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
• 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

- Lead pediatrician increased her knowledge of behavioral health and collaborative care
- Educated other pediatricians and office staff about behavioral health and the collaborative care model
- Created systems for communication within office and outward facing to schools
- Collected resources in a database
COLLABORATIVE CARE MODEL

DATABASE
- Bridge to Connect Families with Services

NEEDS IDENTIFIED
- Family-centric

ENGAGE COMMUNITY SUPPORTS
- Relationship Building

GUARANTEED FOLLOW UP
- Family, School and Provider
BENEFITS OF COLLABORATIVE CARE

- Patient Engagement
- Patient Satisfaction
- Medical and Behavioral Health Needs Met
- School Success for All Students
- Provider Satisfaction
- Efficient Use of Community Resources
- Family feels “Held”
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:

<table>
<thead>
<tr>
<th>Year (Grade)</th>
<th>% Reading below grade level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 (2nd grade)</td>
<td>48%</td>
</tr>
<tr>
<td>2016 (3rd grade)</td>
<td>28%</td>
</tr>
<tr>
<td>2017 (4th grade)</td>
<td>11%</td>
</tr>
</tbody>
</table>
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
“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.
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**

<table>
<thead>
<tr>
<th>Implement</th>
<th>Evaluation plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fund and sustain</strong></td>
<td>Collaborative Care Team.</td>
</tr>
<tr>
<td><strong>Pilot</strong></td>
<td>With the Massachusetts Cultural Commission to explore opportunities for increasing overall health of the community.</td>
</tr>
<tr>
<td><strong>Expand</strong></td>
<td>Model to surrounding schools, other pediatric practices, cultural institutions and beyond.</td>
</tr>
</tbody>
</table>
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
References

- 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”
- 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

To obtain a copy of this slide presentation, email rosemary.serra@yale.edu