
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

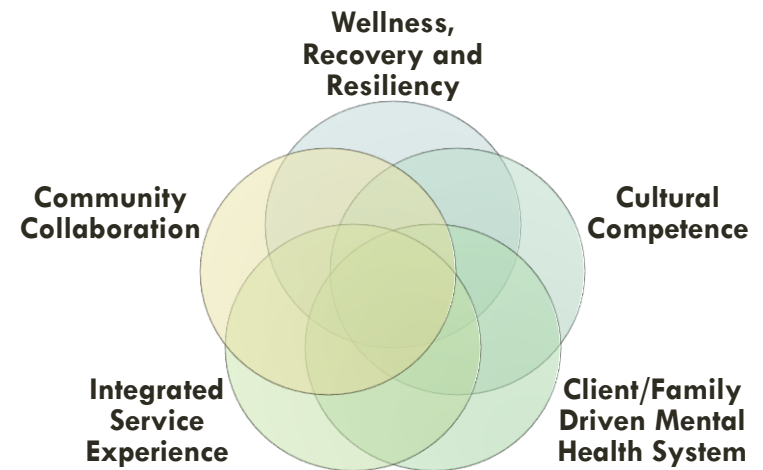
- **Provide update on the Help@Hand Project** (formerly known as the Tech Suite)
- **Provide brief overview of newly qualified digital mental health solutions**
- **Provide potential opportunities for Orange County residents**

MHSA FUNDING COMPONENTS

CSS: Community Services & Supports	PEI: Prevention & Early Intervention	INN: Innovation
<ul style="list-style-type: none">•Outreach and direct services for those with serious mental health needs	<ul style="list-style-type: none">•Prevention to promote wellness and reduce the impact of mental health problems•Early intervention to address emerging mental health needs	<ul style="list-style-type: none">•Funding to test new approaches to improve access, collaboration, and/or service outcomes
CFTN: Capital Facilities & Technology Needs	WET: Workforce Education & Training	
Infrastructure development to support electronic health records and facilities	Support to build, retain, and train a competent public mental health workforce	

- *Counties received 10-year allocations for WET and CFTN activities

MHSA Core Values



**“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

INNOVATION FUNDING COMPONENT

“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

NOTE: Authority cited: DHCS Enclosure 1

https://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice09-02_Enclosure_1.pdf

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 Title9, Sections 3910-3935 for Innovation Regulations and Requirements <https://www.mhsoac.ca.gov/document/2016-03/innovation-regulations> NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5830, Welfare and Institutions Code

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”

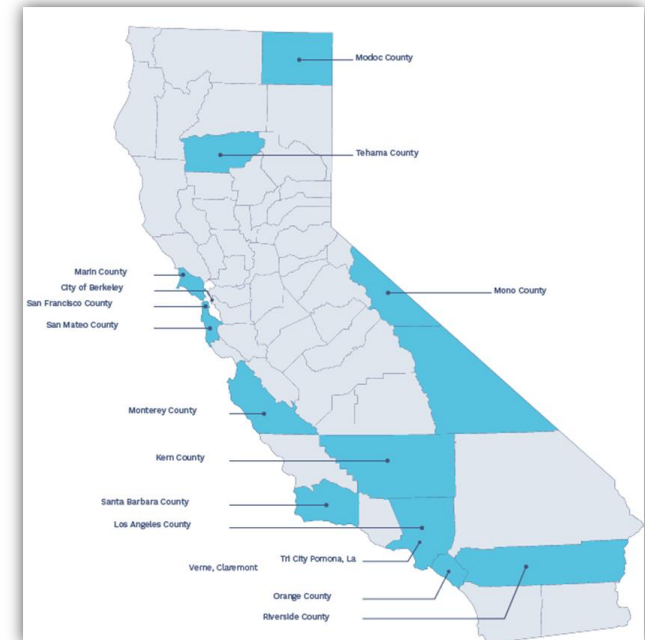
Brian Sala, Deputy Director of the MHSOAC

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?

PROJECT OVERVIEW

- 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.

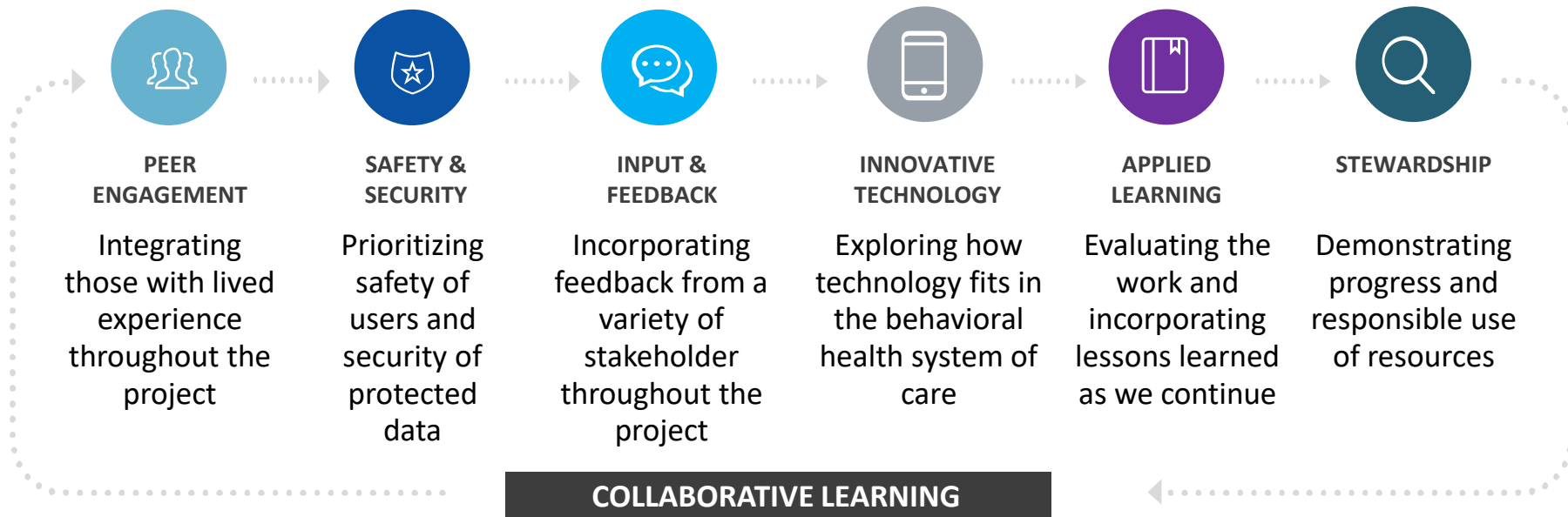


CALMHSA'S ROLE

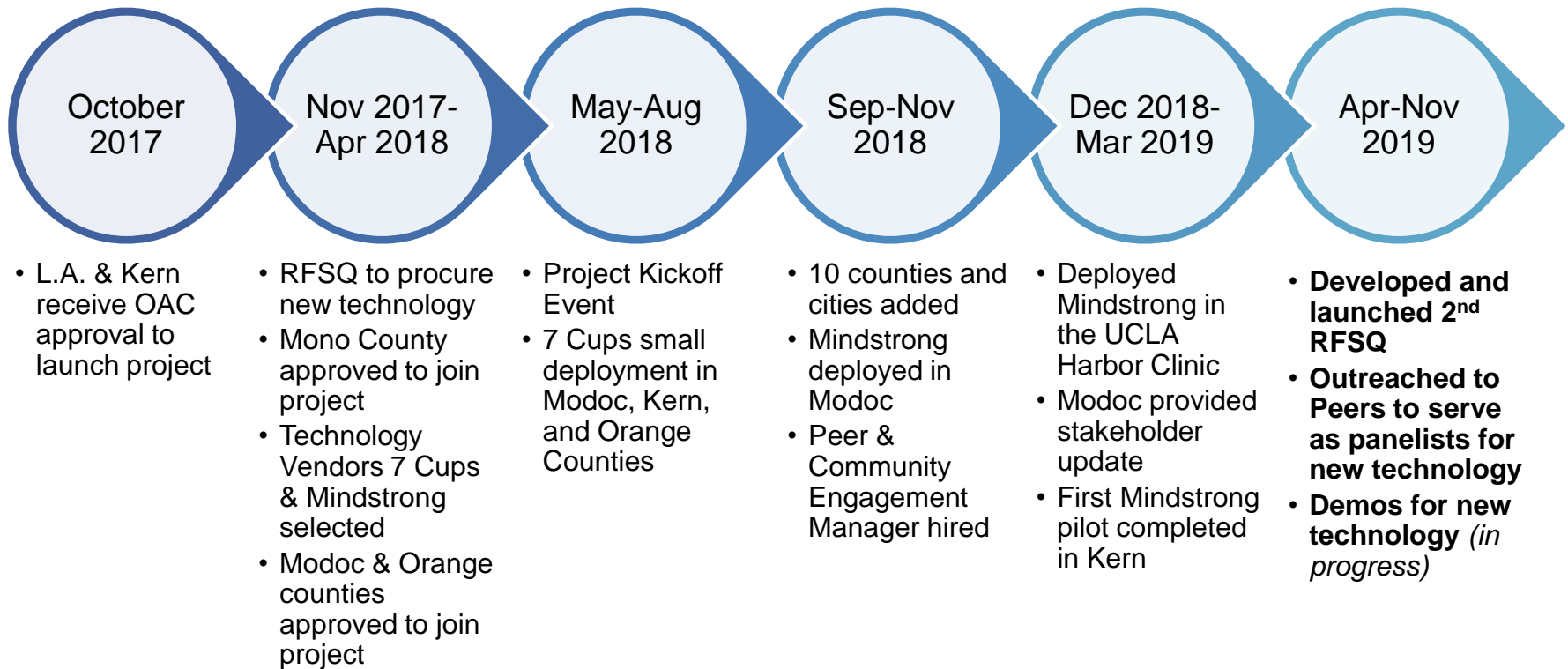
California Mental Health Services Authority (CalMHSA)

- 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

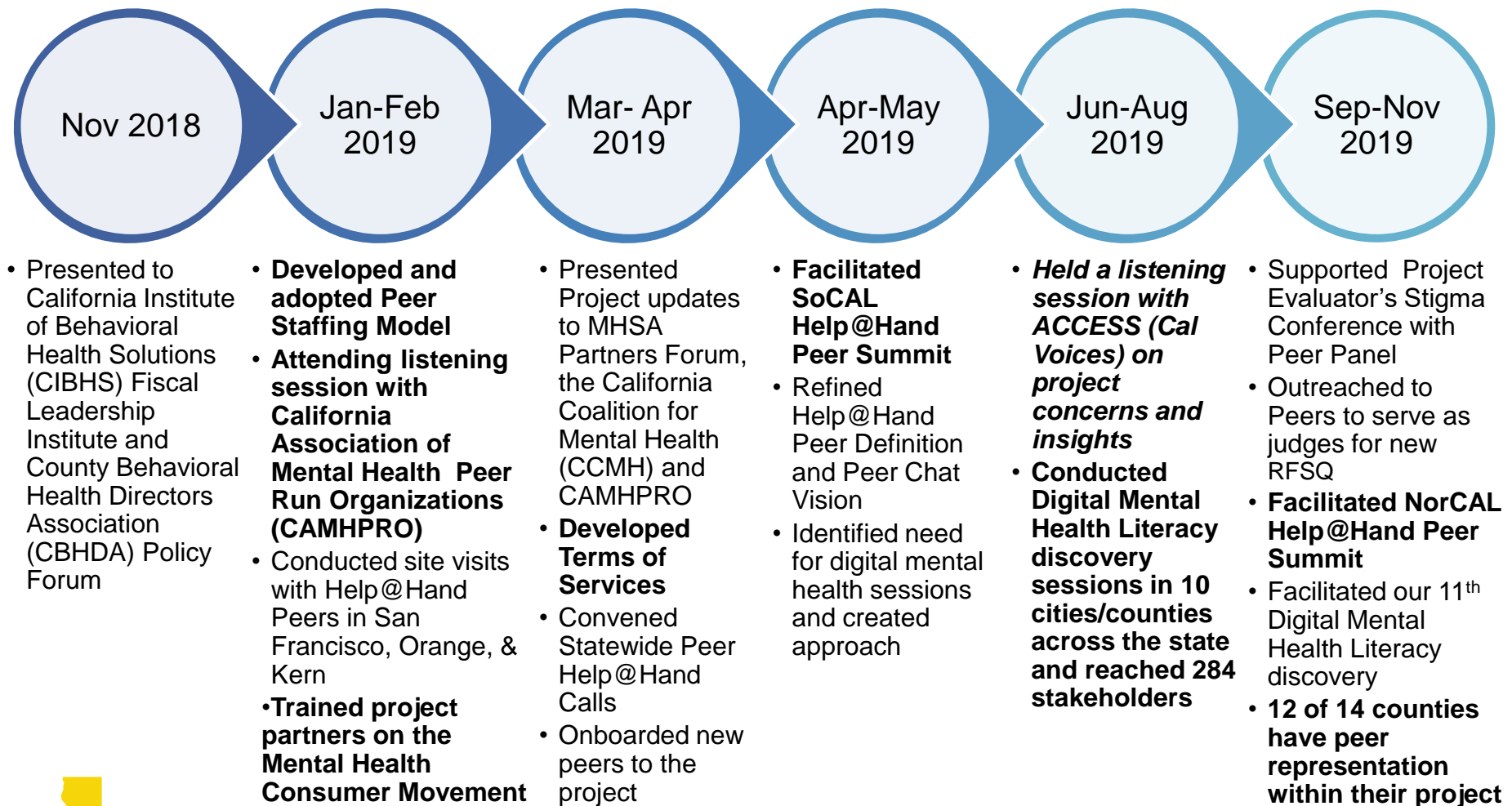
AREAS OF FOCUS



PROJECT HIGHLIGHTS



PEER AND COMMUNITY ENGAGEMENT ACTIVITIES



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 Manger

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 an 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

WHERE WE ARE GOING

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.

SEEKING NEW TECHNOLOGY

- 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**

PILOT PROCESS

- 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

App Name	Short Description	Pricing Details	Languages Supported	Age
Concert Health	Digitally native, distributed behavioral health Medical Group.	<ul style="list-style-type: none"> • 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

Total Approved Budget	ESTIMATED Expenditures (launch to Oct 2019)	ESTIMATED Unspent OC Help@Hand Funds
\$24 million	\$6 million	\$18 million

ESTIMATED EXPENDITURES*

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

Category	Y2	Y3	Y4	
CalMHSA Infrastructure	\$1.7 million	\$1.7 million	\$1.7 million	
Mindstrong (3000 users/month)	\$1.8 million	\$3.6 million	\$3.6 million	
Total	\$3.5 million	\$5.3 million	\$5.3 million	\$14.1 million



To stay connected to the project, or to ask additional questions, please contact me at:

Jeremy Wilson, MPPA

Program Director and Public Information Officer

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