Determining if and how technology fits within the behavioral health system of care
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I. The Help@Hand Program

BACKGROUND

Help@Hand is a statewide collaborative project comprised of 14 Counties and Cities leveraging interactive technology-based mental health solutions to help shape the future and improve accessibility and outcomes to connect people with care across the state.

The 14 participating cities/counties are at the forefront of innovation to understand how technology is introduced and works, within the public behavioral health system of care. The collaborative offers the benefit of a shared learning experience that increases choices for counties/cities, accelerates learning, and adds in cost sharing.

The focus of Help@Hand remains on the five shared goals shown below. Change at the scale of this project necessitates a robust readiness and change management approach. The project team has focused on building in activities to address these areas for both the project team and the community.

### Shared Goals:

<table>
<thead>
<tr>
<th>1. Detect and acknowledge mental health symptoms sooner.</th>
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<tbody>
<tr>
<td>2. Reduce stigma associated with mental illness by promoting mental wellness.</td>
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<tr>
<td>3. Increase access to the appropriate level of support and care.</td>
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<tr>
<td>4. Increase purpose, belonging and social connectedness of individuals served.</td>
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<tr>
<td>5. Analyze and collect data to improve mental health needs assessment and service delivery.</td>
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</table>

Help@Hand intends to provide diverse populations with free access to mobile applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals
seeking help in real time, and increase user access to mental health services when needed.

The project leads innovation efforts through peer engagement integrating those with lived experience of mental health issues/co-occurring issues throughout the project), safety & security (making sure we prioritize the safety and security of the users and their data), incorporating feedback from a variety of stakeholders (we have a lot of stakeholders with different priorities and so trying to find ways to meet the needs of most, but understanding with conflicting feedback it is not possible to meet the needs of everyone), innovative technology (always exploring if and how tech fits in the behavioral health system of care), applying the learning and incorporating lessons learned as we continue, and demonstrating progress and responsible use of resources.

Typically, we consider projects success based on whether 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 and therefore additional determinations of success include two questions:

- 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?
PARTICIPANTS

The Help@Hand Collaborative is comprised of twelve counties and two cities across the state of California. The counties/cities that are currently part of the collaboration include: City of Berkeley, Kern County, Los Angeles County, Marin County, Modoc County, Mono County, Monterey County Orange County, Riverside County, San Francisco County, San Mateo County, Santa Barbara County, Tehama County, and Tri-City County. Collectively these geographies represent nearly one-half of the population of the state of California.

The counties/cities involved in the collaborative represent the diverse communities that exist within the state. Los Angeles County is one of the largest in the collaborative in terms of size and population while Modoc County is small, and rural with close-knit communities. Los Angeles County offers a significant contribution in terms of testing grounds, and Orange County is similar in its large consumer population. While there are unique markers for each county/city there are similarities in their target populations, and the aggregate data that each county/city can contribute to the project will help make results more robust and will help adapt and customize the interventions for the intended beneficiaries.

TARGET POPULATIONS

One element of innovation is to examine how different aspects of the technology and implementation strategies work when deployed to different settings and target populations. Cities/counties in the innovation project have leveraged the community planning process to understand the needs and desires of their local stakeholders. During this process the collaborative may learn that some of the target populations are better suited for these tech interventions than others.
Intended Beneficiaries of Help@Hand Products

- Individuals who experience more intense mental health symptoms and struggles
- Family members with either children or adults suffering from mental illness who are seeking support
- Socially isolated individuals, including older adults at risk of depression
- Clients or potential clients in outlying or rural areas who have difficulty accessing care due to transportation limitations
- Individuals at increased risk for or in the early stages of a psychotic disorder
- Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting
- Individuals who are struggling with or in duress from their mental health issues
- High utilizers of inpatient psychiatric facilities

Help@Hand cities and counties intend to reach these beneficiaries by accessing Transitional Age Youth (TAY), older adults and isolated seniors, monolingual communities, deaf and hard of hearing consumers, and adults being discharged from inpatient psychiatric facilities. Additionally, some counties are also exploring first responders and county employees as potential populations who may benefit from the technology.

BUDGET

Help@Hand is a five year project funded by Prop 63 MHSA dollars, with a total budget of approximately $101 million. The budget is aligned to allocate a percentage of the total dollars for collaborative spending on shared resources, and a portion of the budget is aligned to locally directed dollars. 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.

Different factors contribute to the project budget beyond the technology itself. The collaborative is adapting the original budget model to align the majority of project resources at the local level and giving counties more capacity to implement their project according to their individual needs.

At the collaborative level, funding is appropriated for activities such as project management, procurement, contract management, marketing, implementation readiness, organizational change preparation and testing. These activities are needed at the collaborative level to support the overall administration of 14 separate geographic regions. Each implementation should be considered its own project. Thus, in time, the collaborative will be coordinating multiple implementations of multiple products across the state, possibly with multiple implementations within a single county.

Locally directed funds allow each county to make decisions based on their specific needs. Each county has an opportunity to implement one or more products. Local dollars can be used for activities such as marketing, implementation, technology configuration, licensing, project management, organizational change management and training to support each of the implementations.

ADMINISTRATION

CalMHSA serves as the administrative and fiscal intermediary to facilitate the program management aspect of Help@Hand including contracting with technology vendors, supporting a shared evaluation, and maximize outreach and marketing of the Help@Hand collaborative.
Principals for collaboration are to:

- Create choice and a shared learning structure for participating counties.
- Link the technologies to support a holistic treatment approach.
- Capitalize on shared learning to advance the scope, coverage and effectiveness of the suite.
- Involve end users, peers and stakeholders throughout the development and operationalizing of technologies.
- Utilize data to evaluate impact and inform services/supports for individuals and populations.
- Maintain accountability and transparency with all stakeholders.

Help@Hand also provides administrative support to counties through facilitation of collaborative requests and communication to the Oversight and Accountability Commission (OAC). Previously, most county projects were designated as 3-year efforts. Through the evolution of the project and ongoing learning, counties determined a longer timeframe was better suited for projects of this scale.

A request was submitted to the OAC for extensions according to the timelines shown below.
EVALUATION

Experts from the University of California, Irvine (UCI) have been trained by CalMHSA's Peer and Community Engagement Manager in the Mental Health Consumer and Recovery Movement and are leading the evaluation of the state and county-level impacts related to access to care, clinical outcomes, self-reported purpose, belonging, and social connectedness, consumer's ability to identify cognitive, emotional and behavioral changes and act to address them, utilization rates, stigma associated with mental illness, comparative analysis of population level impacts (technology users vs. non-users), penetration or other unmet need metrics.
To evaluate the outcomes, UCI is examining the following learning objectives:

1. Detect and acknowledge mental health symptoms sooner.
2. Reduce stigma associated with mental illness by promoting mental wellness.
3. Increase access to the appropriate level of support and care.
4. Increase purpose, belonging and social connectedness of individuals served.
5. Analyze and collect data to improve mental health needs assessment and service delivery.

Outcome metrics take time to yield results after deployment and utilization of the technology, therefore the evaluators have elected to also use a formative evaluation process which allows the team from UCI to look beyond outcomes to examine the progress of the project and offer suggestions along the way.

In addition, ongoing learning has occurred as an integrated part of the project. Several key accomplishments support both the progress and the learning for the cities/counties, the collaborative overall and the larger behavioral health community.

UCI has identified control cities/counties for each of the participants to support outcomes evaluation. Market surveillance is conducted on an ongoing basis to understand the technology landscape and products available.

The evaluation team publishes findings on a regular basis to the collaborative and individual counties, and meets quarterly with their Advisory Board. The last advisory board meeting was held December 13, 2019. A Year 1 Evaluation Report will be available in the first quarter of 2020.
II. Stakeholder Engagement

STAKEHOLDERS

Help@Hand has embraced the participation of stakeholders in the project and has adopted many ways of engaging stakeholders throughout the work. The Peer and Community Engagement manager has attended and presented at multiple venues reaching over 300 stakeholders, including those listed in the table below.

**Digital Mental Health Literacy Sessions**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event/Meeting Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 24, 2019</td>
<td>MHSA Stakeholder Meeting Orange County</td>
</tr>
<tr>
<td>July 17, 2019</td>
<td>Kern County MHSA Stakeholder Meeting &amp; Peer Meeting</td>
</tr>
<tr>
<td>July 24, 2019</td>
<td>Tehama Recovery Center</td>
</tr>
<tr>
<td>July 30, 2019</td>
<td>San Mateo Older Adults Workgroup</td>
</tr>
<tr>
<td>July 31, 2019</td>
<td>San Mateo Transition Age Youth Workgroup</td>
</tr>
<tr>
<td>August 9, 2019</td>
<td>Marin County Older Adult and Provider Meeting</td>
</tr>
<tr>
<td>August 9, 2019</td>
<td>San Francisco Transwomen Support Group</td>
</tr>
<tr>
<td>August 15, 2019</td>
<td>Tri-City Peer Wellness Center</td>
</tr>
</tbody>
</table>
In addition, CalMHSA’s Help@Hand team has also supported some of the counties in facilitation and materials for local stakeholder meetings to provide updates on the Help@Hand project. The team attended both Orange and Los Angeles County meetings, and in addition to presenting project background and updates, also engaged stakeholders directly to obtain feedback on project marketing and branding. Additionally, meeting materials and handouts were created for Modoc County stakeholder meetings.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 19, 2019</td>
<td>• Santa Barbara – Santa Maria Recovery Learning Community</td>
</tr>
<tr>
<td>August 19, 2019</td>
<td>• Santa Barbara Lompoc Recovery Learning Community</td>
</tr>
<tr>
<td>August 20, 2019</td>
<td>• Santa Barbara Recovery Learning Community</td>
</tr>
<tr>
<td>August 21, 2019</td>
<td>• Los Angeles Your DMH Meeting</td>
</tr>
<tr>
<td>August 26, 2019</td>
<td>• Riverside - Desert Flow</td>
</tr>
<tr>
<td>August 26, 2019</td>
<td>• Riverside Perris</td>
</tr>
<tr>
<td>August 27, 2019</td>
<td>• Riverside Stepping Stones</td>
</tr>
<tr>
<td>November 15, 2019</td>
<td>• Modoc County Sunrays of Hope</td>
</tr>
</tbody>
</table>
ENGAGEMENT PLAN

In addition to the local stakeholder meetings, Help@Hand published the first Quarterly Stakeholder Update report September 30, 2019. This is an important step not only to improve visibility into the project and help answer questions for stakeholders, it also creates a channel for stakeholders to receive the latest updates on the project and have a voice into the work by submitting questions to be updated in future reports.

Going forward, Help@Hand will continue to provide stakeholder updates on a quarterly basis. In addition to the written reports, Help@Hand will also offer a regular webinar where stakeholders can hear directly from project participants to understand more of the work that is happening throughout the project. The first webinar is being planned for February 2020.

Links to webinars and other events can be found on the CalMHSA webpage located at https://calmhsa.org/programs/innovation/, and upon launch, on the Help@Hand webpage https://helpathandca.org/.

Help@Hand Stakeholder Report
PEERS

Peers play an integral role within the project. The vision of the Peer Role in Help@Hand is to incorporate Peer input, expertise, knowledge, and lived experience at all levels of the project, and to support the use of the apps through Peer outreach and training. As this is a multi-county effort, there are several partners to support the project from outreach and engagement, app development and customization, project management, and evaluation.

The Peer component of the project holds significant importance as it:

- Creates transparency around basic cautions, clarity about user choice, and highlighting that technology does not replace in-person mental health services offered
- Provides clarity on the project definition of peers, roles, and serves as an example of a peer staffing ladder
- Supports collaboration of Peer Leads across the state is important to project learning, connection, and problem solving
- Responds to county/city community stakeholder specific needs by developing digital mental health literacy curriculum will support project learning and stakeholder’s ability to make informed choices
- Trains the Peer Workforce to facilitate digital mental health literacy sessions will keep the learning at the local level and sustainable
- Trains project partners on Peer culture, experience, and history supports better project integration
- Integrates consumer expertise and voice in evaluation enhances the work
- Incorporates lived experience and perspective on how possible future technology can help the project be responsive to consumer needs
In an effort to include voices of those with lived experience of mental health issues/co-occurring issues that will be supporting the work for Help@Hand project, Kelechi Ubozoh developed the Help@Hand Peer Model. This model provides clarity about the definition of a Peer, roles of Peers on the project, and activities and areas where peers should provide direction, input, and insight.

The model was also meant to be responsive to community stakeholders who expressed concern about the role of peers and overall inclusion. Each of the counties and cities are at different places adopting the peer model. However, 12 out of 14 counties have either contracted out to a community based-organization with Peer representatives or directly hired peers at their agencies.
III. Accomplishments

PROCESS

Preparation and readiness are critical success factors that support product implementation. While these processes may feel cumbersome at times, the project lessons learned and industry best practices speak to the benefit of the foundational work that will drive project success. The following processes are examples of this important foundational work.

Roadmap: Strategic Priorities

A Roadmap Workgroup was formed to identify and make recommendations on the strategic priorities which would best align focus across the collaborative and accelerate progress. The strategic priorities were approved by the Help@Hand leadership in August 2019. From there the collaborative was engaged to identify and prioritize tactics to achieve the priorities. The tactics are in various stages, with most in progress and many near completion. The collaborative will revisit the roadmap during the next workshop planned for February 2020.

Help@Hand Strategic Priorities

<table>
<thead>
<tr>
<th>Project Management Strategic Priorities</th>
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</thead>
<tbody>
<tr>
<td>Fiscal Management:</td>
</tr>
<tr>
<td>Consistent reporting of expenses, including a detailed financial plan to sustain the project through closeout</td>
</tr>
<tr>
<td>Procurement &amp; Contracts:</td>
</tr>
<tr>
<td>Comprehensive contract management that includes considerations for digital mental health and clear accountability and protection for all parties</td>
</tr>
<tr>
<td>Legal &amp; Risk Management:</td>
</tr>
<tr>
<td>Well-defined risk factors, and clear understanding of legal implications to create a safety net (protection) for the Collaborative and users</td>
</tr>
<tr>
<td>Governance:</td>
</tr>
<tr>
<td>Clear, timely and structured approach to equally engage and activate relevant decision-makers for feedback/guidance on project direction</td>
</tr>
<tr>
<td>Administrative:</td>
</tr>
<tr>
<td>Document processes and repository of artifacts that guide the project and provide visibility</td>
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<table>
<thead>
<tr>
<th>Implementation Strategic Priorities</th>
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</thead>
<tbody>
<tr>
<td>Internal Communication:</td>
</tr>
<tr>
<td>Clear and continuous communication to provide the Collaborative and internal stakeholders with timely, transparent, and relevant information to support awareness, buy-in, and informed decision-making</td>
</tr>
<tr>
<td>External Communications:</td>
</tr>
<tr>
<td>Clear, timely, transparent, and relevant information communicated to external stakeholders to raise awareness, garner buy-in, and support for the project</td>
</tr>
<tr>
<td>Stakeholders:</td>
</tr>
<tr>
<td>Representation and integration of Stakeholders, Peers and Community throughout the project</td>
</tr>
<tr>
<td>Readiness &amp; Planning:</td>
</tr>
<tr>
<td>Support foundational planning and preparation allowing counties to understand their needs, priorities, goals, and desired outcomes within the parameters of the collaborative</td>
</tr>
<tr>
<td>Implementation:</td>
</tr>
<tr>
<td>Facilitation and tools to support counties in deploying the technologies that best fit their stated needs</td>
</tr>
<tr>
<td>Evaluation:</td>
</tr>
<tr>
<td>Identify and document observations, recommendations and lessons learned, which are continuously applied to improve project processes and overall outcomes</td>
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</table>
Structure: Pilot > Portfolio

Product alignment and selection is a significant milestone for county implementation. Counties need to comfortably explore products without the constraint of selecting a product before they know it will be a good fit for the unique conditions of the collaborative. To facilitate this, Help@Hand developed a phased process of taking products from a pilot stage to an offering in the Help@Hand portfolio of technology. The figure below outlines the high-level steps including finding the right fit for counties, needs analysis, development of a pilot proposal to define and measure success, configuration of the product to meet county needs, pilot launch and execution, pilot results report, and a collaborative vote as to whether a product is added to the Help@Hand portfolio of technology. This process creates alignment in understanding and selection of products as well as clarity for the product vendors and helps give stakeholders an understanding of how products are selected.

Help@Hand Pilot to Portfolio Process

Readiness

Implementation success is the result of many different factors, one of which is readiness. Several processes and decisions contribute to a successful readiness approach, including product selection, organizational change management (OCM), and risk and liability analysis. Help@Hand created templates and facilitated training sessions to introduce and support cities/counties in completing these inputs for their implementation. While each has been simplified as much as possible, thorough completion of the templates requires a commitment and level of effort from the cities/counties as well as subject matter expertise from Help@Hand and others within their local infrastructure.

The Fit-Gap Analysis assists counties in determining their needs and selecting the product that best aligns to the needs. The OCM plan addresses the human aspects of
implementation, including leadership, communication, training, and process changes within the city/county. Risk and liability analysis supports the identification and mitigation of the inherent risk associated with technology and innovation.

Examples of Help@Hand Readiness Templates

### Technology Risk Review Worksheet

<table>
<thead>
<tr>
<th>Question</th>
<th>Explanation</th>
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</table>
| 1. | Does an expressed therapeutic relationship exist? | If an expressed therapeutic relationship exists, the provider must be a licensed mental health clinician and provide proper informed consent for treatment. If a barrier/provide is involved in the delivery of care through the technology, proper informed consent must be established. Furthermore, standards for confidentiality must be maintained. The agreement, as well as all RHIIPA rules, must be met. A signed agreement for treatment or assessment would present a strong indication that an expressed therapeutic relationship is present. It is important to distinguish who holds the “special relationship.” If it is a provider employed by the Vendor or the County, it is an express relationship. A clear statement in this regard would suggest a therapeutic relationship does not exist. The absence of such a statement would not provide information that does not exist or does not exist.

### RFSQ

In September, Help@Hand launched an RFSQ (Request for Statement of Qualifications) allowing additional technology vendors to apply to be part of the Help@Hand project. The procurement was open through October 7, 2019. During the 30-day window, 112 applicants submitted responses through the procurement.

The applicants were reviewed by a panel of judges with a variety of backgrounds including experts in technology, digital health solutions, mental health, and Peers. The judging process took place between October 14th and 31st. Each application was reviewed by at least three judges with different expertise and scored against categories such as strength of match, current market validation, product fit in public health system, product capability to address behavioral health, technical and professional standards, scalability, product presentation and content are recovery oriented.
As a result of the scoring 93 vendors were qualified for pilot consideration. Product demonstrations for the top 16 products have been hosted for the entire collaborative.

Collaborative members have access to a portal where county teams obtain materials provided by the vendors to assist their product selection.

*Help@Hand RFSQ Portal on SharePoint*

**MARKETING AND BRANDING**

Marketing and outreach are essential elements of the Help@Hand effort as they support the overall awareness, adoption and sustainability of the project and products. As there are multiple activities and timelines to support this work, the Help@Hand marketing plan provides a strategic roadmap for marketing activities for the overall statewide brand, as well as for pilot and portfolio implementations. Help@Hand engaged expert guidance to develop a thoughtful and focused brand concept which includes a logo, graphic illustrations and color scheme.
Brand development was informed by many activities including the following:

- Conducted market analysis and research of current mental wellbeing apps
- Held two message mapping sessions: one with Cohort 1 counties and one with Cohort 2 counties
- Held focus groups with target populations on conceptual strategies
- Key informant interviews with Help@Hand project members
- Exploration of naming options
- Presentation of preliminary brand names to project leadership
- Integration of feedback from stakeholders on preliminary brand names
- Review of newly created vision statement and other project materials
- Development of new potential brand names and concepts based on the above-mentioned steps
- Selection and approval by Help@Hand leadership

The Help@Hand brand concept is intended to appeal to the wide-ranging audiences the counties hope to engage. All components are friendly, approachable, and designed to reinforce the positive message behind reaching out for support.
The colors for the Help@Hand brand have been carefully chosen and play an important role in the brand identity. The colors represent feelings of hope and positivity, as well as give the brand a contemporary, bright outlook.

**Excerpt from Help@Hand Brand Guidelines**

The theme within the marketing plan includes a wide variety of hands and arms shown reaching for support as shown in the image of the Help@Hand webpage as shown below.

An overall marketing strategy and draft plan was developed to outline recommended and optional activities to support the outreach and engagement. Cities/counties will select marketing and engagement activities from the available options as part of implementation planning.

Another key component of marketing and outreach is a website which allows stakeholders to access information about the Help@Hand project. With input and support from project Peers, stakeholders and the collaborative, a landing page has been developed to give Help@Hand a web presence. Cities/counties have the opportunity to create sub-pages with content unique to their implementations using local dollars. The webpage will be live by 1/31/2020 and can be accessed at [https://helpandca.org/](https://helpandca.org/).
PEERS

- Support UCI, the Project Evaluator, to facilitate a Peer Panel at their Stigma Conference to include consumer expertise in their approach to measuring stigma
- Ensure Peer Judges review all of the New Technology applications

Peer Summit workshops were held in Northern and Southern California. Peers and mental health advocates highlighted the need for education on digital mental health literacy for mental health consumers and community stakeholders to better understand the unique needs of each community and further engage them in the project. Help@Hand partnered with counties to engage their community members to share their concerns and needs around technology to support the development of Digital Mental Health Literacy Curriculum.

Digital mental health literacy education will help support decision making about technology usage, provide insight on security and privacy, and a better understanding of how to engage in the digital world.
From June to August 2019, Help@Hand facilitated community stakeholder sessions in 11 of the 14 participating counties/cities reaching over 300 community stakeholders.

Findings and outcomes from these meetings will be used to inform the Digital Mental Health Literacy curriculum. This important curriculum will be provided not only to the Help@Hand counties, but will be made available to the public at large.
IV. Learning

Protocols and practices that we are learning from this project will help future technology implementations within this project and beyond.

ALIGNMENT

Although counties desire to engage collaboratively, the diverse needs of their infrastructure and populations they serve demand much of their decision-making be driven locally, rather than jointly with other members of the collaborative. Therefore, the project sought guidance from a financial strategist to develop a budget model that has a greater emphasis on local decision-making as described earlier in the financial section. The model was finalized in December 2019.

CONTRACT LANGUAGE AND TEMPLATES

To help address risk and the current digital landscape, Help@Hand engaged digital legal expertise to assist in developing contracts and supporting documents that reflect the current digital environment, including aspects such as pricing, product development, ownership and other factors.

TECHNOLOGY

Help@Hand has learned more than two technology options are needed to meet city/county needs. Mindstrong was previously piloted in Kern County, and is currently being piloted in a limited way in Los Angeles and Modoc counties. A different variation of the product is expected to be deployed in Orange County starting in January 2020. 7 Cups no longer has a contract with the project.

Diverse needs and target populations require a broad range of options to explore before implementing a specific product. Counties have widely varying levels of technical staff and consumers. Counties are helping each other learn the important factors of technology, but the technology vendors need to be educated on the city/county perspective and the consumer movement.

Translating tech language to non-tech language is challenging but vital. Describing legal and technology language at a 6th grade reading level poses a challenge. Help@Hand
has developed documents that provide initial disclosures and basic cautions for users of technologies written at a 6th grade reading level and will be shared with all users prior to engaging with any of our technology offerings.

RISK

Cities and counties have wide varieties in risk appetite and tolerances.

Social media - Technology changes quickly and public perception of technology is very heavily influenced by media. Additionally, counties use of social media varies significantly (from none to extensive) and not all have the infrastructure to maintain responsiveness and manage crisis that may be directed to social media channels.

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 the 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.
V.  Looking Forward

PILOTS

Counties are eager to begin piloting the newly vetted technology however not every available technology will work for each of the counties. Determining the right fit for each county is a significant learning from Cohort One and the project has taken great care in establishing a right-fit process to help counties navigate the options. As counties are evaluating their options and determining fit, preliminary data indicates as many as five counties will be engaged in pilots in the first quarter.

DIGITAL MENTAL HEALTH LITERACY CURRICULUM

Technology is not a part of many consumers’ daily lives thus creating a gap in understanding the technology and how it applies to their lives. To remedy this challenge, Help@Hand is working with subject matter experts to develop digital mental health literacy curriculum to expand knowledge in this area and provide a service to the state overall.

Curriculum is being developed based on the learnings from digital mental health literacy workshops and industry and academic best practices. Material is expected to be available soon. Help@Hand Peers will assist in delivering this training throughout the project, and content will also be accessible to the general public.

STAKEHOLDER ENGAGEMENT

The voice of stakeholders throughout the project has been and will continue to be a critical component. Help@Hand will continue to produce quarterly stakeholder updates. In addition, the project is eager to offer its first webinar update which will be hosted in February 2020.