**Julie Edgcomb – Monterey Sounding Board**

**X2ai Tess AI Behavioral Health Chatbot**

* Seth Emont (sethemont@outlook.com) – metrics + evaluation guidance for pilot
* Connect to Carl @ CHCF (cbouthillette@chcf.org) for connection to his colleague Catherine/7cups solution pilot
* Anshu Abhat (aabhat@dhs.lacounty.gov) for background around LA County’s work
	+ UCLA Psychiatry has extensive experience in this space: <http://hss.semel.ucla.edu/portfolio/chorus/>
	+ We are trying to use the CHORUS platform for some of the work here in LA County.
* Rhonda Aubrey, COO @ CHCN (raubrey@chcnetwork.org) can give context around their BH delegation journey
* Mike Aratow, San Mateo (maratow@smcgov.org) – other psych solutions tips & tricks

**Sounding Board Questions:**

* Addressing provider/physician concerns about using TESS/ Provider Buy-In
	+ Sometimes patients more comfortable or honest speaking with AI re: BH issues, more convenient
	+ Not “inferior” solution
	+ provide demo for providers, emphasize availability of crisis hotline/referrals, emphasize the need in community
	+ Craft message so providers feel equipped to message with patients– as ANOTHER resource, NOT REPLACING 1:1 with provider (which may be months out).
		- Continuity of care support until I can see you next.
		- Who is providing this service? Health Plan? Monterey?
	+ **Answer “what’s in it for me as a provider” question**
		- Change management
		- identify local champions to move forward for you
		- Understand in relation to something they already know and love – make it familiar
			* Teens and STD study – engagement with school nurse; patients were more honest when not physical-physical conversation. Nurse got window into understanding the patient population. Get one of providers to use it for two weeks.
			* WebMD
* Recommendations for starting a doing pilot project?
	+ Get one of providers to use it for two weeks – Julie doing this
	+ CCI connect with Seth Emont – metrics + evaluation guidance for pilot
* Other ways to approach this issue? Thoughts on using chatbot?
	+ Carl: not a crazy idea! CHCF looking into this.
		- Pilots in 15 counties – **7cups solution** – AI connects you with network of 240k non-clinicians trained to walk through some problems – options for escalation to providers
		- Carl B - connect Julie w/ Catherine @ CHCF
* How can I do a better job to get patients to start using this?
	+ “self referral service”: Can patients self-refer to this, not need provider referral?
		- Need to convince providers that risk is mitigated
		- They want to know what patients are getting
		- LA county team – put link on patient portal
		- Ensure that organization has risk tolerance for this
		- Reminder providers of whole context of patient behaviors that they don’t necessarily have insight into
* Payment Sustainability
	+ Beacon mild/moderate payment comes from mgd care Medi-Cal plan
		- Julie presenting to mgd care plan on lack of access to Beacon
		- Monterey trying to get carve out for their members
	+ County approved x2ai/Tess product – signed
	+ Monterey as provider pays
	+ Capitation would make Monterey responsible – hasn’t happened
		- Speak with Rhonda Aubrey, CHCN – BH delegation lessons
		- Mike Aratow, SMC – other psych tips & tricks

**Other solutions/notes from group:**

SimSensei – USC Psychology

* Use as a screening tool
* Mental health services
* Patient self referral
* AI Interactive gaming – system can detect moods, specific questions, acts as a screener
* Providers can see results

Anshu: connection to UCLA Psychiatry, who has extensive experience in this space - <http://hss.semel.ucla.edu/portfolio/chorus/>

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Also use: https://www.crisistextline.org/losangeles/

Research Angle: Cultural competency