

**Healthy Minds, Healthy Children
Proposal Narrative**

TARGET POPULATION
The target population will include up to 40 primary care providers serving children and young adults. On average, a primary care provider cares for a panel of 2,000 patients. With a prevalence of 13-20% of the pediatric population having a mental health disorder, then approximately 10,400-16,000 children with mental health disorders would be served.
STATEMENT OF PROBLEM or assessment of the need for the program
<p>Recent community health needs assessments in the PHF services region indicate that many community residents suffer from both medical and behavioral health conditions. Based on the National Research Council and Institute of Medicine report, it is estimated that 13 – 20% of children living in the United States experience a mental disorder, with 10% having significant impairment. In the State of Mental Health in America 2018 report, Virginia ranks 47th lowest in the country for mental health care for children under 18 years of age. In addition, 12.47% of children have had at least one major depressive episode (MDE) and 10% of all children have had a severe major depressive episode. Virginia is among the worst in the country for providing mental health services to children who had a MDE (ranked 49th). In 2015, 55,000 children (70.8%) who have had a MDE did NOT receive mental health services in our state. Children with untreated mental health needs are at increased risk for suicidal behavior, violence, and substance use disorder.</p> <p>Many primary care providers received minimal training on the management of mental health disorders and are uncomfortable with the diagnosis and management. Additionally, referrals to psychiatric care may include long wait times.</p>
PROPOSED SOLUTION
<p>Best Practices: Three approaches have been effective in other states for addressing mental health access and outcomes in children and adolescents: training primary care providers; increased utilization of telepsychiatry; and increased access to child psychiatrists. In our request to PHF, the Healthy Minds, Healthy Children program will focus on training primary care providers as a first step.</p> <p>Our Solution: Using a "mini-fellowship" model facilitated by the REACH Institute, we will train primary care providers to screen, diagnose and treat common mental health disorders including ADHD, depression and anxiety. Screening children for mental health disorders such as ADHD, depression, and anxiety is one of the first steps in identifying which children are at risk. The REACH Institute Patient-Centered Mental Health in Pediatric Primary Care program includes an intensive 2-3 day training session that provides up-to-date training in the use of psychiatric medications for children and adolescents. Following the in-person training, participants continue to receive education and coaching through a six-month distance education program. Participants who complete the program are eligible for CME credits. The REACH training is open to pediatricians, family physicians, nurse practitioners, physician's assistants, psychiatrists and neurologists. Several primary care providers in our state have gone through the REACH program already and have found it to be a very effective method to gain comfort and competence in identifying disorders and prescribing medications to manage</p>

ADHD, depression and anxiety. By targeting providers serving children and adolescents with mental health disorders, an extremely vulnerable population, this program will directly address Healthy People 2020 goals of reducing suicide attempts by adolescents (MHMD-2), reducing the proportion of who experience major depressive episodes (MHMD-4.1), increasing the proportion of primary care facilities that provide mental health treatment onsite (MHMD-5), the proportion of children with mental health programs who receive treatment (MHMD-6), and depression screening by primary care providers (MHMD-11).

In addition, using the REACH 'train-the-trainer' model, we hope to use this initial training opportunity as a means to train up to four teams of providers to become future REACH Institute trainers in Virginia. This would allow for more primary care providers across the Commonwealth to receive this valuable training.

IMPLEMENTATION PLAN

Over a twelve month period, Healthy Minds, Healthy Children will provide behavioral health professional development education through a partnership with the REACH Institute for 40 total providers, including up to 10 teams of four providers that are interested in becoming REACH trainers. The project will be successful if at least 30 participants complete the training and at least two express interest in serving as trainers to expand the program to other regions in Virginia.

Describe the process of how a client may access service and how they will qualify for service(s). What proactive steps will be taken to make initial contact with clients and what is the incentive for a client to enter the program?

The program will be open to pediatricians, family physicians, nurse practitioners, physician's assistants, psychiatrists and neurologists. The first 28 of 40 spots will be made available exclusively to providers in the PHF service region, followed by surrounding counties in northern Virginia. VCHI will also reach out to health system partners in other areas of the state inviting them to sponsor teams of providers to attend. This will allow us to train up to three teams (4 providers each) from other regions of Virginia who can serve as trainers for future REACH Patient-Centered Mental Health in Pediatric Primary Care trainings. Leveraging PHF funding, we will be able to offer the training at a considerable discount to participants, which we believe will be a major selling point. In addition, all participants are eligible for CME credit for their participation and completion of the training.

PROGRAM MANAGEMENT

The Virginia Center for Health Innovation (VCHI) will be the lead agency responsible for the daily operation of the project. The President and CEO and Chief Innovation Officer will be the lead staff for this initiative. Their backgrounds working in nonprofit healthcare and health philanthropy have also enabled them to develop strong relationships with a wide variety of health and community organizations. The CIO will oversee daily operation of the program with the CEO leading partnership development, sponsorship requests, and statewide expansion planning.

VCHI has considerable experience managing grants and partnerships ranging in size and scope. VCHI led Virginia's State Innovation Model design (\$1.6M) that resulted in the creation of several initiatives, including Virginia's Plan for Well-Being and the AHRQ-funded Heart of Virginia Healthcare (\$10.6M) primary care cooperative. VCHI's strength is in bringing together diverse partners to identify problems, share solutions, and accelerate learning into

action. VCHI is currently facilitating the Potomac Primary Care Collaborative with several primary care groups in the PHF service region. This project would fall securely under VCHI's practice transformation program area.

Dr. Sandy Chung, incoming president of the American Academy of Pediatrics, Virginia Chapter, will serve as the project's medical director. Dr. Chung will assist with promotion, recruitment, and coordinate with the REACH training team regarding curriculum. Dr. Chung previously participated in the REACH training and intends to serve as a future trainer for REACH through their train-the-trainer model.

LOCAL LEADERSHIP/COMMUNITY SUPPORT

VCHI will collaborate with leadership of the American Academy of Pediatrics, Virginia Chapter; the Virginia Council of Nurse Practitioners, and the Virginia Academy of Family Physicians to promote and deliver the project. Additionally, Virginia's Secretary of Health and Human Resources, Dr. Carey and Virginia's Commissioner of Health, Dr. Levine have both endorsed the project. The AAP also has support of Voices for Virginia's Children and the Virginia Early Childhood Foundation. Finally, based on prior conversations with Youth for Tomorrow, we hope to collaborate with them and utilize their meeting space for the REACH training session.

The primary care provider training is the first step and primary focus of this project. However, it will be important to reach out to area CSBs and other behavioral health focused organizations to make them aware that area providers participated in this training. We also understand that mental and behavioral health professional development/CME is a priority of the local CHNA workgroup, so if funded, we will work with that group to help promote the training. Prior to the project's conclusion we will also identify appropriate PHF Mental Health cohort members to serve as possible ongoing resources in the community for primary care providers.

FINANCIAL SUSTAINABILITY

VCHI will implement Healthy Minds, Healthy Children over a 12 month period in the PHF service region as a pilot for statewide expansion in future years. VCHI had preliminary conversations with the Virginia Health Care Foundation (VHCF) about future support for expansion. Mental health service access has long been a priority of VHCF and their executive director was receptive to supporting the program if it is successful and well-received in the PHF pilot region. VCHI will engage members of the consortium on health philanthropy to support the REACH training in other areas of the state. By laying the groundwork through the creation of future training teams, this program has the potential to impact providers and patients across the state.

VCHI will leverage PHF grant support to offset the registration cost for the REACH training, however we will require participants to pay a small portion of the tuition cost. In addition, VCHI will solicit sponsorship from up to three health systems or other partners to fund up to three training teams (twelve participants) from other regions of the state.

MONITORING AND EVALUATION SYSTEM

Program Objective

The population health objective of Healthy Minds, Healthy Children is to provide improved access to mental and behavioral health care for children and adolescents. The enabling objective is to provide valuable professional development training for community providers that will increase their knowledge, comfort, and confidence in screening for and treating children with mental and behavioral health needs.

Summary of Inputs (What RESOURCES are dedicated to the program)**Staff:**

- VCHI – Bortz, Edwards and Stinson
- VAAAP – Dr. Sandy Chung, project medical director, and VAAAP Executive director

Resources and Technology Tools:

- Virginia Health Innovation Network
- REACH Institute

Summary of Major Activities

- Month 1: Planning meetings with VCHI lead staff, medical director, and REACH.
- Months 1-2: Promotion of training
- Month 3 or 4: REACH training held
- Months 4/5 – 10/11: REACH distance education period
- Months 8-12: Training teams schedule observation; Community partner outreach
- Month 12: Training teams complete or schedule train-the-trainer session

Summary of Outputs

- Training dates scheduled, faculty identified, promotion/recruitment strategy developed.
- Up to 40 participants recruited via AAP, VAFP, VCNP, VCHI outreach, and other community partnerships.
- Up to 40 participants receive 2-3 day REACH training.
- Up to 40 participants successfully complete distance education and finish REACH training.
- Up to ten training teams' scheduled or completed next step or train-the-trainer program.
- Up to ten training teams' prepared to serve as REACH facilitator.

Summary of Outcomes

Healthy Minds, Healthy Children participants will strengthen their knowledge, comfort, and confidence in screening, diagnosis and treatment of children and adolescents with mental and behavioral health needs.

Summary Impact (What is the impact and indicators for the project)

By participating in the REACH training, providers will be able to:

- Correctly identify and differentiate among pediatric behavioral health problems such as childhood depression, ADHD, bipolar disorder, anxiety states (including PTSD), oppositional and conduct disorders, and psychosis.
- Effectively manage psychopharmacology: selecting medications, initiating and tapering

dosages, monitoring improvements, and identifying and minimizing medication side effects.

- Create and implement a treatment plan by mobilizing existing resources like family members, school personnel, and other professional caregivers.

By providing opportunities for train-the-trainer participation, training teams will be able to:

- Facilitate REACH Institute training in other areas of the state.

Measurable Indicators (Definable, quantifiable, measureable and collectible)

- Grant expenditures compared to plan.
- Project adherence to timeline.
- The number of recruitment contacts made by outreach and promotion partners.
- The number, type, and location of providers registered in the REACH training.
- The number of sponsorships received for participants from other regions of Virginia.
- The number, type, and location of providers who complete the REACH training.
- The number, type, and location of training teams identified for the train-the-trainer program.
- Participant reported satisfaction with REACH training and resources.
- The number of participants that join the online Healthy Minds, Healthy Children group on the Virginia Health Innovation Network.

Monitoring and Evaluation Tools

Healthy Minds, Healthy Children results will be evaluated using project workplan tracking, participant surveys, and partnership reports. To gauge success of the REACH Institute training, we will rely on participant reported satisfaction with the training utilizing pre-post survey results supplied by REACH.

Means of verification - data sources

- VCHI budget management and PHF interim reporting.
- VCHI project management and PHF interim reporting.
- Logs of partner contacts related to outreach and recruitment.
- Registration data for training.
- Sponsorship requests and outreach to health systems and other VCHI partners.
- CME applications completed by participants.
- Project management team tracking of self-identified training teams.
- REACH Institute participant surveys.
- Virginia Health Innovation Network community management reports.

Risks and assumptions

As proposed, the Healthy Minds, Healthy Children project assumes 40 participants will attend the REACH training. Implicit in this assumption is the risk that all 40 slots may not be filled.

VCHI will address this risk by working with our medical director, promotion partners, health system partners, and Potomac Health Foundation, to define and deliver a clear value proposition for participating in the REACH Institute training. Given that the REACH Institute is

recognized as a leader in this area and providers receive many benefits from participating, we project the risk of not filling slots to be relatively low.

The VCHI team will draw upon its extensive experience in recruiting practices for the Heart of Virginia Healthcare, the Potomac Primary Care Collaborative and other clinical leadership initiatives, to engage practices in the Healthy Minds, Healthy Children project. In addition, the project medical director will bring great perspective as a working clinician who has participated in the training and can therefore leverage her experience and communicate peer-to-peer with potential participants.

Scalability

Healthy Minds, Healthy Children could be scaled down to accommodate a fewer number of participants in the REACH training. In our consultations with REACH staff, they do not recommend training cohorts that are larger than 40 participants as it can impact the collegiality experienced by participants in the shared learning environment.