Virgin Islands Child Psychiatry Access Program (VICPAP)

The primary goal of this project is to establish a free pilot regional pediatric mental health care telehealth access program for the psychiatric consultation, care coordination, and referral to behavioral health services in the USVI. The project will help consultation to increase the psychiatry and behavioral health access needs for primary care physicians, pediatricians, family physicians, nurse practitioners and physician assistants in the territory. VICPAP will be administered by the Virgin Islands Department of Health. VICPAP will collaborate with pediatric primary care providers in the territory to provide access to behavioral health services using a swift approach that will reduce barriers and improve responsiveness to the needs of families and front-end providers.

In partnership with community partners, collaborators, and physicians in the territory, the VICPAP team will construct a motivated, qualified, and highly invested group of stakeholders that will be eager to ensure the current application is implemented successfully. We have several facilitating factors that provide evidence of the infrastructure and capability for VICPAP's success. These include:

(1) Expedite hiring of Key Personnel- The Department of Health will hire the key personnel required to administer the project within ninety (90) days of receiving the Notice of Award (NOA). The positions are Project Director, Program Manager, Fiscal Manager and Data Manager. Timely hiring of these positions will enable a rapid and efficient implementation of VICPAP.

(2) Collaboration of MCH and Behavioral Health, Alcoholism & Drug Dependency Services Divisions-The collaboration of the MCH and Behavioral Health Divisions is crucial to the implementation of VICPAP. The VI MCH Title V program is responsible for the overall health and wellness of the territory's children. The Behavioral Health, Alcoholism & Drug Dependency Services Division is tasked with improving the mental health of the territory. With both programs housed under the VI DOH, it is easy to establish a cross coordination of efforts to cultivate healthy social emotional development in the territory's most vulnerable population. It is the projects intent to strengthen the partnership between these two Division to effectively implement VICPAP.

(3) Development of database structure- To ensure the feasibility of implementing VICPAP, we are proposing to adopt an implementation strategy that calls for scaling up VICPAP services over the project period. Specifically, we believe that an ultimate demonstration of the outcomes of VICPAP is based on high-quality program evaluation and cost-related data. As such, we anticipate a 6-month start-up period that involves establishing and creating protocols, data entry forms, building of database, and soliciting initial provider and stakeholder feedback on local outcomes of importance. Gaining this information and the database structure to collect and store program evaluation data will be key to reporting and demonstration of VICPAP effective

(4) Immediate recruitment of providers -We propose to incrementally recruit 13% of possible providers in the territory each year of the grant, with a goal of eventually enrolling 75% of available providers. This schedule will allow us to repetitively improve our services over time as we receive feedback from satisfaction surveys and implement Rapid-Cycle Quality Improvement (RCQI) within our consultation and training activities. This strategy gives us the flexibility to rapidly scale and enroll additional providers each year should we experience success, and our program becomes more well-established.

(5) Conduct an initial needs assessment - To identify specific needs and gaps for pediatric providers in the territory, we will conduct an initial assessment of their consultation need (e.g., diagnosis, mental health need, screening vs. treatment, medication management vs behavioral health referral, phone vs. video consultation method). Based on this work, an RCQI baseline will be prepared to determine providers' preferred methods for accessing VICPAP network resources.

(6) Identify required 20% local match funds- The Department of Health has identified the 20% required local match outlined in the funding opportunity. The funds will be budgeted from the General Fund. These funds can be used to conduct trainings to medical providers and primary care providers enrolled in VICPAP and/or to hire additional personnel needed.

Training, outreach, communication, and child-patient advocacy strategies. VICPAP will implement the following strategies:

(1) Staff training. The project proposes to seek training from other PMHCA teams that currently exist such as Mississippi CHAMP and Massachusetts MCPAP. Staff will be able to receive on the job training while having the opportunity to engage in the implementation of VICPAP.

(2) Provider Training. VICPAP will also provide training as part of the initial survey of the PCPs, we will ask their preference for how to receive this training, including the possibility of onsite training. Our goal is to have PCPs feel that they have a voice in the construction of this team, and how they interact with it.

(3) Partner and provider outreach: It is the intent of the project to recruit a parent partner to assist with outreach activities. VICPAP realizes that strong family partnership contributes to positive and lasting change for children and families.

(4) Communication and sharing/ dissemination. Strategies will be implemented to ensure clear communication within the VICPAP team and between VICPAP and enrolled providers, stakeholders, and partners. The VICPAP team and partners will meet quarterly to discuss current and future activities and maintain adherence to project timelines. The Director of Maternal Child Health and the Behavioral Health Alcoholism & Drug Dependency Divisions will meet at least monthly to review progress trends and disseminate progress reports covering the primary program evaluation trends to project member.