



# Revolutionizing Behavioral Health: The Role of Behavioral Health Apps in Addressing the Workforce Crisis

November 28, 2023

1:00pm PT / 2:00pm MT / 3:00pm CT / 4:00pm ET

*Welcome! We will get started momentarily.*

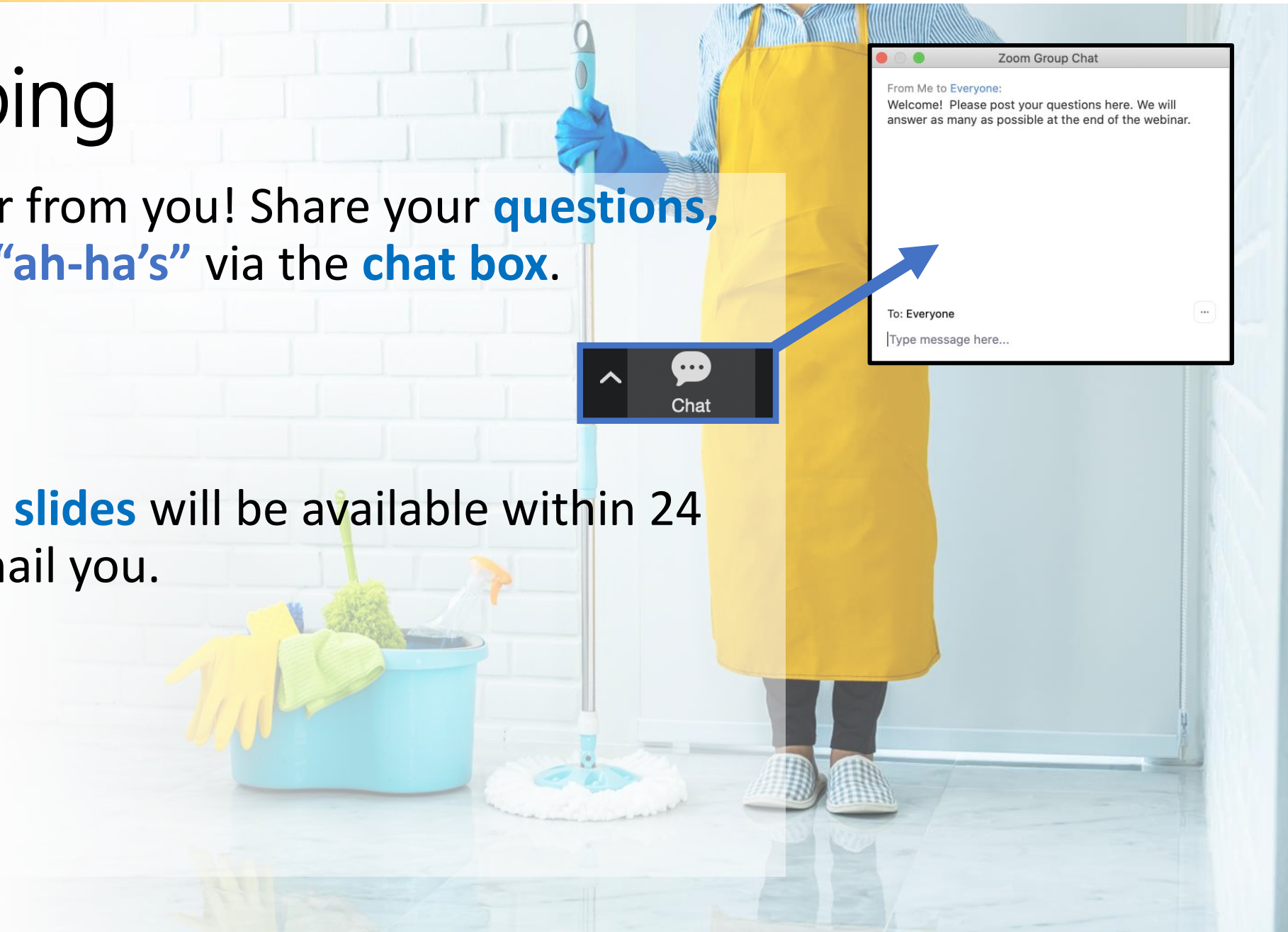
Please let us know who you are and where you are from in the chat box  
(click the chat icon at the bottom of your screen).

# Welcome



# Housekeeping

- We want to hear from you! Share your **questions, comments** and **“ah-ha’s”** via the **chat box**.
- A **recording and slides** will be available within 24 hours - We’ll email you.



# Presenters



**Garrett E. Moran, Ph.D.**  
WVU Rockefeller  
Neuroscience Institute



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Kooth US



**Hans Morefield**  
CHES Health



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M.D., DFASAM**  
Dynamicare Health



The Academy  
Integrating Behavioral Health & Primary Care

# Using Apps to Improve Access to Behavioral Health Care

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The College for Behavioral Health Leadership

November 28, 2023

Content for this part of the program is derived from AHRQ's [topic brief on this subject](#).

## **DIGITAL MEDICINE**

Use of behavioral health apps and other digital technologies as tools for measurement and intervention in the service of human health.

## **DIGITAL THERAPEUTICS**

Behavioral health apps and other digital technologies that deliver evidence-based therapeutic interventions to treat, manage or prevent a disease or disorder.

## **PRESCRIPTION DIGITAL THERAPEUTICS**

Digital therapeutics that have been approved by the Food and Drug Administration for use with a prescription.

What is a behavioral health (BH) app?

BH apps are an example of digital medicine.

## They can:

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Capture, store, and transmit health data

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Support diagnosis, patient monitoring, and self-management

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Target several BH conditions

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Connect users to BH professionals and peer support

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Deliver BH interventions

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Be used with the support of a healthcare professional (guided) or used without human support (unguided)

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# Why use BH apps?

- To expand the capacity of the existing BH workforce.
- To serve as an effective adjunct to other ongoing BH treatment (some can be effective when used on a standalone basis).
- To remove implementation barriers for evidence-based treatments.
- To virtually deliver evidence-based BH psychotherapies.





# Why use BH apps? (cont.)

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To remove engagement barriers and increase the convenience of engaging in BH treatment:

- Many allow patients to communicate with providers and peer support via text, audio, and video
- Some allow patients to participate in remote drug testing
- Many have high acceptability among patients

# What to consider when evaluating BH apps?



Most BH apps available for patient and clinician use have not been systematically evaluated in clinical trials.

While some have an emerging evidence base suggesting efficacy, there are challenges with implementation and limitations in methodology, design, and sampling of research studies.



No single organization (including the FDA) provides definitive guidance about the thousands of apps available.



The Agency for Healthcare Research and Quality has developed an evaluation framework (FASTER)— but it is not yet being implemented.

# Key questions to ask when considering apps.

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Is the app based on evidence-based BH frameworks, interventions, and approaches?

Has the app been shown to be efficacious?

Does the app have a transparent privacy policy that is clear and accessible?

Does the privacy policy disclose the collection, storage, use, and/or transmission of sensitive data?

Are there any potential conflicts of interest that could jeopardize data privacy and security?

Were patients involved in designing and testing the app to make sure it is easy to understand and use?

Does the app have accessibility features?

Is the app culturally and linguistically appropriate?

Will the app cost patients and if so, how much?

Is there external financial support for app adoption and use?

## Credible sources of information about BH apps.

Database/Listing	Organization Name	Organization Type	Evaluation Criteria
<a href="#"><u>mHealth Index &amp; Navigation Database (MIND)</u></a>	Division of Digital Psychiatry at the Beth Israel Deaconess Medical Center	Collaborative research group in an academic medical center	Based on American Psychiatric Association's App Evaluation Model
<a href="#"><u>One Mind PsyberGuide</u></a>	One Mind	Non-profit organization	Based on app credibility, user experience, and transparency of privacy practices
<a href="#"><u>Technology Assisted Care for Substance Use Disorders</u></a>	National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) Blending Initiative	Federal agency	Based on research findings from the National Drug Abuse Treatment Clinical Trials Network (CTN) trials and other NIDA-funded treatment studies
<a href="#"><u>Department of Veteran Affairs (VA) Mobile Apps for PTSD</u></a>	VA National Center for PTSD	Federal agency	N/A - Features apps developed by the VA National Center for PTSD
<a href="#"><u>Digital Therapeutics (DTx) Product Library</u></a>	Digital Therapeutics Alliance (DTA)	Non-profit trade association of companies that manufacture, evaluate, and distribute digital therapeutics	Based on product availability and alignment with the industry's definition and core principles
<a href="#"><u>New Zealand (NZ) Health App Library</u></a>	Health Navigator Charitable Trust	Non-profit organization	Based on features, functionality, information quality, relevance to NZ audiences, clinical value, and usability
<a href="#"><u>Self-Care App Listing</u></a>	Kaiser Permanente (KP)	Healthcare provider and non-profit health plan	Based on usability, effectiveness, safety, and confidentiality

# First steps when beginning to use BH apps.

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- Assess practice, staff, and patient readiness.
- Identify champions to build awareness and garner patient and provider support.
- Allocate and secure sufficient funds for app integration.
- Determine how apps fit into clinical workflows.
- Determine if/how to hire or expand staff roles to support integration of apps.
- Establish onboarding processes to provide education and training for staff and patients.
- Establish practice guidelines for app integration.
- Establish plans for monitoring and addressing safety and privacy.



# What actions are needed to increase BH app usage?

## **For Policymakers:**

- Develop standardized guidelines for data privacy and security.
- Develop standardized evaluation and review criteria.
- Establish an oversight organization(s).
- Establish clear funding mechanisms to support research.

## **For Researchers:**

- Conduct more clinical research to determine impact on outcomes.
- Conduct more financial analyses to determine if sustainable.
- Conduct more research to determine ways to reduce the burden of implementation.



# Contact information and resources.



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For more information, visit the following resources:

[AHRQ Academy for Behavioral Health Integration with Primary Care](#)

[AHRQ Academy Topic Brief: Usefulness of Behavioral Health Apps](#)



The Academy

Integrating Behavioral Health & Primary Care



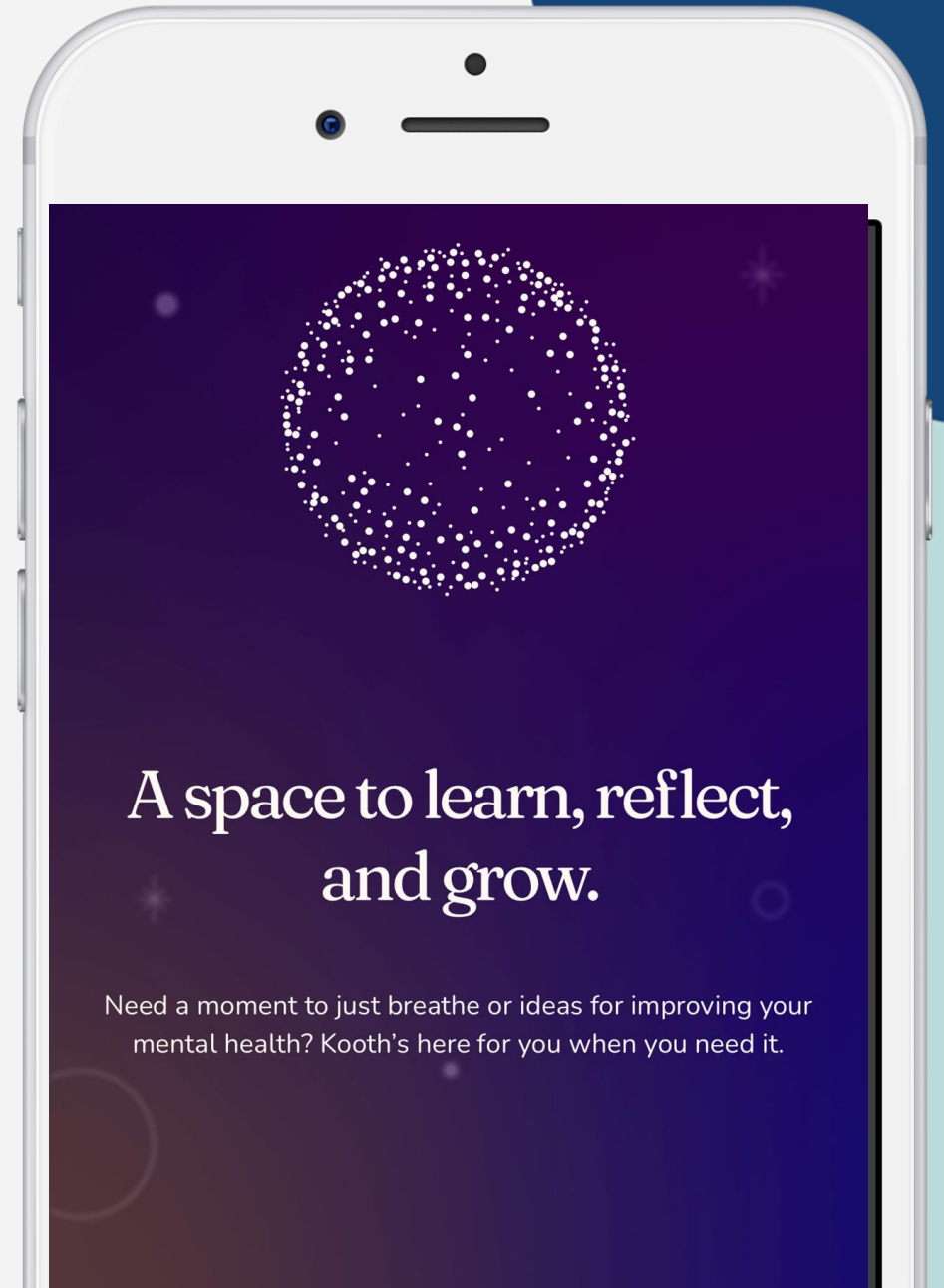




# Online Mental Health & Wellbeing Support

Improving Access for Young People

Harris Eyre MD PhD  
Medical Advisor, Kooth U.S.

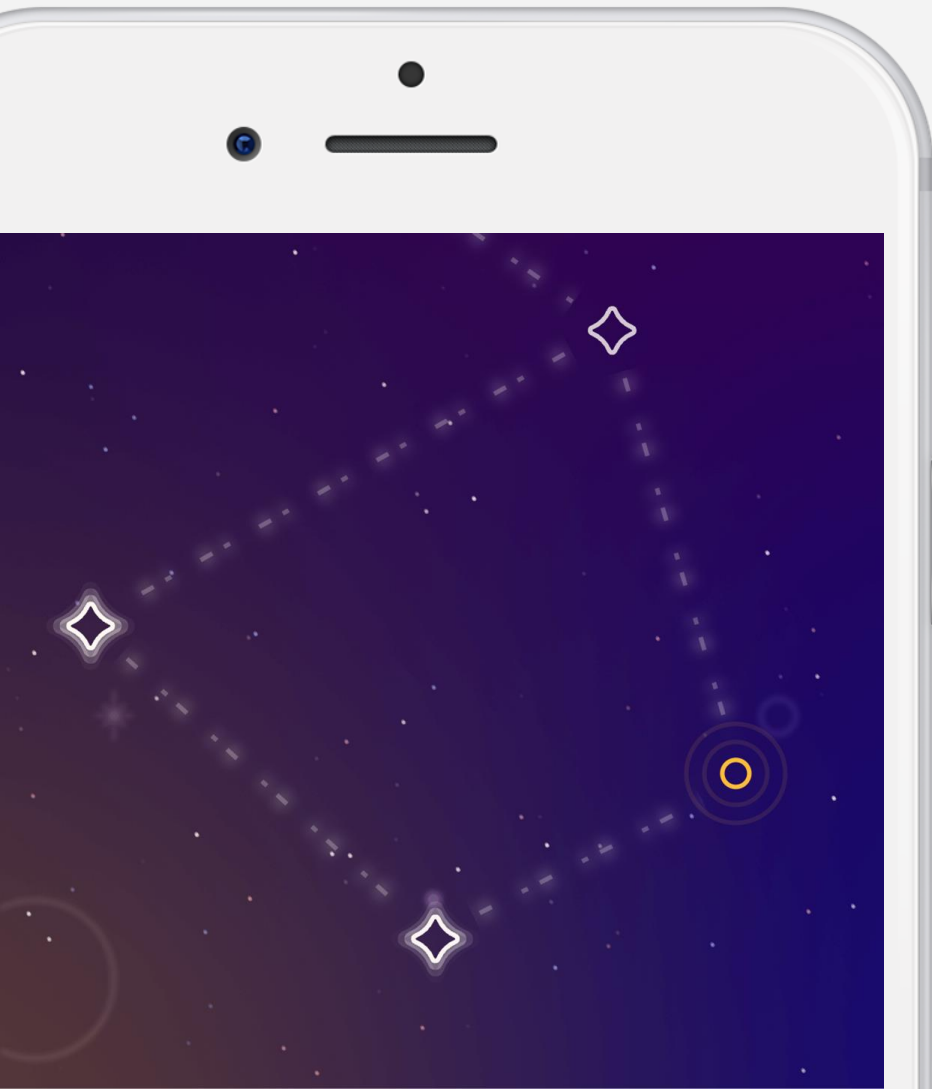


# The February 2023 CDC Report shows extremely unsettling trends.

**40% of all high school students said that they'd felt so sad or hopeless within the past year that they were unable to do their regular activities**

**3 in every classroom will attempt suicide this year**

13% of high school females and 7% of males are reported to have attempted suicide in 2021.



# Kooth is the **gold standard** model of care for personalized, proactive and accessible digital support

## **Self-therapy**

Offers therapeutic content and tools

## **Peer-Support**

Provides safe, moderated community spaces

## **Professional Support**

Enables asynchronous messaging, drop-in chat and structured/ongoing counseling

# We understand that fresh, engaging content enables a key entry point

## Resource

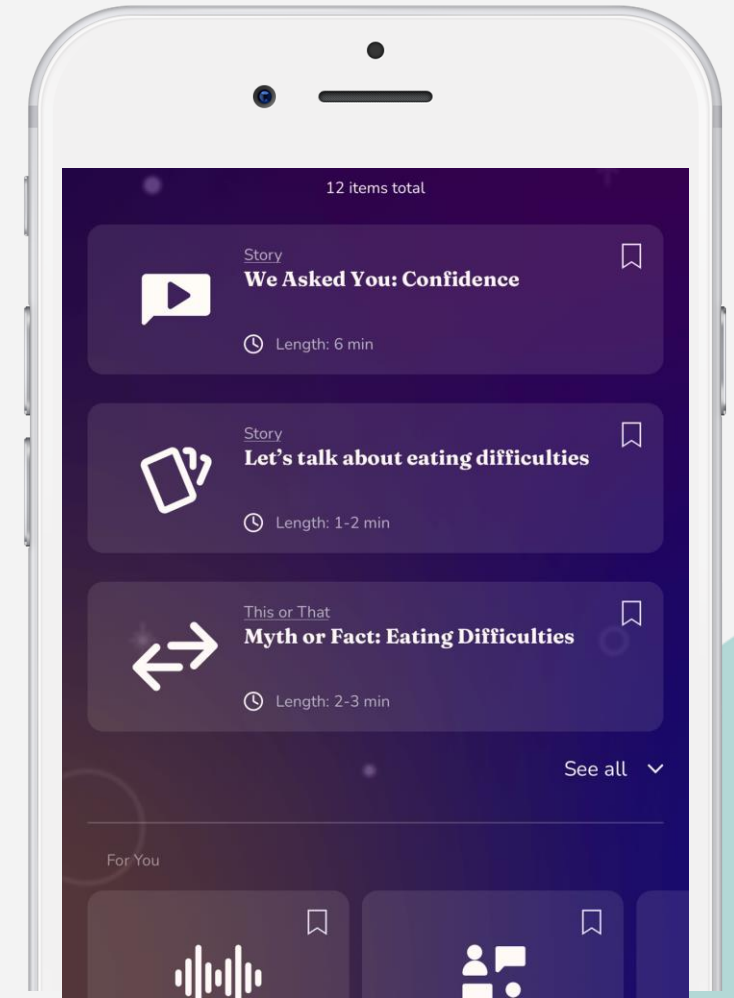
- Dedicated in house publishing team
- Safe process for moderating user generated content: 10k pieces moderated per week

## Capabilities

- Age appropriateness
- Videos/activities - contentful integration
- Data driven feedback loops
- Language and localization

## Innovation

- Content categorization to enable personalization
- Evidence-based self help content
- Partner network



# Strong foundations for a **multiple-use case** platform

## **Evidence based innovation**

Offer, proven real world results.

## **Accessibility**

Serve populations without limits or thresholds.

## **Choice**

Give individuals the exact access they want and need.

## **Safety**

Assures clinical warnings and case escalation.

## **Use Cases**

- Personalized Care
- Population Health
- Preventive Care
- Waitlist and Surge Management
- Early Interventions
- Just-in-Time Referrals

# California DHCS



## California DHCS

**Kooth created a native app to the specifications of DHCS to prove the concept of how Kooth could bespoke its service to the parameters of the provided scope.**

**In early 2023, Kooth delivered a proof of concept to California's Department of Health Care Services as one of two service finalists out of 82 applicants.**

Kooth's response to the initial \$4bn RFI initiated months of collaborative meetings, in-depth service scrutiny and a team of Kooth's brightest minds to work with them to bespoke the platform to the departments individual needs.

In this timeframe, Kooth developed strategic relationships with tech giants such as Apple and Google. The Kooth app was delivered as a proof of concept in February 2023.

# Case Study: Pennsylvania

## A Public - Private Partnership



+



**Kooth was awarded a 2022 \$3M grant to provide support to 150,000 young people (across ~30 school districts) with a view to a statewide rollout in 2024.**

**Kooth has made significant progress in just a few months.**

### The story so far:

- Rolled out across 20 school districts to date (rural and urban including the Philadelphia district)
- Approx 100k students will have access to Kooth by May 2023
- Kooth's local on-the-ground engagement team works with schools to drive awareness and usage of the service. Currently, 24% of all covered students are registered to the service.
- Leading academics in Pennsylvania to conduct a clinical and financial evaluation of the Kooth program.
- The future expansion of Kooth in PA will be partly funded by Payers and the State

# Kooth offers **20 years of international leading evidence**, now with a significant presence in the U.S.

**95%**

Coverage across  
UK's NHS

**13+**

Years of peer reviewed  
research

**1m+**

C&Y Users  
aged 11-25

**15.1m**

Lives covered

**BACP**

Accredited, only digital  
platform.

**7.7m**

Clinical Interactions

**5**

U.S. states

**Proven**

Clinical and financial  
outcomes

With our innovative and responsive clinical model: **I-RESPOND**





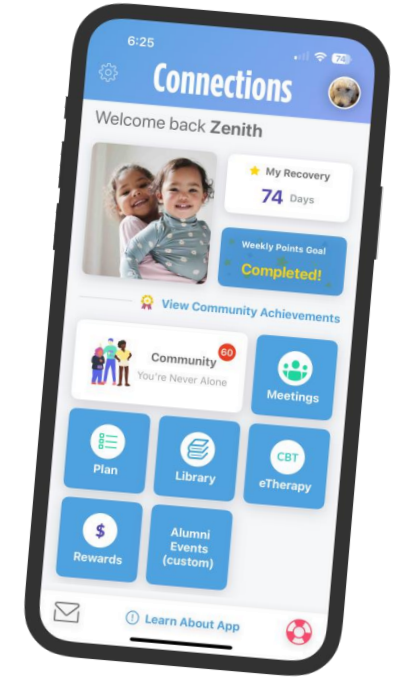
# Who We Are

*with peers*

Digital health company with a mission to address the individual & societal crisis of substance use disorder (SUD)

Evidence-based solutions for key moments in the SUD lifecycle

**We serve all industry stakeholders:** SUD/MH providers, health plans, state/local governments, and community organizations



American  
Addiction Centers



OKLAHOMA  
Mental Health &  
Substance Abuse

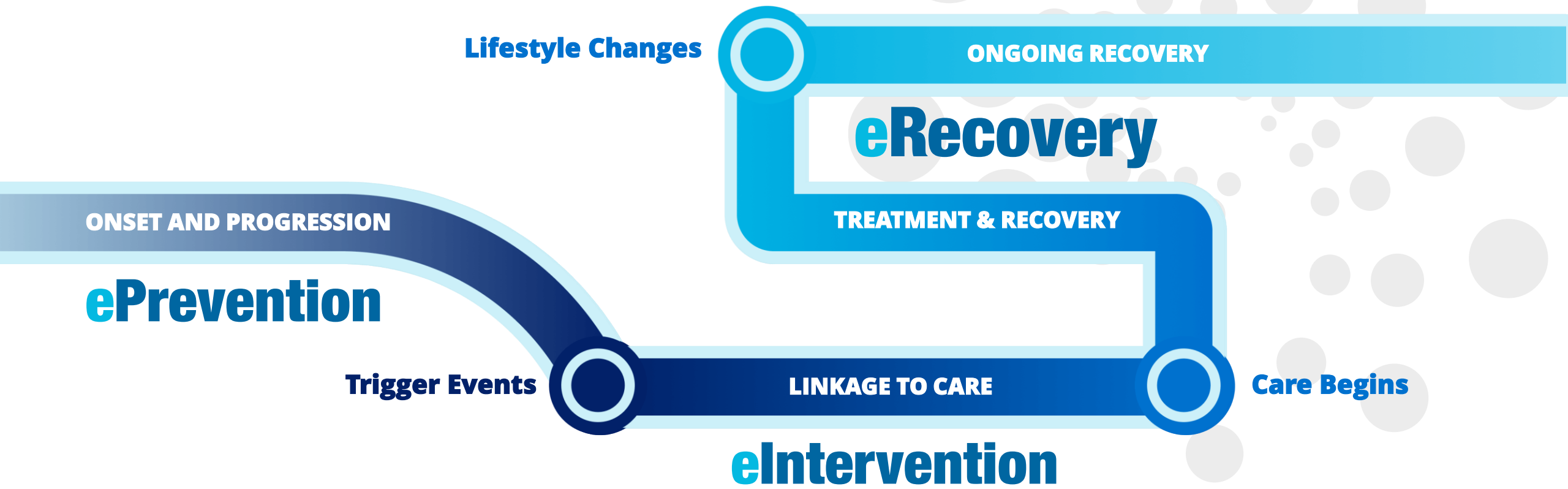
WEST VIRGINIA  
Department of  
Health &  
Human  
Resources



# Our Platform: Impacting Key Moments in SUD Lifecycle

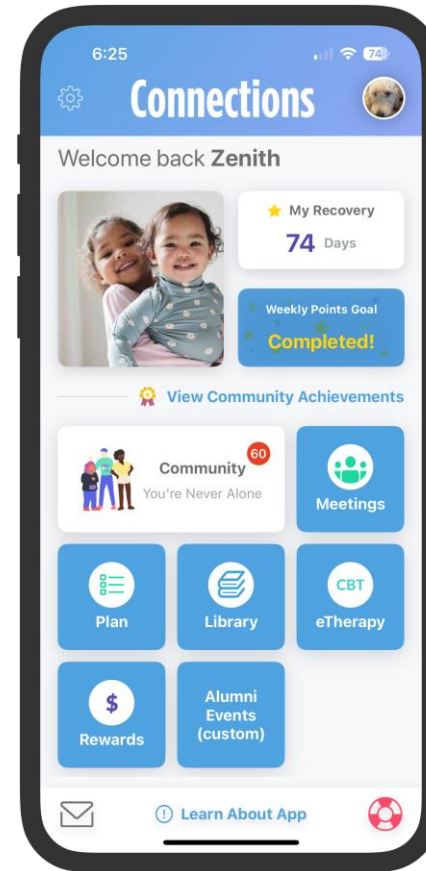


# Our Platform: Impacting Key Moments



# eRecovery: Supporting Individuals Outside of Treatment

- **Help individuals** to stay in treatment and recovery by:
  - 1. Reducing the risk moments they'll face** through peer engagement, meetings, tools, and as a positive distraction
  - 2. Building up their coping skills for the risk moments they will still have** through moderated recovery discussions, meetings, digital CBT lessons, and more when they **can't** self-care risk moment...
  - 3. Providing 24/7, 1:1 support** from CHES team of peer support specialists (based on risk detection or individual request)



Connections App  
Conexiones App

## Key App Features

- “Community” (CHES-moderated discussion forums)
- CHES-hosted video support meetings
- Digital CBT lessons
- Resource library/content
- Surveys and reminders
- Recovery help button
- + more

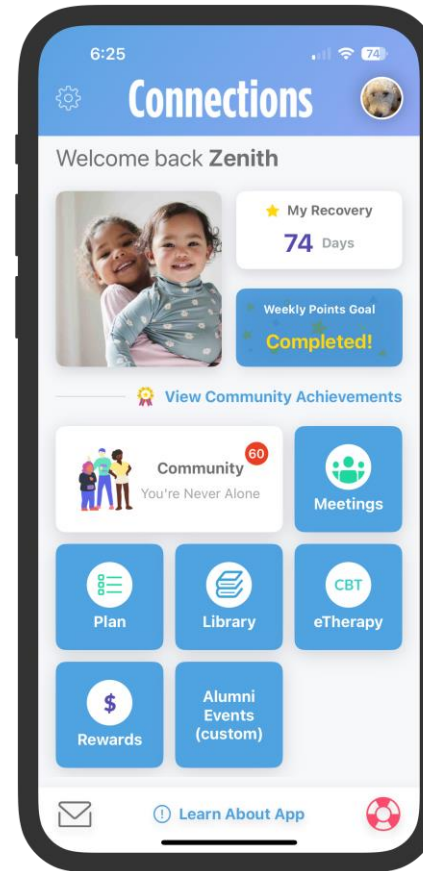


CHES Peer Team

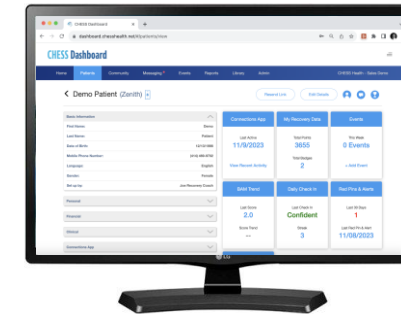
# eRecovery: Also Helping Providers to Succeed

- **Helps provider organizations** by:

- 1. Improving retention in treatment** by supporting patients between visits
- 2. Reducing stress on clinicians** by having CHES team handle many escalations and then CHES briefs care team
- 3. Staying connected and engaging with patients and alumni**
- 4. Capturing data between visits and post-discharge**
- 5. Automating contingency management**



**Connections App**  
Conexiones App



**CHES Dashboard & Analytics**



**Rewards Module**  
for Contingency Management

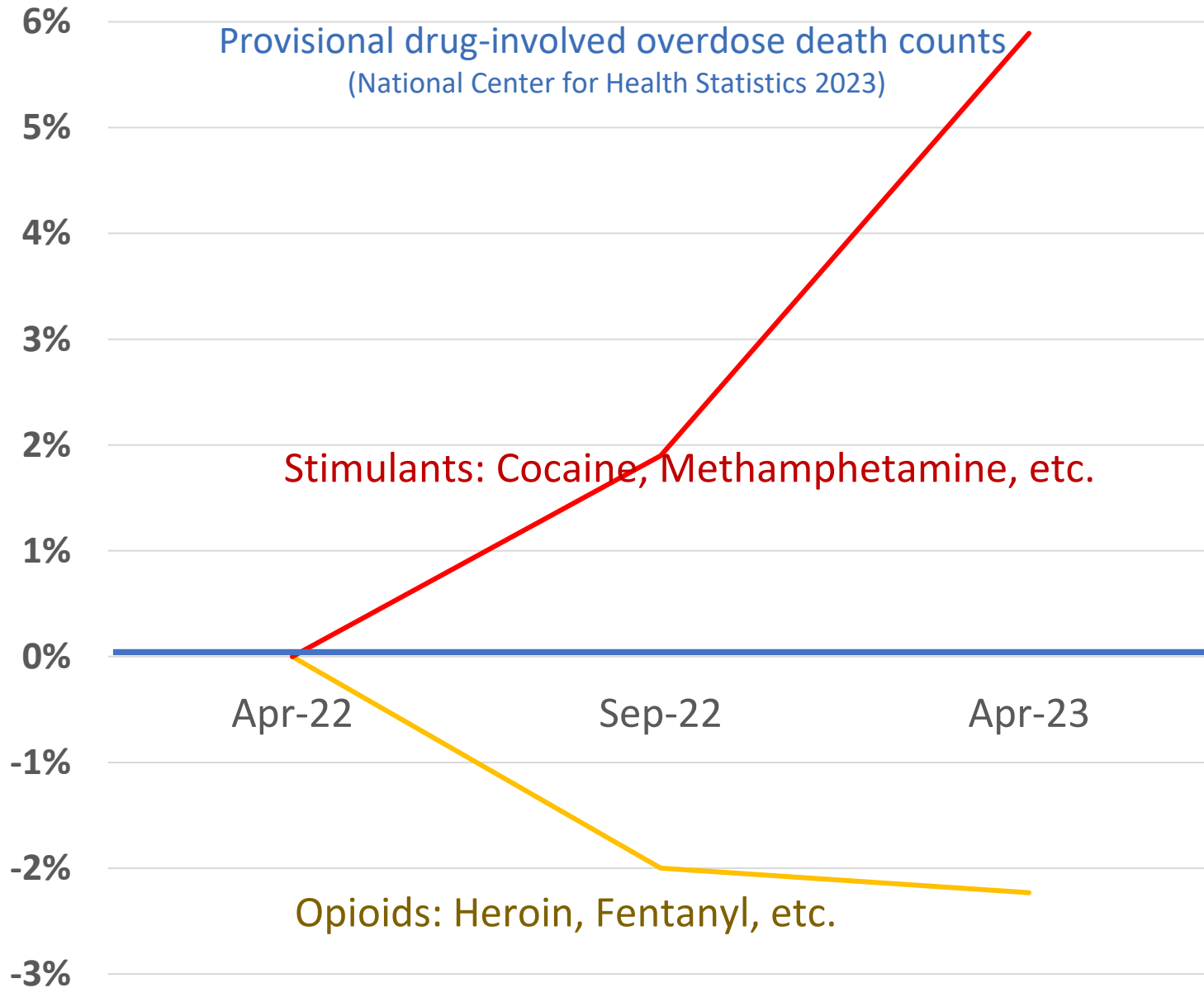


**CHES Peer Team**



DynamidCare  
HEALTH

# 2022-23 Rise in U.S. Overdose Deaths





# Contingency Management (CM)...

Best evidenced, most clinically & cost effective, yet *least utilized* approach in SUD

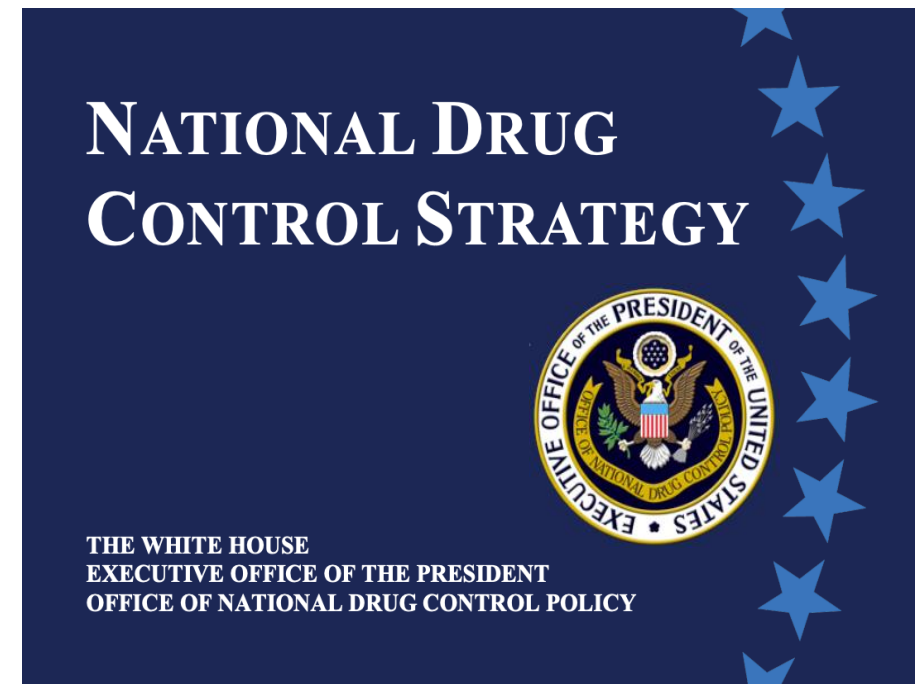
- **Verified by >100 randomized controlled trials & >12 meta-analyses**
- **Only requires \$100-200 per month in incentives**
- **>\$30 in societal benefits for every \$1 invested; ROI positive in Year 1**

“...motivational incentives, which utilize tangible rewards to reinforce positive behaviors such as abstinence from opioids and to motivate and sustain treatment adherence

...should be more widely available.”

“...can be offered through smartphone applications and smart debit card technology.”

(ONDCP National Drug Control Policy, April 2022, p. 49)



# Digital Evidence-Based Practices Reward Health Behaviors



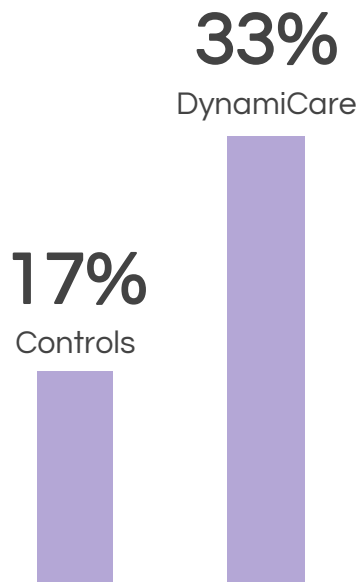
- Provider refers patient to call-line
- DynamiCare enrolls & trains patient
- DynamiCare monitors behaviors & promptly rewards via debit card
- Provider gets all behavioral data & risk alerts *before relapse*
- DynamiCare automates CM rewards with audit-ready accounting
- 12-month transition off cash rewards & onto real-world natural reinforcers

*\*DynamiCare: Only vendor with approval Advisory Opinion from the US DHHS OIG*



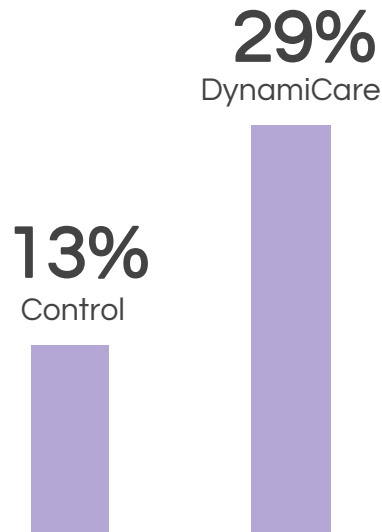
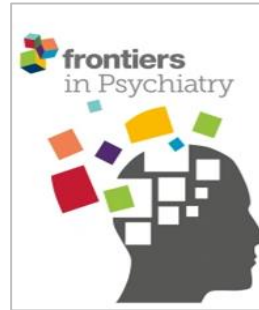
# 6 Research Reports: Consistent $\geq 100\%$ Boost in Abstinence

## Opioid Abstinence



% negative urine tests x4 mos. (n=108) vs. statistically-matched controls

## Stimulant Abstinence



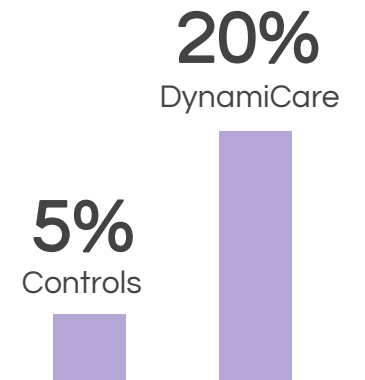
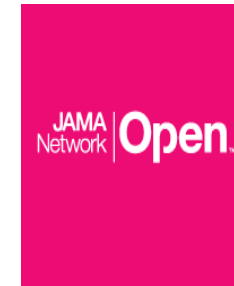
% negative urine tests x4 mos. (n=67) in subset with OUD + Stimulant Use Disorder

## Alcohol Abstinence



% of urine tests negative for alcohol X3 mos. RTC (n=60)

## Smoking Cessation



RTC in late pregnancy (n=90) across 33 states

# A Comprehensive Digital Therapeutic for SUD

## Enhancing Motivation, Adherence & Abstinence:

**David R. Gastfriend, M.D., DFSAM**

*Co-Founder & CMO, [DynamihCareHealth.com](https://www.dynamihcare.com)*

- *Chief Architect, ASAM CONTINUUM, American Society of Addiction Medicine*
- Former Dir., MGH Addiction Research, Harvard Med School
- Former VP, Alkermes

With support from:

- NIH/NIDA, NIAAA, NICGMS, & SAMHSA SOR
- The states of MA, NJ, OH, RI, VT & WV
- Aetna, Anthem, Harvard Pilgrim, Horizon NJ BCBS, MA BCBS, VT Medicaid, WV Medicaid
- EAP Programs, incl. multiple Fortune 500 companies

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# Let's Talk....



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