MHSA Innovation Plan, 2017

Cycle 3 expansion and extension proposals include:

INN 11

INN 12

INN 15

INN 16

INN 17

Cycle 4 proposals include:

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Caregiver Connection (INN 11) Project Overview

Original Duration: July 1, 2015 through June 30, 2018
Original Total: $685,500
Proposed Extension and Expansion: July 1, 2017 through December 31, 2019
Proposed Total: $2,170,750

Purpose: To support caregivers of children with serious emotional disturbance receiving outpatient clinical services by screening them for mental health needs, providing group support and treatment services and connecting them to their own individual treatment. By identifying, acknowledging and addressing caregiver mental health needs, caregivers will be empowered to more effectively address needs of their children and thrive.

How: Through the provision of caregiver screenings, assessments, group counseling services and direct connection to individual treatment for caregivers. Funding is provided for licensed/license eligible clinicians to screen and assess caregivers for behavioral health concerns and subsequently provide specialty groups to educate families about behavioral health issues, stigma and the impact of caregiver illness and stress on child development. Specially trained parent care coordinators ensure that caregivers in need of individual behavioral health services are connected to the appropriate resources and function as a liaison between the child's treatment team and the caregiver's provider.

Why: Based on community input and system analysis, caregivers with behavioral health conditions and the additional unique burden of caregiver stress were not consistently accessing treatment services. This lack of treatment had a negative impact on the child's treatment and the greater family unit's ability to thrive. Historically, funding regulations had limited BHS-CYF from providing services specific to the caregiver, so Innovations funding coupled by expanded Medi-Cal access for adults afforded the opportunity to support caregivers with the ultimate goal of creating a healthier family unit.

Where: In specialty mental health outpatient programs where children are receiving services.

Who: Supports parents and/or caregivers of youth receiving specialty mental health outpatient services who have been identified to experience behavioral health issues and/or caregiver stress.

Innovative Components: Programs serving children have historically focused on the child's needs and the parent / child interaction and have, at best, provided referral information to caregivers for their own behavioral health needs. The Caregiver Connection program provides co-located staff who focus on the caregiver's behavioral health needs, provide screening and assessment services, plays a role in education about the toll of caregiver stress, provides support and group treatment on-site, and more robustly connects caregivers to their own individual treatment, when appropriate.

Proposed Change: Initially, a program that served youth age 0-5 was augmented with caregiver support staff. The proposed change extends the existing child (0-5 years old) program by 1 ½ years and explores the impact of expanding support to caregivers of both latency age youth (6-12 years old) and adolescent youth (13-18 years old). These changes will allow for a greater number of caregivers to be served, allowing a more comprehensive ability to understand how to best support caregivers of various racial, ethnic, cultural and linguistic backgrounds. By expanding to support caregivers of older children, there will be an opportunity to examine how support of the caregiver impacts the outcomes of treatment for youth of varying ages.

Research Questions:

- Will these new approaches lead to improved access to mental health services for unserved and underserved caregivers?
- Will caregiver connection to education, resources and treatment lead to improved outcomes for the children who depend on them?
- Does the age of the child in treatment have an impact on the caregiver's connection to treatment?
- Are treatment outcomes different for children of varying ages when support is provided to the caregiver?
- Identification of best practices for supporting caregivers of varying cultural, racial, ethnic and linguistic backgrounds.

Family Therapy Participation (INN 12) Project Overview

Original Duration: July 1, 2015 through June 30, 2018
Original Total: $3,381,000
Proposed Extension and Expansion: July 1, 2017 through December 31, 2019
Proposed Total: $7,889,000

Purpose: To provide education to caregivers regarding the importance of family involvement in treatment and motivate caregivers to participate regularly.

How: The program trains Parent Partners (peer partners) in Motivational Interviewing with the purpose of engaging caregivers so that there will be increased family participation in family therapy. Emphasis is on teaching the caregiver the benefit of active engagement in the treatment process and addressing barriers on an individual basis. The Parent Partner works with the parent to overcome identified barriers and to assist the multidisciplinary team to better accommodate the family needs in order to foster participation.

Why: Literature shows that family-based therapy can lead to improvement in multiple domains of psychosocial functioning and improvement in behavioral health outcomes. Though there are County-set goals for family therapy participation, literature review and anecdotal reports suggest that increased involvement leads to better outcomes for youth and their families.

Where: Outpatient programs where children are receiving specialty mental health services.

Who: Parents/caregivers of children receiving specialty mental health services.

Innovative Components: This Innovation Project utilizes specially trained Parent Partners in first establishing a relationship with the families of clients, and then using motivational interviewing techniques to overcome barriers to involvement in treatment and activating change. There is no established literature that details the success of Parent Partners trained in motivational interviewing in mobilizing families to participate in family therapy services.

Proposed Change: The initial approved plan was limited to just one program in each of San Diego County's six regions. While preliminary results have demonstrated increased engagement in family therapy services, expansion of services will allow for more meaningful outcomes for the learning objectives stated. Greater numbers will be particularly important to understand the racial/ethnic, cultural and linguistic variables to family participation. The proposed change expands to an additional six locations, one in each region, and extends the existing program for 1 ½ years.

Research Questions:

- Will Parent Partner support increase engagement of parents/caregivers in their children's therapy (as compared to the traditional model of clinician outreach to families)?
- What specific strategies and best practices can Parent Partners utilize to successfully assist the caregiver in seeing the value of consistently participating in family therapy?
- What are the barriers to family participation in treatment?
- Which intervention strategies successfully increased engagement in treatment?
- What are best practices for engaging families of varying racial/ethnic, cultural and linguistic backgrounds?

Peer Assisted Transitions (INN 15) Project Overview

Original Duration: July 1, 2015 through June 30, 2018
Original Total: $3,334,347
Proposed Extension and Expansion: July 1, 2017 through June 30, 2019
Proposed Total: $4,304,109

Purpose: To increase the depth and breadth of services to persons diagnosed with serious mental illness who use acute, crisis-oriented mental health services but are not effectively connected with community resources through the provision of peer specialist coaching incorporating shared decision-making and active social supports.

How: This project employs Peer Specialist Coaches (PSCs) to serve adults (age 18+) diagnosed with serious mental illness, promoting engagement through peer support, use of 'Welcome Home Backpacks,' social/recreational activities, and to help them connect with relevant services. Peer Specialist Coaches engage the client in designated inpatient settings, such as acute care psychiatric hospitals and crisis houses, and, as part of the discharge team, assist with planned discharge and transition back to the community. Through this expansion, the project will expand to a third crisis house in the region.

Why: Many who use such the most acute services do not become effectively connected with relevant follow-up services and have limited social supports; our system has identified the need for better engagement of persons diagnosed with serious mental illness to connect with the variety of services and supports available in the community. The expansion of this project to a third crisis house will be used to test if the usage of Peer Specialist Coaches, instead of staff who are comparable in training without lived experience, has an impact on outcomes.

Where: Currently this project is implemented in 2 Crisis Houses and 2 hospitals; this project is proposing to expand to an additional Crisis House within the region.

Who: Adults (age 18+) diagnosed with serious mental illness. This program is particularly focused on those persons who, in addition to needing to use hospital and/or crisis house services, have a limited social support network and are most likely to not be effectively connected with relevant services.

Innovative Components: The program will make specific use of shared decision-making tools and coaching to support and promote the person's primary decision-making role in identifying relevant services and support in actively planning the discharge with the discharge team and the client together.

Proposed Change: Services are currently provided at 2 crisis houses and 2 hospitals in the County. This proposed change would expand the existing services to a 3rd crisis house where services will be provided by individuals who do not have lived experience to test the effectiveness of Peer Specialist Coaches.

Research Questions:

- Does incorporating a major shared decision-making element into this program, by utilizing resources such as SAMHSA's Shared Decision-Making tools and/or other shared decision-making tools (e.g., elements of the web-based application CommonGround), will result in improved outcomes?
- Can Peer Specialist Coaches at psychiatric hospitals, with the addition of the shared decision-making and social/recreational components, be effectively used to link unconnected patients with an SMI diagnosis to a variety of services and supports in the community? Does the project's focus on providing a peer coach/mentor support, welcome home backpack, and experiences in social/recreational outings increase client engagement, improve well-being, level of functioning and promote the continuation of social activities after their involvement with this program ends?
- Does the specific usage of individuals with lived experience (PSC) increase outcomes or can individuals without lived experience yield the same results?

Urban Beats (INN 16) Project Overview

Original Duration: July 1, 2015 through June 30, 2018
Original Total: $1,211,613
Proposed Extension and Expansion: July 1, 2018 through June 30, 2019
Proposed Total: $2,183,672

Purpose: To assist transitional-age youth (TAY) in engaging or investing in behavioral health services and/or identifying mental health symptoms and reducing stigma by connecting with TAY through artistic expression.

How: Delivers a customized service to youth created by TAY with a serious mental illness (SMI) and at-risk TAY who incorporate their message into TAY-friendly social media that creatively combines therapeutic, stigma reducing, cultural expression and social justice messaging. The program is intended to engage TAY in wellness activities by providing a youth-focused message created and developed by youth. These may include the visual arts, spoken word, videos, and performances.

Why: Stakeholders expressed that TAY have long been difficult to engage and retain in mental health services. This approach provides wellness activities and messaging in an innovative way that proposes to reach TAY who otherwise would remain disconnected from or prematurely leaves our system of care. Urban TAY often encounter stigma within their community regarding both accessing and maintaining behavioral health services. TAY often report feeling disconnected from traditional services and the people providing them.

Where: This program is currently being offered in the Central Region and the expansion is to include the N. Central Region and the East African Community.

Who: Transitional-Age Youth experiencing serious mental illness or are at-risk of behavioral health conditions.

Innovative Components: This project is an adaptation to existing similar programs and it is designed to test whether a culturally sensitive program that focuses on engagement via multiple models of artistic expression is successful at engaging severely mentally ill TAY that are currently enrolled in behavioral health programs as well as at-risk TAY who may develop behavioral health conditions.

Proposed Change: To increase staffing by 3 FTE to expand and extend services to additional clients in the North Central region, provide a therapist on staff to provide assessment, linkage and short term treatment and funding to provide transportation to enhance outreach and performance venues for clients. Additionally, add a third academy track through a subcontract for the East African TAY Community.

Research Questions:

- To learn whether engaging TAY in a youth friendly and artistic manner improves outcomes by enhancing wellness, coping strategies, access to care, ILS, and ability to socialize in a positive healthy manner, while imparting a message of wellness to other TAY.
- To learn if the purposeful integration of elements of artistic expressions and culture facilitated in a therapeutic setting increases access or acceptance of services and increases the level of functioning by participating in meaningful activities.
- To evaluate alternative strategies that can be integrated into our traditional TAY service array and used to engage SMI and at-risk TAY in mental health servcies more consistently and effectively.
- To evaluate whether the inclusion of a therapist on staff increases connection to services.
- To evaluate if this innovative model will work with specific populations (East African TAY)

Crest Mobile Hoarding formerly IMHIP (INN 17) Project Overview

Original Duration: February 1, 2016 to December 31, 2018
Original Total: $1,331,919
Proposed Extension and Expansion: July 1, 2017 to December 31, 2019
Proposed Total: $2,385,672

Purpose: Improve health, safety and quality of life, decrease hoarding behaviors, and decrease housing instability in older adults.

How: Diminishes hoarding behaviors long term in Older Adults by combining an adapted cognitive- behavior-rehabilitation therapy with hands-on training and support. The team consists of specially-trained professionals and peers who will also collaborate with the participants other health providers. An aftercare support group helps participants maintain the skills learned. Change adds staff to serve more clients and extends one year.

Why: Hoarding is particularly dangerous for older persons, who may have physical and cognitive limitations. Basic functioning in the home may be impaired as the acquisition of items piled up in various rooms prevents the use of the rooms intended function. Hoarding can present a physical threat due to fires, falling, unsanitary conditions, and inability to prepare food. Many suffer from great social impairment due to the unwelcoming state of the home. Most Older Adults live on a fixed income and suffer from financial problems due to paying for extra storage space; purchasing unneeded items, or housing fires. Older Adults are at risk for eviction or premature relocation to less desirable housing.

Where: Residential homes of referred clients.

Who: Older adults referred for hoarding behaviors that impact daily living and risk for eviction. Current program serves 30 clients in the Central/North Central Regions. The program is expanding to South Region.

Innovative Components: The mobile nature of the project increases access to services for a population of older adults who tend to be isolated and who have many times lost their social contacts and family connections due to the hoarding behaviors. There are few trained professionals that have specialized expertise in this area or are able to make house calls to coach individuals to de-clutter and/or teach them new skills to manage compulsive hoarding. This program design addresses these issues and further, provides case management, peer support, family services, collaboration with the older adult's other treatment professionals, linkage to additional community services and aftercare services.

Proposed Change: Change adds staffing to expand to the South region to serve an additional 20 clients that will better meet the cultural needs of the San Diego population and will provide Spanish/English bilingual services and to extend the current program by one year.

Research Questions:

- What is an effective model to treat hoarding behaviors in Older Adults with serious mental illness?
- What are the most effective ways to engage an Older Adult to participate in interventions geared for hoarding behaviors?
- Are peer supports and family services effective with Older Adults who have hoarding behaviors either individually and/or as part of an aftercare support group?

Perinatal (INN 18) Project Overview

July 1, 2018 through December 30, 2022
$500,000 annually
$2,250,000 total

Purpose: To decrease negative consequences from untreated behavioral health issues for expectant and new mothers and fathers.

How: Through coordination with the Public Health Nurses Home Visiting Programs, the proposed program will support parents from underserved or unserved populations who have perinatal mood and anxiety disorders and provide treatment services and linkages to appropriate resources and care**.** Services are provided in partnership with Health and Human Services Agency programs that support pregnant and parenting mothers and fathers. The project will engage pregnant women, their partners, and parents with young children that have already been identified by Public Health Nurses as having need for treatment services. Priority efforts shall be made to engage underserved populations such as refugee families, Latinos and African Americans.

Why: Postpartum depression is the most common complication of childbearing, affecting approximately 10-15% of women. Emerging research has also highlighted the increased awareness of perinatal anxiety disorders, which are often co-morbid with depressive symptoms. Recent studies have also highlighted the need to assess fathers for depressive and anxiety symptoms in the prenatal and postnatal period. While literature around paternal mood and anxiety disorders is less available, studies indicate paternal postpartum depression affects between 4 and 24 percent of expectant and new fathers. The ability to identify mothers and fathers experiencing depression and anxiety symptoms, as early as possible, can markedly reduce the negative consequences for children and families that result from untreated mental health concerns. The need for increased screening, treatment and linkage to services for perinatal behavioral health issues, particularly in underserved communities, has been highlighted as a need by community members at the Community Forums and in our Children's System of Care Council.

Where: This project will work in conjunction with the Public Health Nurses (PHN) Home Visiting programs: Nurse-Family Partnership and Maternal Child Health.

Who: Pregnant women, their partners, and parents with young children that have already been screened and identified as needing behavioral health services.

Innovative Components: Embedding staff with the Public Health Nursing programs will allow access to clients that are at increased risk due to the psychosocial and socioeconomic factors, known risk factors associated with perinatal mood and anxiety problems. Innovations staff will provide both treatment services and linkage to additional support, if and when necessary. Program staff will also work to identify barriers in engagement to treatment services and will inform the PHNs on how to better link and engage clients with behavioral health services. Past efforts for screening and linkage to services for perinatal mood and anxiety problems have primarily focused on the mother. This project will additionally focus on fathers due to increasing awareness of negative outcomes for children and families from paternal perinatal mood and anxiety disorders.

Research Questions:

- To learn if collaboration with the PHN Home Visiting programs is effective in engaging mothers and fathers for perinatal depression and anxiety treatment.
- To identify how to best equip the PHN in effectively connecting both mothers and fathers to services related to maternal/paternal depression or anxiety.
- To learn if embedded behavioral health staff can provide effective, short term treatment services that meet the needs of identified mothers and fathers.
- To identify barriers in mothers and fathers willingness to access treatment.
- To learn if fathers are willing to participate in engagement efforts and to better understand the characteristics of paternal symptomology.
- To evaluate the effectiveness of culturally competent referrals and the outcomes of engagement and efficacy of culturally appropriate interventions.
- To learn what percentage are linked to existing resources and identify system gaps, if any.

Telemental Health (INN 19) Project Overview

July 1, 2018 through December 2022
$987,286 annually
$4,617,787 total (including $230,000 one-time cost)

Purpose: To facilitate connections to outpatient services and reduce potential recidivism for unconnected clients experiencing a psychiatric crisis and/or hospitalization by increasing access to effective follow-up therapeutic services through the use of technology.

How: Patients unconnected to outpatient services will be screened by a Telemental Health case manager as part of discharge planning from a psychiatric hospitalization to determine if Telemental Health services might be an appropriate modality for follow-up services. Case managers will provide assistance to identified clients with registration and education with use of the system. Case managers will link clients to licensed mental health clinicians. Clinicians providing follow-up services will be trained in best practices, legal, HIPAA and ethics of Telemental Health. A device and connectivity will be provided to those individuals who do not have appropriate access.

Why: Barriers identified by clients and caregivers when offered traditional face-to-face services after discharging from a crisis service include the following: lack of transportation, lack of motivation, stigma, feeling overwhelmed, poor client insight, not understanding the benefits of mental health services, and financial constraints.

Where: Select Emergency Screening units and psychiatric hospitals.

Who: Children, TAY, and adults who are unconnected to outpatient services, who have experienced a psychiatric emergency and are at-risk of recidivism. (Annually: 250 clients receiving screening, education, training, and follow-up)

Innovative Components: Technology and software has been utilized successfully for tele-psychiatry in our county, however, Telemental health services for the purpose of reducing recidivism and supporting connections to outpatient services with a high risk population has not yet been studied. This approach adapts a successful practice used for outpatient mental health services and improves access for underserved populations.

Research Questions:

- Will use of Telemental Health technology improve continuity of care?
- Will use of Telemental Health technology reduce recidivism of hospitalizations and crisis services?
- Will use of Telemental Health interventions increase engagement in outpatient behavioral health services post-discharge from the psychiatric hospitalization and/or crisis stabilization facilities?
- Which modality is the best intervention for which individual?
- Which subpopulations (based upon age, gender, racial/ethnic, linguistic, or cultural determinants) respond best to technology driven services?

ROAM Mobile Clinics (INN 20) Project Overview

January 1, 2018 through June 30, 2022
$1,870,408 annually
$8,896,836 total (including $480,000 1-time cost)

Purpose: The Roaming Outpatient Access Mobile (ROAM) program aims to increase access to mental health services to Native American communities in rural areas through the use of mobile mental health clinics, cultural brokers, and inclusion of traditional complimentary Native American healing practices in the treatment plan.

How: Two fully mobile mental health clinics will cover designated regions with the highest concentration of reservation land – North Inland and East County regions. The target population will be youth with serious emotional disturbance, families, adults, and older adults with serious mental illness of Native American descent living on the various reservations across San Diego's rural areas. Culturally competent services will be targeted at overcoming barriers and access to services for the diverse and socio-economically disadvantaged, and underserved Native American population.

Why: In San Diego County, factors such as history, culture, geography (rural) and building meaningful and trusting relationships have been identified as barriers to accessing mental health treatment for Native American communities. San Diego proposes to increase access and utilization of culturally competent mental health services among Native American rural populations to decrease the effects of untreated mental health and co-occurring conditions.

Where: Native American communities living on reservations in rural San Diego.

Who: Youth, families, adults, and older adults of Native American descent living on the various reservations across San Diego's rural areas. (Annually: 600 individuals screened with 130-140 clients receiving mental health services).

Innovative Components: The project adapts the pre-existing practice of Tulare County, by testing mobile mental health clinics to the unique population and geography of San Diego by focusing on Native American individuals across all age groups living on reservation land. The project will also test engagement of cultural brokers as an embedded component of treatment to evaluate its efficacy in engaging and treating local Native American members as well as evaluating the efficacy of incorporating culturally competent services and traditional healing practices in the treatment model.

Research Questions:

- Will the use of a focused, dedicated culturally competent mental health mobile clinic improve access to and utilization for Native American communities in rural San Diego?
- Will the integration of the cultural brokers embedded within the program increase access and utilization of services and improve mental health treatment outcomes?
- Will the use of MAT services for co-occurring diagnosed clients decrease substance use among Native American communities in rural San Diego?
- Will the use of tele-mental health sustain engagement in treatment with clients in Native American communities in rural San Diego?

ReST Recuperative Housing (INN 21) Project Overview

January 1, 2018 through June 30, 2022
$1,389,441 annually
$6,252,485 total

Purpose: San Diego County proposes to decrease the number of homeless and unconnected Transitional Age Youth (TAY; 18-25y/o) with SMI to prevent these individuals from inappropriately returning to acute, emergency mental health services (e.g. hospitals, emergency departments, crisis homes, Psychiatric Emergency Response Team, and jail mental health services) by providing recuperative and habilitative mental health care support to these individuals in respite housing.

How: The Recuperative Services Treatment (ReST) program is designed to provide respite mental health care services and housing support in an open housing development or residential site similar to Board and Care settings for TAY clients with a severe mental illness (SMI). Individuals enrolled in the program will be engaged in recuperative services and connected to appropriate levels of care and housing to support ongoing recovery and wellness. ReST will be an Enhanced Strength Based Case Management program with mental health services.

Why: In 2016, San Diego's Point In Time count indicated there were a total of 685 TAY who were homeless, with 459 TAY indicating that they were unsheltered; 22.8% of youth had mental health issues and 14.6% had substance abuse (2016 WeALLCount). Among individuals who have accessed emergency mental health services (e.g. hospitals, crisis homes, Psychiatric Emergency Response Team (PERT), or jail services), not all individuals are connected to outpatient mental health service providers; these individuals are considered "unconnected." In Fiscal Year 15/16, there were 196 unconnected homeless TAY that accessed emergency mental health services in San Diego County. These clients also have repeated utilization of inappropriate levels of care such as acute care hospitals, jails, emergency departments and failure to connect with outpatient mental health services.

Where: The recuperative-care site will be a "home-like" environment with co-located mental health services.

Who: TAY (18-25y/o) clients with severe mental illness (SMI) who 1) require respite and habilitative services (e.g. managing symptoms, learning activities of daily living) post-discharge from acute care settings, 2) are homeless or at-risk of homelessness, 3) are unconnected to mental health treatment, and 4) have repeated utilization of inappropriate levels of care (e.g. acute/emergency care settings or jail in-patient care).
Annually the program will serve 48-60 clients and approximately 13-15 residents at any one time.

Innovative Components: ReST is an adaptation from the medical field's recuperative care centers that have been shown to reduce readmission to acute care settings. The services provided through ReST are geared towards providing a different experience with mental health providers and to engage and connect the TAY clients to ongoing appropriate levels of care, link them to housing, reduce stigma associated with using mental health services and provide TAY with skills (e.g. managing symptoms, activities of daily living, educational or employment skills) so that they will decrease inappropriate use of acute, emergency care settings or jail. Additionally, there will also be a "mentorship" component in which Peer Support Specialists will continue to work with clients after they have left ReST to ensure continuity and provide support 30-60 days post-completion of ReST.

Research Questions:

- Does the use of respite care and habilitation model demonstrate success in penetration and retention of TAY who are unconnected to treatment and have repeatedly utilize acute care, crisis residential treatment, EDs, PERT and jail mental health services?
- Did TAY enrolled in ReST demonstrate an improvement of their symptoms or mental health condition?
- Did TAY enrolled in ReST demonstrate an increase in engagement with treatment due to the provision of housing and co-location of mental health and support services?
- Does ReST impact acute/emergency care (Crisis Residential Treatment, ED, PERT, EPU, and jail mental health services) recidivism?

- Do TAY enrolled in ReST demonstrate an ability to stay connected to treatment during and post discharge?
- Do TAY enrolled in ReST demonstrate a reduction of stigma associated with their symptoms or mental health condition?
- Do TAY enrolled in ReST demonstrate an increase in knowledge of how to access behavioral health services and housing supports?

INN 22 Begins on the Next Page

Medication Clinic (INN 22) Project Overview

July 1, 2018 through December 30, 2022
$1,963,636 annually
$8,836,362 total

Purposes: 1) To provide accessible medication support services to children and youth who have completed psychotherapy services but continue to require psychotropic medications to support their function, safety, and to reduce suffering so that they can participate in school, community activities, and in a rich home life. 2) To provide psychotropic medication support services to children and youth with complicated medical problems in their pediatric care setting. 3) To provide psychoeducational support services regarding psychiatric diagnosis, medication treatments, and other resources that can support treatment of children and youth with chronic mental health problems to families, educators, and other important people in the children's lives.

How: Create a Psychotropic Medication Clinic staffed by expert Child and Adolescent Psychiatrists, Case Manager Clinicians, Psychiatric Nurses, and a Program manager. Prescribers will provide medication support services via traditional face-to-face office visits, tele-psychiatry, and while embedded in Developmental Behavioral Pediatrician offices. Additional peer and community support will be provided.

Why: For select youth, continuing psychotropic medications is essential to a stable and sustainable wellness, but resources for medication management only services have been limited as there are few prescribers and those in practice have geographic limitations. Youth with complex psychotropic medication regimens present an even greater challenge for access to services. Recent legislative changes have focused on the importance of careful oversight for the provision of psychotropic medications for Medi-Cal youth; a dedicated medication clinic will carefully monitor and implement legislative changes.

Where: 1) In a centrally located psychiatric clinic for direct services and the psychoeducational services; 2) In a Special Needs Pediatric Clinic and a Developmental Behavioral Pediatric Clinic; and 3) In conjunction with primary care medical offices or other diverse locations, the project intends to staff 2 locations per region (total of 12 sites) via tele-psychiatry.

Who: Children and youth with serious emotional disturbances who are stable and have completed their psychotherapy treatment services, children and youth who are new to San Diego County and are awaiting entry into outpatient programs and are already taking psychotropic medications, and children and youth who are currently being treated for complex medical problems and have serious mental health problems, but have no access to a child and adolescent psychiatrist.

Innovative Components: This clinic will provide psychiatry services via a variety of modalities (including tele-psychiatry) to support youth who require complex psychotropic medication regimens on an ongoing basis to maintain stability. There will be a focus on youth prescribed complex medication regimens which, given recent legislative changes, has been increasingly critical to closely monitor. The Medication Clinic will offer on-site collaboration, psychiatric evaluations and treatment in pediatrics offices that serve medically complex youth, a population identified to be under-served both locally and nationwide.

Research Questions:

- Can a Medication Clinic be a stabilizing factor for children with continued need for psychotropic medications, and work with different schools, therapists, primary care physicians, and group homes in a collaborative and integrated manner?
- Can this clinic be seen by its users (children, youth, caregivers, teachers, other helpers) as a helpful and useful resource?
- 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? What does the working relationship need to be? How will they communicate and integrate care?

- Can utilization of traditional office visits, tele-psychiatry and psychiatry services embedded in a pediatrics clinic lead to more consistent care and thus better oversight and monitoring for youth prescribed complex psychotropic medication regimens?
- Can the creation of a medication clinic lead to more efficient adaptation of legislative changes?

End of INN Proposals