EASIER ACCESS TO SERVICES FOR VULNERABLE POPULATIONS: BRINGING ONLINE THERAPEUTIC SERVICES INTO PUBLIC SECTOR SYSTEMS OF CARE

“THE TECHNOLOGY SUITE”

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WHAT WE AIM TO ACCOMPLISH
A MULTI-COUNTY, MULTI-VENDOR COLLABORATIVE TO INCREASE ACCESS TO MENTAL HEALTH CARE - AND SUPPORT AND PROMOTE EARLY DETECTION OF MENTAL HEALTH SYMPTOMS THAT PREDICT THE ONSET OF MENTAL ILLNESS.

PARTICIPATING COUNTIES: LOS ANGELES, KERN, MONO, ORANGE, AND MODOC
Recognize and acknowledge mental health symptoms sooner

Reduce stigma associated with mental illness by promoting mental optimization

Increase access to the appropriate level of care

Increase purpose, belonging and social connectedness of individuals served

Analyze and collect data from a variety of sources to improve mental health needs assessment and service delivery

THE INNOVATION
CREATE AND ADVANCE A SUITE OF TECHNOLOGY-BASED MENTAL HEALTH SOLUTIONS
TECHNOLOGY AND PUBLIC MENTAL HEALTH CURRENTLY
TARGET POPULATIONS

- Individuals with sub-clinical mental health symptom presentations, including those who may not recognize that they are experiencing symptoms.
- Individuals identified as at risk for developing mental health symptoms or who are at risk for relapsing back into mental illness.
- Socially isolated individuals, including older adults at risk of depression.
- Clients or potential clients in the outlying or rural areas who have difficulty accessing care due to transportation limitations.
- High utilisers of inpatient psychiatric facilities.
- Existing mental health clients seeking additional sources support or seeking care/support in a non-traditional mental health setting.
- Family members with either children or adults suffering from mental illness who are seeking support.
- Individuals at increased risk or in the early stages of a psychotic disorder.
THE SUITE COMPONENTS
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**Tech Solutions**
- 24/7 Peer Chat and Digital Therapeutics
- Therapy Avatar
- Digital phenotyping

**Marketing**
- Promotion
- Engagement

**Evaluation**
- Data collection
- Analysis
- Performance monitoring (QI)
24/7 Peer Chat and Digital Therapeutics

- **What is it?**
  - Technology-based mental health solutions designed to engage, educate, assess and intervene with individuals experiencing symptoms of mental illness

- **What does this component do?**
  - Offers chat with a trained peer mentor
  - AI (Artificial Intelligence) assistance for peer mentor during chat

- **Why do we need it?**
  - Large scale access
  - Support any time during the day

Note: Paid peers will be recruited in each participating county (to the level and scope specified by the county)
Virtual Peer chatting through trained and certified paid peers with lived experience.

Virtual communities of support for specific populations, such as family members of children or adults with mental illness, those experiencing depression, trauma and other populations.

Virtual chat options for parents with children engaged in the mental health system – and for parents of adults with mental illness.

Virtual manualized interventions, such as mindfulness exercises, cognitive behavioral or dialectical behavior interventions delivered in a simple, intuitive fashion.

Referral process for customers requiring face-to-face mental health services by County Department of Mental/Behavioral Health.
What is it?
- Virtual manualized evidence-based interventions delivered via an avatar

What does this component do?
- Offers scripted mindfulness exercises and Cognitive Behavioral Therapy interventions
- Exercises are customized through AI and based on a person’s responses
- Interactive process between the person and Avatar

Why do we need it?
- Access point for individuals who prefer anonymity
VIRTUAL EVIDENCE-BASED THERAPY UTILIZING AN AVATAR: EXAMPLES

- Computerized-Cognitive Behavioral treatment, as well as other treatment constructed by clinical experts in the behavioral health field.

- Interactive interface with the capability of customization and modification based on user’s feedback.

- Referral process for customers requiring face-to-face mental health services by County Department of Mental/Behavioral Health Protocol to determine when a user may need to be referred for mental health assessment, including when a user may require an emergent evaluation.

- Access to a directory for referrals to public mental health services.
What is it?
- Analyzes factors associated with cell phone usage (passive sensory data) to engage, educate and suggest behavioral activation strategies to users
- Interacts with the user via pop-up or chat functionality to increase user understanding of thought and feeling states
- Informs targeted communications and recommended interventions
- Incorporate emerging research in the field of mental health early detection to target individuals at risk of or experiencing early symptoms of mental illness and used passive data collection to identify risk/symptoms or potential for relapse.

What does this component do?
- Automatically tailors wellness strategies to a person’s needs
- Connects a person to the other components of the suite

Why do we need it?
- Detection of early warning signs
- Prevention of mental illness
THE TECH SUITE: CLIENT FLOW

Individuals in the Community

Representative Community Group & Our Vendor 'market' the services

Individuals self-select to use one or more apps

Peer Chat & Digital Therapeutics

AVATAR

Digital Phenotyping

Individual Uses Platform with no link to MHP

Utilization & Outcome Data Reported to MHP and Collaborative

Individual Referred/Linked to MHP for Additional Services

Individuals with SMI

Staff Introduces Application

Individuals elect to use one or more apps

Peer Introductions Application
THE CROSS-CUTTING SUITE COMPONENTS

OUTREACH AND MARKETING
EVALUATION
OUTREACH AND MARKETING

- **What is it**
  - A strategic approach to access points that will expose individuals to the technology-based mental health solutions.

- **What does this component do?**
  - Promotion of the Technology Solutions suite of apps

- **How will people know about this project?**
  - Plans to market within:
    - School systems
    - Social media
    - Mental health organizations
    - Public locations
COLLABORATIVE OUTCOME EVALUATION

- Outcome evaluations of all elements of the project, including measuring reach and clinical outcomes.
- Identify outcome measures not included in shared set, but needed per local goals and objectives
- Shared outcome measures
  - Access to care
  - Clinical outcomes
  - Self-reported purpose, belonging and social connectedness
  - Tech-users’ ability to identify cognitive, emotional and behavioral changes and act to address them
  - Utilization rates
  - Stigma of mental illness
  - Comparative analyses of population level impacts (tech users vs non-users)
  - Penetration or other unmet need metrics

Each county adds their own, specific evaluation measures based on their local improvement aims.
OVERARCHING LEARNING QUESTIONS

- Will individuals either at risk of or who are experiencing symptoms of mental illness use virtual peer chatting accessed through a website or through a phone application?
- Will individuals who have accessed virtual peer chatting services be compelled to engage in manualized virtual therapeutic interventions?
- Will the use of virtual peer chatting and peer-based interventions result in users reporting greater social connectedness, reduced symptoms and increases in well-being?
- What virtual strategies contribute most significantly to increasing an individual’s capability and willingness to seek support?
- Can passive data from mobile devices accurately detect changes in mental status and effectively prompt behavioral change in users?
- How can digital data inform the need for mental health intervention and coordination of care?
- What are effective strategies to reduce time from detection of a mental health problem to linkage to treatment?
- Can we learn the most effective engagement and treatment strategies for patients from passive mobile device data to improve outcomes and reduce readmissions?
- Can mental health clinics effectively use early indicators of mental illness risk or of relapse to enhance clinical assessment and treatment?
- Is early intervention effective in reducing relapse, reducing resource utilization and improving outcomes and does it vary by demographic, ethnographic, condition, intervention strategy and delays in receiving intervention?
- Can online social engagement effectively mitigate the severity of mental health symptoms?
- What are the most effective strategies or approaches in promoting the use of virtual care and support applications and for which populations?

Each county may have learning objectives that reflect unique aspects of the collaborative opportunity.
What does this component do?
- Qualitative and quantitative data analysis
- Support for performance monitoring to support product advancement and process improvement

Why do we need it?
- Evaluation will identify what we learned
  - How effective are the components for specific populations?
  - Who does it work for?
  - When does it work best?
  - What will this tell us about current services?
- Performance monitoring will help us to improve in real-time:
  - Opportunities for improved clinical integration
  - Opportunities for improved outreach and engagement
  - Tech changes and/or additions to reach specific populations
THE COLLABORATIVE APPROACH

AMONG VENDORS
ACROSS THE STATE, COUNTY-LEVEL PARTICIPATION
OUR PRINCIPLES AND AIMS FOR COLLABORATION

1. Create choice for participating counties
2. Link the individual technologies to support a ‘greater whole’
3. Capitalize on shared learning to advance the scope, coverage and effectiveness of the suite
4. Involve end users, peers and stakeholders throughout development and operationalizing of individual applications
5. Utilize data to evaluate impact and inform services/supports for individuals and populations - and the suite as a whole
6. Maintain accountability to and transparency with stakeholders, county boards of supervisors, and the MHSA Oversight and Accountability Commission
Creating Choice

- Build a ‘menu’ of technology options / ‘apps’
  - All qualified vendors remain on the list of available technology providers to participating counties
  - Additional vendors can be qualified in order to be added to the technology options

- County selection of vendors and associated ‘apps’ from the menu
  - As counties join, they may elect to ‘purchase’ the same package that Kern/LA have developed; or
  - They may create their own package from the qualified vendors (including new vendors they prefer and qualify)
COLLABORATIVE PLANNING STRUCTURE
(WITH PARTICIPATING COUNTY REPRESENTATIVES)

Planning Committee
(Governance)

Evaluation & Performance Management Subcommittee

End-User & Client/Family Subcommittee

Outreach & Marketing Subcommittee

Technology Subcommittee
(“Tech Team”)
FUNCTIONAL AREAS FOR COLLABORATION

- Application Management & Advancement
- End User Experience & Guidance
- Outreach & Marketing
- Clinical Integration
- Evaluation & Performance Management
- Work Force Development Support
- Privacy & Security Monitoring, Safeguards
- Accounting & Contract Management
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<tr>
<th>Category</th>
<th>Details</th>
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<tr>
<td>Application Management &amp; Advancement</td>
<td>Counties are ‘practicing’ with initial vendor’s apps to identify needed improvement, customization, etc.</td>
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| End User Experience & Guidance | App review and selection process includes peers and other end users  
Preparing to conduct focus groups, develop ‘super users’, and other end-user engagement activities  
Initiating steps to hire a full-time peer lead for the collaborative |
| Outreach & Marketing           | RFP process underway to select vendor for initial branding, outreach and marketing, etc.  
Proposals to be reviewed in mid-April and vendor selected in early May |
| Clinical Integration           | Mapping of select apps across the care continuum to begin in May  
Integration activities to include vendors, clinical managers, end-users and peers (kick-off on May 11th) |
| Evaluation & Performance Management | RFP for evaluator under development  
RFP to be issued to qualified vendor by end of April |
| Privacy & Security Monitoring, Safeguards | Legal requirements related to information security under development |
| Accounting & Contract Management | Budget model designed to support fee negotiation, budgeting and quarterly ‘transactions’ with vendors, as well as individual county budgeting |
PLAN FOR “SOFT LAUNCH”
PLAN FOR SOFT LAUNCH FOR LA, KERN, MONO, ORANGE & MODOC: READINESS CRITERIA / “MUST HAVES”

At least one vendor selected and contracted

- Initial county programs and target populations identified (per specific criteria for identification)
- Initial engagement strategies for each county program and/or target population delineated and ready (including role of peers)
- Initial customization of apps delineated and applied

Program staff and peers trained and ready to support clients in use of initial apps (including clinical integration)

- Early phase of evaluation ready (related to scope of soft launch)
- Social media links and management are ready
- Information security in place in each county and with each vendor

Tracking processes ready to support daily monitoring of activities, identification of glitches, etc.

- Communication strategy to the county (internal and external, OAC)
- Simulations with various apps conducted and processes smoothed
CURRENT AND POTENTIAL FUTURE PARTICIPATING COUNTRIES

Exploring
- Fresno
- Inyo
- Mendocino
- Stanislaus (not for 6 mos)
- Madera
- Mariposa

Stakeholder Input
- City of Berkeley (goal: 5/24)
- San Francisco (Nov earliest OAC projected date)
- San Mateo (July or Aug OAC)
- Santa Barbara (Goal: OAC June - Aug)
- Santa Clara (Goal: OAC July)

Community Planning Process
- Monterey
- Modoc (OAC: 4/26)
- Orange (OAC: 4/26)
- Riverside*
- Tehama (5/24)
- Tri City

OAC Proposal
- BOS Approval
- OAC Approval

CalMHSA PA & Funding
- Vendors Selected
- Kern
- Los Angeles

Launch
The Long View of Development & Implementation to Gain State-wideness: Technology Adoption Lifecycle

The technology adoption lifecycle is a sociological model that is an extension of an earlier model called the diffusion process, which was originally published in 1957 by Joe M. Bohlen, George M. Beal and Everett M. Rogers at Iowa State University.

Initial Collaborative Counties: figuring out how to integrate innovation into daily operations and go to scale

LA, Kern & Mono: figuring out the basics for making it work in CA MHPs

Innovators

Early Adopters

Early Majority

Future Counties: adopting innovation when it is quick and easy

Future Counties: ‘norming’ the innovation

Late Majority

Future Counties: may never adopt the innovation

Laggards
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