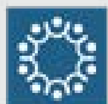
TRANSFORMING & EXPANDING ACCESS TO MENTAL HEALTH CARE IN URBAN PEDIATRICS

EARLY LEARNING REPORT

MARCH 2022

A report for the Richard and Susan Smith Family Foundation and The Klarman Family Foundation



Center *for the* Study *of* Social Policy
Ideas into Action

TEAM UP FOR CHILDREN

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Acknowledgements

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Table of Contents

Introduction 4

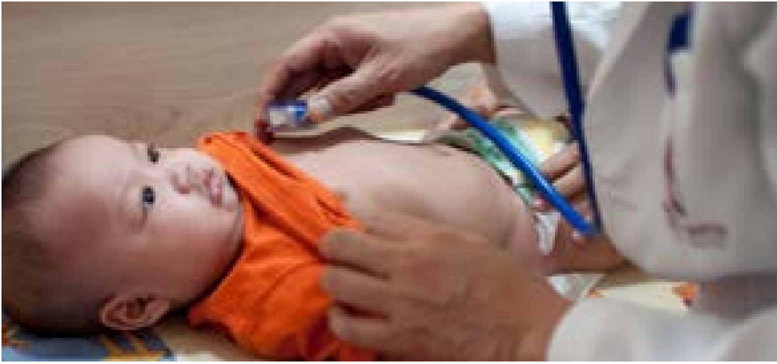
A Promising Beginning 6

Critical Investment Decisions 7

Critical Design & Implementation Decisions 12

Implications for Policy & Philanthropy 14

Citations 15



THE TEAM UP INITIATIVE

The TEAM UP initiative is grounded in the belief that access to services that promote behavioral health and family strengthening is a social justice issue. The initiative seeks to meet the needs of community members who have experienced multiple challenges in their home countries or local communities, from trauma and racism to poverty and violence. It builds upon the strength of community health centers as anchoring, culturally competent institutions that share this mission, and that have come together to develop a sustainable, adaptable, and replicable model of integrated health care.

KEY PARTNERS

Foundations: The Richard and Susan Smith Family Foundation and The Klarman Family Foundation

Implementation Support and Clinical Training: Boston Medical Center

Evaluation: Boston University School of Medicine

Cohort 1 FQHCs (Initiated 2016): Codman Square Health Center, the Dimock Center, and Lowell Community Health Center

Cohort 2 FQHCs (Initiated 2019): Brockton Neighborhood Health Center, DotHouse Health, Greater New Bedford Community Health Center, South Boston Community Health Center

Policy & Advocacy: Health Care For All

National & Local Experts: TEAM UP Scientific Advisory Board

INTRODUCTION

The lack of accessible, effective behavioral health* care is among the gravest threats to the healthy development of children and adolescents. Early identification and treatment of behavioral health needs can prevent more serious problems that require a costlier response later in life.[1] It is estimated that 75% of children with mental health disorders go untreated due to workforce shortages, stigma, and administrative barriers to health care coverage.[2] In addition, many primary care providers (PCPs) acknowledge they lack the training, time, and connection to solutions to adequately identify and respond to behavioral health needs. Furthermore, when PCPs make referrals to community providers, their patients can experience long time lags in receipt of services or, worse, no access at all.[3]

This problem is especially acute in communities where most residents have low incomes and experience multiple stressors, and it is exacerbated by long standing racial inequities. The disparities include both less access to services and greater likelihood of receiving poor quality care when treated.[4] Racial/ethnic minority youth with behavioral health issues are more often referred to the juvenile justice system than to specialty behavioral health care, compared with White youth.[5] Stigma of mental illness among minority groups, language differences between patient and provider, and lack of cultural understanding and implicit bias by health care providers may contribute to underdiagnosis and/or misdiagnosis of behavioral health needs.[6] The impact of the COVID-19 pandemic on children's mental health is deepening these inequities and further stressing an already weak system.[7,8]

In response to these challenges, TEAM UP for Children (Transforming & Expanding Access to Mental Health Care in Urban Pediatrics) builds the capacity of federally qualified health centers (FQHCs) to deliver high quality, evidence-informed, trauma responsive, integrated behavioral health care** to children, adolescents and their families in eastern Massachusetts. Over the past decade, there has been increasing interest in integrated behavioral health models[9] in pediatrics, as evidence suggests that they can increase access to behavioral health treatment and improve mental health outcomes for patients.[10] TEAM UP provides families with universal screening for both behavioral health and concrete resource needs; more rapid access to most behavioral health services within the clinic, rather than by referral to outside providers, for all ages and across diagnostic categories; and connections to needed supports and specialists in the community.

TEAM UP is beginning to show meaningful results. This report highlights initial learnings and describes both the investment decisions and the initiative design choices made by the funders—the Richard and Susan Smith Family Foundation and The Klarman Family Foundation—and key partners (described in the box on page 4) as they worked to build TEAM UP and position it to succeed in health centers across a variety of communities and with different levels of experience delivering integrated behavioral health care. This report is meant to inform funders, policymakers, and health care leaders about the investments and supports needed to effectively integrate behavioral health care into pediatric primary care settings.

* Behavioral health is used in pediatrics as an inclusive term for "promoting well-being by preventing or intervening" in a broad array of issues, ranging from common parenting challenges or developmental delays in young children to serious emotional disturbances in adolescents and parental depression and trauma associated with poverty, oppression, and witnessing violence. (Available at: Psychology Today https://tinyurl.com/4rdx82kd)

** Integrated behavioral health care is care delivered in primary care settings and by teams of both medical and behavioral health clinicians to address both a patient's medical concerns and behavioral health factors that affect their health and well-being. (Available at: https://integrationacademy.ahrq.gov/about/integrated-behavioral-health)

A PROMISING BEGINNING

The early findings from a multi-year evaluation of TEAM UP's impact in the Cohort 1 FQHCs on access, quality, cost of care, and workforce satisfaction are encouraging:

Access

- TEAM UP sites **screened for behavioral health issues and risk factors more regularly** than the average for pediatric practices in Massachusetts (81-84% of well-child visits across age groups in TEAM UP vs 68% statewide). Many children had behavioral health needs identified (ranging from 23% of children under 5 to 34% of those 13 and older).
- For children with a behavioral health need identified, **most received care within the FQHCs**, rather than by referral to an off-site program, and **more than half saw a behavioral health practitioner on the same day** the need was identified (i.e., a "warm handoff"). Children who received a "warm handoff" on average received two behavioral health visits before children who were referred to a behavioral health provider for a follow up visit had their first appointment.
- When the COVID-19 pandemic struck in March 2020, TEAM UP was able to continue to provide behavioral health services via telehealth. **Throughout the pandemic, a majority of behavioral health visits were conducted via telehealth and the trend persists**, demonstrating that it is a feasible approach and a service that the initiative will continue to offer families.[11]

Quality

- Although access increased, **rates of psychotropic medication use did not increase and there was a decline in polypharmacy** (i.e., the proportion of children prescribed more than 2 psychotropic medications) for the population.
- **Care for children with attention-deficit/hyperactivity disorder (ADHD) also showed improvement** after implementation of TEAM UP. Children newly diagnosed with ADHD were more likely to have a follow up, in-person visit within 30 days compared to the pre-implementation period.

Cost

- TEAM UP **improves primary care engagement for low-income children with mental health** needs with an increased rate of visits (115 additional visits per 1000 patients per quarter) **while not increasing the total cost of care**.[12]

Workforce Satisfaction

- In-depth interviews with multidisciplinary staff in Cohort 1 FQHCs revealed **greater staff satisfaction and less burnout associated with TEAM UP implementation**. Staff perceived that TEAM UP improved interdisciplinary collaboration and communication, reported that they had greater professional fulfilment and pride, and suggested TEAM UP may prevent burnout.[13]

Working as part of a team really makes a difference in terms of making the job feel doable and feeling like you're doing a good job.

—Cohort 1 FQHC

CRITICAL INVESTMENT DECISIONS

The foundations have jointly committed an investment of $22 million over eight years in TEAM UP to date. Their investment priorities, described below, can offer guidance for other funders interested in supporting integrated pediatric behavioral health care in their communities and states.

Significant Investment in Community-Based Care

TEAM UP has been developed and initially funded in seven FQHCs, selected with the intent of improving outcomes for tens of thousands of children living in low-income, racially diverse neighborhoods and communities throughout eastern Massachusetts. In Massachusetts, community health centers serve over a million patients, including over 221,000 children, each year. FQHCs are particularly fertile soil for the practice transformation and cross-discipline collaboration needed for integrated behavioral health care. Many are already attempting to meet the mental health needs of their population by addressing social needs that produce daily stress, employing community health workers to engage and support families, and providing a holistic approach that serves the entire family.

Federally Qualified Health Centers are community-based health care providers that receive funds from the federal Health Resources and Services Administration (HRSA) Health Center Program to deliver comprehensive culturally responsive primary, preventative, and behavioral health and support services in underserved areas.

Characterized as providing a "safety net" for children and families, they are playing an increasingly important role in delivering primary care in the United States. In Massachusetts, 74% of health center patients identify as a racial or ethnic minority and 75% are low income, groups that have historically lacked access and face multiple structural and cultural barriers to economic opportunity as well as health care.[14,15,16]

The majority of the TEAM UP funding has gone directly to the FQHCs to enhance and expand staffing, cover leadership time, and strengthen health center infrastructure. In 2016, the first phase of TEAM UP funded three FQHCs—Codman Square Health Center, The Dimock Center, and Lowell Community Health Center (Cohort 1). Phase II of TEAM UP began in 2019 and includes support for implementation of the model in four additional FQHCs—Brockton Neighborhood Health Center, DotHouse Health, Greater New Bedford Health Center, and South Boston Community Health Center (Cohort 2). Cohort 1 FQHCs continue to participate in TEAM UP in the second phase with reduced funding to report data for the evaluation and provide mentoring to Cohort 2.

Enhanced and expanded staffing on integrated care teams. TEAM UP funds one to four additional behavioral health clinicians, and two to five new Community Health Workers (CHWs), in each FQHC, depending on pediatric population size. The additional staff is intended to ensure that the FQHCs are able to offer integrated behavioral health care to every child or adolescent patient.

Direct funding made a huge difference. It allowed us to hire all the extra community health workers we needed and put systems in place.

—Cohort 1 FQHC

The significant investment in CHWs as essential members of the care team is particularly noteworthy. CHWs are drawn from the communities they serve, and many are bi-lingual and bi-cultural. They conduct screenings; provide parents with coaching and support; help coordinate care within the health center; link families to services and supports outside the clinic; and conduct outreach to families who experience gaps in service. Their prominence in TEAM UP also reflects the belief that behavioral health needs can be met much more effectively when other major stresses affecting families, such as food or housing insecurity, are also addressed.

Leadership time. In order to ensure the sustained attention needed for successful implementation, TEAM UP covers part of the salary and benefits for "clinical champions," usually a pediatrician and behavioral health clinican and a project manager, in each FQHC. These clinical champions take part in regular meetings with Boston Medical Center's implementation team, described below, where they can engage in joint problem-solving.

Infrastructure support. TEAM UP financially supports two kinds of infrastructure changes at the FQHCs needed in order to position the initiative to be sustainable beyond the period of philanthropic funding. First, it supports the work of an information technology specialist in each FQHC to identify and prepare changes to the clinic's Electronic Health Record (EHR), focused on documenting behavioral health care and follow up. Second, TEAM UP designates and provides funding for a billing champion within each clinic's administrative staff, focused on ensuring that the clinic optimizes its billing for behavioral health services that are reimbursable under Medicaid and private insurance plans.

Comprehensive Implementation Support

Boston Medical Center (BMC) serves as the backbone organization for TEAM UP, leading both its implementation team and evaluation through the affiliated Boston University School of Medicine teams. Through a learning community, FQHCs receive implementation coaching from BMC and peer support from other FQHCs by sharing best practices, working together to solve problems, and celebrating successes. The learning community focuses on systematically strengthening the facilitators and addressing the barriers to sustainable pediatric behavioral health integration through the following elements:

Clinical training. Unlike many efforts to train staff in evidence-based practices targeted at a specific diagnosis, TEAM UP equips behavioral health clinicians to work across a wide range of conditions (from ordinary developmental challenges to serious emotional disturbance) affecting children across the age span from babies and toddlers through older adolescents. BMC developed a "trans-diagnostic" training to support this holistic approach, along

A Trans-Diagnostic Training Approach

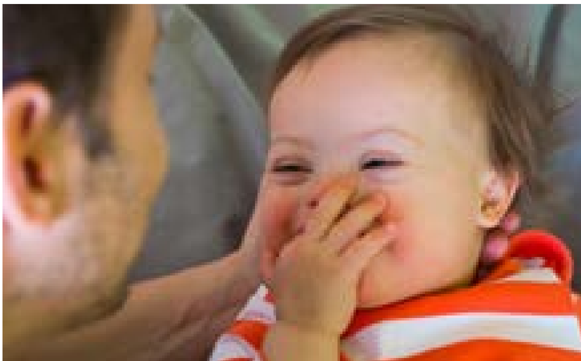
A single evidence-based treatment program was deemed inadequate for the TEAM UP population for numerous reasons. Such programs (1) are almost always diagnosis and/or age specific, (2) do not address or respond to co-existing conditions, (3) require a structured, sequenced set of treatment sessions for implementation fidelity, (4) are typically based on evidence of effectiveness derived from homogenous populations and, (5) are not culturally sensitive to population differences. In contrast, TEAM UP developed research-based and evidence-informed approaches that clinicians can use across diagnoses—referred to as "trans-diagnostic"—and that are culturally sensitive and adaptable to patient schedules and other stressors in their lives.

with role-appropriate training on integrated behavioral health care for CHWs and for physicians. Beginning for Cohort 2, all participating staff complete an on-line, self-paced course tailored to their role, and the behavioral health clinicians and community health workers participate in additional role-focused activities and in-person training. The entire care team comes together for special sessions that focus on team-based care.

EHR adaptation and information technology support. The electronic health records systems used by primary care clinics, including those in the seven TEAM UP sites, were not designed to support integrated care, nor include important TEAM UP elements such as recording next steps in behavioral health plans. BMC worked with the information technology leads in each clinic to modify their respective EHR. These changes ensure that TEAM UP activities (for example, screenings for behavioral health issues and for needs related to economic and social stressors) can be recorded, allow the EHR to serve as a vehicle for communication among team members, and ensure data can be captured and submitted to BMC for quality improvement and evaluation. This helps the FQHCs achieve the goal of having team-based care become "the way we do business." This early work also laid the groundwork for future scaling of TEAM UP, as these improvements to common EHR systems can be used with only minor modifications as new clinics begin to participate.

I've been surprised to see how everyone comes together to give ideas on how to improve. The idea of change at first was intimidating to most, including myself…As we have been meeting, [and] we realize something's not working, every member of our team has brought up recommendations… [It's] a bottom to top approach [with] everyone working together to create better ideas.

—Cohort 2 FQHC



We need data about what we can bill and how much revenue we can bring in—that's a big part of the project and should be transferable [to other clinics]. ... Getting the billing right is critical to this work.
—Cohort 2 FQHC

Data-driven quality improvement. BMC convenes frequent practice transformation meetings with each FQHC at their site or virtually. These discussions are supported by detailed monthly data reports, developed by BMC's evaluation team in partnership with the FQHCs. They are used to support implementation of the clinical model and identify process improvements, for example to ensure reliable screening, warm handoffs, and connection to resources.[17]

Revenue optimization capacity for sustainability. BMC works with the billing champion in each FQHC to optimize revenue. Over time, the initiative's funding for clinical staff intentionally declines as FQHCs are expected to increase their revenue from third party billing. As TEAM UP implementation matures, FQHCs in Cohort 1 have generated sufficient revenue, through more effective billing practices and higher patient engagement in behavioral health care, to make a substantial contribution to covering the cost of their behavioral health clinicians. Similar work is underway in Cohort 2 sites.

Field Expertise to Advise on Model Development, Implementation, and Policy

The TEAM UP Scientific Advisory Board (SAB) was established early in the initiative to be a sounding board for design and implementation, and sentinels as to trends in behavioral health issues. The SAB is composed of local and national experts, researchers, state policy makers, and advocates with expertise in several critical areas: primary care integration, pediatric behavioral health, health policy, sustainability, training, and safe prescribing. Individual members are also available for direct consultation on implementation. The SAB has weighed in on decisions such as an initial review of the major components of the model, advising how TEAM UP can prepare for value-based payment by providing input on quality metrics, and prioritizing workforce development. It has also emphasized the importance of funding an advocacy strategy.

Investment in Sustainability: Advocacy for Policy and Systems Change

In 2019, the two foundations funded Health Care For All (HCFA) to develop and implement a policy and advocacy agenda to sustain and expand integrated pediatric behavioral health care in Massachusetts. The issues to be addressed include: financing for community health workers; increased reimbursement for behavioral health; alternative payment models that better align with and finance team-based care; and the infrastructure investments needed to support fully integrated pediatric behavioral health. HCFA draws upon TEAM UP's real-time experience to formulate policy proposals and conduct advocacy. HCFA in turn brings to TEAM UP the expertise, relationships, and credibility with stakeholders to leverage current opportunities and partner with other coalitions with similar goals, sharing what they have learned from TEAM UP. Early progress is evident as integrated pediatric behavioral health has been incorporated into Massachusetts Medicaid program's (MassHealth) emergency funding in response to COVID-19. It has also now been identified as a priority in longer-term state restructuring and reform of its health system, as described in the state's Roadmap for Behavioral Health Reform. Most recently, MassHealth announced that members under 21 years old are eligible for preventative behavioral health services without a diagnosis, a policy priority advocated by TEAM UP.

CRITICAL DESIGN & IMPLEMENTATION DECISIONS

In addition to deciding whom to fund and for what, as described in the last section, a strategic set of choices also guided how TEAM UP would be developed driven by the needs and developmental priorities of the FQHCs and BMC.

Commitment to long-term support. While some of the FQHCs had previously been able to make modest investments in behavioral health integration, TEAM UP's comprehensive investment over a multi-year period has allowed the health centers to make significant progress towards achieving integrated pediatric behavioral health care at scale within their clinics. TEAM UP is designed to bring about improvements in the day-to-day work of the clinics, impacting virtually every area of practice, administration, and infrastructure. Recognizing that it would take considerable time to identify these changes, learn how to do them well, and make them sustainable, the two foundations made an early commitment to a multi-year investment strategy. Long-term support allows for further maturation and refinement of the model and an extended timeframe for the evaluation in order to build a robust evidence-base for the initiative. TEAM UP is now in its sixth year with a commitment to continue funding to the health centers through May 2023.

Investment in the development of and adaptation of community-based solutions. Through the early stages of planning from 2014 to 2016, SFF was not able to identify an existing model that it believed could be implemented successfully under the diverse circumstances and conditions faced by FQHCs in Greater Boston's communities. Accordingly, it chose to invest in the development of a comprehensive model that could be flexibly adapted to community needs while ensuring that the core elements of effective pediatric behavioral health care were implemented in all participating health centers. This meant that the development of TEAM UP implementation would be an iterative process of setting goals, designing strategies, and testing and improving them, rather than an effort to achieve "fidelity" to a pre-existing model.

Co-design and shared governance. Perhaps the most important design decision flowed from the choice to develop, adapt, and implement community solutions rather than a pre-existing model: TEAM UP would be jointly designed and governed by the FQHCs and BMC. To emphasize the value of each partner's expertise, the two foundations chose to make separate grants directly to each FQHC and to BMC, rather than having one master award go to a lead partner that would then issue sub-contracts. The partners signed on to a formal, multi-party agreement specifying collaborative practices such as data use, publication, and dissemination.

In the beginning, we had to get to know each other… We had to work on process—collectively agreeing about the work to be done together and how to approach local autonomy of implementation.

—Boston Medical Center Team Member

The TEAM UP Steering Committee provides a structure for joint creation of the model, accountability for effective implementation, and shared governance. Standing members include representatives of the implementation and evaluation teams at Boston Medical Center and project managers and clinical champions from each of the FQHCs with ad hoc involvement of the foundations, as requested. They are joined by FQHC staff with relevant expertise for specific agenda items. The Steering Committee developed the vision, aim, and mission statement for the initiative, along with guiding principles that support shared decision-making. It is the forum in which the partners come to agreement about which elements of TEAM UP will be implemented across all clinics, as well as about which aspects can be adapted in each site to best meet local needs. For example, the Steering Committee decided that all TEAM UP FQHCs would use the same instrument, the Survey of Well-being for Young Children (SWYC), to screen young children. However, each site has discretion to determine which staff members will work with the family, at what point during the visit, to complete the SWYC.

IMPLICATIONS FOR POLICY & PHILANTHROPY

The impact of the COVID-19 pandemic on the mental health of children and adolescents and its deepening of the longstanding gaps in the system of care is widely recognized by public health, pediatrics, and the general public. To begin to meet this need, the federal government is making unparalleled investment in strengthening the health and well-being of children and their families through the American Rescue Plan Act (ARPA). It is now up to state policy makers and partners in philanthropy, health care, and the community to make lasting changes and build the infrastructure and workforce needed to better support children and families. Philanthropy and state policy makers have an opportunity to leverage resources and investments to catalyze this transformation. TEAM UP offers insights for making those investments count.

1. Achieving fully integrated pediatric behavioral health care at scale is feasible and **requires significant up front and ongoing investment** in (1) expanding the workforce in clinics; (2) building the clinic infrastructure to support team-based care and long-term sustainability; and (3) providing technical assistance, clinical training, and opportunities for shared learning.

2. TEAM UP demonstrates that **a population-focused set of interventions (rather than a diagnosis-specific single intervention) with strong governance based on shared design principles and flexible supports for practice transformation** has the potential to meet each clinic where they are and build on their strengths in order to transform care that is responsive to the needs of their clinic and community. This approach requires investment in the partnerships and infrastructure for effective co-design and data-driven implementation.

3. **Investment in the pediatric integrated behavioral health workforce is urgent and critical.** TEAM UP has reinforced the value of community health workers as part of integrated teams and the importance of their work being reimbursable, supported by effective training and supervision, and part of a career pathway. TEAM UP has emphasized the importance of teaming, behavioral health promotion, and short-term, evidence-informed care. There is a shortage of Behavioral Health professionals and CHWs trained to support integrated behavioral health, and an urgent need to invest in long term solutions to address the lack of racial and ethnic diversity in the behavioral health workforce.

4. **Long-term financial sustainability requires public policy changes.** Current financing models do not align nor adequately support pediatric integrated behavioral health, especially roles like CHWs that are critical to equitable care. Philanthropy can play a critical role as a convenor to bring state policy makers together with implementors and partner with seasoned advocates to ensure that the real-time challenges and opportunities from the field inform the policy debate.

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