BP 6 Telepsychiatry

Existing MIDD Program/Strategy Review □ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept x (Attach New Concept Form)
Type of category: New Concept

Summary: This proposal requests funding to provide infrastructure (computer equipment, etc.) to agencies to provide telepsychiatry services to clients. Agencies have reported difficulties recruiting medical staff with prescriptive privileges (i.e., MD, DO, ARNP, PA-C) or have struggled with efficient use of their medical staff due to having multiple sites.

Collaborators:

Name	**Department**

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Angela Heald, MD	Medical Director	Asian Counseling and Referral Service
Brian Allender, MD	Chief Medical Officer	Valley Cities

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

   This proposal requests funding to provide infrastructure (computer equipment, etc.) to agencies to provide telepsychiatry services to clients. Agencies have reported difficulties recruiting medical staff with prescriptive privileges (i.e., MD, DO, ARNP, PA-C) or have struggled with efficient use of their medical staff due to having multiple sites.

   Agencies that can provide telepsychiatry services can reduce burdens on both clients and staff. For multi-site agencies with medical staff, clients can travel to the closer agency site for their appointments, regardless of where the practitioner is stationed. Medical staff can also work from one location, which reduces their travel time and increases their efficiency, freeing them up to spend more time providing direct patient care.

   Agencies that do not have medical staff, particularly in more rural regions, would benefit from telepsychiatry to provide medical services to their clients. Telepsychiatry could be an important

means of reducing the inequity in service access experienced by the County's rural residents, particularly those for whom transportation is a challenge.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

☒ **Crisis Diversion** ☒ **Prevention and Early Intervention**

☐ **Recovery and Re-entry** ☒ **System Improvements**

Please describe the basis for the determination(s).

Crisis diversion: Telepsychiatry can be used in urgent circumstances for assessment and intervention. A psychiatric evaluation through telepsychiatry has the potential to reduce referrals to more acute services.

Prevention and early intervention: Telepsychiatry can increase access to medical staff and reduce wait times for evaluation and treatment. Medical staff can then identify conditions sooner and offer earlier interventions that can reduce client morbidity and mortality.

System improvements: There is a nationwide[1] and statewide[2] shortage of psychiatrists. The use of telepsychiatry can increase their efficiency so more clients can access care and receive treatment.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

As noted above, there is a nationwide and statewide shortage of psychiatrists. Agencies also have difficulties recruiting psychiatric nurse practitioners. The King County Mental Health, Chemical Dependency and Abuse Services Division asked its contracted agencies to respond to a staffing survey. Twenty-nine agencies responded, 18 of which provide both mental health and substance use disorder treatment services. At the time of the survey (9/28/2015 to 11/2/2015), there were 168 vacant positions across the 29 agencies. Twenty-three agencies had at least one open job position. Some jobs were open for as little as one week; others were open for 15 or more weeks. Most jobs (31%) had been open for one to three weeks, but had been posted for between four and seven weeks (44%). Many of the open positions were for psychiatrists or nurse practitioners; many agencies also commented that it is particularly difficult to recruit them.

[1] Japsen, Bruce. "Psychiatrist Shortage Worsens Amid 'Mental Health Crisis'" Forbes. September 15, 2015. Accessed December 4, 2015. http://www.forbes.com/sites/brucejapsen/2015/09/15/psychiatrist-shortage-worsens-amid-mental-health-crisis/.

[2] Groover, Heidi. "Where Are All the Doctors?" Inlander. February 27, 2014. Accessed December 4, 2015. http://www.inlander.com/spokane/where-are-all-the-doctors/Content?oid=2271525.

This dearth of nurse practitioners and psychiatrists results in longer wait times for clients to see staff with prescriptive authority. Agency medical directors have shared anecdotes of new clients having to wait upwards of two months from the time of initial enrollment to undergo an assessment with a nurse practitioner or psychiatrist. Because some clients want and benefit from medication intervention, this results in some clients experiencing adverse symptoms for longer periods of time. Staff at agencies, emergency departments, and crisis services such as the Crisis Solutions Center have all shared anecdotes of clients seeking medication management services through the crisis system due to their difficulties accessing nurse practitioners and psychiatrists at their "home" agencies. While agencies do have "urgent" nurse practitioner and psychiatrist appointment slots, they are still limited and may not be available for up to a week.

If agencies are able to implement contractual arrangements with specialty providers, meeting the linguistic or cultural needs of someone in need of mental health care could potentially be met via telepsychiatry if there is no local provider available who speaks a particular language or with the appropriate cultural knowledge base.

Telemedicine is an evolving practice. Although current state regulations do not allow for Medicaid billing of telehealth provided directly to the individual's home, rather than a clinic site, this could change in the future and further the potential benefits of telepsychiatry. Sometimes, even where there are providers available, low-income individuals living in rural communities may not have access to them. For example, someone may not have a car and there might be no bus route that can reasonably get them to a provider location. Also, individuals managing physical disabilities that make getting around difficult, or parents of small children could benefit from the service improvement of being able to access services from their own homes.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

For those agencies that have psychiatrists or nurse practitioners, the use of telepsychiatry can increase the likelihood that clients who would benefit from psychiatric services will receive them, particularly if clients are spread out over a large geographic area. For agencies that do not have psychiatrists or nurse practitioners, the use of telepsychiatry can introduce medical services to the agency that might not otherwise be possible.

Telepsychiatry in multisite agencies also facilitates coverage at smaller clinics that may have only one or two medical staff. Clients thus experience fewer disruptions in access to services and decreased wait times for appointments if one or both staff are out of the office due to vacation, illness, etc. In the event that one clinic, regardless of size, is busier than another, telepsychiatry can help bring more medical resources to where they are needed on a flexible basis.

This improvement can reduce burdens on both clients and staff. For multi-site agencies with medical staff, clients can travel to the closer agency site for appointments with them. Medical staff can also work from one location, which reduces their travel time and increases their efficiency.

Agencies that do not have medical staff, particularly in more rural regions, would benefit from telepsychiatry to provide medical services to their clients. This could allow agencies to expand the types of treatment they offer to their clients.

Telepsychiatry Reduces barriers to accessing care, making it more likely that those in need of mental health services will get them, thereby reducing the likelihood of someone postponing care, having their symptoms escalate out of control, and winding up in the crisis system.

Telepsychiatry is potentially a means of extending the reach of multi-lingual psychiatric practitioners to individuals who live in areas where the practitioners are primarily monolingual English speakers, thus improving access equity.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

   An article that reviewed telepsychiatry literature concluded that telepsychiatry can be effective in increasing access to care and has acceptance from both clinicians and clients. It also appears to be as effective as in-person care for diagnosis and treatment. Some evidence suggests that it can reduce length of hospitalization, facilitate symptom reduction, and be used as an evidence-based treatment for post-traumatic stress disorder (PTSD). There is also evidence that telepsychiatry can result in increased medication use in clients. Studies on telepsychiatry have been done on culturally diverse populations, such as Latinos, Asians, Native Americans, and Eastern Europeans. The evidence that telepsychiatry is effective is greater for children and adults than in geriatric populations.[3]

   Telepsychiatry is considered a viable option to provide care to populations and communities with limited access to psychiatrists and nurse practitioners. It could also potentially move the care from the clinic setting into people's homes. Telepsychiatry seems most effective with clients with intact reality testing and the ability to separate delusions from clinical interactions. There are anecdotes that telepsychiatry also has cost savings; studies are ongoing to assess what cost reductions exist due to reduced travel, improved care coordination, and cost avoidance due to early treatment.[4]

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Promising Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

   As noted above, literature exists that supports the validity and reliability of telepsychiatry as compared to in-person services.

[3] Hilty D, Yellowlees PM, Parrish MB, Chan S. Telepsychiatry: Effective, Evidence-Based, and at a Tipping Point in Health Care Delivery?. Psychiatr Clin North Am. 2015;38(3):559-92.

[4] Shore JH. Telepsychiatry: videoconferencing in the delivery of psychiatric care. Am J Psychiatry. 2013;170(3):256-62.

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

   If telepsychiatry is adopted, potential outcomes include:

   - decreased wait times for clients to see medical staff
   - an increase in the total number of clients who have appointments with medical staff
   - medical staff seeing more clients per unit of time
   - reduction in emergency department referrals for clients, as telepsychiatry could be used as an urgent intervention
   - reduction in use of crisis services, as more individuals may avail themselves of routine care
   - greater client satisfaction, if telepsychiatry reduces both the distance clients must travel to access medical services and the time clients wait for appointments with medical staff
   - improved clinical outcomes for clients, due to earlier exposure to clinical interventions that medical staff can offer
   - increased access equity for individuals non-English speakers, and, perhaps in the future, those with physical disabilities and those with no transportation

Data sources could include provider surveys, client satisfaction surveys, emergency department data, and data currently available to MHCADSD through provider submission.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

☐ **All children/youth 18 or under**	☐ **Racial-Ethnic minority (any)**
☐ **Children 0-5**	☐ **Black/African-American**
☐ **Children 6-12**	☐ **Hispanic/Latino**
☐ **Teens 13-18**	☐ **Asian/Pacific Islander**
☐ **Transition age youth 18-25**	☐ **First Nations/American Indian/Native American**
☐ **Adults**	☐ **Immigrant/Refugee**
☐ **Older Adults**	☐ **Veteran/US Military**
☐ **Families**	☐ **Homeless**
☒ **Anyone**	☐ **GLBT**
☐ **Offenders/Ex-offenders/Justice-involved**	☐ **Women**
☐ **Other – Please Specify:**	

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

As noted above, the literature suggests that telepsychiatry has better outcomes for people with intact reality testing as it relates to telehealth technology.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide

   Agencies and clients located in more remote parts of King County may experience greater benefit due to the relative lack of psychiatric services in those regions. However, given the behavioral health workforce shortage, clients and agencies in urban areas, such as Seattle, would also benefit from more efficient use of available medical staff or home-based access to service.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

   The Washington State Division of Behavioral Health and Recovery (DBHR) currently acknowledges and pays for telehealth services provided by physicians, clinical nurse specialists, clinical psychologists, and clinical social workers. For telepsychiatry to remain viable for agencies, the state must continue to make telepsychiatry an eligible service.

   Agencies that do not currently have medical staff or have difficulties recruiting more medical staff may develop partnerships with private telepsychiatry providers, whether they are individuals or businesses. They may also do this to meet the linguistic or cultural needs of smaller patient populations.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

   The Affordable Care Act has helped people access health insurance, which could increase the number of people who seek or may benefit from psychiatric services. It also called for parity in provision of behavioral health and physical health care, creating additional service demand. The adoption of telepsychiatry can help address this need.

   Behavioral health integration aims to provide the full spectrum of behavioral health services to clients. Telepsychiatry can expand the range of services agencies can offer to clients and clients can choose to access psychiatric services if they wish.

   If other workforce support and development initiatives are funded and implemented, telepsychiatry may be unnecessary due to an influx of medical staff who choose to work in the publicly funded system.

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

Agencies most likely to benefit from telepsychiatry are the smallest ones. They may still struggle to pay costs associated with clinical personnel (e.g., psychiatrist and nurse practitioner salaries).

If several small agencies pool funds together to share psychiatrists or nurse practitioners (e.g., one psychiatrist works 0.2 FTE each for five different agencies), this can potentially reduce personnel costs.

At this time, state regulations require that clients engage in telepsychiatry from a clinical setting.[5] Thus, a client still must go to a clinical site to receive telepsychiatry services. Thus, some populations, such as those who are home-bound or have challenges accessing transportation, may still have difficulties receiving care. There could be wider client adoption of telepsychiatry, and greater equity impact, if these regulations were to change.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

   If agencies choose to contract with private or outside telepsychiatry services, then fewer physicians and nurse practitioners in King County may join the publicly funded system. Clients who may benefit more from in-person care may have fewer opportunities to access this service.

   If agencies must spend more money to maintain telepsychiatry services (either due to personnel or equipment costs), less funds may be available for other services.

   Agencies that work with clients who are considered more difficult to engage may not find any utility in telepsychiatry, which means that the distribution of clients across agencies may be unfair (e.g., agencies with telepsychiatry may have more clients with intact reality testing, as clients without intact reality testing may not choose to engage with agencies with telepsychiatry).

   If telepsychiatry becomes the sole medical service for clients and there are technological issues (e.g., equipment failure, internet provider malfunction, etc.), clients will not receive services until the technological issues are resolved. Smaller agencies that may not have large IT departments may have more difficulties managing events like this.

   When word spreads that home-based service access through telepsychiatry is available, it could increase the demand for service. This would then perpetuate the staffing shortage, wait times for service, etc.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

   If telepsychiatry is not adopted, the status quo will persist: Clients may have to wait weeks to months before seeing a psychiatrist or nurse practitioner. Clients may need to go to primary

[5] RCW 41.05.700: Reimbursement of health care services provided through telemedicine or store and forward technology. (n.d.). Retrieved January 8, 2016, from http://app.leg.wa.gov/RCW/default.aspx?cite=41.05.700

care providers for psychotropic medication management, although primary care providers may not have the experience or expertise to provide this service. Clients may also have to travel great distances to receive psychiatric services. Individuals with difficulty making it to outside appointments or who have linguistic and cultural challenges may continue to not access care.

Multi-site agencies may have difficulties retaining medical staff who would otherwise have to travel around King County to perform their job duties. Agencies who are able to afford telepsychiatry may pursue this on their own (as several have), which further widens the gap of available services between smaller and larger agencies and between communities.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

   There are at least two larger agencies (Valley Cities and Sound Mental Health) that currently use telepsychiatry within their agencies, but across different sites. These agencies are large enough to both hire medical staff and support the use of telepsychiatry. Smaller agencies may not have the resources in either staffing or money to incorporate telepsychiatry into their service delivery. This results in non-uniform access to and treatment options in the publicly funded system for the spectrum of behavioral health services.

E. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

   Telepsychiatry has some alignment with Physical and Behavioral Health Integration. Some primary care clinics currently use the Mental Health Integration Program (MHIP) from the University of Washington Advancing Integrated Mental Health Solutions (AIMS) Center. While this usually does not involve telepsychiatry, it is a strategy of using technology to maximize the availability and use of psychiatrists in primary care clinics. Telepsychiatry can maximize the availability and use of psychiatrists within behavioral health agencies.

   Telepsychiatry also has utility in Best Starts for Kids, as there is a dearth of child psychiatrists in the state and nation. Should children and adolescents need or benefit consultation with a child psychiatrist, telepsychiatry can help families access this resource without travelling long distances and may help reduce wait times.

   Telespychiatry also fits within the County's Equity and Social Justice initiatives, as it reduces disparities in access to care.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

   Telepsychiatry can expand an agency's spectrum of services. Some clients both want and benefit from psychiatric services from a physician or nurse practitioner. This can help clients on their journeys of recovery, cultivate their resiliency, and experience trauma-informed care. If psychiatric services are absent, clients may have more difficulties experiencing any of those principles.

   Telepsychiatry is a means of reducing barriers to care; if more individuals are able to access treatment and recovery support when it is initially needed, fewer individuals will wind up in crisis, and thereby avoid the trauma of involuntary hospitalization or arrest.

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

   People should have access to the full spectrum of care, including medical services, regardless of their social and financial circumstances. This concept reduces inequity in accessing psychiatric services. As mentioned above, this service may increase access for those who might need access to linguistic or cultural specialty providers who may not be available in their communities. . With a regulatory billing change this service could also increase access for those with physical disabilities who are homebound or who have difficulty ambulating or getting around in other ways, and those who lack transportation.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

   The primary resource needed is money to purchase the equipment needed to deliver telepsychiatry. Other resources might include physical space to house the "telepsychiatry room", IT staff to help manage the equipment and related technology, and funds to pay for internet connectivity.

2. **Estimated ANNUAL COST. $100,001-500,000 Provide unit or other specific costs if known.**

   The technology in telepsychiatry includes:

   - Codec (two-way audio and video streams that can be sent over a communications link)
   - Video camera
   - Video monitor/TV
   - Microphone
   - Speakers
   - Session border controller (device that controls signaling and the media streams involved interactive communications)
   - Licenses and fees for HIPPA-compliant video conferencing software

Depending on the quality of the equipment, the total hardware cost per site can approach $50,000. There are also costs associated with internet service, security and privacy, and any integration with existing software. Lastly, there are costs associated with the clinicians who do the clinical work.

King County holds behavioral health contracts with at least nine agencies that have two or more clinical sites. If the average hardware cost per site is $50,000 and all nine agencies use telepsychiatry from one clinical site, the total amount is $450,000.

As noted above, current billing instructions require that clients are present at a clinical site to receive telepsychiatry services. If contracted behavioral health agencies have business agreements with outlying community health centers and other clinical sites, then smaller agencies could expand their reach and provide services across an integrated system.

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

   Individual agencies can invest in the technological resources. It's possible they could apply to a private funding source.

4. **TIME to implementation: 6 months to a year from award**
   a. **What are the factors in the time to implementation assessment?**

      Agencies will need to purchase equipment, determine which staff should use telepsychiatry (and recruit them if necessary), pick a location for the delivery of services, and rearrange schedules as necessary.

   b. **What are the steps needed for implementation?**

      Agencies will need to determine how they intend to use telepsychiatry, develop policies and procedures about its use, purchase equipment, recruit IT and clinical staff as needed, and provide any needed training related to it.

   c. **Does this need an RFP?**

      If multiple agencies express interest in using this service, an RFP can help ensure that agencies that want to use telepsychiatry will do so effectively and that funds are awarded equitably.

   Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

This proposal has some relation to another new concept (BP 2 Psychiatrists Into Agencies) that suggests the introduction of psychiatrists into agencies that do not currently have medical staff.

New Concept Submission Form
Please review the preceding pages before completing this form.
Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

#6

Working Title of Concept: Telepsychiatry

Name of Person Submitting Concept: Maria Yang, with some reluctance
Organization(s), if any: MHCADS
Phone: 206-263-1103
Email: maria.yang@kingcounty.gov
Mailing Address: 401 5th Avenue, 4th floor, Seattle, WA, 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Provide infrastructure to (multi-site?) agencies to provide telepsychiatry services. Agencies often have difficulties recruiting medical staff (i.e., MD, DO, ARNP, PA-C). The use of telehealth will help maximize the time of these staff while minimizing travel time and costs.

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

Access to psychiatric services from an MD, DO, ARNP, PA-C. Agencies routinely report that clients often have to wait nearly two monts for for an initial appointment with a medical provider. Waits for follow-up appointments can also be length.

For those agencies that lack medical staff, the use of telepsychiatry can introduce medical services completely (though then there is the issue of using an "outside" provider).

3. How would your concept address the need?
Please be specific.

Increased access, as above.

4. Who would benefit? Please describe potential program participants.

Clients would benefit, as presumably there would be greater access to medical staff and interventions. Medical staff who travel between sites to provide services would also benefit, as they presumably would no longer need to do travel to see clients.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Increased visits with medical staff as indicated; potentially greater retention in medical staff, if travel time has worsened the quality of work life; potentially reduction in ED and other urgent care services, as clients might receive faster assessment and intervention.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Increased support and development of the workforce in the public sector will help staff help clients reach all of those conditions.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Several agencies are already using telepsychiatry. Agencies who show interest must be willing to pay any ongoing costs associated with telepsychiatry (e.g., internet services, support fo medical staff to use this technology). At this time, it appears only medical staff (ARNPs, PA-Cs, DOs, MDs) can bill for telepsychiatry services.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: $ 12,000 for computer + camera + 56" TV; $100,000 to integrate with EHR, secure the network, etc. (may not be necessary with HIPAA compliant programs like Jabber?) per year, serving (agency population) people per year
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.