HELP@HAND

DECEMBER 16, 2019

Orange County Mental Health Services Act Steering Committee
INTRODUCTIONS: JEREMY WILSON

- CalMHSA Program Director and Public Information Officer (PIO)
- Help@Hand Project Director
- 17 years of experience working for, on public funded local, regional and statewide mental health initiatives
- Former county MHSA Coordinator, Ethnic Services Manager, and Public Information Officer (PIO)
- Member of the LGBT Community – identify as a cisgender gay man
OBJECTIVES

- Provide update on the Help@Hand Project (formerly known as the Tech Suite)
- Provide brief overview of newly qualified digital mental health solutions
- Provide potential opportunities for Orange County residents
### MHSA FUNDING COMPONENTS

<table>
<thead>
<tr>
<th>CSS: Community Services &amp; Supports</th>
<th>PEI: Prevention &amp; Early Intervention</th>
<th>INN: Innovation</th>
</tr>
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<tbody>
<tr>
<td>Outreach and direct services for those with serious mental health needs</td>
<td>Prevention to promote wellness and reduce the impact of mental health problems</td>
<td>Funding to test new approaches to improve access, collaboration, and/or service outcomes</td>
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<table>
<thead>
<tr>
<th>CFTN: Capital Facilities &amp; Technology Needs</th>
<th>WET: Workforce Education &amp; Training</th>
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<tr>
<td>Infrastructure development to support electronic health records and facilities</td>
<td>Support to build, retain, and train a competent public mental health workforce</td>
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- *Counties received 10-year allocations for WET and CFTN activities

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### MHSA Core Values

- Wellness, Recovery and Resiliency
- Community Collaboration
- Cultural Competence
- Integrated Service Experience
- Client/Family Driven Mental Health System
“Innovation Is About Transforming The System. You Are Trying To Climb And Move That Mountain At The Same Time.”

Brian Sala, Deputy Director Of The MHSOAC
In His Presentation To The Help@Hand Counties 10/24/19
“An Innovation Project is defined as one that contributes to learning rather than a primary focus on providing a service.”

MHSA Proposed Guidelines for Innovation Component

What makes a project an “Innovation” Project?

- Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

Refer to CCR Title 9, Sections 3910-3935 for Innovation Regulations and Requirements.


https://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice09-02_Enclosure_1.pdf
MEASURING SUCCESS: DIRECTION FROM THE MHSOAC

"Innovation is NOT merely another funding stream for services. It is a funding stream for learning and supporting meaningful, productive systems change that sustainably improve the lives of consumers and their families."

Brian Sala, Deputy Director of the MHSOAC

How is success of an Innovation Project measured?

- Typically, we focus on project success on whether or not consumer welfare was directly improved because of what a project has done. However, the test of success in an Innovation project is more nuanced. Innovation is about transforming the system itself.
- Did participating counties learn something proportionate to the investment they made in the project?
- Have other counties learned from what participants have done and implemented what was valuable to them?
Help@Hand Project began in 2017 and was called the Innovation Tech Suite.

It is a multi-partner collaborative project with 14 city and county behavioral health departments working together.

The project is trying to discover if and how technology fits within the Behavioral Health System of Care.

Each county is trying to reach a unique unserved and underserved population including older adults, transitional age youth, geographically and socially isolated individuals and many more.

The OAC approved three areas of technology: 24/7 Peer Chat and Digital Therapeutics, Therapy Avatar, and Digital Phenotyping using passive data for early detection.

The total project budget for all participating counties is approximately $101 million. To date less than 20% of the budget has been utilized.
California Mental Health Services Authority (CalMHSA)

- Joint Powers Authority (JPA) established in 2009
  - Board of Directors are 55 County Behavioral/Mental Health Directors and 2 City Mental Health Directors (Tri City & Berkeley)
- JPAs establish governing structures for multiple jurisdictions that want and/or need to act jointly
- CalMHSA was utilized to implement statewide Prevention and Early Intervention (PEI) initiatives to reduce stigma and discrimination, increase student mental health, and prevent suicide

- CalMHSA is funded by projects the JPA is administering, no other funding stream
- CalMHSA is a Member driven organization
- Projects are administered on behalf of Members and per their direction
AREAS OF FOCUS

- **PEER ENGAGEMENT**: Integrating those with lived experience throughout the project
- **SAFETY & SECURITY**: Prioritizing safety of users and security of protected data
- **INPUT & FEEDBACK**: Incorporating feedback from a variety of stakeholder throughout the project
- **INNOVATIVE TECHNOLOGY**: Exploring how technology fits in the behavioral health system of care
- **APPLIED LEARNING**: Evaluating the work and incorporating lessons learned as we continue
- **STEWARDSHIP**: Demonstrating progress and responsible use of resources

**COLLABORATIVE LEARNING**
PROJECT HIGHLIGHTS

October 2017
- L.A. & Kern receive OAC approval to launch project

Nov 2017-Apr 2018
- RFSQ to procure new technology
- Mono County approved to join project
- Technology Vendors 7 Cups & Mindstrong selected
- Modoc & Orange counties approved to join project

May-Aug 2018
- Project Kickoff Event
- 7 Cups small deployment in Modoc, Kern, and Orange Counties

Sep-Nov 2018
- 10 counties and cities added
- Mindstrong deployed in Modoc
- Peer & Community Engagement Manager hired

Dec 2018-Mar 2019
- Deployed Mindstrong in the UCLA Harbor Clinic
- Modoc provided stakeholder update
- First Mindstrong pilot completed in Kern

Apr-Nov 2019
- Developed and launched 2nd RFSQ
- Outreached to Peers to serve as panelists for new technology
- Demos for new technology (in progress)
PEER AND COMMUNITY ENGAGEMENT ACTIVITIES

Nov 2018
- Presented to California Institute of Behavioral Health Solutions (CIBHS) Fiscal Leadership Institute and County Behavioral Health Directors Association (CBHDA) Policy Forum

Jan-Feb 2019
- Developed and adopted Peer Staffing Model
- Attending listening session with California Association of Mental Health Peer Run Organizations (CAMHPRO)
- Conducted site visits with Help@Hand Peers in San Francisco, Orange, & Kern
- Trained project partners on the Mental Health Consumer Movement

Mar-Apr 2019
- Presented Project updates to MHSA Partners Forum, the California Coalition for Mental Health (CCMH) and CAMHPRO
- Developed Terms of Services
- Convened Statewide Peer Help@Hand Calls
- Onboarded new peers to the project

Apr-May 2019
- Facilitated SoCAL Help@Hand Peer Summit
- Refined Help@Hand Peer Definition and Peer Chat Vision
- Identified need for digital mental health sessions and created approach

Jun-Aug 2019
- Held a listening session with ACCESS (Cal Voices) on project concerns and insights
- Conducted Digital Mental Health Literacy discovery sessions in 10 cities/counties across the state and reached 284 stakeholders

Sep-Nov 2019
- Supported Project Evaluator’s Stigma Conference with Peer Panel
- Outreached to Peers to serve as judges for new RFSQ
- Facilitated NorCAL Help@Hand Peer Summit
- Facilitated our 11th Digital Mental Health Literacy discovery
- 12 of 14 counties have peer representation within their project
PRIVACY AND SECURITY

- Participant’s data are protected. Tech companies will have the data and may use it to improve the app, but cannot sell or trade it, nor do they own it.
- Participants must give permission before personal health data can be shared with other health providers.
- Data is housed by technology vendors. It will not be sold.
- Data is stored in a secure, HIPAA government cloud to protect data from being stored off-shore.
- Technology that collects and/or stores Personally Identifiable Information (PII) or Protected Health Information (PHI) is required to be HIPAA compliant.
- Technology that does not collect user data do not have to be HIPAA compliant because they do not collect such data.
- Program evaluators University of California Irvine may use data for learning purposes, but the data will not identify individuals by name.
- Before using any digital mental health solution, participants will get information about the type of app it is and whether it is anonymous, confidential or neither.
SAFETY

- All apps involved in Help@Hand will include accessible language that informs users on risks and limitations of the products, as well as what will happen in a crisis.

- Help@Hand has developed a crisis response protocol that provides a step-by-step process for handing off a potential crisis to the county where it will then be addressed by the county's existing crisis response system. This protocol requires vendors to develop a method for identifying a potential crisis and initiating a paper trail which will be closed by a designee within the county.

- Each city or county has their own crisis response protocol. The crisis response will depend on the technology and the location where it is being implemented.

- Help@Hand has a Terms of Service document that provides initial disclosures and basic cautions for users of any technologies written at a sixth-grade reading level and will be shared with all users prior to engaging with any of our technology offerings.
SAFETY

- 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.
PEER INCLUSION

BRANDING, OUTREACH & ENGAGEMENT

TESTING & FEEDBACK

INFORMING PROJECT WORK

EVALUATION
DIGITAL MENTAL HEALTH LITERACY
THE TEAM

Digital Mental Health Literacy Facilitators

Emily Bender: Social Changery Director of Community Engagement

Kelechi Ubozoh: CalMHSA Peer & Community Engagement Manager

Aileen Dizon: CalMHSA Training Specialist
Project Background
During the SoCal Peer Summit and community engagement, Peers identified the need for education to support stakeholders make informed decisions and better engage with future digital mental health solutions.

Digital mental health literacy is developing knowledge, skills, and behaviors to effectively use digital devices like Smartphones, Tablets, and Laptops for communication, expression, and collaboration.

Project Purpose:
We partnered with counties to understand their community member’s unique needs and concerns about technology to support the creation of training.

Session Statistics:
Facilitated meetings in 11 counties with over 285 respondents.

Next Steps:
Partnering with a Digital Mental Health Literacy expert to co-create curriculum based on county needs, and facilitate trainings.
**PEER PROJECT HIGHLIGHTS**

**Accomplishments**
- Creating a Project Terms of Services Agreement
- Developing a Help@Hand Peer Model
- Convening Peer Summits and monthly Peer Lead Calls
- Contracting with a Digital Mental Health (MH) Literacy Expert to Develop County-specific needs
- Building a Peer Train-the-Trainer Digital Mental Health Literacy Program
- Training Vendors the Mental Health Consumer Movement
- Supporting UCI, the Project Evaluator, to facilitate a Peer Panel at their Stigma Conference to include consumer expertise in their approach to measuring stigma
- Ensuring Peer Judges review all of the New Technology applications

**Why It’s Important**
- Providing transparency around basic cautions, clarity about user choice, and highlighting that technology does not replace in-person mental health services offered is important to stakeholders.
- The Model provides clarity on the project definition of peers and roles, and provides and example of a peer staffing ladder.
- Supporting collaboration of Peer Leads across the state is important to project learning, connection and problem solving
- Responding to community-specific needs by developing digital mental health literacy curriculum will support project learning and stakeholder’s ability to make informed choices.
- Training the Peer Workforce to facilitate digital MH literacy sessions will keep the learning local and sustainable.
- Training Project partners on peer culture, experience, and history supports better project integration.
- Integrating consumer expertise and voice in evaluation enhances the work.
- Incorporating lived experience and perspective on possible future technology can help our project be more responsive to consumer needs.
“Innovation is not merely another funding stream for services. It is a funding stream for learning and supporting meaningful, productive systems change that sustainably improve the lives of consumers and their families”

Brian Sala, Deputy Director Of The MHSOAC
What did we learn?

- Implementing technology is complicated and takes time.
- Two apps were initially selected and deployed in some of our counties.
- No one or two apps can meet all the diverse needs of our communities.
- We realized through the learning and feedback that we would do better serving our audiences by pulling back, doing some additional work and deploying more slowly using a pilot process.
Deployed a Request for Statement of Qualifications (RFSQ) to pilot new technology

Utilized, Catalyst, an outside vendor, with extensive experience vetting digital health apps and managing procurements

Engaged a diverse panel of judges with a variety of backgrounds including technology experts and people with lived experience of mental health issues; Peers reviewed each of the 93 applications

Included scoring criteria that considers if a technology presentation and content is recovery oriented

Currently we are scheduling demos for the top scored 16 applicants with counties
Counties will pilot future digital mental health solutions before getting adopted to the Help@Hand Project Portfolio

CalMHSA will support counties on their pilot analysis, vetting, and implementation

**What are we hoping to learn from the pilots?**

1. Does the product meet the county’s specific needs?
2. Is the digital mental health solution safe?
3. Will the communities we are hoping to serve use it?
PILOT PROCESS

- Once a pilot is over, all outcomes and findings from the pilot will be presented to the Collaborative who will decide if the technology will be added to the project portfolio.
- Our goal is for Help@Hand to pilot up to five digital mental health solutions starting at the beginning of year.
NEWLY QUALIFIED DIGITAL MENTAL HEALTH SOLUTIONS

- 92 digital mental health solutions qualified through a Request for Statement of Qualifications (RFSQ)
- Administrative & review judge review – included individuals that identify as Peers
- Top 16 digital mental health solutions provided demos to Help@Hand Collaborative
- Qualified under Mental Health Services Oversight and Accountability Commission (MHSOAC) approved components
- 74 of 92 qualified as peer chat and digital therapeutics
- 32 of 92 qualified as therapy avatar
# IMPACT OPPORTUNITIES FOR ORANGE COUNTY

<table>
<thead>
<tr>
<th>App Name</th>
<th>Short Description</th>
<th>Pricing Details</th>
<th>Languages Supported</th>
<th>Age</th>
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</table>
| Concert Health | Digitally native, distributed behavioral health Medical Group.                      | • Anchored to the Medicare rates  
• One time $85,000 implementation fee  
• Min.$20,000 per month/per ~200 users.                                         | Spanish                                                               | All          |
| ConsejoSano    | Multicultural member engagement and care navigation solution. Uses passive data for early detection and intervention. |                                                                                                      | Spanish, Arabic, Farsi, Mandarin, Cantonese, Armenian, Tagalog        | All          |
| Happify        | Digital self-care platform that supports the continuum of care.                     | Monthly: $11.99 month/per user  
Annual: $59.99 /year/per user                                                                 | Spanish, Chinese, Traditional Chinese, Japanese, French, Portuguese, German | All          |
| Headspace      | Headspace provides app-based mindfulness, meditation and sleep training.            | Monthly: $12.99 month/per user  
Annual: $69.99 year/per user                                                                 | Spanish, French, German, Portuguese                                         | All          |
| myStrength     | Web- and mobile-based self-management tools.                                        | Monthly: $53 month/per user                                                                                                                                  | Spanish                                                        | All          |
| Remente        | Helps users gain insight through assessment tools, supporting resources, goal setting, and implementing positive behavioral changes through daily planner. | Monthly: $100 per month/per user. If volume >10,000 users, price could go down to $10 per user per month. | Spanish, German, Italian, Swedish                                        | All          |
| Uniper         | Interactive, live classes that support mental, social & physical health through person's tv. | Monthly: $35 per month/per member  
and one time set up fee. Price varies.  
Additional fee for telecare through the TV ($1,000 -$2,000 per month per agency). | Spanish, Russian, Hebrew                                             | Older Adults  |
| Wysa           | Wysa is an anonymous chat-based therapy.                                            | Free for chatbot  
$50 /per month/per user for coaching                                                                 | All                                                                    |              |
| K'Bro          | Multi-featured, interactive app to build emotional resilience among adolescents.    | One time fee: $50-60 per user                                                                                                                                  | Teens         |
## ORANGE COUNTY HELP@HAND FISCAL OUTLOOK

<table>
<thead>
<tr>
<th>Total Approved Budget</th>
<th>ESTIMATED Expenditures (launch to Oct 2019)</th>
<th>ESTIMATED Unspent OC Help@Hand Funds</th>
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<td>$24 million</td>
<td>$6 million</td>
<td>$18 million</td>
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### ESTIMATED EXPENDITURES*

* NOT including evaluation, marketing, peer/community engagement, local staff costs

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<thead>
<tr>
<th>Category</th>
<th>Y2</th>
<th>Y3</th>
<th>Y4</th>
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<tbody>
<tr>
<td>CalMHSA Infrastructure</td>
<td>$1.7 million</td>
<td>$1.7 million</td>
<td>$1.7 million</td>
</tr>
<tr>
<td>Mindstrong (3000 users/month)</td>
<td>$1.8 million</td>
<td>$3.6 million</td>
<td>$3.6 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3.5 million</strong></td>
<td><strong>$5.3 million</strong></td>
<td><strong>$5.3 million</strong></td>
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**Total** $14.1 million
To stay connected to the project, or to ask additional questions, please contact me at:

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