IMPLEMENTATION STRATEGY

For Children's Hospital of The King's Daughters

Prepared by Toxcel, LLC

Adopted by CHKD Board on September 17, 2019
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Overview of Children’s Hospital of The King’s Daughters (CHKD)

CHKD is Virginia's only freestanding children’s hospital and the heart of a comprehensive pediatric healthcare system serving eastern Virginia, northeastern North Carolina and Virginia’s Eastern Shore. Many of CHKD Health System’s services are unique to the region, meeting pressing public health needs that would otherwise go unmet. The hospital is home to the region’s only Level I pediatric trauma center, the area’s largest and most sophisticated neonatal and pediatric intensive care units, a transitional care unit, and Virginia’s only Level I pediatric surgery program.

In addition to its inpatient services, CHKD is home to more than 25 pediatric sub-specialty programs that care for children with chronic illnesses like cancer, asthma, and diabetes as well as mental health disorders. Signature outpatient services include pediatric urgent care, diagnostic testing, rehabilitation therapies, and sports medicine. The Health System’s Surgery Group includes more than 20 pediatric surgeons in six specialties, including cardiac surgery, neurosurgery, orthopedic surgery, pediatric general surgery, plastic and reconstructive surgery, and urology. With approximately 3,000 employees, CHKD offers a full range of pediatric-trained clinical and support staff who are exclusively dedicated to the care and well-being of children.

Community Health Needs Assessment: Process and Priorities

From November 2018 to April 2019, CHKD conducted a community health needs assessment (CHNA) with support from Toxcel, LLC. The joint CHNA covered all three licensed facilities within the CHKD Health System: Children’s Hospital of The King’s Daughters (CHKD) located in Norfolk and CHKD’s two Health and Surgery Centers, located in Newport News and Virginia Beach. Consequently, this joint Implementation Strategy includes all three of these facilities.

To complete its Community Health Needs Assessment, CHKD collected data from several different sources: a community health survey (in collaboration with other area hospital systems), focus groups, stakeholder interviews, and health indicator analyses. The online survey was open to all community members. Toxcel facilitated focus groups and conducted stakeholder interviews to gain a deeper appreciation for issues that affect children’s health and key health priorities, particularly among members of medically underserved, low-income, and minority populations. A quantitative analysis of pediatric health indicators was conducted to assess health status and provide additional information to layer with stakeholder perception in order to identify priorities.

Through these activities, CHKD identified the following significant health needs:

- Mental health
- Obesity
- Child abuse
- Asthma
- Sexually transmitted infections
- Teen pregnancy
- Alcohol/substance abuse
- Social determinants of health including poverty, unemployment, and community violence
CHKD’s senior leadership team, its physician leaders and CHKD’s Parent and Family Advisory Council established priorities among these significant needs using the following criteria:

- Fit within CHKD’s mission, goals, and scope of service
- Community ranking of importance
- Degree to which CHKD has the resources needed to address the issue

Based on this criteria, there was strong consensus that CHKD should focus its Implementation Strategy on **pediatric mental health** given the high level of need. In CHKD’s 2013, 2016, and 2019 Community Health Needs Assessments, experts and stakeholders from across CHKD’s service area said improving children’s access to mental health care was the region’s number one priority for pediatric health. Internal CHKD statistics on services sought by patients further underscores this need. In the last three years, outpatient therapy visits and mental health consultations increased from **4,833** (FY15) to more than **15,000** (FY19). During this period, CHKD’s wait list for outpatient therapy peaked at 500+ children.

Since the 2016 CHNA, CHKD has significantly expanded its outpatient mental health services in the region. Over the next three years, CHKD plans to continue to invest significant resources into pediatric mental health. The centerpiece of this commitment is the building of a 14-story, 60-bed pediatric mental health hospital scheduled to open in 2022. This $224,000,000 building will also include a full continuum of children’s mental health services including a partial hospitalization program, outpatient therapy and support services, improving quality and access for pediatric mental health services across the region.

**CHKD Implementation Strategy from 2019-2021**

This document outlines the joint Implementation Strategy that CHKD has developed to address the community health needs and priorities identified in its CHNA over the next three years. For the core priority of **pediatric mental/behavioral health**, this implementation strategy describes:

- Work already underway at CHKD to support pediatric mental/behavioral health
- Additional actions that CHKD plans to take to address this priority area
- Programs, resources and collaborations CHKD will use to address pediatric mental/behavioral health
- Anticipated impacts of these actions

**Issues Not Addressed in the Implementation Strategy**

Given the scope and depth of the need for mental health care and the significant resources CHKD plans to devote to expanding its mental health services, CHKD is focusing solely on this issue in its implementation plan.

At the same time, it plans to continue to commit programming and resources to its ongoing initiatives to address obesity, child abuse and social determinants of health. These existing efforts are outlined below:
• **Childhood obesity.** CHKD’s weight management program continues to streamline the scheduling process to reduce wait times and increase patient access, particularly in the growing north Suffolk location. A nurse practitioner finished requirements for board certification in bariatric medicine and the new medical director completed certification in May 2019. Potential telemedicine services to rural areas, where patients have limited resources and transportation, is being explored to expand services to Gloucester and Elizabeth City, NC. The program’s staff members partner with CHKD community outreach and the hospital’s sports medicine program to offer lifestyle and group fitness classes to the community.

• **Child abuse.** In 2017 CHKD’s Child Abuse Program received a two-year grant to help assess and combat child sex trafficking in the region. Because of this focus, the program has increased the identification and services provided to victims of child sex trafficking by over 600 percent. The program continues to expand its efforts to reach more victims of sexual exploitation and other forms of child abuse through the coordinated efforts of multidisciplinary teams. Overall visit numbers increased in fiscal year 2018 by over 30 percent, particularly from the Peninsula. FY19 has yielded the largest number of patients, 1,523, since the Child Abuse Program opened in 1998. Ten local civilian and military multidisciplinary teams continue to meet regularly with program staff to collaborate and coordinate efforts in order to reduce potential trauma to children and families while preserving and respecting the rights, mandates and obligations of each agency. The Child Abuse Program continues its momentum in building a community response to children who have been sexually exploited. Since starting the initiative in January 2017, staff have helped more than 100 children who were at high risk of or who met the definition of being commercially sexually exploited. We have also referred many of these children to a survivor-led mentoring services designed specifically for trafficked children.

• Social Determinants of Health (SDoH) such as poverty, unemployment, and community violence are being evaluated through our Clinically Integrated Network (CIN), Fortify Children’s Health a collaboration with University of Virginia, dedicated to improving children’s health to ensure easy access to the best care in the right location with efficiency and value. Our primary pediatric practices utilize the Safe Environment for Every Kid (SEEK) tool in Primary Pediatric practices to identify and resource SDoH. Additionally, our team of medical social workers addresses these needs on a daily basis in the medical hospital and in our General Academic Pediatrics clinic.

Other significant health needs identified through the CHNA are not being specifically addressed in this Implementation Strategy for the following reasons:

• Asthma: CHKD provides medical services and community outreach education and will continue this programming. Other organizations in the community also address the need/resources associated with childhood asthma.
• Sexually transmitted infections: CHKD’s clinical programming addresses the treatment and prevention of STIs. Other organizations in the community also address this issue.

• Teen pregnancy: CHKD’s clinical programming and collaboration with EVMS provide care and evaluation on this topic. Other organizations in the community also address the needs and resources associated with teen pregnancy.

• Alcohol/substance use disorder: We will continue to care for the medical detoxification needs of adolescents in our medical hospital as appropriate. Other organizations in the community are addressing the need/resource constraints associated with alcohol/substance use disorders in children.

Many of these issues are within the scope of CHKD’s mission, expertise, resources or any combination thereof. Additionally, many of these needs are within the purview of other health care providers and/or community or public agencies. CHKD regularly and routinely offers its expertise and assistance, seeks to collaborate and dedicates community resources to address a broad range of issues relating to the health and welfare of children.

Stakeholders involved in identifying pediatric mental/behavioral health as the sole focus of the Implementation Strategy felt that addressing this critical issue will have a positive ripple effect on pediatric health and well-being overall, affecting multiple other identified health needs, such as violence, crime, substance abuse and, as our pediatric population grows older, child abuse and childhood obesity.

**Priority Issue**

**Pediatric Mental/Behavioral Health**

CHKD currently offers a combination of:

• **Outpatient services** in Norfolk, Virginia Beach, Chesapeake, and Newport News.

• **Consultation/liaison services** to support patients and families with co-occurring medical health and mental health needs.

• Early stage development of mental health services via **teledmedicine** in coordination with CHKD pediatric practices.

• **Crisis Evaluation Services** for children and adolescents through the emergency department staffed around the clock by Licensed Mental Health Therapists.

According to CDC data in 2014, suicide is now the second leading cause of death for children ages 10-14 and ages 15-24. As the 2019 CHNA underscored, mental and behavioral health care available today for children is fragmented and wait times for services can be extensive. With high demand and limited availability of acute inpatient psychiatric beds, children often spend extended periods of time in CHKD’s emergency department awaiting the availability of an appropriate inpatient psychiatric bed.
Faced with an ongoing shortage of inpatient beds for these patients and limited options for more intensive mental health care, CHKD sought and received state approval to add 60 inpatient mental health beds to its Norfolk campus. This new facility is scheduled to open in 2022 and will offer partial hospitalization programs, outpatient programs and support services designed to help children get back to their lives and schools smoothly. The project will involve hiring nearly 400 new employees and will improve access to quality mental health services across its entire service area.

Furthermore, CHKD is focusing its mental health efforts not only on several inpatient psychiatric care but also on the least-served mental health patients and programming that is not currently available in our region, including the following:

- Children ages 5 and under,
- Children with neurodevelopmental disorders including autism,
- Children with eating/feeding disorders,
- Children with chronic medical and co-occurring mental illness, and
- Children with somatic symptom disorder

**Action Steps**

CHKD plans to further support mental/behavioral health for children and adolescents in the following ways over the next three years:

- Develop and open an outpatient crisis and access program for children who are discharging from inpatient psychiatric care or who come to our emergency department in crisis and are not connected to community resources – a time-limited program to meet the immediate needs of the child and family, help them navigate the crisis, and connect them to appropriate ongoing resources so there is no delay in care.

- Explore public/private partnership opportunities to support military families and their children.

- Recruit and hire both clinical and research-focused mental and behavioral health providers to support pediatric needs in CHKD’s service area and the Commonwealth. This includes hiring four additional child psychiatrists by Q3 in FY20 and a fifth by 2022. Additional intensive outpatient care clinicians will be hired in 2021 in anticipation of the mental health hospital opening in 2022.

- Provide evidence-based, research-supported training for providers to ensure continued excellence including:
  - Ongoing training in Parent Child Interaction Therapy via in-house trainers.
  - Ongoing training in Trauma-Focused Cognitive Behavioral Therapy via in-house trainers.
  - Team training in Dialectical Behavioral Therapy (10-day intensive). Key concepts include: mindfulness, skills to manage distress, tolerance and emotional regulation, acceptance of uncomfortable thoughts/feelings and communication, specifically interpersonal problem solving.

- Establish an academic/research center with a child and adolescent psychiatry fellowship program.
• By 2021, develop intensive outpatient programs and telemedicine programs with additional therapists across the region.
• Offer integrated care for complex co-occurring physical and mental health conditions.
• Prepare for the 2022 opening of the mental health facility with inpatient mental health services.
• Continue to provide the CHKD emergency department with round-the-clock licensed mental health therapists to address the emergent mental health needs of patients in crisis.
• Continue to evaluate the best models of care for addressing both the primary care needs of the pediatric population as well as their mental health care needs.

Collaborations
The vast scope of this effort requires significant coordination and collaboration with partners and extensive resources, including state, local, and federal resources; economic development resources; corporate support; individual philanthropists; civic groups; patients and families; community agencies; providers; payers; and foundations — in effect, the entire community.

For instance, CHKD is currently involved in a statewide partnership with the Virginia chapter of the American Academy of Pediatrics, Virginia Department of Health, and the Department of Behavioral Health and Developmental Services to roll out a program called the Virginia Mental Health Access Project (VMAP). There are four parts of this program are outlined in the figure below.

*Figure 1: Components of the VMAP*

As part of CHKD’s efforts to expand access to care for children in need of mental health services, CHKD works in partnership with local pediatricians, mental health providers and programs, schools and other organizations with shared goals. These collaborations expand CHKD’s reach across our region.

Anticipated Impact
Over the next three years, CHKD plans to make a significant investment in people, programming and the delivery of care to honor its commitment to children and families across Hampton Roads. CHKD’s goal is to provide early identification and intervention and to improve access to both inpatient and outpatient mental health services for children throughout Hampton Roads. CHKD projects a 228 percent increase in outpatient mental health services by FY22 as we strive to provide clinical excellence, innovation, accessibility, and hope for children with mental health needs and their families.
The effort described in this Implementation Strategy represents a capital investment of more than $200 million to construct a state-of-the-art mental health hospital and outpatient services center on our Norfolk campus. When fully operation, the annual staffing cost will be $31 million. CHKD will serve 2,500 children as inpatient and will provide 45,000 outpatient visits each year. This hospital will carry out CHKD’s legacy in providing top quality care right here at home, lighting the way for children’s mental health.