Putting together our 1st newsletter of the year (and one of my last, as I begin my final year of training), has been a reflection on what it is that is so special about being a UCSD Combined.

Honestly, I wish I had more than 6 pages to share all the amazing ideas and impressions I’ve gathered from this innately curious, intrepid and resourceful bunch of young physicians. Conversation is easy and always mind expanding – leaping from everything from thoughts on the latest experimental integrated care model or a pilot project in the works to kitchy fun at LA’s CatCon (think ComiCon for cat lovers) or their latest kombucha-brewing experiment.

This year has already been a banner year and we still have 8 months to go. In June, our outgoing chief Andrea Gallardo, was awarded a top research honor for her meta-analysis of Collaborative Care research that she translated into real-world guidance. This summer, David Larson launched our clinic’s first Shared Medical Visits for Diabetes management, and Aaron Meyer and I will launch similar Chronic Pain SMV services early 2016. Jennie Brewer is completing both an Integrated Medicine curriculum in addition to her Community Medicine Fellowship, which includes piloting a Collaborative Care program for a border-community FQHC. PGY-4 Rachael Robitz has really been on a roll this year, between the publication of her article “Sex workers as medical student educators” in the Journal of Academic Psychiatry this June, and co-chairing the Integrative Practice workshop for residents at the APA’s Institute for Psychiatric Services.

On a larger scale, our clinical base, SVDP Family Health Center, is making quantum leaps as a PCMH embedded in the city’s largest transitional housing facility for San Diego’s homeless. In recent months we’ve seen the addition of embedded substance abuse counselors for real-time interventions at the point of care, 5 days a week. We have also added a new half-time psychiatrist, a half-time psychologist as we move towards full integration of care for all our patients. Next door, Project 25, the brain-child of Marc Stevenson in collaboration with Combo Program Director (and alum) David Folsom, received an 11th hour windfall of funding to expand it’s harm-reductionist program for stabilizing and reducing cost of care for chronically homeless high-utilizers – an initiative estimated to have saved over 3.5 million in costs in it’s first 2 years of operation alone.

It is with great anticipation I consider the opportunities that lie on the other side of Combined residency training, a mere 8 months away for Jennie and myself. Most exciting is the growing awareness of just how well our experiences as Combined residents prepare us to serve at the nexus of integration and change. I hope you will enjoy reading the stories that (I believe) demonstrate this point so well, as much as I did putting them all together.

-- Christine Evans, PGY-5 editor & Co-Chief
Resident Spotlight: Rachel Robitz, R4

CE: So Rachel, we’ve missed you at our latest gathering... What’s up?

RR: Well, I just got back from the APA Components Meeting where I was representing Psychiatry and the Law. Next month it’s off to Assoc. of Medicine and Psychiatry (AMP) where we’ve been investing a lot of work in spreading the word about the virtues of Combined Training and other AMP outreach to medical students. After that, I return to APA Institute to resume co-chairing an integrative care workshop for categorical psychiatry residents.

CE: Wow! Way to represent! You are amazing. What about downtime?

RR: Well I am heading to Mexico for a week-long Yoga retreat at the end of October. And this summer was Hawaii and CatCon,. Oh yeah, we adopted a new addition, Sasha last month as well!

CE: For those who don’t know, CatCon is like ComiCon for crazy cat people, like you and me (laughing). Did you see Grumpy Cat?

RR: No, (laughing)…we were told the so-called CatCon “elite” banned GC because they feel his owners exploit him for profit. Anyway, it was still awesome. You should come next time!

CE: Sign me up!

Combined Co-Chief Andrea Gallardo Takes Top UCSD Psychiatry Research Honor

Combined residents congratulate one of their own after outgoing Co-Chief Resident Andrea Gallardo was honored at this year’s Psychiatry Graduation Banquet with top honors for her evidence-based analysis, “Collaborative Care: Characteristics of Effective Models for Treatment of Depression in Primary Care”

The Lewis L. Judd Award for Research Excellence is awarded to a graduating Psychiatry (or Combined) resident demonstrating particular insight and excellence in Psychiatry research. In her final year, Gallardo undertook a massive review of Cochrane meta-analyses as well as over 200 individual Collaborative Care research reports and deconstructed these studies to analyze the evidence for the effect of individual components on outcome.

Key findings were that scheduling provider-specialist meetings for treatment-planning produced better outcomes than ad-hoc/CL models, that the level of training of case managers did not affect outcomes, and that methods of recruitment/referral have a significant impact on outcomes.

Gallardo approached her analysis from an applied perspective, “I wanted to know if a clinician were going to implement a new collaborative care service in their clinic, what factors or components have the greatest impact on success as defined by outcome?”

The Award Committee stated that they were familiar with the wealth of literature on Collaborative Care but that Gallardo’s analysis was so robust and well-constructed that it actually brought a new understanding and applicability to what was previously understood.

Gallardo presented her findings to the Department in May, and her research has informed new Collaborative Care initiatives underway by Community Psychiatry fellows.
On The Frontline of Menelik Desta’s War Against Mental Illness in Ethiopia: My Experience with the Ethiopian School Readiness Initiative

By David Larson, MD

We live in a world of haves and have nots. Around the world, thousands of children die each day from lack of food and clean water, corrupt governments steal money from their citizens and prevent development, child abuse and corporal punishment continue to happen despite knowledge of their adverse effects, uncontrolled infectious diseases needlessly continue to take lives, children continue to be armed and sent into wars, and this is just the beginning.

These cycles of destitution, hopelessness, and poverty continue because so often we resign ourselves to the status quo and look the other way at human suffering. But occasionally someone comes along and says, "I think there is a better way...Let's find it!" and ignites a spark of positive change.

Menelik Desta, MD, PhD, is such a person. As one of 2 child psychiatrists in a country of 95 million with 42% of the population age 14 and under, many in his situation would simply give up, trading his $4,000/year salary to work in the USA or Europe. Instead, he made a different choice.

Research has shown us that globally, mental illness is the leading cause of disability as it often affects young people preferentially and often leads to a loss of functioning that affects individuals at every socioeconomic level. Evidence is strong that early childhood interventions yield the biggest “bang for the buck” in terms of stemming this problem at its source.

80% of our internal construct of ourselves and the world is formed in the first five years of our life. In the U.S. and Europe most children have a parent or caregiver or attend preschool during these formative years. In Ethiopia, however, most young children are either left unsupervised while parents are working, or forced to work themselves, vulnerable to abuse.

Menelik Desta wondered what the impact might be for Ethiopian communities if it were possible to mitigate damage resulting from early childhood neglect and abuse due to absent or unhealthy parenting by engaging families and communities with early childhood interventions. So, in 2007, Desta started the Ethiopian School Readiness Initiative (ESRI) with this vision in mind.

The ESRI project provides incentives to poor families with the promise of a free nutritious meal for each child 3-6 years of age they bring to the preschool before work. The children work in collaborative learning environments with teachers trained in how to notice warning signs of abuse, neglect, and signs of physical or mental illness.

In addition, each school engages parents in parenting classes. When there are concerns for abuse, program social workers engage the parents in 1:1 sessions to improve parent-child dynamics and teach parents alternative coping strategies. Should this fail, children and parents are both referred to free psychiatry evaluations for individualized treatment.

By the time children complete the program, at age 6, they are better prepared to launch into the free government-run elementary schools, maximizing their potential for personal and professional growth.

The results seen by the children in these programs have been so successful that the Ethiopian Government itself is now on board, providing school buildings, materials, and staff, and they have recruited Dr. Desta’s team to train many government teachers and school staff to continue care into the school years.

Initially funded by Dr. Desta himself, and his vision alone, ESRI now has many donors from multiple countries supporting over 10,000 poor students and their families to create a different future for the next generation. So, there IS a ripple effect.

If the Ethiopian School Readiness Initiative continues to successfully demonstrate the value of healthy children to national progress, what might that mean for the future of all of Africa?

If you feel inspired and compelled to find out more, participate, or donate, please visit their website here! https://sites.google.com/site/ethiopianschoollreadiness/
On the verge of closing their doors earlier this year due to lack of a benefactor, San Diego’s ground-breaking program for stabilizing the city’s most chronically ill, homeless residents (all at a net cost savings for taxpayers) has received a new lease on life after an 11th hour funding windfall from Medi-Cal Managed Care providers - good news for San Diego County and this tough-to-treat group who had fallen through the cracks.

Initiated as a 3-year pilot project in March 2011 with a grant from United Way, Project 25 sought to explore whether engaging the city’s highest utilizers of medical/emergency and correctional services with a more supportive “housing first” approach would save lives and cost taxpayers less than the current status quo. Using aggregate data from county EMS, local ER and hospital admissions, and county law enforcement, the initiative identified 35 of the county's highest-utilizing patients and determined to engage them “where they are at” in a program that would offer round-the-clock case workers, stable housing, and coordinated medical and mental health care with a harm-reductionist approach. The hope was that the program would save a little money and improve the quality of life for a few of San Diego’s hardened homeless.

What Project 25 leaders and independent researchers found exceeded their wildest expectations. Prior to engaging with Project 25, each participant averaged 41 Emergency Room visits, 45 hospital admission days for an average cost of over $120,000 per person. After 2 years with the program, ER and hospital utilization dropped by 70%, and annual average costs of care dropped to $41,000 per person. In all, after 2 years of operation the program reduced state and county costs by $3.5 million overall, resulting in a net savings of about $2.2 million after costs.

Key to the success of the program has been its team-centered, harm-reductionist approach to care. Project 25’s director Marc Stevenson knew that this was a subset of residents for whom existing services had failed time and time again, who had lost faith in humanity and often even themselves. It was critical that team members, including the primary MDs, be able to meet these patients where they were at. “If we approached these folks saying ‘If you get into drug treatment and stay clean, we’ll give you an apartment’ they would have said ‘No thanks’,” says Stevenson, adding “The main thing these people wanted was to trust us and have a relationship. We worked on that at the beginning, and through that relationship they became motivated to make changes on their own terms.”

Building trust also meant following through on their promise to deliver care to their participants, regardless of whether they weren’t yet ready to give up living on the street. To do this, Project 25 leaders tapped SVDP Family Health Center’s Combined MDs to serve as primary medical and mental health care providers, and if necessary, deliver care right to their clients on the street. Stevenson recalls of one of their first enrollees, “The doctor would come and see him right on the sidewalk,” said Stevenson, adding “It took four months but we finally got him to a point he was ready to transition to housing.”

Within their first year, Project 25 had successfully engaged and housed all 35 of their initial prospects. Today, they still serve all but 2 residents, who passed away last year of natural causes.

With funding secured, the program now can finally begin plans to build on this success. Stevenson states the group is currently working on an expansion with plans to add another 20 participants this year. This will involve collaborating with hospitals and the Managed Care plans to identify their homeless patients who are returning over and over without benefiting, and working with Medi-Cal in-house case management to better serve and stabilize these patients while containing costs.

Want to know more about Project 25? Read the San Diego Housing Commission Report right HERE!
Jennie takes a leap in Montana!

3 generations of the Brewer clan

Indian Cooking Class

Rachel and George in Hawaii

The amazing staff of SVDP!!!
For R.

Sitting at the Musee Rodin
About 50 yards from
The Gates of Hell
Is the master’s brooding hulk
“Le Penseur”
(the inscription reads)
From the Latin word “pensare”
Meaning “to weigh, pay for
Or Punish”
He sits
Gaze unfixed, elsewhere
Troubled and unaware
Out of place
In the garden that surrounds him
Oblivious to the laughter
From the nearby café
Or the children at play
In the shadow
Of his solemn, burdened frame

I have known many men like this
As a child, and as a woman
Those who loomed, to me
Larger than life
Only to recede, a tragic hero
Into the Labyrinth,
Forever lost
Outwitted, entombed
By a demagogue
of their own commission

I think of Theseus
Having finally slain his monster
Finding his way out again,
Using Adrinae’s thread
And it occurs to me now
That courage is less in
The descent and battle,
Than it is in our determined
Grasp to retain hold
Of the string….

-Christine Evans