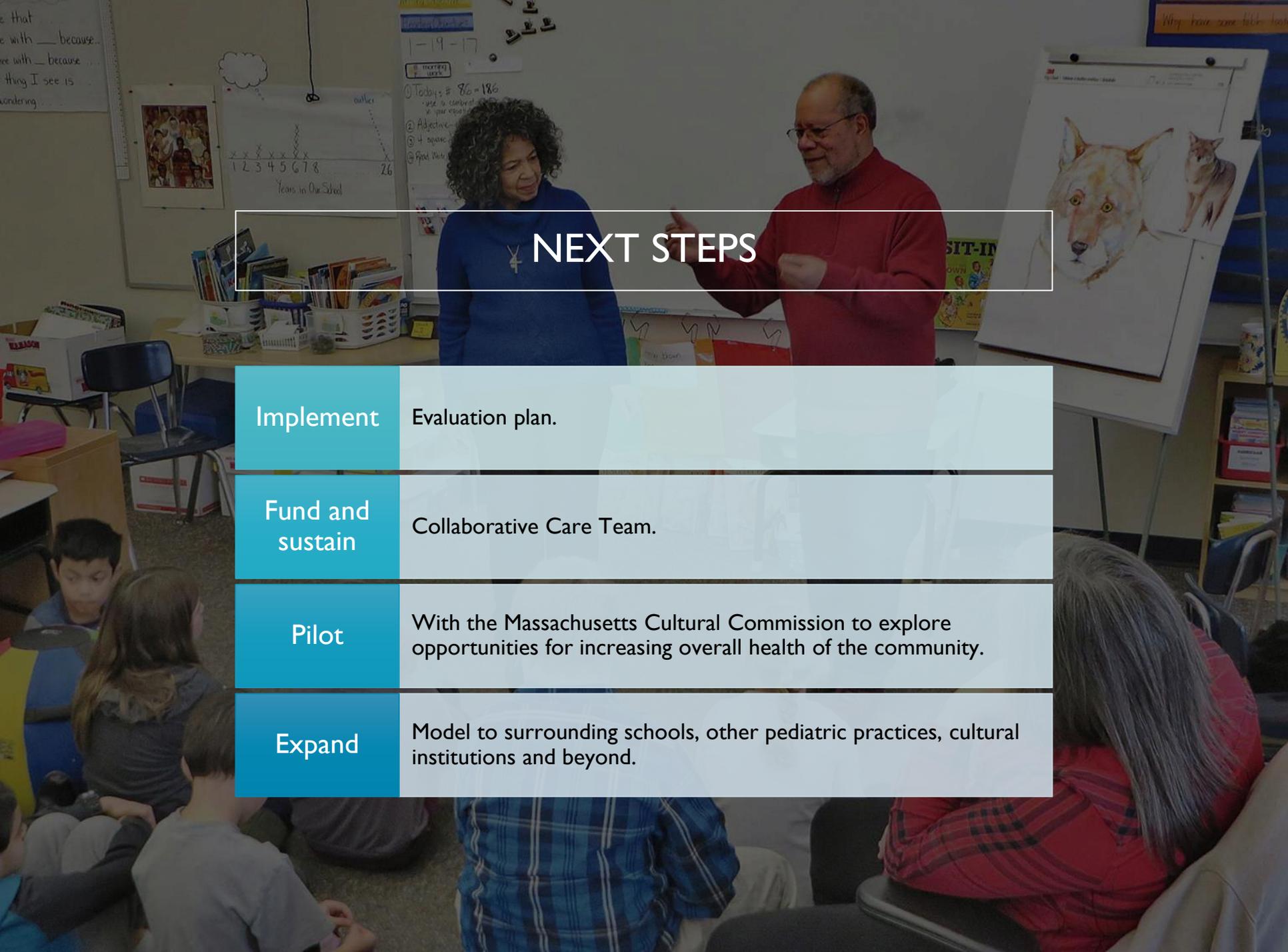
Provider/ School Staff Sense of Agency and Satisfaction

- Survey every 6 months

AUSTEN RIGGS IS A STEADY CHAMPION FOR ADAPTIVE CHANGE IN THE COMMUNITY

- Former director consults with school principal (to name challenges and clarify roles of school, health care, families within systems)
- As principal, pediatrician build model, Austen Riggs staff provides steady support and consultation including monthly supervision with the interdisciplinary team
- Austen Riggs Human Development Project (with Weil Foundation) funds Megan Smith to work with team to develop a Theory of Change and evaluation plan.
- Weil Foundation funds lead pediatrician role as community change agent





NEXT STEPS

Implement

Evaluation plan.

Fund and sustain

Collaborative Care Team.

Pilot

With the Massachusetts Cultural Commission to explore opportunities for increasing overall health of the community.

Expand

Model to surrounding schools, other pediatric practices, cultural institutions and beyond.

Building working relationships across a community is an intrinsically good thing. You do enough intrinsically good things and lives will be improved in ways you can never plan or predict. This is where our national renewal will come from.



**David Brooks on Collective Impact
New York Times Op Ed, 10/8/18**

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- The collaborative care model: an approach for integrating physical and mental health care in medicaid health homes. Center for Medicare and Medicaid Services Brief. 2013
 - *“More than 70 randomized controlled trials have shown collaborative care for common mental disorders such as depression to be more effective and cost-effective than usual care”*
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- Massachusetts Department of Elementary and Secondary Education Strategic Plan. Mass Dept of Elementary and Secondary Education. 2018. *Supporting social emotional learning, health and safety is the 3rd of 5 priorities in strategic plan*
- Churn: the high cost of principal turnover. School Leaders’ Network. 2014

To obtain a copy of this slide presentation, email
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