

Stakeholder Report

Updated March 31, 2020



Help@Hand Stakeholder Report

Background

Updated 3/31/2020

Project Overview

Innovative digital applications for smartphones and other mobile devices have great potential. Apps empower consumers by engaging them as full partners in their behavioral health care, supporting self-care, and offering access to people who face barriers in working with a face-to-face provider.

The Help@Hand project is trying to discover if technology fits within the Behavioral Health System of Care. And if so, how? Technology has many benefits, but there are also many challenges and questions. The project may discover technology does not work well within the Behavioral Health System of Care. If technology fits, it will be an incredible change in a positive direction.

Help@Hand is a collaborative project with 14 city and county Behavioral Health Departments working together. This means Help@Hand is not one project, but many projects across multiple cities and counties. This collaboration is innovative, and working together to implement something that has not been done before is also innovative. In both cases, creative solutions are required.

California Mental Health Services Authority (CalMHSA) previously identified the desire to pilot up to five technologies by December 2019. This goal is expected to be achieved by June 2020, due in part to changes in the Help@Hand budget model, project leadership, and the focus on developing critical foundational education for Digital Mental Health Literacy* during this timeframe.

Innovation

Funding for Help@Hand comes from Proposition 63 and the Mental Health Services Act. The Mental Health Services Oversight and Accountability Commission says Innovation, “provides the opportunity to develop & test new, unproven mental health models that have the potential to become tomorrow’s best practices.” This is important because it helps us remember that innovation is not intended to be a proven solution. There will be learning, there will be challenges, and there will be problem solving.

Read more about Innovation projects in the [MHSOAC’s Regulations](#).

Stakeholders

Innovation is not limited to technology. Help@Hand is also innovative in its commitment to have Peers* and Stakeholder involvement throughout the project. This means the communities served by the project also have a voice in how this project develops and is implemented.

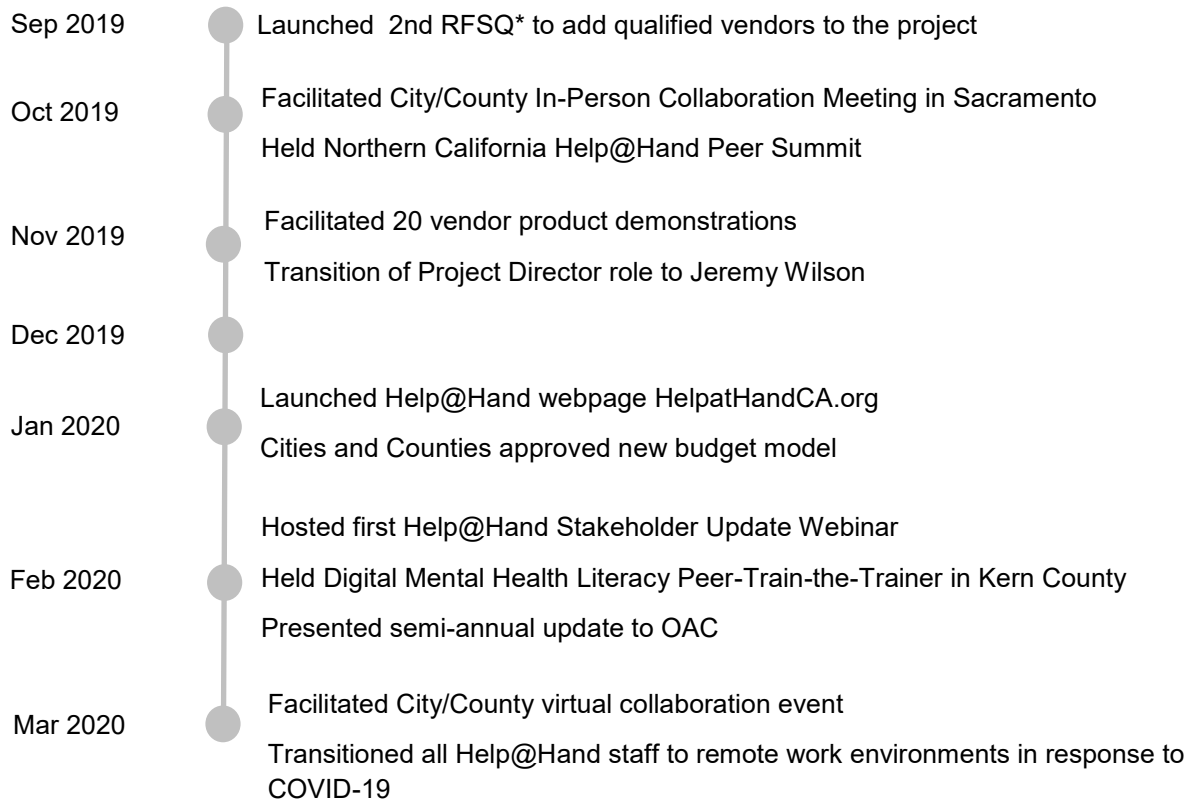
The audience for this project varies. Each of the 14 cities and counties is trying to reach unserved and underserved populations within their community, including Transitional Age Youth (TAY), monolingual communities, LGBTQ+, older adults and isolated adults.

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Progress Made

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Listed below are some of the many accomplishments Help@Hand has achieved since the September 2019 Stakeholder Report.



Additional Project Accomplishments

- Approved 93 technologies for use in the Help@Hand project
- Launched Help@Hand Branded business tools
- Held Northern California Help@Hand Peer* Summit (hosted by Marin and San Mateo Counties with Kern, Marin, Modoc, Riverside, San Mateo, San Francisco, Tehama, Tri-City, Los Angeles, and Santa Barbara Counties)
- Secured Contractor to provide clinical guidance to counties/cities and CalMHSA*
- Published Semi-Annual Report to the Mental Health Oversight and Accountability Commission in January 2020
- Developed and published Digital Mental Health Literacy* Video Series *Tips for Staying Safe Online* (7 videos to date) helpathandca.org/dmhl
- Developed Peer Curriculum to be adapted to Target Population and Communities
- Trained over 30 Peers on *Preventing and Managing Cyberbullying & Managing your Digital Presence*
- Developed business continuity plans and facilitated discussions with counties in response to COVID-19
- Performed preliminary research on feasibility of implementing an application at the State (CalMHSA) level in rapid response to COVID-19

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Frequently Asked Questions

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Help@Hand is delighted to have so many supporters eager to engage with, and learn from, the project. Stakeholders have asked the project many excellent questions on a wide range of topics. The topics have been captured here are intended to help keep Stakeholders informed about the progress. Terms with an asterisk (*) can be found in the glossary at the end of the report.

The Collaborative

- Twelve (12) counties and two (2) cities across California have joined together to learn and implement innovative technologies as a team.
 - ⇒ Modoc County
 - ⇒ Tehama County
 - ⇒ San Francisco County
 - ⇒ San Mateo County
 - ⇒ Kern County
 - ⇒ City of Berkeley
 - ⇒ Tri-City
 - ⇒ Los Angeles County
 - ⇒ Orange County
 - ⇒ Riverside County
 - ⇒ Mono County
 - ⇒ Santa Barbara County
 - ⇒ Monterey County
 - ⇒ Marin County
- Cities/counties can join the project by submitting a proposal to the OAC*. Once approved, they enter the collaborative by contracting with CalMHSA*.
- Participation may change over time based on the counties/cities that engage with the collaborative.
- Some decisions are made individually by the cities and counties. Some decisions are made overall by the collaborative.
- CalMHSA has a new director, Jeremy Wilson. Jeremy replaced the (then) retiring project director, Ann Collentine. This change was made effective on November 1, 2019.
- The Help@Hand Leadership formed a Roadmap Workgroup that identified key strategic priorities to guide the work of the Collaborative in order to achieve the project's vision. These priorities correspond to project and change management.
- The December 2019 Report to the Mental Health Service and Oversight Accountability Commission includes a background of the Help@Hand program, Stakeholder Engagement Updates, Success Stories, Learnings, and Looking forward.

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Funding

- Help@Hand is funded by MHSA* dollars through California's Proposition 63.
- As noted in their publicly available MHSA plans, cities and counties allocate funds toward the Help@Hand project. The funds are administered by CalMHSA on behalf of the collaborative.
- This project is funded by county contributions based on their approved OAC Innovation plan. This includes funds for overall project activities such as project management, marketing, implementation* readiness, organizational change preparation and testing. There are also local funds for marketing, implementation, technology configuration, licensing and training.
- As of March 2020, approximately 21.9% of the total project funding has been utilized, leaving 78.1% of the project budget available for the work ahead.*
- In November 2019 a new budget model for Help@Hand was approved by leadership. This new model shifts spending to emphasize locally-directed decisions for Cities and Counties to support their implementation of technology.

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Technology Products

- These technology tools are not intended to meet the needs of every consumer every time. We are always focused on protecting the people who are using these tools. Help@Hand is about person-centered care. Each individual should decide if they want to use the apps or not. We support their right to make that decision.
- This project looks at three areas of technology: 24/7 Peer Chat*, Digital Therapy Avatar* (Interact with a chatbot or avatar for support), and Digital Phenotyping* (monitor wellbeing from passive data* collected from digital devices, like a smartphone, to provide a user and clinician with feedback).
- The initial technology selected followed a procurement process:
 - 1) Request for Statement of Qualifications. RFSQ is a process for technology companies to submit a proposal to Help@Hand. The original RFSQ was released in December 2018.
 - 2) In January 2019 candidates were interviewed.
 - 3) All those who passed were added to "the bench" for county selection.
 - 4) Counties selected desired apps.
- To introduce more technology options to the project, an updated RFSQ was launched on September 11, 2019. The RFSQ closed in October and resulted in 93 approved technologies.
- Kern and Los Angeles Counties developed a Digital Mental Health Literacy Brochure, that offers information on a variety of app solutions evaluated by Peers* in their communities.
- Counties and Cities have a Product Matrix tool developed by the Help@Hand team .This Product Matrix includes more than a dozen additional features for Counties/Cities to filter from when searching for an application.
- The Cities/Counties currently have 93 approved RFSQ candidates to evaluate for pilot and implementation* opportunities. In addition Help@Hand has conducted 20 product vendor demonstrations for the Cities and Counties to gain more insight of the products that are available.
- The program now has a Pilot Proposal and Approval Process for each County and City to work through as part of the collaborative.
- The first Product Exploration Training was delivered on January 21, 2020 in San Mateo for two apps: Happify and Remente. This training is available for all counties/cities in the collaborative.
- The Cities/Counties now have a Vendor contract template, which was developed with guidance from digital technology legal experts.
- Cities/counties are currently working with the Help@Hand implementation team to develop an Implementation Playbook for their county/city.

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Privacy & Security

- The user's data is protected. Tech companies will have the data and may use it to improve the app, but they cannot sell it or trade it.
- Technology that collects and/or stores PII or PHI* will be HIPAA* compliant.
- Technology that does not collect your data are not HIPAA compliant because they do not collect your data.
- Data is housed by the technology vendors. It will not be sold.
- Many people already share personal data with their city/county. For example, data that is requested by some of the Help@Hand technology apps is very similar to the data that is collected for other county programs, such as CalFresh.
- Program evaluators, University of California Irvine, may use data for learning purposes, but the data will not identify individuals by name.
- Prior to using any technology or app, you will get information about the type of app it is and whether it is anonymous*, confidential or neither.
- Beginning January 1, 2020 a new California Law called the California Consumer Privacy Act. gives Californians new rights and businesses responsibilities in regards to their data and privacy. This new law grants a consumer a right to request a business to disclose the categories and specific pieces of personal information that it collects about the consumer, the categories of sources from which that information is collected, the business purposes for collecting or selling the information, and the categories of 3rd parties with which the information is shared. The bill would require a business to make disclosures about the information and the purposes for which it is used. [Read more here.](#)

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Safety

- The need to inform individuals prior to the use of a digital mental health solutions will be addressed by each city/county as it relates to their implementation of each technology, with guidance from their local subject matter experts.
- Help@Hand has developed a Vendor Security Questionnaire for prospective technology vendors to complete. This tool is designed to assist the project in adequately assessing the security of technology being considered for the project.
- The need for an Institutional Review Board (IRB) is considered on a case-by-case basis. Each county and vendor must make this determination considering their use of any data generated by the technology. CalMHSA cannot make any decisions about the need for an IRB*. UCI has obtained an IRB for data collection on the project.
- The Mental Health Services Oversight and Accountability Commission speaks about Innovation saying, “it provides the opportunity to develop & test new, unproven mental health models that have the potential to become tomorrow’s best practices.” This is important because it helps us remember innovation is not intended to be a proven solution or approach. There will be learning, there will be challenges, and there will be problem solving.
- Anonymous vs Confidential—these words are often used interchangeably but mean very different things. Anonymity refers to data that is collected in a way that the person's identity can never be discovered. Confidentiality refers to data that is collected in a way that the person is not immediately identifiable, but they may be identified if the person is believed to be involved a crisis.
- Digital mental health crisis response occurs at the local level, just as with any other mental health crisis response.
- Help@Hand has developed a crisis response protocol that augments current crisis response protocols. The step by step process adds considerations for multi city/county implementation of a digital mental health solutions. Vendors are required to adhere to the crisis protocol and work collaboratively with a city/county to respond to a crisis.
- A Digital Behavioral Health Questionnaire (DBHQ) was developed to asses the products from the RFSQ. David Young, Ph.D., MPH was engaged as the Help@Hand Clinical Consultant/ Psychologist to assist Cities/Counties and CalMHSA in reviewing the DBHQ.

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Implementation & Readiness

- Cities/counties are currently working with the implementation team to develop an Implementation plan for their City/County.
- A variety of templates and guides have been created to assist the Cities/Counties in conducting various activities according to industry best practices (focus groups in early testing, exploration training).
- A Training Schedule has been created for the Collaborative to support education across various efforts within the Help@Hand program. These efforts include: Project Onboarding, Digital Mental Health Literacy, Product Pilot, and Product Portfolio Implementation. The schedule is updated each quarter to reflect the next quarter's schedule.
- Organizational Change Management templates were created to guide Cities/Counties in developing plans to manage aspects of change such as communication, training and process changes.
- The Digital Mental Health Literacy curriculum is not only for Peers involved in the Help@Hand program, the intention of Train-the-Trainer sessions are to empower Peers to share knowledge and resources to their communities. In addition, the Digital Mental Health Literacy video tutorial series on helpathandca.org/dmhl is available for the general public to access.

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Evaluation

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- This project looks at three areas of technology: 24/7 Peer Chat*, Digital Therapy Avatar* (Interact with a chatbot or avatar for support), and Digital Phenotyping* (monitor wellbeing from passive data* collected from digital devices, like a smartphone, to provide a user and clinician with feedback).
- The University of California, Irvine (UCI) Provides a quarterly and annual evaluation* report to the collaborative. UCI in partnership with the University of California, San Diego (UCSD) is conducting a comprehensive formative evaluation of Help@Hand. The evaluation involves observing and evaluating the project as it happens in order to provide real-time feedback and capture project learnings.

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Peers & Stakeholders

- For the Help@Hand Project, our working definition of a Peer is: Someone who publicly self-identifies with having personal lived experience of a mental health/co-occurring issue accompanied by the experience of recovery and is trained to use that experience to support the people we serve.
- After Coordinating the transition plan of the previous Peer and Community Engagement Manager, Kelechi Ubozoh, CalMHS is actively recruiting a Peer to fill the role to ensure the Peer perspective continues to be integrated throughout the project.
- Many cities and counties involved with Help@Hand continue to have dedicated Peer representation to inform the program and provide input.
- Peers are involved in activities like product exploration, evaluation*, marketing, outreach and engagement.
- Recognizing that many stakeholders have needs and concerns before engaging with technology, the Peer and Community Engagement manager facilitated a series of meetings with stakeholders and as a result developed a Digital Mental Health Literacy Catalogue to respond to emerging needs.
- Pilots are intended to engage a diverse population. During previous pilots, the apps were not only translated but also trans-adapted. This means a person who fluently speaks the language has reviewed the translation to validate the translation. This means an individual from the community provides a first translation and another individual validates. Both individuals ensure cultural context is not lost in the language translation.
- Stakeholders have multiple ways to provide input on the project. Over the course of 11 Digital Mental Health Literacy data-gathering¹ sessions with counties, Help@Hand reached over 300 stakeholders to hear about their needs.
- To get more information about stakeholder input for a specific city or county, please contact that location's department of behavioral health.
- The Digital Mental Health Literacy catalogue includes over 7 video tutorials that are available to the public on helpathandca.org/dmhl.
- The Digital Mental Health Literacy Peer-Train-the-Trainer took place in Kern County on February 26-27, 2020 this included the development of Peer Curriculum to be adapted to Target Population and their communities. Over 30 Peers participated and were trained on the *Preventing and Managing Cyberbullying & Managing Your Digital Presence* curriculums.
- Help@Hand branding including logos, colors and illustrations were finalized in October 2019 based on input from project stakeholders.
- In November 2019 Kelechi Ubozoh provided an overview presentation on the role of Peers in the Help@Hand Innovation Project as the Peer and Community Engagement Manager, the recording is available on helpathandca.org.

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The Help@Hand teams are working diligently with experts and stakeholders to find the best ways to implement the technology, but we know not all questions can be answered today. Some questions will remain unanswered as we work through the project. These questions have not been lost. Help@Hand will track those questions here. As answers are learned they will be added to the FAQ sections of this document and the questions will be removed from this section.

Questions We Are Working On

- After the project is over, can counties and their stakeholders still have ongoing access to the digital solutions that were provided?
- Will all apps have a disclaimer about what will happen in a crisis?

How to Ask a Question

To submit a question to Help@Hand, please contact CalMHSA at HelpatHand@CalMHSA.org.

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Looking Forward

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What We Have Learned

- Implementing technology is complicated and takes time. The American Medical Association Digital Literacy Playbook notes that on average it takes a hospital 23 months to go from identifying a digital innovation need to scaling a digital solution to meet that need. In this case, we don't have one hospital, the Help@Hand project includes 14 cities and counties across the state, with different systems, processes and resources.
- We've heard from diverse communities that more product options are needed. The project opened a RFSQ process in September 2019 for technology companies to apply to be part of the suite of apps Help@Hand considers. There are 93 approved apps from this RFSQ. Only 10 apps from the RFSQ fit under "Peer" Component but are not necessarily chat, do not fit the project definition of Peers, or do not offer 24/7 support.
- Innovation is happening throughout the project on a daily basis. We are looking at different ideas and concepts, including creative ways to use the technology solutions, ways to identify and procure new technology solutions, and creative approaches to marketing and branding that are different than what we might expect to see with a county or city program.
- Every City and County has its own unique infrastructure and population. The diversity of the Collaborative requires decisions that are County/City specific with local dollars. The new budget model allows Cities/Counties to make decisions with local dollars to be responsive to their different stakeholder groups by directing more of the budget to local dollars.
- Understanding each product is very important to the Collaborative. A Digital Behavioral Health Questionnaire (DBHQ) was developed to assess the products from the RFSQ to help the cities and counties define the needs of their consumers and what considerations need to be at the center of their assessment.

What's Ahead

- Los Angeles County has received approval for three pilots (pilot start is subject to the county's focus on COVID-19)
- Two additional implementations are anticipated in Riverside and Orange counties.
- The next quarterly update of this document will be in June 2020. The next stakeholder webinar is tentatively planned for AUG 2020 (subject to change due to COVID-19).
- CalMHSA is actively recruiting a Peer to fill the role of the Peer and Community Engagement Manager.
- Virtual and written reports to stakeholders will continue.
- Cities/Counties are evaluating a rapid response deployment of a single product to assist their communities in dealing with stress and anxiety related to COVID-19.

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Addendum A—Project Terms

Updated 3/31/2020

Glossary of Project Terms and Acronyms

Term	Description
Anonymous	No data is collected from the user
Avatar	A computer program designed to simulate conversation with human users (e.g. chat bot, human-computer interaction).
Virtual Evidence-based Therapy Using an Avatar	Virtual manualized evidence-based interventions delivered via an avatar (e.g. mindfulness exercises, cognitive behavioral or dialectical behavior interventions delivered in a simple, intuitive fashion).
CaIMHSA	California Mental Health Services Authority
Confidential	Data is collected from the user, but not shared within the technology. The user is not known to other users, but the vendor, project team, or evaluators may have access to the user's information.
Digital Mental Health Literacy	Knowledge, skills, and behaviors to effectively use digital devices like smartphones and laptops for health information, communication, expression, and collaboration towards mental health and personal recovery.
Evaluation	The project is participating in a formative evaluation. Unlike summative evaluations, which focus primarily on understanding the impact or outcomes of a specific program or intervention, formative evaluations are designed to identify potential and actual influences on the progress and effectiveness of implementation efforts.
HIPAA	Health Insurance Portability and Accountability Act. This Privacy Rule protects all individually identifiable health information that is held or transmitted by a covered entity or a business associate.
Implementation	In the context of this project there are three phases in the process of putting a plan into effect: <ul style="list-style-type: none">• Initiation –The project objective or need is identified• Implementation –Project plan is put into motion and the work of the project is performed.• Stabilization –Releasing the final deliverables to the consumer, releasing project resources.

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Addendum A—Project Terms

Updated 3/31/2020

Glossary of Project Terms and Acronyms

Term	Description
IRB	Institutional Review Board
MHSA	California Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
PHI / PII	Protected Health Information / Personally Identifiable Information
Passive Data Collection	Measurement through passive capture of human computer interaction data. Utilize passive sensory data to engage, education and suggest behavioral activation strategies to users.
Peer	Someone who publicly self-identifies with having personal lived experience of a mental health/co-occurring issue accompanied by the experience of recovery and is trained to use that experience to support the people we serve.
1:1 (Peer) Chat & Digital Therapeutics	Utilize technology-based mental health solutions designed to engage, educate, assess and intervene with individuals experiencing symptoms of mental illness.
RFSQ	Request for Statement of Qualifications. Application process where technology vendors can apply to participate in the Help@Hand project.
TAY	Transitional Aged Youth — youth and young adults ages 16-25 that either have, or are at risk of developing, a serious mental health condition; population may include children in the foster care/child welfare system and/or justice involved youth.

