



# Help@Hand™

## *Stakeholder Report*

Updated September 30, 2019\*

# Help@Hand Stakeholder Report

## Background

### 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 but working together to implement something that has not been done before is innovative and requires creative solutions.

California Mental Health Services Authority (CalMHSA)

### Goals

- By December 2019, we hope Help@Hand will pilot up to five (5) technology apps.
- By June 30th we hope to have 8 - 12 apps available for use by cities and counties.
- We anticipate having at least one app in each of the 14 city/county members.

### 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 [MHSA’s Regulations](#).

### Stakeholders

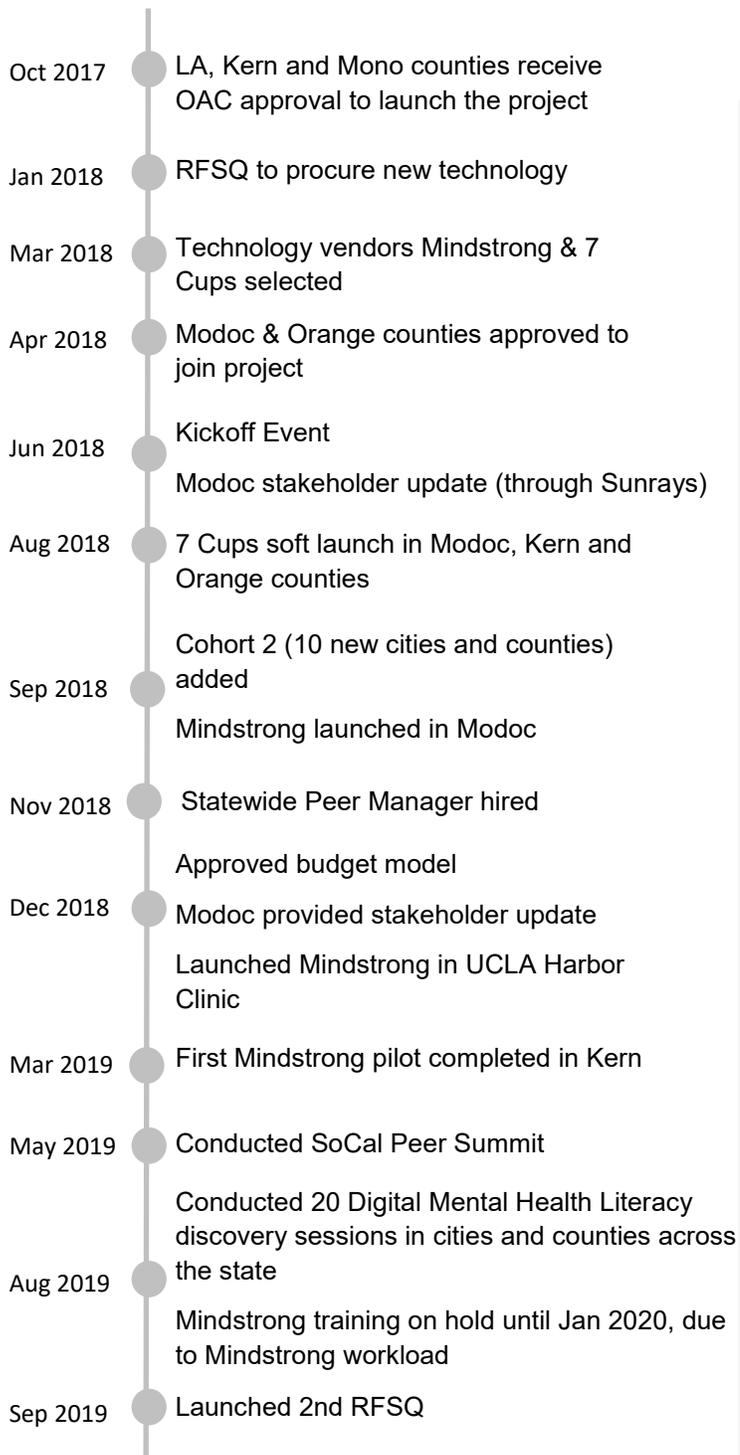
Innovation is not limited to technology. Help@Hand is also innovative in its commitment to have Peers and Stakeholder involvement throughout the project. This means the communities served by the project also have a voice in how this project develops and is implemented.

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

Help@Hand began in 2017. At that time, it was known as the Innovation Tech Suite. Since that time, other cities and counties have joined the project. One of the key learnings from this project has been that launching the technology is only a small part of the work. There is a great deal of change and preparation that needs to occur to allow the launches to be successful. Listed below are some of the many accomplishments the collaborative has achieved so far by working together.



## Additional Project Accomplishments

- LA County contracts with CalMHSA to administer the first multi-county collaborative innovation project
- UC Irvine (UCI) selected as project evaluator
- Hired a statewide Peer & Community Engagement Manager
- Hosted workshop on brand development and the evaluation
- Hosted workshop for Cohort 2, providing a demo of Mindstrong and 7 Cups, and evaluation overview
- Project Manager Cambria Solutions selected
- Facilitated workshops with Cohort 2 counties (San Francisco, Marin) to identify county vision and approach to integrating technology
- Developed and adopted Peer Staffing Model
- Developed and adopted Innovation Tech Suite Vision and Purpose Statements
- Conducted meeting to prepare for implementation including product governance, testing
- Established a project governance framework
- Trained UCI in the Mental Health Consumer and Recovery Movement and created opportunities for Peers to participate in the evaluation
- Developed Tech Suite Terms of Service document to explain the technologies and the risks of use
- Developed marketing and outreach plan

# Help@Hand Stakeholder Report

## Frequently Asked Questions

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 along with key points 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.
- 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 that engage with the collaborative. For example, Inyo is transitioning out of the collaborative due to internal resource capacity. We have heard from other counties who may be interested in joining the collaborative.
- Some decisions are made individually by the cities and counties. Some decisions are made overall by the collaborative.

### 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 will remain open through October 7, 2019. New technology is expected to be available for cities and counties to pilot by mid-November.

# Help@Hand Stakeholder Report

## Frequently Asked Questions

### Safety

- All apps involved in the Help@Hand Project will include accessible language that informs users on risks and limitations of the products, as well as what will happen in a crisis.
- CalMHSA has created Terms of Service (TOS) in response to early concerns raised by Peers and other community stakeholders. The TOS document provides initial disclosures and basic cautions for users of any technologies included within the Project. This TOS was written at a sixth grade reading level and will be shared with all users prior to engaging with any of our technology offerings.
- 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. Currently, UCI is pursuing an IRB for an organizational assessment of 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.
- The crisis response depends on the technology and the location where it is being implemented. Some cities and counties must be able to support a crisis response. Other cities and counties have different protocols.

### Funding

- Help@Hand is funded by MHPA dollars through California’s Proposition 63.
- As noted in their publicly available MHPA 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 10/31/2019, approximately 18% of the total project funding has been utilized, leaving 72% of the project budget available for the work ahead.\*

# Help@Hand Stakeholder Report

## Frequently Asked Questions

### 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.
- Help@Hand is proud to partner with a CalMHSA Peer and Community Engagement Manager who works diligently to ensure the Peer perspective is integrated throughout the project.
- Many cities and counties involved with Help@Hand also have dedicated Peer representation.
- 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 is partnering with digital mental health literacy experts to create training 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. They also checked to be sure it makes sense in the language and is culturally responsive.
- Stakeholders have multiple ways to provide input on the project. To get more information about stakeholder input for a specific city or county, please contact that location's department of behavioral health.

### 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.

# Help@Hand Stakeholder Report

## Frequently Asked Questions

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?
- Are the solutions confidential or anonymous?
- 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 [TechSuite@CalMHSA.org](mailto:TechSuite@CalMHSA.org).

# Help@Hand Stakeholder Report

## Looking Forward

### 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, we have 14 cities and counties across the state, with different systems, processes and resources.
- We've also heard from diverse communities that we need more options. The project is opening an application process for technology companies to apply to be part of the suite of apps Help@Hand considers.
- 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 program.
- Help@Hand has learned no one or two apps can possibly meet all the diverse needs of the project. Two apps were initially selected and deployed in some of our counties. We realized through the learning and feedback that we would better serve our audiences by pulling back, doing some additional work and deploying slower using a pilot process.

### What's Ahead

We acknowledge the importance of updates to our stakeholders. We will be implementing quarterly updates of this document for stakeholders.

We are excited to be currently procuring additional technology to increase options and help realize our goal of having a "suite" of technology available to counties. This will also result in testing\* and piloting of new technology. We will continue learning and exploring what works and does not work in bringing technology to county behavioral health systems.

The technology procurement (RFSQ) is expected to close in mid-October. A list of approved technology will be available to cities and counties by mid-November. Cities and counties will select a technology to pilot and will work with the vendor to develop a pilot proposal plan.

Help@Hand will bring the next project status update to the OAC in November 2019.

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## Addendum A—Project Terms

### Glossary of Project Terms and Acronyms

<b>Term</b>	<b>Description</b>
IRB	Institutional Review Board
MHSA	California Mental Health Services Act
OAC	Oversight and Accountability Commission
CaIMHSA	California Mental Health Services Authority
RFSQ	Request for Statement of Qualifications—application process where technology vendors can apply to participate in the Help@Hand project.
Digital Mental Health Literacy	Developing 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.
PHI / PII	Protected Health Information / Personally Identifiable Information
HIPAA	Privacy Rule protects all individually identifiable health information that is held or transmitted by a covered entity or a business associate.

# Help@Hand

## Stakeholder Questions About Procurement

### Stakeholder Questions

Stakeholders have excellent questions about how apps are brought into the project. The following pages outline these questions and how the question has been integrated in the application process for new technology vendors. Catalyst is developing a guide for Counties to use during demos/site visits to make sure they get the answers to some of the questions they identified.

Stakeholder Questions	Tech Vendor Application
<ul style="list-style-type: none"><li>• What is the purpose of the app? What will it do for me</li></ul>	This question is addressed by the category Company/Product Match Capability to Address Behavioral Health
<ul style="list-style-type: none"><li>• How much time will it take to set it up?</li></ul>	This question will be addressed during the demo/site visit process so counties can discuss their specific needs with the vendor.
<ul style="list-style-type: none"><li>• Is this app/digital solution sponsored or certified? Does it come from a credible source?</li></ul>	The Technical and Professional Standards category addresses if a digital solution comes from a credible source and if the vendor is seeking/has sought FDA approval. If a county would like to know if a product has a specific sponsor/certification, they will have the opportunity to ask the vendor during the demo and site visit process.
<ul style="list-style-type: none"><li>• Who is the developer and what are their credentials?</li></ul>	The “Strength of Match” category addresses credentials and experience for the vendor and its core team.
<ul style="list-style-type: none"><li>• The size, storage, and time investment for downloading?</li><li>• How much space does the app take up?</li><li>• How much data will this use?</li></ul>	The RFSQ asks the vendor to describe their product’s technical architecture. Additional questions regarding size, storage, and time will be addressed during the demo/site visit process so counties can discuss their specific needs with the vendor.
<ul style="list-style-type: none"><li>• How often is it monitored by a real person, what is the real person engagement?</li></ul>	The RFSQ asks for information on staffing for the pilot and if the vendor has a security officer on staff to oversee their data security program. Additional questions regarding monitoring can be addressed during the demo/site visit process.
<ul style="list-style-type: none"><li>• What is the benefit of the app?</li></ul>	The RFSQ asks for information on previous studies/pilots showing the benefits of the solution. In addition, it asks for the metrics vendors use to measure its success.
<ul style="list-style-type: none"><li>• What age group is this appropriate for?</li></ul>	The RFSQ asks for the vendor’s target populations and their greatest health concerns. Counties can discuss with vendors if they are interested in targeting a specific age group during the demo/site visit process.
<ul style="list-style-type: none"><li>• Can you lock the app or lock the account if multi-user capability?</li></ul>	The RFSQ asked for detailed information on how the solution protects users’ privacy. Counties can discuss specific features with the vendor during the site visit/demo process.

# Help@Hand

## Stakeholder Questions About Procurement

### Stakeholder Questions, *continued*

Stakeholder Questions	Tech Vendor Application
<ul style="list-style-type: none"><li>• How is my information being collected?</li><li>• How is my information being used?</li><li>• Who will have access to my information?</li><li>• What happens to my data I've entered after I remove the app?</li><li>• Why does the app need access to certain features (e.g. camera, location)?</li><li>• Any piece of mind statements like, "we do not share with third parties"?</li><li>• Is the technology secure?</li></ul>	<p>Vendors are asked to provide information on their protocols for management of information on user identities, consent and enforcement, entity/facility authentication, confidentiality, and document workflow auditing and detailed security policies to protect user privacy. In addition, vendors are required to attach their privacy policy and/or terms of use. Counties will be able to address any specific data/security questions with vendors during the demo/site visit process.</p>
<ul style="list-style-type: none"><li>• Who should be contacted in case of an emergency?</li></ul>	<p>Vendors and counties will be able to discuss emergency contacts during the demo/site visit process and confirm contacts before submitting a pilot proposal.</p>
<ul style="list-style-type: none"><li>• Disclaimer that it does not replace the care of a professional care or used for self-diagnoses</li><li>• Add a disclaimer that it is not meant to replace therapy, but that it is meant to supplement.</li></ul>	<p>Vendors are asked to describe their protocols during and after a user is in crisis such as reporting, resources provided to the user, organizational procedures, and how they liaise with a client in the RFSQ.</p>
<ul style="list-style-type: none"><li>• What risks might I expect if I download it?</li><li>• Is it clear of any malware?</li><li>• Will this cause screen addiction?</li></ul>	<p>The RFSQ asks multiple questions regarding the vendor's experience and credentials as well as background on their solution (including security features to protect user privacy) as part of the vetting process. Counties will be able to discuss any specific risks they are concerned about such as screen addiction during the demo/site visit process.</p>
<ul style="list-style-type: none"><li>• Is it really free?</li><li>• Are there recurring payments and fees or payment after the free trial?</li></ul>	<p>Pricing structure for and after the pilot will be addressed during the demo/site visit process so counties can discuss their specific needs with the vendor.</p>