

CalMHSA Support for *City and County's* MHSA Annual Report

The summary below outlines CalMHSA guidance in response to the Innovation Regulations 9 CCR § 3930 Innovation Component of the Three-Year Program and Expenditure Plan and Annual Update. This summary is intended to support Counties in providing responses to the annual report and represent CalMHSA's suggestions as it relates to the overall Help@Hand Collaborative effort. Cities and Counties should consider whether CalMHSA's guidance is an accurate reflection of how the Help@Hand project is being deployed within their jurisdiction and use or update the guidance accordingly for their respective reports.

Collaborative Response could serve as intro to the section, followed by local response to focus on City/County-specific efforts.

FY 20/20 (July 2020 – June 2021):

Overview

Help@Hand is a statewide Collaborative project that began in 2018 with fourteen 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. Technology has many benefits, but there are also many challenges and questions. The 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. This means Help@Hand is not one project, but many projects across multiple Cities and Counties. 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 pursuing a shared vision and common goals. 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.

The Help@Hand project leads innovation efforts through factors such as:

- 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 Stakeholder Feedback - the project has a lot of stakeholders with different priorities. Help@Hand tries 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 technology fits in the behavioral health system of care,
- Lessons Learned - applying the learnings and incorporating lessons learned as we continue and demonstrating progress and responsible use of resources.

Typically, we consider projects successful 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:

1. Did participating Cities/Counties learn something proportionate to the investment they made in the project?
2. Have other Cities/Counties learned from what participants have done and implemented the elements that are valuable to that City/County?

Products Launched

Part 1 – Summary of Products Launched as a pilot or full implementation

Product	City/County	Date
Mindstrong	Modoc – September 2018 Kern – September 2018 Orange – Q2 2020 LA (UCLA Harbor) December 2018	2018 - 2020
Headspace	Los Angeles	April 2020
TakeMyHand	Riverside	April 2020
Mindstrong	Orange	May 2020
Headspace	San Mateo	September 2020
MyStrength	Marin	March 2021
Headspace	San Francisco	March 2021
Prevail	Los Angeles	June 2021

Additionally, Kern wrapped up their Help@Hand project in October 2020 and Modoc concluded theirs in April 2021.

Part 2 –

The Help@Hand project has also opened new opportunities for Cities and Counties to provide products that meet the needs and interests of their local stakeholder community. This includes the opportunity to work with vendors outside of RFSQ when the vendors currently available do not meet the city/county needs.

One example of this innovation is Monterey and Los Angeles counties' work to build a digital screening tool that will help users identify potential mental health needs. The counties have completed a rigorous procurement, including a Request for Information (RFI) and a Request for Proposal (RFP) and has selected a vendor to build the tool.

Cities and Counties are also using various approaches to outreach and engagement to get products into the hands of users. This includes leveraging community-based organizations (CBO) and Peers, as well as traditional marketing and advertising techniques.

COVID-19 Impact

The COVID-19 pandemic played a significant role in cities and counties work on Help@Hand in 2020 and 2021. With the evolving nature of the pandemic and thus needs of statewide communities, Help@Hand collaborative members experienced changing capacity and shifting priorities, particularly in mid-2020 when the future of COVID was uncertain. All participating cities and counties had to rapidly shift to virtual engagement for the project but more challenging, virtual engagement with their community members and stakeholders. Implementation planning and product launches were impacted by cities and counties reduced or shifted capacity and many outreach and engagement plans had to be revised to reach communities through virtual engagement strategies. It was challenging for cities and counties to balance meeting the immediate needs of their local communities while determining how Help@Hand work could be leveraged to provide support, although many collaborative members did report an increased in perceived usefulness of using technology (apps) to engage communities on mental health issues and expand outreach opportunities.

Shift from Statewide Focus to Locally Driven Emphasis with Collaborative Learning

With the expansion of products available to the Help@Hand Collaborative through the 2019 RFSQ and cities and counties continually exploring and learning about the products that would best meet their community's needs, in 2020 and 2021 Help@Hand began to shift from having a statewide focus to locally driven city and county projects with an emphasis on shared learnings throughout the Collaborative. The Collaborative serves the purpose of sharing learnings, best practices and challenges as cities and counties work through processes locally and encounter different experiences with vendors, local stakeholders and plan development.

Product Exploration & Selection

Cities and counties explored products and made selections based on local needs, project goals and local capacity to support. A critical part of city and county's planning is gathering stakeholder feedback. Many collaborative members found the process to review available technology products and make an app selection took longer than expected as counties developed and deployed processes to engage local stakeholders in the review and selection of the products. While this often led to app selections that were closely aligned with stakeholders needs and interests, it sometimes led to delayed launch timelines.

Local Outreach

As Help@Hand cities and counties plan to reach their communities with mental health technologies each county is taking different approaches towards outreach and engagement. Some counties are engaging local community-based organizations to support localized and individual outreach methods, others are coordinating with community colleges, drafting billboard and radio campaigns and creating posters to put on buses while others are working with providers and Peers to refer community members to Help@Hand technologies. Each city and county is tailoring outreach and engagement plans based on their capacity, stakeholder needs, target populations and product type.

Peers Support DMHL with Local Implementations

Peers provide support to city and county Help@Hand work in different ways, depending on city/county product selection, implementation plans, and local stakeholder needs. During the last fiscal year peers played a large role in Santa Barbara, Marin, Riverside, San Mateo and San Francisco in supporting local stakeholders and community members to engage in the project and the use of technology.

Evaluation

Quantitative

The University of California, Irvine (UCI) evaluation team provides the evaluation component of the Help@Hand project. UCI works in conjunction with the CalMHSA project management team and the Help@Hand Cities/Counties to provide a formative evaluation, meaning findings and recommendations are provided throughout the project, rather than waiting until the end of the project to provide results. Several evaluation reports are generated to meet this need, including:

- Learning briefs – focused documentation of learnings around a specific topic
- Quarterly reports – summary of evaluation activity throughout the quarter
- Annual reports – summary of evaluation activity throughout the year
- Pilot evaluation – summary of evaluation activity related to a city/county pilot, usually integrated into the pilot report

Integration of Recommendations

Evaluation reports include suggestions and recommendations all project participants. The integration of these recommendations has occurred throughout the project. The following highlights some of the collaborative-wide recommendations made and/or integrated during this reporting period. Recommendations for cities/counties are addressed by each location respectively.

Recommendation	Action	Date
Engage necessary County departments early and identify areas where cross-County	CalMHSA developed organizational change management (OCM) templates and resources for counties, provided	Year 1 Annual Report

collaboration can promote efficiency (i.e., creating shared processes and documents)	training, provided follow up training and individual coaching for counties on an ad-hoc basis.	
Staff requirements at the county level for a project of this nature were underestimated. In addition to requiring full-time project staff, additional compensated time should be considered for other critical County employees.	CalMHSA created a staffing needs guide to outline the minimum staffing needs for Help@Hand counties/cities.	Year 1 Annual Report
Create or update materials that explain to potential technology Vendors how Counties define their special populations and what counties need to best serve these populations	CalMHSA created a vendor onboarding packet to assist new vendors in understanding the project and county needs.	Year 1 Annual Report
Vendor collected data is likely to give decision-makers the most consistent information on project performance.	CalMHSA revised the contracting template and negotiation process to integrate data needs early in the discussion.	Year 1 Annual Report
Continue to build a collaborative and cooperative culture that fosters relationships, trust and respect across the collaborative: <ul style="list-style-type: none"> Facilitate more cross-collaboration Facilitate use of SharePoint as a resource 	Help@Hand website updates, improved SharePoint site and updated Collaborative communication strategy approach (communication artifact).	Year 2 Annual Report
Continue to refine and streamline project processes: <ul style="list-style-type: none"> Leverage streamlined processes Adapt project management support and documentation materials 	CalMHSA adapted collaborative processes, such as the Hybrid Implementation Process, and information sharing to streamline and keep the collaborative informed of key issues.	Year 2 Annual Report
Continue to integrate DMHL training into county/city implementations	CalMHSA developed and implemented DMHL Planning Guide. Adapted DMHL courses and supplemented Facilitator Guides for virtual delivery.	Year 2 Annual Report

Success Stories

Digital Support During COVID

Rapid Response

During the last reporting cycle, Help@Hand reported several counties pivoting to use Help@Hand innovations to quickly meet the needs of communities during the COVID-19 pandemic. Throughout 2020 and 2021, the project and cities/counties have continued to explore use of innovative products and learning from the Help@Hand project to continue supporting communities during the ongoing pandemic. Multiple counties (Los Angeles, San Mateo, San Francisco) leveraged an opportunity to work with Headspace to quickly deploy the product during COVID and provide the product as a resource to their entire county.

One significant aspect of the pandemic and the associated quarantine and remote work is the accelerated worldwide adoption of digital tools. Society became more familiar with tools such as virtual meetings, data dashboards and apps. Help@Hand continues to consider how to leverage this project to meet the extensive need in communities as a result of the COVID-19 pandemic.

Innovative Ways to Reach Older Adults During COVID

The onset of COVID-19 meant that in person events and meetings were no longer an option across the state. In person events provided opportunities to understand the needs among older adults and when in person events were no longer an option counties like San Mateo began hosting their events online. Older adults are a unique target population for this project because they aren't as familiar with technology or as comfortable using new devices. This meant reaching out to older adults via email and other online platforms wasn't as easy. San Mateo was able to reach out to housing organizations directly and asked them to spread the word among their community members and to distribute flyers. At their virtual events each session is centered on a specific topic and serves as an opportunity for people to share resources, make announcements, and get connected with others. San Mateo wanted to ensure that community members are comfortable using technology so that they can benefit from using mental health apps and these new ways to reach older adults fosters that initiative.

Peers

Peer Guide to Behavioral Health Apps

The Kern App Guide represents one concrete output of Help@Hand that has been disseminated both within Kern and has been adapted for other Counties/Cities within the Help@Hand Collaborative to share with their community. The development of this guide was led by Peers in Kern County. Each app included in the guide was reviewed and approved by Peers based on predetermined criterion. In addition, this process included community stakeholder feedback. The guide also includes various community supports, such as information for a warmline hotline and recovery resources. The development process of this

guide exemplifies the Help@Hand vision to incorporate Peer input, expertise, knowledge, and lived experience at all levels of the project. This is important because it provides transparency around basic cautions, clarity about consumer choice, and highlights that technology does not replace in-person mental health services offered.

Peer Presence and Participation at Tech Lead Calls

Peers are also playing a growing role during weekly collaborative Tech Lead meetings (virtual). More county teams now include Peers and these teams have opened the Tech lead calls to all of their project team participants. This allows Peers the opportunity to hear and provide updates on city/county progress, ask questions and provide input and feedback during discussions, small group breakout sessions and cross-collaborative information-sharing.

Help@Hand Learnings applied to other statewide projects

As an Innovation project, one of the long-term goals of Help@Hand is to inform future mental health practices. Help@Hand has seen early success as some learnings from the Collaborative are already being leveraged by other statewide mental health projects.

In 2021 CalMHSA began working with organizations across the state to administer the federal COVID-19 Crisis Counseling Program (CCP) funded by FEMA. The platform, CalHOPE Connects, provides Peer supported conversations to Californians looking for support during the COVID-19 pandemic. CalHOPE Connect was able to leverage learnings from Riverside County's development and implementation of Take My Hand while developing and deploying the platform.

In 2019 CalMHSA developed a series of digital mental health literacy videos to support cities and counties in their outreach and engagement of community members with mental health technologies. There are many learnings documented in the Help@Hand evaluation reports regarding the importance of digital literacy in engaging community members in the use of technology. Recently, the California Department of Health Care Services announced that digital literacy would be a core competency for the statewide Peer Certification work underway.

Providing Access

Language Translation of Documents

One of Help@Hand's principles for collaboration is to "Maintain accountability and transparency with all stakeholders." Included in this initiative is ensuring language access. Spanish is the most common threshold language across all the Collaborative Counties and Cities. So, in the Spring of 2020 during a Tech Lead Collaboration Meeting the members decided to solicit a vendor to translate major stakeholder update materials from English to Spanish. Collaborative members shared their requirements to assess language translation vendors with the CalMHSA team during Tech Lead calls. These requirements informed

CalMHSA's approach to solicit vendors and communicate the project needs with potential vendors. Now the Help@Hand.org website is available in Spanish; the Stakeholder Report is available in Spanish and the transcripts for the Digital Mental Health Literacy Videos are available in Spanish.

ADA

Ensuring the accessibility to public facing materials developed by the Help@Hand Collaborative was outlined under the same principle for accountability and transparency. The Collaborative works to meet standards of accessibility with the Help@Hand website, videos, and digital materials. The Help@Handca.org website uses an embedded tool for accessibility assessments and each of the Digital Mental Health Literacy videos have captions and transcripts available with alt text for images. Lastly the digital materials are developed with accessibility standards in mind including font sizing, and appropriate color contrast.

Device Access

One of the core components of the Help@Hand project is seeking technology-based mental health solutions. While securing access to devices wasn't a specific goal outlined by the Collaborative it has become a prevalent issue that a few counties have worked to address. Riverside and Santa Barbara were able to work with their local departments and community partners to support device access to their target populations. Riverside was able to purchase digital kiosks to place in their high traffic clinic areas to reach their three different regions and they also purchased smart devices to distribute to consumers. Alternatively, Santa Barbara located a Lifeline vendor (smart phone vendors) and trained vendors to become Lifeline providers. The Lifeline program provides phones and phone services to low-income consumers to support their Help@Hand efforts. This allowed community members to receive phones on the spot so that Santa Barbara staff could support community members in accessing documents or registering for documents if needed to receive these devices.

How Policies and Procedures Support Innovation

Collaborative Processes are Working

The Help@Hand Collaborative is made up of 14 Counties and Cities who have several different goals for this project at their local levels. CalMHSA has evolved Collaborative wide practices of communication and processes to reach consensus amongst the differing needs of the counties and cities. Additionally, these processes have enabled Help@Hand Cities/Counties to respond when problems arise.

Recent examples highlight how Collaborative communication process changes throughout the project are working well: the Help@Hand website updates, updated Collaborative communication strategy approach, and two instances of mitigation and resolution of undesirable activity.

Two instances of undesirable behavior include the unauthorized use of technology licenses and invalid 3rd party links on a vendor site. In both instances the collaboration, communication and processes established allowed for a prompt and thorough response and mitigation steps to remedy the issues. Both issues were documented and shared with the collaborative for immediate learning and captured in evaluation spotlight articles.

Creation of Collaborative Grievance Policy

In 2020 CalMHSA developed a grievance policy. CalMHSA accepts grievances on behalf of the Help@Hand collaborative related to Help@Hand collaborative initiatives, CalMHSA hosted events and meetings, reports provided by CalMHSA, Help@Hand legal questions or matters related to the use of technology in mental health systems (not specific to a city or county's specific implementation). The grievance policy and submission form can be found on the Help@Hand website.

Maintaining Project Management Momentum During Organizational Change

New Executive Leadership at CalMHSA

CalMHSA welcomed new Executive Director, Amie Miller, Psy.D., LMFT in July 2020. As the former Behavioral Health Director in Monterey County, Dr. Miller brings a practical understanding of local needs and constraints and the importance of engaging local stakeholders.

Administrative Changes

Also during this period, CalMHSA underwent a transformation as the organization transitioned administrative responsibility of the JPA from a contractor and became a self-administered organization. With this administrative change, CalMHSA was able to implement several new tools and processes including the creation of a [Help@Hand website](#), SharePoint resource pages for project participants. The transition also included many administrative changes, including the transition of all contracts, staffing agreements and other logistical considerations. This change represented a positive move for those served by CalMHSA as it allows the organization to continue building capabilities as the awareness and understanding of mental health services need grows throughout the states.

Streamlined Communications (Communication Artifact, SharePoint)

On May 17th CalMHSA implemented a rollout for the new Help@Hand SharePoint site. This included meeting updates, email reminders, and office hours dedicated to ensuring that all collaborative members had access and were acclimated to the new site. The site works as a repository of resources, templates and additional materials for the Collaborative to reference, use and contribute to as a collaboration project. Sharing digital files can place an unnecessary burden on each member in the project so the project management team worked diligently to ensure the access and function of the Help@Hand SharePoint. This site contributes to the ease of sharing learnings and transferable developments like resources that can be shared across counties/cities.

08/19/2021

In the latter part of 2020, the Help@Hand management team noticed a pattern of clarifying questions from Collaborative members when new materials were shared. These questions were specific to the use and alignment of the materials with their project work and planning. Understanding communication best practices, CalMHSA saw an opportunity to update collaborative communication documents to include best practices such as outlining goals, and action items to ensure adoption of any new materials. As a result, CalMHSA developed a template to accompany new project artifacts moving forward so that the purpose, goal(s), and objectives of each new item (i.e. report, template, resource) are clear and align across workstreams. The use of this template now adds clear direction for both the CalMHSA team and the Collaborative on what to do with new materials and/or how to utilize each new tool or resource that CalMHSA shares with the Collaborative moving forward.

Challenges

Vacancy in Peer Engagement Manager Role for FY 20/21

One of the challenges faced by Help@Hand was the vacancy of the Peer and Community Engagement Manager role. CalMHSA continued to support the Peer work across the collaborative but recognizes there were gaps in project management support to Peers in individual cities and counties and a lack of the Peer perspective and support to collaborative wide activities in the absence of the position being filled. The Peer Manager role was filled in July, 2021.

Evaluation SOW

The collaborative has elected to revisit the evaluation scope of work to better align it with the direction and budget of the project. The original scope of work was written to support the five cohort 1 counties, this scope of work will include work for all 14 participating cities and counties. The evaluation scope of work update is currently being discussed between CalMHSA and UCI. Conversations continued into the new fiscal year.

County Capacity and Other Variances Amongst Collaborative

Tech Lead Calls

The project established a weekly Tech Lead Collaboration meeting that provides time and space for members to convene each week. This time is dedicated to information updates and fostering collaboration among the Counties and Cities to share and learn from each other's progress. Over the past year finding relevant topics became challenging due to attendance variations and varied progress among the collaborative. Many members were navigating through different priorities to respond to their community specific needs and COVID-19 response. Understandably having fruitful conversations became less organic and the project management team had to find creative ways to pull together the learnings that the diversity of the group had to offer.

Adoption of Organizational Change Management in Local Implementations

Organizational change management (OCM) is an established discipline involving the human side of change. Though the practice has been in place for more than 20 years, among the OCM community it is well known that adoption of OCM practices is a challenge. OCM relates to a less tangible and often overlooked aspect of a transformation – the people.

OCM has been integrated in the project from the early stages, still counties struggle to conduct OCM activities or create/execute OCM plans as these activities are often viewed as process for process sake. However, during collaborative sharing, cities/counties indicate they experience roadblocks (often from other departments or divisions who were not well-informed about the project) when rolling out a pilot/implementation.

Understanding OCM theories and approaches, and individuals' and team capacity to work on OCM activities have been significant challenges for cities and counties to adopt OCM best practices into their Help@Hand work.