County: San Diego County **Total Funding Request**: $8,836,362

Project Name: Medication Clinic **Duration:** July 1, 2018 – December 31, 2022

Project Overview

1. Primary Problem

The County of San Diego has roughly 3.2 million people, of which 750,000 are under the age of 18. The rate of significant mental illness for children and youth is conservatively estimated at 10%, so 75,000 are at risk for mental health problems that interfere with their development, school function, social relationships, and ability to succeed in our society.

The County of San Diego Behavioral Health Services division serves approximately 18,000 children and youth per year. Its current outpatient model provides for 13 sessions per person, with the option of an additional cycle of 13 sessions if a utilization review process deems the additional sessions necessary. The services offered are based on a Child Guidance Clinic model of individual therapy, conjoint therapy with caregivers, psychiatric medication assessments when indicated, medication follow up services, and group therapy in some locations, and case management for high basic needs families. Over the years, Therapeutic Behavioral Services, Wraparound Services, and Full Service Partnerships have been added to the service mix. There is access to emergency services through the Emergency Screening Unit, North County Behavioral Walk-In Clinic, and the Psychiatric Emergency Response Teams (affiliated with law enforcement). The in-patient psychiatric care is provided at 3 local psychiatric units.

This system of services has provided excellent, well regarded and highly-rated services for children, youth and families who are able to access this system. This system works well for those who have episodic, short-term mental health problems that can be managed with psychotherapy and medication treatments.

Some of these young people find that they can live stable lives with the assistance of psychotropic medications after receiving psychotherapy services, but our system of care through the organization provider network (Community Based Organizations) has limited capacity to provide medication-only services. Currently, these youth are referred to primary care doctors, fee-for-service psychiatrists or Federally Qualified Health Clinics for ongoing psychotropic medication support. Conditions that may require ongoing medication support include Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, Panic Disorder, Major Depression, and others. For children and youth with complex combinations of mental health problems (or with recognized complex mental disorders like Complex PTSD, Bipolar Disorder, Schizophrenia, Autism with aggression, ADHD plus mood dysregulation) it can be difficult to find a primary care doctor prepared to manage the medication treatment aspect of their care.

In addition, there are also children who are seen in other locations (primary care medical offices, specialty medical care offices) who do not receive specialty mental health care. These children may have complex Medical Illnesses (asthma, cancer, diabetes, gastrointestinal illnesses, and genetic abnormalities) and also have mental health needs. At present, these individual are not receiving

coordinated behavioral health services in the same location and in collaboration with the medical treatment.

This proposal attempts to address some of the above issues involving ongoing medication support for children and youth who continue to need medication services once their therapy sessions end.

2. What Has Been Done Elsewhere to Address Your Primary Problem?

We have done extensive literature searches, selected focus groups, interviews with Pediatric and Child Psychiatry Professional Organizations (AAP and AACAP local and nationally) and the broader community forums during the development of our Psychiatric Consultation for Primary Care (beginning in 2010 and continuing through 2016) efforts. These efforts resulted in our current program called "Smart Care" which offers telephone consultation to primary care physicians treating both children and adults with mental health problems in the primary care locations. This is a successful program for relatively uncomplicated clinical cases, but is not sufficient for treating long term, somewhat chronic, cases or for complex medical and mental health cases. The Washington State PAL program and the Massachusetts Child and Adolescent Psychiatric Access program have found the same situation- consultation is helpful, but not sufficient for complex mental health problems or for complex medical illness and mental health problems.

We have not found a similar program in this state or in the United States that has the flexibility, clinical expertise, and creativity to solve these difficulties.

3. The Proposed Project

The proposed project will establish a Psychotropic Medication Clinic staffed by expert Child and Adolescent Psychiatrists, Case Manager Clinicians, Psychiatric Nurses, and a Program manager to be run by a Community Based Organization under contract with the County of San Diego. These clinicians will provide medication support services to children and youth who have mental health problems that require medication treatment to support their function, safety, and reduce suffering so that they can participate in school, community activities, and in a rich home life. These psychiatrists will be mostly in one location, but will provide care in multiple settings.

a) Telepsychiatry to 2 locations per region (6 regions of the county- total of 12 sites) potentially in conjunction with primary care medical offices.
b) On-site psychiatric care in a Specialty Medical Office of Developmental and Behavioral Pediatricians who currently see children with complex medical problems.
c) On-site office-based psychiatric care for medication support at an office centrally located in the County. This service will not be timed limited, but will be provided as long as is needed by the client (eligibility will continue until the child/youth is 18 years of age.

In addition, other services will be provided that are not currently available in San Diego County as a part of a treatment clinic. These include:

a) Psychoeducational presentations about mental health problems, treatments, resources, medication side effects and effects. These presentations will be in the evenings and will offer on-site child care.

b) Resource fair for families- videos, books, pamphlets, website with resources and coming events.
c) Peer support groups- NAMI, ChADD.
d) Consultation to school personnel, Probation Staff, Child Welfare Staff, and Primary Care Offices for those children and youth involved in multiple systems.
e) Specialty Clinics for the medication management of Attention Deficit Hyperactivity Disorder and Anxiety Disorders.

It is hoped that this clinic will be seen as a "Center for Child Psychiatry" in our county, both for children, youth and their families, but also other clinicians and community partners.

The Medication Clinic will be involved in the following approach specified in CCR, Title 9, Sect. 3910(a): will change several existing practices in mental health.

1. Providing specialty medication support services to children and youth who are discharged from their organization provider (Community Based Organization) yet have needs too complex for Primary Care Clinicians.
2. Provide coordinated and co-located access to care for children and youth who access primary care in Developmental Pediatricians' Offices due to having complex medical needs. Most medically complicated children (those who have serious illnesses with complicated treatment) do not seek Specialty Psychiatric Care in the way non-medically ill people do. This project allows them to receive this level of care that is more sophisticated and intense than that available from Developmental Behavioral Pediatricians.
3. Telepsychiatry to multiple locations in the County for children and youth who do not have or have not accessed Specialty Psychiatric Care due to geographical distance, cultural reluctance, stigma, fear, or socioeconomic concerns.
4. Address workforce shortages by exploring telepsychiatry with psychiatry groups who may be outside of San Diego County (External Quality Review recommendation from FY15/16 review).
5. Psychoeducational evening programs to families on relevant topics with provided child care.
6. Resource Fairs for families to get videos, books, pamphlets and web-site access to information and resources.

We determined the need and best approach by holding multiple discussions with multiple different Organizational Provider (Community Based Organizations) personnel (Program Managers, Psychiatrists, Case Managers, Therapists), families approaching the youth's discharge date, pediatricians who were receiving referrals for children being discharged from organizational provider clinics, Developmental Behavioral Pediatricians, the Children Youth and Families System of Care (CYF-SOC) participants (annual planning and prioritizing meeting), the CYF-SOC Early Childhood Subcommittee members, the local American Academy of Pediatrics, and the San Diego Academy of Child and Adolescent Psychiatry. We also discussed the challenges (discharges from organizational provider clinics, medically complicated children with mental health needs, clinics that lose their psychiatric consultants and have no replacement for long periods of time) with the local organization that oversees the fee-for-service MediCal providers in terms of the availability of Psychiatrists on their panel.

4. **Innovative Components**

- On-site collaboration, psychiatric evaluations and treatment in Developmental Behavioral Pediatricians' office for medically complex youth
- Recognizes the value of longer-term, responsible psychiatric care for youth who have clinically stabilized but continue to require complex psychotropic medication regimens, particularly in light of recent legislative focus on psychotropic medication provision to Medi-Cal youth
- 12 Telepsychiatry sites in 6 regions for psychiatric consultation with efforts to place in a primary medical care office
- Psychoeducation programs at night for families, youth, other caregivers, educators on topics related to mental health problems, treatments, resources with available child care
- Resource fairs which provide access to books, articles, videos, pamphlets on relevant topics
- Consumer support meetings at the same location that services are provided (NAMI, ChADD, Bipolar Foundation)
- Temporary psychiatric coverage for programs that lose their psychiatric consultants and are having trouble recruiting
- Monitoring the medication treatments of children and youth who are not receiving services from an Organizational Provider Clinic

5. Learning Goals/Project Aims

The projects main goals are to see if a Medication Clinic can serve as a specialty program for children and youth who have been clinically stabilized by who require sophisticated psychiatric services sufficient to meet their ongoing complex prescribing needs. The main questions are:

a. Can an on-site psychiatrist work in close collaboration with Developmental Behavioral Pediatricians to provide integrated care to children and youth with complex medical and mental health problems?
    i. What does the working relationship need to be?
    ii. How will they communicate?
    iii. How can they safely provide intense medical and mental health care? Does this program intervention serve to better address interactions between psychotropic medications and medications provided for complex medical illness?
    iv. What are the health outcomes that each child and family seeks? Can this arrangement facilitate those outcomes (they will be different for each person and family)?
b. Can we potentiate the stability of youth by providing consistent, longer term relationships with a prescriber team?
c. Can we leverage psychiatrist outside our County via Telepsychiatry to expand our limited pool of prescribers available to serve our community's youth?
d. Can a stand-alone Medication Clinic be a stabilizing factor for children discharged from Organizational Provider Full Service Clinics and work with different schools,

therapists, primary care physicians, and group homes in a collaborative and integrated manner?

i. Can this clinic be seen by its users (children, youth, caregivers, teachers, other helpers) as a helpful support? A source of information and resource?

6. Evaluation of Learning Plan

1. Target Participants: Youth with complex, comorbid medical and psychiatric needs. Youth who have clinically stabilized but continue to require complex psychotropic medication regimens. Education will target youth and families who utilized psychotropic medication as well as System of Care practitioners to increase the workforce understanding of aforementioned issues.
2. What data is to be collected? For this component the County of San Diego will be using evaluators from UCSD to assist with the development of measures, the data collection, and data analysis. The UCSD group has years of experience doing System of Care assessments and implementation of change assessments.
3. The CYF-SOC presently completes a system of care evaluation and has a set of questions it uses. In collaboration with Developmental Behavioral Pediatricians, a questionnaire will be developed to identify the health outcome goals for each child seen and then subsequent questionnaire to find out if those goals have been reached. Lastly, the medical and mental health participants will be asked to respond to a questionnaire about integration of effort, ease of working together, communication, ways the arrangement has improved care and ways the arrangement has hindered care.

7. Contracting

The County has significant experience developing Requests for Proposals, overseeing contracts, and evaluating outcomes. This is the 4th set of Innovation projects the County is developing. The contracts are overseen by Behavioral Health Services Contracting Officer Representatives (CORs) and the process of contracting is seen by The County of San Diego Department of Purchasing and Contracting.

Additional Information for Regulatory Requirements

1. Certifications

a. Adoption by County Board of Supervisors by date (TBD)
b. Certification by the County Behavioral Health Director
c. Certification by the County Mental Health Director and by the County Auditor-Controller
d. Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation

2. Community Planning

a. Twelve (12) community forums were conducted County-wide to get community input and feedback regarding the Innovation project
b. The Older Adult, Adult and Children, Family and youth Council were also solicited for input regarding the community's need

c. After ideas for the Innovation Project was solidified, community members also participated in "conversation cafes" to discuss the proposed project and given opportunity to provide feedback on components needs

3. Primary Purpose

a. Increase access to specialized psychiatric services to underserved groups

4. MHSA Innovative Project Category

a. Introduces a new mental health practice of approach for children and youth consisting of psychiatric medication-only services provided via Telepsychiatry to multiple regions of the County, medication support services located in Special Needs Pediatric Clinics, and medication support services in a central office location provided to children and youth who completed psychotherapy but still have an ongoing need for medication treatment.

5. Population

a. Number served-the estimate of children and youth to be served by direct services is 100 in the Developmental and Behavioral Pediatrics office, 300 in the Telepsychiatry Locations (approximately 25 children at each location), and 100 in the Medication Clinic itself. The average cost per person served is $3800/year (500 children/youth for $1,900,000).
b. Population is children/youth from approximately 3 years to 21 years of age who live anywhere in the County of San Diego and who are transitioning out of receiving Organizational Provider Mental Health services or who have complex medical needs and are served by the Developmental Behavioral Pediatricians. There is no limit as to race, ethnicity, gender orientation, geographic location, or language. The clinical and administrative data for these children and youth will be collected in the County of San Diego electronic medical record system so will be able to be gathered and reported.
c. Target groups- It is one of the purposes of this project to meet the mental health needs of medically ill children. These children's eligibility for service will be that they have a medical illness, a mental health illness, a developmental disorder, or significant family stress and disorder. It is expected that the children will have at least 2 of these qualifying characteristics and be seen in the Developmental Pediatrics office.

6. MHSA General Standards

a. Community Collaboration: The concept for this work plan was developed based on local stakeholder process for input on system needs over multiple years.
b. Cultural Competence: As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services to improve outcomes.

c. Client/Family Driven Mental Health System: This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, implementation, evaluation, and future dissemination. Ultimately, the program strives to create healthier families in our community.
d. Wellness, Recovery and Resilience Focus: This program increases resilience and promotes discovery and wellness for parents with serious mental illness by increasing access to services. The goal is to strengthen the overall family to allow for a more stable and resilient family system with strength to sustain wellness.
e. Integrated Service Experience: This program encourages access to a full range of services provided by community resources, multiple agencies, programs and funding

7. Continuity of Care for Individuals with Serious Mental Illness

a. Individuals with serious mental illness will receive services from the proposed project. They are a specific focus as many of the consumers will have been discharged from Organizational Provider Clinics. There is not a limit on time or number of services received from the Medication Clinic, as long as medical necessity is met. At the end of the Innovations project, if this Medication Clinic concept proves successful, the fiscal support for the Clinic will be achieved by exploring utilization of EPSDT MediCal and Federal Participation funds.

8. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

a. Ensure cultural competence
b. Ensure meaningful stakeholder participation

9. Deciding Whether and How to Continue the Project Without INN Funds

a. Throughout the duration of the project, steps will be taken to review the effectiveness of the approach.
b. If effective, traditional EPSDT funding streams will be considered.

10. Communication and Dissemination Plan

a. Dissemination within your county
b. Involvement of program participants and other stakeholders
c. 5 keywords of phrases for this project to assist with search medication clinic, psychiatry,

11. Timeline

a. Specify the total timeframe (duration) of the INN Project 4.5 years allowing for a 6 month final evaluation period.
b. Expected start date and end date of INN project 7-1-18 through 12-31-22 for a total of 4.5 years

c. Key activities timeline and milestones
    i. New or changed approach
    ii. Evaluation of the INN Project
    iii. Decision making, meaningful involvement about continuation of project
    iv. Communication of results and lessons learned

12. INN Project Budget and Source of Expenditures

a. Budget by fiscal year and specific budget category
b. Budget context

position	hourly	Annual Salary (s)	Benefits (B) (25% of Salary)	Operating (O) (30% of S+B)	Indirect (I) (15% of S+B+O)	fully loaded
Admin Associate	$20.00	$41,600.00	$10,400.00	$15,600.00	$10,140.00	$77,740.00
Psychiatrist	$175.00	$364,000.00	$0.00	$109,200.00	$70,980.00	$544,180.00
Program Manager	$40.00	$83,200.00	$20,800.00	$31,200.00	$20,280.00	$155,480.00
Psych Nurse	$50.00	$104,000.00	$26,000.00	$39,000.00	$25,350.00	$194,350.00
LMHP	$38.00	$79,040.00	$19,760.00	$29,640.00	$19,266.00	$147,706.00
Psychiatrist	$175.00	$364,000.00	$0.00	$109,200.00	$70,980.00	$544,180.00
		$0.00	$0.00	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00
Total:		$1,035,840.00	$76,960.00	$333,840.00	$216,996.00	$1,663,636.00

Operating expenses (rent, medications, equipment, business expenses) $200,000.00
Evaluation (5% of total) $100,000.00
$1,963,636.00

Cycle 4 Innovation: Medication Clinic						
Innovation Project Budget by FISCAL YEAR (FY)						
Budget Totals	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23 (Half)**	**Total**
Personnel	$1,112,800	$1,112,800	$1,112,800	$1,112,800	$556,400	$5,007,600
Direct Costs						
Indirect Costs	$216,996	$216,996	$216,996	$216,996	$108,498	$976,482
Operating Costs	$333,840	$333,840	$333,840	$333,840	$166,920	$1,502,280
Non-Recurring Costs						
Other Expenditures	$200,000	$200,000	$200,000	$200,000	$100,000	$900,000
INNOVATION BUDGET						
Evaluation 5%	$100,000	$100,000	$100,000	$100,000	$50,000	$450,000
TOTAL	**$1,963,636**	**$1,963,636**	**$1,963,636**	**$1,963,636**	**$981,818**	**$8,836,362**