ii. PROJECT NARRATIVE

Pediatric Mental Health Care Access Program (HRSA-18-122)
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INTRODUCTION

Summary of proposed project

The Colorado Department of Public Health and Environment (CDPHE), in collaboration with the University of Colorado and Children's Hospital Colorado, is proposing a project to develop a new statewide pediatric mental health care telehealth access program. The purpose of this proposed project is to increase access to behavioral health care by expanding the capacity of pediatric primary care providers to detect, assess, treat and refer children with behavioral health disorders. The project also aims to improve access to behavioral health care and other support services for children and their families. Although this is a new project, it will be informed by existing pediatric mental health care telehealth efforts that serve specific regions of the state, and will leverage these efforts to implement this new project.

In this application, we use "behavioral health" to refer to mental health and behavioral disorders among children and adolescents. We use "telehealth direct services" to refer to direct patient care provided through telehealth technology, and "teleconsultation" to refer to consultation between health care providers conducted by email or record exchange (asynchronous e-consultation), telephone or telehealth videoconference technology.

Alignment with other funding sources to leverage common goals

The Colorado Department of Public Health and Environment receives funding from other sources that align with this project but do not fund the work specified in this proposal. These sources are described below.

Health Resources and Services Administration: Maternal and Child Health Title V Block

Grant ($7,382,930 annually Oct 2016 - Sept 2020)
The Title V MCH Block grant supports population-level strategies focused on nine priority areas. Four of the 2016–2020 MCH priorities support behavioral health for children and youth: developmental screening, referral, evaluation and intervention, including social emotional; bullying and youth suicide prevention; maternal mental health screening and referral; and medical home for children and youth with special needs. HRSA-18-122 funds will help fill the behavioral health consultation and service gaps in rural and underserved communities and complement the population health policy and systems change strategies being implemented through each of the MCH priority action plans.

Centers for Medicare and Medicaid Services: Colorado State Innovation Model (SIM) ($2,066,560 annually Feb 2014 - Aug 2019)
SIM is a Colorado Governor's Office initiative to integrate behavioral and physical health in primary care settings and advance health care payment and delivery system reform models to achieve better quality of care, lower costs and improved health. Colorado was awarded up to $65 million to implement and test its proposal. The overarching goal is to improve the health of Coloradans by increasing access to integrated primary care and behavioral health services in coordinated community systems, with value-based payment structures, for 80% of state residents by 2019. CDPHE receives funds to implement public health and population-based strategies for the grant, including a position focused on children and families behavioral health. Developmental screening and youth behavioral health screening are both clinical quality measures for pediatric and family care practices participating in SIM, and this grant will improve the capacity of providers to address pediatric mental health concerns in their clinics beyond screening.

Health Resources and Services Administration: Health Care Delivery System Innovations for Children with Medical Complexity ($54,000 annually Aug 2017 - July 2021)
The purpose of the initiative is to develop and implement innovative care and payment models for children with medical complexity using a Collaborative Improvement and Innovation Network (CoIIN) model. Colorado is one of 10 state teams working collaboratively to test strategies and build evidence for optimizing high quality, cost-effective, family-centered care for children with medical complexity. CDPHE receives funds to coordinate the Colorado team, which includes representatives from the University of Colorado School of Medicine, Children's Hospital Colorado, youth and young adults with lived experience, family members of children with medical complexity, primary care providers, and the state Medicaid agency.

Colorado State General Fund for Children and Youth with Special Health Care Needs ($2,522,389 annually July 2018 - June 2019)
These funds are allocated from the state budget to CDPHE to administer a program to support children and youth with special needs. CDPHE leverages these funds with other grant sources to implement CYSHCN programs and initiatives, such as care coordination, access to care and information and resources. Current CDPHE FTE supported by these state dollars will be leveraged as in-kind match to support implementation of a Colorado CPAP model.

NEEDS ASSESSMENT

Current need

The number of practicing child and adolescent psychiatrists in Colorado is insufficient to meet the mental health needs of children in the state. The most recent data on Colorado's child and adolescent psychiatry workforce shows that four Colorado counties have a designation of high shortage, 11 counties have a severe shortage, and the remaining 49 counties with no practicing child and adolescent psychiatrist (American Academy of Child and Adolescent Psychiatry, 2016). This means that there is a shortage even in the urban Front Range part of the state, and a more severe shortage elsewhere.

Colorado has a good number of licensed mental health providers in total, but they are concentrated along the urban Front Range. Some rural counties may have only one or no providers at all.[1] For example, Boulder County has one behavioral health provider (including psychiatrists) for every 160 residents, but Conejos County in southern Colorado has just one provider serving 8,000 residents (and no psychiatrist).[2] It is even more difficult to find providers who specialize in mental health care for children and adolescents. School mental health professionals are also lacking; 29 percent of elementary schools in Colorado have no school counselor, 11 percent have no school psychologist, and 47 percent have no access to a school social worker.[3]

The provider shortage is problematic because there is a great need for mental health services for Colorado's children. Colorado has one of the highest suicide rates in the nation (20 per 100,000 compared to 13 per 100,000 for the nation in 2016[4]), with particularly high rates in the rural southwest and central mountain portions of the state. Colorado ranked 48th in the country for overall youth mental health, according to Mental Health America's 2018 "The State of Mental Health in America" report. In 2016, suicide was the leading cause of death among children ages 10–14 (Colorado Vital Statistics). According to the Colorado Child Health Survey, roughly 25 percent of caregivers report their child having one or more days of poor mental health in the past month (annually, from 2012–2017). The 2016 National Survey of Children's Health showed that 35.2 percent of Colorado children ages 6–17 years met none or one out of four measures of "flourishing," which measure children's mental health and wellbeing, and 6.2 percent of Colorado children ages 3–17 have behavioral or conduct problems. About one-third of Colorado youth report feeling sad or hopeless for two weeks or more in a row, and 7 percent attempted suicide in the past 12 months, according to the 2017 Healthy Kids Colorado Survey.

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[1] County Health Rankings & Roadmaps. "Colorado Mental Health Providers." http://www.countyhealthrankings.org/app/colorado/2018/measure/factors/62/data

[2] Colorado Health Institute. *A Way Forward: How Colorado's Behavioral Health Leaders Can Address Colorado's Most Pressing Needs*, 2017. http://www.denverfoundation.org/Portals/0/Uploads/Documents/2017%20CHA%20Asset%20and%20Gap%20Analysis.pdf)

[3] Colorado Education Initiative. *Colorado Health Schools Smart Source*. http://www.coloradoedinitiative.org/our-work/health-wellness/smart-source/

[4] Centers for Disease Control and Prevention Division of Vital Statistics, 2016.

Among Colorado children ages 3–17 in need of treatment, 52.2 percent had problems obtaining the recommended mental health treatment or counseling. Nearly 25 percent who need mental health care or counseling did not receive all the mental health care or counseling they needed, consistently since 2012, according to the Colorado Child Health Survey. In rural communities, this has been as high as 40 percent (2015–2017: 38.2 percent). Children's behavioral health care is one of the largest health care delivery gaps in Colorado (Colorado Children's Campaign, 2018). Clearly, there is an unaddressed need for mental health care among Colorado's children.

Characteristics of communities the program will serve

This project will serve communities statewide, with a focus on meeting the needs of rural and underserved populations in the state. Rural areas are of particular concern because risk factors for mental health problems are greater in Colorado's rural areas, and access to mental health care is lacking in rural areas. One risk factor is poverty. For rural Coloradans ages 0–17, 23 percent live at or below the Federal Poverty Level (FPL), compared to the state average of 16 percent.[5] The 2017 Colorado Health Access Survey shows that the percentage of Coloradans ages 5 and older in poor mental health increases as income decreases (18.4 percent of those at or below 100% FPL compared to only 8.5 percent of those at or above 400% FPL), so rural children in Colorado may be at greater risk of poor mental health.

The vast majority of rural counties lack a child and adolescent psychologist, and 22 rural counties do not even have a single licensed psychologist, let alone one that can treat the specific needs of children and adolescents.[6] Eleven rural Colorado counties have no hospital at all, and the counties that do have hospitals have very few beds available for either adults or children. Most of the state's psychiatric residential treatment facilities are in the urban Front Range Area. While this project does not address inpatient or residential care, it may reduce the need for more intensive levels of care if local providers can screen and intervene early.

The intended audience for the project includes all primary care practices that serve children, including pediatric and family medicine practices across the state, with a particular focus on rural areas. The project seeks to reach out to physicians, physician assistants and nurse practitioners in the practices. The project will also reach out to psychiatrists and other mental health providers in order to increase awareness of how they may partner with pediatric primary care doctors to meet the mental health needs of children as community-based treatment providers or as part of a mental health team.

The proposed work addresses unmet needs by expanding the capacity of pediatric primary care providers to detect and address the specific mental health needs of children with the support of professionals with expertise in mental health treatment for children and youth. Medically underserved areas have much better access to primary care providers than to mental health providers, so it is important to equip primary care providers with the ability to serve children at this point of contact. The 2017 Colorado Health Access Survey showed that only 14.4 percent of Coloradans talked with a general doctor or primary care about the mental health of their child

[5] Colorado Rural Health Center. S*napshot of Rural Health in Colorado 2018*.
[6] Colorado Rural Health Center. S*napshot of Rural Health in Colorado 2018*.

(ages 0–18). There is a great opportunity to increase this number and get children connected to the mental health care they need.

Socio-cultural determinants of health & health disparities that impact the communities served
Populations that live with poverty and racism, and those who are immigrants and refugees, have specific mental health needs to address the trauma that comes with those situations. Yet these populations are often the ones that do not get the mental health care they need. Because access to mental health care professionals is so limited in much of the state, it is currently difficult to find providers who can deliver linguistically and culturally responsive care. This project allows us to address this by training primary care doctors to talk with pediatric patients and their parents in a culturally responsive way. It also expands the number of providers who can help patients who speak a language besides English and deliver culturally responsive care.

All families should have the economic, social and political power and resources needed to support their wellbeing of their children. This project takes a step toward systemic equity by improving access to needed behavioral health supports and services.

Barriers and solutions
In Colorado's rural areas, there is a shortage of mental health providers of all types, especially psychiatrists. This project will give front-line clinicians the ability to address this gap for children in rural Colorado through teleconsultation and telehealth services. One barrier for pediatric primary care providers across the state is lack of time, resources, and expertise to provide evidence-based assessment and treatment. We anticipate that training will equip providers to have these conversations in a culturally sensitive manner. We will also work with practices to fit screening and treatment into the existing clinic workflow. Finally, we anticipate that access to broadband internet will be a barrier. Many areas of the state do not have sufficient broadband to participate fully in remote training events and telehealth. However, the state is actively working to address this. Further details may be found in the Resolution of Challenges section.

METHODOLOGY

Proposed methodology
Colorado is proposing an approach to this work that takes into account the state's geographic and cultural diversity while establishing consistency in screening and treatment protocols, and improving access to quality pediatric mental health care. This project will establish a statewide teleconsultation service in which mental health teams provide consultation and support for behavioral health concerns to pediatric primary care providers through telephone, asynchronous e-consultation (secure email and record-sharing), and telehealth video conferencing. The teams will also serve as a central source of training and information about pediatric mental health care, and provide direct patient services (one-time visit) through telehealth or in person. This project will work with existing systems and partners in pediatric care in order to reduce possible duplication and increase uptake of the service among pediatric primary care providers. With this approach, the project will be ready to be integrated into existing systems by the end of the five-year funding period.

The following are the goals of this project:

1. Increased timely detection, assessment, treatment and referral of children with behavioral health disorders in pediatric primary care settings.
2. Improved access to specialty mental health treatment, including rural and medically underserved areas.
3. Sustained strategies and interventions that are effective in improving practice are put in place.

Below is the project's methodology for achieving these goals:

- **Conduct a needs assessment.** One of the first activities of the project will be to assess critical behavioral health consultation needs among pediatric providers and their preferred mechanisms for receiving consultation, training and technical assistance. This will inform the development and implementation of both the telehealth consultation service and provider education efforts. We will conduct this needs assessment using the following methods: environmental scan of current professional development initiatives designed for Colorado's pediatric primary care providers; key informant interviews with partners currently working on pediatric behavioral health delivery; and a survey to pediatric primary care providers, distributed by their professional associations and Medicaid/CHP+ health plans (including the Medicaid Regional Accountable Entities). We will also learn from existing programs that currently provide regional pediatric mental health teleconsultation services in portions of Colorado, as well as the practice transformation organizations that are supporting primary care practices with behavioral health integration. We will complete this assessment during the first half of Year 1.

- **Establish mental health teams and support current regional networks of mental health teams.** The goal of this project is to establish a statewide, central telehealth service for pediatric behavioral health consultation. To do this, we will create new mental health teams and support current mental health teams to ensure adequate capacity to respond to the consultation needs of Colorado's pediatric primary care providers. Each mental health team will consist of a case coordinator, a child and adolescent psychiatrist, and a licensed clinical behavioral health professional with expertise in the pediatric population. We will start by establishing three teams, including the two pediatric teleconsultation programs currently in operation and one team based out of the Pediatric Mental Health Institute, with the goal of establishing four or five by the end of the award period.

- **Develop and implement teleconsultation services**. During the second half of Year 1, we will develop a teleconsultation program that allows pediatric primary care providers to get real-time consultation with a specialist in pediatric behavioral health care. Teleconsultation would include the following services: telephone or video conference consultation with a child psychiatrist within 45 minutes of a request; consultation through asynchronous methods such as secure email and shared electronic health record; and

referrals to behavioral health services and community resources through a case coordinator. The consultation will provide support on diagnosis, treatment planning and evidence-based medication treatment and medication adjustments for children and adolescents. Primary care providers will request a consultation by calling a dedicated phone line or requesting a consultation through a message submitted through the program's website. Services will be tracked with a database that will capture information about the provider requesting services, the nature of the request, the outcome and recommended next steps. We will establish a protocol and locations for providing a direct one-time consultation with patients, either in person or through telehealth, to guide primary care provider delivery of services.

For resources and referrals, mental health teams will use existing resource and referral lists that have already been developed and are updated regularly by the Medicaid Regional Accountable Entities (RAEs), rather than creating new lists that duplicate current efforts.

- **Develop an online resource hub for clinical guidance.** During Year 1, we will develop a website to serve as both the project hub and an online resource library of clinical guidance, information and protocols for screening, assessing and treating pediatric behavioral health disorders. This library will include both existing evidence-based protocols and guidance (with permission to use them) and new guidance created by the project team to fill any gaps or meet specific needs of Colorado pediatric providers.

- **Conduct training and provide technical assistance to pediatric primary care providers to support the early identification, diagnosis, treatment and referral of children with behavioral health conditions.** The proposed plan for training and technical assistance to pediatric primary care providers consists of these elements:
    - **Brief orientation to the telehealth services.** This can be face-to-face or via webinar. When the program is underway and individuals (rather than entire practices or cohorts) need to be oriented, this may be done by telephone with materials sent via email. The Project Manager will do the initial orientations in Year 1, and a member of one of the mental health teams will do it afterwards.
    - **Training on detection, diagnosis, treatment and referral of behavioral health conditions in children**. At least quarterly, we will have lunch & learn trainings that may be done face-to-face at a large practice or via webinar (using a platform such as GoToMeeting or Adobe Connect) for several smaller practices at once. These meetings will focus general topics in pediatric behavioral health, such as how to work effectively with behavioral health providers; common behavioral health issues in the pediatric population; screening protocols and tools; talking with patients, parents and guardians about mental health; using available resources to diagnose behavioral health conditions; and creating treatment plans. This will be taught by one of the mental health teams.
    - **Training by specialists on specific topics in pediatric behavioral health**. We will explore using the Project ECHO Colorado format and service for this purpose, and will determine the frequency and topics after the needs assessment.

We anticipate doing 1–2 of these per year. The faculty will be specialists in the area that is the topic of the training.

- **Peer support and learning collaboratives**. Twice per year, defined cohorts of participating primary care providers will come together in person or via interactive web meeting to talk about challenges and solutions. This will be facilitated by one of the mental health teams.
- **Screening and diagnostic resources (including clinical guidelines/pathways).** These resources along with other information for pediatric primary care providers will allow them to engage in self-directed and just-in-time learning about the detection, diagnosis and treatment of pediatric behavioral health conditions. We will provide access to Colorado-specific materials and links to other diagnostic tools available through other organizations.

- **Connect and collaborate with partners and providers**. We plan to do proactive vigorous outreach to providers and partners to facilitate program adoption and implementation. Below are the collaboration, outreach and partnership methods we will use:
  - **Provider outreach**. We will work with existing organizations that serve pediatric primary care providers in order to reach practices with information about enrolling in this project. These include professional and support organizations such as the American Academy of Pediatrics Colorado chapter, Colorado Children's Healthcare Access Program, and the Colorado Rural Health Center. We will also give pediatric primary care providers the option of enrolling in the program through our project website. We will begin to promote the telehealth service and enroll practices during the second half of Year 1.
  - **Payer and health plan collaborations**. We will work together with key partners in the Medicaid program, including the Regional Accountable Entities that are responsible for managing the behavioral health benefit and the network of primary care providers in their region. We will work with these and other organizations involved in behavioral health integration through the State Innovation Model grant, as well as those who are already working to help pediatric primary care providers meet the behavioral health needs of children and adolescents. These collaborations are essential because we want to connect and coordinate with existing efforts to create efficiencies, rather than duplicating efforts and taking additional provider time. We will use existing forums and create new ones if needed to connect with these partners. In addition, we will establish and expand partnerships that allow us to participate in health policy discussions and decisions, particularly those that concern payment models and reimbursement for behavioral health services.
  - **Advisory Committee**. We will create an advisory committee that includes representatives from behavioral health (both clinical and administrative representatives), rural health, pediatric primary care, the Department of Health Care Policy & Financing (Medicaid single state agency), Medicaid Regional Accountable Entities and other health plans that serve rural parts of the state, Title

V MCH program, Department of Human Services (behavioral health and early childhood partners), and local public health agencies.

- **Evaluate the project and disseminate results.** Program evaluation is an essential part of this project because the results can be used to improve pediatric behavioral health access in Colorado and the country. We plan to track all performance, outcome and OMB reporting metrics as required (see the Evaluation and Technical Support Capacity section and Attachment 10 of this proposal for a detailed explanation of the evaluation plan). We will disseminate the results of the needs assessment as soon as it is compiled (approximately 6–8 months after the start of the project), and quarterly data reports once the telehealth service is implemented.

  Dissemination of information, products and outcomes is central to the success of this project. We are committed to disseminating information to the appropriate audiences through trusted channels. Likewise, we are committed to disseminating clear, jargon-free, useful information with the relevance and context clearly explained. We understand how easy it is to lose the confidence, attention and respect of our stakeholders and partners by sending unclear, incomplete, or inconsistent communications.

  People pay attention to communication that comes from people they know and trust. A 2016 Pew Research study showed that "libraries and health care providers top the list of the most trusted sources that were queried, while social media is at the bottom."[7] We plan to work with pediatric providers and trusted partners in early childhood to share information about pediatric behavioral health care with patients and the public. Project updates, data, and outcomes will be shared regularly through existing partner communication channels (their websites, email lists and regular meetings) as well as project-specific communications (Advisory Committee, convenings and trainings, project website and email distribution list of partners and enrolled providers).

  To contribute our learning and knowledge to the wider community, we will share updates regularly with HRSA and the other grantees in the cohort. We also plan to share any clinical guidance or pathways we develop as part of this project with the grant cohort and the larger community of telepsychiatry programs for children and adolescents. In addition, we will look for opportunities to present at regional and national meetings, and submit work for publication.

Plan to secure resources for matching requirement

Colorado will use $89,000 of state general fund as in-kind match for this project. These dollars are allocated from the state budget to CDPHE to administer a program to support children and youth with special needs. In-kind FTE dedicated to this project will include staff time of the Title V MCH Director, Title V CYSHCN Director and the Pediatric Care Coordination Systems Consultant in the Children, Youth and Families Branch within CDPHE. As described further in the project's Budget Narrative, these three CDPHE staff currently work closely with the

[7] Pew Research Center. "The Elements of Information-Engagement Typology. http://www.pewinternet.org/2017/09/11/the-elements-of-the-information-engagement-typology/

University to increase access to pediatric specialty care through an existing contract (Appendix 4: Existing-Proposed Contracts), through the Access to Specialty Care Workgroup led by CDPHE and coordinated with the University and local public health agencies, as well as through partnership on special projects that are components of the MCH medical home priority's state action plan. If awarded, the funding for Colorado's Child Psychiatry Access Program would be incorporated into CDPHE's contract with the University and oversight, collaboration and alignment of the CPAP project would be integrated into existing responsibilities of these three staff. In addition to this in-kind match funding, CDPHE and the University will explore private funding opportunities for additional support, such as the Denver Foundation's Health Access Fund.

In 2014, The Denver Foundation commissioned the Colorado Health Institute (CHI) to conduct an asset and gap analysis to glean a solid understanding of Colorado's current diverse health care landscape to guide the development of a Health Access Fund Request for Proposals. The CHI report noted fifteen of the twenty-one Colorado Health Statistic Regions included mental/behavioral health as a top local public health priority. Furthermore, mental and behavioral health care was cited as a community priority in every community dialogue conducted by CHI. Discussions with health and community foundations identified access to mental health and substance abuse as the most pressing issues statewide. Thus, the Colorado Health Access Fund is focused on increasing access to behavioral health treatment and funds innovative projects, with the next application opportunity happening in January 2019.

Sustainability plan

Many Colorado stakeholders have an ongoing commitment to expanding access to behavioral health care for children and adolescents, which creates a solid foundation for sustainability. Colorado has some experience with pediatric mental health care telehealth, with two programs actively providing this service in part of the state, or planning to do so. This gives us a strong foundation for understanding opportunities and barriers, and promoting the sustainability of the project. Below is an explanation of sustainability plans for each of the key project elements.

- **Telehealth consultation services**. Ongoing funding for this strategy is one of the most difficult sustainability challenges, and we will explore possible avenues for sustainable funding. Children's Hospital Colorado has adopted a consultative model in which their specialists provide guidance and support to community-based primary care providers, which allows children with complex health needs to be managed in the medical home. However, the specialist cannot bill for their time consulting and supporting the primary care provider. CDPHE will work closely with a team from the Special Care Clinic and the state Medicaid agency to identify alternative payment methods that will support the consultative model of care. We may also be able to show behavioral health plans that there is a return on investment for this service, and a reason to include it in their benefits or contribute to a state fund to support it. In addition, sustainability for this program across the state will require some advocacy to improve broadband access in rural areas. Colorado's Office of Broadband Development is working on this problem, and the Governor's Office of eHealth Innovation has made broadband development one of its priorities in the Colorado Health IT Roadmap.

For direct services delivered by telehealth, Colorado has an excellent foundation because Medicaid already reimburses for behavioral health services delivered through remote technology. In addition, Colorado recently passed a law requiring parity of reimbursement between telehealth and in-person health services. Some of our health systems are already set up to facilitate telehealth services and the infrastructure continues to grow.

- **Provider training and education.** Colorado has models and platforms for delivering training and practice transformation support to primary care practices statewide through the State Innovation Model work, the Colorado Children's Healthcare Access Program, the Medicaid Accountable Care Collaborative program and Project ECHO. We will explore coordinating our training with one or more of these platforms. The seeds of sustainability are found in materials, processes, tools and resources that are simple and work well. We will create high-quality and user-friendly tools, trainings and resources that can be easily adopted. This, along with a strategic outreach plan, will increase uptake and adoption.

- **Online resource hub**. Funded through the State Innovation Model (SIM), the University of Colorado supports an online resource hub focused on primary care and behavioral health integration that is accessible by SIM practices and SIM's network of practice transformation organizations. In addition, Medicaid's Regional Accountable Entities are required to provide access to care resources and support for the practices in their respective region. Through this project, we will implement strategies to enhance these existing resource hubs and, if needed, create an online resource hub specific to this project. If a separate project-specific resource hub is developed, we will work with our partners to determine if there is funding to maintain the online project resource hub or integrate it into one of our partner online platforms to ensure continued access to the information it contains as the grant approaches year 5.

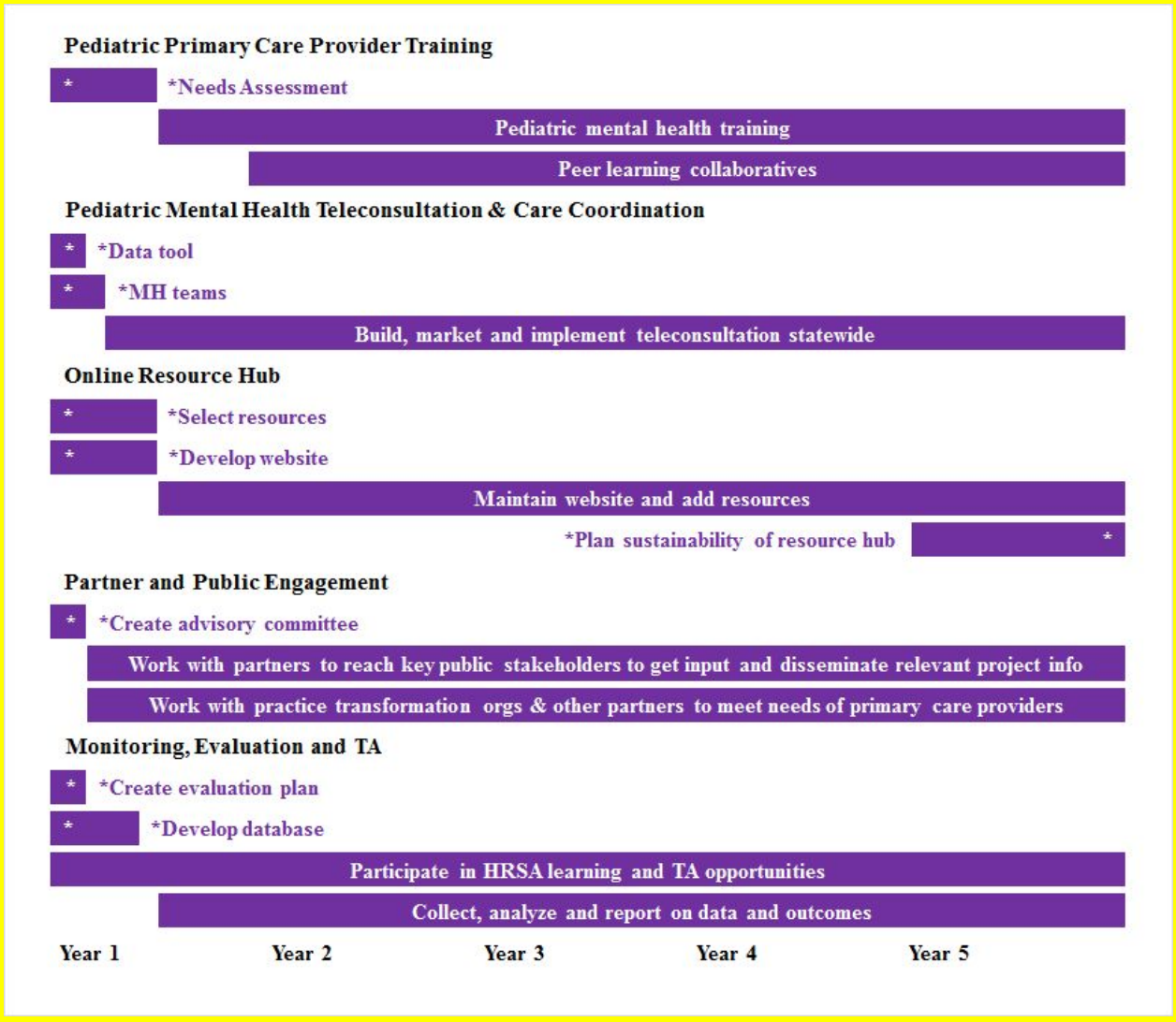
WORK PLAN

The work plan is included in this application in table format as Attachment 1. Below is a summary of activities and a description of meaningful support, collaboration and coordination with key stakeholders.

Summary of activities

The goals of the project focus on increasing access to behavioral health care by expanding the capacity of pediatric primary care providers to detect, assess, treat and refer children with behavioral health disorders; improving access to behavioral health care and other support services for children and their families; and sustaining successful interventions. Figure 1 shows a work plan timeline, and below that is a brief summary of objectives and steps to achieve each objective of the project.

Figure 1: Work Plan 5-Year Timeline



Objectives and related activities

- Objective 1.1: Increase the number of pediatric primary care providers who are aware of standard processes for screening and referral.
- Objective 1.2: Increase the number of children and adolescents screened for behavioral health disorders in primary care settings.
- Objective 1.3: Increase the number of referrals provided to children and adolescents who screen positive for a behavioral health disorder to the pediatric mental health team (including by telehealth).

To achieve these objectives, we will conduct a full needs assessment on what our intended audience of pediatric providers needs and how they prefer to receive information and training. We will then design and implement training for providers on how to screen, assess, treat and refer children and adolescents for behavioral health disorders. We will work with practice

transformation organizations, physician champions and Medicaid Regional Accountable Entities to reach out to pediatric providers and maximize participation in training. We will work with these stakeholders to ensure that screening fits into the clinical workflow and can be tracked. We will administer training evaluation surveys immediately after the training and again 3–6 months after training, to gain insight into barriers to implementing the training and level of comfort with implementing the protocols. Data from these sources will inform future training and outreach. We will use EHRs, claims data or other data source identified by the practices to track screening; we will use practice data sources and the teleconsultation log to track referrals.

- Objective 1.4: Increase the number of resources in the online resource hub.
- Objective 1.5: Increase the number of pediatric primary care providers who access resources to support diagnosis and treatment planning for children and youth with behavioral health disorders.

To achieve these objectives, we will create a user-friendly website that serves as a resource hub with information about the project and an online library of practice guidance and protocols for pediatric behavioral health care. We will assess the availability of existing guidance and request permissions to use these on the website. We will also assess gaps in knowledge and create new resources to fill these gaps. We will use website metrics to track use of the website and materials.

- Objective 2.1: Increase the number of children and adolescents served by providers who contacted the mental health teams (including by telehealth).
- Objective 2.2: Increase the number of children and adolescents living in rural and underserved counties served by providers who contacted the mental health teams (including by telehealth).
- Objective 2.3: Increase the number children in need of behavioral health treatment in a rural or underserved area who access treatment, including telehealth treatment when needed.

To achieve these objectives, we will develop a communication and promotion plan for the teleconsultation service, and establish a system and process for enrolling providers into the program. We will work with partners and other teleconsultation providers to determine how this project will coordinate with existing programs and integrate with the consultation and care coordination work of Regional Accountable Entities (Medicaid) and other payers. We will recruit, hire and train mental health teams to provide the teleconsultation service, and establish day-to-day operational protocols for them to follow. We will establish technical and security/privacy requirements for all teleconsultation methods (telephone, email and telehealth/videoconference), and develop data collection tool for tracking teleconsultation encounters. Data collected will include information about the patient as well as the type of service provided, how long it took to provide the service, the outcome, the diagnosis and any recommended medication.

- Objective 3.1: Complete all evaluation activities by 2023.
- Objective 3.2: Develop a program sustainability plan by 2023.

To achieve these objectives, we are establishing a comprehensive and achievable data and evaluation plan that spans all five years of award. We will amend the evaluation plan as circumstances and project evaluation needs require. In addition, we will work with key stakeholders such as the Department of Health Care Policy and Financing and the Colorado Multi-Payer Collaborative to create pathways for the financial sustainability of the teleconsultation service, such as alternative payment models that create incentives for better access to behavioral health care.

See Attachment 1 for a detailed work plan. See Attachment 9 for the project logic model.

Key stakeholder support and collaboration

As the lead agency for Colorado's Maternal and Child Health (MCH) Title V Block Grant, we will align to and strengthen existing progress on priority areas for behavioral health in children and adolescents. The key CDPHE personnel for this project, Jennie Munthali, is the Children and Youth with Special Health Care Needs (CYSHCN) Director for Title V and CYSHCN Section Manager. We will leverage our strong network of local public health agencies funded through the MCH block grant, and their connections with providers in their communities.

In addition to aligning this project with MCH efforts, CDPHE is drawing on the support of many partners for successful implementation and sustainability:

- Our key collaborator in this work is the **University of Colorado School of Medicine Departments of Psychiatry**, **Family Medicine and Pediatrics**. This program uses public health principles to inform clinical care, and the physician researchers from University of Colorado will ensure that all interventions are feasible, evidence-based and clinically sound. This partner will work with us to finalize screening, treatment and referral protocols. This partner will also take the lead in training pediatric primary care providers and establishing the tele- and e-consultation service. See Attachment 4 for existing contract, as well as the draft contract that will be executed in the fall 2018. Through this partner, we will also work with Children's Hospital Colorado, which is already implementing telehealth and e-consultation projects, and has been a key partner in our efforts to meet the needs of children with special health care needs.
- We will partner closely with **Colorado Children's Healthcare Access Program (CCHAP)**, a practice transformation organization that has been coaching pediatric practices and other primary care practices during the State Innovation Model (SIM) behavioral health integration work. CCHAP has extensive experience with training and coaching practices to help them adopt new protocols, systems, workflows and approaches to care. CCHAP will be a key partner throughout the project, especially for engaging with and reaching out to pediatric primary care providers.
- We will partner with the **American Academy of Pediatrics–Colorado Chapter** and **Colorado Child and Adolescent Psychiatric Society** as we develop and implement the training for pediatric providers, and create the library of clinical guidance resources. Behavioral health is a priority issue for these organizations; they are already collaborating to bring training in pediatric behavioral health to pediatric primary care providers.

- We will continue to collaborate with the **Department of Health Care Policy & Financing** (state Medicaid agency) and the Regional Accountable Entities (RAEs), which, as of July 2018, are responsible for managing the behavioral health benefit and the network of primary care providers in their region. The newly executed contracts demonstrate Medicaid's commitment to integrating physical and behavioral health care, and continues to support reimbursement for direct telehealth services for behavioral health care.
- We will continue to actively engage with **Colorado's State Innovation Model (SIM)** which supports behavioral health integration in primary care settings. SIM-funded practice transformation organizations work with over 100 practices throughout the state that provide care for children. The SIM project recognizes telehealth as a key component to supporting and expanding behavioral health integration and access to behavioral health services.
- We will partner with **Beacon Health Options** (which administers the Colorado Psychiatric Access and Consultation, or C-PAC, program for two RAEs) and **Colorado Access and AccessCare** (one of the RAEs). Both of these organizations are already using telehealth and teleconsultation to meet the needs of Medicaid members in their regions. We are looking forward to learning from them, supporting them, and coordinating with their work in the regions in which they administer the service.
- We will continue to develop our partnership with the **Department of Human Services Office of Early Childhood and Office of Behavioral Health**. Both offices have made pediatric behavioral health a priority and are committed to improving the mental health and well-being of children, youth and their families. These offices will provide technical assistance and connect us with provider networks to develop and implement provider training, and promote provider enrollment into the program.
- We will collaborate with CDPHE's **School-based Health Center Program**, which funds a network of over 50 school-based health centers, 17 of which are located in rural communities. One of the school-based health center requirements for receiving state funding is to provide on site mental health screening and either on-site provision of behavioral health services or referral for community-based services. School-based health centers throughout the state have expressed interest in expanding their use of telehealth to meet existing behavioral health service gaps. Some school-based health centers are participating in SIM.
- We will partner with CDPHE's **Primary Care Office**, which maintains a statewide database of all licensed health care providers, including primary care and behavioral health providers. Additionally, in response to the shortage of treatment services, this year the Colorado Legislature passed Senate Bill 24, directing the Primary Care Office (PCO) to promulgate rules for the determination of Behavioral Health Professional Shortage Areas (BHPSA). These shortage areas will help inform geographic areas of focus for this project.
- We will collaborate with **Colorado Crisis Services**, which was established in 2014 and is the first statewide resource for mental health and substance abuse crisis help, information

and referrals. This organization may be able to help us identify resources and gaps in community services.

- We will align to and leverage partnerships with Colorado counties working on child social-emotional health, such as **Colorado Project LAUNCH** in Adams County (funded by SAMHSA) and LAUNCH Together in Pueblo, Jefferson, Chaffee/Fremont and southwest Denver (funded by private foundations). The purpose of Colorado's LAUNCH efforts is to improve the early childhood system by enhancing the expertise of behavioral health providers in primary care and increasing access to evidence-based prevention and wellness practices that support young children and families.
- We will engage **Colorado's Family to Family Coalition** coordinated by Family Voices Colorado and the **Youth Partnership for Health** coordinated by CDPHE for input on project implementation.

Letters of support from partners may be found in Attachment 8.

RESOLUTION OF CHALLENGES

Although Colorado has a solid foundation on which to build this project, we anticipate encountering some challenges as we implement statewide telehealth services for pediatric mental health care. Below is a description of the challenges along with proposed approaches for addressing them.

Challenges in designing and implementing the work plan
The following challenges are anticipated in designing and implementing the activities:

- **Demand on pediatric primary care practices**. Primary care practices are central to Colorado's health care system, and have therefore been the intended audience for many reform initiatives. Although these initiatives are meant to strengthen and equip providers to better serve their patients, sometimes it can be overwhelming as providers try to include yet one more thing into their workflows. We plan to address this challenge by integrating and aligning this work with existing initiatives (such as the State Innovation Model), and by doing a thorough needs assessment in order to create solutions that are an asset rather than a burden to pediatric primary care practices. We will also explore user testing of the website and materials to ensure that they are easy to use and helpful for pediatric primary care providers.

- **Documentation of screening and telehealth in the EHR**. Mental health screening must be recorded in the EHR for both clinical and program evaluation purposes, but some practices may not have an EHR with capacity to record and store this information. We will learn from practitioners and researchers who have already addressed this challenge, and include guidance to enrolled practices about how to use the EHR for mental health screening in the training for pediatric providers. Regarding telehealth, we will provide guidance about documenting telehealth in the EHR. We also plan to start with practices

that have already been working on behavioral health integration through the SIM, and are more likely to have addressed the EHR requirements.

- **Stigma about discussing mental health issues**. Some parents/guardians will welcome the opportunity to talk about their child's mental health challenges with a primary care provider, but some may feel shame, stigma and fear of judgment. Some may believe that mental health should not be addressed by a pediatrician. To overcome this challenge, we plan to train pediatric primary care providers not only on clinical guidance for screening, assessment and treatment, but communication skills for initiating and conducting this conversation skillfully and with cultural sensitivity. We will also collaborate with the Colorado Rural Health Center and others who have worked to provide education to the public about mental and behavioral health care.

- **Broadband access in rural areas of the state**. Telehealth requires broadband access that is not yet fully available in all rural communities, which makes telehealth more challenging. Colorado is working on this problem; there is an Office of Broadband Development, and a law was passed this year to invest in broadband infrastructure across the state. We will also collaborate with the Colorado Telehealth Network, which is already working on telehealth implementation challenges in Colorado.

Addressing lack of behavioral health and recovery support providers

It is more difficult for rural Coloradans to access behavioral health care than for urban Coloradans. According to the Colorado Rural Health Center's "The State of Rural Health in Colorado 2016," there is only one mental health provider per 6,008 rural Coloradans (compared to 3,601 for urban Coloradans), and 17 percent of rural adults lack sufficient mental and emotional support. The most recent data on Colorado's child and adolescent psychiatry workforce shows 49 Colorado counties have no practicing child and adolescent psychiatrist.[8]

We plan to address this with two tools: teleconsultation between psychiatric specialists and local pediatric primary care providers in rural communities, and telehealth for direct behavioral health services for patients who cannot find appropriate care locally. In addition, Colorado passed a law in 2018 that appropriates $2.5 million to modify the Colorado Health Service Corps loan repayment program to expand the availability of behavioral health providers in rural and underserved parts of the state, which may also help improve access to care in rural areas.

Resolving organizational readiness and leadership challenges

The primary organizations involved in this work have already demonstrated a strong commitment to telehealth for behavioral health services. The University of Colorado has already been working with Children's Hospital Colorado to offer telehealth, including teleconsultation and direct care provided through telehealth for a wide range of specialties. A psychiatry e-consultation pilot will launch fall 2018. CDPHE is actively working on maternal and child mental health through four of the MCH priorities: developmental screening, referral, evaluation and intervention, including social emotional; bullying and youth suicide prevention; maternal mental health screening and referral; and medical home for children and youth with special

[8] American Academy of Child and Adolescent Psychiatry, 2016.

needs. The Title V MCH program at CDPHE contracts with the University to increase access to specialty care throughout the state, with specific telehealth benchmarks. CDPHE also participates in Project LAUNCH, a SAMHSA-funded program that addresses social-emotional development of young children, and recently submitted an application to HRSA for a Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program (currently under review).

In addition, Colorado has leaders in a number of institutions that are already working to improve behavioral health care and make telehealth a viable option, especially in rural areas. The Department of Health Care Policy and Financing (single state agency for Medicaid) is working with the Colorado Telehealth Network and the Governor's Office of eHealth Innovation to improve access to telehealth. This is particularly important because this project will rely on the regional Medicaid structure and Regional Accountable Entities to reach and train pediatric providers, and organize regional mental health teams.

Challenges regarding liability for telehealth services

As with any health care, liability is a concern for services provided by telehealth. There have long been concerns that telehealth would result in greater liability risk, but this has not been the case thus far.[9] However, it is still important to address the unique potential liability risks for telehealth. Below are potential risks and solutions.

- **Liability insurance that does not cover telehealth**. It will be important for all providers involved in this project to have liability insurance that covers telehealth services. We will provide guidance to enrolled practices about checking and updating their liability insurance.
- **Communication issues**. Miscommunication is often at the heart of provider liability cases, including those involving incorrect diagnosis or incorrect treatment. At times, communication can be more challenging without face-to-face contact. We plan to train both the mental health teams and the health care providers on how to communicate effectively with each other using the telehealth tools so that there is clear communication of the signs and symptoms, screening results, treatment plans, medication recommendations and other information. We will also ensure that any providers who are delivering direct telehealth services are trained in how to communicate effectively with patients and overcome the potential limitations of telehealth.
- **Privacy concerns**. Any technology used in telehealth will need to be HIPAA compliant. We plan to address this concern by using existing tools (for example, encrypted email) that allows for HIPAA-compliant communication.
- **Informed consent**. Colorado does not require patient informed consent for teleconsultation, which is treated like any other consultation with another provider. However, informed consent is required in Colorado for direct telehealth services. Providers are required to obtain written consent from a patient that explicitly states that the patient may refuse telehealth without the loss of treatment, that confidentiality protections apply to telehealth services and the patient has access to all medical

[9] Quashie, Rene. Medical Professional Liability Risks of Telemedicine. Arthur J. Gallagher & Co.: Feb 2017.

information from the services.[10] We will ensure that providers have a plain-language informed consent form to use with their patients who receive mental health services through telehealth.

Challenges for long-term sustainability

One of the most pressing challenges for long-term sustainability of telehealth is reimbursement or payment for services. Colorado has a good foundation for sustaining telehealth services because Medicaid already reimburses for behavioral health services delivered this way. In addition, Colorado recently passed a law requiring parity of reimbursement between telehealth and in-person health services. Some of our health systems and payers are already set up to facilitate telehealth services; the telehealth infrastructure continues to grow but is not yet consistently sufficient. Sometimes the payer/insurer covers costs associated with telehealth and sometimes the practice does. Many practices do not have access to telehealth capability unless they are part of a larger health system. The SIM has recently completed an assessment of telehealth gaps and challenges in Colorado, and we plan to learn from their report once it is released.

The greater challenge is payment for teleconsultation services. Currently, there is no mechanism for consulting providers to be reimbursed through fee-for-service. However, sustainability for this service may be possible with alternative payment models that incentivize access to behavioral health care. For example, the existing telehealth program for behavioral health care is a service that has been covered by one of the behavioral health organizations, which provides a full-risk capitated behavioral health benefit for Medicaid members. We plan to create an agile, lean, easy-to-adopt service that is a worthwhile investment for behavioral health payers, who are increasingly held to quality measures that address behavioral health care access.

EVALUATION AND TECHNICAL SUPPORT CAPACITY

The project logic model complete evaluation plan are included as Attachments 9 and 10, respectively. Below are some highlights of the plan that demonstrate our proposed methods for evaluation and our capacity to collect the data required for HRSA's Pediatric Mental Health Care Access Program.

Data Systems and Expertise

The project's data team will design a database for collecting and managing all data essential to the project's performance, outcome, and impact measures. The database structure is to be determined, but will likely be built in REDCap (Research Electronic Data Capture), a secure web application for building and managing databases. REDCap is the preferred database system for researchers at the University of Colorado. It offers a secure web connection, can be installed in a HIPAA-compliant environment, allows database access by users from multiple sites and institutions, and provides audit trails and a de-identified data export mechanism to common

[10] C.R.S. §25.5-5-320

statistical packages. REDCap also includes a powerful tool for building and managing online surveys.

Upon receipt of data reports, the data team will conduct data quality checks and data cleaning, and work with partners to resolve any issues with the data before entering it into the database. The data team will ensure that internal deadlines allow time for data quality checks and cleaning before reports are due to HRSA. The project's Data and Evaluation Manager will be Susan Young, PhD., Associate Professor for the Department of Psychiatry at UC School of Medicine, Divisions of Child and Adolescent Psychiatry and Substance Use Disorders. Dr. Young has extensive experience as evaluation director on federal grants, researcher leader and co-investigator, and project statistician. See Attachment 3 for Dr. Young's biographical sketch.

Evaluation Plan (Goals, Activities, Measures, Data Sources)
Below is the evaluation plan for the Colorado Pediatric Psychiatry Consultation and Access Program. It is organized by the three major goals of the program. Under each goal are the related activities and a table that shows the performance and outcome measures and how the data will be collected.

Goal 1: Increased timely detection, assessment, treatment and referral of children and youth with behavioral health disorders in pediatric primary care settings.

Activities for Goal 1:

- Activity C: Conduct an assessment of critical behavioral consultation needs among pediatric providers and their preferred mechanisms for receiving consultation, training and technical assistance.
- Activity D: Develop an online database and communication mechanisms, including telehealth, to facilitate consultation support to pediatric practices.
- Activity F: Conduct training and provide technical assistance to pediatric primary care providers to support the early identification, diagnosis, treatment and referral of children with behavioral health conditions.

Table 1: Project Measures and Data Collection Methods and Schedule for Goal 1

ID	**Measure**	**Data Source or Collection Method**	**Time Point(s) for Data Collection**
PM-1	Number and type of training materials (e.g., case studies, diagnostic and treatment protocols) and training	Program records	At time of info or training materials being used

	mechanism used (e.g., in-person, web-based).		
PM-2	Number of trainings held, by topic and mechanism used (e.g., in-person, web-based)	Program records	Upon implementation of info or training sessions
PM-3	Number and types of providers trained	Training surveys	Upon implementation of info or training sessions
PM-4	Number of consultations and referrals received by the pediatric mental health teams, by provider discipline type and telehealth mechanism.	Teleconsult log	At time of communication
PM-6	Number and types of practitioners enrolled with the pediatric mental health teams.	Enrollment records	At the time of enrollment

In addition, we will assess the effectiveness of the training with evaluations given to participants immediately after training and three months post-training, to assess barriers to implementing the protocols and practices presented during the training.

Goal 2: Improved access through telehealth to behavioral health treatment and referral services, especially in rural and underserved areas.

Activities for Goal 2:

- A: Be a statewide network of pediatric mental health teams that provide support to pediatric primary care sites as an integrated team.
- B: Support and further develop organized regional networks of pediatric mental health teams to provide consultative support to pediatric primary care sites.
- E: Provide rapid statewide or regional clinical telephone or telehealth consultations when requested between the pediatric mental health teams and pediatric primary care providers.
- G: Provide information to pediatric providers about, and assist pediatric provider in accessing, pediatric mental health care providers, including child and adolescent psychiatrists and licensed mental health professionals, as well as assisting with scheduling and conducting technical assistance.
- H: Assist with referrals to speciality care and community or behavioral health resources.

Table 2: Project Measures and Data Collection Methods and Schedule for Goal 2

ID	Measure	Data Source or Collection Method	Time Point(s) for Data Collection
PM-5	Number of consultations and referrals provided by each member of the pediatric mental health team.	Teleconsult log	At time of communication
PM-7	Reasons for provider contact with the pediatric mental health team ● Psychiatric consultation, and for what condition(s) ● Care coordination	Teleconsult log	At time of communication
PM-8	Types of referrals provided by the pediatric mental health team and the extent to which such referrals are provided through telehealth (teleconsultation).	Teleconsult log; EHR or claims database	At time of referral; at time of telehealth service
PM-9	Course of action to be taken by provider as a result of contact with the pediatric mental health team.	Teleconsult log	At time of communication
PM-10	Number and types of community-based mental health and support service providers in the telehealth referral database. Note: Medicaid's Regional Accountable Entities already have this referral system for each region. We plan to work with this system rather than duplicate efforts.	Report from Medicaid Regional Accountable Entities	Baseline within the first six months of the project, and annual measures at the end of each project year.
OM-1	Number and types of referrals provided to children and adolescents who screen positive for a behavioral health disorder [to the pediatric mental health team].	EHR or claims database	Baseline at the time of enrollment; subsequent data collected at the time the referral is made
OM-2	Number of children and adolescents served by providers who contacted the pediatric mental health teams (including by telehealth)	Provider enrollment records and teleconsult logs by zip code	- Upon enrollment (# of children and adolescents served by provider) - At time of teleconsult (providers who contacted program)

OM-3	Number of children and adolescents living in rural and underserved counties served by providers who contacted the pediatric mental health teams (including by telehealth)	Provider enrollment records and teleconsult logs by zip code	- Upon enrollment (# of children and adolescents served by provider) - At time of teleconsult (providers who contacted program)

Goal 3: Sustained strategies and interventions that are effective in improving behavioral health care access and practice.

Activities for Goal 3:

- Activity I: Establish mechanisms for measuring and monitoring increased access to pediatric mental health care services by pediatric primary care providers and expanding the capacity of pediatric primary care providers to identify, treat and refer children with mental health problems.

This evaluation plan represents the efforts to measure, monitor, evaluate and sustain the Colorado Pediatric Psychiatry Consultation and Access Program.

Participation in HRSA's program evaluation activities

The project team will partner with HRSA to track, report on and share program performance, and participate in national TA and multi-site evaluation to inform and ensure the project effectively informs other efforts like this. Our team is experienced with research, data and communication of project results. We look forward to participating in HRSA's Pediatric Health Care Access Program evaluation activities, working with HRSA's team to share what we learn, and flexibly responding to changes in evaluation needs.

Project's anticipated value to increase mental health care access using telephone and teleconsultations

The project will add value to health care by leveraging evaluation results to: 1) increase the acceptability of telehealth and teleconsultation services among pediatric practices to meet the mental health care needs of children and youth; 2) identify critical components for the effective integration of psychiatric telehealth/teleconsultation and primary care to inform similar interventions; 3) establish a protocol for folding telehealth into the workflow at provider practices; 4) provide recommendations for overcoming the challenges of practice uptake of psychiatric telehealth; 5) discuss the merit of a multi-level approach for triaging and providing access to needed mental health resources; and 6) provide evidence of how this model addresses critical gaps in psychiatric care.

ORGANIZATIONAL INFORMATION

Applicant organization

The mission of the Colorado Department of Public Health and Environment (CDPHE) is to protect and improve the health of Colorado's people and the quality of its environment. CDPHE is one of 16 cabinet-level departments whose executive director is appointed by the governor. Dr. Larry Wolk leads CDPHE in providing Coloradans with high-quality, cost-effective public health and environmental protection services that promote healthy people and healthy places. For state fiscal year 2016–17, the department received approximately 92 percent of its $534 million funding from federal funds, fees, grants and other non-state sources.

CDPHE employs approximately 1,300 employees within its organizational structure: administration, public health, environment, community relations and operations, human resources, and legal and regulatory affairs (includes the State Board of Health). Among the public health programs, the Prevention Services Division employs more than 190 employees with a budget of $230 million in state fiscal year 2016–17. The goal of this division, under which this grant application resides, is to achieve the health, well-being and equity of all Coloradans through health promotion, public health prevention programs and access to health care.

Expertise of staff assigned to project

Rachel Hutson, MSN, RN, CPNP: Rachel is the Title V MCH Director and Children, Youth and Families Branch Chief at the Colorado Department of Public Health and Environment (CDPHE). In this role, Rachel provides oversight for the administration of Colorado's Title V block grant and strategic direction for programs and initiatives related to maternal and child health, such as: infant mortality reduction; early childhood obesity prevention, developmental screening, referral and evaluation; pregnancy-related depression screening and referral, bullying and youth suicide prevention and medical home. Rachel currently serves on the Board of Directors of the national Association of Maternal and Child Health Programs, as well as the Program Implementation Advisory Committee for Colorado Medicaid's Accountable Care Collaborative Program. Rachel has worked with the MCH program at CDPHE for 17 years. Prior to working for CDPHE, Rachel provided primary health care services in Denver as a pediatric nurse practitioner at the Stout Street Clinic of the Colorado Coalition for the Homeless. Rachel received a Bachelor of Arts from Franklin and Marshall College and a Masters in Nursing from Yale University.

Jennie Munthali, MPH, HRSA-18-122: Jennie Munthali will serve as the Project Director for this grant. Jennie is the CYSHCN Section Manager, within the Children, Youth and Families Branch, as well as the CYSHCN Director for the Title V block grant. In this role, she is responsible for the strategic direction of the programs and initiatives that support the CYSHCN population, with a focus on care coordination, pediatric specialty care, and information and resources for CYSHCN. Jennie is also the lead for the medical home MCH priority which is focused on policy and systems improvements for CYSHCN, specifically the collaboration between Medicaid contractors and local public health agencies. Jennie has worked at CDPHE for nine years. Prior to joining CDPHE, Jennie worked with the maternal and child health population in the Southern Region of Africa integrating treatment into Community Based Systems of Care.

She holds a Bachelors of Science in Business Administration and Biological Science and received an MPH in Health Services Management from the London School of Hygiene and Tropical Medicine.

Angela (Angie) Goodger, MPH, MHA: Angie will serve as the Fiscal Manager for this project. Angie is the Pediatric Care Coordination Systems Consultant for the CYSHCN Section. In this position, Angie supports local public health agencies with implementation of medical home policy and systems improvements with three areas of focus: improving coordinated care, enhancing access to pediatric specialty care and increasing access to information and resources for CYSHCN. Angie coordinates the Access to Specialty Care Workgroup that includes six local public health agencies from rural/underserved areas of the state that have contracts with CDPHE to implement innovative approaches to increasing access to pediatric specialty care in their community and/or region and representatives from the University/Children's Hospital Colorado. Angie also oversees the current contract with the University to increase access to specialty care in rural/underserved areas via face-to-face and telehealth visits. Angie has worked at CDPHE for six years. Prior to joining CDPHE, Angie was the Director of Best Practices at Colorado Children's Healthcare Access Program where she developed implementation guidelines and assisted over 200 pediatric and family practices in developing and monitoring quality improvement projects. Her professional career also includes leadership positions with the Southeastern Minnesota Center for Independent Living in Rochester, MN, and the Cerro Gordo County Department of Public Health in Mason City, Iowa. Angie earned her master's degrees from Des Moines University in public health and healthcare administration.

Past performance in the project areas

The department has been committed to addressing child and adolescent behavioral health over the past decade and has been effective in leveraging partnerships and leading statewide efforts. The 2016–2019 CDPHE Strategic Plan includes reducing substance misuse among youth and supporting mental health as department priorities. Staff from several CDPHE programs provide technical assistance to local public health agencies and other community-based partners working in child and adolescent mental health to ensure alignment and leverage of state and local resources.

Four of the 2016–2020 MCH block grant priorities support behavioral health for children and youth: developmental screening, referral, evaluation and intervention, including social emotional; bullying and youth suicide prevention; maternal mental health screening and referral; and medical home for children and youth with special needs. The medical home priority efforts focus on access to specialty care, care coordination, and resource and referral for children and youth with special needs. To support access to pediatric specialty care, the CYSHCN team CDPHE has contracted with the University, who works in partnership with Children's Hospital Colorado, to support community-based pediatric specialty clinics in rural and underserved areas of the state. The contract currently enables pediatric specialists in neurology, orthopedic and rehabilitation services to see patients face-to-face, as well as via telehealth. These specialties are being expanded in the fiscal year 2018-19 contract to include behavioral health and neurodevelopmental evaluation. This expansion of scope was informed by a pediatric access to care environmental scan completed in April 2018 by CDPHE and the University/Children's

Hospital Colorado. In addition to the contract with the University, the CDPHE CYSHCN Section contracts with six local public health agencies in rural/underserved areas of the state to support innovative strategies to enhance access to specialty care in their communities or region, such as telehealth and teleconsultation. These local public health agencies and representatives from the University/Children's Hospital Colorado participate on the Access to Specialty Care Workgroup, led by CDPHE. CDPHE also funds local public health agencies to provide care coordination for CYSHCN. See Appendix 6: CDPHE CYSHCN map for locations of CDPHE-funded local public health agencies that are focused on access to specialty care and/or providing care coordination services.

Resources and capabilities for culturally and linguistically competent and health literate services

CDPHE's commitment to equity and community engagement is a core principle of the department's work. The department's Office of Health Equity serves as an internal consultant to programs to develop culturally and linguistically competent and health literate services for Colorado's diverse populations. In addition, MCH staff includes a Health Equity and Community Engagement Specialist, who is responsible for assessing the needs of programs using an equity lens. Other resources include the Colorado Youth Partnership for Health (YPH). YPH was created in 2000 by CDPHE to ensure that the needs of young people are included in the programs and policies that affect them. Youth consultants on this council provide feedback and suggestions to state and community partners who are working to positively impacting the lives of Colorado's youth. CDPHE and Children's Hospital Colorado both partner with family advocacy organizations such as Family Voices Colorado, who receives the HRSA Family-to-Family Health Information Center grant. As part of this grant, Family Voices Colorado coordinates a coalition of all of the family advocacy organizations working on behalf of children and youth with special needs in Colorado. CDPHE's MCH program also contracts with Parent to Parent of Colorado to engage family perspective and leadership in all MCH efforts. We will use all of these avenues to solicit input to inform implementation of this project.

How the organization will follow the approved plan and properly manage federal funds

CDPHE uses an enterprise-level accounting system that allows all funding sources to be specifically identified and tracked by major programs and program codes within the system. All transactions are segregated, which enables reconciliations by funding source. A program budget module is used to align each budget category with the approved budget schedule of the award. Expenses are recorded by program code and monitored against approved budgets accordingly. All employee hours worked are tracked using the Kronos timekeeping system. Employees charge salary costs for any time that is directly spent working on specific grant activity to their respective funding source. Time worked on grants is recorded and tracked on the employee's timesheet and approved by the employee and the supervisor. The charges are supported by auditable time sheets and labor distribution reports of the actual activities performed.

Project partners organization

CDPHE's sub-recipient on this cooperative agreement is the University of Colorado. See Attachment 4 for a description of existing and proposed contracts outlining the specific details of

the work to be completed by the University in partnership with Children's Hospital Colorado. Current expertise of University of Colorado staff is described below.

Sandra L Fritsch, M.D., MSEd, FAACAP: Sandra Fritsch will serve as the Project Manager for this grant. Sandra is an Associate Professor in the Department of Psychiatry at the University of Colorado School Medicine and the Anschutz Chair for Clinical Excellence. Dr. Fritsch is the Medical Director of the Pediatric Mental Health Institute (PMHI) at Children's Hospital Colorado and her clinical work includes coverage at all levels of care as well as evaluating and managing the mental health needs of children and adolescents in the PMHI Outpatient Psychiatry Department. Prior to moving to Colorado in July 2016, Dr. Fritsch was the training director for the Maine Medical Center Child & Adolescent Psychiatry Fellowship Program and the Medical Director of the ME Child Psychiatry Access Program. The ME CPAP was begun in 2009 through grant funding from the Maine Health Access Foundation. The ME CPAP provided telephone consultation for pediatric primary care providers, ongoing education, and face to face consultations to guide care. Dr. Fritsch was also working in Massachusetts and was in the original cohort of providers when the Massachusetts Child Psychiatry Access Program was initiated in 2004. She serves as a board member on the National Network of Child Psychiatry Access Programs, has presented locally, nationally, and internationally on the core tenants of child psychiatry access programs through presentations and posters, and developed a training model for pediatric residents and child psychiatry fellows called The Buddy System; a model training program to help residents and fellows gain the skills for collaborative care. Dr. Fritsch has been actively involved in policy in both Colorado and Maine, she sat on the Colorado Child Mental Health Treatment Act Reauthorization in 2017/2018 and was the starting founder of the Maine Coalition for the Advancement of Child & Adolescent Mental; an advocacy coalition to improve the mental health services for the youth of Maine (sponsored by the American Academy of Child & Adolescent Psychiatry's Advocacy & Collaboration Grants). Dr. Fritsch received her medical degree from Michigan State University, College of Human Medicine and completed the "triple board residency" in pediatrics, general psychiatry and child and adolescent psychiatry at the Warren Alpert School of Medicine, Brown University in 1991.

David M. Keller, MD: David Keller will serve as the pediatric physician champion for this project. David is Professor and Vice Chair for Clinical Strategy and Transformation in the Department of Pediatrics at the University of Colorado School of Medicine and Children's Hospital Colorado (CHCO). He is responsible for leading initiatives to improve practice efficiency and effectiveness, as well as developing the capacity of the faculty to provide comprehensive high-value care to children in Colorado and throughout the Mountain West Region. Currently, he is working within CHCO to develop and implement a robust care coordination infrastructure in all inpatient and outpatient services and working with the Colorado Department of Public Health and Environment to align the Department's outreach strategy with the needs of children and youth with special health care needs throughout Colorado. He is also the Pediatric Champion for the implementation of e-consults within the CHCO's clinical system, as part of the American Association of Medical College's Coordinating Optimal Referral Experience (CORE) Learning Collaborative. On a state level, he serves as Co-Chair of the Health Impact on Lives Subcommittee of the Program Improvement Advisory Committee of the Colorado Accountable Care Collaborative; Co-Chair of the Health Information Technology

Workgroup for the implementation of the Colorado State Innovation Model (SIM) Award; and a member of the Physician Advisory Board of Center for Improving Value in Health Care (CIVHC), Colorado's All-Payer Claims Database. On a national level, he serves on the Standing Committee on Pediatric Measures of the National Quality Forum. Prior to moving to Colorado, Dr. Keller spent 22 years on the faculty of the University of Massachusetts School of Medicine, where he practiced primary care pediatrics, initiated novel community-based programs with a variety of collaborators and served as an Associate Medical Director for Medicaid in Massachusetts. His practice, South County Pediatrics, was one of first to join the Massachusetts Children Psychiatry Access Program in 2005 and he is a founding Board member of the National Association of Child Psychiatry Access Programs. He was a Physician Advocacy Fellow of the Center for Medicine as a Profession from 2006-8, when he worked with the Massachusetts' Children's Mental Health Campaign to pass the Children's Mental Health Ominibus Reform Act of 2008 in Massachusetts. He was a Robert Wood Johnson Foundation Health Policy Fellow in the office of the Assistant Secretary for Planning and Evaluation at the US Department of Health and Human Services from 2009-10, served as President of the Academic Pediatric Association (APA) from 2013-4 and as the Chair of the Federation of Pediatric Organizations (FOPO) from 2014-8.

Susan Young, PhD: Dr. Young will serve as the Data Manager for this project. Dr. Young is an Associate Professor in the Department of Psychiatry at the University of Colorado School of Medicine and Evaluation Director for Partners for Children's Mental Health, a Center of Excellence for Colorado. Dr. Young has more than 20 years of research experience in adolescent psychiatry, substance use disorders, and executive cognitive development. She is currently serving as a co-investigator on 2 NIDA-funded longitudinal studies of early-onset substance use disorders; and a NIMH-funded longitudinal study of executive function and problem behavior. Dr. Young previously received a NIMH Mentored Career Development Award (K01) to support training in cognitive neuroscience, and to conduct a large twin study of the genetic and environmental connections between executive function and externalizing disorders. Prior to her position in the Center of Excellence, Dr. Young was the Research and Evaluation Director for the Behavioral Health and Wellness Program where she directed community-based program evaluations for initiatives ranging from the implementation of tobacco cessation services to mental health services for Denver's homeless population. In sum, Dr. Young has an extensive background in managing large, complex datasets, conducting sophisticated data analyses, and reporting the results of these analyses. She has authored over 80 peer-reviewed publications and six program evaluation reports.

Project partner/subrecipient oversight and communication

The CDPHE Children, Youth and Families Branch follows established contract monitoring procedures to oversee the work of sub-recipients and contractors. These procedures include guidance communication, financial management, documentation review, progress check-in, and corrective action for noncompliance. All sub-recipients will be held to the requirements set forth in the funding announcement and the standards set in this proposal. A Project Organizational Chart is included as Attachment 5.