Mental Health Technology Suite

1. What is the definition of digital phenotyping?

Digital phenotyping: **i**nferring changes in behavioral patterns that may be associated with specific mental health conditions through the analysis of mobile device usage patterns.

2. What will the Technology Suite roll out look like?

A steering committee of participating and interested counties has been established to discuss the roll out and logistics of this project. At this time, LA and Kern County have identified the scope of work for each component and CalMHSA has posted a Request for Qualifications to identify potential vendors.

LA and Kern County will provide an update of the status and progress of the Technology Suite to the MHSOAC every 3 months. The first update since the project was approved will be provided during the MHSOAC Commission meeting in January 2018.

3. Who will be eligible for the program – public, private or county contracted sector?

The Technology Suite is open to any community members who own a smartphone.

LA County defines their target population as:
- Individuals with sub-clinical mental health symptom presentations, including those early in the course of a mental health condition who may not recognize that they are experiencing symptoms, including college students.
- 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
- High utilizers of inpatient psychiatric facilities
- Existing mental health clients seeking additional sources support
- 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 can also be accessed at kiosks that will be set up in various public locations.

4. What markets will you target to outreach to participants?

LA County has proposed a strategic approach to access points that will expose individuals to the Technology Suite:

- Engage school systems, including higher education, to promote use.

- Engage users through social media, the Departments of Mental/Behavioral Health websites and other digital platforms and approaches.
- Engage mental health organizations such as the National Alliance for Mental Illness (NAMI) groups to promote use.
- Engage public locations such a libraries or parks in setting up kiosks or encouraging use.

5. Who will own the intellectual property rights for this project?

This item is still in discussion. Based on preliminary discussions with LA County, vendors will be asked to customize existing products, as such, they will retain the intellectual property rights.

6. Who will own the new code that was created for this project?

This is currently a discussion item for the project steering committee. This steering committee is made up of participating/interested counties.

Learning Objectives/Goals:

7. What is the goal of this project?

- Increase access to mental health care and support
- Promote early detection of mental health symptoms
- Predict the onset of mental illness
- This project will dismantle barriers to receiving mental health services by outreaching, engaging and treating individuals using approaches that build on increasingly familiar technology devices as a mode of connection and method of treatment to reach people who are likely to go either unserved or underserved by traditional mental health care.
- Digital therapeutic technology platforms such as applications or websites that utilize trained peer to deliver support and manualized interventions will serve as a valuable service portal for individuals with mental health concerns, family members needing support and possibly an entry portal into the public mental health system.

8. What do we want to learn from the usage of technology in this project?

LA County's learning objectives:

- Are there differences among those who choose to enroll in a technology-based mental health project compared to those who don't?
- Can we learn to identify and tailor the most effective engagement and treatment strategies for participants using their passive mobile device data?
- Does this customized engagement and treatment approach translate into improved participant outcomes and reduced hospital readmissions?

- Can mental health programs effectively use early indicators of mental illness risk or of relapse to enhance clinical assessment and treatment?
- Do the effects, if any, vary by demographic, ethnographic, condition, intervention strategy and/or delays in receiving intervention?
- Can online social engagement effectively mitigate the severity of mental health symptoms?

9. How will the learning goals and objectives be measured?

The evaluation component is still in discussion. LA County has developed an evaluation committee that engages in ongoing discussions to establish data tracking, collection, and evaluation methods for learning objectives. The goal is to contract with a vendor to identify the evaluation model and components of the Technology Suite.

Privacy:

10. How will privacy be protected? Will HIPAA be observed? What portions of the app will be covered under HIPAA?

LA and other counties are presuming no need for an Institutional Review Board (IRB). Because individuals are utilizing services with county behavioral health through a business associates agreement they would be allowed to collect this information. Individuals can refuse to download portions of the app or disable features.

11. How will consent be obtained?

Once the Technology Suite is downloaded, users will be required to electronically sign and consent to the components and data collection, tracking elements of the Technology Suite.

    a. How will participants know what they are agreeing to regarding their privacy and passive data collection?

    Immediately after downloading the Technology Suite, this information will be available for review in the initial consent prior to accessing and using the app.

e-Housing and Transportation Project

Room and Boards:

12. Do we know how many rooms are currently available in OC?

We do not have a specific number and there is no way to know for sure, as room and boards are not regulated. One of the benefits of this project would be to create and establish a reliable list of available rooms.

13. How will we identify available housing?

We would want a contracted provider with a strong history and knowledge with housing in Orange County. They can start by utilizing any contacts they have in the community and build additional networks from there. This process would take a lot of outreach to housing providers/operators, etc.

We can also utilize a "snowball sampling" method in which we start with some providers that we have worked with and know to be reputable. They know of and can refer other operators.

Availability will be limited based on vacancies. The contracted provider selected to implement the e-Housing component would act as the central point for everything related to this project, from organizing providers, establishing and maintaining standards, to matching people with available certified rooms, to answering questions, etc.

14. What is the marketing strategy to inform the public about the available housing project?

The marketing strategy for this project will be similar to the outreach strategies and approaches identified by LA County (see response to #4).

In addition, we plan to identify the currently existing room and boards through FSPs who refer to these facilities/housing providers. The goal is to make the housing list available throughout the system once the standards are established and in place. As the list of facilities who follow identified standards becomes known, more people will want to use those providers. The result will be an attraction model strategy to engage additional room and board providers into participating in this project.

15. Will this be permanent housing?

Yes.

16. How long can participants stay?

This project will offer permanent supported housing. Once placed, participants may remain in the facility for as long as they wish.

17. Who will be responsible for writing the standards for the housing sites?

The housing providers/operators who want to be included in the referral list would be responsible for writing the standards for the houses. They would also be responsible for ensuring that the standards are enforced through the central organization.

18. How will the suitability of the housing sites be verified and monitored?

The housing providers/operators must agree to meet the identified standards and will serve as an advisory board who monitors each other's sites.

The participants will also have case managers who will work with them to find and maintain their housing. They will be able to report any issues they see as will the participant. Also, a rating system for the sites-like yelp- would be helpful so others can see how they are doing. Excessive problems at a site would result in the house being removed from the list.

19. Who will be eligible for the program – public, private or county contracted sector?

The e-Housing and Transportation components will be available to individuals who are receiving services at County and County-contracted clinics. County Outreach and Engagement and hospital discharge planners may also refer potential participants.

Real-time Data:

20. How do we create an automated system that is accurate? How will we "guarantee" that real time data will be accurate with regard to room availability?

There is no guarantee any software or data in general is as good or bad as the system collecting and entering. However, there are a few steps we can take to ensure suppliers utilize the system efficiently, ensuring the most accurate data. Recommended steps included:

- Make the entry of new and updating of supplies as simple as possible.
- Ensure initial training is thorough and specific.
- Provide ongoing support/training for suppliers.
- Have a built-in rating process that rewards those who are timely with their updates by filling empty rooms.
- Have a built in feedback from participants as to the conditions of the room

a. How will the time-lapse problem with the real time data be addressed so info is current?

Using a single data source where suppliers are maintaining their own inventory eliminates any lag time. Once the person is vetted by the independent peer review and authorization is given, then they will be adding and updating their room availability in the same data source that is feeding the search and filtered results for consumers

b. How will it be maintained and updated?

The system maintenance regarding programmatic changes and bug fixes will have to be built into the development contract. This can be done as a monthly maintenance fee or hourly rate. We recommend doing a monthly maintenance

contract for six months after release and then shifting to an hourly rate. The reason being is most of the bugs are caught and need to be addressed shortly after release. As the software matures those bugs are not as prominent so financially it is beneficial shift to the hourly rate.

Regarding the app and inventory there should be an administrator(s) who is a central point of contact. Then a hierarchal permissions and access structure would be built into the data structure. At each level of access has different roles and responsibilities.

Existing Services:

21. How will our transportation portion tie into or be different from the RFP that is out?

The transportation RFP will focus on providing transportation services. In contrast, the Transportation component of this project will focus on linking individuals to their appointments, using reminders, alerts and step-by-step guidance.

22. How is this different from Coordinated Entry?

The e-Housing component is an attempt to expand the available pool of options.

23. How can we incorporate some of the lessons learned from the Coordinated Entry?

The e-Housing component will be another tool/option. In general the lack of standards has kept some referral sources from wanting to use room and board homes. Hopefully this will encourage more unit availability by offering reliable quality. We want to encourage using this network by creating an ongoing referral system to participating operators.

24. How will the e-Housing component this work with the coordinated entry system? Will this be through the micro-communities model?

Coordinated Entry will be able to place people using the e-Housing database/directory. The goal is to expand safe and hygienic housing possibilities in a very difficult market.

25. How will it be different from HMIS that is trying to set up an automated system?

HMIS is for tracking homeless people; the goals are different.

Learning Objectives/Goals:

26. What are we hoping to achieve with this app? How will this help people in the long term?

- Reliable resource directory for shared housing

- Simplified referral process to improve linkage rates to housing
- Reduced time from detection of homelessness to linkage to housing
- Increased length of stay in housing compared to existing housing programs
- Improved access and linkage to behavioral health services
- Reduction in relapse and resource utilization
- Improving outcomes

27. How do we create a peer/housing/transportation system that will work?

The purpose of the MHSA Innovation component is to test the effectiveness of new or changed practices or approaches. The information gathered during this project and the lessons learned will be used to inform how we create a system that will work.

28. How can we help the people who aren't able to find a facility to use their shelter plus vouchers?

The Bridge Housing Program is going to be helpful in that regard. This program's RFP just closed. We are hopeful it will begin operations by July 1, 2018.

29. What will we be offering the community in regards to new housing?

The e-Housing project will not create new housing. However, it will identify existing facilities and establish a reliable list of locations, which has the ability to expand our awareness of available housing facilities. The project is based on an attraction model, through marketing and word of mouth the goal is to expand the list of currently existing housing facilities, thus creating more available housing options for our community.

Smartphones:

30. How do we address the issue of giving phones to people?

Smartphones will only distributed to individuals who are enrolled in the e-Housing project. Participants will be assigned a Peer Case Manager who will assist with setting up the phone, train the participant on how to use the phone and its features, and provide support throughout the duration of services. Participants must maintain regular contact with their Peer Case Manager.

    a. What happens if they lose them? How will the information in the phone be protected?

    PHI is not stored directly into the smartphones. Participants enter their information, but it is cleared once the app is closed. Participants must report the lost or stolen phone to their Peer Case Manager as soon as possible. Upon notification, the Peer Case Manager will turn off the data and service to the device. Lost or stolen phones

may be replaced up to 2 times, after which the participant will no longer be eligible for additional devices.

The Peer Case Manager will immediately notify the phone company and turn off all services for that phone.

Budget:

31. How did we come up with the estimated budget?

The Heath Care Agency Innovation Staff will review budget proposals from participating counties and seek guidance during steering committee calls with LA and other counties. Staff will also gather information regarding current cost of smartphones and service plans to estimate the cost of distributing devices. The administrative, staffing, services and supplies for this project will be determined based on estimates gathered from comparable services in Orange County.

    a. Will there be a line item budget?

Yes. A more detailed budget will be included in the proposal submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

32. What will be the cost of the phones and how many will be given out in each group?

This is to be determined. The budget will include an estimate of the cost of each smartphone, along with data and service plans. However, the actual cost of phones and service will be identified by potential vendors/bidders during the Request for Proposals (RFP) process.

33. How will we help the monolingual community so they can use the app?

The e-Housing and Transportation components will be made available in County threshold languages. It is anticipated that Peer Case Managers will be bilingual in County threshold languages and offer support and training to participants as needed.