INNOVATIONS PROJECT IDEA:
TECHNOLOGY SUITE TO SUPPORT COMMUNITY MENTAL HEALTH

INN Purpose: Increase access to services

INN Approach: Introduces a new approach or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.

Test: a suite of technology-based mental health solutions, designed to:

• Reduce time to recognition and acknowledgement that a symptom needs to be addressed and reduce time to receiving appropriate level of care.
• Increase purpose, belonging and social connectedness for users
• Reduce stigma associated with “mental illness” by promoting mental optimization.

Source: Innovation Technology Suite Driving Behavioral Health Change presentation by Debbie Innes-Gomberg, Ph.D. (Los Angeles County Department of Mental Health) at the MHSOAC, October 26, 2017.
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Target Population: Santa Clara County Adult and Older Adult System of Care

- Individuals early in the course of a mental health condition 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
- High utilizers of inpatient psychiatric facilities
- Existing mental health clients seeking additional sources of support
- Family members or adults suffering from mental illness who are seeking support
- Individuals at increased risk or in the early stages of a psychotic disorder
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Strategic Approach to Access Points

• Engaging mental health organizations such as the National Alliance for Mental Illness (NAMI) groups to promote use of applications
• Engaging senior centers and other key locations where senior adults are likely to congregate to promote use of applications
• Engage public locations such as libraries or parks in setting up kiosks or in encouraging use of applications
• Engage psychiatric emergency and inpatient settings, including Mental Health Urgent Care Centers, in identifying individuals at high risk of relapse from mental illness to encourage use of applications

Source: Innovation Technology Suite Driving Behavioral Health Change presentation by Debbie Innes-Gomberg, Ph.D. (Los Angeles County Department of Mental Health) at the MHSOAC, October 26, 2017.
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Multi-county collaborative project focused on increasing access for unserved/underserved populations:

- Los Angeles - approved
- Kern County - approved
- Mono County - approved
- Modoc – submitted to MHSOAC
- San Mateo – CPP
- Monterey County – stakeholder input
- City of Berkeley – stakeholder input
- Tri-Cities – stakeholder input
- Riverside – stakeholder input
- Santa Barbara – stakeholder input
- Santa Clara County – stakeholder input
- Fresno County
- Sonoma County
- Yolo County
ONE EXAMPLE OF TECH SUITE COMPONENT: 7 CUPS

The world’s largest behavioral health support system, consisting of four main components:

• Volunteer Active Listeners: 210,000 listeners trained in active listening, who provide 1-on-1 emotional support
• Growth paths: 32 treatment plans consisting of educational & therapeutic exercises to teach coping skills
• Community: a vast community of users working together to provide a supportive and understanding environment
• Therapists: a directory of professional clinicians facilitating therapeutic outcomes
INNOVATIONS PROJECT IDEA: HEADSPACE IMPLEMENTATION

Ramp Up Phase approved by the MHSOAC on November 16, 2017.

INN Purpose: Increase the quality of mental health services, including measurable outcomes.

INN Approach: Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.

Target Population: Youth ages 12-25 in Santa Clara County

Other Centers: Australia (headspace), Canada (Foundry), Ireland, Denmark, Israel.
INNOVATIONS PROJECT IDEA: HEADSPACE IMPLEMENTATION

**Ramp Up Phase:** Adapt the model, create evaluation plan, form community network, organize youth advisory groups.

**Implementation Phase:**
- Replicate the *headspace* model – a “one stop shop” integrated health and mental health care by physicians, on-site psychiatric services, alcohol and drug treatment, educational and employment services for youth ages 12-25
- Adelsheim’s feasibility study concluded that there is clear value in developing this model in the US, since currently there is no similar public mental health early intervention structure in place for young people in the US
- Four years of implementation

INNOVATIONS PROJECT IDEA: HEADSPACE IMPLEMENTATION

HEADSPACE CENTRE JOURNEY

ACCESSING THE SERVICE
Waiting Time
80% of young people waited ... 2 weeks or less for their first appointment

PRESENTING TO THE CENTRE
Young people presented to the centre with these issues ...
- Depression 28%
- Situational issues 23%
- Physical/sexual health 7%
- Alcohol & other drugs 3%
- Work & study 2%
- Other 2%

TREATMENT
The average young person has 4.1 sessions with headspace, which includes:
- Mental health services
- Physical health services
- Alcohol & drug services
- Work & study services

OUTCOMES
Young people rate headspace at 4.0 overall and 4.2 staff out of 5.
- 60% clients show significant improvement
- Other 40% may have made smaller improvements that didn't reach significance or are still receiving services at headspace or other services that they were referred to

headspace
National Youth Mental Health Foundation

SANTA CLARA COUNTY
Behavioral Health Services
Supporting Wellness and Recovery
# STAKEHOLDER COMMENT FORM

Please add your questions/comments to the form provided.

## PLEASE TELL US ABOUT YOURSELF

<table>
<thead>
<tr>
<th>What is your age?</th>
<th>What is your gender?</th>
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</thead>
<tbody>
<tr>
<td>0-15 yrs.</td>
<td>Male</td>
</tr>
<tr>
<td>16-24 yrs.</td>
<td>Female</td>
</tr>
<tr>
<td>25-59 yrs.</td>
<td>Other__________</td>
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<tr>
<td>60+ yrs.</td>
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</table>

<table>
<thead>
<tr>
<th>What group do you represent? (Check All that Apply)</th>
<th>What is your ethnicity? (Check All that Apply)</th>
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<tbody>
<tr>
<td>Family/Consumer of MH services</td>
<td>Latino/Hispanic</td>
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<tr>
<td>Law Enforcement</td>
<td>Asian/Pacific Islander</td>
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<tr>
<td>Education</td>
<td>African American</td>
</tr>
<tr>
<td>Cultural Competence and diversity</td>
<td>Caucasian/White</td>
</tr>
<tr>
<td>Consumer of Mental Health Services</td>
<td>Other__________</td>
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<tr>
<td>Veterans and/or representatives</td>
<td></td>
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<tr>
<td>Community Member</td>
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<tr>
<td>Disabilities advocate</td>
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<tr>
<td>Social Services Provider</td>
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<tr>
<td>MH and Substance use Provider</td>
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<tr>
<td>Faith Community</td>
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<tr>
<td>Health care</td>
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<thead>
<tr>
<th>What is your primary system transformation interest?</th>
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<tbody>
<tr>
<td>Community Collaboration (CCR § 3200.060)</td>
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<tr>
<td>Cultural Competency (CCR § 3200.100)</td>
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<tr>
<td>Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)</td>
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<tr>
<td>Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)</td>
</tr>
<tr>
<td>Integrated Service Experience (CCR § 3200.190)</td>
</tr>
</tbody>
</table>

## PLEASE PROVIDE COMMENT/FEEDBACK BELOW:
THANK YOU

Deane Wiley, Ph.D.
Deputy Director