



## **2025 DREAM IPC DREAM Team Award Submission**

### **Background and History**

At the Pediatric Center in Richmond, we are a small team with big dreams, pioneering integrated behavioral health (IBH) in our community-based practice and across Virginia. We meet our families where they already turn first for help- whether it is helping a family navigate a new autism diagnosis, cope with trauma, depression, or anxiety, or manage sleeping, eating, toileting or behavior issues. Moreover, we educate other practices and serve as proof that IBH dreams can come true, even outside the walls of academia.

Since 1962, our physician-owned practice has always believed every child deserves the same high-quality care as our own. Today, we serve one of the largest Medicaid populations in central Virginia with 3 oPices across Richmond. Our team includes ~20 primary care providers (PCPs), 2 licensed clinical psychologists, and a behavioral health resource coordinator. We see a high volume of patients yet still embody the closeness of a small practice. Many of our providers and staP have worked here long enough to care for families across generations.

Our patients represent Virginia's diverse landscape: inner-city neighborhoods facing high rates of crime, rural communities where geographic isolation limits access to healthcare, and suburban families spanning wealth and privilege to undocumented immigrants navigating financial, legal, and cultural barriers. Across all backgrounds, families are turning to primary care for rising behavioral and mental health needs-- reminding us that these needs are universal and not confined to any one community.

### **Growing IBH- In our Practice and Across Virginia**

With no roadmap or external funding, our team designed an IBH model to equally serve both privately and Medicaid insured families. In 2018, our physician champion, Dr. Walter Chun, was named Bundy Professor of Community Pediatrics at Virginia Commonwealth University (VCU) and chose IBH as his community platform. That same year, we welcomed Dr. Nadia Islam, a pediatric psychologist with advanced training in primary care integration, who began providing warm hand-oPs, crisis assessments, outpatient therapy, and diagnostic evaluations while building workflows for sustainable integration.

The Virginia Mental Health Access Program (VMAP) also launched in 2018, with Drs. Chun and Islam serving on its steering committee. VMAP oPers PCPs training/education in pediatric mental and behavioral health and telephonic consultation services with child

psychiatrists, behavioral health specialists, and care navigators. Drs. Chun and Islam have continued to support VMAP, collaborating on workgroups, teaching for VMAP's 12-month ECHO learning collaborative, and contributing to the VMAP Guide for Promoting Child and Adolescent Mental Health in Primary Care. They have now trained over a hundred providers statewide on topics from ADHD to suicidality, while sharing our workflows and lessons learned with others.

In 2019, our PCP team completed the REACH Institute's Patient-Centered Mental Health in Pediatric Primary Care training (REACH PPP). Through Dr. Chun's advocacy as the Bundy Professor, over a hundred Virginia PCPs accessed this \$1900 training for just \$100. This shared foundation helped shape our practice's protocols for screening, diagnosis, and medication management. This also led VMAP to adopt REACH PPP for its ongoing statewide training for PCPs.

In 2020, we hired our second psychologist, Dr. Jadig Garcia, a bilingual Latinx provider who specializes in trauma informed care. Later, in 2023, she partnered with community psychologist, Dr. Anjali Gowda Ferguson to pilot the Rapid Autism Clinical Evaluation (RACE) Clinic for early autism screening and diagnosis. This pilot focused on implementing a culturally responsive rapid autism clinic to help decrease diagnostic waitlists. The Rapid Interactive Screening Test for Autism in Toddlers (RITA-T) was used to distinguish between ASD and other delays in infants and toddlers between 18 months and 3 years of age. The pilot afforded families the opportunity to bypass long waitlists and begin crucial early intervention. Since then, over 50 children have benefited from this service in our practice.

### **Current State**

IBH is now woven into our standard of care. PCPs address concerns in real time, using developmental and mental health screeners, warm hand-offs, tandem visits (scheduled back-to-back), and embedded consults. Our psychologists provide diagnostic clarification, targeted interventions, and brief evidence-based therapy, while also guiding families through appropriate community referrals, IEP/504 plan navigation, or higher-level care placement through direct-access programs. Our resource coordination bridges families to external services and strengthens partnerships with schools, hospitals, and advocacy networks. Our practice is not an island—we thrive through collaboration with community agencies including the Virginia Treatment Center for Children, Parent Education Advocacy and Training Center, Stop Child Abuse Now of Greater Richmond, and local partial hospitalization and trauma networks.

This work is sustained by the entire team: scheduling to support continuity of care, a triage protocol to handle urgent needs, floor nurses who reinforce screening workflows, and PCPs who embrace physical health and mental health as inseparable. Together, we have created a place where families feel known, supported, and cared for holistically.

### **Future Growth**

Recently, we joined the Virginia Center for Health Innovation's Primary Care Pathways Pilot, a multi-payer initiative providing per-member-per-month payments to support integration.

These funds will allow us to expand services, add further case management, and integrate data systems. Through monthly meetings, we collaborate with practices and payors across Virginia to advance common goals. Yet we maintain pride that we built a hospital-level IBH model in a community private practice—without grants, trainees, or institutional backing.

Every member of our team moves in step to provide equitable, family-centered care. We have become a model for others, demonstrating that integration is not only possible, but sustainable in community settings. Our success is measured in the relief of families who no longer wait months for help, in the PCPs who feel empowered to manage behavioral health, and in the partnerships that continue to grow statewide. We believe there is no health without mental health, and no progress without collaboration. Our team has shown that when disciplines come together, IBH care is not just a dream but a reality.