

Transformation Transfer Initiative Final Report: Missouri



Interview conducted on June 4, 2021

Interviewees:

Marcia Ford, Children's Director, Department of Mental Health

Julia LePage Director of Community Supports, Division of Developmental Disabilities, Department of Mental Health

Amber Stockreef, Inner Divisional Children's Services Coordinator, Department of Mental Health

1. When did you launch your 2020 TTI, and how long has it been operational?

We won a 2017 TTI grant and have been building upon that. With the 2020 funding, we have focused on completing a mobile application to promote best practices and on developing a Missouri Alliance for Dual Diagnosis (MOADD) Extension for Community Healthcare Outcome (ECHO). We launched the ECHO this past March 3 and, on March 29 of this year, our mobile application was launched on both Apple and Android platforms.

To provide further detail, the mobile application is designed for clinicians to access best practices for individuals who have dual diagnosis. The ECHO is a pilot program whereby 25 individuals will have their cases reviewed by statewide experts via the ECHO model, and the best practice strategies in the application will be implemented through the ECHO process.

2. How has COVID-19 impacted your project? What adaptive practices or efforts have aided you in overcoming these challenges?

We were affected by the availability of the professionals who were working on these applications. We had several clinicians who were designing best practices and working on implementation of getting the mobile application as well as the ECHO ready. Many of these professionals' priorities and work duties were shifted during the COVID timeframe, and people were not as available. While we paused our efforts for a while, we were still able to move forward. Because both platforms were technologically based, we had a lot of zoom meetings and team meetings with the mobile application developers, and we were able to launch relatively quickly. We had planned on launching at the end of fall 2020, but we experienced some delays.

3. How many individuals have participated in your TTI at time of this interview?

With MOADD ECHO, we have had 86 people register. We have had 115 participants from March to June 2. We have had 581 users for our mobile application.

4. *How much has been paid in incentives at the time of this interview?*

We ran into complications with fiscal rules and requirements for the Department of Mental Health, and we have not been able to get approval to pay incentives. Our original idea was that families would be able to receive incentives as a result of what experts recommended through the ECHO, but we have not been allowed to spend money in that way.

5. *Have there been changes to your key partners and/or target population?*

No. Our ECHO team and mobile application team have not changed. Our target population is also the same. We have added some clinicians to the team who have helped build the mobile application.

6. *Do you plan to make incentives a part of your behavioral health system moving forward? If so, how will you achieve sustainability?*

NA

7. *Do you have any meaningful anecdotes regarding your programs that you can relay to us? (I.e., testimonials from participants, creative solutions)*

One exciting outcome is that people are using our mobile application all over the world. We've discovered that it has been downloaded in India, China, and some countries in Europe.

After giving case presentations and receiving information on ECHO, people have provided us with the following testimonials:

"I felt that having interaction with the group of people that were part of the ECHO, gave me and my co-workers valuable information. It gave us ways of thinking about subjects that we will not only use for our case but use with other individuals we supported. Having the psychiatrist on the ECHO was VERY valuable, and the fact that he was very relatable and did not talk over our heads was very much so appreciated."

"There are several changes. One main was a simple thing but helpful. Someone stated that we needed to make sure that all members of an individual's care team (physician, psychiatrist, counselor, etc.) are communicated to and understand what each are doing. This is something that we do but not at the level of facilitating that level of communication. This will help strengthen that communication and thus the care for our individuals."

"This is a very helpful model in regards to learning how to support people. I am personally looking forward to other cases being presented. I'm excited to begin to look at things in a different way and incorporate my new skills into my job."

"I like the questions for clarification part. This helps me understand how to think about difficult situations, what things I overlook when reviewing issues with people I support."

8. *Do you see the incentives working to help individuals make follow-up appointments?*

NA

9. *What has this federal investment given your state system that would not have happened without it?*

We would not have been able to complete the mobile application without this funding. We also would not be able to plan for future iterations or versions of the mobile application without this funding.

This funding also allowed for a state-level focus for building systemic support for a population that is faced with many challenges. We are able to access the state-level experts as a result of that focus.

10. *What will you do with any residual funding?*

We are going to use all of our funding. The mobile application can be refined and improved upon indefinitely as we see increased usage and receive greater feedback. We will learn how to improve upon the content and structure of information. It would also be wonderful if the ECHO never went away. We would like to embed it into the mental health system as a resource beyond the grant funding. We are exploring opportunities to implement a system to offer increased provider capacity.

In addition to training and consultation, through ECHO people are connecting who have not connected before. Relationships are being built. People who have traditionally worked in facilities or in community-based programs are connecting. The Division of Behavioral Health is connecting with the Developmental Disabilities Section.