DRIVING ACCESS TO BEHAVIORAL HEALTH CARE THRU INNOVATION:

"THE TECHNOLOGY SUITE"

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.

Project Overview and Presentation of Proposals to Join by Modoc and Orange Counties

ABOUT THE COLLABORATIVE: A STATE-LEVEL PERSPECTIVE

Shared Goals

- Increase access to the appropriate level of care

- Recognize and acknowledge mental health symptoms sooner

- Reduce stigma associated with mental illness by promoting mental optimization

- Increase purpose, belonging and social connectedness of individuals served

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

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 outlying or rural areas who have difficulty accessing care

High utilizers 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.

Collaborative Approach

- Formation of a cross-county steering committee (and focused subcommittees) to guide and oversee the work

- Intra and inter-county project management functions with CalMHSA as the Joint Powers Authority for administration

- Involve end users, peers and stakeholders throughout development and operationalizing of individual applications

- Link the individual technologies to support a 'greater whole' that creates choice for participating counties

- Capitalize on shared learning to advance the scope, coverage and effectiveness of the suite

- Utilize data to evaluate impact and inform services/supports for individuals and populations - and the suite as a whole

PROGRESS AND READINESS

- **Application Management & Advancement**: Selecting applications, identifying customization and advancements

- **End User Experience & Guidance**; Gaining end-user feedback; preparing to conduct focus groups, develop 'super users', and other end-user engagement activities; recruiting a full-time peer lead for the collaborative

- **Outreach & Marketing including Social Media**: Receiving proposals from a focused RFP; preparing to select final vendor and execute contract

- **Clinical Integration**: Preparing to map selected apps across the care continuum and begin preparation of integration activities with vendors, clinical managers, end-users and peers, social media managers

- **Evaluation & Performance Management**: Preparing focused RFSQ for evaluator from pre-qualified vendor list select final vendor

- **Privacy & Security Monitoring, Safeguards**: Identifying requirements related to unique aspects of information security for the 'suite', including responsibilities for vendor and county responsibilities; developing an information security plan

- **Accounting & Contract Management**: Applying a new budget model designed to support fee negotiation, county-specific budgeting and quarterly 'transactions' with vendors

Evaluation:

1) Three-pronged approach:
   1) Each vendor to provide performance reports and monitor their product's performance
   2) INN Project to evaluate each application
   3) INN Project to evaluate the suite as a whole (including impact for individuals using more than one app)

2) Formative approach to support evolving nature of the innovation:
   - To identify potential and actual influences on the progress and effectiveness of implementation efforts
   - To study the complexity of our project and answer questions about context, adaptations, and response to change

3) Current status:
   1) Preparing a follow-up RFSQ for initially qualified vendors
   2) Selected evaluator to prepare a detailed plan to evaluate initial vendor's apps – and the emerging 'suite of apps'
   3) Selected evaluator to expand the plan and evaluation as apps are added and adapted

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

Modoc County Behavioral Health

FY 17-21/Innovation Plan

Peers: Billy Diaz MBA, Ronnie Gilbert, Ida Moore AA

Rhonda Bandy PhD, Karen Stockton PhD,

California "Frontier" County of Modoc Quick Facts:

❖Population 8,795 scattered over 4,200 square miles
(about 2 per sq mile)

❖3rd **least** populous county in Ca

  - Native Americans – 5%

  - Hispanic – 15% , Spanish is the only threshold language

  - White – 80%

WARNING

NO SERVICES
NEXT 100 MILES

WINTER TRAVEL
NOT ADVISED

- **Primary Problem**
  - Isolation and lack of social support (social, geographical, climatic, stigma, & privacy issues)
  - Need to detect mental illness earlier, particularly first break psychosis and depression, and intervene more effectively.
- **Stakeholder Process**
  - Presented to stakeholders in a series of 13 meetings in January 2018 (1.3% of population - 117)
  - Supported by peers, other stakeholders and Advisory Board.
  - Public Posting with no negative or other substantive feedback
  - Approved by the Board of Supervisors March 13, 2018
- **Target Population in Modoc County**
  - Isolated individuals in remote areas of the county
  - Youth
  - Older adults

Modoc Implementation & Unique Contribution:

- MCBH**, in partnership with our consumers/peer providers**, will **choose components as they are developed** that will best fit the target population's identified needs.
- MCBH will enhance their **contract with Sunray's of Hope**, a non-profit peer-run organization to provide additional support throughout the project (design, selection, promotion, implementation/support/education, evaluation).
- Modoc County's sparse population and remoteness makes us **uniquely situated to contribute to the statewide qualitative story**, rounding out qualitative findings that may be reported in published, peer-reviewed literature.
- MCBH will **participate fully in the** collaborative evaluation process (funding, design, data collection, analysis, and sharing the results).

Modoc County's Participation & Budget

How it meets County needs:	
Peer Chat	• Access to services • Overcome isolation, provide social support • Alternative to traditional treatment • Privacy & Anonymity • Linguistic competence
Therapy Avatar	• Reduces stigma • Reduces barriers to access • System navigation
Customized Wellness Coach (i.e., digital phenotyping)	• Early symptom detection • Objective measures for wellness planning
Marketing/ Promotion	• Essential to engaging users
valuation	• Informs current programs • Overarching questions • County-specific questions

Expenditures (3 years)		Total
Personnel Costs: Salaries		84,909
BH Peer Support Contract		13,000
Operating Costs: Travel		7,991
Non-Recurring Costs: Technology-County Devices/Equipment & Web access		30,100
Technology Products		80,000
Administrative costs:		
	Local	13,500
	CalMHSA	13,500
Promotion & Evaluation (10%)		27,000
Total:		270,000

Funds subject to reversion through FY 14-15 $74,612

Funds remaining unobligated & projected $195,388
FY15/16 - FY19/20

Total $270,000

Mental Health Technology Solutions

Orange County Innovation Plan
April 26, 2018

County Quick Facts

3.2 million residents

3rd most populous

2nd most densely populated

59% non-white

Threshold languages
- Arabic   Spanish
- Farsi   Vietnamese
- Korean

Monolingual communities
- Mandarin
- Tagalog
- Khmer

Primary Problems Identified Through Recent CPPs

➢ **Difficulty accessing services**

➢ **Language barriers**

➢ **Stigma and fear**

➢ **Ineffective outreach**

➢ **Need for support:**
  - **Family**
  - **One-on-one**
  - **Case management**
  - **System navigation**

Local CPP/Stakeholder Decision-Making Process

➢ **2-hr weekly meetings, December 2017 – March 2018**

➢ **Q & A period before and after each meeting**

➢ **Summaries provided after each meeting**

➢ **Continuing meetings with key stakeholders**

Target Population

➢ **Family members of children and adults at risk of developing or living with mental illness**

➢ **Unserved and underserved minority groups**

Orange County's Participation

Component:	How it Meets County Needs:
Peer Chat	• Individual/Family support • Access to services • System navigation • Linguistic competence
Therapy Avatar	• Reduces stigma • Reduces barriers to access • System navigation
Customized Wellness Coach (i.e., *digital phenotyping*)	• Early symptom detection
Marketing	• Essential to engaging users
Evaluation	• Informs current programs • Overarching questions • County-specific questions

6:17 62°

TRAFFIC GRIPES WHY DOES IT ALWAYS SEEM LIKE RUSH HOUR?

EYEWITNESS NEWS abc 7

HUNDREDS OF #ABC7Eyewitness

TOP STORIES JOHN MUIR HIGH SCHOOL ON FRIDAY
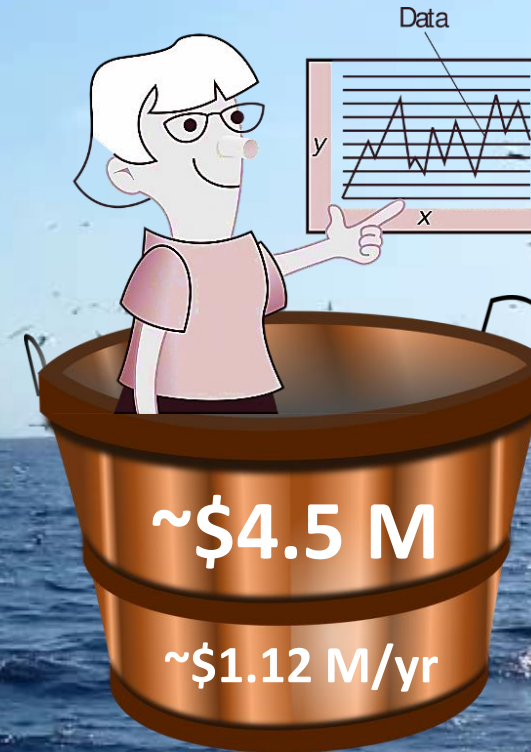
FINAL QUESTIONS?

THANK YOU!

PROPOSED MOTIONS

1. **Proposed Motion:** The MHSOAC approves Modoc County's Innovation plan as follows:

   Name: Increasing Access to Mental Health Services and

   Supports Utilizing a Suite of Technology-Based Mental Health Solutions

   Amount: $270,000

   Project Length: Three (3) Years

2. **Proposed Motion:** The MHSOAC approves Orange County's Innovation plan as follows:

   Name: Mental Health Technology Solutions

   Amount: $24,000,000

   Project Length: Four (4) Years