Introduction

The Challenge
ADHD is the most common neurobehavioral condition of childhood affecting 11% of the school-age population and is a serious health problem (Visser et al., 2014). Symptoms continue into adulthood in more than 75% of cases. ADHD is characterized by developmentally inappropriate levels of inattention, impulsivity, and hyperactivity (AAP, 2011).

ADHD may contribute to negative outcomes, including: (a) academic failure; (b) family stress and disruption; (c) depression; (d) interpersonal relationship issues; (e) substance abuse; (f) delinquency; (g) accidental injuries; and (h) job failure (CHADD, 2015).

Significant symptoms for the majority of children with ADHD can continue during the transition period of college and adulthood and include: (a) driving problems; (b) difficulties with peers and social situations; (c) high-risk sexual behavior; and (d) substance abuse. This may be connected with depression, mood or conduct disorders (CHADD, 2015).

Previous Research

There is significant research available regarding children with ADHD, however, there is a gap in research and health services for the vulnerable population of college students/young adults with ADHD.

There are opportunities for improvement in the continuity of care of existing health services for this population. There are clinical challenges that need to be addressed for improved healthcare continuity and outcomes given the fact that some primary care providers, such as nurse practitioners, have little training in the assessment of ADHD (Waite, Vlam, Irrera-Newcomb, & Babcock, 2013, p. 303).

The Innovation

• Background information has been gathered about this challenge since 2015 by contacting national agencies.
• Communication and consultation took place confirming that there is no known community model that exists to improve outcomes for this vulnerable population.
• Exemplars were obtained and consultations were conducted, however, were either not comprehensive in services or did not include services for this population.
• Collaboration began with the Partnership for Child Health in 2016.
• ADHD Community Professional Committee (ADHDCPC) convened for the initial meeting on 6/17/16 to identify any possible gaps in services for this population so there is an improvement in learning and health outcomes to promote their successful life transition.

ADHD Community Professionals Committee

Purpose
To review current services in the community for the emerging adult with ADHD and to identify any possible gaps in services for that population so there is an improvement in learning and health outcomes to promote a successful life transition.

Participants
The ADHD Community Professionals Committee members consist of an interprofessional healthcare, education, and support service collaborative team and serve on a voluntary basis.

ADHDCPC – Community Collaboration

| Baptist Behavioral Health |
| Children’s Home Society of Florida |
| Clay County Public Schools |
| Florida State College at Jacksonville |
| Hope Haven |
| Jacksonville University |
| Partnership for Child Health |
| University of Florida – College of Medicine – Jacksonville – Department of Pediatrics |
| University of North Florida |

Format
A quality improvement format that will serve to identify opportunities for improvement and, in addition to integration of services, might include: (a) education for providers and patients/families; (b) funding opportunities; (c) research; and (d) dissemination of new knowledge. Quarterly meetings are conducted that focus on the multi-modal treatment aspects of ADHD.

Deliverables
• Establish a Florida ADHD Initiative weblink on the Partnership for Child Health website for resources.
• Produce a directory of ADHD Community Professionals Committee contact list.
• Produce a resource guide with a one page overview of information/services of each participating organization.

ADHDCPC Meeting Topics

Meeting 1 – 6/17/16:
• Introduction of ADHDCPC Committee members and overview of the initiative.

Meeting 2 – 9/16/16:
• Providers Subcommittee
  • Provision of Care
  • Medication Management
  • Referrals/Handoffs
  • Patient/Family Education
  • Competing Demands
  • Staffing/Education
  • Patient Safety/Quality Issues

Meeting 3 – 1/13/17:
• Behavioral Health/Education/Support Services Subcommittee
  • Advocacy
  • Psych/Ed Evaluations – Diagnosis
  • Referrals – within and off campus
  • Funding/Resources
  • Career/Job Coaching
  • Community Support Groups

Meeting 4 – 4/21/17:
• Policy, Outcomes, and Solutions Subcommittee
  • Innovation
  • Exemplars
  • Policy, Outcomes, and Solutions
  • Community Partnerships/Collaboration
  • Grants/Funding
  • Research
  • Dissemination of New Knowledge

Meeting 5 – 6/16/17:
• ADHD Initiative Wrap-up
  • Subcommittee Reports
  • ADHD Initiative Findings
  • Recommendations

Conclusion

The Anticipated Outcomes

The Florida ADHD Initiative might be the first of its kind so it is anticipated that Jacksonville will serve as an exemplar as a community model. The quality format will serve to identify opportunities for improvement, and, in addition to integration of services, might include: (a) education for providers and patients/families; (b) funding opportunities; (c) research; and (d) dissemination of new knowledge to promote improved outcomes for the emerging adult with ADHD at the national level. An Outcomes Tracking Form has been developed with positive outcomes already emerging, i.e. committee members collaborating and abstracts have been accepted for conference presentations. A three-year grant proposal has just been submitted.

References


Acknowledgments

ADHDCPC Planning Committee
University of Florida – College of Medicine – Jacksonville – Department of Pediatrics
• David O. Childers, MD
• Jeffrey L. Goldhagen, MD, MPH
• Rita Nathawad, MD

Florida ADHD Initiative Contact
• Teri Chenot, Ed.D., MS, M.Ed., MSN, RN
(904) 256-7284
tchenot@ju.edu