Date: March 25, 2022

To: Help@Hand Collaborative Cities and Counties
From: CalMHSA
Re: CalMHSA Comments on Help@Hand Year 3 Annual Evaluation Report

Dear Help@Hand Cities and Counties,

CalMHSA is proud to support this multi-year innovation project, in which 14 California Cities and Counties work together to explore mental health solutions through the use of technology. At publication of this report, Help@Hand project has achieved the following accomplishments:

- Nineteen product launches (pilot or general implementation) to date
- Planning eight additional launches
- More than 75,000 people using technology deployed through Help@Hand
- Increased awareness of the importance of digital literacy for product adoption

A key component of this project is evaluation, which reports results on an incremental and annual basis. The following report comprises Year 3 (January 1, 2021 – December 31, 2021) of the Help@Hand evaluation and synthesizes evaluation findings across Cities/Counties.

The analysis and findings presented are those of the University of California, Irvine's (UCI) Help@Hand evaluation team. CalMHSA works collaboratively with UCI throughout the project and reviews the report for confidentiality, but neither CalMHSA, nor Cities/Counties are authors of the report.

How to Read This Report

Evaluation reports are written with the Help@Hand Cities/Counties in mind as the target audience, however the project understands there are many other stakeholders who also have interest in these reports. Evaluation reports are not intended to be exhaustive. They are intended to provide Cities and Counties with formative feedback that can be integrated during the project, rather than waiting until the project conclusion. Recommendations include both learnings and recommendations based on the experience of one or more Cities/Counties. Recommendations do not constitute failures, rather opportunities to share insights or ways to advance the work of others in the true spirit of innovation.

Despite the detail provided in the report, readers should note the analysis and findings outlined herein are still a summary and do not constitute all City/County, collaborative or project management activities completed during this evaluation period.

CalMHSA invites Help@Hand Cities/Counties to consider the following as they review the report:

- **Reflect** – Review and acknowledge the incredible work that has been done to date. Projects of this size take a large community to deliver, so please take the time to recognize those on your teams, and in your communities, who have worked diligently to bring the project this far.
- **Learn** – One of the primary intentions of innovation projects, including the Help@Hand project, is to learn. Learning includes both acknowledgement of successes that can be shared with other counties or stakeholders, and consideration of opportunities to improve. CalMHSA respects the openness and vulnerability of all project participants in courageously embracing a learning mindset through which we explore and discover innovative solutions and approaches to improve our communities and save lives.
- **Respond** – After reading the report, if you have questions or wish to provide comments, please email your feedback to CalMHSA at helpathand@calmhsa.org and to UCI at dsorkin@uci.edu.

This report is a lengthy document, 191 pages. To assist you in navigating, here is a preview of how the report is organized, including the page number where each section begins:
- Executive Summary (page 5)
- Summary of Activities (page 10)
- Recommendations (page 141)
- Spotlights (pages 13, 16, 95, 112, 126)
- City/County Program Information (page 152)
- Report Chapters are structured in the following format:
    - Key points for chapter
    - Overview and outline
    - Methods & Findings
    - Learnings

Year 4 Preview

Below are some of the activities underway, which will be reported further during the next report period.

3/25/2022

- As the project has had more successful launches and completed implementations, there continue to be more results, findings and learnings across the collaborative.
- The collaborative anticipates presenting a project update to the MHSOAC in 2022.
- As the project passed the midway point, some Cities/Counties are looking toward the end of their participation in the Help@Hand project. Implementation managers are working with Cities/Counties to revisit their goals and definitions of success to ensure their activities and milestones are on track to achieve their desired learnings.
- Stabilization and sustainability of programs and products Cities and Counties may wish to continue beyond the lifespan of the innovation project.

Thank you for your interest in the learnings from Help@Hand. Questions or comments can be provided by contacting CalMHSA at helpathand@calmhsa.org and to UCI at dsorkin@uci.edu.

3/25/2022

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Evaluation

Mental Health Services Act (MHSA) Innovation Technology Suite Evaluation

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University of California, Irvine

Help@Hand Statewide Evaluation:
Year 3 Report
January – December 2021
Submitted February 2022

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Help@Hand began to stabilize in its third year of the project, as several counties/cities successfully piloted and implemented technologies to support the mental health needs of their communities.

Collaboration between counties/cities participating in the project continued to be instrumental to project success. Counties/cities learned from each other and even partnered with each other to plan technology launches across California. At the same time, the project also experienced shifts with some counties/cities graduating from the Collaborative.

Additionally, Peers were an essential part of the project in Year 3. Peers contributed in multiple ways and supported key successes across the project. They also provided insights to strengthen and improve the project.

Multiple evaluation activities were conducted in Year 3. This report synthesizes learnings from these various activities.

HELP@HAND EVALUATION ACTIVITIES, LEARNINGS, AND RECOMMENDATIONS

System Evaluation

Headspace, myStrength, and comparable apps were reviewed in Year 3. Learnings from the review include:

- Ensure that content within a particular app product aligns with program goals.
- Plans for implementing a product within a particular community should be built upon how the product is expected to be used by community members.

The Help@Hand evaluation team also interviewed CalMHSA leadership in the beginning of Year 3. The interview identified common project learnings:

- Needs assessments and stakeholder input are important when planning to implement a technology because they provide insight on which technologies would be most beneficial to the community.
- Successful technology pilots and implementations should recognize cultural differences and consider the specific needs of target populations.
- Low levels of digital literacy remain a barrier for consumers adopting apps.
- An essential component for project management was streamlining processes during planning, executing, and monitoring technology launches.

Peer Evaluation

Quarterly surveys and bi-annual follow-up interviews were conducted with Peer Leads. Surveys and interviews were conducted with Tech Leads in counties without a Peer Lead. Findings include:

- Peer activities this year included product testing, community outreach, digital literacy training, device distribution, and piloting technology.
- Help@Hand Peers had several successes, including meaningful contributions to the Help@Hand project. A frequently reported contribution was increased visibility in the program through delivering presentations to committees and community organizations. Improved communication across the Collaborative and workplaces were other successes.
- A number of recommendations were offered. Recommendations can be found on page 32.

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[1] Help@Hand defines a Peer as a person who publicly self-identifies with having a personal lived experience of a mental health/co-occurring issue accompanied by the experience of recovery. A Peer has training to use that experience to support the people they serve.

County/City and Consumer Experience Evaluation

Help@Hand counties/cities were involved in a number of activities in this period. These included:

- Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley provided free subscriptions to Headspace. Evaluation of these efforts included app data, consumer surveys, and exploration surveys.

- Riverside County continued to support their community with TakemyHand™, their Peer support platform, and partnered with San Francisco County to plan a pilot of TakemyHand™.

- Orange County continued the implementation of Mindstrong with clients at a local healthcare provider. The evaluation included surveys and interviews with clients and referring providers, along with app data.

- San Mateo County concluded their pilot of Wysa. Data from their local evaluation is spotlighted in this report.

- Marin County completed a pilot myStrength. Findings from consumer and staff surveys and interviews are included in this report, along with myStrength app data. Mono and Tehama Counties, along with City of Berkeley and Tri-City began, or made plans, to offer myStrength.

- Monterey and Los Angeles counties began working with CredibleMind to build a mental health technology that would screen and refer residents to county mental health services.

- Other technologies were provided, or planned to be provided, by several counties/cities. Los Angeles County offered iPrevail to county residents. Riverside County began a pilot of A4i. Los Angeles County also began planning for use of MindLAMP and Syntranet. Marin and Riverside Counties reviewed and considered various technologies to pilot and implement.

- Needs assessments with Behavioral Health Services clients and members of Riverside County's Deaf and Hard of Hearing Community were planned by Orange and Riverside Counties, respectively. The needs assessments seek to understand perceptions of mental health, use of technology to support mental health, and desired resources to support mental health.

- Kern and Modoc concluded their projects and transitioned off of Help@Hand.

Outcomes Evaluation and Data Dashboards

The California Health Interview Survey (CHIS) included questions on the use of mental health resources that were specifically tailored for the Help@Hand program. Important findings were:

- A significant increase was found from 2019 to 2020 in the percent of people who use the internet and social media almost constantly or many times a day across California.

- Adults who used an online tool to support mental health reported higher levels of usefulness in 2020 than in 2019.

- There was a slight decrease in the percentage of adults who reported using social media, blogs, or online forums to connect with people with similar mental health or alcohol/drug concerns from 2019 to 2020.

Recommendations

Recommendations based on evaluation learnings include the following. More details are provided on page 141.

- Planning implementation strategies that recognize and address the unique circumstances of key target audiences may improve product uptake and maintenance.

- Managing resources is key to delivering a successful project because it plays an important role in setting project expectations, improving implementation processes, and increasing the likelihood of success.

- Considering needed approvals should take place early in the planning process to improve timeline adherence.

- Creating effective and reliable avenues for sharing information continues to require consideration. It is recommended that current strategies for supporting project communication be reviewed with an eye toward building and supporting effective communication strategies and eliminating those that have been ineffective.

- Involving partners early on and considering their own resources and requirements may impact timelines.

- Developing an open and collaborative relationship with technology vendors continues to emerge as an important learning.

- Recruiting, training, engaging, and involving Peers in decision making processes remain an important need across the project. Continuous efforts to center and elevate Peer voices is essential for success. Systems for continuous collaboration and information sharing across counties/cities for all Peers is also needed.

- Training and supporting providers can facilitate product uptake. Refresher trainings, coaching, and additional materials (e.g. flyers) can be helpful.

- Considering users' early impressions of a technology and evaluating whether the content meets users' long-term needs at later time points help understand user engagement.

- Consenting users requires careful consideration, time, and resources. Counties/cities have encountered numerous hurdles in their efforts to develop their consent process.

- Addressing digital literacy continues to be a need in the community, especially with vulnerable populations, communities of color, and individuals identified as limited English Proficient. It is recommended that local efforts to address the digital literacy divide be documented (e.g. create a white paper), integrating knowledge around availability of federal and statewide resources.

- Improving efficiencies as well as streamlining and simplifying processes across the project occurred this year. Recommendations include developing project management documentation at the local level, which can then be distributed across Help@Hand to serve as a source of ideas.

- Using a one-size-fits all model for project planning and management is not well-suited to such a large and diverse program. Efforts to tailor to individual county/city and project needs have proven to facilitate progress across Help@Hand.

- Marketing a planned implementation is a key component for bringing the target audience to a product. Attracting a specific target audience requires that the marketing strategy be unique and tailored, rather than generic and broad.

- Distributing devices happened in many counties/cities. Consider developing a white paper on device distribution that synthesizes learning and recommendations, including providing information about local, state, and federal support programs.

- Placing kiosks in key client locations can be an effective way of reaching many people.

- Sharing actionable insights continue to benefit the Collaborative. Identifying strategic efforts for addressing best practices for disseminating information across the collaborative will accelerate program impact.

- Considering opportunities for sustainability and lasting impact of project outputs should continue to be prioritized.

help @ hand™
Evaluation

The Innovation Technology Suite (branded as Help@Hand in 2019) is a five-year[2] statewide demonstration funded by Prop 63 (now known as the Mental Health Services Act) and has a total budget of approximately $101 million. It is designed to bring a set (or "suite") of mental health digital therapeutic technologies into the public mental health system. The program intends to understand how digital therapeutics fit within the public mental health system of care. In addition, Help@Hand leads innovation efforts by integrating Peers throughout the program. Finally, participating counties and cities working together in collaboration is a key component of the Help@Hand program. Listening, sharing, learning from one another, innovation, and efficient processes are intended to facilitate and support participating counties and cities reach their individual goals.

The efforts of Help@Hand are guided by the following five shared 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.

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[2] The project was originally designated as a 3-year effort.
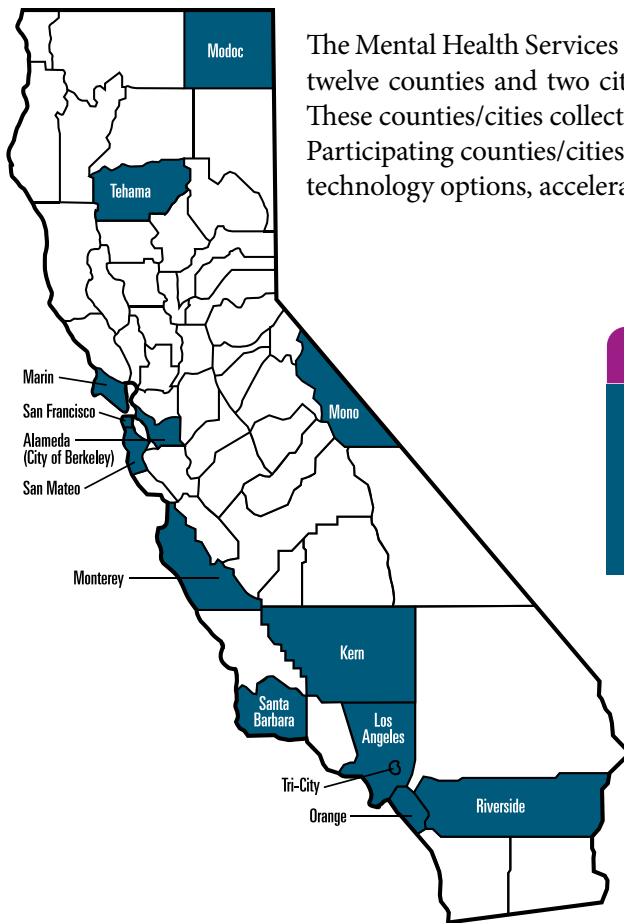
The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved twelve counties and two cities across the state of California to participate in the program.[3] These counties/cities collectively represent nearly one-half of the population in California. Participating counties/cities collaborate to develop a shared learning experience that expands technology options, accelerates learning, and improves cost sharing.

Participating Counties/Cities

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, Tri–City

ABOUT THE EVALUATION

The University of California, Irvine (UCI) in partnership with the University of California, San Diego (UCSD) is conducting a comprehensive formative evaluation of Help@Hand. The formative evaluation observes and assesses the program as it happens in order to provide real-time feedback and learnings.

This evaluation report presents learnings and recommendations from Year 3 (January-December 2021). The report is organized as follows:

- **Summary of Activities: Describes Year 3 key activities and milestones**
- **Evaluation: Reports Year 3 activities and learnings from the:**
  - o System Evaluation
  - o Peer Evaluation
  - o County/City and Consumer Experience Evaluation
  - o Outcomes Evaluation and Data Dashboards
- **Recommendations: Presents recommendations based on learnings**

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[3] Counties and cities can participate by submitting a proposal to the MHSOAC. Upon approval, counties and cities contract with CalMHSA, which serves as the administrative and fiscal intermediary for the program. Inyo County began participating in 2018, but withdrew later in 2018 due to insufficient internal resource capacity.

The following timeline reflects key Help@Hand project activities in Year 3. It is not intended to be a comprehensive accounting of all activities. **Appendix A** includes detailed county/city reported information, including key accomplishments, lessons learned, and recommendations.

Q1: JANUARY-MARCH 2021

Oversight and Help@Hand Leadership

- Held Help@Hand Leadership Committee meeting
- Approved process update for pilot approval and vendor selection
- Approved funding for California Health Interview Survey (CHIS) data collection in 2021–22
- Reviewed timeline for evaluation scope of work update

County/City Activities

- Explored technologies (Riverside County, Santa Barbara County)
- Planned pilots (Marin County, Riverside County, San Francisco County, San Mateo County, Tri–City)
- Launched pilot (Marin County, Tehama County)
- Planned implementations (City of Berkeley, Los Angeles County)
- Launched implementations (San Francisco County)
- Continued implementations (Los Angeles County, Orange County, Riverside County, San Mateo County)
- Released Request for Proposal and held bidders' conference (Mon–terey County, Los Angeles County)
- Transitioned off project (Kern County)

Project Management

- Presented updated Help@Hand Collaborative budget
- Announced open Peer Program Coordinator position
- Created brief Help@Hand introduction video
- Launched redesigned Help@Hand website
- Facilitated process with counties/cities and the Help@Hand evaluation team to discuss an updated Help@Hand evaluation scope of work
- Executed 14 contracts
- Hosted meetings with counties/cities, Help@Hand evaluation team, and vendors
- Facilitated learnings on Tech Lead calls, Peer Lead calls, and cross–county and city collaboration meetings
- Created and shared "Equitable Distribution of Devices Informa–tion Sheet"
- Developed "Marketing Checklist"

In Year 3, Help@Hand **stepped** into new phases of the project. The project *stabilized* as many counties/cities successfully offered mental health technologies in their communities.

Help@Hand also took **steps** toward accomplishing several accomplishments related to *working together, involving Peers*, and *evaluating efforts*. At the same time, the project *shifted* in other areas.

S STABILIZATION

Several counties/cities launched and continued to pilot and implement technologies throughout Year 3. These included the following.

- Riverside County launched a pilot with A4i for their target population.
- Marin and San Mateo Counties launched and completed pilots of myStrength and Wysa, respectively. Both counties are currently planning larger scale implementations of these technologies.
- City of Berkeley and Los Angeles County planned and launched myStrength and iPrevail, respectively, for their residents.
- Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley offered Headspace for free within their counties/cities.
- Orange County continued to work with a local healthcare provider to implement Mindstrong for clients seen in a large healthcare setting.
- Riverside County continued to provide Peer support through their TakemyHand™ platform. In December 2021, the county received the California State Association of Counties (CSAC) Challenge Award for their innovations and best practice with TakemyHand™.

A4i	Mental health technology aimed at helping those with certain con-ditions manage their symptoms.
Headspace	Meditation app aimed at helping to improve mental wellness.
iPrevail	CBT- and Peer-chat-based mental health technology that provides support for conditions that include anxiety, depression, eating disorders, and stress.
Mindstrong	Mental health technology aimed at helping those with mental health conditions.
myStrength	CBT-based mental health technology that supports people experiencing stress, depression and other mood disorders, anxi-ety, and issues with sleep.
TakemyHand™	Peer support platform that links people experiencing mental health challenges such as stress, anxiety, or other behavioral chal-lenges to a trained Peer Support Specialist.
Wysa	Artificially intelligent (AI) chatbot designed to help with a variety of issues, including depression, anxiety, sleep, issues facing the LGBTQ+ community, and more.

Q2: APRIL-JUNE 2021

Oversight and Help@Hand Leadership

• Held no Help@Hand Leadership Committee meeting

County/City Activities

• Explored technologies (Mono County, Riverside County)

• Planned pilots (Marin County, Riverside County, San Francisco County, Tri–City)

• Launched pilot (San Mateo County)

• Completed pilot (Marin County)

• Paused pilot (Tehama County)

• Planned implementations (City of Berkeley, Los Angeles County, Santa Barbara County)

• Launched implementation (Los Angeles County)

• Continued implementations (Los Angeles County, Orange County, Riverside County, San Mateo County)

• Paused implementation (San Francisco County)

• Completed Request for Proposal (Monterey County, Los Angeles County)

• Transitioned off project (Modoc County)

Project Management

• Reviewed candidates for Peer Program Coordinator position

• Onboarded Implementation Manager

• Launched the Spanish version of the Help@Hand website

• Planned stakeholder webinar

• Continued to discuss new evaluation scope of work with coun–ties/cities and the Help@Hand evaluation team

• Executed three contracts for Riverside County

• Hosted meetings with counties/cities, Help@Hand evaluation team, and vendors

• Facilitated learnings on Tech Lead calls, Peer Lead calls, and cross–county and city collaboration meetings

• Launched a new Help@Hand SharePoint site

• Developed "Implementation Checklist" and "Implementation Status Report"

Q3: JULY-SEPTEMBER 2021

Oversight and Help@Hand Leadership

• Held no Help@Hand Leadership Committee meeting

County/City Activities

• Explored technologies (Mono County, Riverside County)

• Planned pilots (Marin County, Riverside County, San Francisco County, Tri–City)

The spotlight on page 13 written by the CalMHSA project management team offers their perspective and more details about the stabilization process in Help@Hand counties/cities during Year 3.

Several factors contributed to the project's stabilization. One factor included streamlining and improving processes to obtain Collaborative approval. For example, the Help@Hand Leadership approved a new pilot process that involves CalMHSA reviewing and validating pilot proposals instead of the Help@Hand Leadership reviewing and approving proposals. Additionally, counties/cities were now able to select technology vendors outside of those identified in the Help@Hand Request for Statement of Qualifications (RFSQ). These processes expedited the piloting process and expanded the availability of particular technology products to test, pilot, and implement in the Help@Hand project.

Another key area of work involved counties/cities addressing the digital needs of their communities through conducting digital literacy trainings, distributing devices and improving internet access, and offering other technology support. This support was vital to enabling people who had limited access to devices to be able to use and feel comfortable using technologies as a way of helping their mental health.

TOGETHER

Counties/cities across the Help@Hand Collaborative continued to learn from each other. Many counties/cities presented their Help@Hand technology programs and learnings during Collaborative and ad-hoc meetings. They also shared related topics, including but not limited to best practices on conducting focus groups, training staff and Peers, distributing devices, marketing efforts, developing consent forms, as well as sharing protected health information (PHI) and personally identifiable information (PII).

Moreover, some counties/cities collaborated with each other to offer technologies to their target populations. San Francisco County partnered with Riverside County to plan a pilot of Riverside County's TakemyHand™. And Monterey and Los Angeles Counties worked with CredibleMind to begin developing a screening tool that refers individuals to county mental health services.

EVALUATION

Counties/cities looked to the Help@Hand evaluation team and local evaluators to determine the impact of their various efforts. Some vendors agreed to share app data to understand how consumers used the technologies. Consumers and staff professionals involved at various levels of piloting or implementing technologies in communities for the Help@Hand project also completed surveys and/or participated in interviews to learn about their experiences. In addition, evaluation data from meetings,

- Continued pilot (San Mateo County)

- Paused pilot (Tehama County)

- Planned implementations (City of Berkeley, Los Angeles County, Marin County, San Mateo County, Santa Barbara County)

- Continued implementations (Los Angeles County, Orange County, Riverside County, San Mateo County)

- Paused implementation (San Francisco County)

- Developed technology (Monterey County, Los Angeles County)

Project Management

- Onboarded Peer Program Manager

- Hosted stakeholder webinar to connect communities in California to the project

- Executed contracts for counties/cities

- Hosted meetings with counties/cities, Help@Hand evaluation team, and vendors

- Facilitated learnings on Tech Lead calls, Peer Lead calls, and cross–county and city collaboration meetings

Q4: OCTOBER-DECEMBER 2021

Oversight and Help@Hand Leadership

- Held no Help@Hand Leadership Committee meeting

- Help@Hand Collaborative approved the updated evaluation scope of work

- Help@Hand Collaborative finalized process to approve technologies as Help@Hand portfolio apps

County/City Activities

- Explored technologies (Riverside County)

- Planned pilots (San Francisco County)

- Launched pilot (Riverside County)

- Paused pilot (Tehama County)

- Planned implementations (Los Angeles County, Marin County, Mono County, San Mateo County)

- Launched implementations (City of Berkeley, Santa Barbara County)

- Continued implementations (Los Angeles County, Orange County, Riverside County)

- Paused implementation (San Francisco County)

- Developed technology (Monterey County, Los Angeles County)

- Graduated from Collaborative (Orange County)

Project Management

- Executed and revised contracts for counties/cities

- Hosted meetings with counties/cities, Help@Hand evaluation team, and vendors

- Facilitated learnings on Tech Lead calls, Peer Lead calls, and cross–county and city collaboration meetings

- Developed an infographic to share project progress with stakeholders

comparisons between Help@Hand technologies and non-Help@Hand technologies, along with comparisons between Help@Hand counties and non-Help@Hand on key outcomes were collected and analyzed in Year 3.

Evaluation learnings are presented throughout this report. This includes the spotlight on page 16 that highlights a few testimonials on project accomplishments and learnings. These findings impacted the success of the project in multiple ways. They informed key decisions and shaped the direction of the project. They also were critical in communicating progress to community stakeholders and gathering their buy-in.

PEER

The Help@Hand Collaborative began actively recruiting for a Peer Program Manager in March 2021 and onboarded a candidate in July 2021. The Peer Program Manager facilitates the inclusion of the Peer perspective in Help@Hand, provides guidance to CalMHSA, and ensures the projects align with the interests and needs of consumers in participating counties/cities.

Across Help@Hand, Peers continued to play an instrumental role in ensuring technologies were well-received by community members. They outreached, delivered digital literacy trainings, distributed devices, and provided technical assistance to their communities. They also tested products, created materials, and provided insights to strengthen and improve the project.

Peers shared innovative practices and resources with Peers and other stakeholders across the Help@Hand Collaborative. This information sharing was particularly impactful for counties/cities with fewer resources and/or smaller Peer workforces.

SHIFTS

While Help@Hand stabilized as described above, additional project changes occurred to support the new model.

The Help@Hand Collaborative budget was updated in Year 3, and Collaborative evaluation was also revisited to ensure support for all counties/cities and technologies since the initial evaluation only supported some Help@Hand counties and technologies.

As some counties/cities planned and/or launched technologies, they encountered challenges that made them pause and reflect on how best to shift their projects to increase the likelihood of successful implementation.

Three counties also parted from the Collaborative. Kern and Modoc Counties completed their projects and transitioned off of Help@Hand in early 2021. Orange County graduated from the Help@Hand Collaborative in December 2021 to focus on their local implementation.

SPOTLIGHT
Help@Hand Moving Toward Stabilization

Authors: Terri Rosas-Nichols, CalMHSA's Implementation Manager; Jeff Blood, CalMHSA's Implementation Manager; Brittany Ganguly, CalMHSA's Senior Program Manager

CalMHSA
California Mental Health Services Authority

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Implementation Phases

| Initiation | Implementation | Stabilization |

Phase	Description
Intitiation	Includes refinement of target populations, program strategies, change preparation, and application onboarding.
Implementation	Active implementation activities such as process workshops, user communication and outreach, technology customization and testing.
Stabilization	Focuses on evaluation of the applications, identification of lessons learned, and implementation of continued improvement of software and project processes.

After technology implementations go-live, an organization or project enters stabilization, the final phase of the systems development life cycle. In this phase, initially, as unfamiliar processes and new technology become incorporated into workflows, some impact on routines and productivity may be seen. What characterizes the stabilization period, though, is a return to pre-go-live levels of activity. It is during the stabilization period that issues arising from implementation are resolved, and users achieve competency and comfort with the technology. The stabilization phase also marks the transition from the implementation support model provided by the project team to the ongoing operations embedded within the organization.

Attaining stabilization is what we are trying to achieve when any technology is introduced. This final phase is when the "why" of the project – the driver of the change – becomes evident. In the stabilization phase, we begin to ascertain if we can drive adoption and therefore, the benefit of the technology. For the Help@ Hand project, this includes analyzing how each implementation contributes to answering the learning objectives established by OAC. In other words, did the implementation:

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

The following outlines the milestone each Help@Hand City or County implementation achieves in the stabilization phase, as well as the importance of each milestone.

Milestone	Purpose
Ongoing tracking of adoption	Provides quantitative data on adoption rates and the effectiveness of the implementation
Conduct evaluation and communicate findings	Ensures the project is serving its intended goals
Identify lessons learned	Makes improvements in products or services
Establish mechanisms for ongoing community engagement and feedback	Refines the product and its use by intended target populcations
Identify expansion opportunities	Scales usage of technology to provide benefit to a wider population base
Continue Help@Hand project participation	Maintains awareness of product changes and provide county perspective on usage

Over the last two years, 2020 and 2021, each City and County in the Help@Hand project has been working through the initiation and implementation phases. All participating Cities and Counties have selected products they would like to pilot and/or implement within their target communities and are now actively working on finalizing implementation plans or have been piloting and implementing products for a number of months and are moving to stabilization. As each city and county progresses with their plans, the project is moving from the implementation to stabilization phase.

Congratulations to our Help@Hand Collaborative members who have achieved project stabilization in the last two years!

Collaborative Projects in Stabilization Phase

City/County	2020	2021
Berkeley		Headspace, myStrength
Los Angeles	Headspace	iPrevail
Marin		myStrength
Orange	Mindstrong	
Riverside	TakeMyHand	
San Mateo	Headspace	Wysa
Santa Barbara		Headspace

It is exciting and rewarding for each City and County to be achieving the milestones outlined above. They are a result of continuous program planning, feedback from stakeholders, product pilots and evaluation efforts. As Help@Hand moves into year 4 of the project (2022), Cities and Counties are on track for where we would expect a 5-year Innovation technology project to be.

SPOTLIGHT
Is Help@Hand Having an Impact?

Authors: Lorena Campos, CalMHSA's Associate Program Coordinator; Brittany Ganguly, CalMHSA's Senior Program Manager

CalMHSA
California Mental Health Services Authority

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Measuring the impact of a multi-year innovation project can be challenging, especially when the project cannot officially evaluate and measure the outcomes until it has concluded. The Help@Hand Collaborative agrees there is more than one way to see or measure how the project has been successful. Several key accomplishments support both the progress and the learnings from this project for the cities/counties, the collaborative overall, and the larger mental health community.

The focus of the Help@Hand innovation project is geared toward the following five learning outcomes:

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.

Ongoing learning based on these objectives has occurred as an integrated part of the project. These learnings have been captured in the evaluation reports available on Helpathandca.org.

Recent testimonials, shared below, about Help@Hand and the latest county/city efforts highlight some of the project's accomplishments and the impacts that are contributing to these learning objectives.

REDUCE STIGMA

The Collaborative has discussed the importance of the direct impacts of Help@Hand. Counties/cities have noted that if through this innovation project there is at least one more person that feels connected, that can seek support without stigma, and is given access to care than that's a success the collaborative can take in stride.

A recent success can be demonstrated by the survey response received from a Transition Age Youth (TAY) San Mateo participant in the WYSA application pilot,

> *As the quarantine came to a close, I felt like I regained motivation without the help of WYSA. WYSA helped soothe me during times of anxiety and it helped lite the spark I needed to look after myself. It also introduced me to different methods to take on my anxious feelings.*

Damaris Caro, a Project Peer Lead with Marin County, also shared a significant insight on their pilot with MyStrength with isolated older adults,

> *"Older adults have changed the way they think about mental health, they learned how to support their mental health needs, and how to recognize mental health symptoms and health improvements. I really believe the use of technology in behavioral health will increase the communities voice in their wellness. Because of the results, Marin County is working towards implementation."*

Another way to measure the project's success includes advancements to increase access to the appropriate level of support and care. A significant development stemmed from this component of the Help@Hand Project has been Digital Mental Health Literacy (DMHL). DMHL has been outlined as the basic skills that can empower California communities to make informed decisions about how they engage with technology. On behalf of the Collaborative CalMHSA developed the Digital Mental Health Literacy Training, and 8-part video series . In addition, counties have developed their own local programing, resources, and levels of DMHL support to integrate into their Help@Hand plans and pilots. Threaded throughout the recent millstones of this innovation project is the integration of Digital Mental Health Literacy and how it is a foundational component of the work each County and City does as a part of their digital launch of an application or roll out of smart devices to participants.

Examples from Individual Counties

In Marin County, one end user from their myStrength pilot shared that "The one-on-one technical [support] … [opened the door to new technology]." Marin planned and prepared to facilitate their pilot of myStrength to an isolated older adult population that had a range of digital literacy. Doing so they included a network of direct support to participants in their pilot launch, which resulted in positive feedback.

"I felt like both [Facilitators] were very knowledgeable and helpful... I mean, they could answer almost any question I had. Yeah… everything I know about using the tablet I learned from those two people, either one or the other." – myStrength Marin County pilot participant

In addition to the increased access that digital mental health literacy was able to provide, some participants recognized their positive experience of myStrength, an innovative resource for care.

> "*It kind of opens things up a bit where, especially when you're alone, you have kind of tunnel vision on what's going on in your life, but when you look at myStrength, you kind of get a broader perspective on a lot of different aspects of what's available there. And it kind of opens your eyes, which is a good thing.*"
>
> myStrength – Marin County end user

Additionally, both Santa Barbara and San Mateo also recognized the need for digital literacy in their respective communities and took steps to address this demand. The work and impact of this mobilization is captured in a previous spotlight in the Year 2 Evaluation Report Painted Brain: Working with Multiple Counties to Address Digital Literacy.

As a result, San Mateo gained valuable insight from the impacts of their Wysa pilot launch and digital literacy efforts. Andrea Sobel, San Mateo Peer Program Coordinator, shared this significant insight,

> "At one site the older adults had smartphones given to them by their children and most of them didn't know how to use them other than to make and receive phone calls. It was so rewarding to see how excited they were to learn new ways to use their devices. We've learned how important it is to meet older adults where they are in terms of their technology experience, so they learn how to use their mobile devices and are able to stay connected."

INCREASE PURPOSE

The fourth learning objective of this project, Increase purpose, belonging and social connectedness of individuals served, aligns with the Help@Hand Peer Vision – 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.

Centering Peers in the Help@Hand project provides strong channels to connect with and understand the ways that consumers seek purpose and belonging. Peers are experts and leaders of the mental health community, and they are included as partners, collaborators and leaders throughout the project's efforts.

One specific instance of the project's direct impact to a consumer was captured by Shannon McCleery-Hooper, Riverside County Peer Lead,

> "I had a very unique experience with a person very recently, with a gentleman who came to interview with us to become a part of the team. We ask a question in that interview process which is "What makes you uniquely qualified to do this work?" And he shared his lived experience which is the expectation of any Peer Support Specialist who comes to work with us, but he shared that he was so inspired by utilizing the TakeMyHand live Peer chat as a source of support and assistance for him over the last several months during the pandemic that it inspired him to come and want to work with us. It's really exciting to have that kind of impact on another human in the community. He didn't know what we were doing. And now is inspired to be part of this team."

CONCLUSION

From these stakeholder testimonies we can begin to understand the impact Help@Hand is having on local communities. The testimonies given are only a few of the positive feedback counties have received about their Help@Hand efforts. While we may not be able to complete measurements of success until the projects end, we can already begin to understand the impacts Help@Hand activities are having in supporting local communities with their wellbeing and mental health support. Additionally, each city and county participating in Help@Hand has different implementation plans at their local levels, their efforts are all contributing to the overarching project learning objectives.

1 | SYSTEM EVALUATION

Key Points

The system evaluation has been paused as of June 2021. This section sumarizes the information that was presented in the Year 3, Quarter 1-2 Help@Hand Evaluation Report. Please refer to this report for more details.

OVERVIEW

This section focuses on evaluating system-related factors that may affect Help@Hand. It presents the app market surveillance, the environmental scan, and the cross-county and city lessons learned evaluation.

The **app market surveillance** reviews apps used within and outside of Help@Hand.

An **environmental scan** monitors public perceptions of mental health documented through key media events. It understands how international and local events (e.g. a celebrity opening up about their mental health struggles or a traumatic world event) may impact Help@Hand.

The **cross-county and city lessons learned evaluation** considers how the processes, interactions, and collaboration of counties/cities and other stakeholders impact the Help@Hand program.

APP MARKET SURVEILLANCE

Headspace, myStrength, and comparable apps were reviewed in Year 3. Headspace and myStrength were reviewed since many counties/cities implemented or considered implementing them for the Help@Hand program. Key learnings from the review are shown in the Year 3, Quarter 1-2 Help@Hand Evaluation Report. **Appendix B** includes a learning brief with more details.

The app market surveillance was paused after June 2021 and is pending negotiations on the Help@Hand evaluation contract.

Learnings for the Help@Hand Collaborative: App Market Surveillance

Counties/cities may consider these learnings when deciding how to implement mental health technologies within Help@Hand. Appendix B includes additional learnings.

Ensure that content within a particular app product aligns with program goals.
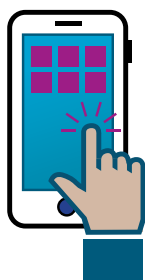
Plans for implementing a product within a particular community should be built upon how the product is expected to be used by community members.

ENVIRONMENTAL SCAN

An environmental scan monitors public perceptions of mental health documented through key media events. News stories based on keywords related to Help@Hand were collected, but analysis of these stories has not started due to limited staffing to support the environmental scan and is also pending negotiations on the Help@Hand evaluation contract.

CROSS-COUNTY AND CITY LESSONS LEARNED EVALUATION

The processes, interactions, and collaboration across the counties/cities and stakeholder groups can influence the Help@Hand program. The cross-county and city lessons learned evaluation examines these factors and identifies important learnings.

In the beginning of Year 3, the Help@Hand evaluation team interviewed CalMHSA leadership as part of the evaluation. Key learnings from the interview are presented in the Year 3, Quarter 1-2 Help@Hand Evaluation Report.

The Collaborative requested a pause on conducting interviews and surveys with Help@Hand counties/cities since October 2019. The pause is pending negotiations on the Help@Hand evaluation contract.

Learnings for the Help@Hand Collaborative: Cross-County and City Lessons Learned Evaluation

Counties/cities differed in their project objectives, populations served, and technologies considered. Despite these differences, interviews with CalMHSA leadership identified common learnings such as:

- **Needs assessments and stakeholder input are important when planning to implement a technology because they provide insight on which technologies would be most beneficial to the community.**

- **Successful technology pilots and implementations should recognize cultural differences and consider the specific needs of target populations.**

- **Low levels of digital literacy remain a barrier for consumers adopting apps.**

- **An essential component for project management was streamlining processes during planning, executing, and monitoring technology launches.**

Key Points

- Quarterly surveys and bi-annual interviews were conducted with either Peer or Tech Leads (for counties/cities with no Peer Lead).

  o **Peer activities** for this period included:
    - Evaluating products
    - Community outreach
    - Creating training, education, and outreach materials
    - Receiving and delivering digital literacy training
    - Piloting technologies, providing technology support, and distributing devices to the community

  o **Peer-related successes** reported in this period included:
    - Benefits to Peers and community members
    - Peer input informed insights, communication, and decisions for the Help@Hand project
    - Information exchange, new collaborations, and resource sharing positively impacted the Help@Hand Collaborative
    - Workplace changes facilitated improved Peer hiring practices creating a more stable workforce, appreciation for Peer input, and reduced mental health stigma in the workplace

  o **Peer recommendations to improve Help@Hand** included:
    - Establish a system and process to facilitate sharing of new peer-created resources across Help@Hand counties/cities.
    - Post to Sharepoint, and regularly update, a list of Peer Lead contacts at each Help@Hand county/city.
    - Develop and distribute a newsletter to inform Help@Hand Peer Leads about Peer-led activities happening across the collaborative.
    - Include a one-on-one interaction during the handoff of mobile devices when provided to community members for Help@Hand activities to educate the recipient on device use.
    - Strengthen the Peer Lead calls by imposing more structure and open membership to counties/cities without a Peer Lead. The resulting information transfer might facilitate growth of the Peer component in these counties/cities and allow them to benefit from the Peer input garnered in other counties/cities.
    - Impose greater clarity on the definition, roles, and responsibilities of the Peers, perhaps by creating an organizational chart that depicts the role of the Peer Leads within the Help@Hand project.
    - Increase the active role of CalMHSA in providing materials, negotiating device procurement, and convening Peers for face-to-face meetings when it is safe to do so.
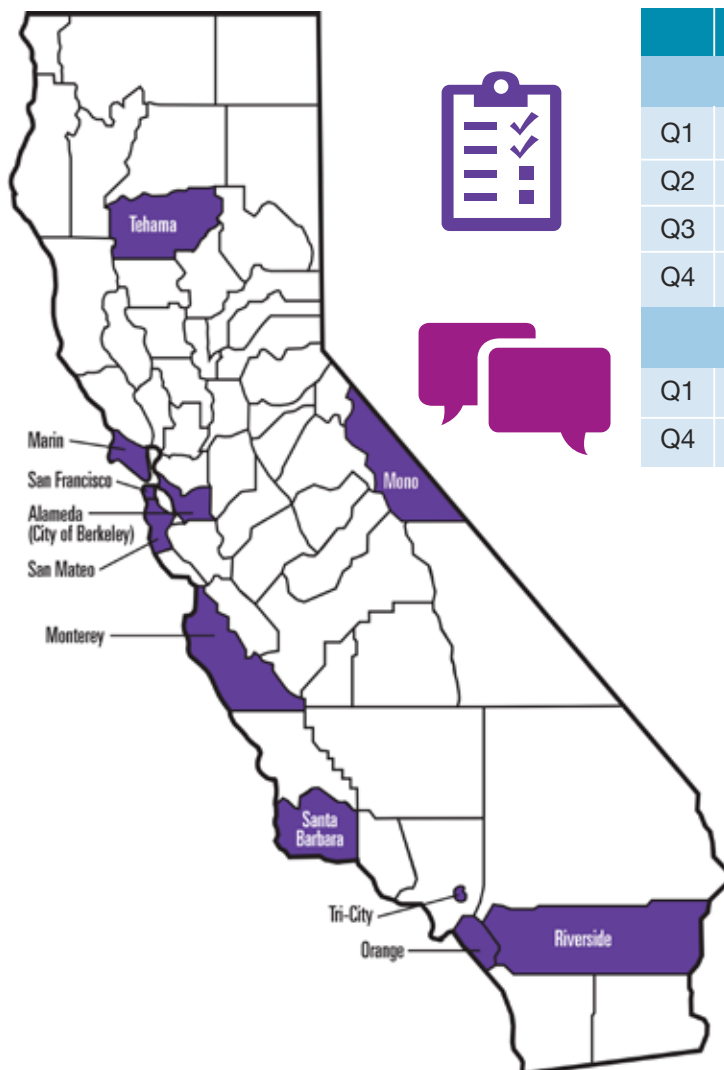
OVERVIEW

The goals of the evaluation of Help@Hand's Peer component are to document Peer activities, identify successes and challenges to implementing the Peer component, and share lessons learned across the Collaborative.

PEER EVALUATION

Table 2.1 shows the counties/cities that participated in the surveys and interviews with Peer Leads (or Tech Leads for those counties/cities with no Peer Leads). Two respondents from San Mateo County were surveyed and interviewed given that the county has two Peer Leads to support both their target populations (isolated older adults and transition aged youth (TAY).

Surveys were conducted online, and interviews were conducted by the same interviewer. Interviews provided an opportunity to elaborate on survey responses and share information that may not have been captured in the surveys. Similar surveys and interviews were conducted in Year 2.

Table 2.1. Peer Evaluation Survey and Interview Respondents.

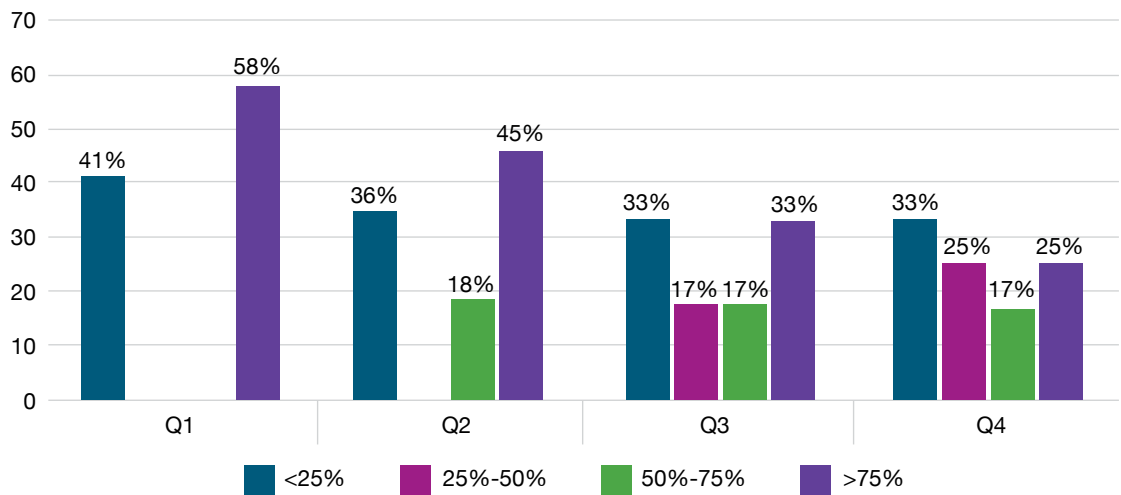|	Respondents	Cities/Counties	Peer Leads
Peer Surveys			
Q1	12	11	8
Q2	11	10	7
Q3	12	11	7
Q4	12	11	7
Peer Interviews			
Q1	12	11	8
Q4	11	10	7

HELP@HAND PEER COMPONENT INCOUNTIES/CITIES

2/3 of Peer Leads **Employed** by counties/cities

1/3 of Peer Leads **Contracted** by counties/cities

Time spent by Peer Leads on Help@Hand activities Varied Across Quarter and Between Counties/Cities

Percent of Peer Leads

	Q1	Q2	Q3	Q4
<25%	41%	36%	33%	33%
25%-50%			17%	25%
50%-75%		18%	17%	17%
>75%	58%	45%	33%	25%

Legend: <25% | 25%-50% | 50%-75% | >75%

Most Counties/Cities Employed 1-4 Peers

Percent of Counties/Cities

	Q1	Q2	Q3	Q4
0 Peers	8%	18%	16%	16%
1 Peers	17%	18%	16%	33%
2-4 Peers	42%	27%	50%	25%
5-8 Peers	17%	27%	8%	8%
9+ Peers	17%	9%	8%	16%

Legend: 0 Peers | 1 Peers | 2-4 Peers | 5-8 Peers | 9+ Peers
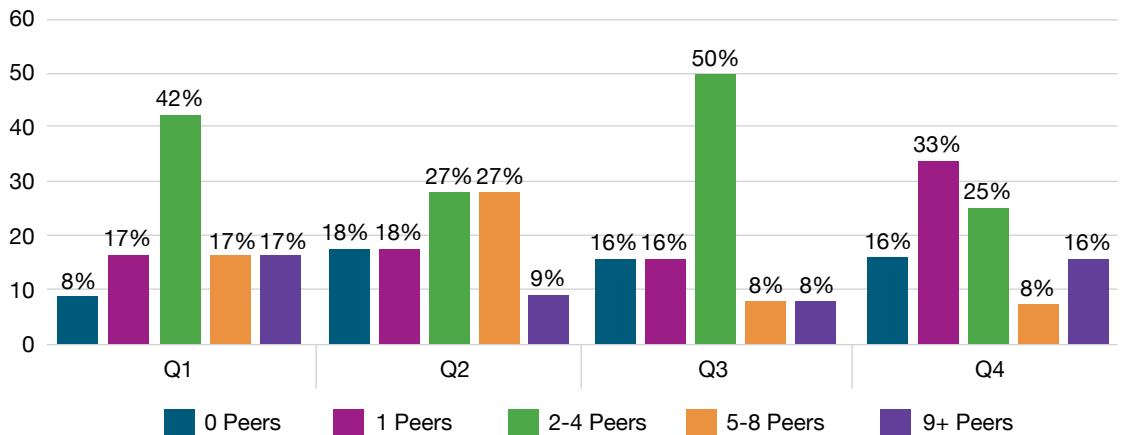
PEER ACTIVITIES

**Figure 2.1** displays the Peer activities that counties/cities reported in the surveys. A third of respondents reported that Peers received digital literacy training, piloted technologies, created materials, and engaged in outreach to the community. Outreach was primarily through the internet and included delivering digital literacy training to the community as well as recruiting community members for app testing. As the year progressed, counties/cities shifted from testing to piloting technologies, which necessitated Peers providing more technical support. In Quarter 4, two counties/cities involved Peers in distributing devices to the community.

The demands of developing products and services that could be delivered remotely required Peers themselves to acquire new digital literacy skills. Using these skills, Peers developed a wide range of materials, including virtual presentations to promote digital literacy among community members, training materials for fellow Peers, and resource guides related to general mental health.

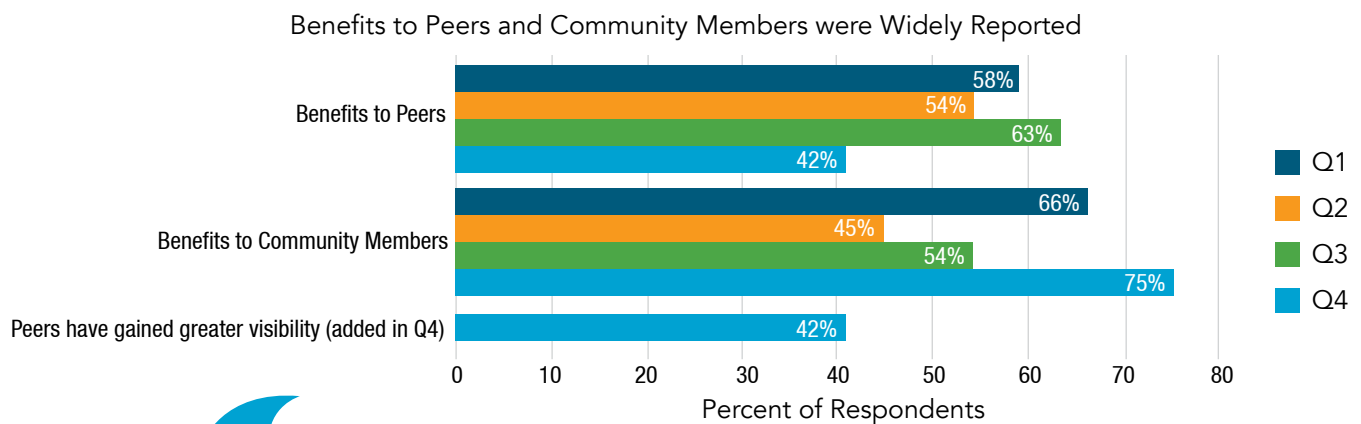**Figure 2.1. Commonly Reported Help@Hand Peer Activities by Quarter.**

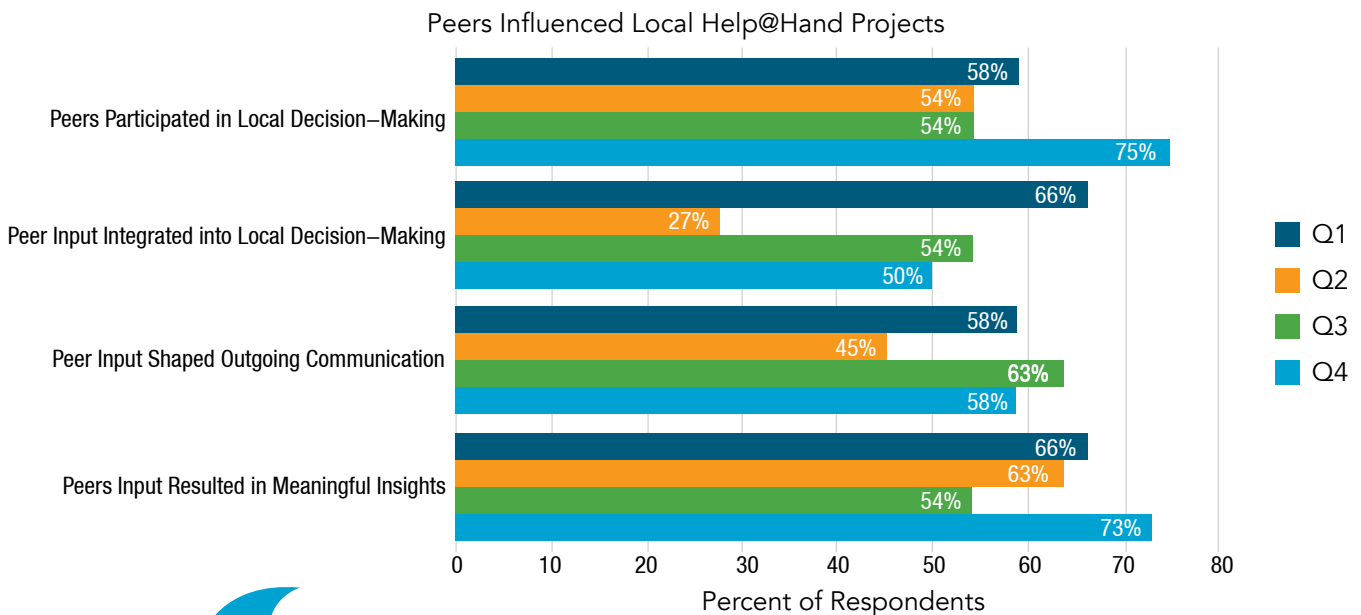Peers Contributed in Multiple Ways and Across All Phases of Help@Hand
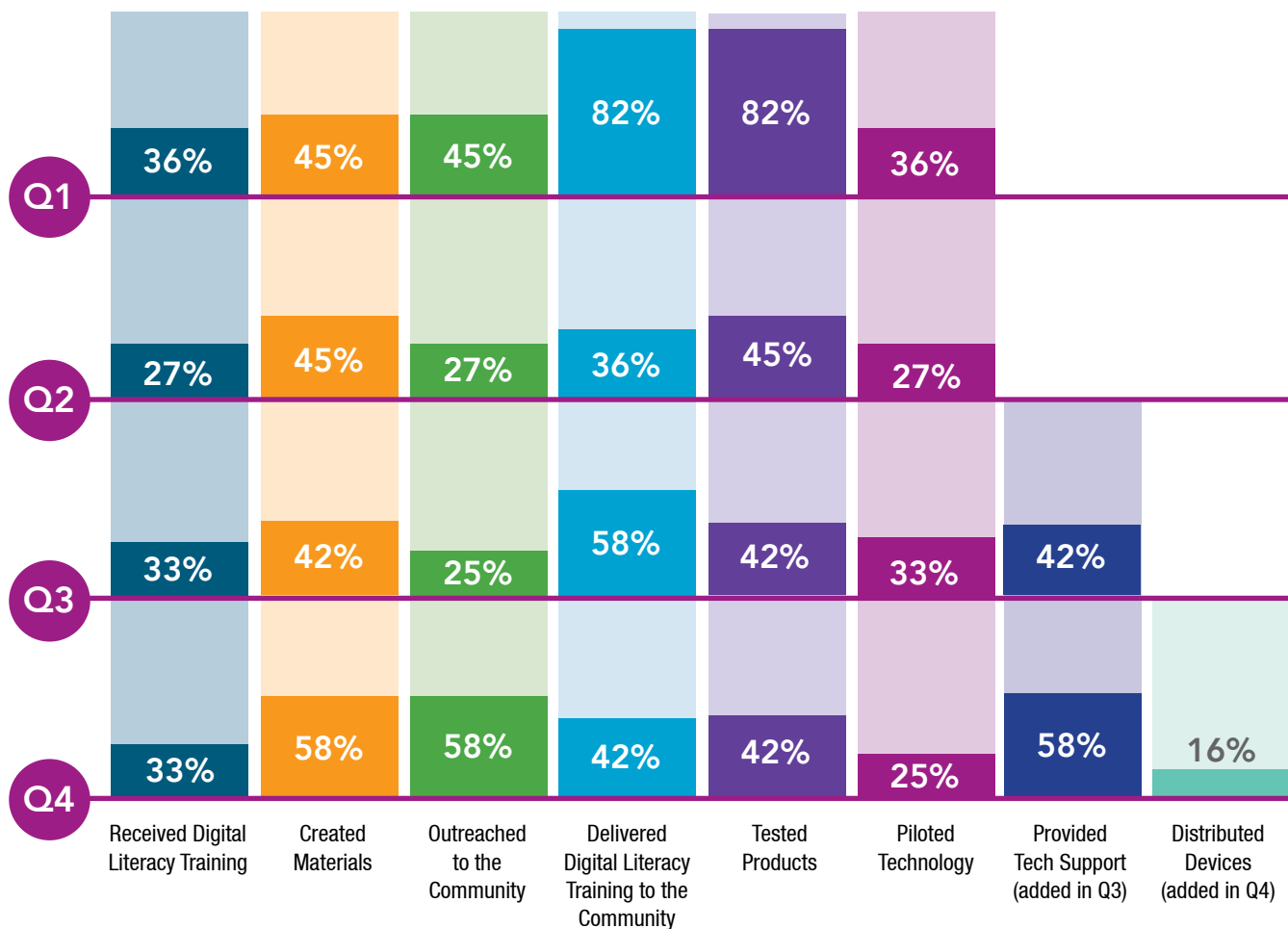
SUCCESSES

Figure 2.2 reveals Help@Hand successes associated with the Help@Hand Peer component reported by counties/cities. Among the most frequently and consistently reported successes were benefits experienced by the Peers themselves and benefits experienced by members of the community as perceived by the Peers. A specific benefit to Peers that was added to the Quarter 4 survey based on information shared in the Quarter 3 interviews was the increased visibility enjoyed by Peers, who had been tasked with giving presentations to local committees and community groups. Peer engagement with local Help@Hand projects was reported by most counties/cities and generally increased over time, though integration of the Peer input into decision-making seemed to decrease over time. Sharing of information across the Collaborative increased over time, and Quarter 3 interviews informed the addition of a question to the Quarter 4 survey that showed that half of the counties/cities had shared tools, resources and/or best practices across the Collaborative.

Figure 2.2. Peer Related Successes Reported by Help@Hand Counties/Cities by Quarter.

Benefits to Peers and Community Members were Widely Reported

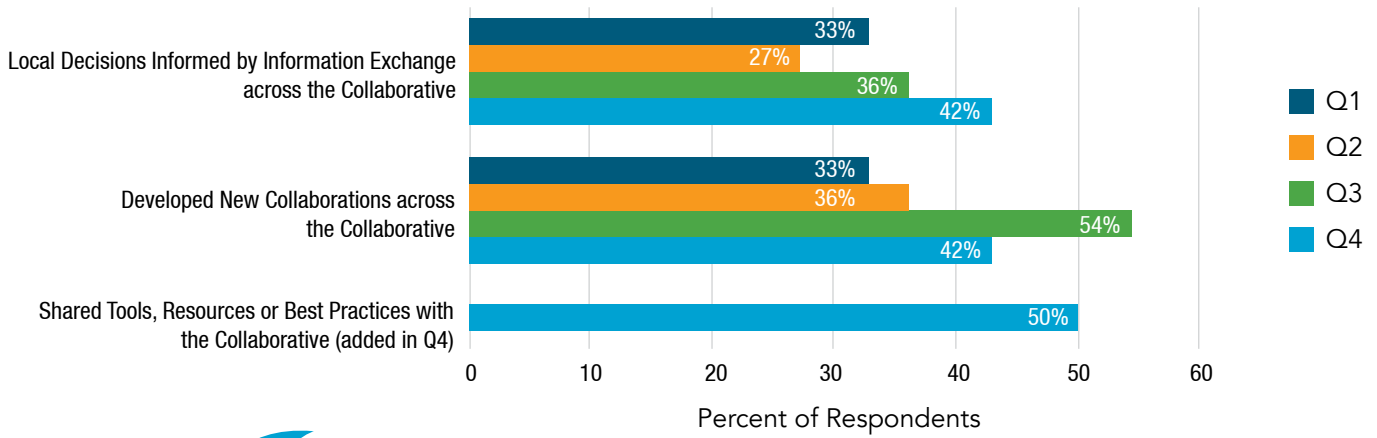| Category	Q1	Q2	Q3	Q4
Benefits to Peers	58%	54%	63%	42%
Benefits to Community Members	66%	45%	54%	75%
Peers have gained greater visibility (added in Q4)				42%

Percent of Respondents

> *"One example was a participant saying that because of the project she learned that she probably had depression but did not know it was depression before. After trying the product she found the words for her symptoms."*

Peers Influenced Local Help@Hand Projects

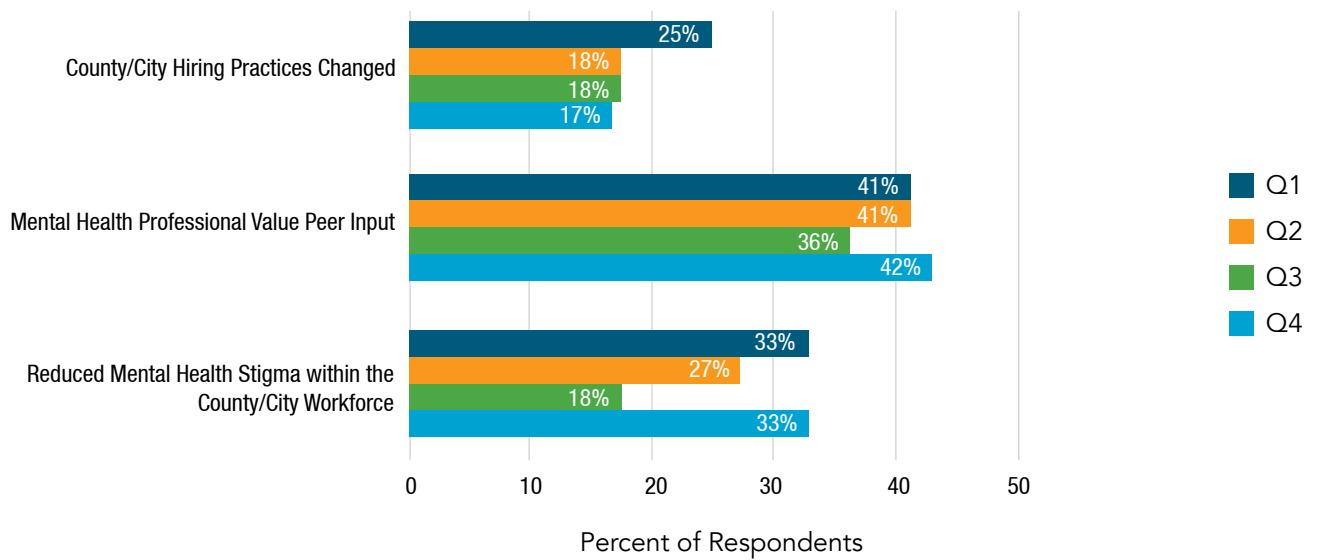| Category	Q1	Q2	Q3	Q4
Peers Participated in Local Decision–Making	58%	54%	54%	75%
Peer Input Integrated into Local Decision–Making	66%	27%	54%	50%
Peer Input Shaped Outgoing Communication	58%	45%	63%	58%
Peers Input Resulted in Meaningful Insights	66%	63%	54%	73%

Percent of Respondents

> *"We have a better idea now about what settings on the phone need to be explained – e.g. changing the notification settings, navigating to certain features/modules. That came up a lot. Content was there but not easy to find."*

Information Exchanged Across the Collaborative

Local Decisions Informed by Information Exchange across the Collaborative
- Q1: 33%
- Q2: 27%
- Q3: 36%
- Q4: 42%

Developed New Collaborations across the Collaborative
- Q1: 33%
- Q2: 36%
- Q3: 54%
- Q4: 42%

Shared Tools, Resources or Best Practices with the Collaborative (added in Q4)
- Q4: 50%

Percent of Respondents

Legend: Q1, Q2, Q3, Q4

> "…we documented our experience and we shared it on the CalMHSA google documents for the team. Anyone can go there and see the forms that we have used, how we did our training."

Peer Involvement Stimulated Changes in the Workplace

County/City Hiring Practices Changed
- Q1: 25%
- Q2: 18%
- Q3: 18%
- Q4: 17%

Mental Health Professional Value Peer Input
- Q1: 41%
- Q2: 41%
- Q3: 36%
- Q4: 42%

Reduced Mental Health Stigma within the County/City Workforce
- Q1: 33%
- Q2: 27%
- Q3: 18%
- Q4: 33%

Percent of Respondents

Legend: Q1, Q2, Q3, Q4

> "…our peers are being invited to present at the behavioral health commission. That is a huge honor. We always have a Peer who celebrates recovery, but now they are able to share the projects that they are working on that effect the entire county."

CHALLENGES

Challenges related to the flow of information appeared to decrease over the course of the year but persisted in a small number of counties/cities. New survey items were added to the Q4 survey based on the Q3 interviews and revealed that about one fourth of counties/cities were experiencing challenges related to funding uncertainty, delays related to the execution of contracts and/or time required to carry out research related to devices (e.g., phones, tablets). counties/cities also reported challenges with maintaining their Peer workforce and these challenges seemed to increase over the course of the year. New survey items added in Q4 based on Q3 interviews indicated that for half of the respondents, the need for Peers (including Peer Leads) to divide their attention across multiple projects posed a challenge. A smaller proportion of counties/cities reported that the Peer workforce was too small to meet the demands of the project, and 2 counties/cities reported that Peers were frustrated when their time and/or input was not integrated into programmatic decisions.

Figure 2.3. Peer Related Challenges Reported by Help@Hand Counties/Cities by Quarter.

Counties/Cities Faced a Range of Challenges Maintaining the Peer Workforce
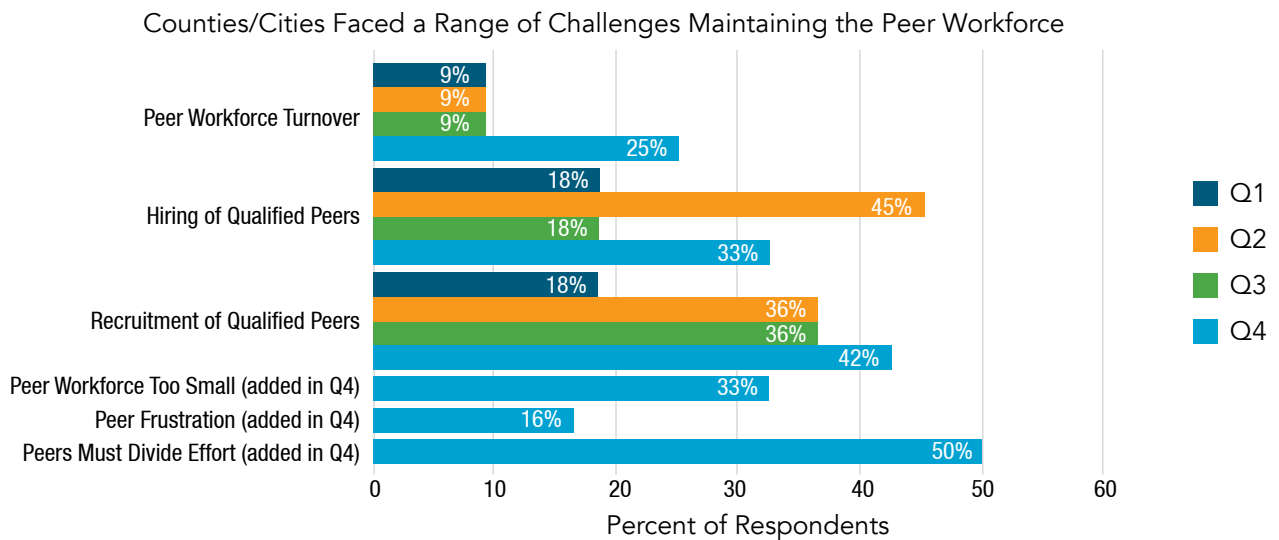
"We don't have many Peers so that is definitely a challenge."

"I would say that there is a challenge because there are people making decisions and I don't know about them. I am getting it kind of third hand."

A Variety of Contextual Challenges Were Experienced Throughout the Year
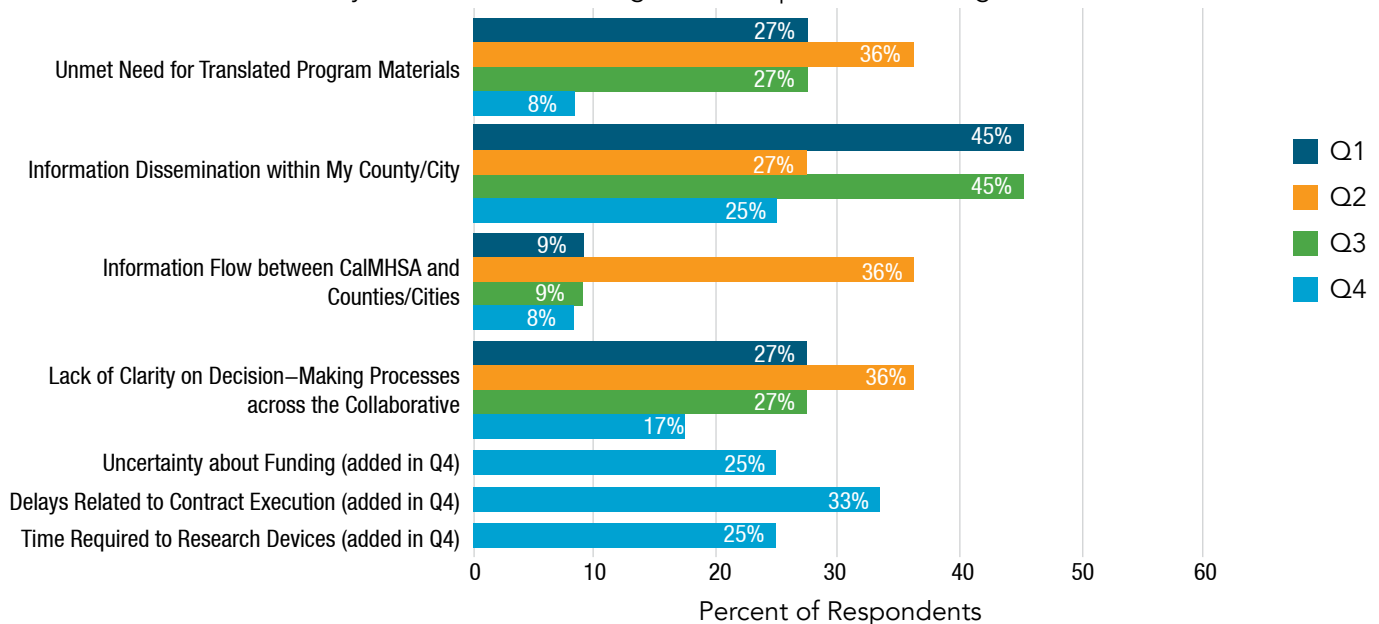
Learnings for the Help@Hand Collaborative: Peer Evaluation

Surveys and interviews with Peer Leads (or Tech Leads for those counties/cities with no Peer Leads) revealed the following lessons learned related to the Help@Hand Peer Component.

Lessons Learned

- **The Peer role on Help@Hand is changing.** Overall, Peers activities reported toward the end of the year reflected a more mature phase of the Help@Hand project. Whereas the earlier parts of the year were dominated by digital literacy training and materials development, the latter part of the year saw 60% of counties/cities delivering technical support to the community.

- **Maintaining a robust Peer workforce requires a proactive approach.** Several of the counties/cities recounted examples of ways that inconsistent planning impacted the job satisfaction and performance of Peers. Their experiences suggest that Peers should be given accurate expectations regarding their ability to influence programmatic decisions and that Staff who supervise Peers should have appropriate training in a Peer Employment Model.

- **Deploying digital technology in the community requires navigating considerable county logistics.** Several counties/cities reported that their ability to roll out digital technology into the community encountered delays because of county regulations, legal or liability concerns, purchasing or vendor contracts and data use agreements. Increased sharing of information across the collaborative may help to anticipate and ameliorate some of these challenges.

- **Being part of a Collaborative facilitates sharing of resources and information.** The exchange of information across counties/cities in the Help@Hand collaborative has clearly been a benefit, particularly to those counties/cities with fewer resources and/or smaller Peer workforces. Innovations that have been developed by one county/city have been adopted by others within the collaborative.

- **There are opportunities to improve the information-sharing infrastructure.** A common suggestion was to improve the sharing of information across counties/cities within the collaborative. Several recommendations focused on the Peer Lead calls, including imposing more structure, encouraging open sharing of successes and growth areas, and being more inclusive of who is invited to the call (currently participation is limited to Peers, leaving out counties without a Peer Lead).

- **The role of the Peers should be clarified.** Several respondents indicated a desire for the collaborative to adopt a standardized definition of "Peer" and a common description of roles and responsibilities. Having greater clarity about expectations was felt to be important to achieve optimal effectiveness of the Peer component.

- **There are opportunities for increased Collaborative-level coordination.** Several counties/cities expressed the desire for a more active role from CalMHSA to facilitate and coordinate collaboration between counties/cities. Specifically, some respondents would appreciate CalMHSA taking on the responsibility for selecting and procuring digital devices and for producing and distributing training sessions and materials directed at Peers.

3 | COUNTY/CITY AND CONSUMER EXPERIENCE EVALUATION

Key Points

- Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley provided free subscriptions to Headspace. App data, consumer surveys, and exploration surveys evaluated these efforts.

- Riverside County continued to support their community through their Peer support platform, TakemyHand™. Data from their local evaluation is spotlighted in this section. Riverside County also looked to expand TakemyHand™ to those outside of the county. This included partnering with San Francisco County to plan a pilot of TakemyHand™.

- Orange County continued to implement Mindstrong with clients seen by a local healthcare provider. Surveys and interviews with clients and providers referring clients to the program along with app data are included in this section.

- San Mateo County completed a pilot of Wysa. This section spotlights data from their local evaluation.

- This year Marin County completed a pilot of myStrength. This section includes survey and interview findings with consumers and staff involved in Marin County's pilot along with myStrength app data. Several other counties/cities (Mono, Tehama Counties, as well as City of Berkeley and Tri-City) began offering or made plans to offer myStrength.

- Monterey and Los Angeles Counties worked with CredibleMind to begin building a mental health technology that would screen and refer residents to county mental health services.

- Several counties/cities provided or planned to provide other technologies. Los Angeles County implemented iPrevail throughout the county. Riverside County began piloting A4i. Los Angeles County also began planning programs using MindLAMP and SyntraNet. In addition, Marin and Riverside Counties explored and considered a variety of technologies to pilot and implement.

- Orange and Riverside Counties planned needs assessments with Behavioral Health Services clients and members of Riverside County's Deaf and Hard of Hearing Community, respectively. The needs assessments aim to understand perceptions of mental health, use of technology to support mental health, and resources desired to support mental health among the target population.

- Kern and Modoc Counties completed their projects and transitioned off of Help@Hand.

OVERVIEW

Figure 3.1 presents the county/city activities in Year 3, which are described in this section. Additional information on county/city activities can be found in **Appendix A.**

Table 3.1 summarizes the technologies considered and used by counties/cities.

Figure 3.1. County/City Activities in Year 3 (January-December 2021).
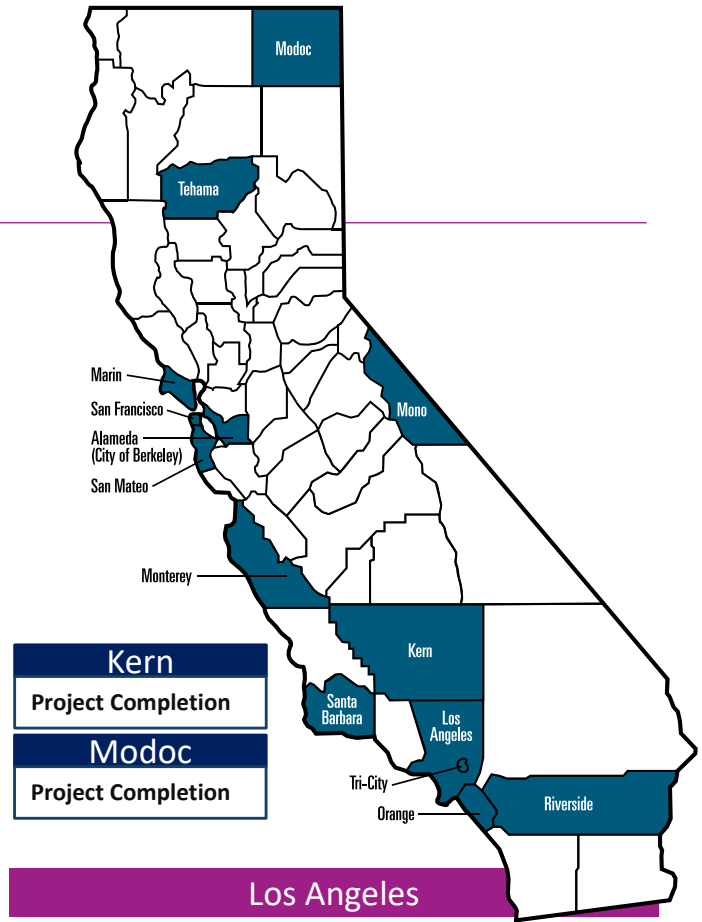
Marin

- **Pilot Completed** of myStrength with English and Spanish-speaking older adults
- **Planning Pilot** of Uniper with English and Spanish-speaking older adults

San Francisco

- **Planning Pilot** of TakemyHand™ with transitional aged youth (TAY) and Trans-Identified Community Members
- **Implementation Underway** of Headspace with general population

Berkeley

- **Planning Implementation** of Headspace with general population
- **Planning Implementation** of myStrength with general population

San Mateo

- **Pilot Underway** of Wysa with older adults and TAY
- **Implementation Underway** of Headspace with general population

Monterey

- **Planning** of web-based screening tool with general population

Santa Barbara

- **Exploring** Headspace with TAY, geographically isolated communities, and those receiving crisis service

Tehama

- **Pilot Underway** of myStrength with individuals experiencing or at risk for homelessness, isolated individuals, Behavioral Health consumers

Mono

- **Exploring** myStrength

Kern
Project Completion

Modoc
Project Completion

Los Angeles

- **Implementation Underway** of Headspace with general population
- **Planning Implementation** of MindLAMP with dialectical behavior therapy (DBT) clients
- **Implementation Underway** of Prevail with general population

Tri-City

- **Planning Pilot** of myStrength with TAY, older adults, monolingual Spanish speakers

Riverside

- **Implementation Underway** of TakemyHand™ with general population
- **Planning Pilot** A4i with Full-Service Partnership consumers
- **Exploring** myStrength
- **Needs Assessment** with Deaf and Hard of Hearing Community

Orange

- **Implementation Underway** of Mindstrong with clients seen by a healthcare provider in Orange County
- **Needs Assessment** with Behavioral Health Services clients

Table 3.1. Technologies Considered and Used by Counties/Cities in Year 3 (January-December 2021).

Product Name	Description	Language(s)	Does Product have Direct Link to Provider?	Platform Availability
A4i	Mental health technology aimed at helping to manage mental health symptoms. Utilizes peer-to-peer support, digital phenotyping, cognitive behavioral therapy (CBT) content, goal tracking, and medication support.	English	Yes	iOS Android
Bambu	Meditation app developed for Spanish-speaking populations primarily. Aims to reduce stress and anxiety and improve sleep.	Spanish	No	iOS Android
Headspace	Meditation app aimed at helping to improve mental wellness. Supports consumers in areas of stress, anxiety, and sleep.	English, French, German, Portuguese, Spanish	No	iOS Android
iPrevail	CBT- and Peer-chat-based mental health technology that provides support for conditions that include anxiety, depression, eating disorders, and stress. Features psychoeducation, peer support, and coaching from a certified provider.	English, Spanish	Yes	Web
MindLAMP	Open source mental health technology platform that helps collect information about health through active data (e.g. real time surveys, brain games) and passive data (e.g. Apple HealthKit data like step count and heart rate, phone sensor data). Los Angeles County is utilizing the platform to create a digital Dialectical Behavior Therapy (DBT) diary app for patients within the Department of Mental Health (DMH) system.	English	Yes	iOS Android
Mindstrong	Mental health technology aimed at helping those with mental health conditions. Connects patients to therapists and utilizes passive sensor technology in phones to measure mental health symptoms.	English, Dutch, Spanish	Yes	iOS Android
CredibleMind "Monterey Screening Application" (Name TBD; under development by CredibleMind)	Mental health screening application being developed to help screen and assess individuals and direct them to the appropriate level of care. The goal of the application is to create a system, which will help alleviate burden on the county behavioral health system.	English (planned), Spanish (planned)	N/A	N/A
myStrength	CBT-based mental health technology that supports people experiencing stress, depression and other mood disorders, anxiety, and issues with sleep. Features include psychoeducational material, mental health exercises, mood tracking, and community forums.	English, Spanish	Yes	iOS Android Web
Syntranet (THRASYS)	Health technology which consolidates patient information into single record with the goal of coordinating care teams and services. Provides insight into health data and encourages patient participation in decision-making related to their health.	English	N/A	N/A
TakemyHand™	Peer support platform that links people experiencing mental health challenges such as stress, anxiety, or other behavioral challenges to a trained Peer Support Specialist. Support is provided via live chat.	English, Spanish	Yes	Web
Uniper	Technology that provides peer and coaching support for senior citizens through a set-top TV box, tablet and mobile apps, and a web interface. Content includes entertainment, assistance performing daily activities, and interactive sessions with family members or other seniors and telehealth services.	English, Arabic, Finnish, Hebrew, Portuguese, Russian, Spanish, Swedish	Yes	iOS Android Web TV (via additional device)
Wysa	Artificially intelligent (AI) chatbot designed to help with a variety of issues, including depression, anxiety, sleep, issues facing the LGBTQ+ community, and more. Utilizes principles of CBT, dialectical behavior therapy (DBT), meditation, and motivational interviewing.	English, Spanish	Yes	iOS Android

HEADSPACE EVALUATION

Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley launched or made Headspace subscriptions available free for residents in their county/city.

Evaluation of Headspace within Help@Hand included dashboard metrics from Headspace app data. It also included analysis of a consumer survey developed by a workgroup of counties/cities that was facilitated by the Help@Hand evaluation team.

Headspace Dashboard Data

This section presents data from Headspace over the past year for counties/cities who had Headspace contracts 2021: City of Berkeley, and Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties.

There are a number of factors which explain the differences in numbers between the counties/cities included throughout this section. Each county/city had a different:

- Headspace launch date
- Marketing and dissemination launch date
- Target population size.

Total Enrolled Headspace Members by County/City

County/City	Target Population	Date Headspace was First Made Available in the County/City	Total Enrolled Members[4]
City of Berkeley	All city residents	October 2021	1,506
Los Angeles County	All county residents	May 2020	73,664
San Francisco County	All county residents	March 2021	537
San Mateo County	All county residents	September 2020	3,245
Santa Barbara County	• Transition Aged Youth (TAY) • Geographically Isolated Communities • Clients Receiving Crisis Services	October 2021	177

[4] This reflects total enrolled members as of December 31, 2021, for City of Berkeley, and Los Angeles, San Francisco, and Santa Barbara Counties. For San Mateo County, this is total enrolled members as of July 31, 2021.

Monthly Active Users and Monthly Engagement Rate[5]

Metric	Definition
Monthly Active Users (MAU)	Number of enrolled Headspace members who have engaged with at least 1 piece of content in Headspace in a given month
Monthly Engagement Rate	Percentage of enrolled Headspace members who have engaged with at least 1 piece of content in Headspace in a given month

Figure 3.2 shows that monthly active users and monthly engagement rates are gradually decreasing over time (with the exception of Dec. 2021 in Los Angeles County, which saw a small increase to 21% from 17% in the previous month). Typically, counties/cities demonstrate a higher engagement rate (around 40%) in the first 3-5 months of their implementation, which then tapers to around 20-30%. This may relate to an initial emphasis on marketing and burst of interest within the target population when they first hear about the app. The figures show that as the total number of enrollments increased, engagement rate decreased.

This pattern of decreasing engagement over time is not surprising; analysis of app analytic data in previous evaluation reports showed a significant drop-off in engagement after Day 14. Studies have found that nearly 1 in 4 people abandon apps after only one use (Perez, 2016). Thus, this decreasing engagement may reflect an initial burst of interest in the technology, followed by a loss of interest when people are less engaged.

With this in mind, counties/cities should be mindful that the first few days of use is often when consumers are a "motivated audience" and most likely to use a technology. The first few days of access may therefore be a good time to encourage consumers to explore different parts of the app, think about how using the app fits in with their day-to-day life, and build a habit of using the app (e.g. through setting up reminder notifications). Efforts to support and remind consumers to use the app (e.g. through encouraging messaging or emails) may be most beneficial following this initial period, when engagement typically starts to decrease.

Figure 3.2. Monthly active users and engagement rates by county/city. Gradually decreasing engagement rates show a tendency for engagement to drop over time.

City of Berkeley

City of Berkeley first made Headspace available in October 2021. Data is shown from October 2021 through the end of 2021.
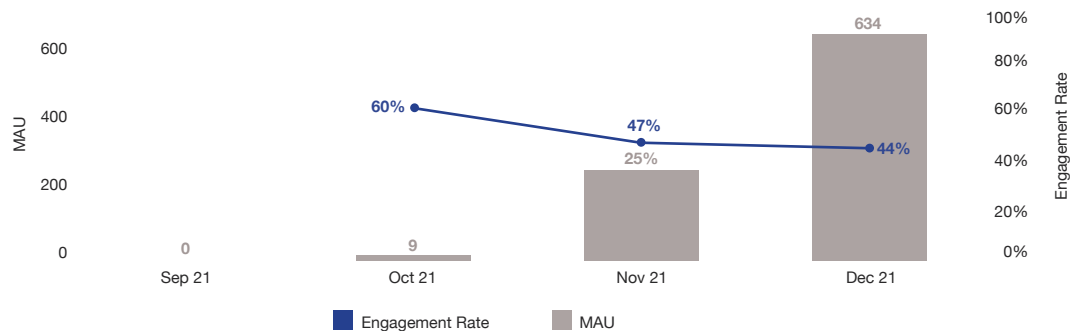
[5] For counties/cities that launched in 2021 (e.g., City of Berkeley, San Francisco County, and Santa Barbara County), data is available from their launch date. Los Angeles County launched Headspace in 2020, but data shown here is available for the past year (e.g., from December 1, 2020). San Mateo County's contract with Headspace expired in September 2021, but data from their most recent engagement report in July 2021 is shown here.

Los Angeles County

Los Angeles County first made Headspace available in May 2020. Data is shown from December 2020 through December 2021.

San Francisco County

San Francisco County first made Headspace available in March 2021. Data is shown from March 2021 through the end of 2021. Note that San Francisco paused enrollments of new members in June 2021.
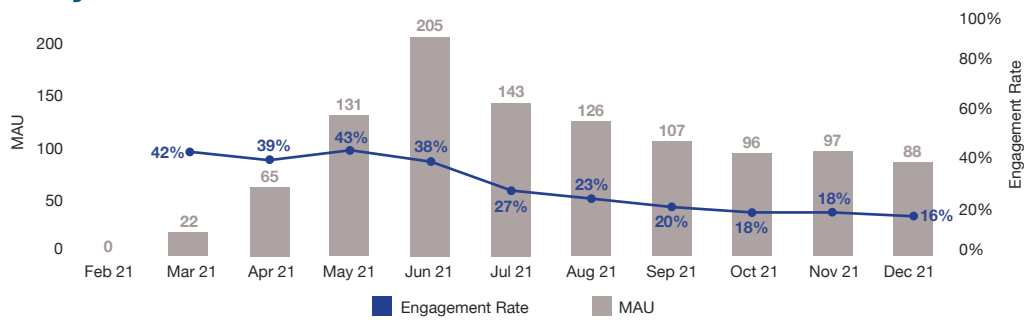
San Mateo County

San Mateo County first made Headspace available in September 2020. The last available engagement report is from July 2021. Therefore, data is provided from December 2020 through July 2021.

Santa Barbara County

Santa Barbara County first made Headspace available in October 2021. Data is shown from October 2021 through the end of 2021.

Engagement by Content Type[6]

Metric	Definition
Engagement by Content Type	The number of users engaging with each section in the app (e.g. focus, meditation, sleep, etc.)

Engagement by content type can indicate not only whether people are using an app, but also which components of the app they are using. This provides a detailed understanding of app use and might be useful to support marketing, messaging, and integration with county services. **Table 3.2** explains the different types of content within Headspace.

Table 3.2. Content Types Within the Headspace App.

Metric	Definition
Focus	Music and audio to support focus and attention
Meditation	Mindfulness meditation tracks, includes single meditations and meditation programs
Move	Content to support strengthening the body and physical health through movement and exercise
Sleep	Stories, music, and sounds to help people fall asleep and sleep better
Wake Up	Content designed to help people start their day mindfully and make healthy choices throughout the day

Figure 3.3 shows the types of content people are most engaged with in the counties/cities. Although Headspace has been primarily marketed as a meditation app, sleep content is used more often than meditation content in both Los Angeles County and City of Berkeley. In San Francisco and Santa Barbara Counties, meditation content is slightly more popular than sleep content.

[6] For counties/cities that launched in 2021 (e.g., City of Berkeley, San Francisco County, and Santa Barbara County), data is available from their launch date. Los Angeles County launched Headspace in 2020, but data shown here is available for the past year (e.g., from December 1, 2020). San Mateo County's contract with Headspace expired in September 2021, but data from their most recent engagement report in July 2021 is shown here.

Figure 3.3. Number of Times Headspace Members Engaged with Specific Content Categories by County/City.

City of Berkeley

City of Berkeley first made Headspace available in October 2021. Data is shown from October 2021 through the end of 2021

Los Angeles County

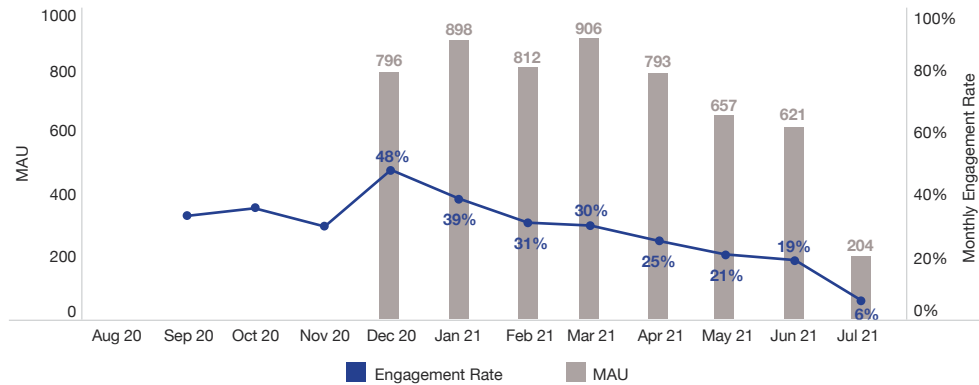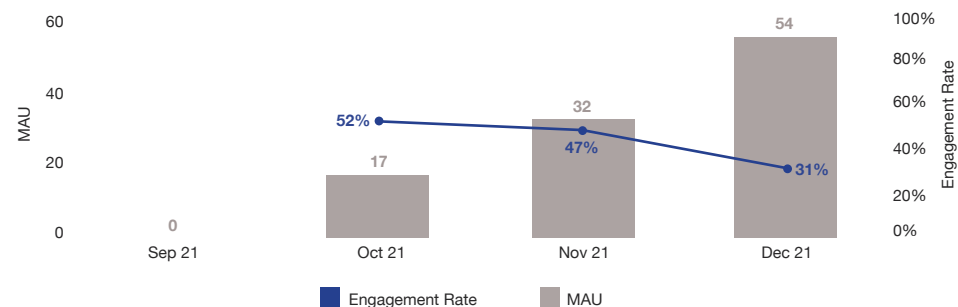*Los Angeles County first made Headspace available in May 2020. Data is shown from December 2020 through December 2021.*

San Francisco County

San Francisco County first made Headspace available in March 2021. Data is shown from March 2021 through the end of 2021. Note that San Francisco paused enrollments of new members in June 2021.
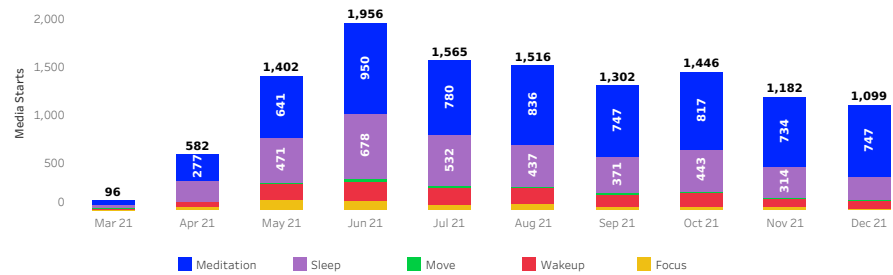
San Mateo County

San Mateo County first made Headspace available in September 2020. The last available engagement report is from July 2021. Therefore, data is provided from December 2020 through July 2021.

Santa Barbara County

Santa Barbara County first made Headspace available in October 2021. Data is shown from October 2021 through the end of 2021.

Headspace Consumer Survey

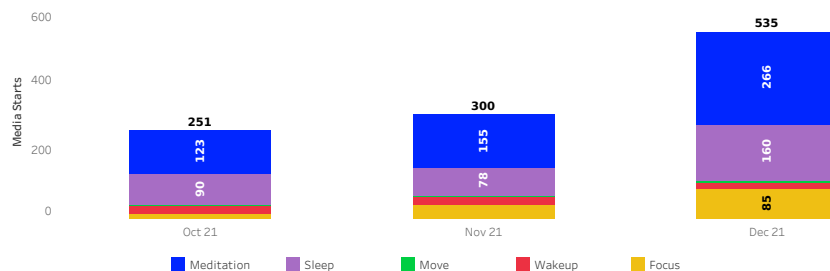In January 2021, Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley formed the Headspace Survey Workgroup, led by the Help@Hand evaluation team. The goal of the workgroup was to create a survey to assess consumer experience with Headspace.

The Headspace Survey Workgroup met five times between January and July 2021. Workgroup members met to discuss and make decisions related to the survey method, instruments, and recruitment strategies.

Survey Method and Instruments

Counties/cities agreed to develop two surveys: 1) a core survey to assess the consumer experience with Headspace, and 2) a follow-up survey for counties/cities interested in learning more about the ongoing use of Headspace and changes in outcomes. Counties/cities agreed to leverage email addresses available on the Headspace dashboard to distribute the online surveys to Headspace consumers in their county/city.

Workgroup members provided multiple rounds of feedback on the draft surveys created by the Help@Hand evaluation team. Concerns were raised about the tone of particular survey items and questions that may feel intrusive to participants. These concerns echoed those raised by counties/cities on other evaluation surveys. The Help@Hand evaluation team shared the team's previous efforts to choose items to ensure balance of positively worded items while still capturing the necessary information to conduct the evaluation. The workgroup offered additional thoughts, insights, and suggestions. The surveys were updated and finalized this year.

Recruitment Video and Peer Art

The Headspace Survey Workgroup considered creating a video or artwork to recruit survey participants. It was important for the art to highlight wellness and well-being, while also being representative of the communities touched by Help@Hand. A search of existing vendors did not yield any successful results.

Workgroup members then recommended commissioning artwork from Peers on the Help@Hand project who are familiar with the diverse communities served by this project and could approach the task from a recovery perspective. Peers within their counties/cities were identified who could create artwork to meet the workgroup's goal. Three Peers across San Francisco and Santa Barbara Counties collaborated to create a total of four art pieces touching on themes of peer support, resilience, and multiformity. **Figure 3.4** displays the artwork.

Figure 3.4. Artwork Created by Help@Hand Peers to Recruit Survey Participants

Artwork Created by Amanda Kirk, Vanessa Hamill-Meeriyakerd, and Mimi Mier-Rosales

Artwork Created by Vanessa Hamill-Meeriyakerd

Artwork Created by Amanda Kirk

Artwork Created by Mimi Mier-Rosales

Compensation

Some counties/cities were interested in compensating participants to increase survey response rates. Counties/cities worked with the Help@Hand evaluation team to develop a compensation structure that worked with the county/city's budget.

Survey Distribution

Table 3.3 shows the status of distributing surveys within the five counties/cities implementing Headspace.

Table 3.3. Headspace Survey Launches

County/City	Headspace Implementation within County/City	Survey Status
City of Berkeley	October 2021 – ongoing	Survey yet to launch
Los Angeles County	April 2020 – ongoing	Launched November 2021 – ongoing
San Francisco County	March 2021[7]	Survey yet to launch
San Mateo County	September 2020 – September 2021	Completed July 2021 – October 2021
Santa Barbara County	October 2021 – ongoing	Launched October 2021 – ongoing

The following presents preliminary results from the Headspace consumer surveys.

[7] San Francisco County's Headspace launch was later paused.

Headspace Consumer Survey

This section shows preliminary results from 1,909 county residents who completed the Headspace consumer survey (e.g., the respondents). The survey aimed to understand people's experience with Headspace and factors associated with Headspace use.

Suveys were distributed via email to residents in Los Angeles and San Mateo Counties who had signed up for Headspace during the past year. The online survey took approximately 20 minutes to complete. Participation was voluntary and unpaid.

Data collection is ongoing, and it is important to note that results and trends reported in this section are considered preliminary.

Definition of Current Users and Abandoner

*Respondents are categorized into two groups, Current Users and Abandoners, depending on their participation in the program. **Current Users** are respondents who indicated they are currently using Headspace; **Abandoners** are respondents who indicated they are no longer using Headspace but have used it in the past.*

Respondent Categories

73%
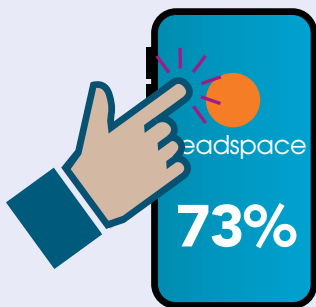
Current Users

73% of respondents indicated they were still using Headspace at the time of the survey

27%

Abandoners

27% of respondents indicated they were no longer using Headspace, but had used it in the past

KEY FINDINGS

Mental Health

78% of respondents experienced mental health challenges. **Current users scored higher on distress** than abandoners.

Headspace Experience

Users had a positive experience with Headspace: 92% of Current users **would recommend Headspace** and 90% of Current users found Headspace **easy to use**. Among abandoners, 72% would recommend Headspace and 75% found it easy to use.

Mental Health Resources

Almost half of respondents had made use of resources other than Headspace, such as online tools and professional mental health resources, to support their mental health.

Reasons for Not Using Headspace

Common reasons for abandoning Headspace were that people were using **other strategies to support their mental health** (32%) and/or they **just wanted to try Headspace** (31%).

Respondent Demographics

Current Users (N = 1,399)	Abandoners (N = 510)
Age **8%** aged 18 - 25 years old **86%** aged 26 - 59 years old **6%** aged 60+ years old	**Age** **8%** aged 18 - 25 years old **83%** aged 26 - 59 years old **9%** aged 60+ years old
Ethnicity **45%** Non-Hispanic White **17%** Hispanic/Latino/a/x **13%** Asian	**Ethnicity** **37%** Non-Hispanic White **16%** Hispanic/Latino/a/x **13%** Asian
Gender **60%** Female **20%** Male **2%** Genderqueer/Gender non-conforming/Non-binary	**Gender** **60%** Female **18%** Male **2%** Genderqueer/Gender non-conforming/Non-binary
Mental Health[8] **79%** experienced mental health concerns	**Mental Health** **76%** experienced mental health concerns
Education **2%** High school **7%** Some college **77%** Bachelor's, graduate and/or professional degree	**Education** **2%** High school **5%** Some college **71%** Bachelor's, graduate and/or professional degree

[8] Mental health concerns were assessed using the question "Do you experience mental health challenges?" People who responded they had been diagnosed with a mental health condition or were experiencing mental health challenges were considered to experience mental health concerns.

Mental Health Symptoms and Stigma

Table 3.4. More current users than abandoners were likely to have distress.

Current Users (N = 1,399)   **Abandoners (N = 510)**

Current Users		Abandoners
79%	Experienced **mental health concerns**	76%
36%	Likely to have moderate to severe **mental distress**[9]	32%
47%	Scored high on **loneliness**[10]	39%
25%	**Felt inferior to others** who don't have a mental illness	21%
41%	Thought most people believe having a **mental illness is a sign of weakness**	34%
13%	Knew when to **ask for help**	12%
14%	Agreed that they are able to **live the life they want to**	11%

Across the sample, 78% of respondents experienced mental health concerns. Current users were significantly more likely to be distressed (average score of 22 out of 50) than abandoners of Headspace (average score of 21 out of 50); people are considered likely to be well or have a mild disorder with a score between 10-24.

Current users scored significantly higher on loneliness (average score 5.13 out of 9) than abandoners (average score 4.53 out of 9); people with a score of 6 or higher are grouped as lonely[11].

Overall, there was a moderate level of mental health stigma among respondents, but there was no statistically significant difference in stigma between current users and abandoners.

[9] Distress was measured using the Kessler Psychological Distress Scale. Participants were asked to rate ten statements thinking about the past 30 days (e.g., "During the last 30 days, about how often did you feel tired out for no good reason?") on a 5-point Likert scale ranging from None of the time (1) to All of the time (5), with a total added score in the range of 10-50. Participants are considered likely to be well or have a mild disorder with a score between 10-24, and considered likely to have a moderate to severe disorder if scoring between 25-50.

[10] To measure loneliness, participants were asked to rate three statements related to social connectedness and loneliness on a 3-point Likert scale ranging from Hardly ever (1) to Often (3), with a total added score in the range of 3–9. People with a score of 6 or higher are grouped as 'lonely'.

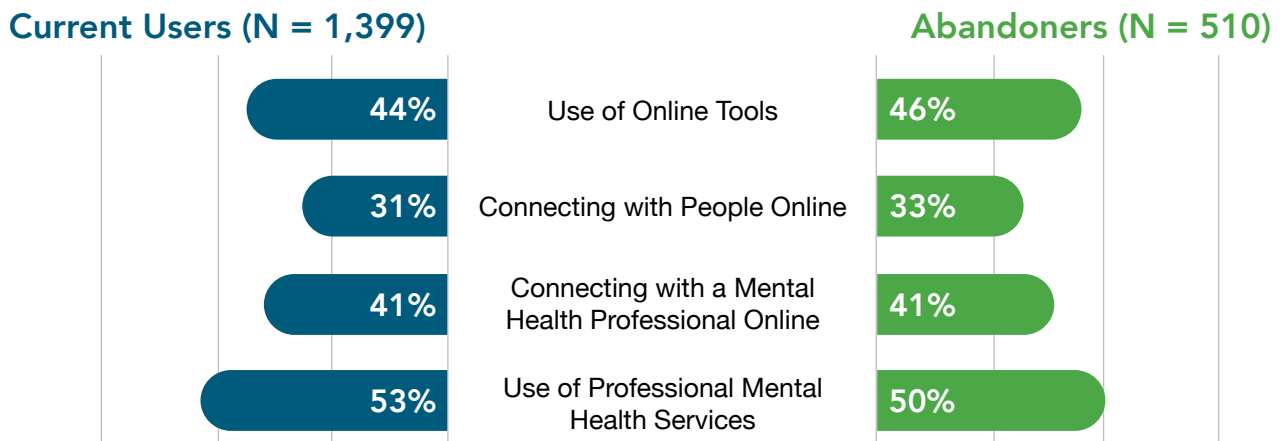[11] Users were significantly more likely to be distressed (Mean = 22, SD = 7) than abandoners of Headspace (Mean = 21, SD = 8), W = 286,930, p = .01, and scored significantly higher on loneliness (M = 5.13, SD = 2.31) than abandoners (M = 4.53, SD = 2.63), W = 400,994, p < .001.

Mental Healthcare Utilization

Participants were asked about their use of mental health resources in the past 12 months, such as online tools and connecting with a mental health professional. Approximately half of respondents had seen a mental health professional, such as a counselor or psychiatrist, and almost half of respondents had used online tools other than Headspace to support their mental health.

Figure 3.5. Respondents' use of mental health resources other than Headspace in the past 12 months.

Current Users (N = 1,399)   Abandoners (N = 510)

	Current Users	Abandoners
Use of Online Tools	44%	46%
Connecting with People Online	31%	33%
Connecting with a Mental Health Professional Online	41%	41%
Use of Professional Mental Health Services	53%	50%

Frequency of Headspace Use

Respondents were asked about their use of Headspace. Current users used Headspace more frequently (60% indicated they used Headspace daily or several times a week) than abandoners (34% indicated they had used Headspace daily or several times a week). A Pearson chi-square test showed that frequency of use was significantly associated with continued use, $x^2_3 = 233$, p < .001. People who continued to use Headspace (e.g., current users) had a higher frequency of use.

Figure 3.6. Current users used Headspace more frequently than abandoners.

Current Users (N = 1,399)   Abandoners (N = 510)

	Current Users	Abandoners
Daily	24%	12%
Several Times a Week	36%	22%
Several Times a Month	28%	22%
About Once a Month or Less	12%	44%
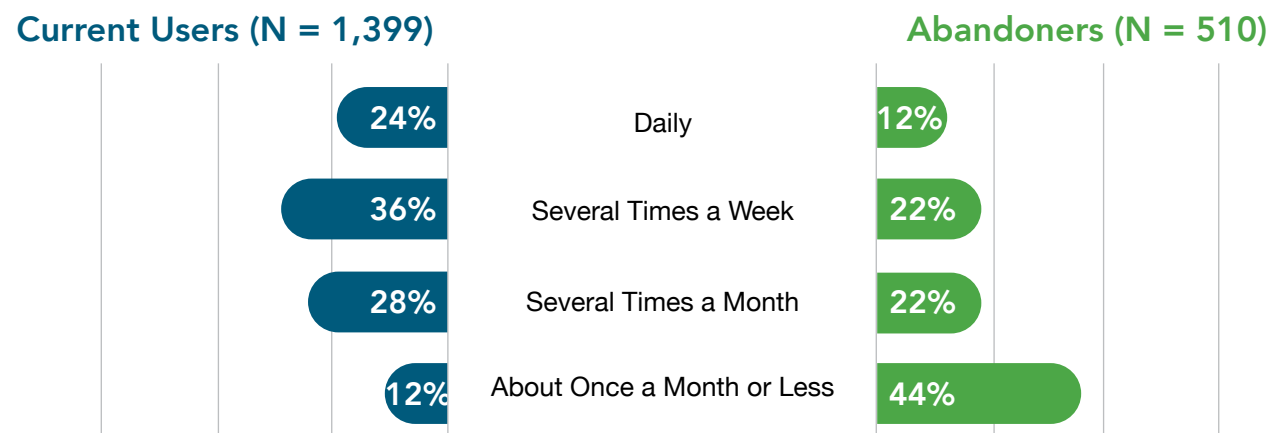
Length of Headspace Use

Figure 3.7. The majority of respondents signed up to Headspace over a year ago.

Current Users (N = 1,399)   Abandoners (N = 510)

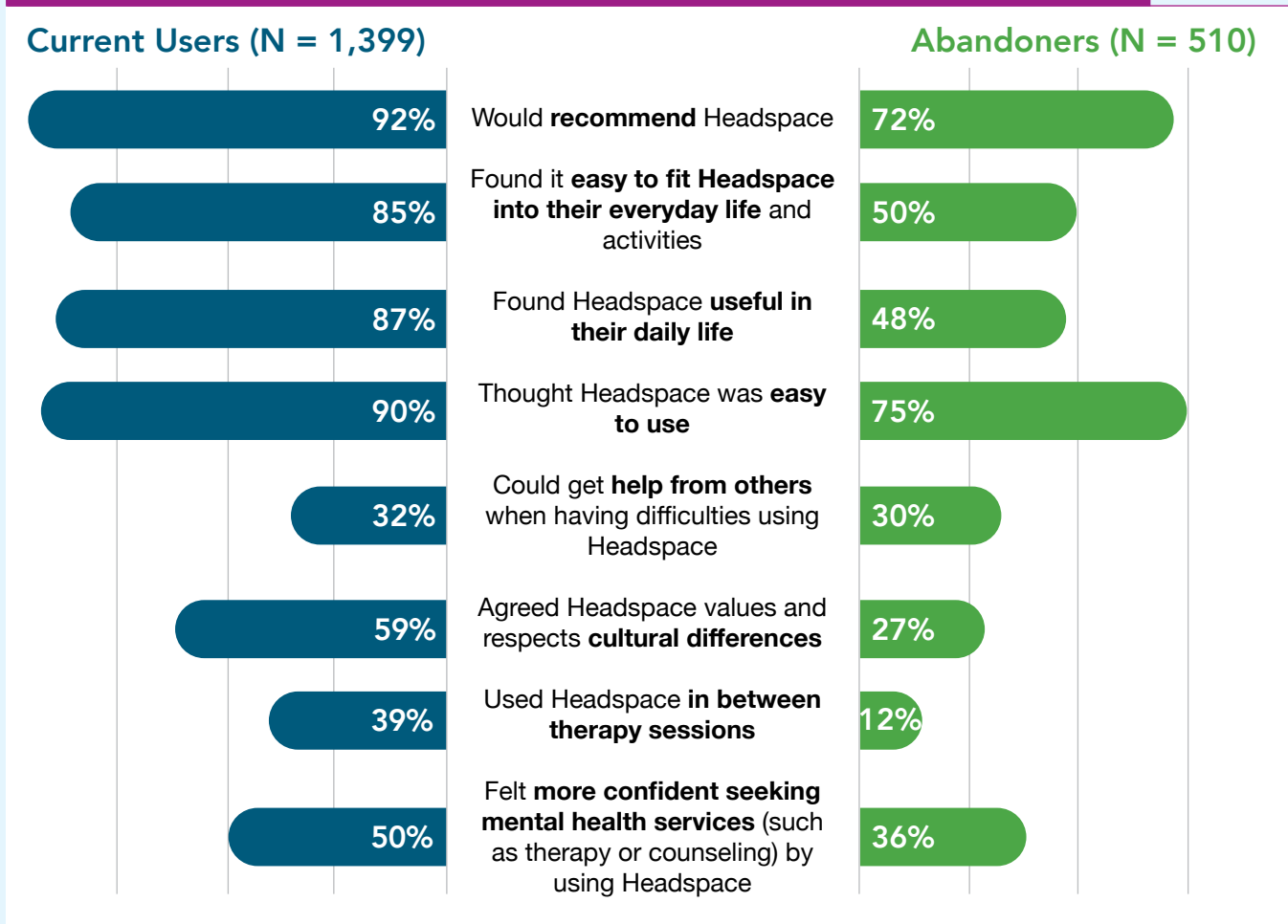|	Current Users	Abandoners
Less than 6 Months Ago	15%	11%
6 Months to a Year Ago	23%	33%
Longer than a Year Ago	62%	57%
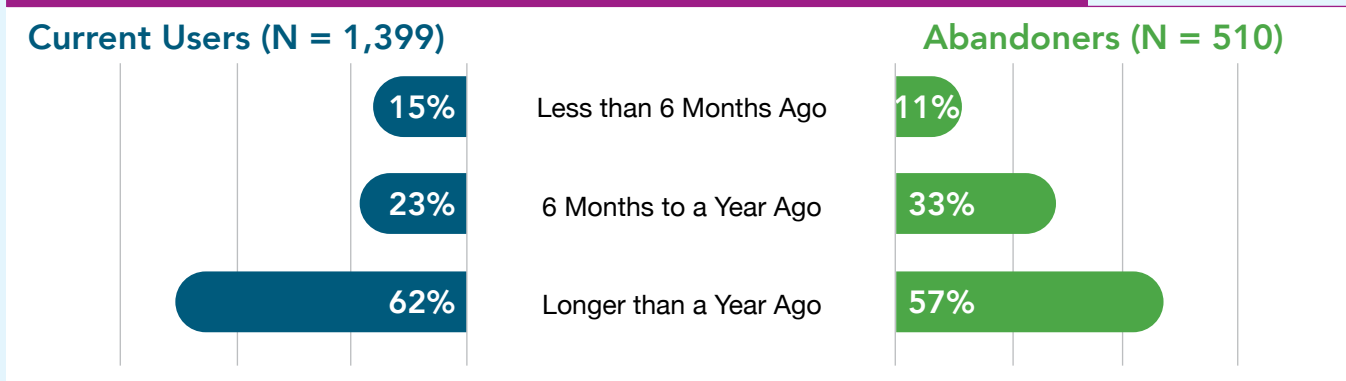
Headspace Experience

Overall, current users rated Headspace's usefulness more highly than abandoners.

Table 3.5. A higher percentage of current users had a positive experience with Headspace.

Current Users (N = 1,399)   Abandoners (N = 510)

	Current Users	Abandoners
Would **recommend** Headspace	92%	72%
Found it **easy to fit Headspace into their everyday life** and activities	85%	50%
Found Headspace **useful in their daily life**	87%	48%
Thought Headspace was **easy to use**	90%	75%
Could get **help from others** when having difficulties using Headspace	32%	30%
Agreed Headspace values and respects **cultural differences**	59%	27%
Used Headspace **in between therapy sessions**	39%	12%
Felt **more confident seeking mental health services** (such as therapy or counseling) by using Headspace	50%	36%

Reasons for Abandoning Headspace

The most frequent response Abandoners gave for not using Headspace was that they were using other strategies and/or tools or just wanted to try Headspace to support their mental health.

Figure 3.8. Reasons abandoners decided to stop using Headspace (N = 510).

32%

Other strategies/tools to support mental health

31%

Just wanted to try Headspace

14%

No longer needed Headspace

9%

Headspace was not useful

CITY OF BERKELEY

In Year 3, the City of Berkeley explored various technologies. By the end of the year, they implemented Headspace and myStrength for their general population.

EXPLORING TECHNOLOGIES

Although the target population in City of Berkeley's original plan was primarily for Transitional age youth (TAY) and isolated senior citizens, due to COVID-19, the city shifted populations to the general public in order to provide widespread support for anyone living, working or attending school in Berkeley. The focus was also on apps that would provide universal support, culturally specific support, crisis support, substance use disorder support, in addition to wellness recovery support, support for TAY, support for isolated older adults, and supports for individuals who experience severe mental illness. The City of Berkeley reviewed five apps (Headspace, myStrength, HeyPeers, Uniper and Dance4Healing) for their TAY, isolated older adult, and general populations in 2020. In early 2021, staff and peers identified Headspace and myStrength as potential technologies to implement locally given their widespread use with various populations.

HEADSPACE AND MYSTRENGTH IMPLEMENTATIONS

Implementation Planning

In the second quarter of 2021, the City of Berkeley decided to launch a wide scale implementation of Headspace to all people across the City of Berkeley.

Initially, the City of Berkeley planned to launch myStrength after their Headspace implementation. However, it was decided in Quarter 2 to simultaneously implement Headspace and myStrength. Implementing both products at the same time was considered a cost-effective approach as a singular marketing campaign could be used to disseminate information about both technologies in one campaign. The City of Berkeley's used their local evaluator and the Help@Hand evaluation team to evaluate both implementations.

Workflow Planning and Contract Execution

The City of Berkeley and CalMHSA negotiated a contract with Headspace for 5,000 licenses each year for two years (10,000 licenses total) and a contract with myStrength for 5,000 licenses for one year.

The City of Berkeley selected and hired a marketing firm, Uptown Studios, and a contract was negotiated in Quarter 3.

In mid-September, Resource Development Associates (RDA), the organization that was contracted by the City of Berkeley to lead their project management, finished their work on the project. The project management role transitioned to the City of Berkeley MHSA Coordinator.

Evaluation Planning

The city began working with a local evaluator, Hatchuel, Tabernik and Associates, in Quarter 3. An evaluation kickoff meeting was held in August 2021 between the City of Berkeley, the local evaluator, CalMHSA, and the Help@Hand evaluation team. In September 2021, the local evaluator met with the marketing vendor to discuss data collection and exchange. The City of Berkeley's local evaluator began drafting a plan to evaluate the implementation.

The City of Berkeley also participated in the Help@Hand evaluation Headspace Survey Workgroup. Five counties/cities (City of Berkeley, Los Angeles County, San Francisco County, San Mateo County, and Santa Barbara County) worked alongside the Help@Hand evaluation team to develop a survey to assess the experience of consumers with Headspace within each county/city. The Headspace Evaluation section on page 36 has more information.

Implementation Launches

The City of Berkeley created a website landing page for Headspace. The Headspace landing page is shown below. The landing page went live in October 2021. The app marketing campaign launched and interested participants were directed to the landing page at the end of November 2021. By the end of December 2021, the City of Berkeley had enrolled over 1,500 participants to Headspace. The Headspace Data Dashboard Section (on page 36) provides more information on engagement with the app.

The City of Berkeley's myStrength landing page (shown below) went live in October 2021. The app marketing campaign launched and interested participants were directed to the landing page at the end of November 2021.
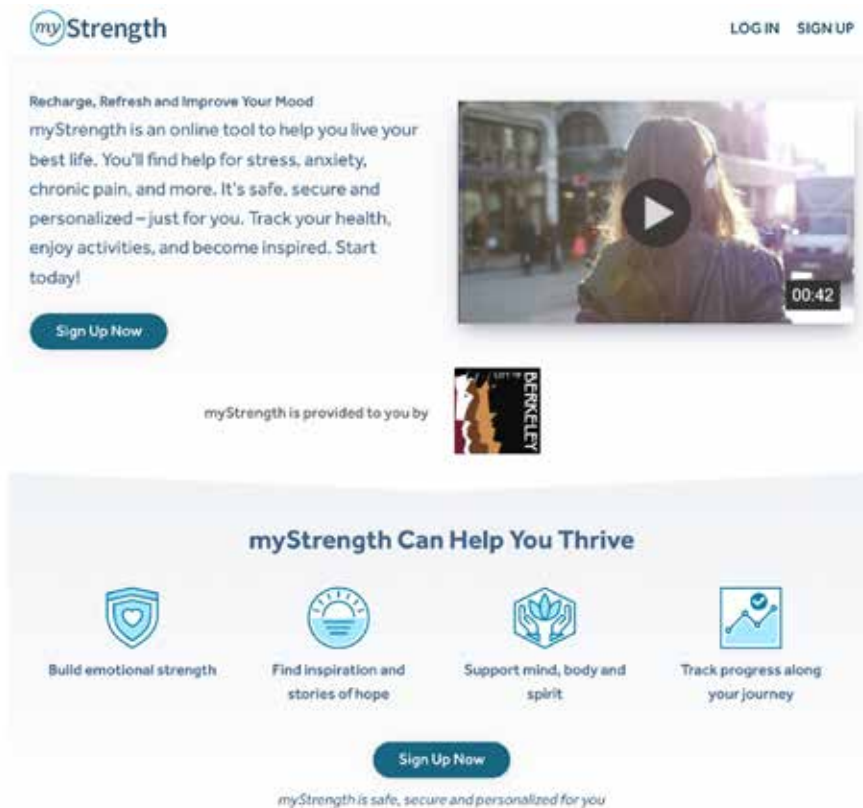
Since data was unavailable, the city had difficulty being able to review the enrollments in myStrength until the end of January 2022. At that time, myStrength had 675 enrollments. The marketing campaign has been very successful in driving interest and enrollments to myStrength.

Future Directions

Headspace will be available to residents of the City of Berkeley free of charge through September 30, 2023. myStrength will be available to residents of the City of Berkeley free of charge through October 31, 2022

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: CITY OF BERKELEY

Learnings from the City of Berkeley's Headspace and myStrength implementations include:

- **Utilizing a marketing firm to increase awareness and interest in the apps has been very beneficial and successful.**

- **Consider offering size-appropriate support to smaller members of Collaborative.** The size, bandwidth, and resources of a collaborative member vary from city to county within this project. Milestones that affect larger, more well-resourced counties may not be appropriate or a reasonable measure of success for smaller jurisdictions.

- **Transparency can help cities and counties make informed decisions about what technology to implement.** Increased transparency of product uptake and other dashboard metrics across pilots and/or implementations would be helpful in order to inform realistic goal setting and decision making at the local level.

LOS ANGELES COUNTY

Los Angeles County implemented Headspace and iPrevail for their target populations. They also planned implementations of MindLAMP and SyntraNet.

HEADSPACE IMPLEMENTATION

Implementation Launch and Continuation

Los Angeles County began offering free Headspace subscriptions for all county residents in April 2020. This year they continued to implement Headspace across the county. Over 17,000 Los Angeles residents enrolled in Headspace as between January and December . The Headspace Data Dashboard Section on page 36 provides more information on engagement with the app.

Evaluation

As part of the evaluation of Headspace, Los Angeles County participated in the Headspace Survey Workgroup. The workgroup aimed to develop a survey evaluating the consumer experience with Headspace. The survey was launched with Los Angeles County residents in November 2021 and over 1,300 LA residents have completed the survey as of December. More about this workgroup and survey is on page 36.

Future Directions

Los Angeles County and CalMHSA are renegotiating their contract with Headspace to continue providing licenses to county residents.

iPREVAIL IMPLEMENTATION

Implementation Launch

Los Angeles County implemented iPrevail across the county beginning in June 2021. Los Angeles residents can sign up for iPrevail at https://lacounty.iprevail.com/. Over 2,900 people in Los Angeles County have enrolled in iPrevail as of December 2021, with an estimated 100-200 people enrolling per week.

iPrevail was implemented broadly across Los Angeles County. Additional marketing targeted schools for students aged 15 and helplines, such as ACCESS Center, so that iPrevail could be provided as a resource for those in need of mental health support. Peers have been involved in the roll-out of iPrevail in Los Angeles County through county programming to increase engagement and implementation.

After implementing iPrevail, Los Angeles County focused on increasing marketing efforts. Key milestones included:

1. **Marketing efforts for iPrevail were increased through additional marketing and media releases.** An example of these efforts is advertising billboards on freeways, such as the one pictured below. Los Angeles County is currently working on evaluating these marketing efforts. iPrevail worked with Los Angeles County to develop marketing materials in both English and Spanish to be distributed.

2. **Demonstrations of iPrevail were provided in coordination with county mental health department**. Demos were provided to a range of services, and the participants at these demos included mental health provider agencies and their staff, community and faith-based organizations, community ambassadors, and Peers. By attending a demo, these individuals have information about iPrevail allowing them to share this as a resource with their clients.

3. **Efforts to increase awareness of iPrevail among additional target groups, such as veterans, were undertaken**. The county leadership team for the Veterans Peer Access Network partnered with iPrevail to provide presentations and materials for veterans and their families.

4. **The Spanish language version of iPrevail was launched**. Additional supporting materials in Spanish to engage participation in iPrevail were also released.

Evaluation

Los Angeles County worked with the Help@Hand evaluation team and iPrevail to create a consumer survey. It was clear that there was a need to balance questions that were desired by Los Angeles County, those that were important for the Help@Hand evaluation team to ask, and those that were already being asked by iPrevail, in a way that minimized respondent burden. Los Angeles and iPrevail decided to implement the consumer survey in 3 buckets: a third of consumers will receive iPrevail's clinical questionnaire, a third of consumers will receive a survey with questions from the Help@Hand evaluation team, and a third of consumers will receive a combination of both. The rate of respondence will be closely monitored to determine which method works best. In addition, iPrevail will distribute a survey to their iPrevail coaches, to better understand how coaches on the platform feel about the implementation of iPrevail.

Future Directions

Los Angeles County will continue to make iPrevail available for free for all Los Angeles Residents in 2022 and will continue to expand marketing efforts. Evaluation of the impact on users and coaches, as well as the impact of the various marketing efforts is underway.

MINDLAMP IMPLEMENTATION

Implementation Planning

Los Angeles County executed a contract with MindLAMP in October 2020, and this year they worked to plan the implementation. A number of milestones were achieved this year.

1. **Improved technology to host MindLamp.** By using Azure Kubernetes Service to host the MindLamp solution, it can be hosted in a secure environment. This also allows for better connectivity with other services and registries.

2. **Increased efficiencies with platform management.** Through collaboration between multiple agencies, MindLAMP solution was successfully ported from Amazon Web Service to Microsoft Azure Cloud Service platform. This allows for increased efficiencies and better automation of the platform with less manual resources, for example, new application updates are automatically retrieved, tested, and scanned. Automated notifications are then sent to relevant individuals on the team when they need to be pulled in, for example when approval of an update is needed before it is rolled out, or for other error resolution.

3. **Created an infrastructure to support future technology projects, both in Los Angeles County and across the Collaborative.** The two milestones above will have long-lasting benefits to the project. By developing Cloud infrastructure to host MindLAMP, Los Angeles County has created an infrastructure and blueprint for other services and technologies, which could be adopted both across Los Angeles County and by other counties/cities in the Collaborative. It also facilitated the upskilling of the Internal Services Department, which provides purchasing, contracting, facilities, information technology, and other support services to departments across Los Angeles County. In addition, because MindLAMP is open source, other counties/cities can also adopt it.

4. **Added MindLamp content for Spanish speaking clients.** The MindLAMP app will be available in Spanish, and Spanish-speaking clients will be able to complete a digital Dialectical Behavior Therapy (DBT) Diary Card entirely in Spanish.

5. **Updated the look and feel of the platform.** Updates were made to the DBT Diary Card, following input from Peers. The overall user experience and interface, including data visualizations, were also updated. This resulted in an improved, person-centered experience for clients.

Future Directions

MindLAMP will continue to be used with patients in the Los Angeles Department of Mental Health's system to support the provision of Dialectical Behavior Therapy (DBT).

SYNTRANET IMPLEMENTATION
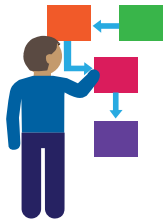
Implementation Planning

In September 2021, Los Angeles County began working with the software company Thrasys to use their platform SyntraNet. SyntraNet is an integrated care platform which will allow Los Angeles County a range of functionality to support their clients.

The goal of using SyntraNet is to build a care community that ensures clients across services get the right care at the right time at the right place. There are three main functions of SyntraNet:

1. **Data Exchange** – The platform will provide a centralized place for Los Angeles County and health plans to exchange client information. The county will provide the information necessary for health plans to authorize provision of services. Health plans will provide data on a client's service use, which would be important for the county to know when providing care (e.g. most recent hospitalization).

2. **Care Coordination** – The platform will allow for communication and coordination across different services (both behavioral and physical health).

3. **Data Analysis** – The platform will synthesize data across services and provide insights that may improve client care (e.g. medication contraindications, diagnoses, etc.).

The main milestones in the journey so far with SyntraNet and Thrasys include:

1. **Developing shared language to use during this phase of development.** Los Angeles County brings a clinical perspective to conversations, and Thrasys brings a technical perspective. Developing a shared understanding and terminology between the two groups has been a key part of this collaboration.

2. **Working with Thrasys to minimize the manual work associated with report generation.** Los Angeles County wants to ensure that SyntraNet captures the data they need to report out to health plans to meet contract requirements. Los Angeles County have also been considering which of these reports are useful for their internal team. This work is in progress.

3. **Uploading care program enrollees into SyntraNet** so that the platform can be used beginning January 2022.

Future Directions

Beginning January 2022, SyntraNet will be deployed in Enhanced Care Management (ECM), which is a new Medi-Cal benefit that offers extra care management services to people who have complex needs and challenges that make it difficult to improve their health. SyntraNet will also be rolled out in some community support services. Los Angeles County is still determining what other services it will be used in. The county and Thrasys are currently discussing issues of interoperability and how to connect SyntraNet with existing EHR.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: LOS ANGELES COUNTY

Learnings from Los Angeles County's efforts with Headspace, iPrevail, MindLAMP, and SyntraNet include:

- **When working with product teams, developing shared understanding and a shared language is a key part of the collaboration.** Los Angeles County mental health department teams and product teams bring a very different perspective to development conversations; for example, Los Angeles County brings a clinical perspective and product teams bring a technical perspective. This means that even the same terms may have different meanings to these different teams. Investing time in understanding these different perspectives and creating shared definitions can facilitate more meaningful collaboration.

- **Having a vendor that is communicative and able to be flexible can facilitate implementation of an app within a county/city.** Regular meetings with decision makers in technology vendors teams can facilitate necessary conversations and product changes to meet the needs of specific target audiences. Working with a vendor that is flexible, communicative, and open can facilitate more efficient implementation.

- **Digital literacy programs could be beneficial at every level of the project organization**. Digital literacy training programs may benefit not only clients and peers but also providers and project leadership. Training programs could expand to support these additional stakeholders.

- **Implementing a product within a county/city can create an opportunity to develop infrastructure to support future technology projects, both within counties/cities and across the Collaborative**. For example, through implementation of MindLAMP, Los Angeles County has invested time and resources in building out an infrastructure and upskilling relevant teams which will facilitate more efficient technology roll-outs in future.

- **When building surveys, prioritizing the most important questions is necessary to reduce respondent burden**. It is necessary to strike a balance between evaluation questions the county/city want to ask and questions that are important for the technology teams to have answered. This can help maintain a manageable number of questions for respondents.

- **There is a need for increased sharing of actionable insights which can benefit the Collaborative and increase synthesis across counties/cities**. This could help counties/cities learn from one another and not have to reinvent the wheel.

- **Projects within Los Angeles County are discrete and managed by different teams**. As such, leveraging potential lessons learned across the different tech implementations can be challenging. Furthermore, extracting needed information for evaluation purposes and synthesizing across technologies can be challenging and require additional effort.

MARIN COUNTY

Marin County explored offering myStrength and Uniper to older adults and community members in 2020. Based on findings from their exploration, Marin County's Advisory Committee recommended piloting myStrength with English and Spanish-speaking isolated older adults from March 2021 to June 2021. In the Fall of 2021, Marin County's Advisory Committee endorsed a larger implementation of myStrength focused on underserved populations within the county. The county decided not to move forward with piloting Uniper. Marin County also has plans to distribute devices to participants who do not have their own tablets.

MYSTRENGTH PILOT AND IMPLEMENTATION

Pilot Launch

In December 2020 Marin County presented its myStrength pilot to the Help@Hand Leadership and received approval to proceed with the pilot. myStrength is a digital mental health platform that provides consumers with self-care resources to manage issues related to depression, anxiety, stress, substance use disorder, chronic pain, and sleep. The myStrength team provided training and logistical support to launch the pilot.

From January to March 2021, Marin County developed their pilot protocol, which included significant support to all consumer participants. Support included providing hardware, setting up internet access, as well as providing participants with digital literacy training. Marin County launched its pilot in March 2021 and completed the pilot in June 2021. The purpose of the pilot was to engage isolated older adults with technology and to enhance their well-being and sense of social connectedness by offering them free access to myStrength for 8 weeks. The pilot involved outreach and recruitment of English and Spanish-speaking older adults, participation in digital literacy training, engagement with myStrength, and evaluation. Promotores and nurse interns supported pilot participants by meeting with them virtually and in-person several times a month, provided tech support, as well as assisted them in completing evaluation surveys. Nurse interns were recruited from two local university nursing programs.
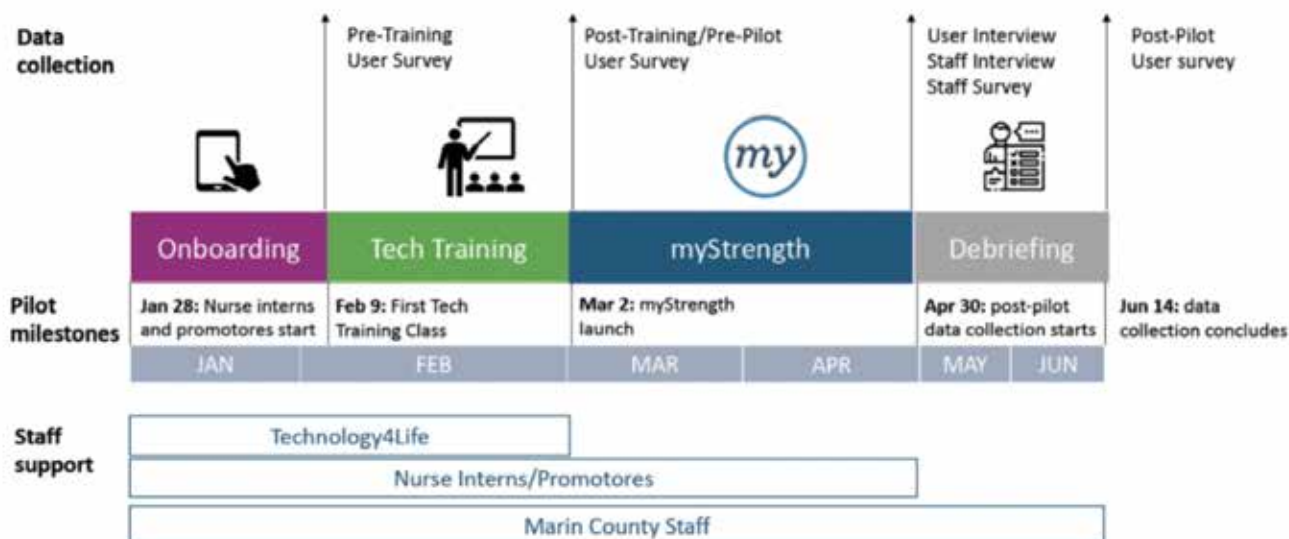
Outreach and Recruitment

Half of the pilot participants were English-speaking, while the other half were Spanish-speaking. Recruitment was primarily done by sharing information about the program through existing community-based organizations in partnership with the Telehealth Equity Project in the Marin County Division of Aging. This partnership resulted in 20 English-speaking older adult recruits. In addition, information was shared with a network of Promotores that know the community, who were successful for recruiting 18 Spanish-speaking participants. Although flyers, radio ads, and county social media posts were also used to recruit participants, these efforts did not appear to be successful, as few participants noted this as having increased their awareness of the program. Feedback from nurse interns suggests that product marketing should be tailored to respond to the unique interests of the target populations.

Digital Literacy Training and myStrength Engagement

County personnel, nurse interns, and *promotores* provided extensive support to older adults throughout the pilot. They also offered devices and internet to pilot participants without these.

Individual coaching and group classes were available to help pilot participants, especially those with low digital literacy skills, better use myStrength and technology generally. Participants with some of the lowest levels of digital literacy were less likely to engage with myStrength; these participants were much more interested in learning computer basics, such as how to connect to Wi-Fi, managing passwords, and email/internet use. Varying degrees of individual coaching was available in-person or virtually, based on level of engagement and availability of nurse interns, *promotores*, and staff. The county and Technology4Life (Tech4Life), an organization whose mission is to teach adults of all ages how to use technology, co-developed four classes to train participants in digital literacy. Tech4Life facilitated the digital literacy trainings. Classes began in February 2021 and were held via Zoom due to COVID-19 related restrictions.

Classes were voluntary and included:

- Class 1- Computer Basics: The computer basics focused on logging on, understanding the interface, keyboard and mouse basics, typing basics, understanding the hardware and accessories, understanding system basics, logging off and shutting down, connecting and joining Wi-Fi networks, password management and privacy, how to decide if an app is safe, downloading an app, deleting an app, and backing up your device.
- Class 2- Internet Basics: The Internet basics course focused on safety online (e.g., avoiding scams), virus protection, checking and deleting your browsing history, managing bookmarks, and logging on and off (in the contexts of public and private computers).
- Class 3- Email Basics: The email course focused on teaching participants how to read and delete messages, and interacting with attachments (e.g., how to open surveys and complete them).
- Class 4- myStrength: The myStrength course focused on installing the app, setting up an account, navigating the app, and tips for using the app and getting the most out of the experience.

Pilot participants had access to myStrength for 8 weeks. County staff, nurse interns, and *promotores* checked in with participants weekly to encourage participants to use myStrength and provide technical assistance. On average each nurse intern spent about 17 hours supporting participants with digital literacy training and logistical support during the pilot, though there was considerable variation between nurse interns. Most nurse interns spent between 8 and 29 hours, but some spent as low as 4 hours or as much as 70 hours for the pilot. *Promotores* reported at least 2 hours, weekly.

Evaluation

Marin County worked with the Help@Hand evaluation team to assess their myStrength pilot. The evaluation included:
- Surveys and interviews with program staff and myStrength pilot participants
- Analysis of app data received from myStrength

Evaluation findings are shown on the next page.

MARIN COUNTY MYSTRENGTH PILOT EVALUATION

This section includes evaluation findings from Marin County's myStrength pilot. The evaluation aimed to understand the experiences and perspectives of those involved during the pilot. It included:

- Three surveys and an interview[12] with pilot participants between February-June 2021[13]

- App data from myStrength of pilot participants

- A semi-structured interview and survey with staff professionals supporting the pilot (e.g., Marin County staff, nurse interns, Promotores, and Technology4Life) between April-May 2021[14]

This section is organized as follows:

- Key Findings

- Demographics

- Preparing for Pilot

- Digital Literacy Training

- myStrength Pilot

- Program Impact

- Recommendations

KEY FINDINGS

Preparing for Pilot

42% of participants were **not using technology**, and 21% of participants **needed support** getting access to Wi-Fi before the program.

Digital Literacy Training

78% of participants were **satisfied with the training** and 78% agreed they were **more likely to use technology** as a result of the training.

myStrength Pilot

74% found myStrength **useful** and 65% agreed it was **easy to use**.

Program Impact
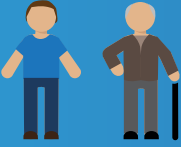
By participation in the program, there was a **significant decrease in loneliness as well as social isolation** among participants.

[12] Surveys and interviews were offered in English and Spanish.

[13] Thirty individuals participated in the pilot, but not all completed each survey and/or interview. The sample size (e.g., the number of participants who answered specific survey questions) is noted for each question presented in this section.

[14] The sample size (e.g., the number of participants who answered specific survey questions) is noted for each question presented in this section.

DEMOGRAPHICS OF PILOT PARTICIPANTS (N=29)[15]

Age
31% aged 60 - 69 years old
38% aged 70 - 79 years old
14% aged 80 - 89 years old

Ethnicity[16]
17% Central American
28% Non-Hispanic White
24% Mexican/Mexican-American
10% South American

Gender
93% Female
7% Male

Social Connectedness
77% high on loneliness

Mental Health
38% experienced mental health concerns
38% did not experience mental health concerns

Education
27% High school graduate or less than high school
21% Some college experience
7% Associate's degree
34% Bachelor's, graduate and/or professional degree

Household Income
64% < $70,000
10% > $70,000

COVID-19
52% knew someone diagnosed with COVID-19
7% lost their job as a result of COVID-19
32% had a family member lose their job or hours reduced as a result of COVID-19

Preferred Language
48% English
45% Spanish

[15] One participant did not complete the demographic survey questions. Not all respondents answered each question; hence, some percentages do not sum to 100%.
[16] The most commonly selected ethnicities are reported (eg, ethnicities selected by 1% of respondents are not shown in this table); hence the total percentage is smaller than 100%.

DEMOGRAPHICS OF STAFF PROFESSIONALS (N=16)[17]

Age
50% aged 18 - 25 years old
50% aged 26 - 59 years old

Ethnicity
50% Asian-American/Pacific Islander
44% Hispanic/Latino
6% Non-Hispanic White

Gender
88% Female
13% Male

Education
63% High school graduate or GED equivalent
25% Professional degree/Some college/Associate's degree
25% Bachelor's degree
6% Master's, and/or Doctorate degree
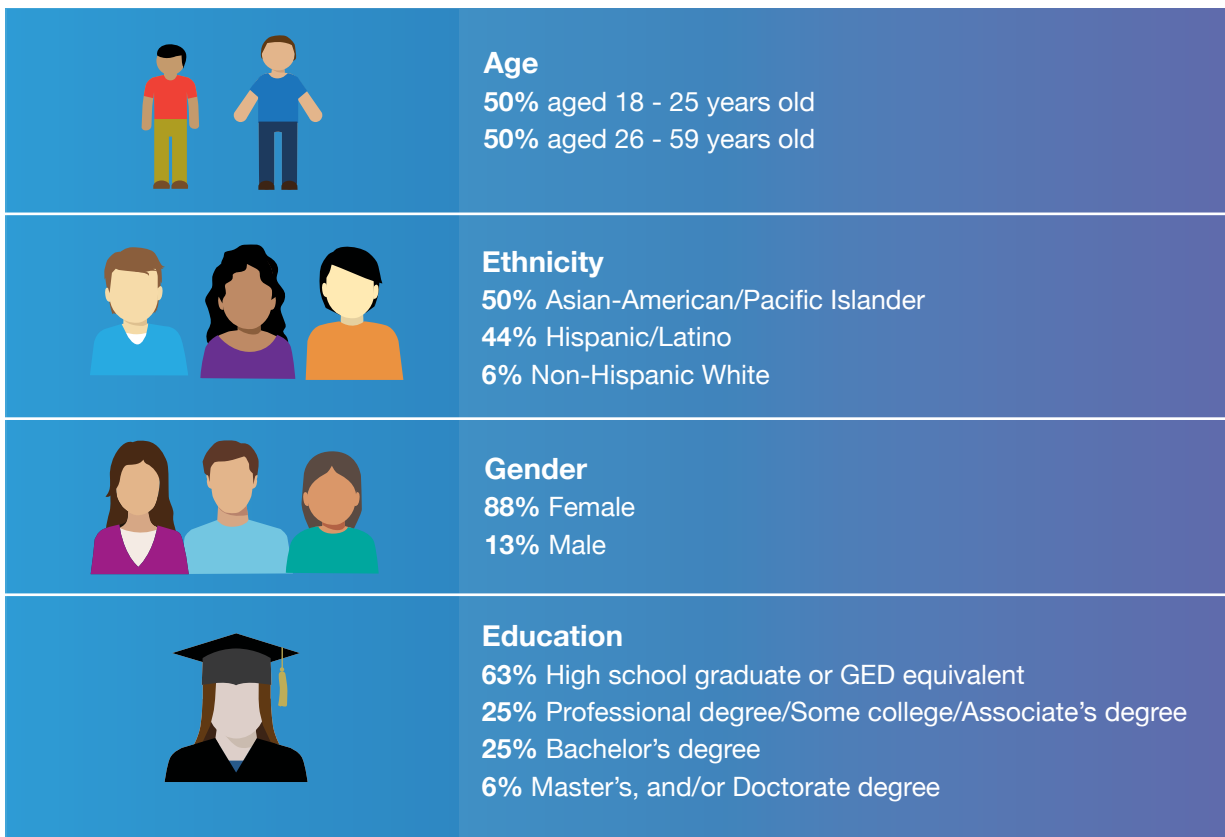
PREPARING FOR PILOT

Technical Readiness of Participants

Pilot participants experienced a general lack of technical readiness.

Figure 3.9. Participants needed access to Wi-Fi at the start of the program (N=28).

21% of participants needed staff support to get access to Wi-Fi

Figure 3.10. Almost half of participants were not confident using technology at the start of the program (N = 26).

42% of participants were not confident using technology

[17] Demographics was collected from the 16 staff professionals who took the survey, which includes the Peer Lead, Promotores, and nurse interns.

Support Given to Participants Before the Pilot

Participants needed considerable support to get started with the program. Support included providing assistance with accessing the internet, distributing devices, and troubleshooting technical issues. Participants found this support to be very useful.

"I felt like both [Facilitator 1] and [Facilitator 2] were very knowledgeable and helpful... I mean, they could answer almost any question I had. Yeah, I mean we had, you know, she was available at certain times. She had appointments, and she came out here, and, you know, everything I know about using the tablet I learned from those two people, either one or the other."

"Todo era nuevo para mí. No sabía manejar estas cosas. Simplemente, el celular… (Everything was new to me. I didn't know how to handle these things. Simply, the cell phone…)"

Factors Considered by Participants when Selecting and Using Mental Health Technologies

Prior to participating in the pilot, participants were asked about the factors that they consider to be important in selecting and using mental health technology products. Participants noted that it was most important to them that products kept personal information private and were free.

Figure 3.11. Key factors noted by older adults as being important in their selecting and using mental health technology products (N=28).

71% Personal information is kept private

71% The app is free

68% The app will not have a negative effect on device (e.g., drain phone battery)

57% Availability in languages other than English

54% The app can be easily used by people with visual impairments

54% Parts of the app can be used offline

50% The app can be easily used by people with motor or coordination impairments

46% The app is sensitive to my culture

46% The app can be easily used by people who are deaf or hard of hearing

DIGITAL LITERACY TRAINING

Participant Satisfaction

Overall, participants were satisfied with the digital literacy training. 78% said they were satisfied with the training and 78% reported they were more likely to use technology, due to taking part in the digital literacy training.

Figure 3.12. Participants were satisfied with the digital literacy training and are likely to use technology because of the training (N=27).

	Does not apply	Disagree	Neutral	Agree
I was satisfied with the training		1%	19%	78%
Because of the technology training, I am more likely to use technology	7%	11%	4%	78%
Because of the technology training, I am more likely to use technology to support my well-being	7%	15%	4%	74%
The technology training made me feel connected to other people	7%	11%	15%	67%

% of respondents

■ Does not apply ■ Disagree ■ Neutral ■ Agree

"La capacitación tecnológica me pareció excelente. Excelente, excelente... Mucha disponibilidad de la profesora, mucha paciencia, mucha claridad en lo que hablaba. Era difícil no entenderle porque era tan clara. Eso me gustó mucho... Y el programa en sí me ha encantado. (The technology training seemed excellent to me. Excellent, excellent ... A lot of availability of the teacher, a lot of patience, a lot of clarity in what she spoke. It was hard not to understand her because she was so clear. I really liked that... And I loved the program itself.)"

Participant Confidence

There was a significant increase in participants' confidence in using technology.

Figure 3.13. More participants were confident using technology to look up information and support their well-being after the training (N=26).

I am Confident Using Technology to Look Up Information

	Disagree	Neutral	Agree
Pre-Training	46%	12%	42%
Post Training	31%	8%	62%

I am Confident Using Technology to Support My Well-being

	Disagree	Neutral	Agree
Pre-Training	62%	8%	31%
Post Training	19%	8%	73%

Disagree Neutral Agree
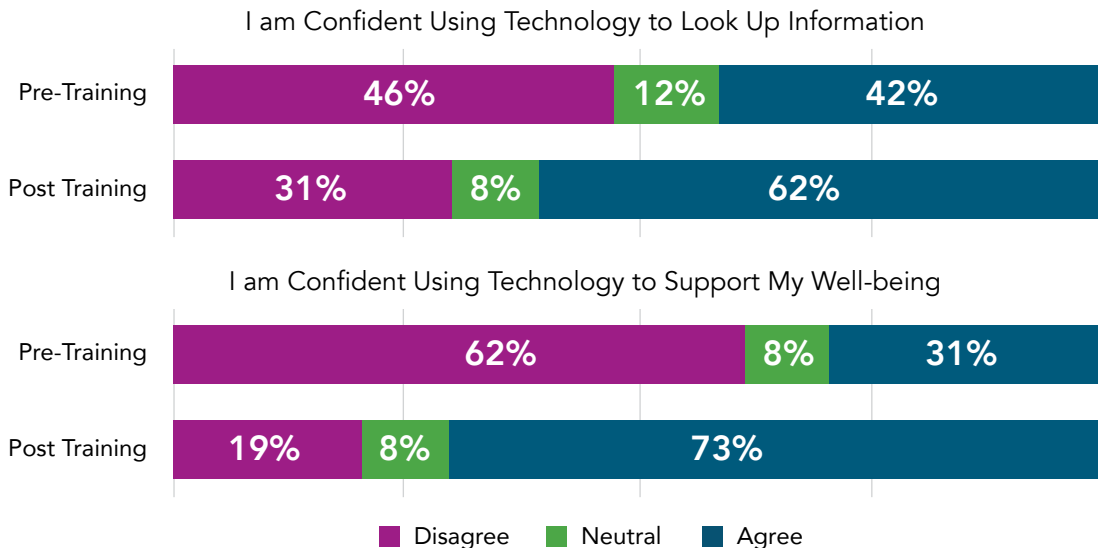
Perception of Training Impact by Staff Professionals

A digital literacy training was co-developed by Marin County and Technology4Life. The training was voluntary and offered to both the participants and the staff. The training consisted of four classes, each focusing on a specific topic: Computer Basics, Internet Basics, Email Basics, and myStrength. Semi-structured interviews were conducted with both Technology4Life and the staff members. Overall, Technology4Life's impressions of the training were positive though delivering classes over Zoom was challenging.

"There was a lot of challenges in the group that was new to devices. They had a lot of challenges. I think the people who already had some familiarity, we were able to work with them more successfully. But we did get some wins. We had some people who had no knowledge and boy, they'd stuck with it and were able to get their tablets working and hopefully get into the app. I mean they were motivated to do it... they were willing to go through whatever glitches we might've encountered."

"We got a lot of feedback [from participants] that they were just, they felt more comfortable with technology, so it took away some of their fear and apprehension about using these devices. So, that was I think the main thing that they gained more confidence in their ability."
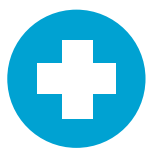
MYSTRENGTH PILOT

Use of myStrength

A majority of participants (70%) used myStrength for the entire pilot or longer. The most commonly selected user interests were related to Mental Health Conditions, Health Topics, Lifestyle and Spirituality.

Figure 3.14. Participants could select one or more user interests when signing onto myStrength (N=29).

93%
Condition (e.g., depression, anxiety)

83%
Health Topic

66%
Lifestyle (e.g., friendship, divorce)

48%
Spirituality (e.g., Christianity, non-religious spirituality)

Benefits of Using myStrength

Participants found myStrength to have many benefits, including changing how they think about mental health, supporting their mental health needs, and helping them to recognize symptoms. Some participants also mentioned health improvements by using myStrength features. Useful features and content participants discussed included Sleep, Meditation & Breathing, Exercise, Chronic Pain, Spanish Content, and Crisis & Suicide Resources.

"Antes tenía periodod más largos de tristeza y todo. Y ahora, con myStrength, me ayudó mucho... En mi mente, había ocasiones que me venían muchas cosas negativo. Okay. Y luego ya decía yo: A ver, recuérdesela: Respira. myStrength te dio la idea de que respires, de que to pongas en un lugar tranquilo, viendo ed cielo, vienda la naturaleza. (Before I had longer periods of sadness and everything. And now, with myStrength, it helped me a lot... In my mind, there were times when a lot of negative things came to me. Much, much... And I struggled because I kept thinking negative and thinking negative and thinking negative. OK. And then I would say: Let's see, remember: Breathe. myStrength gave you the idea to breathe, to put yourself in a quiet place, watching the sky, seeing nature.)"

It kind of opens things up a bit where, escpecially when you're alone, you have kind of tunnel vision on what's going on in your life, but when you look at myStrength, you kind of get a broader perspective on a lot of different aspects of what's available there. And it kind of opens your eyes, which is a good thing."

A majority of participants found myStrength useful (74%) and easy to use (65%).

Figure 3.15. A majority of participants found myStrength useful and would recommend it (N=23)

78%
would recommend myStrength

74%
found myStrength useful

65%
thought myStrength was easy to use

Figure 3.16. Participants' experience of myStrength (N = 23).

Statement	Disagree	Neither agree or disagree	Agree
I have the resources necessary to use myStrength	9%	9%	83%
Using myStrength makes me feel connected to other people	4%	13%	83%
Using myStrength improves my mental health	4%	13%	83%
Using myStrength has helped me get access to support sooner than I would have if I did not use	9%	13%	78%
I would recommend myStrength to someone like myself	13%	9%	78%
I would not have been able to use myStength without the technology training	22%	4%	74%
I find myStrength useful in my daily life	9%	17%	74%
myStrength meets my mental health needs	9%	22%	70%
I can get help from others when I have difficulties using myStrength	22%	13%	65%
I think myStrength is easy to use	22%	13%	65%
Because I used myStength, I am more likely to reach out for help	4%	39%	57%
Because I used myStrength, I know how to deal with feeling lonely	17%	26%	57%
I feel that as a result of my using myStrength, others know about me more than I am	39%	13%	48%
It is easy to fit myStrength into my everyday life and activities	13%	52%	35%
Using myStrength has helped me detect symptons reated to my mental health	13%	61%	26%

Legend: ■ Disagree ■ Neither agree or disagree ■ Agree

Barriers to Using myStrength

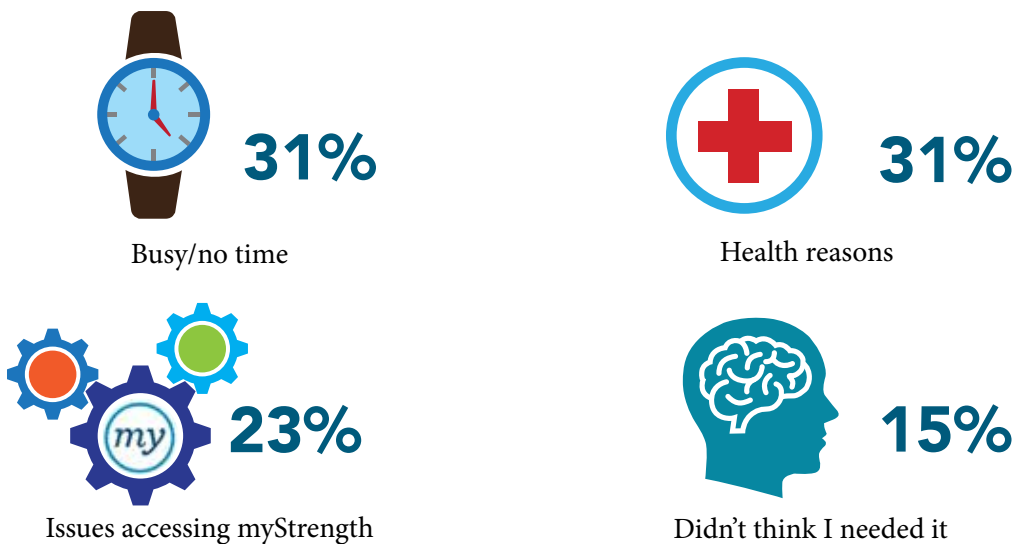While perceptions and experiences with myStrength were generally positive, participants explained a number of barriers to using myStrength.

Figure 3.17. Reasons participants took a break or stopped using myStrength (N=13).

31%
Busy/no time

31%
Health reasons

23%
Issues accessing myStrength

15%
Didn't think I needed it

Perception of Using myStrength by Staff Professionals

Overall, myStrength was found to be useful for Marin County by both English- and Spanish-speaking staff professionals.

Figure 3.18. Usefulness of myStrength (N=16).

myStrength will be useful in Marin County: 6% Disagree | 6% Neutral | 88% Agree

Legend: Disagree | Neutral | Agree
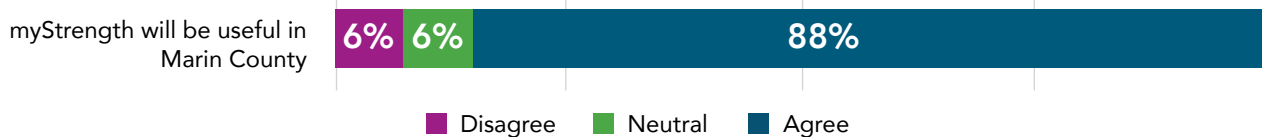
Figure 3.19. The majority of staff believed myStrength would be useful and usable for the clients (N=16)

I trust myStrength will be usable for my clients: 7% Disagree | 20% Neutral | 73% Agree

I trust myStrength will be safe for my clients: 100% Agree

I trust myStrength will be useful for my clients: 7% Disagree | 13% Neutral | 80% Agree

Legend: Disagree | Neutral | Agree
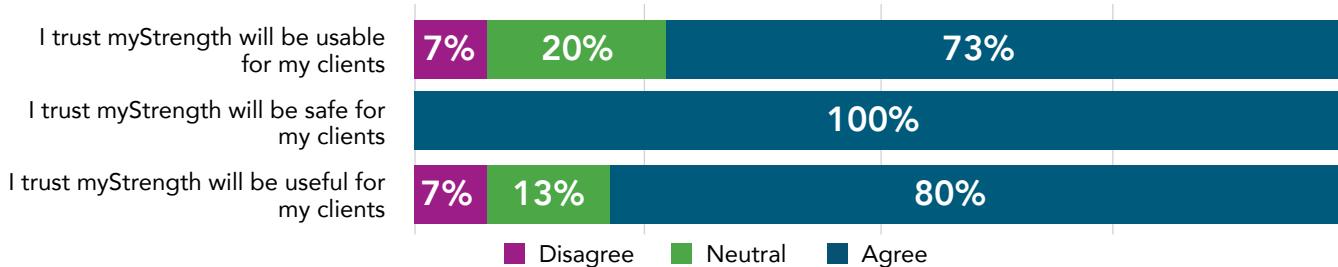
PROGRAM IMPACT

Participants reported the overall program provided feelings of connectedness, through interacting with other participants and by learning skills such as connecting with family/friends virtually.

Figure 3.20. The majority of participants felt more connected to other people as a result of the program (N = 23).

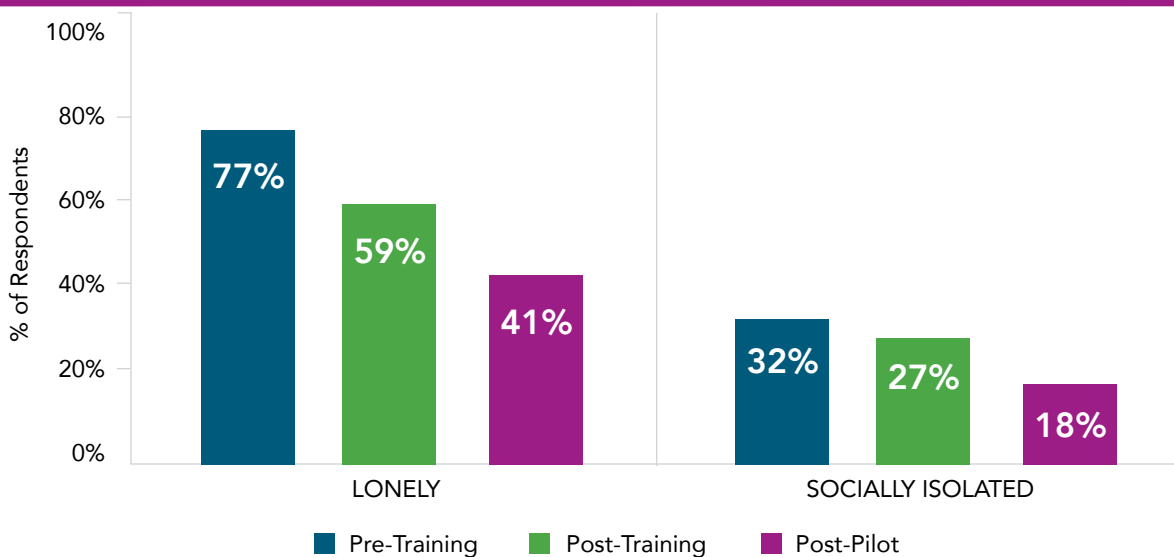**87%** were more likely to use technology to support their wellbeing

78% felt more connected to other people as a result of the program

There was a significant decrease in loneliness as well as social isolation among participants after participating in the program.

Figure 3.21. Participants' loneliness and social isolation scores decreased during the program (N=22).

Participants were satisfied with the program overall, and hoped more programs like this would be offered in the future.

"Yes, it [program] did help [impact feelings of connectedness]... Well, it just – I took some classes on Zoom, and going through the program, myStrength, yeah, it broadened my atmosphere a little bit, a lot I can say... I was pretty much at home most of the time and alone, so that was nice to be able to get into the technology, and reach out to more people."

RECOMMENDATIONS

Understand Your Target Populations' Unique Needs and Circumstances.

- Determine the physical needs, digital literacy skills, and preferred language/s of the target population.

Assess Target Populations, Resources and Ability to Access Technology.

- County fiscal systems are not designed to support payments for individual internet service for participants.

**Plan for and Provide Support for Participants New to Technology.**

- Sufficient amount of time and staff to support participants is needed.
- Consider partnering with outside agencies to support clients during an implementation.

Digital Literacy Training Should be Both Structured and Adaptable to Class Attendees.

- Provide a variety of group classes, individual coaching, and opportunities for hands-on practice to all participants.

Implementing a Technology-based Program for Isolated Older Adults Takes Considerable Effort.

- Use key community members and organizations to assist with recruitment and make clear connections between what the mental health app does and how it relates to the individual participants.
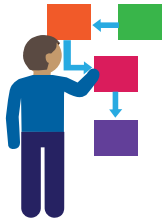
Implementation Planning

In August 2021, Marin County presented its pilot findings and learnings to its Advisory Committee. Marin County's Advisory Committee endorsed a larger implementation of myStrength focused on underserved populations within the county. In Fall 2021, Marin County began to plan its implementation, which will include the distribution of devices. Marin County is working with CalMHSA to hire Peer staff to support the implementation.

The county plans to engage 100 English and Spanish-speaking older adults in two cohorts. One cohort will support older adults (60+ years old) who are able to use technology independently and have basic digital literacy skills (e.g., basic internet navigation skills, know how to use email, and are able to create an online myStrength account independently.) The second cohort will support older adults with lower digital literacy skills—that is, those who are complete beginners or those with minimal proficiency.

Informed by learnings from their myStrength pilot and input from the Help@Hand evaluation team, Marin County has started developing a screening tool in preparation for their myStrength implementation. From the pilot, Marin County learned that pilot participants with visual impairment or dexterity issues experienced significant difficulties interacting with the technology, which greatly hindered their ability to engage and benefit from myStrength. Marin County is thoughtfully considering their target population's specific needs and differing abilities.

Future Directions

Marin County expects to launch its implementation in March 2022. The county will revamp their Peer Training materials and will hire more Peers in preparation for their myStrength implementation. They also plan to establish new partnerships with community-based organizations and agencies to help promote their launch of myStrength and to encourage referrals from community agencies.

UNIPER PILOT

Pilot Planning

In 2020, Marin County met with Uniper to begin planning their pilot. Monolingual Spanish-speaking older adults were a target audience. Therefore, Marin County requested that Uniper finish their Spanish interface, which was in Beta, which Uniper did for review by Marin County. Pilot planning was paused to allow Marin County to launch their myStrength pilot.

In Quarter 2, Marin County met with Uniper to discuss licenses and vendor support to install the products, devices, and internet. The county explored piloting Uniper with those in congregate housing (e.g., those in board and care facilities, county contracted agencies, or low-income housing). Digital literacy coaching support was also considered. Digital literacy needs of pilot participants was anticipated to be low because Uniper can be used completely through a TV. However, based on the experiences from the myStrength pilot, Marin County considered plans for digital literacy support because potential consumers may have varying needs and activities such as turning on and off a device or being seen on screen can require support initially.

Future Directions

In Quarter 4, Uniper pilot planning was discontinued since there was not enough time to pilot and implement the technology within the county's Help@Hand project time period. As such, Marin County decided to focus their efforts on implementing myStrength, especially given their strong pilot results.

EQUITABLE DEVICE DISTRIBUTION

Marin County's Equitable Device Distribution

To increase access to devices in the community, Marin County distributed a number of devices and plans to distribute more. Below is a snapshot of the information collected in the device distribution survey which was completed in November 2021. More information on this survey can be found on page 126.

Marin County distributed the following devices:

What type of device? Tablets

Who will receive them? Older Adults

How many will be distributed? 21 have been distributed. Intend to distribute 22 more every 6 months.

When were devices distributed? 21 Devices were distributed in 2021.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: MARIN COUNTY

Learnings from Marin County's myStrength and Uniper pilots include:

- **Digital literacy skills vary across populations and individuals.** Older adults, especially, might benefit from understanding their level of technological knowledge (digital literacy). Providing support when necessary is important. Considerable support is required to help those who lack basic digital literacy skills use technology.

- **Cultural appropriateness.** Many considerations must be taken if the target population does not speak English. All communications need to be translated and vetted for linguistic and cultural appropriateness. Programs and technologies are often not linguistically and culturally appropriate even when translated.

- **Unique needs of the target population.** Older adults frequently face multiple physical and/or mental health conditions that limit or prohibit their participation. Be flexible with scheduling and support, so services are responsive to their physical and mental health needs. This flexibility, however, might introduce additional complications when working with community partners, students, and/or volunteers whose time is often limited or fixed by school or program schedules. As such, consider including committed staff whose work schedules include flexibility.

- **Digital literacy training should be both structured and adaptable.** Include time for hands-on practice and offer classes on a variety of days and times to accommodate individual schedules. Provide descriptions of each class including topics that will be covered.

- **Substantial time is needed to support participants.** More time was needed to onboard participants to myStrength than Marin County originally planned for. Older adults needed support in accessing Wi-Fi, becoming digitally literate, and understanding how to use the technology.

- **Multiple recruitment strategies are needed to achieve success.** Marin County leveraged multiple relationships to recruit program participants. For example, they worked with a network of Promotores that know the community to reach the targeted population. Likewise, a senior services program was used to reach the targeted population too. Flyers at local establishments and other outreach strategies were not successful.

- **Not all partners committed the same amount of time to the project.** The time spent by nurse interns varied considerably with some spending below 5 hours and others spending nearly 70 hours with participants. Standardizing expectations and monitoring hours through the pilot can help ensure partners complete expected activities and spend the requisite time to ensure sufficient support for participants. Relying on partners for staffing might create sustainability challenges and quality control issues if these expectations are not set and met.

- **COVID-19 made it difficult for launching a technology-based program with older adults.** COVID-19 delayed the internal procedures that needed to be completed to launch the program. Moreover, it complicated interfacing with program participants and demanded that remote learning be made possible.

- **The importance of using a tailored screening tool.** Marin County learned that some pilot participants were unable to engage with the program in ways that would optimally benefit them. This finding helped inform the decision to create a thoughtfully curated screening tool which can help determine participant eligibility and fit.

MONO COUNTY

In early 2021, Mono County learned from pilots and implementations conducted by other Help@Hand counties/cities to inform their efforts. Mono County also explored myStrength and Wysa for their TAY and isolated populations. In September 2021, Mono County began to plan an implementation of myStrength with these populations.

MYSTRENGTH IMPLEMENTATION

Technology Selection

Mono County considered the use of myStrength and Wysa for local community college students. These technologies were also considered for older adults and individuals in isolated areas who have limited access to social support and mental health services. myStrength was selected for further exploration due to cost, and for being ready for "out-of-the-box" implementation through CalMHSA.

In Summer/Fall of 2021, Mono County obtained 10 myStrength test licenses to further test the technology. Test accounts were provided to three Peers from Mono County's wellness center, two Spanish-speaking staff members, and the director of their senior center. Staff members testing myStrength were selected to represent geographical diversity. Those well connected to the community and who might be most helpful when disseminating to the community were also selected. Staff who had tested myStrength provided informal qualitative feedback to Staff Services Analysts within Mono County.

Implementation Planning

In Quarter 4 of 2021, CalMHSA proposed a plan where Marin and Mono Counties might be able to share a pool of 5,000 myStrength licenses for implementation. CalMHSA is currently working with myStrength to execute a master agreement to accommodate this. Mono County plans to implement in early February of 2022. They are planning on having various county staff (e.g., wellness center associates who are peers trained to get people enrolled, as well as front desk staff) trained in February on how to recommend myStrength to potential consumers. They have budgeted about $24,000 of local funds for marketing, which includes the distribution of marketing materials such as wellness kit goodie bags and the use of newspaper, radio, and social media ads. To better reach their target populations, Mono County is planning to partner with the local senior center, Cerro Coso Community College, and a local organization that provides wellness activities and support groups.

Future Directions

Mono County is working with CalMHSA to extend their Participation Agreement to have an end date of February 8, 2023. Mono County is planning to launch its Implementation of myStrength in February of 2022 and is continuing with planning activities.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: MONO COUNTY

Learnings from Mono County's planning of their myStrength implementation include:

- **Having a vendor that is communicative and able to be flexible can facilitate implementation of an app within a city/county.**

- **Having a smaller team or having a clearly defined path to decision-making within the city/county can facilitate implementation of a technology within the city/county.**

- **Consider offering size-appropriate support to smaller members of collaborative.** The size, bandwidth, and resources of a collaborative member vary from city to county within this project. Milestones that affect larger, more well-resourced counties may not be appropriate or a reasonable measure of success for smaller jurisdictions.

MONTEREY COUNTY

In 2021, Monterey County, in collaboration with Los Angeles County, identified CredibleMind to build a mental health application. The technology would screen and refer residents of Monterey County to county mental health services. In particular, it would include a series of questions that yield an assessment result which would help determine if the individual was experiencing symptoms of a mental health disorder. It would also be able to refer individuals to the appropriate level of care within the local mental health system. The tool can be used by an individual and/or their family member. Mental health clinics and community outreach providers could use the app to help clients.

BUILDING A SCREENING AND REFERRAL TECHNOLOGY

Technology Selection

In 2020, Monterey County released a Request for Proposal (RFP) for potential vendors to build out their screening and referral technology. Credible Mind was selected by Monterey County to develop a mental health screening application for members of the Monterey County community. Ten proposals were submitted by the mid-February deadline. The review process began soon afterward with an independent review panel scoring the proposals. Credible Mind was awarded the contract because they had a plan to build the app from the ground up, had competitive pricing, were flexible, and responded to all of the questions in the RFP.

Ten proposals were submitted by the mid-February deadline. The review process began soon afterward with an independent review panel scoring the proposals. Credible Mind was awarded the contract because the app would be built from the ground up, had competitive pricing, was flexible, and responded to all of the questions in the RFP.

Technology Development Planning

Monterey County approved Credible Mind's scope of work (SOW) in July of 2021 and finalized the contract in August 2021. The county and Credible Mind also created a project plan and schedule in August 2021. Asana, a project/task management tool, was implemented to help coordinate and track tasks across the county and CredibleMind team members.

Monterey County and Credible Mind held an initial kickoff meeting in September 2021 to review the Scope of Work (SOW). CredibleMind developed a research plan to help inform the development of the app in October 2021. Monterey County focused on serving individuals with anxiety disorders, depression, substance use disorders, PTSD, bipolar disorder, schizophrenia, and psychosis. Additional conditions that are identified in the research phase may also be emphasized in the final product (e.g., suicidality, maternal mental health).

The research plan involves:

- Conducting a literature review of mental health screening and self-assessment tools

- Creating a list of relevant evidence-based clinical assessment and screening tools in English and Spanish

- Administering a needs assessment, stakeholder interviews, and focus groups to help understand needs, barriers and facilitators, as well as perception and community preferences for using mental health screening tools

- Creating a map of county populations served by the county behavioral health system. The map is also intended to display population trends, types of services offered, and key behavioral health performance measures.

Credible Mind initiated their research work in Quarter 4 of 2021 and is expected to continue through early 2022.

Evaluation Planning

Monterey County and CredibleMind identified Health Research for Action (HRA) from UC Berkeley as independent evaluators of the screening application project. HRA will use an agile approach in their evaluation.

Future Directions

In 2022, Monterey County intends to finalize research informing the development of the screening application and develop a report with the results of CredibleMind's research work. Development of the screening application is expected to follow, with the goal of deploying the final product by September of 2022.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: MONTEREY COUNTY

Learnings from Monterey County's screening and referral app development include:

- **Creating a new screening and referral platform requires the integration of perspectives from multiple key stakeholders, including but not limited to: Monterey County Behavioral Health (MCBH), CredibleMind, behavioral health providers, clients who are served by the County and their families, and evaluation. In an effort to understand these diverse perspectives, MCBH has leveraged these learnings to reevaluate their internal operations and capacity to streamline current referral pathways.**

- **CredibleMind has challenged MCBH to reevaluate their internal operations and capacity as they work on the project.**

ORANGE COUNTY

Orange County planned a needs assessment with their Behavioral Health Service (BHS) clients. They also continued to implement Mindstrong with a healthcare provider in Orange County.

NEEDS ASSESSMENT

Needs Assessment Planning

During COVID-19, Orange County began to use telehealth to deliver county behavioral health services and received feedback from some TAY clients that they preferred in-person appointments.

Orange County partnered with the Help@Hand evaluation team to develop a needs assessment with BHS clients over the age of 13, and parents or guardians of clients under the age of 13. The needs assessment aimed to learn:

- Do BHS clients prefer in-person or telehealth services?

- What challenges do clients face when using telehealth services?

- What factors contribute to dissatisfaction with telehealth services?

Two versions of the survey were finalized this year– one for clients over the age of 13, and another for parents or guardians of clients under the age of 13. The surveys were based on findings from a clinician telehealth study conducted by the county between September and October 2020. Orange County planned to conduct the needs assessment this year, but the needs assessment was placed on hold due to competing priorities within the county.

Future Directions

The needs assessment is currently on hold. Orange County plans to revisit the survey in 2022.

MINDSTRONG IMPLEMENTATION

Implementation

Orange County launched Mindstrong with clients seen by a local healthcare provider in May 2020. The launch began with only two providers, but later expanded to an additional 33 providers referring eligible clients to Mindstrong. Eligible clients are those over the age of 18, do not have an active psychotherapist, and meet the clinical eligibility criteria. Clients must also have access to a compatible smartphone that they primarily use.

After clients are referred, Orange County's Peers call clients to answer questions and gain the consent of those clients interested in using Mindstrong. Mindstrong then contacts those clients interested in participating to confirm their interest, download the app, and enroll clients in services.

In 2021, Orange County looked to improve access to the Mindstrong program. In particular, the county looked to digitize the consent process, develop marketing materials, improve coordination and communication, and evaluate the implementation.

Digitize the Consent Process

Orange County is working on digitizing the consent process to help facilitate a more efficient and broader scope implementation. Once complete, clients will be able to navigate through a series of videos that explain the program

and to provide consent on their own. Clients who prefer to speak to a Peer over the phone will be able to request a call through the digitized process. The digitized consent process is expected to launch early January 2022.

Develop Marketing Materials

Orange County created outreach promotional materials (swag bags, Angels' game monkeys, postcards) with QR code leading to a landing page with curated mental health support information. Consumer postcards and provider flyers were also created for clients and providers to reference about the Mindstrong program at any time. The consumer postcard provides clients with information on the program and what to expect from the enrollment process. The provider flyer shares information on the Mindstrong program, eligibility criteria, and referral process. The postcard and flyer have been updated to include a QR code to direct consumers to the digital consent. The latest version is displayed in **Figure 3.22**.

Figure 3.22. Marketing Materials for Orange County's Mindstrong Program.

Consumer Postcard

Provider Flyer

For provider use only

mindstrong

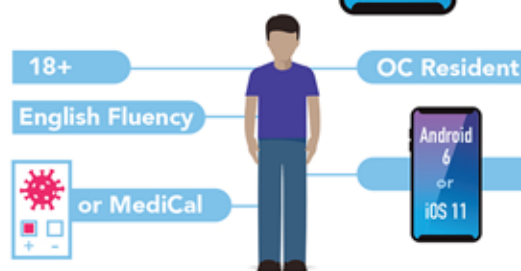|	
What is Mindstrong?	Mindstrong is a digital mental health app through which licensed therapists, psychiatrists and/or care partners (i.e., Care Team) provide access to telehealth services via phone, video or in-app texting, and virtual 24-hour crisis support. The secure smartphone app also uses innovative and proprietary algorithms to anticipate when a person may benefit from additional support, prompting someone from the Care Team to reach out proactively and provide additional, unscheduled support before the person experiences a mental health emergency.
Mindstrong Services	• Therapy (telehealth via secure in-app messaging, phone or video) • Psychiatry Services • 24/7 Crisis Telehealth Services • Mindstrong App educational materials • Proactive Outreach
What do patients need?	• **Smartphone:** Compatible with Android 6 or iOS 11 and above. • **Internet data access:** Wi-Fi at home, work, school or cellular data plan • **Primary user** of their smartphone device.
Patient Eligibility	• 18+ • English Fluency • Resident of Orange County • Device Eligibility: owns a smartphone (either Android 6 and above or iOS 11 and above)
Process	**Step 1:** Refer eligible adults via QR code/link to Digital Eligibility and Consent Form **Step 2:** Patient completes Digital Eligibility and Consent Form **Step 3:** If eligible, Mindstrong contacts patient for enrollment & permissions
Funding and Timeline	Help@Hand is a time-limited Orange County Innovation Project funded by the Mental Health Services Act. The project and free access to Mindstrong services are provided through March 2023. The standard mobile rates and the cost of medication are the patient's responsibility.

Android 6 or iOS 11

18+   English Fluency   or MediCal   OC Resident   Android 6 or iOS 11

LIMITED TIME OFFER

health CARE AGENCY

help @ hand

Improve Coordination and Communication

As Orange County's Mindstrong program progressed, the county identified areas where additional coordination between Orange County, Mindstrong, and the local healthcare provider was needed. The new coordination included:

- Orange County and the local healthcare provider will be notified whenever clients are formally discharged from Mindstrong. This will allow the local healthcare provider to offer alternative services to the client.

- A communication plan was created between Mindstrong clinicians and the local healthcare provider to address issues with high-risk members.

Evaluating the Implementation

Orange County worked with the Help@Hand evaluation team to assess the implementation of their Mindstrong program. Evaluation findings are on page 80.

Future Directions

Orange County met with local community colleges to discuss expanding the program to community college students. The idea was well received, and the county is exploring options to offer the program in community colleges within the remaining time left in the Help@Hand project. Orange County is operating within the pandemic environment, which impacts all processes and may result in pivots and redirection.

Orange County is also looking to expand its program to Federally Qualified Health Clinics (FQHCs) and primary care patients at the local healthcare provider where the program is currently being implemented. The expansion is anticipated to be successful given that systems for the program are already in place within the local healthcare provider's system. The expansion to primary care patients will include additional steps to electronically screen patients to confirm that patients meet the clinical eligibility criteria for Mindstrong before patients complete the electronic consent. Orange County will pilot the digital consent process at the current implementation site before expanding to primary care patients.

Orange County Mindstrong Evaluation

This section includes preliminary findings from the following. Please note that trends may change as more data is collected.
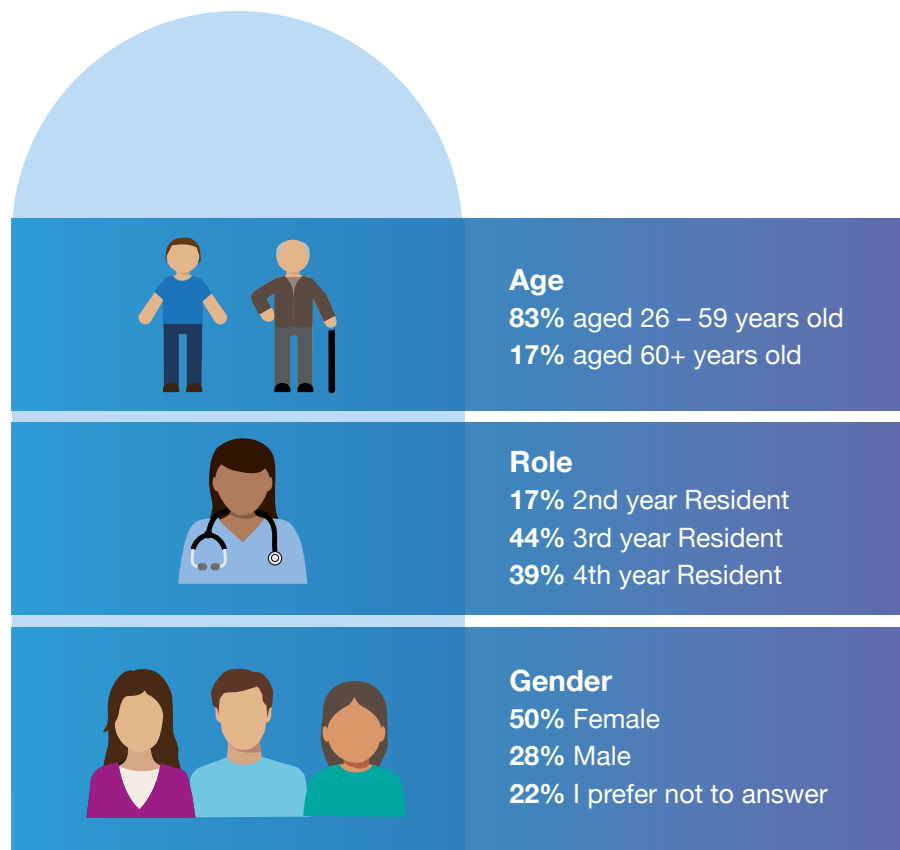
- Surveys with providers referring clients to Orange County's Mindstrong program
- Surveys with consumers using Mindstrong
- App data from Mindstrong

MINDSTRONG PROVIDER EVALUATION

Surveys completed by residents referring patients to Orange County's Mindstrong program aimed to identify learnings and strategies to facilitate continued Mindstrong implementation.

18 residents referring patients to Orange County's Mindstrong program completed surveys between May-July 2021. Surveys were distributed in two ways: (1) online surveys sent via email to the 22 residents participating in the program; and (2) paper surveys distributed and collected in-person by the Help@Hand evaluation team at the local health clinic to boost survey participation. The combination of these steps resulted in an 81% response rate.

Provider Demographics

Age
83% aged 26 – 59 years old
17% aged 60+ years old

Role
17% 2nd year Resident
44% 3rd year Resident
39% 4th year Resident

Gender
50% Female
28% Male
22% I prefer not to answer

Provider Attitudes towards Mindstrong

Overall, residents indicated positive attitudes towards Mindstrong.

89%
Felt that the care model of Mindstrong is a significant innovation that may benefit their patients

89%
Felt positively towards Mindstrong

57%
Felt that their impression of Mindstrong became more positive over the past 6-months

When asked if their impressions of Mindstrong had changed over the past 6-months, 57% indicated that it had become more positive, 29% indicated that it stayed the same, and 14% indicated that it became less positive. Reasons for impressions becoming more positive were related to the ease of using Mindstrong, referring patients through Epic (electronic medical record system), and Mindstrong expanding eligibility to include more accepted psychiatric diagnoses. Reasons for impressions becoming less positive were related to some referred patients reporting that Mindstrong was not helpful because the content was too vague and/or therapy sessions were too brief.

Referring Clients to Mindstrong

Resident respondents indicated high levels of confidence and ease when referring patients to Mindstrong.

Average score: Referring patients to Mindstrong has been an easy process

6.3

1 (Strongly disagree)   7 (Strongly agree)

Average score: I feel confident referring patients to Mindstrong

6.4

1 (Strongly disagree)   7 (Strongly agree)

Residents shared reasons for referring patients to Mindstrong.

$ No financial cost to the patient

Patients can conveniently participate in therapy virtually and at times that work for them

Timely access to and availability of therapy services

Implementation of Mindstrong

Residents had positive impressions of Mindstrong use for their patients.

89% Indicated that Mindstrong is a useful resource for their patients

78% Indicated that Mindstrong has enhanced the care that they provide to their patients

83% Indicated that Mindstrong motivated their patients to participate in treatment

Residents had positive impressions of the implementation of Mindstrong in their clinic.

76% Had the knowledge to be successful in using Mindstrong in their practice

69% Had an outlet for providing feedback on the implementation of Mindstrong

81% Received adequate training to feel prepared to successfully use Mindstrong with patients

71% Felt that senior leaders are committed to sustaining the use of Mindstrong at the local healthcare practice

Challenges Experienced

Although residents' overall experience with Mindstrong has been positive, 29% of resident respondents indicated that they experienced new barriers to using Mindstrong over the past six months. Most barriers were related to the residents' perceptions around communication between Mindstrong and their referred patients (e.g., Mindstrong representatives not calling referred patients; referred patients waiting a while to get the initial call from Mindstrong representatives; Mindstrong representatives calling referred patients but not leaving a message for the patient to call the representative back; and brief therapy sessions between the referred patient and Mindstrong therapist).

MINDSTRONG CONSUMER EVALUATION

Definition of Adopters and Non-Adopters
- *Respondents are categorized into two groups: Adopters and Non-adopters, depending on their participation in the program.*

Respondent Categories

Adopters
Respondents who chose to use Mindstrong, or are eligible and intend to use Mindstrong in the future

Non-Adopters
Respondents who were referred to Mindstrong, but declined to participate in the Mindstrong program. They do not intend to use Mindstrong in the future

Surveys were completed by patients to gain insight into the decision to use and the experience with Mindstrong in order to inform learnings and recommendations.

All patients participating in the Mindstrong program were invited to complete an initial survey online or over the phone. Adopters were asked to complete follow-up surveys. 78 patients participating in the Mindstrong program chose to participate in the evaluation and completed surveys between October 2020 - December 2021.

It is important to note that the sample size of non-adopters who took part in the survey is smaller (N = 10) than the sample size of adopters (N = 68), and that not all adopters completed a follow-up survey (N = 39). Results and trends reported here should be considered preliminary.

Key Findings

Mental Health

The majority of adopters reported experiencing anxiety (72%), depression (71%), and sleep problems (60%). **Adopters also reported higher degrees of stigma than non-adopters**.

Privacy Using Technology

55% of adopters had **concerns about privacy**, and an important aspect about mental health apps was that personal information is kept private (93%).

Mindstrong Experience

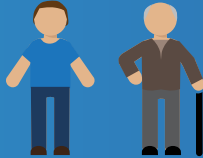66% of adopters expected Mindstrong to be **useful in their daily life**, and 74% would **recommend Mindstrong**.

Reasons for Not Using Mindstrong

50% of non-adopters decided to not use Mindstrong because they were busy and/or **thought it would take up too much time**.

Consumer Demographics[18]

Adopters (N = 68)	Non-Adopters (N = 10)
Age **25%** aged 18 - 25 years old **54%** aged 26 - 59 years old **18%** aged 60+ years old	**Age** **20%** aged 18 - 25 years old **70%** aged 26 - 59 years old **10%** aged 60+ years old
Ethnicity[19] **59%** Non-Hispanic White **24%** Hispanic/Latino/a/x **16%** Asian	**Ethnicity** **40%** Non-Hispanic White **40%** Hispanic/Latino/a/x **10%** Asian
Mental Health Stigma[20] **49%** felt inferior to others without a mental illness **47%** felt ashamed for having a mental illness	**Mental Health Stigma** **11%** felt inferior to others without a mental illness **20%** felt ashamed for having a mental illness
Gender **71%** Female **26%** Male **1%** Transgender woman	**Gender** **70%** Female **20%** Male **10%** Non-binary/Genderqueer/Gender non-conforming
Education **12%** High school **29%** Some college **35%** Bachelor's, graduate and/or professional degree	**Education** **10%** High school **20%** Some college **30%** Bachelor's, graduate and/or professional degree

[18] Not all respondents answered each question; hence, some percentages do not sum to 100%.

[19] The most commonly selected ethnicities are reported (eg, ethnicities selected by 1% of respondents are not shown in this table); hence the total percentage is smaller than 100%.

[20] Stigma was measured using items from the Internalized Stigma of Mental Illness (ISMI) scale. Respondents were asked to rate statements related to mental health stigma (e.g., "I feel inferior to others who don't have a mental illness") on a 5-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5).

Mental Health Symptoms and Stigma

Figure 3.23. Adopters predominantly reported experiencing anxiety, depression, and sleep problems (N = 68).[21]

Symptom	%
Anxiety	72%
Depression	71%
Sleep problems	60%
Anger	56%
Personality functioning	51%
Somatic symptoms	50%
Repetitive thoughts or behavior	37%
Memory	32%
Dissociation	26%
Mania	26%
Substance use	25%
Psychosis	7%

% of adopters indicating presence of significant symptoms
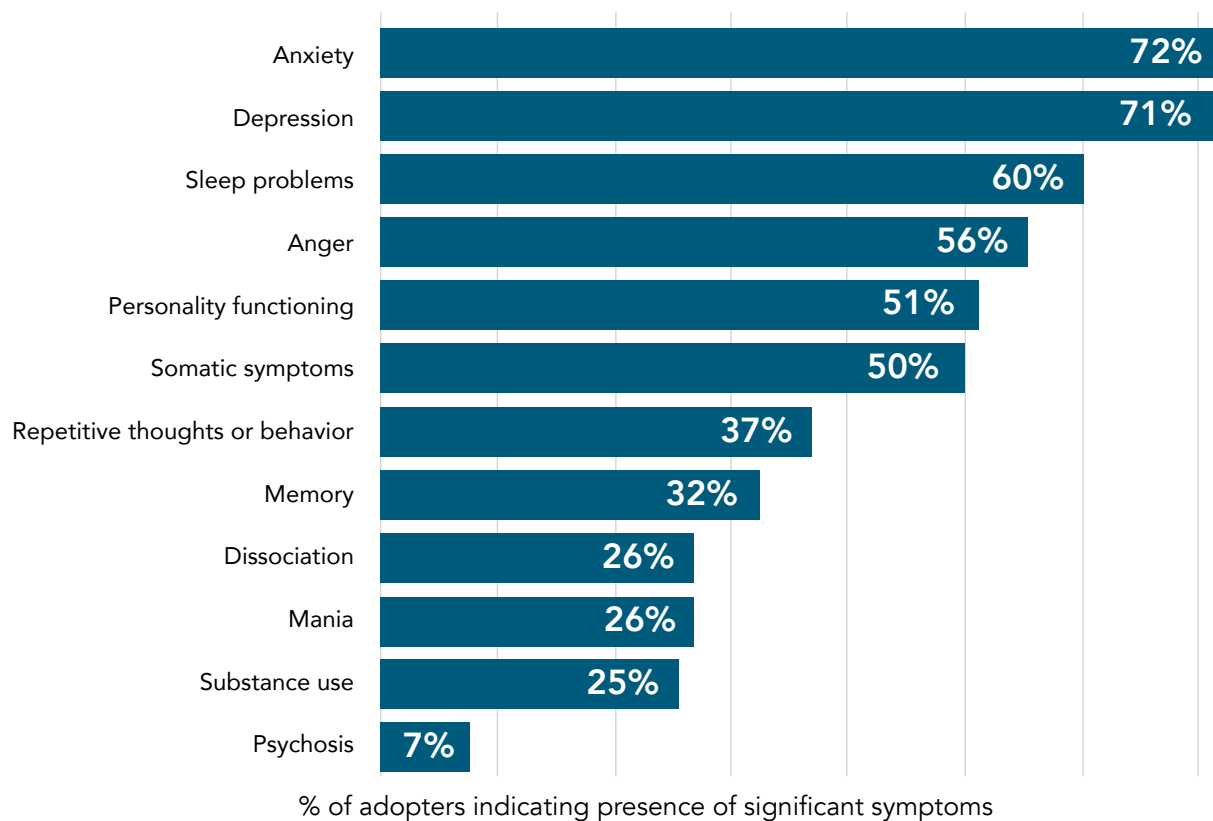
Feeling Stigmatized Due to Their Mental Health

Figure 3.24. More adopters than non-adopters agreed on statements about mental health stigma.

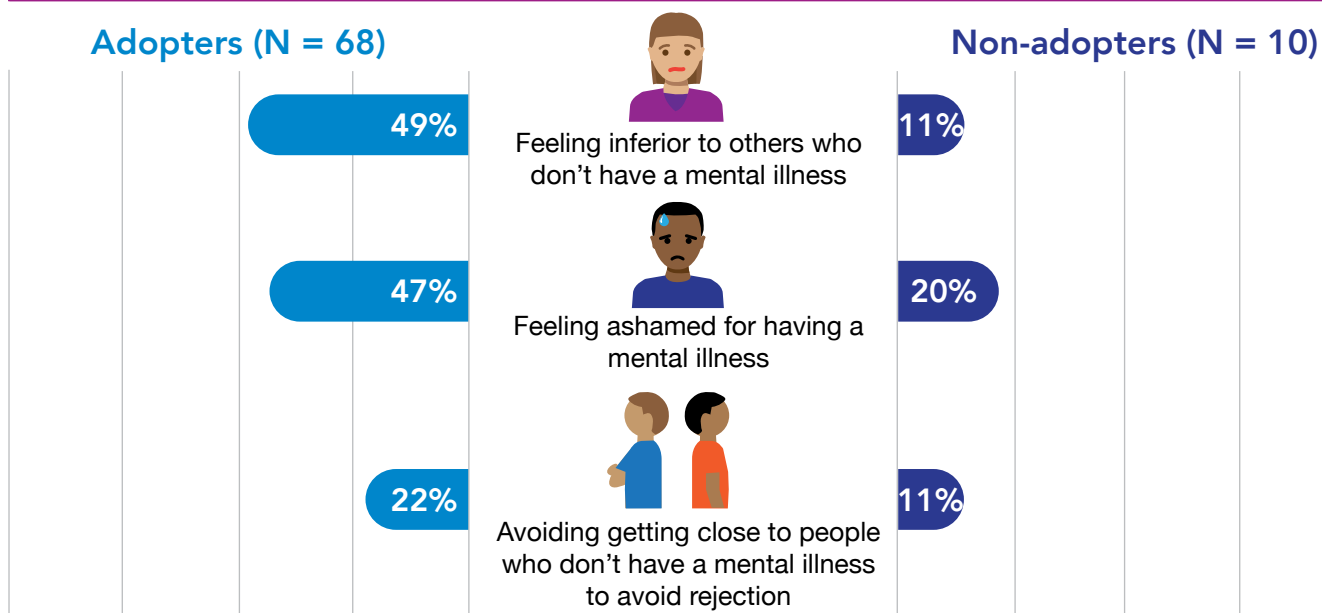|	Adopters (N = 68)	Non-adopters (N = 10)
Feeling inferior to others who don't have a mental illness	49%	11%
Feeling ashamed for having a mental illness	47%	20%
Avoiding getting close to people who don't have a mental illness to avoid rejection	22%	11%

[21] Symptom Measure was used to assess mental health domains shown in Figure 3.22. Adopters were asked to rate 22 items. Each item inquired about how much (or how often) the respondent had been bothered by the specific symptom during the past 2 weeks. The items were rated on a 5-point Likert scale ranging from None or none at all (0) to Severe or nearly every day (4). While scores do not translate to clinical diagnoses, a rating of 2 (Mild or several days) or above on a domain is generally interpreted as presence of significant symptoms. For more information, see https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets

Key Factors Considered When Deciding to Use Mental Health Technology

Figure 3.25. Privacy, price, and effect of app on device were key factors adopters considered in mental health technology (N=68).

93%
Personal information is kept private

75%
The app is free

66%
The app will not have a negative effect on device (e.g. drain phone battery)
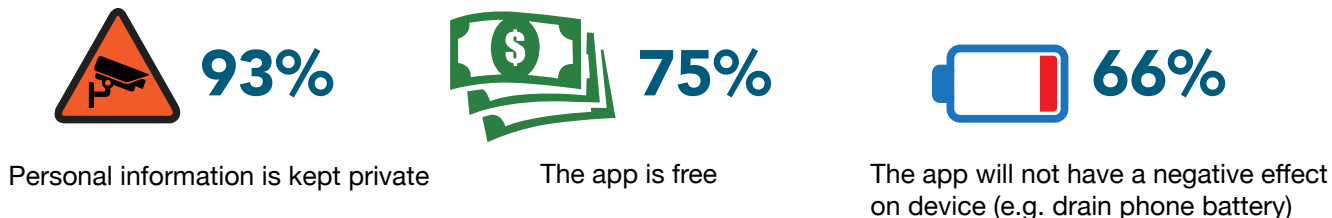
Figure 3.26. A higher proportion of adopters had privacy concerns.

Adopters (N = 68)

55%

Privacy concerns

Non-adopters (N = 10)

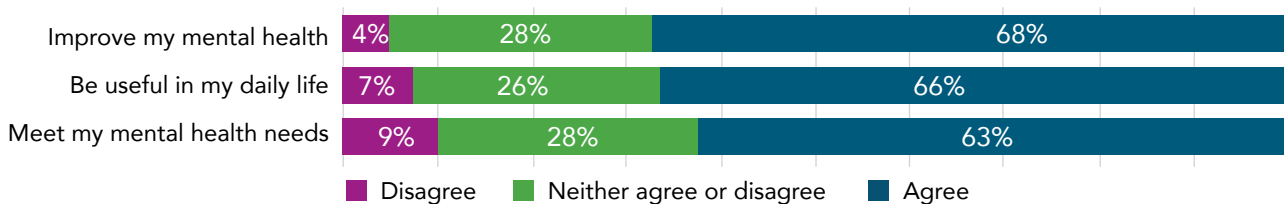30%

Expectations for Mindstrong

Adopters had positive expectations about Mindstrong.

Figure 3.27. Adopters' expectations of Mindstrong (N=68). The statements asked whether adopters believed Mindstrong will…

Improve my mental health — 4% / 28% / 68%
Be useful in my daily life — 7% / 26% / 66%
Meet my mental health needs — 9% / 28% / 63%

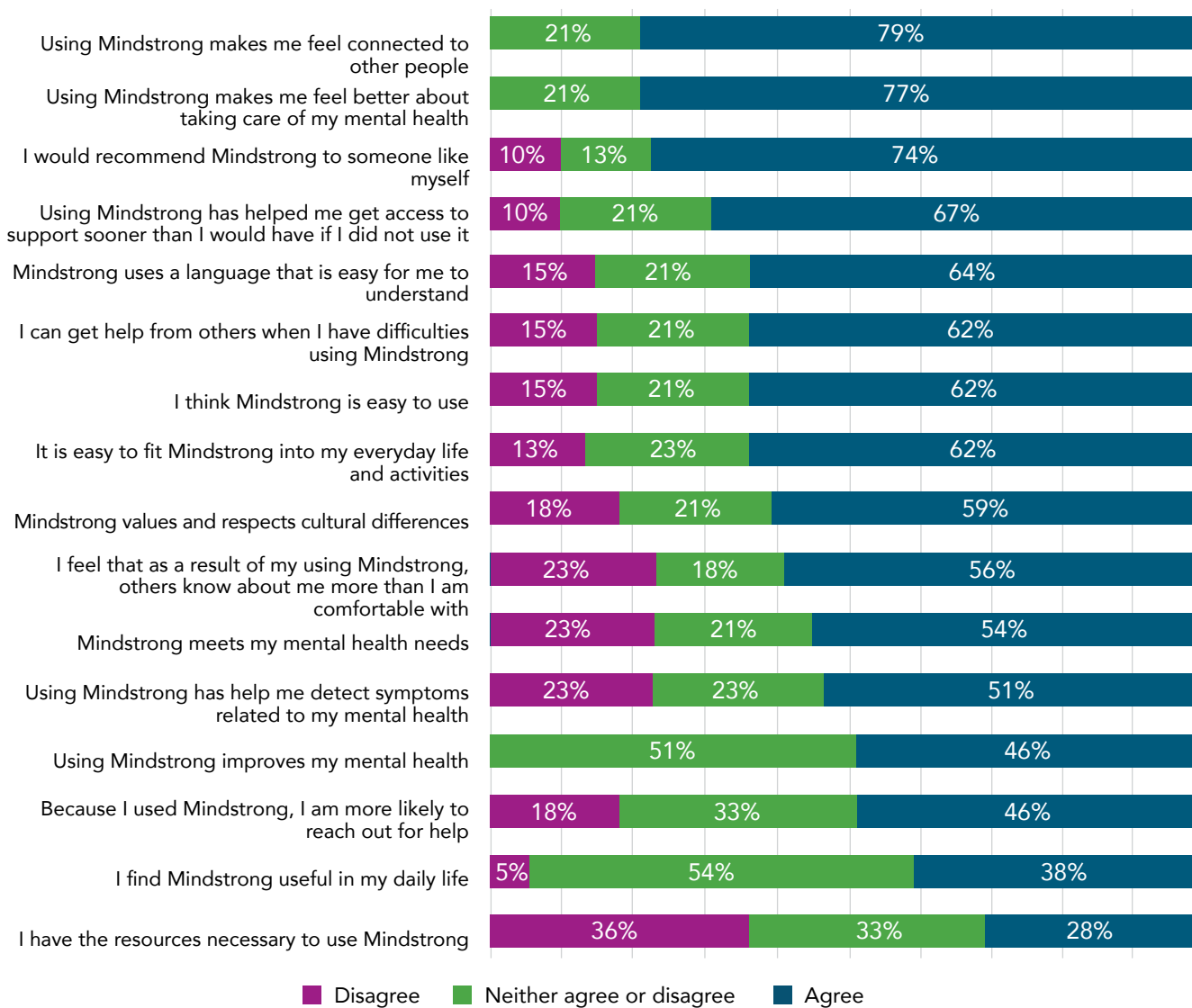■ Disagree ■ Neither agree or disagree ■ Agree

Experience with Mindstrong after 3 Months of Use

The majority of adopters felt connected to other people by using Mindstrong (79%), felt better about taking care of their mental health (77%) and would recommend Mindstrong to other people (74%).
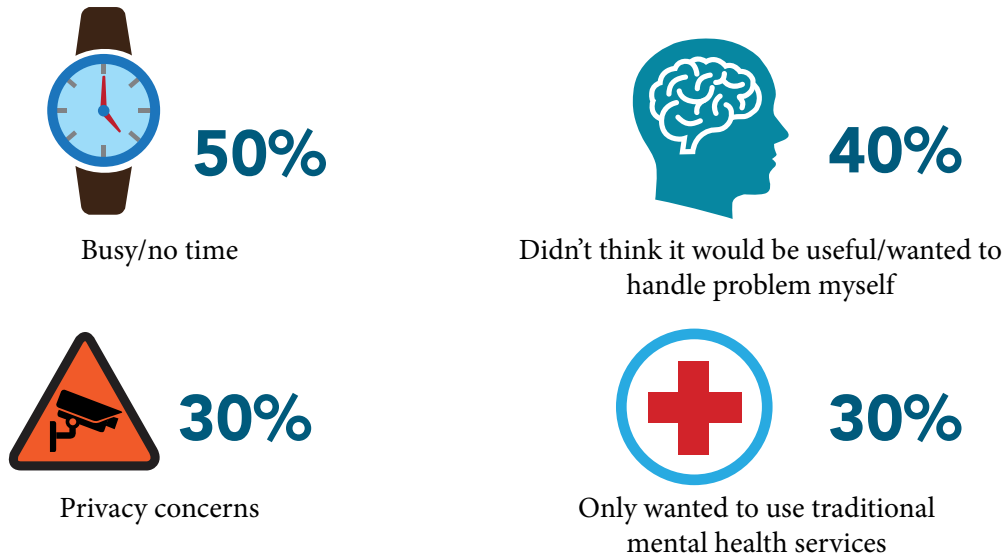
Figure 3.28. Adopters' experience with Mindstrong after 3 months of use (N = 39).

Statement	Disagree	Neither agree or disagree	Agree
Using Mindstrong makes me feel connected to other people		21%	79%
Using Mindstrong makes me feel better about taking care of my mental health		21%	77%
I would recommend Mindstrong to someone like myself	10%	13%	74%
Using Mindstrong has helped me get access to support sooner than I would have if I did not use it	10%	21%	67%
Mindstrong uses a language that is easy for me to understand	15%	21%	64%
I can get help from others when I have difficulties using Mindstrong	15%	21%	62%
I think Mindstrong is easy to use	15%	21%	62%
It is easy to fit Mindstrong into my everyday life and activities	13%	23%	62%
Mindstrong values and respects cultural differences	18%	21%	59%
I feel that as a result of my using Mindstrong, others know about me more than I am comfortable with	23%	18%	56%
Mindstrong meets my mental health needs	23%	21%	54%
Using Mindstrong has help me detect symptoms related to my mental health	23%	23%	51%
Using Mindstrong improves my mental health		51%	46%
Because I used Mindstrong, I am more likely to reach out for help	18%	33%	46%
I find Mindstrong useful in my daily life	5%	54%	38%
I have the resources necessary to use Mindstrong	36%	33%	28%

Reasons for Not Using Mindstrong

Ten respondents did not adopt Mindstrong. Half of these non-adopters (50%) were eligible for Mindstrong, but chose not to sign up for the program. The other half of non-adopters were eligible and had started the onboarding process to get enrolled in the program. However, they never downloaded the app on their phone.

Figure 3.29. Reasons for not adopting Mindstrong.

50%

Busy/no time

40%

Didn't think it would be useful/wanted to handle problem myself

30%

Privacy concerns

30%

Only wanted to use traditional mental health services

Four adopters (6%) indicated on the 3-month follow-up survey that they had stopped using Mindstrong, and that they did not intend to use it in the future. Reasons included that they thought Mindstrong wouldn't be useful (50%) and that they felt like they did not need Mindstrong (50%).

MINDSTRONG DATA EVALUATION

App use information collected by Mindstrong was analyzed (N=244).

12.7

App Interactions on Average[22]
(range 0-70)

CAT 1

Person had a CAT Outreach[23]

0.77

Biomarker App Interactions
on Average[24] (range 0-18)

10

People had an Outreach by
Mindstrong due to Biomarkers

RECOMMENDATIONS

- Common reasons for deciding not to use Mindstrong were that clients were busy and/or thought it would take up too much time. These reasons are important to consider when offering digital tools: it may be useful to communicate the time commitment involved, and think through ways to make it easier to integrate mental health support in people's daily lives. In addition, multiple adopters indicated on the follow-up survey that they do not have the resources necessary to use Mindstrong. It is important to consider whether additional support may be needed for clients to continue to use Mindstrong.

- It is recommended that the local health care agency regularly communicate updates about the Mindstrong implementation to all providers and staff. This can be done through periodic updates on the Mindstrong implementation via staff meetings, dissemination of information material about Mindstrong that has been adapted for appropriate groups (i.e., residents, patients, supervising staff, etc.), and/or wider dissemination of Help@Hand evaluation reports to others within the local health care provider.

- It is recommended that efforts be made to improve care coordination between the local health care provider and Mindstrong, to ensure that patients are being connected to care in a timely matter (e.g., resolving barriers, such as providing updated call back numbers to the patients) and that the patients are receiving adequate therapy from Mindstrong therapists.

[22] App Interactions refer to any time a user interacts with the app (e.g., through tapping, scrolling, clicking, or swiping).

[23] CAT refers to Orange County Health Care Agency's Crisis Assessment Team, a clinician or team of clinicians who are trained to respond to behavioral health crises with Orange County residents.

[24] Biomarkers are objective, quantifiable physiological and behavioral data that are collected and measured by means of smartphone interactions (e.g., number of clicks). Biomarker App Interactions refer to any time a user interacts with this data within the app.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: ORANGE COUNTY

Learnings from Orange County's needs assessment and Mindstrong implementation include:

- **Development of communication processes.** Development and continuous reassessment of communication processes between organizations involved (e.g., county, vendor, community partners) are needed to avoid miscommunication and potential impact on the consumer experience.

- **Consideration for potential partners' internal timeline and requirements.** Product expansion efforts and target timelines could be impacted or delayed by the internal timelines and requirements of the potential partners (e.g., Community Colleges).

- **Developing a digital consenting process takes time.** Digitizing the consent process would allow consumers to provide consent on their own time and can reduce the wait time for consumers to enroll in the program. Development of a digital consent process requires thorough testing and updates to internal processes before launching with consumers.

- **Ongoing support for referring providers.** Refresher trainings and additional materials (e.g., flyers) can help remind referring providers of the program and eligibility criteria.

- **Understanding of product and consumer engagement.** Vendors are continuously updating products. It is important to have a shared understanding of how the product evolves over time and terms that vendors use to describe consumer engagement.

- **Factors that influence adoption of digital health interventions.** Common reasons for deciding not to use Mindstrong were that clients were busy and/or thought it would take up too much time. These reasons are important to consider when offering digital tools: it may be useful to communicate the time commitment involved and think through ways to make it easier to integrate mental health support in people's daily lives.

- **Providers' Impressions of Mindstrong.** Providers had a positive impression of Mindstrong, especially given the potential for technology-delivered care during the COVID-19 pandemic. Providers had positive impressions of Mindstrong regarding the appropriateness, practicality, and usability within Orange County.

- **Needs assessment planning.** A needs assessment can reveal barriers that clients face when using telehealth services. A survey distribution plan should consider the varying levels of digital literacy among clients to determine the appropriate delivery method (e.g., paper, online, or phone survey).

RIVERSIDE COUNTY

This year Riverside University Health System - Behavioral Health (RUHS-BH) Help@Hand worked on the deployment of kiosk technology and a Needs Assessment Survey for their Deaf and Hard of Hearing (DHoH) Community. The county also planned and launched a pilot for A4i with some of their consumers, while continuing to implement TakemyHand™ Live Peer Chat and expand it to other counties/cities. RUHS - BH Help@Hand plans to continue internal conversations about piloting Bambu and myStrength applications, as well as several other projects focused on eating disorder recovery, digital literacy, mental health support for men, Whole Person Health Score (WPHS), and the second phase of kiosk installations.

DHoH NEEDS ASSESSMENT SURVEY

In 2020, RUHS- BH Help@Hand began to adapt a Digital Mental Health Literacy (DMHL) video series for the Deaf and Hard of Hearing Community. Sorenson Communications, a company specialized in Deaf-communication products was contracted to update the DMHL video series and completed the videos in March 2021. The DMHL video series was uploaded to Vimeo and is currently available on Riverside's Help@Hand landing page. DMHL videos in American Sign Language (ASL) cover a variety of important digital literacy topics including Safer Website Browsing, Identifying Phishing Emails, Using Public Wi-Fi, and Managing Passwords.

RUHS- BH Help@Hand also partnered with the Center on Deafness Inland Empire (CODIE) and the Help@Hand Evaluation team to conduct a needs assessment survey of the Deaf and Hard of Hearing Community in Fall 2020. The needs assessment survey aims to learn about the population and how to meet their needs. Eleven community advocates who identified as members of the Deaf and Hard of Hearing Community and were members of CODIE were invited to participate in a focus group and survey in September 2020.

Due to the small sample of the focus group and survey, RUHS- BH expanded the needs assessment survey to the larger Riverside Deaf and Hard of Hearing Community. RUHS- BH Help@Hand worked with the Help@Hand Evaluation team to create the expanded needs assessment. Sorenson Communications, the same company that updated the DMHL video series was contracted to create one video for each question in the DHoH Needs Assessment Survey. The needs assessment includes 9 videos that will be desktop and mobile compatible.   In addition, contracts with Qualtrics, RedPepper and TangoCard were established to meet the goals of securely developing and building the survey with TangoCard system integration to automatically send e-card incentive to survey participants. Consultation with Qualtrics and Red Pepper took place to learn about established best practices about fraud detection.

Future Directions

The needs assessment survey is expected to launch in 2022. CODIE has a list of survey recipients ready for when the needs assessment is ready to be shared with the broader community. Needs assessment survey participants will be compensated by RUHS –BH Help@Hand for their participation. The plan for the first phase of the survey is to open the survey for a period of three-months with a maximum of 100 participants. Special marketing for this survey and a second implementation phase may be needed at a future time.

Other cities/counties have expressed interest in using an adapted version of the Deaf and Hard of Hearing needs assessment survey with their respective communities.

A4I PILOT

Pilot Planning

In 2020, RUHS - BH Help@Hand decided to pilot A4i, a platform supporting the schizophrenia and psychosis recovery process, in three clinics.

Testing A4i

The RUSH BH Help@Hand Team recommended several customizations, which included removing ads from the introduction, incorporating EHR medical record number (MR#), demographic data elements at app enrollment and changing labels of app features such as, "Notes to my Doctor" to "Notes to my Care Team," and in the sound detector feature; "Incorrect Detection" to "There is Sound in the Environment". Customizations requested aimed for a recovery language approach, ease of use, improved data collection and analysis, and for an enhanced tracking, monitoring and search capabilities within the clinician A4i dashboard. A4i approved these customizations and worked to incorporate them.

Planning Pilot Workflow and Staff Engagement

RUSH BH Help@Hand plans to have interested clinicians self-select into the pilot. Clinicians will refer A4i to eligible consumers in various clinic sites, including Full-Service Partnership (FSP), an intensive program offering mental health and support services for those experiencing and/or at-risk for institutionalization, homelessness, incarceration, or psychiatric in-patient services. The Riverside Help@Hand Peer team support and assist A4i pilot participants in the enrollment and training process. The Peer team also assists with Care Team member participants and supports the local evaluation unit with the scheduling of participants evaluation measures interviews.

RUSH BH Help@Hand provided A4i presentations to gather clinician buy-in and recruit staff. The county also developed infographics (to convey materials at-a-glance), informed consent form, Care Team Participant agreement, and in partnership with the vendor, completed the training materials and the evaluation plan. The Peer team completed a comprehensive A4i Product Overview and Consumer User Guide, which along with other training documents, form part of the A4i Welcome Intake Kit package.   To assure access to A4i, all pilot participants received an Android phone device. The phones are pre-programmed with A4i and other selected apps. RUHS –BH Help@Hand contracted Jaguar Computer Systems to configure phone devices in kiosk mode with security features and participants are not able to add any other applications to their phone. These configuration measures ensure the ability to provide a uniform technical support approach on the provided phone device and allow remote access to push application updates as needed.   The RUHS- BH Help@Hand Peer team worked diligently to test apps and select a meaningful list of free wellness apps that were ultimately pre-loaded in the phone devices. The pre-loaded apps are: Peggle Blast, PTSD Coach, PuraMente, WYSA, WYSA Sleep, Mindshift, Field Guide to Life, MYHP –IntelliChartPatient Portal, IEHP Smart Care, A4i, Bambu, Recovery Record, Dbt911, Intellect, Yana: Tu acompañante emocional, Headspace, eMoods, MS Teams, CalmHarm, and Happy Color. The Peer team also created a Quick Guide on these pre-loaded apps, such Apps Quick Guide is also part of the A4i Welcome Intake Kit. The Peer team also assist in the coordination of technology assessment surveys, pilot enrollment appointments, delivery of phone devices and coordination incentive distribution.

In Quarter 4, Help@Hand Riverside launched their A4i pilot at one clinic. Clinic staff have been trained and onboarded and have begun enrolling eligible clients with 17 active participants currently enrolled. Also, Help@Hand Riverside partnered with Dreamsyte to create an A4i animated video. The video was shared in one of the RUHS – BH Management and Administrators meetings and was also sent via email to clinic supervisors to inform them about A4i and to motivate more clinic staff to participate in the pilot. The A4i animated video was also posted in the A4i app for client participants to see in the Newsfeed. The URL link to the video is: https://vimeo.com/661305786/80d5eced74

EQUITABLE DEVICE DISTRIBUTION
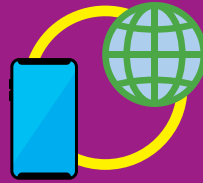
Riverside County's Equitable Device Distribution

To promote the use of technology to connect and engage individuals with the use of wellness tools and digital resources in Riverside County, kiosks and smartphones were distributed across the three geographic county regions. In Quarter 4, 32 Americans with Disabilities Act (ADA) compliant iPad Pro kiosks and seven large 55" Peerless Kiosks were deployed in open to public outpatient clinic facilities (Desert: 11, Mid-County: 11, Western: 17). Additionally, in partnership with a local technology unit, a Kiosk Map locator was developed using ESRI online GIS mapping tools and was promoted during a variety of stakeholder presentations. The Kiosk Map Locator assist community members in locating their nearest kiosk location (https://arcg.is/0qnOuj).

Eligibility for the mobile devices is based on the qualifying criteria to participate in the A4i Pilot (e.g., active department clients at a pilot study site with a schizophrenia spectrum or psychosis diagnosis). Help@Hand Riverside contracted with Verizon, G|M Business Interiors and Jaguar Computer Systems for the purchase, configuration and distribution of these kiosk and mobile phone technologies.

Riverside County will also work on the second phase of kiosk installations.

Evaluation Planning

RUHS –BH local evaluation will assess the consumer experience with A4i. BASIS24 licenses were purchased. The 24-item Behavior and Symptom Identification Scale tool is one of the outcome evaluation measures. Also, Otter ai transcription software licenses were purchased to assist the local evaluation team with the digital transcription of the A4i participant interview responses. Foremost to the evaluation are the questions about whether clients benefit from the app and whether the app helps clinicians.

The Help@Hand evaluation team will assess the provider and county experience with A4i. Deployment of staff surveys was scheduled to occur in early December 2021, but at the request of Riverside, has been delayed. Clinic staff will be surveyed in January 2022, will be interviewed several months later, and will be surveyed once more at the end of the pilot.

Future Directions

The A4i pilot is expected to run through mid-2022 and will be piloted at additional clinic sites in RUHS – Behavioral Health. Informed by pilot outcomes, RUHS – BH Help@Hand will then decide if and how to move forward with A4i.

TAKEMYHAND™ IMPLEMENTATION

This year Riverside County continued to implement TakemyHand™ within the county and look to expand it beyond the county. In December 2021, the California State Association of Counties (CSAC) honored Riverside County with a Challenge Award for Live Peer Chat work on TakemyHand™. The CSAC's annual statewide program honors innovations and best practices in county government. The spotlight on page 95 reports data shared by the county's local evaluation team.

Implementation within Riverside County

In April 2020, RUHS –BH Help@Hand developed and launched a peer-chat app called TakemyHand™. Peer Support Specialists operate chats and on-call clinicians are available to support individuals in crisis. In 2021, RUHS –BH Help@Hand expanded their TakemyHand™ services by initiating a new marketing campaign and expanding operations.

Marketing

RUHS –BH Help@Hand partnered with Dreamsyte, a firm that provides email marketing, social media, and online advertising. An ad campaign was created and included billboards, bus wraps, and bus shelters throughout the Riverside County. Dreamsyte also provided support with social media and local radio spot advertisements. TakemyHand™ was advertised on billboards countywide, as well as bus wraps and bus shelters in the cities of Blythe, Desert Hot Springs, Coachella, and Thermal. In mid-2021, updates on TakemyHand™ Live Peer Chat were presented and was well-received during a presentation at a Riverside Behavioral Health Commission meeting. Additionally, in partnership with RUHS-BS' local technology unit, a TakemyHand™ Marketing Story Map was developed using ESRI's StoryMap online tool. The story of the TakemyHand™ marketing and outreach efforts are visually displayed. Billboards, bus wraps, bus shelter images, google analytics reports, and radio audio and more are geographically displayed with this StoryMap tool: https://arcg.is/0OTuvL.

Enhancing Operations

Operations were expanded and staffing was bolstered to prepare for potential increases in chats. Specific improvements included:

- Extending program hours from 8am-5pm to 8am-10pm 7 days a week to support consumers later in the day. Operation hours have returned to 8am-5pm.

- Hiring Spanish-speaking Peers to better support Spanish-speaking consumers

- Configuration of chat language translator tool.

- Completed Quick User Guide for Peer Chat Operators on how to use the Chat translator feature.

- Establishing a training plan to certify Deaf and Hard of Hearing Peers as Peer Support Specialists to better support the needs of the Deaf and Hard of Hearing Community

- Offering clinical therapists training in TakemyHand™ and training additional clinical therapists.

- Developing a chatbot to support consumers during non-operating hours.

- Planning to make chatbot resources more robust to provide support for consumers during non-operating hours.

- Completed a Peer Operator participant agreement to empower Peers to shut down inappropriate conversations/chats.

- Added training for managing chats with minors

- Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TakemyHand™.

SPOTLIGHT
TakemyHand™ Riverside: (em)Powered by Peers
From URL to IRL

TakemyHand™ is a web-based live peer chat application developed and operated by Riverside County Behavioral Health. Residents of Riverside County and beyond can visit the site at www.TakeMyHand.co to "quickly reach a Peer with lived experience." Peers are people with "lived experience" who have been trained to support persons struggling with a variety of challenges, including mental health, trauma, or substance use. Though TakemyHand™ is a resource by and for residents of Riverside County, they often receive chat visitors from around the country and around the globe. The Help@Hand evaluation team sat down with four Peer Support Specialists from Riverside County to learn about the impact TakemyHand™ has had in their community and in their own lives.

Help@Hand Riverside Peer Support Specialist **Rhonda Taiwo** demonstrates the touch screen at the Rustin kiosk

URL stands for "Uniform Resource Locator." A URL is nothing more than the web address of a given unique resource on the Web. The people we serve are in a "URL" environment when they come to us. When we have a successful engagement with a person who might meet criteria for a behavioral health service, and we encourage them to participate in one of our service locations, or to a partner agency resource. We have moved them to an "IRL" (In Real Life) environment. One of our primary goals in the service we provide on the Peer Chat is to connect people with the help they need, take their virtual experience with us, and turn it into a real, long-lasting service that brings them closer to a life of whole health wellness and recovery.

As Operators, we need to appreciate and understand that many of the chats we have with community members are probably best extended to an IRL scenario. We are providing a person-centered service, that is predicated on the ideas that:

- *Recovery is a daily, ongoing process – that everyone is recovering from something*
- *Hope is what drives humans to move forward*
- *Humans have the ability to identify their own choices*
- *Empowered people, empower other people*
- *A person's ability to connect with their spirituality can be a game-changer for a person who has the desire to move forward in life*
- *An environment that fosters hope, encourages growth and sees a person's strengths can deeply affect their ability to progress*

Peer Story #1

"So I had a young woman close to my age. You know, it was a story that I could relate to… and when she [asked if] I experienced anything like that? I was able to say yes. She was dealing with a deeply abusive situation with her mother." The young woman had been sexually abused and her mother allowed it. The woman confided in Carmela, Peer Support Specialist, that, "she just can't take it anymore." Feeling confident in her lived experience and the training she received, Carmela kept the woman engaged in the chat for several hours, while validating her experience and the love the woman has for her children. The woman shared that, "she had never opened up with anyone about this before." Building trust is important, and Carmela was able to connect with this woman in need of support and was able to get her the resources she desperately needed. After several hours and a lot of empathetic listening, Carmela was able to help the woman get to a better place, filled with talk of hope, the future, and even some happy face emojis.

To Carmela's shock, the young woman said, "I feel so much better, thank you. I put the knife away." The young woman had not disclosed this information to Carmela before. Though clinical staff are ready to step in when needed, Riverside Peer Support Specialists are given the necessary tools to know how to handle stressful situations and mentions of suicide. Carmela shared, "You never know what you're walking through with someone in a chat." This conversation was particularly impactful to Carmela because she was able to relate so much with the young woman and was able to connect with her in a life-changing way while emphasizing the need to forgive for her sake and not that of the abusers. "[Forgiveness] doesn't get them off the hook... Sometimes it doesn't work out, like in the movies," but forgiveness can be healing, and combined with the right support, can help someone move forward with their lives.

– Carmela Gonzalez-Soto, *Behavioral Health Peer Support Specialist*

Creating awareness and reaching out to our community county-wide

Through traditional outdoor advertising, digital and social media marketing we're increasing awareness and interaction with our programs.

Peer Story #2

"There was a young lady that came into the chat and it was a success for me because I went through [similar] things in my teenage years and through my adult years. The whole idea of being a peer support is so that I can help others transition, while managing my life in a way that is being a productive member of society." The young lady shared that she was very sad and that she had just broken up with her boyfriend. Rhonda, Peer Support Specialist, created a safe space for the young lady to process and share personal information about her own diagnosis, which hit very close to home for Rhonda because she was able to see her own life experience reflected in this young woman's story. "It almost felt spiritual… it was like symphony between her and I… it was really a connection to be able to support her, walk side-by-side with her with these challenges and to not give her the solution, but to say hey, I've been there and to validate her experience." Rhonda noted that because of various mental health diagnoses, sometimes the little voice in our head tells us that we're nothing, we're never going to be anything.

Rhonda was able to provide words of strength to this young lady, in a way that felt deeply connecting and mutually beneficial. "This was why I started working [on TakemyHand™ and Help@Hand] so that I could be of help to other people that have suffered from mental health challenges like myself." For Rhonda, working as a Peer Support Specialist has given her the power to, "not allow my past to dictate my future. I am able to use my story and show others that they can make it too." She moves on to mention how technology has changed the ways in which people can find and seek connections in online spaces and highlights the importance of tech innovation resources such as TakemyHand™. Rhonda sees the immense value in being able to form connections with people in the community who may otherwise be fearful of technology.

– Rhonda Taiwo, *Behavioral Health Peer Support Specialist*

"I had a mother that came into the chat and was asking for support for their pre-adolescent child and wanting to get an emergency team out to the house to evaluate her because she was having some pretty scary issues going on and the mom didn't know how to get this child help in the best and safest way." Because Melissa, Senior Peer Support Specialist, has been with the county for four years and worked on the Mobile Crisis Team, she was able to, "talk [the mother] through the entire process, explain everything, and give her all the resources and phone numbers that she would need." Melissa took the time to build trust and reassured the mother that, "even though it is scary and stressful, there is support there." The mother, in turn, expressed appreciation and gratitude toward Melissa for helping her navigate the entire process and for all the resources she was given. The Peers shared how the anonymity of the chat is a positive feature that allows some people to reach out for help when they wouldn't have otherwise done so in person, or even over the phone.

– Melissa Vazquez, *Behavioral Health Senior Peer Support Specialist*

Riverside TakemyHand™ team at West Valley High School's Annual Mental Health Awareness Day

TakemyHand™ Peer Chat visitors remain anonymous and often chat with whomever Peer operator is available, but there is one youth who would often ask for Dylan specifically. "I am transgender and this youth is also transgender. We have steered him toward a group that works with LGBT youth. I really pushed him to go, like I said, they do game night. And they have group every Wednesday." Dylan, Senior Peer Support Specialist, highlighted that, "it's important for young LGBT people to know that there are others like them in the community." Informed by his lived experience, Dylan was able to help this young man get connected with an LGBTQ-focused organization. "He turned 13 while we were chatting, so the next day, I wished him a happy birthday. We don't normally engage with people that young BUT we feel it is important to support LGBT youth as we might be the only person they can speak with. They need to know that they have someone they can talk to. I'm confident of all our staff that they're all very supportive. So regardless of who they get [in the chat], they're going to feel supported. Dylan noted that he wasn't the only one to chat with this youth: "I know that they've answered calls. And they're all great allies… I'm very confident that we have good people. They're all very respectful and they're all very supportive, so I'm grateful to have such a good team that I get to work with."

– Dylan Colt, *Behavioral Health Senior Peer Support Specialist*

Peer Operator Training and the "Scary S Word"

Riverside County TakemyHand™ peers undergo comprehensive onboarding training. As different situations arise in chats, the peer team discusses the event and involves the clinical team and supervisors for support, as needed. If a major decision or change is made to their protocol, the TakemyHand™ policy and procedures training manual is updated. Internal conversations and brainstorming have given Peers an opportunity to deepen their knowledge while strengthening their skills and ability to provide TakemyHand™ chat visitors with the support they seek.

Peer Operators receive extensive training on how to navigate chats in which the chat visitor mentions an intention to harm themselves or a desire to no longer live. Melissa, Senior Peer Specialist, explains, "in the beginning, we had Peers that, if someone came on [the chat] and said they were suicidal and didn't want to be here, they were like… 'oh my God, they said the scary S word' and were transferring them to the clinical therapist right away, when it really didn't need to go to that level." Melissa added that with time and experience, Riverside peers have obtained the necessary training and support from the clinical staff to navigate these challenging situations. Rhonda added that, "everyone that says the word suicide does not mean they have an active plan, a gun, and that it's going to happen in the next 5 seconds; it means that the feelings are stronger than I am right now, please help me walk through this." Rhonda notes that this moment was immensely empowering for her as a peer because she learned to identify the flags, not panic, and learned to calmly help the chat visitor find the hope and resources they need. Carmela elaborated, "I want to say I feel so very fortunate for the clinical therapist we had because I think she supported us more often in a chat, within a chat than us having to transfer the chat to her. And it was such amazing learning moments for us [as Peers]."

TakemyHand™ bus stop ad in Spanish. Translation, "Chat with a peer who really cares about you."

Impact and Reach of TakemyHand™

We ended our conversation talking about how innovations such as TakemyHand™ are now a necessity, not a fad. The COVID-19 pandemic has created a mental health crisis, coupled with the need to physically distance for safety reasons, due to hospitalization, or because of living in a geographically isolated location. Along with a myriad of other stressors, the pandemic has left some people isolated and in need of mental health support. TakemyHand™ is a prime example of how technology can be used to connect people to the support and resources they need.

Launched in early 2020, TakemyHand™ Peer Operators are available Monday through Friday, from 8 am to 5 pm. During off-hours, chat visitors will get a chatbot. Riverside County plans to provide coping skills and other resources via the TakemyHand™ chatbot in the near future. Additionally, in collaboration with the Center on Deafness Inland Empire (CODIE), Riverside County plans to launch video-chatting capabilities to the TakemyHand™ site so that the Deaf and Hard of Hearing community will have access to this resource in American Sign Language (ASL) with a Certified Deaf and Hard of Hearing (DHoH) Peer Support Operator.

The following data infographic was prepared by Riverside University Health System-Behavioral Health Evaluation & Technology.

For the Statewide Help@Hand Collaborative, Riverside County developed TakemyHand™ Live Peer Chat, a live virtual chat interface that utilizes the practice of mutual peer-to-peer supportive relationships that are welcoming and inclusive, to engage community members in real time conversations about wellness, building resiliency when life is difficult, and exploring the recovery process for those who may struggle with emotional difficulties and/or substance use challenges. Visit TakemyHand.co to begin chatting.

help @ hand™
CONNECTING PEOPLE WITH CARE
RIVERSIDE

Take my Hand
Live Peer Chat

TakemyHand™ Reporting Phase:
April 17, 2020 to November 30, 2021

The TakemyHand™ Live Peer Chat application entered a public testing phase beginning April 17th, 2020 as a rapid deployment in response to the pandemic national health crisis and was made available 24/7. The chat is now M-F from 8am-5pm with 2-3 trained peers and an additional clinician for crisis support. Overall there are 11 rotating trained peers and the live chat continues to offer information assistance by having two cyber bots for after hours.

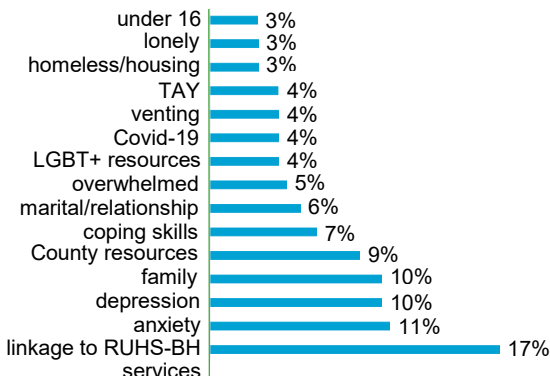| 874	651	10	19 min.	85%
Total chats	First time visitors	Crisis transfers	Average chat duration	Found chat helpful

Chat Frequency per Month (n=874)

Early implementation in response to pandemic national health crisis

Help@Hand Riverside partnered with Dreamsyte to initiate an advertising and marketing campaign for TakemyHand™

69, 52, 16, 31, 14, 25, 8, 8, 17, 13, 15, 7, 11, 40, 41, 137, 94, 82, 82, 112

APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV
2020   2021

Chats Initiated by Time of Day

- after hours 12 am - 8 am: 5%
- business hours 8 am - 1 pm: 38%
- business hours 1 pm - 5 pm: 36%
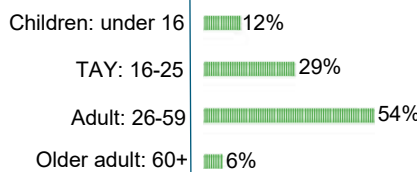- after hours 5 pm - 12 am: 21%
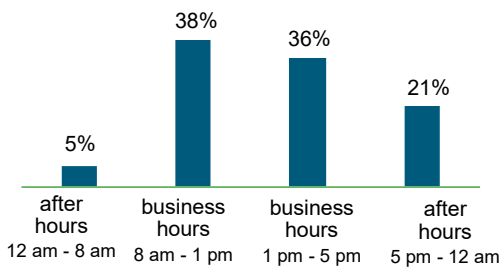
Summary:
Summary: TakemyHand™ has now been live for 19 months and has had a total of 874 chats with 74% of those chats coming from first-time visitors. Approximately 10 chats were tagged and transferred to Crisis Intervention where a clinician continued services. In general, chats occurred between 8am and 1pm with an average duration of 19 minutes per chat. Peers are predominantly linking Riverside County residents with internal behavioral health services; and assisting with anxiety and depression. Once each chat ends, the participant is asked to complete a satisfaction survey along with an optional demographic questionnaire. From voluntary demographic responses, about half of those participating in chats have been adults 26-59 years of age, majority being females and most-often identified as Hispanic/Latinx.
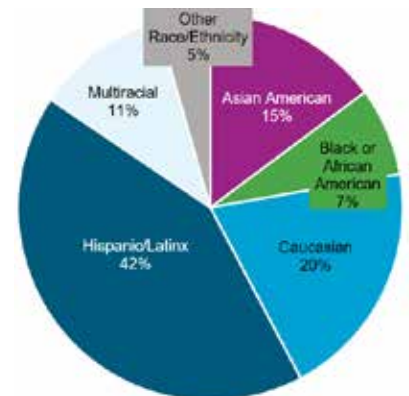
Top 15 Peer-Identified Tags

- under 16: 3%
- lonely: 3%
- homeless/housing: 3%
- TAY: 4%
- venting: 4%
- Covid-19: 4%
- LGBT+ resources: 4%
- overwhelmed: 5%
- marital/relationship: 6%
- coping skills: 7%
- County resources: 9%
- family: 10%
- depression: 10%
- anxiety: 11%
- linkage to RUHS-BH services: 17%

Age Distribution (n=633)

- Children: under 16: 12%
- TAY: 16-25: 29%
- Adult: 26-59: 54%
- Older adult: 60+: 6%

Gender (n=156)

- 60% Female
- 3% Transgender
- 22% Male
- 15% Non-Binary

Race/Ethnicity (n=135)

- Other Race/Ethnicity: 5%
- Multiracial: 11%
- Asian American: 15%
- Black or African American: 7%
- Caucasian: 20%
- Hispanic/Latinx: 42%

TakemyHand™ Website: The live peer chat website not only provides a safe and anonymous space for community members to receive mental wellness support and resources, it also breaks down stigma around mental health. The website features Veterans, LGBTQ+, People of Color, and our Older population to encourage anyone and everyone to engage with the anonymous chat. The website is also published in Spanish, offering Spanish speaking peers.

59,418 Website Visits

14,988 Unique Visitors

Click on icon for the TakemyHand™ StoryMap

TakemyHand™ Testimonies

"extremely helpful and helped turn my mood around. I really appreciate her." -Anonymous

"so uplifting" -Anonymous

"easy to talk to and she really pay attention to every expression, like it really shows she cares" -Anonymous

"he's nice and he understands how I feel"-Anonymous

TakemyHand™ Website: Unique Visitors vs. Visits (April 1, 2020 to November 30, 2021)

Data labels on bars: APR 1,811; JUN 687; AUG 665; OCT 553; DEC 573; FEB 576; APR 712; JUN 721; AUG 668; OCT 734

Legend: Unique visitors — Number of visits

Y-axis: 0, 1,000, 2,000, 3,000, 4,000, 5,000, 6,000
X-axis: APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV
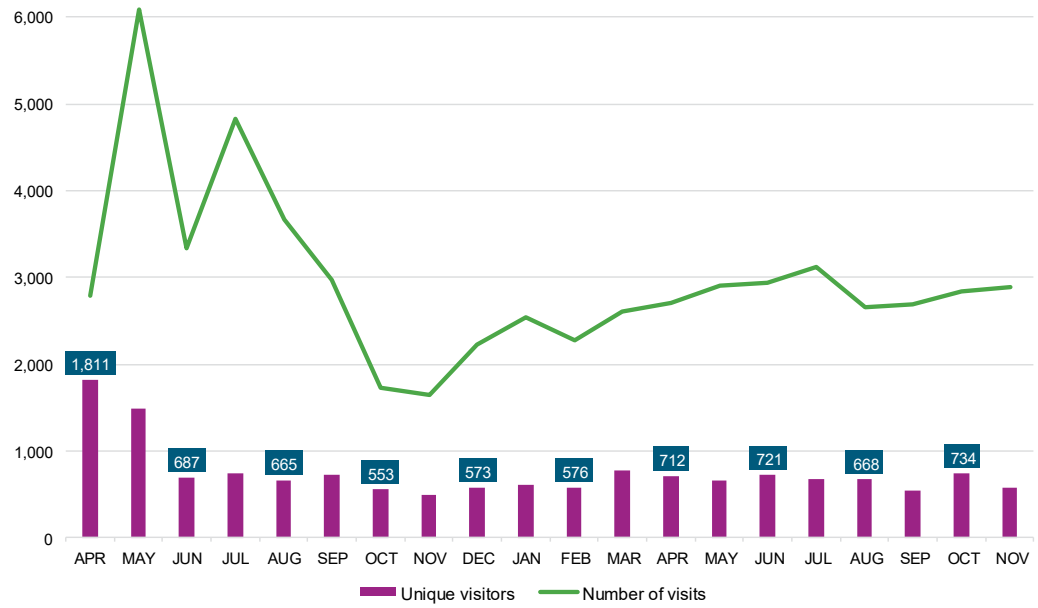
Outreach Efforts: To inform the community, a wide advertising and marketing campaign was put in place. The billboards target commuters on popular highways and streets; there are both English and Spanish billboards to serve more residents and visitors. The bus wraps and bus shelters have been outfitted to provide an outreach channel for people using public transit in more rural areas. The large and small Kiosks offer "Help@Hand" resources all through Riverside County. The Google Ads help reach users searching online and the radio adverting is also being utilized for rural areas, such as Anza.

Marketing Efforts throughout Riverside County

Large Kiosks (n=8)

Small Kiosks (n=34)

Bus Wraps (n=4)

Bus Shelters (n=3)

Billboards (n=7)

Radio Ad (n=1)

Online Ad Impressions (size relative to volume)

Rural Areas (n=13 target areas)

Created by: Riverside University Health System-Behavioral Health Evaluation & Technology
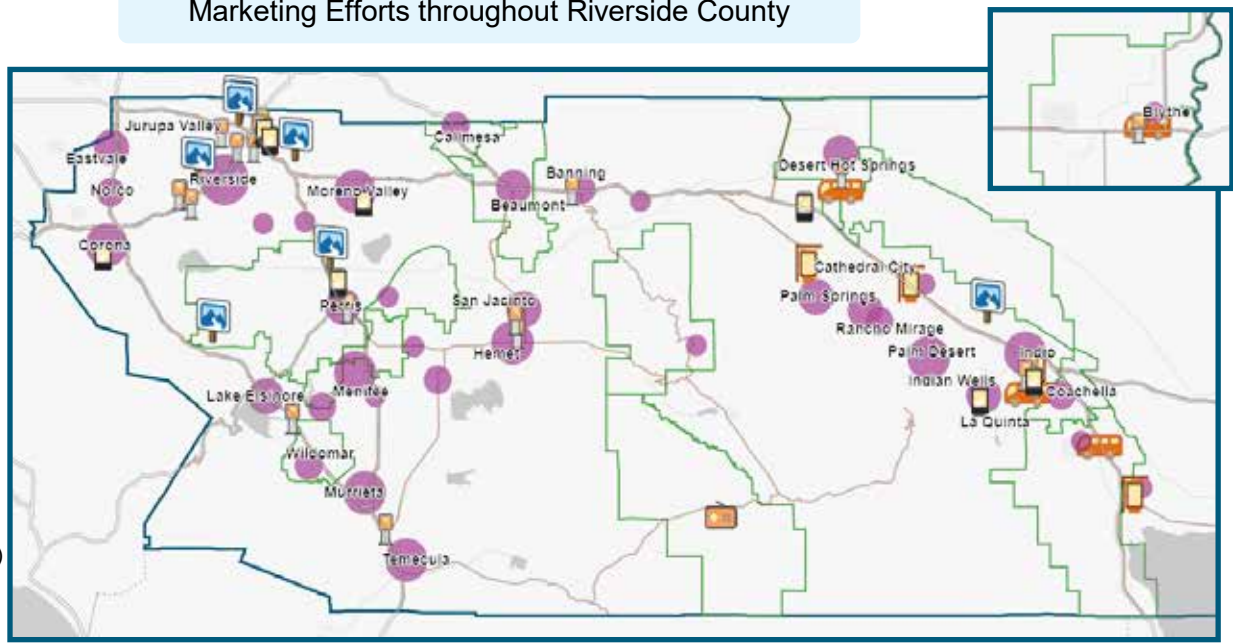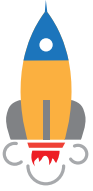
Expansion Beyond Riverside County

This period RUHS – BH Help@Hand also looked to expand TakemyHand™ to other counties/cities. This involved development of a TakemyHand™ content management system (CMS) for ease of use in managing website content, planning to create a TakemyHand™ mobile app, partnering with San Francisco County to plan a TakemyHand™ pilot in their county, and working to add TakemyHand™ as a portfolio app that other Help@Hand counties/cities may use.

App Production

In February 2021, RUHS - BH Help@Hand began exploring how to make TakemyHand™ an app available on Android and Apple devices. TakemyHand™ app production became a priority in April 2021. Riverside examined associated costs and decided to move forward with app production. Creation of the app began in Quarter 2 and is ongoing.

San Francisco Pilot Planning

In January 2021, San Francisco County decided to pilot TakemyHand™ in their county. Conversations between Riverside and San Francisco Counties are ongoing. San Francisco has completed the required change management documentation, confirmed pre/post-chat survey questions with the Help@Hand evaluation team, completed evaluation questions for Peer Chat operators, and have confirmed the number of seats and agents needed for the LiveChat contract. The target audiences will be Transition-Aged Youth (TAY) and trans-identified community members. There is currently no set launch date for TakemyHand™ in San Francisco.

Portfolio Planning

Portfolio apps can be used by any county/city without restriction as part of the Help@Hand program. In January 2021, RUHS - BH Help@Hand presented TakemyHand™ during a Help@Hand Tech Lead Call. In addition, RUHS - BH Help@Hand created a 30-minute presentation for Help@Hand leadership to seek approval for TakemyHand™ to become a portfolio app.

The Help@Hand leadership is revisiting the steps needed to become a portfolio app. As such, RUHS –BH Help@Hand may also need to create a written summary of their work for Help@Hand leadership to review as part of the process of approving technologies as portfolio apps. The summary may include a description of the implementation process and overall outcomes of implementation to date; any evaluation materials; plans to implement the product on a larger scale; and learnings from pilot/initial implementations that can help other Help@Hand counties/cities with their implementations.

Future Directions

TakemyHand™ will continue to be available and marketed to the Riverside Community. In addition to Peer Operators, Family Peer Operators will be available to help provide support to family members seeking support for their loved ones living with a mental health challenge. RUHS –BH Help@Hand will continue updating the Peer Operator Manual, as well as training Peer Operators and staff as needed.

In collaboration with CODIE, RUHS - BH Help@Hand has plans to expand TakemyHand™ to be an accessible and supportive resource for the Deaf and Hard of Hearing Community. Plans are still in the works to include a video-chatting expansion of TakemyHand™.

San Francisco County has expressed continued interest in making TakemyHand™ available in their county. Implementation collaboration meetings between San Francisco County and RUHS –BH Help@Hand will continue. There is currently not a launch date for TakemyHand™ in San Francisco.

Additionally, RUHS - BH Help@Hand will continue efforts to make TakemyHand™ Help@Hand portfolio app, available to any county/city that forms part of the Help@Hand project.

EXPLORING OTHER TECHNOLOGIES

In 2020, RUHS – BH Help@Hand began to explore myStrength as another technology to offer their community. RUHS - BH Help@Hand staff continued to explore and test myStrength in early 2021. In April 2021, RUHS – BH Help@Hand decided to pause their exploration of myStrength due to time constraints.

RUHS – BH Help@Hand explored Bambu as well as several other projects focused on eating disorder recovery, digital literacy, mental health support for men, and Whole Person Health Score (WPHS).

Future Directions

myStrength exploration is still paused. RUHS – BH Help@Hand will continue internal conversations to plan their next move with myStrength and the other technologies under consideration.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: RIVERSIDE COUNTY

Learnings from RUHS - BH Help@Hand's various efforts include:

- **More time is needed when implementing multiple projects.** It takes a substantial amount of time and effort to move forward with implementing multiple concurrent technology projects, and to make progress with moving from the planning phase to Go-Live status.

- **Communication and buy-in is critical.** Synchronizing feedback from the various entities and stakeholders takes time and requires regular meetings to go from a disconnected silo implementation approach to an engaged collective approach. Regular communication, education and awareness processes are critical prior to being able to obtain the 'buy-in' of all entities and stakeholders involved.

- **Coordinating vendor timelines will help with project flow.** Synchronization of completion of work among vendors is important to help move the project along.

- **Installing kiosks is associated with various barriers.** Kiosk installation is cumbersome for programs in leased buildings/spaces. Longer lead-time is required to get all parties (program administration, supervisor, leasing agent and building owner) on the same page to approve and schedule installation. Riverside also found it best for kiosks key to be managed by the IT contractor and the Help@Hand Administration team to ensure proper maintenance and kiosk availability. It is instrumental to secure a partnership with an experienced IT agency.

- **Authorization and approval processes.** Riverside learned that in order to produce and distribute written materials quickly, it is best to use the Help@Hand and TakeMyHand™ logos, rather than the RUHS-BH county logo, to avoid the lengthy approval process.

- **Hands on learning is best.** Teaching people by demonstrating and allowing them to get their hands-on keyboard/device to maneuver around the digital environment is superior to any articulate training we can create which tries to mimic the interactions.

- **Communicating with CalMHSA and vendor about expenses and approvals.** Riverside team needs to stay in consistent communication with vendors and CalMHSA regarding expenses and approvals of activities on each contract to avoid budgeting issues and overpaying of vendors.

- **Stakeholders are interested in how dollars are being spent.** Budget information should be included in stakeholder presentations.

- **Listen and center the voices of Peers.** Riverside has consistently centered the voices of Peers in the work they do. TakeMyHand™ Peer Operators are a prime example of how sharing lived experience and resources with community members can be a healing and rewarding exchange. For more about TakeMyHand™ Peer Operators, see spotlight on page 95.

- **Participation of clinical staff for the A4i pilot has been challenging.** Clinic staff are reluctant to join, stating they "don't have enough time."

- **Need to specify client criteria.** A4i candidates needed to meet the criteria of experiencing symptoms of psychosis, while having the ability to adequately maintain device and connection to clinic.

- **Holding consumer trainings works best when they already have the device in-hand.**

- **Due to a long period of storage, the initial distributed devices required ongoing operating system updates** which caused an elevated level of anxiety among some A4i participants. As a result, the devices are being updated prior to distribution.

- **Riverside County attempted to get training materials completed in a timely manner,** but were held up by A4i software developments, as they often changed the appearance of graphics and new screenshots were required.

- **Include Peer input when adapting consent language.** Not all participants describe themselves as "people with schizophrenia." Some prefer instead "having a diagnosis of Schizo-Spectrum." Based on Peer input, consenting language was changed to "participants who meet criteria."

- **In order to lessen the clinic care team workload, risk notifications will go to the clinic care team members and pending feed notifications will go to the Help@Hand Peer team.** A4i updated settings so only Peers receive email notifications that there are pending posts on the feed that need to be review and approved. However, risk factors (mood/sleep trends, etc.) will be sent via email to the clinic care team.

- **A4i customized the app** as to allow the pilot participant to change the sensitivity of the sound detector microphone. Regional Help@Hand Peers created a training on the new feature of changing the sound detector sensitivity.

- **Riverside County learned the need to advise the care teams to not turn notifications off and developed language around coaching them around consumer resistance.**

- **Marketing matters.** Contracting with a marketing vendor that is easy to work an adaptable is a great way to let your respective communities about your local innovation programs. For example, Riverside has found that Dreamsyte is easy to work with, is able to adapt materials by taking into consideration their suggestions and is able to comprehend and convey Help@Hand Riverside's vision.

SAN FRANCISCO COUNTY

In Year 3, San Francisco County planned a pilot of TakemyHand™ with their TAY and Trans-Identified Community Members. San Francisco County launched Headspace for its residents in March 2021, but paused the implementation in June 2021.

TAKEMYHAND™ PILOT

Technology Selection

At the beginning of 2021, San Francisco County selected to pilot TakemyHand™. TakemyHand™ was selected because their behavioral health consumers expressed an interest for an anonymous chat to support and overcome feelings of social isolation. The TakemyHand™ pilot would be an extension of the California Peer-Run Warmline model, which is run by the Mental Health Association of San Francisco (MHASF). The California Peer-Run Warmline is a 24/7 call and chat service for any resident of California that is seeking resources and emotional support.

Pilot Planning

San Francisco County planned a 6-month pilot with a focus on Transitional Aged Youth (TAY; those aged 16-26 years) and Trans-Identified Community Members. The pilot would have the following timeline:

Ramp Up (1 month) → Pilot (4 months) → Pilot Ramp Down (1 month)
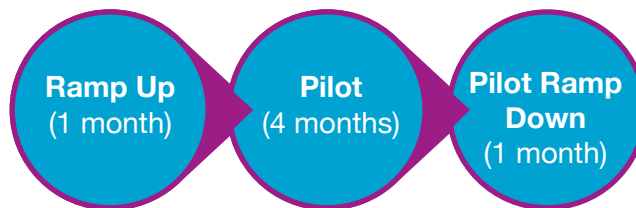
San Francisco County and MHASF worked with Riverside County, the developer of TakemyHand™, to finalize the contract and logistics. Logistics included:

- Procedure Development: San Francisco County and MHASF is working with Riverside County to receive access to the live chat feature. Once access is received, they will begin to develop ongoing program procedures.

- Staffing and training for Peer Operators to answer chats on the platform: San Francisco County will work with the California Peer-Run Warmline to answer chats on the platform. By the end of 2021, two MHASF staff were confirmed as Peer Chat Operators. Already trained in providing Peer support, the Peers on the existing warmline would need training on the TakemyHand™ system. The California Peer-Run Warmline assistant manager is the project manager for San Francisco County's TakemyHand™ pilot and all of the San Francisco TakemyHand™ staff have completed the California Peer-Run Warmline training. MHASF modified the peer operating training to include the California Peer-Run Warmline classroom training.

- Hosting and designing the TakemyHand™ website: The MHASF shared that progress continues on the website and the designs have been finalized. They continue to update website mock-ups to comply with Riverside TakemyHand™ brand standards. MHASF has completed a draft of the "Adapt Terms of Service and Reference" webpages for San Francisco County. Currently, MHASF Is working with Riverside County to complete work on the website by Spring 2022.

Evaluation Planning

Similar to the evaluation of Riverside County's TakemyHand™ implementation in 2020, the evaluation will consist of within-app data (e.g., data from the TakemyHand™ platform), two short anonymous surveys at the beginning and end of the chat, and interviews with the Peer Operators. The pre/post survey is being translated into Spanish. San Francisco County will have their own dashboard that will show metrics with the county's metrics, including daily visitors and chats completed.

Future Directions

San Francisco County will continue to address contract modification and subcontract agreement delays. The county hopes to launch their pilot in 2022.

HEADSPACE IMPLEMENTATION

Technology Selection

At the beginning of 2021, San Francisco County selected Headspace to implement and rapidly support community members across the county during COVID-19. Other Help@Hand counties/cities selected Headspace for similar reasons.

Implementation Launch and Pause

San Francisco County worked with Headspace to finalize a contract and workflow. San Francisco County purchased 10,000 Headspace licenses for one year. In March 2021, San Francisco County began offering Headspace throughout the county.

Outreach and Marketing

Prior to their launch, San Francisco County hired a Tech Coordinator, presented at various community events, and connected with many local systems to support the Headspace implementation. The county's Headspace landing page was embedded in the presentation to help the community easily enroll in the program. Materials provided by Headspace were also used for in-person outreach.

Headspace had a soft launch in March 2021 and hired an outreach coordinator to support the Headspace implementation. Almost 90 community members (n=87) enrolled after one month of the soft launch.

In Spring 2021, San Francisco County hired Odyssey, a third-party media marketing agency, to lead the marketing and outreach plan. The plan included community presentations, radio, and social media advertising. In May 2021, the radio campaign went live in followed by the social media campaign. As of June 2021, presentations had been made at over 15 community events. By the end of June 2021, 65,000 radio impressions and 25,000 Facebook advertisements had been made. Enrollment rates rose from approximately 200 in May 2021 to over 500 in June 2021.

Pause

In June 2021, San Francisco County's Headspace implementation was paused due to bringing in a new unit in reviewing technology specific contracts, which brought up new considerations. During this time, the marketing outreach activities and county landing page for new Headspace enrollees were paused. MHASF created a sign-up form for people interested in participating once the implementation resumed.

Evaluation

San Francisco County has been an active member of the Headspace Survey Workgroup. Facilitated by the Help@Hand evaluation team, the workgroup developed a survey to measure the consumer experience with Headspace. The Headspace Evaluation section on page 36 has more information about the workgroup and metrics from San Francisco County's implementation.

Future Directions

San Francisco County plans to focus on launching the TakemyHand™ pilot for 2022 rather than relaunching Headspace. Headspace had been intended to be a short-term offering due to COVID pandemic wellness needs. In addition, a peer chat app was the original type of technology offering that the community expressed interest in during the community program planning process for this project.

EQUITABLE DEVICE DISTRIBUTION

San Francisco County's Equitable Device Distribution

San Francisco engaged in a planning process for distribution of devices in the community. Below is an overview of the information collected in the device distribution survey which was completed in November 2021. More information on this survey can be found on page 126.

San Francisco County is planning to distribute the following devices:

What type of device? Tablets and keyboards

Who will receive the devices? San Francisco Residents, with a focus on Transition Aged Youth (TAY) and Trans-Identified community members

How many devices were distributed? 25-65

When will devices be distributed? Upon San Francisco County approval

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: SAN FRANCISCO COUNTY

- **Distribution of devices during COVID-19 pandemic.** Due to the COVID-19 pandemic, technology procurement faced shortages of devices and chips required for internet access. Devices were still available, but in smaller quantities.

- **Apply learnings gained from working with the community.** A lesson learned from working with the target population is that access to technology is not possible for everyone and there is a digital divide. The focus has now shifted to what community members need now (e.g., access to devices that help connect them to mental and physical health resources online).

- **Distribution of information.** Having a designated location for project planning and development to provide a visual of everyone involved and what their assignments are in the Help@Hand efforts can help with clarity and transparency of the project.

- **Clarification of internal approval roles has been helpful**. Different departments oversee different contracts. For example, Department of Health (DPH) contracts oversees IT software and programs as opposed to Community Behavioral Health Services (BHS) overseeing community-based organizations (CBO) contracts.

- **Understand county/city legal concerns early on.** Clarifying innovation funding and the Mental Health Services Oversight and Accountability (MHSOAC) role has been essential for moving approvals forward. Having updated applications represented in contract with CalMHSA has continued to be a concern though.

- **Ensure participants are notified during enrollment they may be contacted later to participate in evaluation efforts.**

- **Address privacy and security concerns early in the process.** Delays occurred due to contracting concerns on privacy and security. Addressing these concerns at earlier stages in program planning can be beneficial in avoiding pilot delays.

- **There needs to be a shared understanding or perspective of documents, including Participation Agreements and collection of protected health information (PHI), among all stakeholders.**

- **Clarify roles of external partners.** San Francisco County met with Riverside County and CalMHSA to clarify the scope of work, data management, and technology logistics using the live chat feature. Clarifying and addressing these issues took time and led to delays in the TakemyHand™ pilot.

- **There were delays due to the additional approval processes required when partnering across multiple counties/cities.** For instance, approvals throughout the pilot planning process (e.g. subcontracting for project management and implementation) were needed from both San Francisco and Riverside Counties since Mental Health America San Francisco (MHASF) led the TakemyHand pilot. Additional levels of approvals from multiple parties also contributed to delays.

SAN MATEO COUNTY

The Help@Hand project in San Mateo County is divided into two phases.

Phase 1 uses technology to conduct outreach and link target audiences to services. San Mateo County conducted their Headspace implementation and Wysa pilot this year as part of Phase 1.

Phase 2 integrates technology into San Mateo County's system of care. This includes digital literacy education, equitable device distribution, and testing Wysa with behavioral health services consumers. These efforts were also done this year.

HEADSPACE IMPLEMENTATION

Implementation Launch and Continuation

In 2020, San Mateo County began offering Headspace. The county focused their initial outreach on a small, targeted audience. This year San Mateo County expanded its outreach. The county explored a potential partnership with San Francisco County, who initiated a contract with a local organization to conduct marketing and outreach for their Headspace implementation. San Mateo County ultimately decided to focus marketing Headspace through their own social media and local county events.

San Mateo County also worked with Headspace and CalMHSA to make their process to enroll in Headspace available in Spanish in order to serve Spanish-speaking populations.

In March 2021, San Mateo County was informed of inappropriate use of their Headspace licenses. 7,500 spam accounts were created between February 12th and February 21st, exhausting all of San Mateo County's remaining Headspace licenses. The accounts were quickly deleted once the issue was identified and the licenses were restored. Headspace created a new website page for San Mateo County residents to enroll with Headspace, and the county was asked to redirect individuals to the new link. This caused some confusion within the county as individuals who tried to access the old link received error messages. San Mateo County and CalMHSA shared strategies to prevent this from happening in the future, such as:

- Be mindful of where the enrollment page link is posted
- Use geolocation to confirm an individual's location
- Add language to outreach materials stating that the product is only available in San Mateo County.

Evaluation

San Mateo County participated in the Help@Hand evaluation Headspace Survey Workgroup. The workgroup developed a baseline survey and a follow-up survey to assess the consumer experience with Headspace.

Surveys were emailed to San Mateo County's Headspace users between July and October 2021. The baseline survey was sent to all consumers who enrolled in Headspace. Individuals received the follow-up survey four weeks after completing the baseline survey. Over 300 (n=352) consumers responded to the baseline survey and 121 completed the follow-up survey. Data was combined for all counties/cities conducting the baseline survey and analyzed by the Help@Hand evaluation team. Survey findings are located on page 36.

Future Directions

A total of 3,295 individuals enrolled in Headspace by the time that the licenses expired in September 2021. An email was sent to Headspace consumers to make them aware that their accounts would be discontinued.

WYSA PILOT

Technology Selection

In 2020, San Mateo County explored various technologies for their older adult and TAY populations. Based on their exploration, the county selected Wysa to pilot with both populations. In particular, Wysa was seen as more culturally competent compared to the other technologies explored. Wysa was also willing to make changes to the app and add county-specific resources.

Pilot Planning and Launch

San Mateo County worked with their local evaluator (Resource Development Associates (RDA) Consulting), CalMHSA, and the Help@Hand evaluation team to develop their pilot and evaluation plans as well as consent forms.

Older Adults

A two month pilot was launched with older adults on April 16, 2021. Thirty-two older adults were recruited through Appy Hours, social media, and older adult service providers. Peers hosted virtual kickoff meetings to orient participants to the project. Follow-up calls helped older adults attending the kickoff to download Wysa and to complete the evaluation surveys prior to participating in the pilot.

During the pilot, participating older adults engaged with Wysa and could attend optional Appy Hour workshops to receive technical assistance. At the end of the pilot, focus groups and post-surveys were conducted. Pilot participants also attended exploration groups to take a deeper dive into specific features and identify areas for improvement. Recommendations from the exploration groups were used during negotiations with Wysa app developers for a larger scale implementation with older adults throughout the county.

TAY

Sixteen TAY participants were recruited from youth groups across San Mateo County. A two-month pilot was planned to launch in April 2021. However, it was discovered right before the pilot launch that San Mateo County needed to obtain parental consent, since the pilot included participants under the age of 18. Drafting the parental consent form, obtaining county approval on the form, and securing parental consent delayed the kickoff date.

The TAY pilot launched on May 24, 2021 with Peers hosting virtual kickoff meetings. The kickoff meetings oriented pilot participants to the project, provided them instructions to download the app, and helped them complete the evaluation surveys prior to the pilot. Similar to the pilot with older adults, focus groups, post-surveys, and exploration groups were conducted at the end of the pilot.

Pilot Findings

San Mateo County's local evaluator collected and analyzed all data for their Wysa pilot evaluation. Pilot findings are shown in the spotlight on page 112 and have informed a larger-scale implementation for older adults and TAY across the county.

Implementation Planning

In September 2021, San Mateo County began planning an implementation of Wysa. Wysa will be made available to residents in San Mateo County with focused outreach to older adults and TAY. San Mateo County, CalMHSA, and Wysa discussed a pricing structure and Wysa's plan for adopting recommendations from pilot participants during exploration groups. San Mateo County will establish a contract with Uptown Studios for marketing and outreach support.

Behavioral Health Clients

San Mateo County is exploring an expansion of their Wysa program to include current behavioral health clients. Licenses acquired for their focused implementation with older adults and TAY will also be used to test Wysa among a small group of behavioral health clients. Additional onboarding and technology assistance will be provided as recommended by county clinicians.

Future Directions

San Mateo County plans to launch their focused implementation of Wysa with older adults and TAY in January 2022. San Mateo will also begin testing Wysa with behavioral health services clients in January 2022.

DIGITAL LITERACY EDUCATION AND EQUITABLE DEVICE DISTRIBUTION

Digital Literacy Education

San Mateo County contracted with Painted Brain to offer "tech hours" for clients, technical support to community-based agencies, digital health literacy train-the-trainer training to Peers, and advanced Zoom training for providers.

This year Painted Brain launched their first series of advanced Zoom topics titled "Liberation Practices for Virtual Meeting Spaces." The series intended to enhance virtual meeting facilitation reflecting consciousness, empowerment, and equity.

EQUITABLE DEVICE DISTRIBUTION

San Mateo County's Equitable Device Distribution

San Mateo County has engaged in device distribution work this year to increase access to devices across the county. Below is a snapshot of the information collected in the device distribution survey, which was completed in November 2021. More information on this survey can be found on page 126.

San Mateo County distributed the following devices:

What type of device? Tablets, smartphones, and device accessories (e.g. covers, screen protectors, headphones, stylus pens, phone grips).
Who received the devices? Behavioral Health Clients
How many devices were distributed? 670

San Mateo County also plans to distribute additional devices:

What type of device? Tablets, smartphones, and device accessories (e.g. covers, screen protectors, headphones, stylus pens, phone grips).
Who received the devices? Individuals with Serious Mental Illness
How many devices were distributed? Approximately 200 devices

SPOTLIGHT
San Mateo County's Wysa Pilot
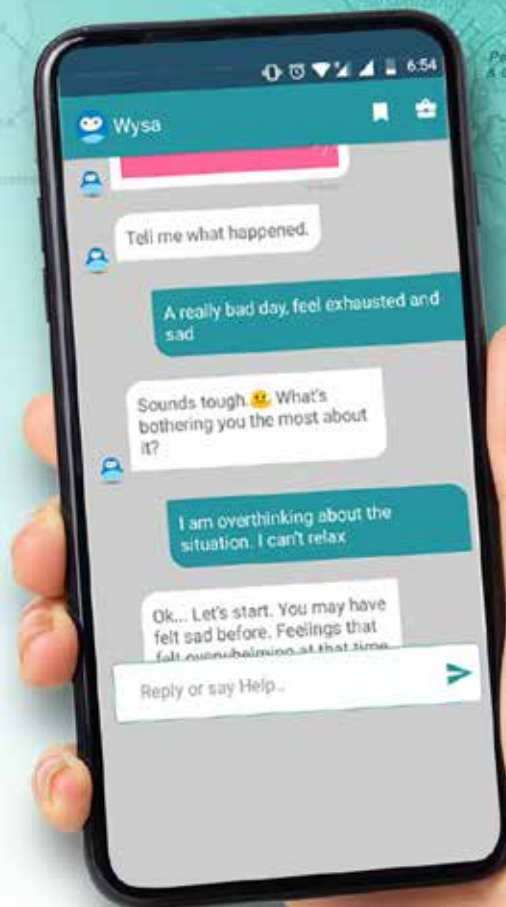
wysa

San Mateo County Behavioral Health and Recovery Services and its contracted partners, Peninsula Family Services and Youth Leadership Institute, piloted the Wysa app with 37 older adults[25] and 16 transition age youth (TAY)[26] between April and July 2021. Pilot participants completed pre and demographic surveys, engaged with the app for two months, and then completed post surveys, focus groups, and app exploration sessions.

Data were collected and analyzed by Resource Development Associates (RDA) Consulting. This spotlight highlights excerpts from the pilot reports and presentations developed by RDA Consulting.

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[25] 37 older adults completed the pre and demographic surveys, 34 completed the post survey, 30 participated in the focus groups, and 12 participated in the app exploration.
[26] 16 TAY completed the pre and demographic surveys, 15 completed the post survey, 13 participated in the focus group, and 8 participated in the app exploration.

PILOT LEARNING OBJECTIVE #1: Can an app promote mental health wellness and reduce feelings of isolation?

MENTAL HEALTH AND WELL-BEING

Older Adults

The proportion of favorable responses among almost all (18 out of 21) metrics related to mental health and well-being increased or stayed the same after using Wysa. This suggests that **using Wysa may have helped improve pilot users' mental health and wellbeing**. The largest increases were as follows:
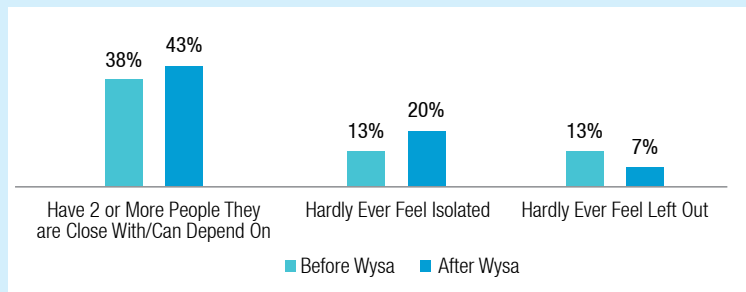

Often/Always Feel Cheerful: 60% / 79%
Often/Always Feel Hopeful: 62% / 74%
0 Days Unable to Carry Out Normal Activities Due to Feeling Nervous/Depressed/Stressed: 51% / 77%
■ Before Wysa ■ After Wysa

TAY
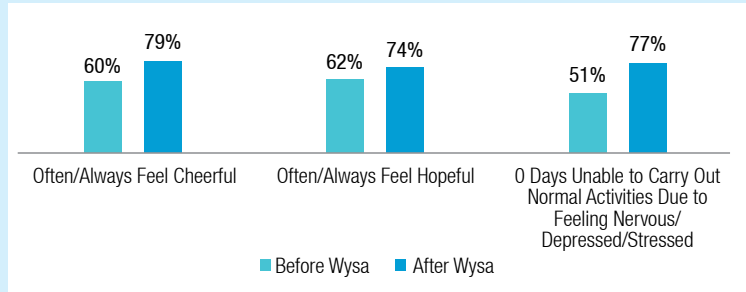
The proportion of favorable responses among almost all (19 out of 21) metrics related to mental health and well-being increased or stayed the same after using Wysa. This suggests that **using Wysa may have helped improve pilot users' mental health and wellbeing**[27]. The largest increases were as follows:

Often/Always Feel Life is Satisfying: 38% / 60%
Often/Always Feel Balanced: 25% / 53%
Most/All of the Time Feel Nervous: 44% / 13%
■ Before Wysa ■ After Wysa
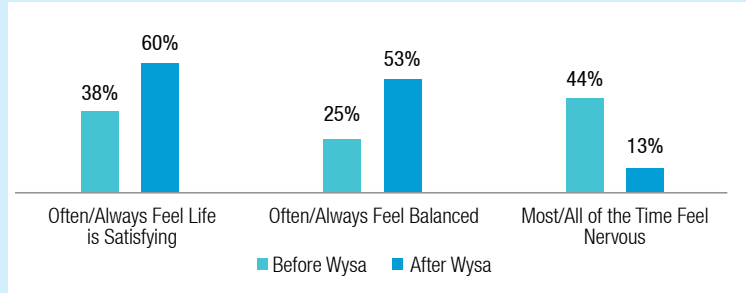
PERSONAL CONNECTIONS

Older Adults

The proportion of favorable responses among all 4 metrics related to personal connections/isolation increased after using Wysa. This suggests that **using Wysa may have helped improve pilot users' feelings of isolation and connectedness**. The largest increases were as follows:

Have 2 or More People They are Close With/Can Depend On: 70% / 85%
Hardly Ever Feel Isolated: 54% / 65%
Hardly Ever Feel Left Out: 49% / 68%
■ Before Wysa ■ After Wysa

TAY
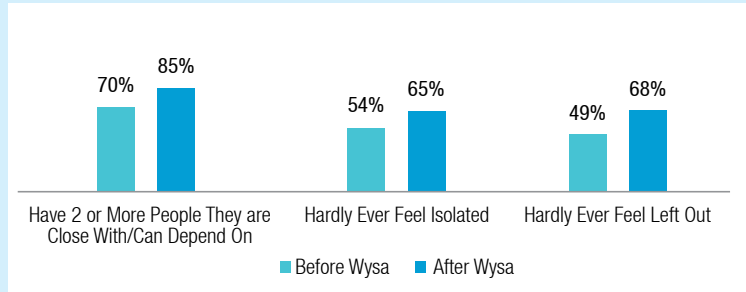
The proportion of favorable responses among almost all 4 metrics related to personal connections both increased and decreased after using Wysa. This suggests that **using Wysa may have had different impacts on users' feelings of connectedness**. Key findings were as follows:

Have 2 or More People They are Close With/Can Depend On: 38% / 43%
Hardly Ever Feel Isolated: 13% / 20%
Hardly Ever Feel Left Out: 13% / 7%
■ Before Wysa ■ After Wysa

[27] An increase in the first two items represents a favorable response, while a decrease in the third item represents a favorable response. Data were collected and analyzed by Resource Development Associates (RDA) Consulting.

SOS Button

The SOS Button allows users to develop a safety plan and directs users in crisis to international crisis helplines.

% of users who...	Older Adults	TAY
did not use the SOS button	69%	60%
found it very, extremely, or moderately useful	9%	34%
found it slightly or not at all useful	22%	7%

Most older adult and TAY users were "afraid" or "scared" to use this feature as they thought emergency services would be contacted.

A few older adult users did not notice the feature at all.

EXPERIENCES WITH WYSA: STRENGTHS AND CHALLENGES

Older adults and TAY identified a number of strengths and challenges. The percentages represent the respondents who agreed or mostly agreed with each statement.

STRENGTHS

	Older Adults	TAY
Usage & Accessibility		
The language is easy to understand	88%	100%
Wysa is easy to use	78%	93%
Wysa is visually appealing	75%	87%
Would recommend Wysa to others	69%	87%
Support for Mental Health & Wellness Needs		
Wysa improved my mental health and wellness	56%	67%
Wysa makes me feel like I have support when feeling down, stressed, or anxious	56%	93%
I find Wysa useful in my daily life	53%	60%
Culture		
Wysa values and respects cultural differences*	31%	60%

CHALLENGES

	Older Adults	TAY
Support for Mental Health & Wellness Needs		
Because I used Wysa I am more likely to reach out for help with my mental health and wellness	31%	47%
Wysa makes me feel connected to other people	29%	20%
Wysa has helped me detect symptoms related to my mental health and wellness	22%	47%
Culture		
Wysa values and respects cultural differences*	31%	60%
Wysa demonstrates knowledge about my culture	13%	33%

*Older adults found this to be a challenge, while TAY found it to be a strength. Data were collected and analyzed by Resource Development Associates (RDA) Consulting.

OVERARCHING USER RECOMMENDATIONS[28]

The following recommendations were shared by users in the post survey, focus groups, and app explorations.

Technical Support

• Create instructions, tutorials, and/or workshops focused on downloading and using the Wysa app.

Accessibility

• Enable Wysa to function offline to provide access to users with limited internet connection.

• Optimize Wysa for all devices and offer tutorials on how to configure app settings on different devices.

• Ensure the language, locations of the buttons, and content are optimized for users with cognitive or physical impairments.

User Engagement and Notifications

• Make the notifications and reminders more engaging for TAY users.

• Explore gamification strategies to incentivize users to engage with the app more frequently.

• Remind users of the ability to customize notifications.

Disclaimers and Notifications

• Add a disclaimer about the app's intended purpose, including that the app is a light touch resource for mild mental health and wellness concerns and is not a replacement for therapy.

• Offer users more control over app notifications, including frequency and how they are received (e.g., phone, email).

Content

• Include an in-app directory/search function.

• Ensure Wysa is inclusive of and responsive to individuals of different cultures and communities (e.g., LGBTQ+, different races/ethnicities) by reviewing and revising the content throughout the app as needed.

• Remove mentions of any other features that require a fee.

• Offer additional in-app customizations (e.g., colors, backgrounds/wallpaper, layout).

[28] User recommendations were condensed for the purpose of this spotlight. Complete lists for older adults and TAY are available in the pilot reports developed by RDA.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: SAN MATEO COUNTY

Learnings from San Mateo County's Headspace implementation and Wysa pilot include:

- **Incorporating consumer feedback:** Working with an app vendor willing to review participant feedback and customize specific app features facilitates implementation of the app within the county. It was important to San Mateo County that the Wysa app be customized to include local resources and content to meet consumers' needs.

- **Pricing of the technology:** The pricing of a technology will impact resources that can be allocated to other parts of the program, such as marketing and outreach. It will also impact program sustainability (e.g., how long the technology can be offered).

- **Tone of survey questions:** This year San Mateo County and the Help@Hand evaluation team distributed a survey with some questions that might have produced negative feelings. It is important to take additional steps to minimize discomfort, including adding language to introduce the survey questions, allowing participants to skip questions, providing a list of support/resources, and telling participants about the types of questions that will be asked.

- **Digital literacy education:** As noted in previous evaluation reports, digital literacy varies across target populations and can impact participants' use of the app. San Mateo County hosted Appy hours for older adults throughout the pilot, but additional one-on-one technical assistance was recommended by county clinicians for the expansion to behavioral health clients.

- **Tutorials on how to use the app:** TAY and older adult pilot participants recommended providing additional guidance, such as video tutorials, on navigating the app and the features available.

- **Labeling impacts participants' use of features:** The SOS button on the Wysa app was meant to connect consumers to crisis resources, but many were afraid to use the feature because they were afraid that emergency services would be contacted on their behalf. A more accurately labeled SOS button would encourage participants to use the feature and connect to local resources.

SANTA BARBARA COUNTY

In 2021, Santa Barbara County planned their Headspace implementation and launched a Headspace exploration survey.

HEADSPACE IMPLEMENTATION

Technology Selection

In January 2021, San Mateo and Santa Barbara Counties engaged in a partnership to help Santa Barbara County explore Headspace's potential with their target communities. Santa Barbara County tested Headspace during groups at the county's Psychiatric Health Facility (PHF), Recovery Learning Centers (RLC), crisis residential treatment facilities, and with Transitional Age Youth (TAY) and participants of the Annual Peer Empowerment Conference. Headspace was also incorporated into staff and stakeholder meetings including crisis residential treatment facilities and long-term housing facilities. Based on feedback from the exploration, Santa Barbara County decided to implement Headspace throughout the county.

Implementation Planning

Contract Execution and Workflow Planning

In June 2021, Santa Barbara County purchased 10,000 licenses (5,000 for use by consumers in FY2021-22 and 5,000 for use by consumers in FY2022-23).

The county created the rollout timeline shown in **Figure 3.30**. Each phase corresponds to when Santa Barbara County will rollout Headspace to each of their target populations. The figure also shows their target enrollment goal for each phase.

Figure 3.30. Santa Barbara County's Help@Hand Rollout of 5,000 Headspace Licenses between October 2021 to October 2022

PHASE I
Oct. 1 thru Feb 28, 2022

- BWELL Clients - TAY
- Crisis Residential Treatment Facilities
- Recovery Learning Centers
- YOR Grant-TAY Youth-Lompoc
- Clients Discharge from the PHF/recipients of crisis services
- Clients receiving services from our contract providers

TARGET GOAL
- PHASE 1 - Enroll 2500 individuals
- PHASE 2 - Enroll 1000 individuals
- PHASE 3 - Enroll 1500 individuals

PHASE II
March 1, 2022 thru July 31, 2022

- Enrolled TAY (18-26) enrolled in colleges and universities
- Geographically Isolated Communities
  - Carpenteria
  - New Cuyama
  - Guadalupe
  - Los Olivos

PHASE III
August 1, 2022 thru October 1, 2022
Recurring Outreach & Engagement focusing on all three target populations

- BWELL Clients - TAY
- Crisis Residential Treatment Facilities
- Recovery Learning Centers
- YOR Grant-TAY Youth-Lompoc
- Clients Discharge from the PHF/recipients of crisis services
- Clients receiving services from our contract providers
- Enrolled TAY (18-26) enrolled in colleges and universities
- Geographically Isolated Communities
  - Carpenteria
  - New Cuyama
  - Guadalupe
  - Los Olivos

Santa Barbara County hired an Outreach Coordinator in August 2021. The Help@Hand Project Manager left the position on September 3, 2021, and the Peer Manager assumed the Project Manager's responsibilities until the position is filled.

Implementation Launch

Santa Barbara County announced the launch of its Headspace project with a press release on September 30, 2021.

On October 1, 2021, the county made Headspace available to their Phase 1 target populations: 1) individuals discharged from psychiatric hospitals or recipients of crisis services from Santa Barbara County's Department of Behavioral Wellness; 2) geographically isolated adults; and 3) transitional age youth (TAY; 16-25 years old). As of the end of December 2021, Santa Barbara County has enrolled over 170 participants to Headspace. The Headspace Data Dashboard Section on page 36 provides more information on engagement with the app.

For their Phase I efforts, Santa Barbara County worked closely with internal departmental programs, Recovery Learning Communities, and contracted community-based organizations. During this phase, Santa Barbara County heard from stakeholders and consumers the need to expand access to Headspace beyond the three target populations, broaden the reach and impact in the county. Also, in an effort to increase access to Headspace and help spread the word of its availability to county residents, tablets with Headspace app access will be available at several clinic waiting rooms in the county. In addition, Santa Barbara County discussed partnerships with local colleges and universities to help with expanding Headspace to transitional age youth enrolled in colleges and universities. The county also mailed letters to the parents of TAY in their system to inform them of the opportunity to access Headspace at no cost.

By thoughtfully executing Phase 1, Santa Barbara hopes to ease into expanding access to Headspace for the residents of Santa Barbara County.

Evaluation

Santa Barbara County participated in the Headspace Survey Workgroup. The workgroup involved the Help@Hand evaluation team working with the five counties/cities implementing Headspace to develop a survey that assesses experiences with Headspace by those using it in each county/city. Santa Barbara County staff and Peers regularly attended workgroup meetings and provided valuable feedback. Additionally, the Help@Hand evaluation team launched the Headspace consumer survey in Santa Barbara County in October 2021. More information about the workgroup and survey are on page 36.

In addition, Santa Barbara County evaluated their exploration of Headspace, using a shortened version of the survey created through the Headspace Survey Workgroup. Results from Santa Barbara's Headspace exploration survey, which was conducted and analyzed by Santa Barbara's Behavioral Wellness Research & Evaluation team, are shown below.

Santa Barbara Behavioral Wellness Headspace App Pilot Study

Behavioral Wellness Research & Evaluation

BACKGROUND

Headspace was offered to Behavioral Wellness clients and staff to explore its potential to meet the needs of Santa Barbara target population clients. This exploration was part of the Help@Hand project, which is funded by the Mental Health Services Act through Prop 63. Headspace is a mobile application that can be used on a smartphone, tablet, wearable, smart speaker or desktop to explore guided exercises, videos and articles. The pilot study began in June 2021 and lasted until September 2021.

PURPOSE

To understand participants perception of the Headspace mobile application and feasibility of using the app to meet the needs of Santa Barbara target population clients (e.g., receiving crisis services, clients living in geographically isolated communities) and staff.

DESCRIPTION OF PILOT

From June-September 2021, approximately ~60 people took part in the Headspace Pilot study. Participants included Behavioral Wellness clients (Transition Age Youth, Crisis Residential Treatment), Peer Empowerment Conference attendees and Staff. Participants were provided licenses to Headspace that they could then access via their personal cell phone, county issued iPhone, county issued android, or desktop computer.

EVALUATION OF PILOT

To evaluate the likeability and usefulness of the Headspace app a brief survey via SurveyMonkey participants were invited to participate via an email or surveylink. To increase the survey response rate weekly reminders were sent to participants. Additionally, a Help@Hand team member called and emailed Headspace pilot participations. The survey was aligned with evaluation efforts from the Help@Hand Evaluation team. The Behavioral Wellness internal evaluation team worked with the Help@Hand evaluation team to receive feedback on the survey and compare it to the broader evaluation of Headspace within Help@Hand. The survey asked participants to rate their experience using Headspace on seven questions using a Likert-type scale from Strongly disagree (1) to Strongly agree (5).

RESULTS

A total of 19 participants completed the survey of the approximately 60 pilot participants (~32.7%). Participants were consistent in endorsing that Headspace was easy (94.4% somewhat or strongly agree) and that they would recommend Headspace to a friend (94.7% somewhat or strongly agree). Participants were more mixed in their assessment of whether Headspace met their mental and wellness needs, provides support when they are feeling stressed, or respects cultural differences. However, even in these questions the majority of participants agreed that Headspace was useful in these regards or had these qualities. As such, these results support the promise of Headspace while noting some areas where some participants expressed less enthusiasm.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
(1) I think Headspace is easy to use.	1 (5.6%)	0 (0.0%)	0 (0.0%)	4 (22.2%)	13 (72.2%)
(2) Headspace meets my mental health and wellness needs.	0 (0.0%)	3 (15.8%)	2 (10.5%)	7 (36.8%)	7 (36.8%)
(3) I find Headspace useful in my daily life.	1 (5.6%)	1 (5.6%)	1 (5.6%)	6 (33.3%)	9 (50.0%)
(4) Using Headspace makes me feel like I have more support when I am feeling stressed.	1 (5.6%)	0 (0.0%)	3 (16.7%)	7 (38.9%)	7 (38.9%)
(5) Headspace values and respects cultural differences.	1 (5.6%)	0 (0.0%)	3 (16.7%)	9 (50.0%)	5 (27.8%)
(6) I have the resources necessary to use Headspace.	1 (5.3%)	1 (5.3%)	1 (5.3%)	5 (26.3%)	11 (57.9%)
(7) I would recommend Headspace to a friend.	1 (5.3%)	0 (8.0%)	0 (0.0%)	3 (15.8%)	15 (78.9%)

Note: some participants skipped some questions, percentages are based on the number of respondents for that question.

COMMUNITY OUTREACH AND SUPPORT

Santa Barbara County partnered with Painted Brain to develop a curriculum on online safety practices, basic computer skills, and digital wellness and recovery tools. In March and April 2021, Painted Brain hosted listening sessions with TAY, geographically isolated Spanish speakers, and the broader community to inform the development of the curriculum. The county will use the curriculum to train providers, TAY, and Recovery Learning Communities in order to enhance digital literacy and outreach efforts. Santa Barbara County will also use the curriculum to support community outreach and engagement technology workshops.

Additionally, Painted Brain offered "Appy Hours" throughout Santa Barbara County's Behavioral Wellness system and with partners, particularly those working with geographically isolated communities. Appy Hours are drop-in events hosted by Painted Brain, which serve as a safe space for residents to "drop in" to learn about mental health, tech, and digital literacy. Santa Barbara County plans to use Appy Hours to focus on walking through the Headspace enrollment process in order to help their target populations navigate the Headspace application process.

Santa Barbara County's "Guide to Wellbeing App" brochure was also distributed during Appy Hours and wellness outreach fairs throughout the county. The "Guide to Wellbeing App" brochure is currently available on the county's website, in Spanish and English. The twelve wellness apps included in the app brochure have been assessed and used by local peers of Santa Barbara County.

Future Directions

Headspace will be available to program participants in Santa Barbara County until October 2022. In early 2022, Santa Barbara County plans to explore other technologies to offer their target population.

EQUITABLE DEVICE DISTRIBUTION

Santa Barbara County's Equitable Device Distribution

When testing Headspace with clients at the 30-day crisis residential facility, staff learned that clients could not access Headspace because they did not have a phone. The California LifeLine Program, a state program offering discounted home and cell phone services to eligible households, required individuals to have a permanent address and also offered limited products. Santa Barbara County removed this barrier by purchasing pre-paid phones for clients discharged from Psychiatric Health Facilities (PHF). Below is a snapshot of this effort as collected in the device distribution survey in November 2021. More information on this survey can be seen on page 126.

Santa Barbara County distributed the following devices:

What type of device? TracFones (smartphones which include data minutes)
Who received them? Individuals discharged from psychiatric facilities
How many were distributed? 50 TracFones
When will devices be distributed? Tracphone distribution began April 2021 and is ongoing.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: SANTA BARBARA COUNTY

Learnings from Santa Barbara's myStrength implementation planning and equitable device distribution work include:

- **Device charging considerations for your target population.** Clients need a safe place to charge their phones. Helping ensure client have access to safe charging spaces may encourage uptake in device and app use.

- **Lack of identifying documents may cause access barriers to Lifeline devices.** Due to lack of identifying documents, lack of residency and lack of proof of benefits (Medi-Cal benefits card), clients may encounter barriers in accessing smartphones under the Lifeline grant. Furthermore, Lifeline vendors may be better suited to train non-county employees due to the liability that may arise from the conflict of interest.

- **Clients need assistance with operating their smartphones.** For example, some clients may need additional support learning how to download apps, delete apps, or how to enter and save contacts into their smartphone.

- **Using feedback to inform service delivery.** Continuous client and stakeholder feedback is needed to ensure that the project is reaching and serving clients in a manner that embodies compassion, dignity, and respect.

- **Productive and frequent meetings with team will help move the project along.** Holding weekly meetings with Peer, Cultural Competence and Ethics Services Manager help ensure that Project Manager, Outreach Coordinator, Recovery Assistants and Digital Navigators sustain the outreach and engagement plan for the upcoming roll-out of the 5,000 Headspace licenses.

- **Identify the frequency of meetings needed for specific parts of the project.** For example, Recovery Learning Communities benefit from bi-weekly meetings to plan the approach to increasing access to smartphones, increased digital literacy, and the use of Headspace.

- **Digital Literacy continues to be a need in the community, especially with vulnerable populations, communities of color, and individuals identified as limited English Proficient.** Holding monthly digital literacy workshops throughout the community to increase digital literacy knowledge would help with accessing online community resources and help with feeling comfortable to access telehealth services.

- **Education around mindfulness mobile applications is needed to reduce stigma, bias, or hesitation in utilizing these types of mobile applications for self-care and wellness.** Providing monthly workshops that promote an understanding of mindfulness and activities may help reduce the stigma or misconceptions about engaging in mindfulness activities.

- **Access to technology such as smartphones, tablets, or computers and lack of broadband access and how to use the devices are barriers to health care and wellness.** With the shift to telehealth due to the COVID-19 pandemic, it became clear how deep the digital divide exists among communities of color, those in rural areas, and low-income households such as those served in the behavioral health system. It is important to establish a partnership with companies and government-sponsored phone vendors that offer high-speed internet more affordable and accessible to link individuals to these resources.

TEHAMA COUNTY

Tehama County planned a pilot of myStrength with persons experiencing or at risk of homelessness, isolated individuals, and Tehama County Health Services Agency–Behavioral Health (TCHSA-BH) consumers. The county began to implement the pilot in March 2021, but paused the pilot in April 2021.
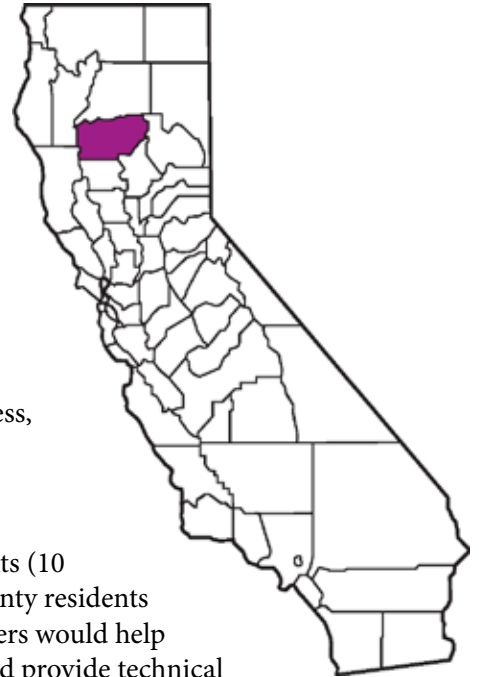
MYSTRENGTH PILOT

Technology Selection

Tehama County explored several apps prior to this year. Based on input from their staff and Peers, Tehama County decided to pilot myStrength with their target populations – persons experiencing homelessness or at risk of homelessness, isolated individuals, and TCHSA-BH consumers.

Pilot Planning

Tehama County planned to recruit and engage 30 participants (10 from each target population). All participants had to be county residents with access to computers or smartphones. Clinicians and Peers would help participants download and enroll in myStrength. Peers would provide technical assistance and help participants with evaluation activities during the pilot.

Workflow Planning and Contract Execution

In 2020, Tehama County presented their pilot proposal to the Help@Hand leadership and received approval. A contract between Tehama County and myStrength was executed in early 2021.

In February and March 2021, county staff attended virtual pre-launch training sessions held by myStrength. The training sessions involved a high-level walkthrough of myStrength as well as discussion on technical logistics and marketing. Following the trainings, the county developed a pilot participant list and refined their coordination process between clinicians, Peers, and pilot participants.

Evaluation Planning

Table 3.6 describes Tehama County's pilot evaluation activities. Tehama County's Peers were involved in informing the pilot evaluation.

Table 3.6. Tehama County's myStrength Pilot Evaluation Activities.

Evaluation Activity	Occurance
Consumer Surveys	Occurs Twice (at the beginning and at the end of the pilot)
Consumer Interviews	Occurs Twice (1–month after the pilot start date and at the end of the pilot)
Consumer Focus Groups	Occurs Twice (3–months and 5–months after the pilot start date)
Staff Surveys	Occurs Once (no sooner than 2 months after the pilot start date)
Staff Interviews	Occurs Once (at the end of the pilot)
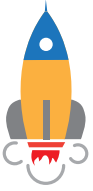
Pilot Launch and Pause

Tehama County launched their myStrength pilot in March 2021. Clinicians, case managers, and health specialists were instructed to refer TCHSA-BH consumers to myStrength. Peer staff were asked to reach out and engage with isolated individuals and persons experiencing homelessness or at risk of homelessness.

Soon after the pilot launch, Tehama County consulted with their Compliance Officer to determine how best to securely share participant information with external contractors (e.g., Peers and the Help@Hand evaluation team). The Compliance Officer reviewed existing contracts between various parties and identified a need for an additional Business Associate Agreements (BAA) between Tehama County and external contractors. The pilot was paused until the BAAs were in place.

Future Directions

Tehama County's myStrength pilot is on pause while the county drafts BAAs to safeguard protected information with external contractors. The county plans to re-launch their pilot in 2022.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: TEHAMA COUNTY

Learnings from Tehama County's myStrength pilot include:

- **Contracting with external partners.** An additional Business Associate Agreement (BAA) is required by Tehama County to securely share participant information between Tehama County and external partners. Staffing levels and conflicting priorities within the county have created a delay in establishing the contract.

- **Listen and center the voices of Peers.** Even during the very early planning stage, Tehama has involved and elevated the voices of Peers. For example, Peers have been able to flag the importance of using gender-neutral terms in Spanish translated materials and have also provided invaluable insights around mental health stigma and preferred terms.

TRI-CITY

Based on input from consumers, Peers, and clinical staff, Tri-City planned a pilot of myStrength with older adults, TAY, and monolingual Spanish speakers. Tri-City also planned to distribute devices to help those participating in the pilot. However, Tri-City decided to pause their pilot planning in October 2021.

MYSTRENGTH PILOT

Technology Selection

In February 2021, Tri-City conducted focus groups to determine whether myStrength, Headspace, or Mindstrong best met the needs of their older adult, TAY, and monolingual Spanish-speaking populations. Tri-City held two focus groups with Peers and consumers, and one focus group with clinical staff. Tri-City decided to pilot myStrength with its target populations based on feedback from the focus groups.

Pilot Planning

Tri-City worked on planning a three-month pilot with 60 participants (20 from each target population- older adults, TAY, and monolingual Spanish-speakers). Participants would be recruited through clinical referrals and community outreach. Participants could meet with Tri-City's program coordinator to learn more about the project and participate in Appy Hours to get digital literacy support prior to the pilot. Painted Brain, a peer-led organization that supported other counties/cities' Help@Hand projects, would onboard pilot participants, host Appy Hours, and support participants in completing evaluation activities.

Workflow Planning and Contract Execution

In April 2021, Tri-City participated in three pre-launch training sessions held by myStrength. The sessions aimed to understand Tri-City's pilot plan, the type of app data Tri-City would access, and marketing strategies. Tri-City also attended a demonstration of myStrength.

Based on learnings from Marin County's myStrength pilot and Orange County's Mindstrong implementation, Tri-City created a "welcome packet" with Frequently Asked Questions to support participants during the pilot. Tri-City also developed a Help@Hand landing page and created an online participant registration form.

In May 2021, a contract was executed between Tri-City and myStrength. Tri-City would purchase 5,000 myStrength licenses.

myStrength and Tri-City had several discussions related to data sharing, data storage, and crisis protocols. Tri-City paused their pilot planning while they considered whether a Business Associates Agreement (BAA) with myStrength and the Help@Hand evaluation team was needed. In July 2021, Tri-City determined a BAA was not needed and continued planning their pilot.

In October 2021, Tri-City discontinued their pilot planning and launch due to staffing shortages.

Tri-City

Evaluation Planning

Table 3.7 shows Tri-City's planned pilot evaluation activities. The Help@Hand evaluation team would lead the evaluation of TAY pilot participants, while Tri-City would lead the evaluation of older adult and monolingual Spanish speaking participants. Painted Brain would distribute the electronic evaluation surveys and help pilot participants complete the surveys.

Table 3.7. Tri-City's myStrength Pilot Evaluation Activities.

Evaluation Activity	Occurance
Consumer Surveys	Occurs Twice (at the beginning and at the end of the pilot)
Consumer Focus Groups	Occurs Twice (3–months and 5–months after the pilot start date)
Clinician Surveys	Occurs Once (no sooner than 2 months after the pilot start date)

Future Directions

Beginning in January 2022, Tri-City plans to revisit which technologies to implement based on the results and learnings from pilots and implementations conducted by other Help@Hand counties/cities. Tri-City may work with myStrength to amend their contract for the licenses that were already purchased.

EQUITABLE DEVICE DISTRIBUTION

Tri-City's Equitable Device Distribution

Tri-City plans to distribute tablets. They will partner with their IT department to plan distribution of devices.

LEARNINGS FOR THE HELP@HAND COLLABORATIVE: TRI-CITY

Learnings from Tri-City's myStrength pilot planning and equitable device distribution work include:

- **Supporting a pilot requires considerable resources and staff:** A pilot is resource-intensive and requires considerable staff support. Staff changes can also delay a pilot launch as new staff has to be trained and oriented towards the pilot plan and documentation.

- **Involve different departments early on:** It is important to involve different departments with relevant expertise, such as IT, to understand and resolve potential issues regarding the data flow and safety.

SPOTLIGHT
Expanding the Reach of Digital Behavioral Health Care by Increasing Access to Smartphones, Tablets, and Internet

Mental health technologies are a tool with huge potential to meet the increasing need for mental health care. However, many people do not have access to a smartphone or tablet, and are therefore not able to benefit from these tools. Even when they do have a device, they may not have sufficient access to internet to make use of these tools.

We often use the term "device distribution". This means any efforts to make devices (e.g. smartphones and tablets) available in a county/city. Also included in this work are efforts to increase access to the internet.

This results in people who already have smartphones/tablets and internet access being able to access digital health care, while those who do not are left behind. This widens the gaps in access to mental health support that already exist. Ensuring that individuals have the tools (i.e. smartphones, tablets, and internet) to access digital resources is therefore key to meeting the mental health care needs of the community.

In response to community needs for devices and internet connectivity, many counties/cities across the Help@Hand Collaborative developed or are planning programs to distribute devices and support internet access.

Some of these counties/cities shared why this work is important:
Why do counties/cities need to distribute devices and internet connectivity?

"The majority of older adults in our pilot did not have technology available to engage with mental health technology. Many did not own a device and for many that did, their device was very out of date. Many could not afford to purchase a device at all."

"Over 100,000 people in [our county] either don't have access to broadband internet at home or have basic digital literacy skills."

How will device distribution and internet connectivity support the community?

"Access to a device is critical to engaging with technology, especially for individuals who are geographically isolated. Many project participants in our pilot suggested that having access to technology was invaluable with one describing the experience as 'life changing.'"

"For those who are geographically isolated and do not drive, having a device and learning how to use it is the difference between complete isolation, and having access to people and food, even if social interactions are only remote."

"Engagement with Help@Hand showed that participation led to a significant reduction in loneliness and isolation. Without devices, that would not have been possible. The impact of the digital divide for older adults cannot be underestimated, especially in a pandemic. The lasting benefit of providing a device and Wi-Fi access is that participants can see their loved ones remotely, can engage with health professionals and can do things like online shopping, which is critical for those who are not able to drive."

"It is our hope that this technology distribution program will provide participants with the ability to connect to the digital space while also creating relevant learning opportunities so that participants can be comfortable engaging in the digital space."

Survey

The Help@Hand evaluation team undertook work to understand device distribution and connectivity support efforts across various counties/cities participating in the Help@Hand project. The work began with conversations with counties/cities to get a sense of the types of activities and challenges that were coming up in these efforts.

Two surveys were then developed to gather more information. One representative from each of the six counties/cities currently working on device distribution and internet access efforts completed each survey. The first survey focused on identifying activities completed and challenges experiences during this work. The responses from the first survey informed the development of the second survey, which focused on learning what the impact of these activities and challenges was to the work.

The surveys will be analyzed and shared in a report in Year 4. The report will provide an overview of the breadth of device distribution and connectivity support work occurring across the Help@Hand project. This overview can help Help@Hand counties/cities learn what others are doing and help inform their work. The report will also include recommendations that can support future work in this space.

Additional Resources

Below are additional resources on device distribution and connectivity support.

1. <u>This resource from the United Nations Refugee Agency</u> provides several recommendations for mobile phone distribution projects. Suggestions included relate to getting the right device at the right time, targeting your distribution, and keeping phones on. (link: https://www.unhcr.org/innovation/planning-mobile-phone-distribution-10-things-consider-okay-theres/)

2. <u>The Urban Institute's Guide to Creating Equitable Technology Programs</u> outlines key questions counties/cities can ask themselves to make sure technology programs are designed and implemented equitably. It highlights best practices which were shared in interviews with government officials in cities across the United States deploying significant technology and data programs. (link: https://apps.urban.org/features/how-to-create-equitable-technology-programs/#intro)

3. The <u>California LifeLine Program (California LifeLine)</u> provides discounted home phone and cell phone services to eligible households. (link: https://www.californialifeline.com/en)

4. <u>The Affordable Connectivity Program (ACP)</u> helps low-income households pay for broadband service and internet connected devices. (link: https://acpbenefit.org/)

5. <u>The Digital Inclusion Start-Up Manual</u> provides guidance to organizations looking to increase access and use of technology in underserved communities through digital literacy training, affordable home broadband, affordable devices, and tech support. (link: https://startup.digitalinclusion.org/)

6. <u>An article written published in the American Medical Association (AMA) Journal of Ethics</u>, proposes a set of strategies that can help health care organizations ensure that benefits from technology are more equitably distributed among target populations, including under-resourced communities and individuals. (link: https://journalofethics.ama-assn.org/article/how-should-organizations-promote-equitable-distribution-benefits-technological-innovation-health/2017-11)

4 OUTCOMES EVALUATION AND DATA DASHBOARDS

Key Points

- The California Health Interview Survey (CHIS) included questions specifically tailored for the Help@Hand program on the use of online mental health resources. Important findings were:

  o There was a significant increase from 2019 to 2020 in the percent of people who use the internet and social media almost constantly or many times a day across the State of California.

  o Adults who reported using an online tool for mental health support reported higher levels of usefulness in 2020 than in 2019.

  o The percentage of adults who reported using social media, blogs, or online forums to connect with people with similar mental health or alcohol/drug concerns slightly decreased from 2019 to 2020.

OVERVIEW

This section focuses on evaluating the effect of Help@Hand on achieving its five shared learning objectives (shown on page 8) across the state of California. It presents the following activities and learnings:

- **Outcomes Evaluation**
  - California Health Interview Survey (CHIS)
  - Learnings for the Help@Hand Collaborative: Outcomes Evaluation
- **Data Dashboards**

OUTCOMES EVALUATION

Data collected by counties/cities and technology vendors can help show the impact of Help@Hand in communities and across the state. Discussions on how to access data from county/city and technology vendor systems continued in Year 3.

In addition, the Help@Hand evaluation team worked with stakeholders to collect data from the California Health Interview Survey (CHIS) and California Health and Human Services' Vital Statistics. Learnings from CHIS data are presented below. Analysis of the California Health and Human Services' Vital Statistics was paused in Year 3 and is pending negotiations on the Help@Hand evaluation contract.

California Health Interview Survey (CHIS)

CHIS is the largest state health survey in the nation. It asks questions on a wide range of health topics to a random sample of individuals throughout the state of California. In addition to collecting data from CHIS' routinely asked survey, the Help@Hand evaluation team and CalMHSA worked with CHIS to include additional questions related to Help@Hand.

CHIS fielded their survey with the additional questions from September 2019-December 2019 for adult surveys. Data from the CHIS survey provided insights on daily internet and social media use, use of online tools, and use of online tools to connect with others . Overall, counties participating in Help@Hand had similar trends to those counties not participating in Help@Hand (e.g., non-Help@Hand counties).

Daily Internet, Social Media, and Online Tool Use **higher in 2020 than 2019**

Daily Internet, Social Media, and Online Tool Use **highest among 18-25 year olds**

Daily Internet, Social Media, and Online Tool Use **higher as Distress Level Increases**

Using Internet, Social Media, and Online Tools **to Connect with others decreased**

Internet and Social Media Use

2019 vs 2020

Figure 4.1 shows the percent of people who use the internet and social media almost constantly or many times a day in 2019 and 2020 for the Help@Hand counties, the comparison counties, and the State of California. There was an increase from 2019 to 2020 in the percent of people who use the internet and social media almost constantly or many times a day, across the Help@Hand counties, the comparison counties, and the State of California. The increase in daily internet use and the increase in daily social media use from 2019 to 2020 were both statistically significant.

Figure 4.1. Daily Internet and Social Media Use Higher in 2020 than 2019.

Daily Internet Use Reported Almost Constantly or Many Times a Day

	Year 2019	Year 2020
Help@Hand Counties/Cities	66%	69%
Non-Help@Hand Counties/Cities	65%	68%
California	65%	69%

Daily Social Media Use Reported Almost Constantly or Many Times a Day

	Year 2019	Year 2020
Help@Hand Counties/Cities	40%	45%
Non-Help@Hand Counties/Cities	37%	43%
California	39%	45%
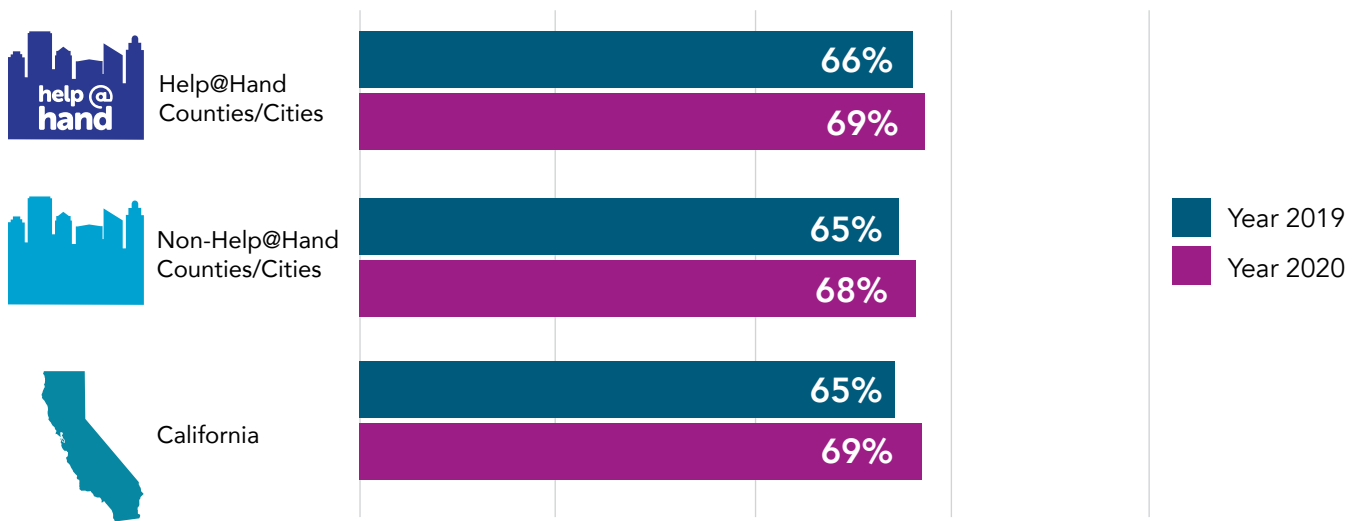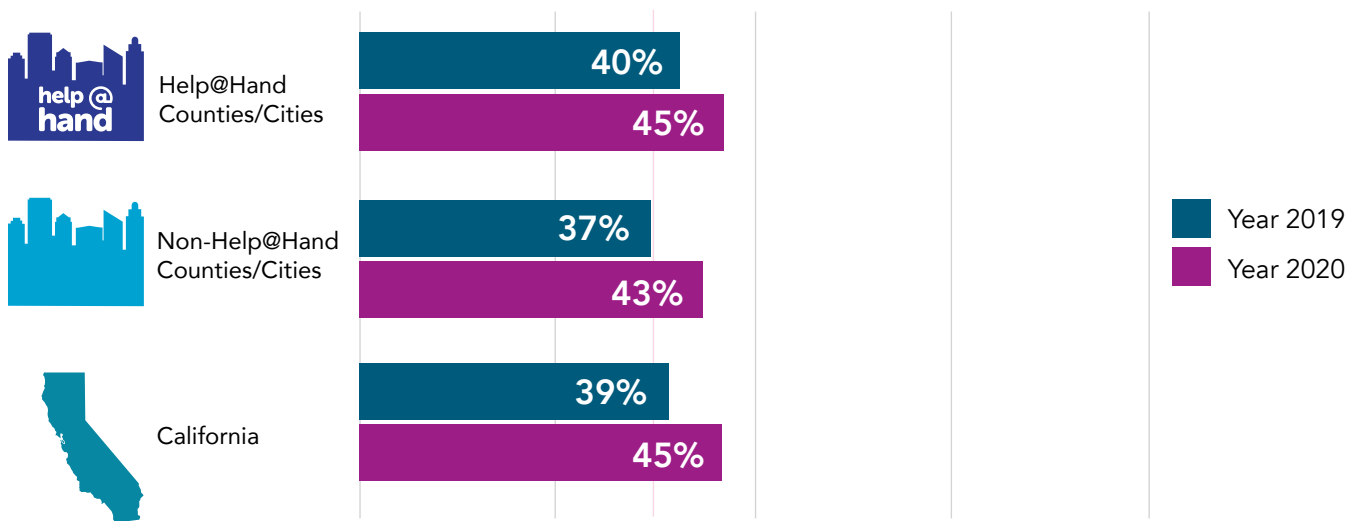
Age

Figure 4.2 shows the percent of people who use the internet and social media almost constantly or many times a day by age group for the Help@Hand counties, the comparison counties, and the State of California. The highest levels of use were among those age 18-25, followed by those age 26-59. People over the age of 60 had the lowest rates of intensive daily use. For both the years of 2019 and 2020, the daily internet use and the daily social media use was significantly different between the three age groups.

Figure 4.2. Daily Internet and Social Media Use Highest Among Those Age 18-25 Years.

Daily Internet Use Reported Almost Constantly or Many Times a Day

2019
- Help@Hand Counties/Cities: 18-25 Years 93%, 26-59 Years 72%, 60+ Years 38%
- Non-Help@Hand Counties/Cities: 18-25 Years 91%, 26-59 Years 71%, 60+ Years 40%
- California: 18-25 Years 92%, 26-59 Years 72%, 60+ Years 39%

2020
- Help@Hand Counties/Cities: 18-25 Years 91%, 26-59 Years 77%, 60+ Years 42%
- Non-Help@Hand Counties/Cities: 18-25 Years 93%, 26-59 Years 76%, 60+ Years 43%
- California: 18-25 Years 92%, 26-59 Years 77%, 60+ Years 43%

Legend: 18-25 Years, 26-59 Years, 60+ Years

Daily Social Media Use Reported Almost Constantly or Many Times a Day

2019
- Help@Hand Counties/Cities: 18-25 Years 70%, 26-59 Years 44%, 60+ Years 17%
- Non-Help@Hand Counties/Cities: 18-25 Years 71%, 26-59 Years 41%, 60+ Years 16%
- California: 18-25 Years 70%, 26-59 Years 43%, 60+ Years 16%

2020
- Help@Hand Counties/Cities: 18-25 Years 78%, 26-59 Years 49%, 60+ Years 22%
- Non-Help@Hand Counties/Cities: 18-25 Years 79%, 26-59 Years 48%, 60+ Years 20%
- California: 18-25 Years 78%, 26-59 Years 49%, 60+ Years 21%

Legend: 18-25 Years, 26-59 Years, 60+ Years

Distress Level

Psychological distress was measured using the Kessler Psychological Distress Scale, where participants were asked 6 questions about anxiety and depression symptoms that they may have experienced in the past 30 days. Based on their responses, participants were identified as having psychological distress or not.

There are notable differences in internet and social media use depending on the distress level. In particular, adults who have no to low distress levels use the internet and social media much less than adults with medium or high distress levels as shown in **Figure 4.3** For both the years of 2019 and 2020, the daily internet use and the daily social media use were both associated with distress levels with statistical significance in the Help@Hand counties, the comparison counties, and the State of California. The daily internet use and the daily social media use were all significantly different between the three distress groups in 2020. The only groups that were not significantly different when comparing social media use were the medium and high distress groups in the Help@Hand counties and the comparison counties in 2020.

Figure 4.3. Daily Internet and Social Media Use Highest Among Those Age 18-25 Years.

Daily Internet Use Reported Almost Constantly or Many Times a Day

2019 — Help@Hand Counties/Cities: None to Low Distress 61%, Medium Distress 77%, High Distress 82%; Non-Help@Hand Counties/Cities: 60%, 75%, 81%; California: 60%, 77%, 82%

2020 — Help@Hand Counties/Cities: 64%, 80%, 85%; Non-Help@Hand Counties/Cities: 63%, 78%, 87%; California: 64%, 79%, 86%

Daily Social Media Use Reported Almost Constantly or Many Times a Day

2019 — Help@Hand Counties/Cities: None to Low Distress 35%, Medium Distress 54%, High Distress 57%; Non-Help@Hand Counties/Cities: 32%, 49%, 57%; California: 34%, 52%, 57%

2020 — Help@Hand Counties/Cities: 40%, 56%, 65%; Non-Help@Hand Counties/Cities: 38%, 54%, 63%; California: 39%, 55%, 64%

Legend: None to Low Distress, Medium Distress, High Distress

Use of Online Tools

2019 vs 2020

Figure 4.4 shows that the percentage of adults who reported using online tools for mental health or alcohol/drug support slightly increased from 2019 to 2020. This increase was statistically significant in the Help@Hand counties/cities and the State of California.
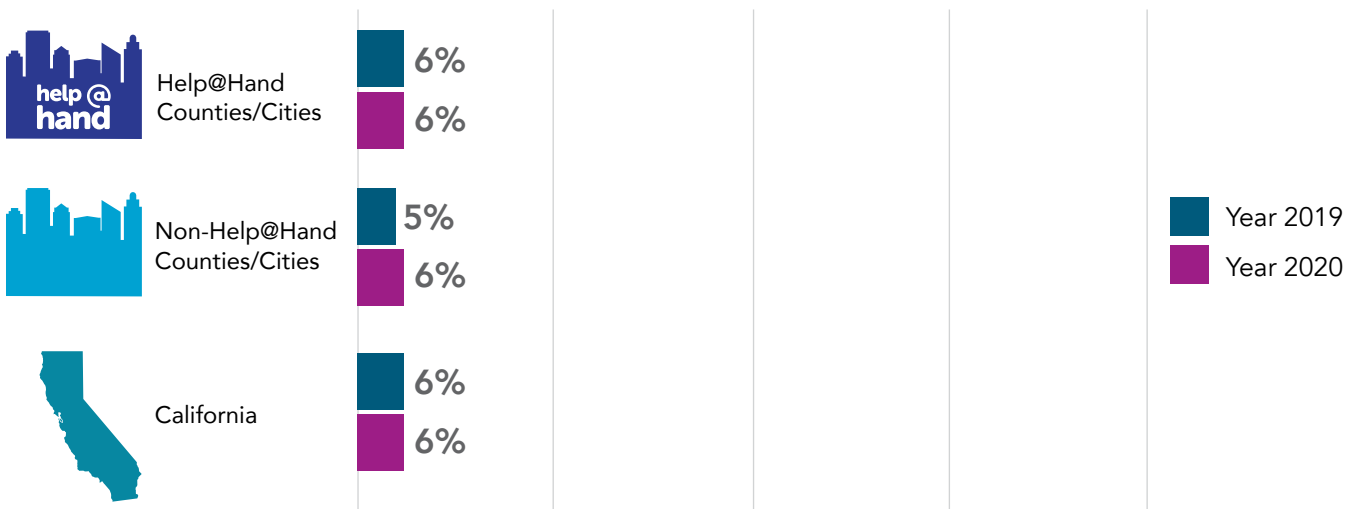
When asked about how useful the online support tools were, adults reported higher levels of usefulness in 2020 than in 2019. This increase was also statistically significant in the Help@Hand counties/cities and the State of California.

Figure 4.4. Use of Online Tools Increased Slightly from 2019 to 2020.

Used Online Tools for Problems with Mental Health or Alcohol/Drug Use

	Year 2019	Year 2020
Help@Hand Counties/Cities	6%	7%
Non-Help@Hand Counties/Cities	6%	7%
California	6%	7%

Adults Who Rated the Online Tools They Used as Useful

	Year 2019	Year 2020
Help@Hand Counties/Cities	80%	87%
Non-Help@Hand Counties/Cities	81%	84%
California	80%	86%
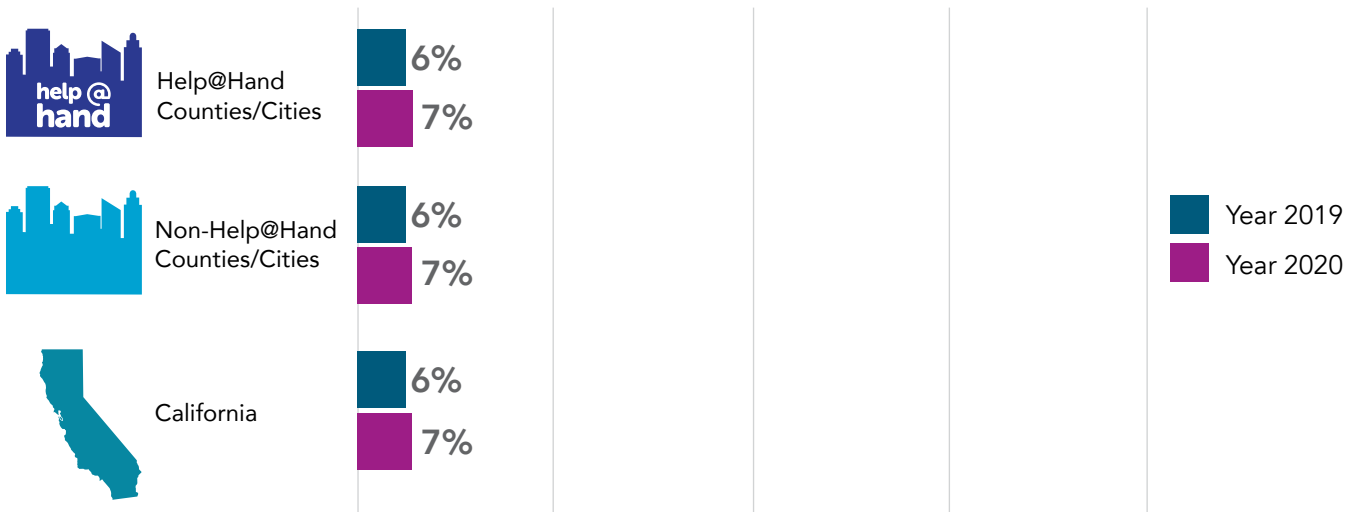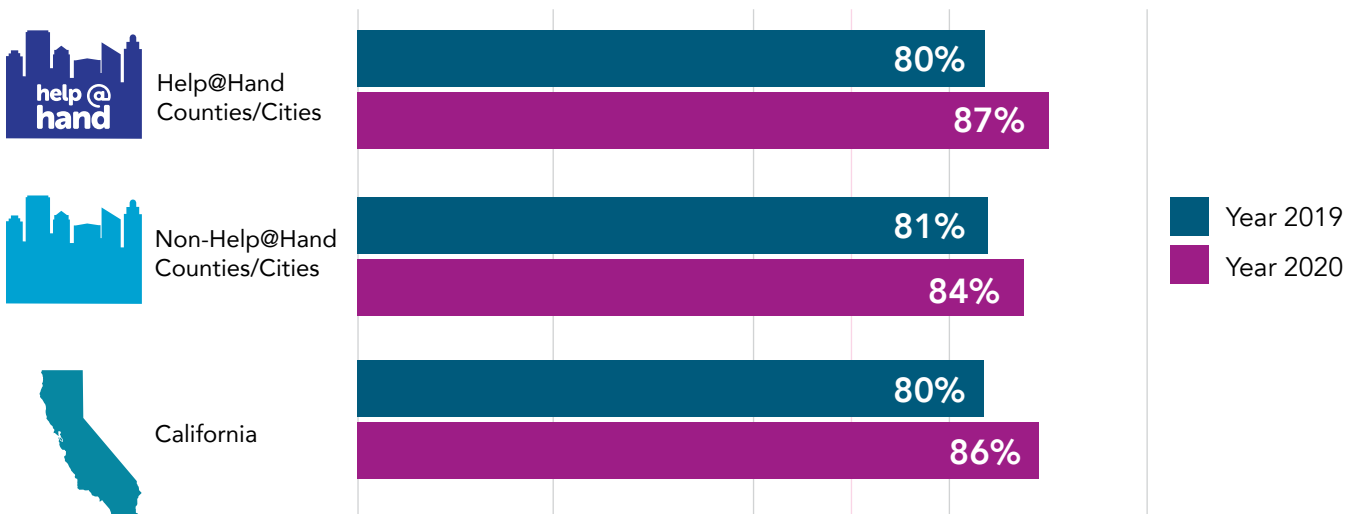
Age

Figure 4.5 shows that that 18-25 years also reported using online tools for mental health or addiction support more than other age groups in the past two years. However, the individuals from age groups 26-59 and 60+ years found these tools more useful than the 18-25 year olds. Most people who tried these online tools rated them as useful. For both the years of 2019 and 2020, the use of online tools for problems with mental health or alcohol/drug use was significantly different between the three age groups.

Figure 4.5. 18-25 Year Olds Reported Using Online Tools More than Other Age Groups.
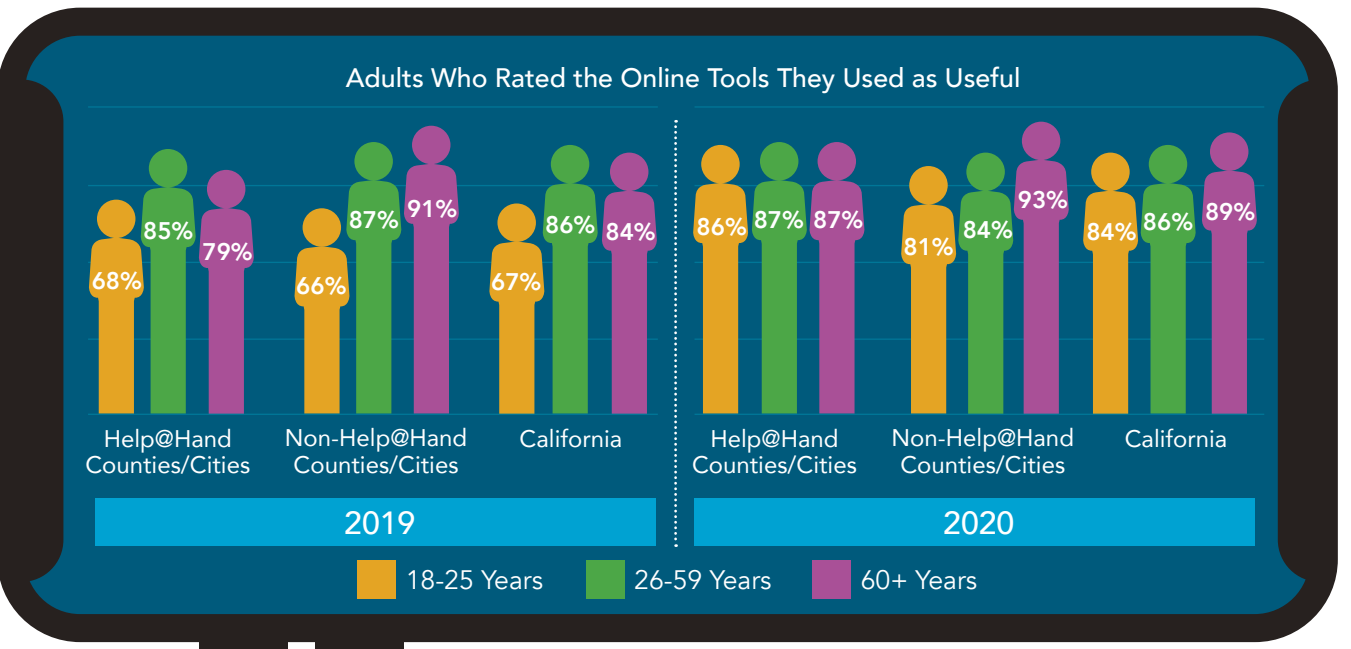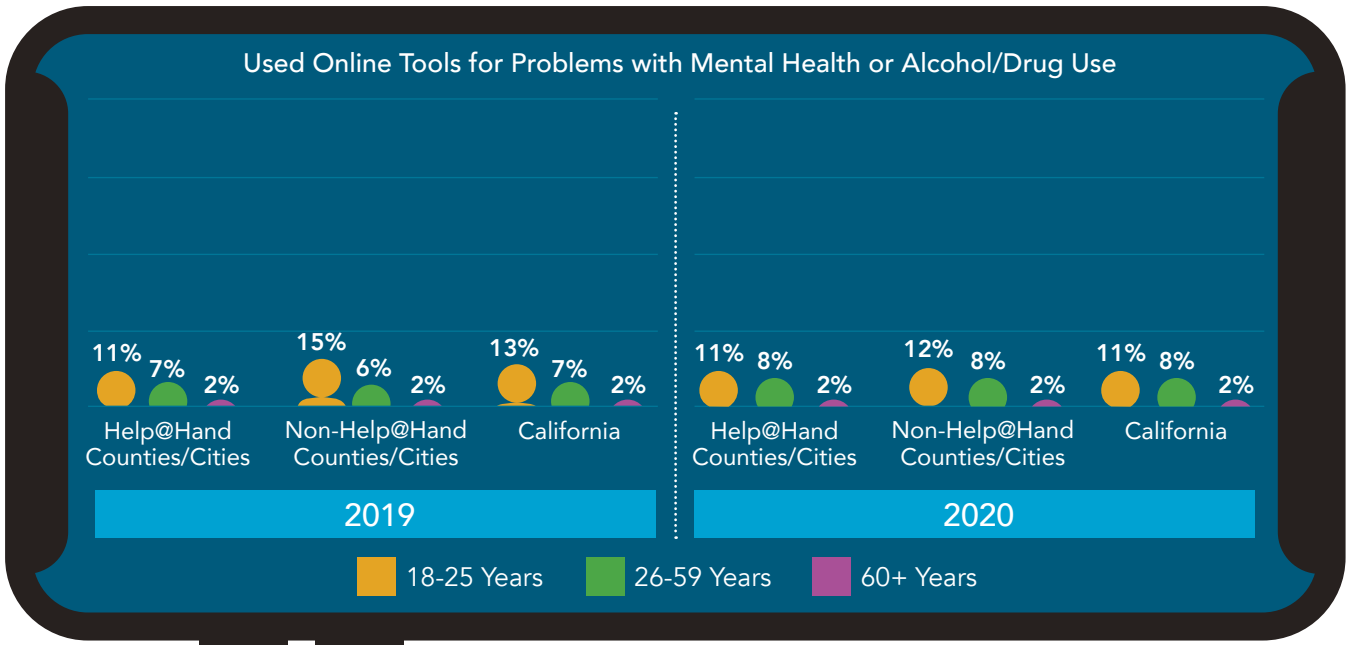
Distress Level

Figure 4.6 shows the percentage of adults that reported using online tools for mental health or alcohol/drug support in the past two years increased as the distress level increased. When asked about how useful the online support tools were, adults with high levels of distress reported the lowest levels of usefulness. This suggests that online tools may be more useful among people will low to medium distress levels. For both the years of 2019 and 2020, the difference in use of online tools between the distress level groups was statistically significant.

Figure 4.6. Use of Online Tools Increased as Distress Level Increased.

Used Online Tools for Problems with Mental Health or Alcohol/Drug Use

2019

	Help@Hand Counties/Cities	Non-Help@Hand Counties/Cities	California
None to Low Distress	3%	3%	3%
Medium Distress	11%	10%	11%
High Distress	22%	21%	21%

2020

	Help@Hand Counties/Cities	Non-Help@Hand Counties/Cities	California
None to Low Distress	3%	3%	3%
Medium Distress	13%	13%	13%
High Distress	23%	22%	23%

Legend: None to Low Distress · Medium Distress · High Distress

Adults Who Rated the Online Tools They Used as Useful

2019

	Help@Hand Counties/Cities	Non-Help@Hand Counties/Cities	California
None to Low Distress	91%	80%	87%
Medium Distress	81%	97%	86%
High Distress	72%	75%	73%

2020

	Help@Hand Counties/Cities	Non-Help@Hand Counties/Cities	California
None to Low Distress	90%	92%	91%
Medium Distress	91%	84%	88%
High Distress	82%	77%	80%

Legend: None to Low Distress · Medium Distress · High Distress

Use of Online Tools to Connect with Others

2019 vs 2020

Figure 4.7 reveals that the percentage of adults who reported using social media, blogs, or online forums to connect with people with similar mental health or alcohol/drug concerns slightly decreased from 2019 to 2020. This decrease was not statistically significant. The percentage of adults who reported using online tools to connect with mental health professionals slightly increased from 2019 to 2020. This increase from 2019 to 2020 was statistically significant in the comparison counties/cities and the State of California.

Figure 4.7. Use of Online Tools to Connect with Others Decreased From 2019 to 2020

Connected Online with People with Similar Mental Health or Alcohol/Drug Concerns

	Year 2019	Year 2020
Help@Hand Counties/Cities	5%	4%
Non-Help@Hand Counties/Cities	5%	4%
California	5%	4%

Used Online Tools to Connect with a Mental Health Professional

	Year 2019	Year 2020
Help@Hand Counties/Cities	6%	6%
Non-Help@Hand Counties/Cities	5%	6%
California	6%	6%
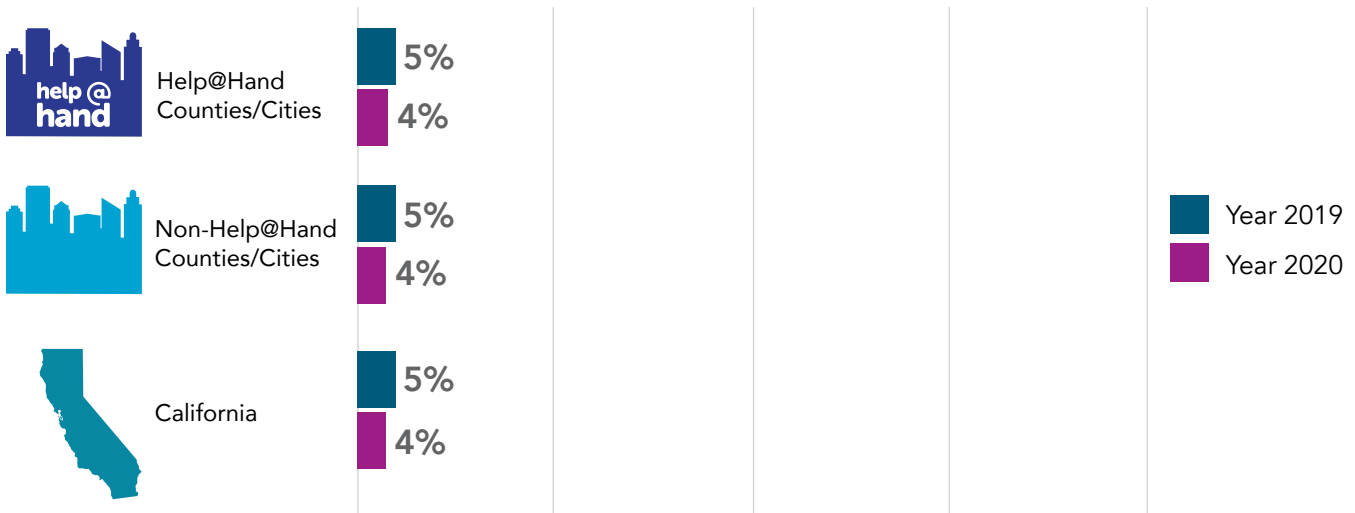
Age

As shown in **Figure 4.8**, only a small percentage of individuals surveyed used social media, blogs, and/or other online tools to connect with people with similar mental health or alcohol/drug concerns and/or connect with a professional, especially for the 60+ years old. In the 26-59 years old age group only a very small percentage of individuals connected with people with similar mental health or alcohol/drug concerns. That percentage was considerably higher for using online tools to connect with a mental health professional, especially when compared to the other age groups. For both the years of 2019 and 2020, the use of online tools to connect with others was significantly different between the three age groups. In California, for 2019 and 2020, the use of online tools to connect with a mental health professional was significantly different between the 18-25 and the 60+ years old, and between the 26-59 and the 60+ years old, but not between the groups of 18-25 and 26-59 years old.

Figure 4.8. Use of Online Tools to Connect with Others is Higher for the 18-59 Years Old.

Connected Online with People with Similar Mental Health or Alcohol/DrugUse

2019
- Help@Hand Counties/Cities: 12%, 4%, 1%
- Non-Help@Hand Counties/Cities: 16%, 4%, 1%
- California: 13%, 4%, 1%

2020
- Help@Hand Counties/Cities: 10%, 4%, 2%
- Non-Help@Hand Counties/Cities: 10%, 5%, 1%
- California: 10%, 4%, 1%

18-25 Years | 26-59 Years | 60+ Years

Used Online Tools to Connect with a Mental Health Professional

2019
- Help@Hand Counties/Cities: 6%, 8%, 2%
- Non-Help@Hand Counties/Cities: 7%, 6%, 2%
- California: 6%, 7%, 2%

2020
- Help@Hand Counties/Cities: 10%, 8%, 2%
- Non-Help@Hand Counties/Cities: 8%, 8%, 2%
- California: 9%, 8%, 2%

18-25 Years | 26-59 Years | 60+ Years

Distress Level

Figure 4.9 reveals that adults with higher distress levels were more likely to have used social media, blogs, or online forums to connect with people with similar mental health or alcohol/drug concerns and/or connect with a mental health professional. For both the years of 2019 and 2020, there was a statistically significant difference between the distress level groups in their use of online tools to connect with others with similar mental health or alcohol/drug concerns. There was also a statistically significant difference between the distress level groups in their use of online tools to connect with mental health professionals.

Figure 4.9. Adults with Higher Distress Levels More Likely to Use Online Tools to Connect with Others.
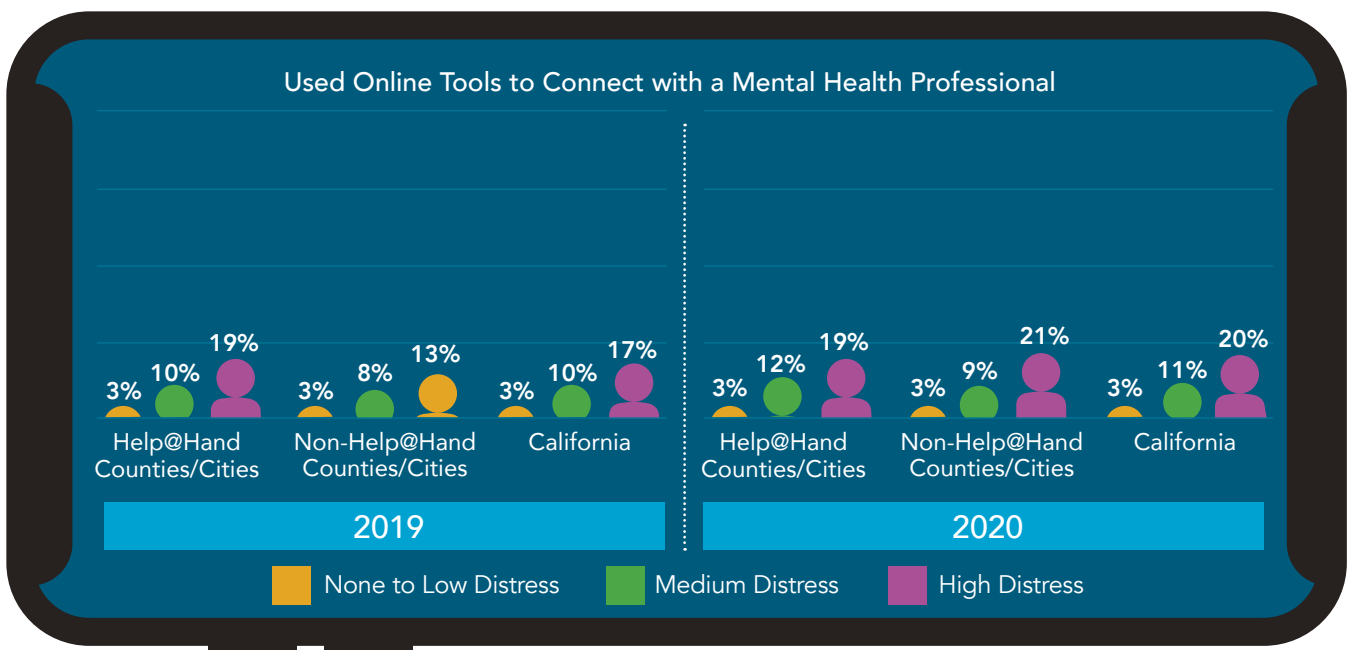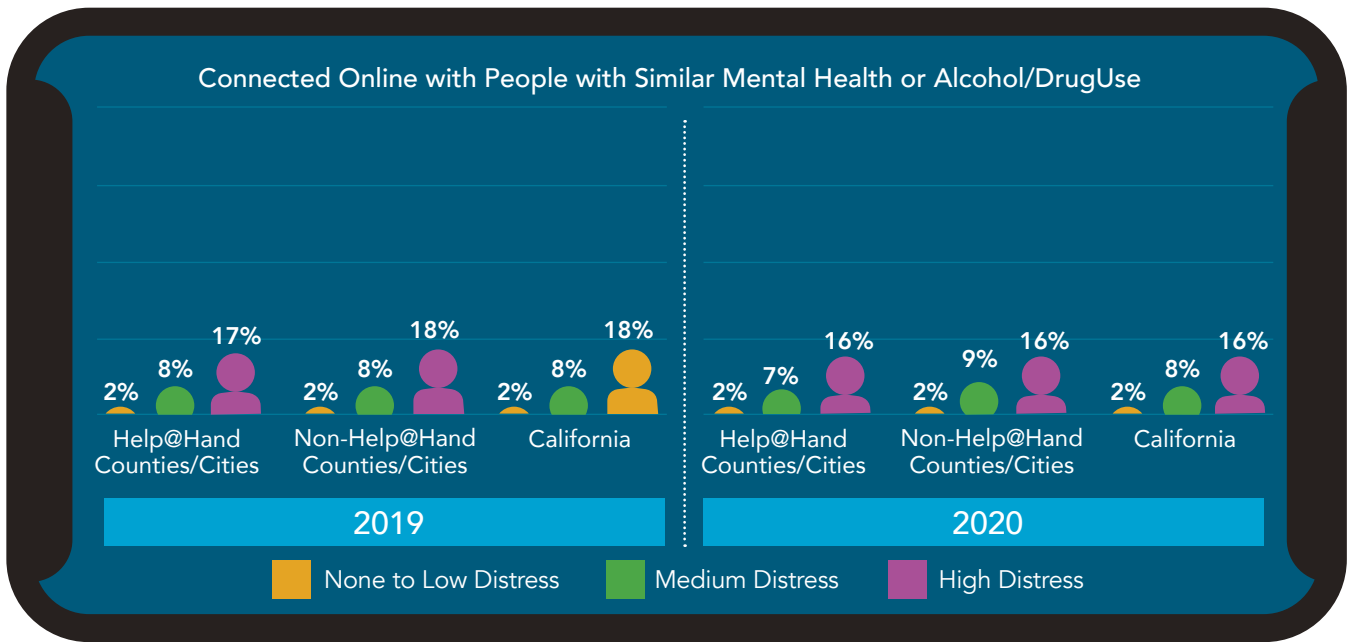
Learnings for the Help@Hand Collaborative: Outcomes Evaluation

The Help@Hand evaluation team examined statewide data:

Recent California Health Interview Survey (CHIS) data shows:

- **Technology Use by Age.** Adults from age groups 26-59 and 60+ years found online tools for mental health or addiction support more useful than the 18-25 years old. Only a small percentage of individuals surveyed used social media, blogs, and/or other online tools to connect with people with similar mental health or alcohol/drug concerns and/or connect with a professional, especially for the 60+ years old.

- **Technology Use by Distress Level.** Adults who have no to low distress levels use the internet and social media much less than adults with medium or high distress levels. When asked about how useful the online support tools were, adults with high levels of distress reported the lowest levels of usefulness. This suggests that online tools may be more useful among people will low to medium distress levels.

DATA DASHBOARDS

Orange County and the Help@Hand evaluation team planned to pilot decision support dashboards that would be shared with other counties/cities. This work is paused to allow Orange County to focus on other project priorities and activities.

The following recommendations are synthesized based on learnings presented throughout this report. Overall recommendations are designed to be broadly applicable across the Help@Hand Collaborative. Underneath each overall recommendation is a list of specific recommendations and/or learnings that emerged from the experiences of one or more Counties/Cities involved in the program over the last year.

Diversity, Equity, Inclusion (DEI) Considerations

Overall recommendation: Planning implementation strategies that recognize and address the unique circumstances of key target audiences may improve product uptake and maintenance.

Individual recommendations / learnings from Year 3 Annual Report:

- **Addressing linguistic barriers is only part of ensuring cultural appropriateness.** Additional considerations must be taken if the target population does not speak English. All communications need to be translated and vetted for linguistic and cultural appropriateness. Programs and technologies are often not linguistically and culturally appropriate even when translated.
- **Funding language translation as key milestone in product build.** Some Counties/Cities have been strategically including language translation as a part of their implementation plans. As an example, Riverside County was very deliberate in funding a language translator to support translation of content on the Take my Hand website.
- **Documenting and making available assistive technologies.** There are programs available through the County and/or State to support providing assistive technologies that may be leveraged around efforts to improve access to digital products.
- **Using feedback to inform service delivery.** Continuous client and stakeholder feedback is needed to ensure that the project is reaching and serving clients in a manner that embodies compassion, dignity, and respect.
- **Needs assessments and stakeholder input are important when planning to implement a technology** because they provide insight on which technologies would be most beneficial to the community. A needs assessment can reveal barriers that clients face when using telehealth services. A survey distribution plan should consider the varying levels of digital literacy among clients to determine the appropriate delivery method (e.g., paper, online, or phone survey).
- **Tailoring implementation to address specific needs and uses of a community.** Plans for implementing a product within a particular community should be built upon how the product is expected to be used by community members.
- **Creating a thoughtfully curated screening tool can help determine participant eligibility and fit.** Multiple Counties/Cities have developed tailored screening tools to facilitate identifying participants who are a right fit for the product.

Resources

Overall recommendation: On any project, resource management is key to delivering a successful project. Resource management plays an important role in setting project expectations, improving implementation processes, and increasing the likelihood of success. Multiple learnings have been derived in the area of resource management.

Individual recommendations / learnings from Year 3 Annual Report:

- **Clarifying funding to all levels of involved County/City decision makers early on:** Clarifying Innovation funding and the Mental Health Services Oversight and Accountability (MHSOAC) role has been essential to move approval forward for the City. Having updated applications represented in contract with CalMHSA has continued to be a concern of the County/City Legal and Department of Health.
- **Communicating with CalMHSA and vendor about expenses and approvals.** Multiple Counties shared the importance of staying in constant communication with vendors and CalMHSA regarding expenses and approvals of activities on each contract to avoid budgeting issues and/or making payments in error.

Obtaining Necessary Approvals

Overall recommendation: Consideration of needed approvals should take place early in the planning process to improve timeline adherence.

Individual recommendations / learnings from Year 3 Annual Report:

- **Obtaining the necessary approvals across the system takes time.** Be sure to bring in security, IT, Compliance and (if necessary) involvement of City Attorney at project outset to avoid delays.
- **Including key players early in the process.** In some Counties/Cities, there are multiple levels in approving technology contracts. As such, decision-makers approving these contracts need to be brought in at early stages of program planning/approval.
- **Using subcontracts may create additional requirements for approval:** Some Counties faced delays in approvals as a result of using subcontractors for project management and implementation. Using a third party (either to negotiate the Tech contract and/or to manage the project) may cause confusion in how to proceed around liability and insurance.
- **Partnering across multiple Counties creates additional approval processes.** For example, since Mental Health America San Francisco (MHASF) is leading the Take my Hand pilot, approvals throughout the pilot planning process were needed from both San Francisco and Riverside Counties. The requirement for multiple levels of approvals and involvement of multiple parties contributed to an expanded timeline.

Communication

Overall recommendation: With a project as large, complicated, and nuanced as Help@Hand, creating effective and reliable avenues for sharing information continues to require consideration. It is recommended that current strategies for supporting project communication be reviewed with an eye toward building and supporting effective communication strategies and eliminating those that have been ineffective.

Individual recommendations / learnings from Year 3 Annual Report:

- **Continuing refinement of communication processes.** Development and continuous reassessment of communication processes between organizations involved (e.g., county, vendor, community partners) are needed to avoid miscommunication and potential impact on the consumer experience.
- **Providing budgetary updates.** Stakeholders are interested in how dollars are being spent; therefore, budget information should be included in stakeholder presentations.
- **Increasing clarity around product uptake and other dashboard metrics** across pilots and/or implementations would be helpful in order to inform realistic goal setting and decision making at the local level.

- **Ensuring communication and buy-in is critical.** Synchronizing feedback from the various entities and stakeholders takes time and requires regular meetings to go from a disconnected silo implementation approach to an engaged collective approach. Regular communication, education and awareness processes are critical prior to being able to obtain the 'buy-in' of all entities and stakeholders involved.
- **Developing a shared understating with different project teams is a key part of collaboration.** Dedicate time to explore each teams' individual perspective and their understanding of issues and others' perspectives. When working with product teams, developing shared understanding and a shared language is a key part of the collaboration. For example, County Mental Health Department teams and product teams bring a very different perspective to development conversations (e.g. Counties bring a clinical perspective and product teams bring a technical perspective). This means that even the same terms may have different meanings to the different teams. Investing time in understanding these different perspectives and creating shared definitions can facilitate more meaningful collaboration. Consider working together to create documentation of shared terminology and definitions that can be referred to as a resource.
- **Supporting clarity of role expectation.** Clarification of approval roles has been helpful. For example, San Francisco County's Department of Health (DPH) oversees IT software and programs contracts while Community Behavioral Health Services (BHS) oversees community-based organizations (CBO) contracts.

Working with Partners

Overall recommendation: Involve partners early on and consider how partners' own resources and requirements may impact timelines.

Individual recommendations / learnings from Year 3 Annual Report:

- **Consideration for potential partners' internal timeline and requirements.** Product expansion efforts and target timelines could be impacted or delayed by potential partners (e.g. Community Colleges) internal timelines and requirements.
- **Contracting with external partners:** As noted above, using subcontracts may create additional requirements for approval (e.g. an additional Business Associate Agreement (BAA)).
- **Defining expectations among partners.** Not all partners have committed the same amount of time to the project. Standardizing expectations and monitoring hours can help ensure partners complete expected activities and spend the requisite time to ensure sufficient support. Relying on partners for staffing might create sustainability challenges and quality control issues if these expectations are not set and met.

Collaborating with Technology Vendor

Overall recommendation: The importance of developing an open and collaborative relationship with the Technology Vendor continues to emerge as an important learning. Having a Tech Vendor that is communicative and able to be flexible can: (1) Facilitate project management; (2) Improve product implementation in key target audiences; and (3) Support evaluation needs for understanding product impact in local communities. When choosing a particular Tech product, consider the potential quality of the working relationship with the Vendor as one of the key decision indicators.

Individual recommendations / learnings from Year 3 Annual Report:

- **Coordinating vendor timelines will help with project flow.** Synchronization of completion of work among vendors is important to help support timely implementations of chosen products.
- **Having a vendor that is communicative and able to be flexible can facilitate implementation of an app within a City/County.** Regular meetings with decision makers in technology vendor teams can facilitate

necessary conversations and product changes to meet the needs of specific target audiences. Working with a vendor that is flexible, communicative, and open can facilitate more efficient implementation.

- **Incorporating consumer feedback.** Working with an app vendor willing to review participant feedback and customize specific app features facilitates implementation of the app within the County. In multiple Counties, it has been important that the app product be customized to include local resources and content to meet consumers' needs.

- **Developing and supporting effective communication processes.** Effective project management involves developing and continuously reassessing the communication processes between organizations involved (e.g., county, vendor, community partners). These processes are needed to avoid miscommunication and potential impact on the consumer experience.

- **Clarifying and communicating privacy concerns when negotiating data collection and data sharing plans with Tech Vendors.** Counties and Cities have diverse and unique needs and regulatory expectations (e.g. security and compliance review) around the sharing of personal identifiable information (PII) with Tech Vendors. Planning for this process is a necessary step for any product implementation.

- **Understanding the available resources offered by the Tech Vendor.** Consider ownership issues, intellectual property, and/or licensing of products when deciding how best to move forward with custom builds. Initiate vendor calls early in planning to gain an understanding of these resources.

Peers

Overall recommendation: Peer recruitment, training, engagement, and involvement in decision making processes remain an important need across the project. Continuous efforts to center and elevate Peer voices is essential for success. Systems for continuous collaboration and information sharing across counties/cities for all Peers is also needed.

Individual recommendations / learnings from Year 3 Annual Report:

- **Hiring and retaining adequate number of qualified Peers is important to achieve optimal effectiveness of the Peer component.** Adopt a standardized definition of "Peer" and a common description of the dynamic roles, responsibilities, and expectations is crucial. Peers should also be given accurate expectations regarding their ability to influence programmatic decisions and that Staff who supervise Peers should have appropriate training in a Peer Employment Model to improve Peer retention.

- **Improving information-sharing infrastructure.** Establish a system and process to facilitate sharing of Peer Lead contacts, Peer-created resources, and Peer-led activities across Help@Hand counties/cities. Strengthen the Peer Lead calls by imposing more structure and open membership to Cities/Counties without a Peer Lead.

- **Centering and elevating Peer voices through engagement and inclusion in decision-making.** Peers have been instrumental in providing invaluable insights around mental health stigma and using preferred terms. Centering and elevating Peer voices is also a prime example of how sharing lived experiences and resources can be a healing and rewarding and mutually beneficial exchange

- **Including Peers in dissemination efforts.** Provide opportunities for Peers to give presentations to local committees and community groups.

Providers

Overall recommendation: Support and training for providers can facilitate product uptake. Refresher trainings, coaching, and additional materials (e.g. flyers) can be helpful. Many providers are limited in the amount of time they can dedicate to participating in pilots/outreach.

Individual recommendations / learnings from Year 3 Annual Report:

- **Offering ongoing support for referring providers.** Refresher trainings and additional materials (e.g., flyers) can help remind referring providers of the program and eligibility criteria.
- **Providing continued training and knowledge of updates on products.** As products change, providers need continued training to support using the product efficiently and effectively.
- **Educating providers about ideal clients to refer to particular products.** Counties have learned that particular products are ideal for clients with specific needs (e.g. people who are experiencing psychosis and able to maintain device and connection to clinic).
- **Engaging clinic staff can be challenging.** Some clinic staff are reluctant to join, stating they "don't have enough time." Address barriers early and share with clinic staff changes made to address their concerns. Support early clinical champions.

Consumer Experiences

Overall recommendation: In order to understand user engagement, Counties/Cities should consider not only capturing users' early impressions of a technology, but should also prioritize checking in at later time points to evaluate whether the content meets users' long-term needs.

Individual recommendations / learnings from Year 3 Annual Report:

- **Understanding of product and consumer engagement.** Vendors are continuously updating products. It is important to have a shared understanding of how the product evolves over time and terms that vendors use to describe consumer engagement.
- **Labeling impacts participants' use of features.** For example, the SOS button on the Wysa app was meant to connect consumers to crisis resources, but many were afraid to use the feature because they were afraid that emergency services would be contacted on their behalf. A more accurately labeled SOS button would encourage participants to use the feature and connect to local resources.
- **Understanding factors that influence abandonment of digital health interventions.** Common reasons for no longer using Headspace were that people were already using other strategies to support mental health and/or they just wanted to try Headspace. These insights can help determine whether people abandoning a product have other resources to support their mental health and whether efforts are reaching desired target groups who may be in more need of resources.

Consenting Consumers

Overall recommendation: The consent process requires careful consideration, time, and resources. Counties/Cities have encountered numerous hurdles in their efforts to develop their consent process. Any effort to implement a digital health product into County Behavioral Health must include consideration around consumer consent.

Individual recommendations / learnings from Year 3 Annual Report:

- **Consenting language must be linguistically and culturally appropriate for involved communities.** For example, language included as part of the consent said that "A4i is for people with schizophrenia". This use of a specific and narrow diagnostic term caused some resistance among participants who described themselves as having a diagnosis of Schizo-Spectrum. Involving Peers was key for making the necessary change to the language, which was changed to reflect "participants who meet criteria."

- **Developing a digital consenting process can improve access but takes time.** Digitizing the consent process allows consumers to provide consent on their own time and can reduce the wait time for consumers to enroll in the program. However, development of a digital consent process requires thorough testing and updates to internal processes before launching with consumers.

Digital Literacy

Overall recommendation: Digital literacy remains an important need across the project. Digital literacy skills vary across populations and individuals. Addressing digital literacy continues to be a need in the community, especially with vulnerable populations, communities of color, and individuals identified as limited English Proficient. It is recommended that County-level efforts to address the digital literacy divide be documented (e.g. create a white paper), integrating knowledge around availability of federal and state-wide resources.

Individual recommendations / learnings from Year 3 Annual Report:

- **Implementing digital literacy programs could be beneficial at every level of the project organization.** Digital literacy training programs may benefit not only clients and peers, but also providers and project leadership. Training programs could expand to support these additional stakeholders.
- **Documenting diverse models for providing digital literacy education.** As noted in previous evaluation reports, digital literacy varies across target populations and can impact participants' use of the app. For example, San Mateo County hosted Appy Hours for older adults throughout the pilot, but additional one-on-one technical assistance was recommended by county clinicians for the expansion to behavioral health clients. Marin developed a specific course to address digital literacy among older adults.
- **Holding monthly digital literacy workshops throughout the community** may increase digital literacy knowledge, help with accessing online community resources and promote feeling comfortable accessing telehealth services.
- **Developing digital literacy trainings that are both structured and adaptable.** Having a formal curriculum can ensure that key topics are covered. It is also important, however, to include time for hands on practice and offer classes on a variety of days and times to accommodate individual schedules. Furthermore, it is recommended to provide descriptions of each class including topics that will be covered.
- **Creating tutorials on how to use the specific app products:** Both TAY and older adult pilot participants recommended providing additional guidance, such as video tutorials, on navigating the app and the features available.
- **Planning substantial time to support digital literacy efforts.** For example, more time was needed to onboard participants to myStrength than originally planned for, as people needed assistance accessing Wi-Fi, becoming digitally literate, and understanding how to use the technology.
- **Hands-on learning is best.** Teaching people by demonstrating and allowing them to get their hands on a keyboard/device to maneuver around the digital environment is superior to any articulate training which tries to mimic the interactions. Holding Consumer Trainings works best when they already have the device in-hand.

Project Efficiencies

Overall recommendation: Year 3 was an infrastructure building year, and much consideration was given to how to improve efficiencies and streamline/simplify processes across the project. Recommendations include developing project management documentation at the local level, which can then be distributed across Help@Hand to serve as a source of ideas. Many specific learnings noted below were around how to make approval processes more efficient.

Individual recommendations / learnings from Year 3 Annual Report:

- **Streamlining project approval processes and general project management** has been an essential component for planning, executing, and monitoring technology launches.
- **Consider developing implementation guidance or toolkits** that highlight best practices for Tech implementation, including need for counties to have a team to support subcontractor implementation and components that may require approval (Security, IT, Compliance) by counties so they can prepare.
- **Using program and local branding.** A County shared that in order to produce and distribute written materials quickly, it was best to use the Help@Hand and local logos, rather than the County Behavioral Health logo, to mitigate lengthy approval processes.
- **Distribution of Information:** Having a designated location for project planning and development to provide a visual of everyone involved and their respective assignments with the Help@Hand efforts can help with the clarity and transparency of the project.
- **Developing training materials that can be easily updated as Tech product changes.** Efforts to develop training materials in a timely manner can be delayed or become obsolete with Tech software developments (e.g. Vendor changed the appearance of graphics and new screenshots). Consider developing materials that are flexible and can anticipate future changes.

Project Planning and Meeting Frequency

Overall recommendation: Using a one-size-fits all model for project planning and management is not well-suited to such a large and diverse program. Efforts to tailor to individual County/City and project needs have proven to facilitate progress across Help@Hand.

Individual recommendations / learnings from Year 3 Annual Report:

- **Leading productive and frequent meetings with team will help move the project along.** For example, in one County, it was noted that holding weekly meetings with the Peer, Cultural Competence and Ethics Services Manager helped ensure that the Project Manager, Outreach Coordinator, Recovery Assistants and Digital Navigators sustained the outreach and engagement plan for the upcoming roll-out of the technology licenses.
- **Identifying the frequency of meetings needed for specific parts of the project.** Similarly (as referenced above), Recovery Learning Communities benefited from bi-weekly meetings to plan the approach to increasing access to smartphones, digital literacy, and the use of proposed technology.
- **Consider offering size-appropriate support to smaller members of collaborative.** The size, bandwidth, and resources of a collaborative member vary from city to county within this project. Milestones that affect larger, more well-resourced counties may not be appropriate or a reasonable measure of success for smaller jurisdictions.
- **Budgeting for more time when implementing multiple projects.** It takes a substantial amount of time and effort to move forward with implementing multiple concurrent technology projects, and to make progress with moving from the planning phase to Go-Live status. Budgeting for this extra time is important for ensuring that deadlines are met accordingly.

Marketing

Overall recommendation: Marketing a planned implementation is a key component for bringing the target audience to a product. Attracting a specific target audience requires that the marketing strategy be unique and tailored, rather than generic and broad.

Individual recommendations / learnings from Year 3 Annual Report:

- **Marketing matters.** Counties have reported that contracting with a marketing vendor that is easy to work with and adaptable is a great way to let respective communities know about local innovation programs.
- **Utilizing a marketing firm to increase awareness and interest in the apps has been very beneficial and successful.**
- **Sharing branding guidelines early on in the project.** A branding guidelines toolkit for Take My Hand should be shared at the beginning of website development to avoid the development of unused content, branding, and marketing.
- **Planning for additional time prior to the implementation to identify outreach and marketing tactics is a necessary step.** Similarly, this can help to ensure the necessary approvals have been obtained to prevent future delays or implementation pauses.
- **Multiple recruitment strategies are needed to achieve success.** Marin leveraged multiple relationships to recruit program participants. For example, to reach the targeted population, they worked with a network of Promotores, as well as a senior services program, that knows the community well. Flyers at local establishments and other outreach strategies were not found to be successful.
- **Addressing key concerns in marketing materials.** Common reasons for deciding not to use a particular product revolved around individuals being too busy and the perception that use of the produce would take up too much time. These reasons are important to consider when offering digital tools: it may be useful to communicate the time commitment involved and to think through ways to make integration of mental health and wellness supports in people's daily lives easier.

Devices

Overall recommendation: Many Counties/Cities are doing a lot of work around device distribution. Consider developing a white paper device distribution that synthesizes learning and recommendations, including providing information about local, state, and federal support programs. Additional recommendations are noted below:

Individual recommendations / learnings from Year 3 Annual Report:

- **Providing phones to constituents requires consideration around multiple philosophical choices** (e.g. to give the phone or to lend it? To monitor phone usage) **and practical choices** (e.g. to deliver phones through pre-existing program or create a new program?).
- **Negotiating with cell phone companies to procure phones is complicated and can take large amounts of time.** Consider leveraging resources at CalMHSA to support contracting and sharing of information.
- **Device charging considerations for your target population.** Clients need a safe place to charge their phones. Helping ensure clients have access to safe charging spaces may encourage uptake in device and app use.
- **Lack of identifying documents may cause access barriers to Lifeline devices.** Due to lack of identifying documents, lack of residency, and lack of proof of benefits (Medi-Cal benefits card), clients may encounter barriers in accessing smartphones under the Lifeline grant. Furthermore, Lifeline vendors may be better

suited to train non-county employees due to the liability that may arise from the conflict of interest.

- **Access to technology such as smartphones, tablets, or computers; lack of broadband access; and how to use the devices are barriers to health care and wellness.** With the shift to telehealth due to the COVID-19 pandemic, the depth of the digital divide that exists among communities of color, those in rural areas, and low-income households such as those served in the behavioral health system became clear. It is important to establish a partnership with companies and government-sponsored phone vendors that can offer more affordable and accessible high-speed internet to individuals.
- **Facing barriers to distribution of devices during COVID-19 pandemic:** Due to the COVID-19 pandemic, technology procurement faced shortage of devices. Devices were still available but in smaller quantities. Additionally, there was a shortage of phone chips which are required for internet access.
- A**pplying learnings gained from working with the community:** A lesson learned from working with this population is that access to technology is not possible for everyone, and there is a deep digital divide. Focus has now shifted to what community members need now: access to devices that help connect with mental and physical health resources online

Kiosks

Overall recommendation: Kiosks placed in key client locations can be an effective way of reaching many people. Riverside County shared specific learnings and recommendations around installing kiosks noted below:

Individual recommendations / learnings from Year 3 Annual Report:

- **Installing kiosks is associated with various barriers.** Kiosk installation is cumbersome for programs in leased buildings/spaces. Longer lead-time is required to get all parties (program administration, supervisor, leasing agent, and building owner) on the same page to approve and schedule installation. Riverside also found it best for kiosks' key to be managed by the IT contractor and the Help@Hand Administration team to ensure proper maintenance and kiosk availability. It is instrumental to secure a partnership with an experienced IT agency.

Evaluation

Overall recommendation: There is a need for increased sharing of actionable insights that can benefit the collaborative and increase synthesis across Counties. There are a number of strategies that can be employed to support this effort – searchable databases, shorter documents that offer technical assistance, more opportunities to meet to discuss targeted topis, in-person meetings, and cross role-calls (e.g. peers on tech lead) – to name a few. Partnering with Counties/Cities to identify strategic efforts for addressing best practices for disseminating information across the collaborative will accelerate program impact.

Throughout evaluation data collection efforts in Year 3, there were several learnings around how to support stakeholder participation in evaluation efforts.

Individual recommendations / learnings from Year 3 Annual Report:

- **Prioritizing the most important questions is necessary to reduce respondent burden.** It is necessary to strike a balance between evaluation questions the County/City want to ask and questions that are important for the technology teams to have answered. This can help maintain a manageable number of questions for respondents.
- **Being conscious of the tone of survey questions.** It is important to take additional steps to minimize

discomfort, including adding language to introduce the survey questions, allowing participants to skip questions, providing a list of support/resources, and telling participants about the types of questions that will be asked.

- **Clarifying to consumers the role of evaluation.** Information about the role of evaluation in Help@Hand and, where necessary, evaluator contact disclaimers should be added when consumers sign up for a tech app should be clarified.

Sustainability

Overall recommendation: Counties/cities should consider opportunities for sustainability and lasting impact of project outputs.

Individual recommendations / learnings from Year 3 Annual Report:

- **Start preparing now for project end.** County/City teams are learning important skills and information about how to navigate County processes, implement tech programs, build out infrastructure, train staff, upskill relevant teams, etc. This new-found knowledge will be lost without either developing ways to acknowledge and retain involved talented staff and Peers and/or documenting standards of practice.

California Lifeline Program. (2006). *California Lifeline*. https://www.californialifeline.com/en

Department Brochures, Fact Sheets and Flyers. (n.d.). Countyofsb.org. Retrieved January 25, 2022, from http://countyofsb.org/behavioral-wellness/deptbrochures.sbc

Informed Consent FAQs. (n.d). hhs.org. Retrieved January 25, 2022, from https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html

MacDonald, G., Odeh, K., & Stern, A. (2020). Creating Equitable Technology Programs A Guide for Cities. *Urban Institute*. https://apps.urban.org/features/how-to-create-equitable-technology-programs/#intro

Nambisan, P., & Nambisan, S. (2017). How Should Organizations Promote Equitable Distribution of Benefits from Technological Innovation in Health Care?. *AMA Journal of Ethics. https://journalofethics.ama-assn.org/article/how-should-organizations-promote-equitable-distribution-benefits-technological-innovation-health/2017-11*

Perez, S. (2016). Nearly 1 in 4 people abandon mobile apps after only one use. *TechCrunch*.https://techcrunch.com/2016/05/31/nearly-1-in-4-people-abandon-mobile-apps-after-only-one-use/#:~:text=Based%20on%20data%20from%20analytics,to%2038%20percent%20in%202016.

Planning a Mobile Phone Distribution? 10 things to consider, okay... there's a few more. (n.d.). https://www.unhcr.org/innovation/. Retrieved February 7 ,2022 from https://www.unhcr.org/innovation/planning-mobile-phone-distribution-10-things-consider-okay-theres/

The Digital Inclusion Start-Up Manual. (n.d.). digitialinclusion.org. Retrieved February 7, 2022 from https://startup.digitalinclusion.org/

USAC Affordable Connectivity Program. (n.d.). acpbenefit.org. Retrieved February 7, 2022 from https://acpbenefit.org/

Each Help@Hand county/city completed the following tables describing their program information, accomplishments, lessons learned, and recommendations.

City of Berkeley	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Karen Klatt • Kirsten White	• Same as Quarter 1	• Karen Klatt • Kirsten White (until mid-September)	• Karen Klatt
Implementation Site	• N/A	• N/A	• N/A	• In November 2021, the myStrength and HeadSpace apps were made available to anyone who lives, works, or goes to school in the City of Berkeley
Team Composition	• Behavioral Health Director • MHSA Coordinator • Peer Lead • Consultant • Consultant • Clinical Coordinator	• Same as Quarter 1	• Everything remained the same, except the consultants ended their work on the project in mid-September	• Same as Quarter 3
Target Audience	• TAY • Isolated seniors • Communities of color, including African Americans, Latinx, and Asian Pacific Islander (API) community members • General population of City of Berkeley • *Note: None of the apps included in the RSFQ are specifically designed to support mental health access/care for Black, Latinx, AAPI, or Indigenous populations. City of Berkeley is working with a marketing vendor to ensure outreach is inclusive and engages target populations.*	• While we would like to reach these populations, the apps will be released to the general population	• Same as Quarter 2	• Same as Quarter 2
Products in Use/Planned	• Headspace – two-year contract, launching July 1 • myStrength™ – one-year contract, launching July 1	• Both apps will be launched in September 2021	• Both apps will be launched in October/November 2021	• Both apps were launched in November 2021
Implementation Approach	• Rapid Response	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Other Unique Program Qualities	• N/A	• N/A	• N/A	• N/A
Milestones	• Finalized apps and timeline for each app • Identified marketing vendor. CalMHSA to sole source marketing vendor for the City of Berkeley	• Executed the Participation Agreement (PA) with CalMHSA • Transferred payment to CalMHSA • Worked with CalMHSA on details around the remaining project budget • Worked with CalMHSA on details for the marketing vendor contract	• Started working with the marketing vendor, Uptown Studios • Started working with the local evaluator, Hatchuel, Tabernik & Associates	• Continued working with Uptown Studios • Continued working with local evaluator regarding the evaluation plan • Obtained City Council approval to amend Help@Hand PA to provide some of the local project funding to CalMHSA for the marketing and app expenses

City of Berkeley	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Lessons Learned Across Year 3	• N/A			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan–Dec 2021)	MindLAMP Quarter 1-Quarter 4 (Jan–Dec 2021)	SyntraNet Quarter 1-Quarter 4 (Jan–Dec 2021)
Tech Lead(s)	• Alex Elliott, MSW.	• Alex Elliott, MSW.	• Alex Elliott, MSW.
Implementation Site	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management	• DMH directly operated and legal entity outpatient Dialectical Behavioral Therapy (DBT) clinics	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management
Team Composition	• Keri Pesanti, Robert Byrd, Laura Li	• Alex Elliott, Lynn McFarr, Ivy Levin, Laura Li, Alex King, Ben Wu	• Yvette Wilcock, Laura Li
Target Audience	• Los Angeles Residents • Transition-Aged Youth • Veterans • Monolingual Spanish Speakers • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting • County employees	• Clients receiving DBT in a DMH directly-operated or legal entity outpatient clinic	• Los Angeles Residents • Transition-Aged Youth • Veterans • Monolingual Spanish Speakers • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting • County employees
Products in Use/Planned	• iPrevail	• MindLAMP	• SyntraNet
Implementation Approach	• Free access provided for all Los Angeles residents • Additional marketing in schools to students aged 15+ • Additional marketing to call-in centers • Demonstrations of iPrevail provided to mental health provider agencies and their staff, Community and Faith Based Organizations, Community Ambassadors, and Peers. • Worked with the Veterans Peer Access Network to provide presentations on iPrevail and materials for Veterans and their families. • Content available for Spanish speakers	• Offered to clients in DBT programs in LA County • Content available for Spanish speakers	• Allows a range of functionality for LACDMH Employees to support their clients. • Initially being implemented in Enhanced Care Management (ECM) services.
Other Unique Qualities	• N/A	• MindLAMP is a unique open-source solution that could be implemented by other public mental health systems. Los Angeles county has created an infrastructure for adopting open-source technologies which could be used by other counties in the collaborative. • Los Angeles County's MindLAMP implementation has the ability to enhance telehealth by facilitating virtual administration of a digital card and resources that support recovery.	• SyntraNet is an integrated care platform which will allow LACDMH a range of functionality to support their clients. • The goal of using SyntraNet is to build a care community that ensures clients across services get the right care at the right time at the right place.
Milestones	• Increased marketing efforts through multiple media releases • Provided demonstrations in coordination with LACDMH • Partnered with the Veterans Peer Access Network to increase awareness of iPrevail among Veterans and their families • Launched Spanish language version in Quarter 4 of 2021 • Integrated outcome questionnaires/surveys into iPrevail platform • IPrevail worked with the LACDMH team to develop marketing materials in both English and Spanish to be distributed to various stakeholders within the County.	• Moved MindLAMP solution between different technology platforms (from Amazon Web Service to Microsoft Azure Cloud Service platform). • Employed Azure DevOps Pipeline to improve process for automation of new application updates tested with minimum resource involvement. • LA County DMH is the pioneer in using the latest Azure Kubernetes Service to stand up the MindLAMP solution. • Used Azure Kubernetes Service to host the platform in a secure environment and allow connections to different services and registries. • Added content for Spanish speakers. Updated DBT diary card, UX, UI, and data visualizations.	• Developed shared language to use with Thrasys during development phase • Worked with Thrasys to minimize the manual work associated with ECM report generation required by Medi-Cal Managed Care Plans (MCPs). • Uploaded care program enrollees (i.e. specifically Medi-Cal beneficiaries enrolled in Whole Person Care Programs who will transition to receiving ECM services effective January 1, 2022) into SyntraNet so that the platform can be used beginning January 2022.

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan–Dec 2021)	MindLAMP Quarter 1-Quarter 4 (Jan–Dec 2021)	SyntraNet Quarter 1-Quarter 4 (Jan–Dec 2021)
Lessons Learned Across Year 3	• **When working with product teams, developing shared understanding and a shared language is a key part of the collaboration**. Los Angeles County mental health department teams and product teams bring a very different perspective to development conversations; for example, Los Angeles County brings a clinical perspective and product teams bring a technical perspective. This means that even the same terms may have different meanings to these different teams. Investing time in understanding these different perspectives and creating shared definitions can facilitate more meaningful collaboration. This is a key part of the collaboration between Los Angeles County and Thrasys while building the SyntraNet platform. • **Having a vendor that is communicative and able to be flexible can facilitate implementation of an app within a city/county.** • **Digital literacy programs could expand to support these additional stakeholders**. Digital literacy training programs may benefit not only clients and peers but also providers and project leadership. • **Implementing a product within a county can create an opportunity to develop infrastructure to support future technology projects, both within counties across the collaborative**. For example, through implementation of MindLAMP, Los Angeles County have invested time and resources in building out an infrastructure and upskilling relevant teams which will facilitate more efficient technology roll-outs in future. • **When building surveys, prioritizing the most important questions is necessary to reduce respondent burden**. It is necessary to strike a balance between evaluation questions the county/city need to ask and questions that are important for the collaborative to have answered. This can help maintain a manageable number of questions for respondents. • **There is a need for increased sharing of actionable insights which can benefit the collaborative and increase synthesis across counties**. This could help counties learn from one another and not have to reinvent the wheel. • **Additional challenges may arise when implementing technologies with larger teams**. Projects within Los Angeles County are discrete and managed by different teams. As such, extracting all the information need for evaluation and synthesizing across technologies can be challenging. • **Technical updates and considerations are needed when implementing open source or custom technologies**. Additional technical knowledge is needed when implementing MindLAMP and other open-source solutions into the LACDMH IT ecosystem. • **For technology programs, developing a communication and marketing plan developed with a timeline and impact indicators would be helpful to ensure dissemination to the intended populations**. This could assist in targeting what strategies were effective in engaging new users.		
Recommendations Across Year 3	• N/A	• The collaborative would benefit from the Help@Hand evaluation team sharing learnings from other (non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts.	• N/A
Cross County/City Sharing Across Year 3	• Upcoming Help@Hand LA spotlight for the Tech Lead Collaboration Meeting (Feb. 2022)	• The Riverside team recommends to regularly assess the prioritization of each of the projects. It is also critical to regularly evaluate the team members' workload and appropriately manage staff time and resources. This regular evaluation may result in making decisions such as putting some of the projects in a pause status until we are able to resume the work. • LA county shared sample press releases for Headspace and iPrevail which assisted other counties and cities in developing their own. • LA county has routinely shared resources and best practices to broaden accessibility to technology, as well as how California residents can secure free or low-cost assistive technologies and broadband internet.	• N/A

* Information for Los Angeles County's Year 3 Headspace activities was not available for this report.

Marin County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Lorraine Wilson	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Implementation Site	• Marin County – Community/Field Based	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Team Composition	• Lorraine Wilson, Tech Lead • Dámaris Caro, Peer Lead • Chandrika Zager, Prevention and Outreach Supervisor	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Target Audience	• Isolated Older Adults	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Products in Use/Planned	• myStrength™	• myStrength™ Unipercare/Covia	• myStrength™ • Uniper care will not be piloted in Marin County	• myStrength™
Implementation Approach	• Provide group digital literacy classes and one-on-one support (virtual and in-person) prior to myStrength™ engagement • Utilize nurse interns, peer and Promotores to deliver coaching and support	• myStrength™: • Peer, staff and promotores provide coaching support for older adults post nurse internship and through end of myStrength™ pilot • Unipercare/Covia: • Exploring Uniper planning to focus more on congregate housing (Board and Care facilities, BHRS contract agencies, low-income housing)	• myStrength™ will be implemented in Marin. This decision was made on 9/14. • Design in process.	• Decision made to provide center-based services only for low digital literacy participants (no home visiting) and remote engagement for higher literacy participants.
Other Unique Program Qualities	• 50% English Speaking (Geographically Isolated West Marin) • 50% Spanish Speaking (County Wide) • Provide in person and virtual coaching of older adults to support digital literacy and myStrength™ engagement through partnership with the Division of Aging Telehealth Equity Project (13 Nurse interns from 2 universities) and Promotores, Peer, BHRS Intern and Tech Lead	• myStrength™: • 50% English Speaking (Geographically Isolated West Marin) • 50% Spanish Speaking (County Wide) • Unipercare/Covia: • TBD – Countywide pilot in English and Spanish Vendor requires 100 or more to access vendor support for installation of product and internet enabled devices. Product can be fully accessed through television remote (potentially eliminating need for digital literacy) • Delivery of technology/internet through the vendor and coaching support through volunteer teams TBD - intergenerational	• Marin will primarily focus on older adults with the lowest digital literacy. • Older adults are the most underserved and least likely to gain access to mental health supports or technology.	• Marin will provide a 2-cohort model • High support for low digital literacy participants with coaching, online check in and group classes. • Very limited support for high literacy participants with simply a link to product registration and demonstration video – possibly one class to overview features and benefits of myStrength product.
Milestones	• Enrolled 41 participants in pilot. • Recruited and trained 13 nurse interns, 4 Promotores, 1 BHRS intern and 2 staff (Peer and Coordinator) in supporting older adults to engage with Help@Hand • Offered all participants a series of four virtual group digital literacy courses (Computer Basics, Internet Basics, E-mail Basics and myStrength™) through 6 class cohorts to prepare older adults to engage with myStrength. • Served 10 older adults who were brand new to devices and Wi-Fi	• myStrength pilot: • Complete. Data analysis in progress. • Unipercare/Covia: • Meeting with key Marin constituents and potential partners. Designing pilot.	• Data analysis completed with Help@Hand evaluation team (38 Page Report) • Help@Hand team reviewing pilot results with key constituent groups (e.g., Advisory Committee, Mental Health Board, Aging Commissioners, Division of Aging, Help@Hand collaborative, Inform and Connect – over 200 aging related organizations in Marin) • Division and key constituents endorsed moving forward with implementation of myStrength • Advisory Committee helping to shape program concept (in progress)	• Developed concept for implementation design • Developed Gantt chart for project implementation • Designed screening criteria and form • Secured advisory committee endorsement for model

Marin County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Lessons Learned Across Year 3	- Adding TEP partnership two months before the planned pilot roll out created a unique opportunity to leverage an already existing program that was able to provide telehealth equity support to older adults. It provided in-person labor that was limited in the local project. Given the complexity of the project, future efforts should include additional time to address extensive cross department and agency planning. - Establishing partnerships, such as TEP (USF and Dominican University), Promotores, Technology4Life, and West Marin Senior Services, created opportunities for addressing needed personnel support, and created wins for cross-partnership in-kind contributions (e.g. 13 interns, 4 Promotores, 2 staff, 1 BHRS intern and built in participant referral sources.) - Adding this complexity to project design, however, also created the needs for additional effort around planning for coordination, project management, shared visioning, and developing communication channels while simultaneously providing needed participant support - Onboarding nurses and Promotores required the development of training materials and a handbook to be created by Help@Hand coordinator covering topics such as: Home Visiting safety protocols, COVID-19 protocols, mandatory reporting requirements, privacy and security guidelines, roles and responsibilities, techniques for working with older adults, understanding of digital literacy issues, and more. This resulted in the creation of a 25-page training manual that necessitated endorsement from Management, County Counsel, Compliance, Public Health, Office of Volunteer Management and the Telehealth Equity Project (i.e. respective universities) under tight turn around timelines. - The target population was lonely/isolated older adults. Operationalizing the definition of 'isolated' required up-front discussion with County stakeholders, our Peer and with project evaluators to ensure that the appropriate people were being included in the pilot program. Defining who was eligible to referring entities while meeting enrollment quotas was difficult, as the definition relied on a data driven approach that involved asking people to self-report indicators of loneliness and isolation - Conducting more pre-screening of participant needs, barriers, challenges and strengths prior to pilot launch would have supported staff and interns in better supporting participants - Addressing barriers around access was critical for program success. Providing low-cost internet is challenging to establish; internet provider has inconsistent policies and procedures - Engaging low digital literacy participants requires significant and ongoing hands-on/in person support - Nurse support levels were highly variable, and consistency of messaging on pilot goals, coaching support and product demonstrations were hard to control for using interns; some interns lived over 70 miles from participants making home visits challenging and not always in alignment with participant need - Using the TEP with set intern schedules (mostly Thursdays only) and digital literacy classes to mirror that schedule made it difficult for people with diverse scheduling needs and abilities to work together. For example, participants frequently had unique medical and personal challenges that made it difficult for them to adhere to a rigid class/home visit schedule and cohorts for group classes of like individuals were challenging to create (i.e., geographic proximity for intern travel feasibility, device type- keeping classes appropriate to device of participant – Android or Apple), etc. - The Promotores model provides culturally responsive support with a more flexible schedule. Promotores speak Spanish and understand cultural relevant nuances i.e., Some participants in this cohort feel obligated to use the app because they received a tablet and not necessarily because they are participating as testers for the app. Promotores help participants not only with the app, but in a variety of other tasks that participants have to complete in their daily life. - Promotores called participants even on weekends and at nigh if necessary to accommodate participants schedules. For example, one participant that works M-F from 8 a.m to 5 p.m and takes online classes a couple of days a week from 6 to 8 p.m. The Promotora working with her, is calling her on weekends or night times (the days she doesn't have classes). They talk about the app and tech questions participant may have. They also talk about life and they share strategies to overcome difficulties in life - Not all participants were onboarded to myStrength at the same time (some participants starting over one month late due to life challenges or medical issues), leading to a drawing out of the timeframe for the pilot - Feedback from interns suggest that product marketing should be tailored to respond to the unique interests of the target populations (older adults and Spanish Speakers) - Accessing electronic gift cards creates additional barriers for many older adults and developing additional incentive strategies that are tailored to the target audience may be important to consider. - When working with the older adult community, it is important to recognize that significant variation in digital literacy skills (e.g. for example some participants needs basic support turning on and working with a computer while others were quite advanced) –Project design should be responsive to this heterogeneity. - There were challenges organizing older adults into cohorts: geographic location and travel time, intern pairing for home visits, in person or remote support requests, device type (separate classes for Apple and Android), digital literacy level (preventing those more advanced from sitting through very basic training) and language (English or Spanish) all were important variables that required consideration that contributed to a complex process for matching participants together - The individual set up of devices and e-mail accounts was labor intensive in the absence of solutions such as Google Workspace. Future efforts to centralize device set up may contribute to project efficacy - Developing detailed and comprehensive support and training and more detailed roles and responsibilities for interns would have been beneficial had the timelines allowed and communication directly between Help@Hand and university faculty earlier on may have prevented a misalignment of expectations for some interns - Need to consider additional hurdles around documentation status. Some participants who were undocumented were not able to secure internet service, as they did not have a way to prove their income status, and thus could not participate in the program. Could be resolved by paying a different internet plan - Low-cost internet is not always reliable or consistent, resulting in some participants unable to consistently engage in classes; this was particularly challenging for anyone in shared housing, or congregate/low-income housing - Understanding the depth of the extent to which the technology is available in multiple languages of the technology is important. For example, not all the app content is translated into Spanish: myStrength videos are in English-- some have subtitles in Spanish and some have transcripts. This made it difficult for participants to engage - Many older adults struggled to successfully "tap" the Samsung 10" Tab A screen due to dexterity and familiarity and providing a stylus did little to remedy the situation - English Cohort: Older adults that finished out pilot with staff coaching showed high interest in use of Google and Youtube and less in myStrength. - Piloting takes considerable planning time and planning more than one pilot is not feasible at this stage in the project - Impact of myStrength and Digital literacy training on older adults overall wellness and confidence with technology exceeded our expectations – see report. Learnings from report will shape implementation design (in progress) - Intern model for digital literacy/myStrength coaching does not work from a logistics standpoint – need more flexibility in scheduling and availability from coaches, as well as control over messaging. - Low digital literacy adults need INTENSIVE support (in person) to gain confidence in using technology - The desire to engage high and low literacy adults requires different strategies and a project design than originally envisioned – one size will not fit all. The intensive digital literacy needs for some older adults will likely lead to a lower than anticipated number of individuals served overall. Our project design will be focused on those with lower literacy and provide more intensive training, but we will try to simultaneously provide "light touch" engagement with higher literacy adults. Learning how many older adults will engage in a light touch model will provide additional insights on how digital therapeutics work for the older adult population.			

Marin County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Recommendations Across Year 3	• Lessons learned will inform planning for second pilot (if approved) • More pre assessment of participants should occur up front • Nurse intern model reevaluated for second pilot (if approved) • Participant support and digital literacy training should be offered on a flexible schedule, not a set one, requiring a different staffing model • Counties may want to consider establishing a system to pay for supporting client's hardware and software needs, including making accessible service and customer support calls to address challenges • Counties may want to explore a range of devices for older adults and plan their budget accordingly • We are exploring the current staffing structure to meet the program needs for the next pilot.			
Cross County/City Sharing Across Year 3	• Participation agreements and device use agreements • Documents and learnings have been shared with all 14 counties, including individual specialized meetings with San Mateo, San Francisco, and Tehama. • Participation agreements and device use agreements were shared with multiple counties.			

Mono County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Amanda Greenberg, MPH • Stephany Valadez	• Amanda Greenberg	• Amanda Greenberg	• Amanda Greenberg • Lauren Plum
Implementation Site	• TBD	• N/A at this time	• Will implement county-wide (we only have one primary site that serves the whole county)	• Will implement county-wide (we only have one primary site that serves the whole county)
Team Composition	• Behavioral Health Program Manager, Behavioral Health Services Coordinator	• N/A this time	• Program Manager • Staff Services Analyst	• Program Manager • Staff Services Analyst
Target Audience	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes	• Isolated seniors and transition aged youth	• Isolated seniors and transition aged youth	• Isolated seniors and transition aged youth (however, given the large # of myStrength licenses we will be purchasing, we will be offering to a range of populations)
Products in Use/Planned	• TBD (awaiting larger county/city pilots to be completed)	• Currently testing myStrength with staff and stakeholders	• Plan to launch myStrength early January	• Plan to launch myStrength late January/early February
Implementation Approach	• TBD – considering "ready-made", out of the box, implementation-specific products		• Will roll out in conjunction with SABG media campaign in early January • Planning to invite clients and general public to utilize through mass media and other publicizing.	• Will roll out in late January/early February. • Planning to invite clients and general public to utilize through mass media and other publicizing. • All MCBH staff will go through an hour-long training on how to use myStrength and how to discuss with clients and community members. • Wellness Center Associates (most of whom are peers) will undergo more intensive training and become the designated point people to help clients and community members enroll in the app. • Wellness Center Associates will also assist in marketing efforts (hanging flyers, presenting at local groups, etc.). • CalMHSA will be using MCBH's remaining project funds to execute a contract with a local media company to develop and manage local marketing efforts.
Other Unique Program Qualities	• Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas			
Milestones	• Awaiting pilots	• Staff have met with CalMHSA to discuss licensing options. • We have obtained 10 myStrength test licenses and have provided them to several staff, peers, and community stakeholders to test.	• Met with Jeff from Cambria and Julie from myStrength to begin implementation discussions. • Submitted contract and security questions to IT and Legal	• All Mono County approvals secured – awaiting CalMHSA-myStrength contracting process • Decision made to contract with local media company • Discussed identifying evaluation questions and goals • Participated in Help@Hand evaluation SOW conversations and vote
Lessons Learned Across Year 3	• Contracting takes longer than expected • Expect delays and longer lead times during the holiday season			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

Monterey County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Wesley Schweikhard	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Implementation Site	• Monterey County	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Team Composition	• Wesley Schweikhard (INN Coordinator) • Jon Drake (Asst. Bureau Chief)	• Same as Quarter 1	• Created an internal team to approve CredibleMind (CM) deliverables, consisting of: QI/EHR Manager and BH Unit Managers in our ACCESS, Adults, and Children's systems of care. This team will provide SME as CM rolls out research and design deliverables.	• Same as Quarter 3
Target Audience	• All Monterey County residents	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Products in Use/Planned	• Screening and Referral Application	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Implementation Approach	• N/A	• N/A	• N/A	• N/A
Other Unique Program Qualities	• N/A	• N/A	• N/A	• N/A
Milestones	• RFP completed and vendor intent to award notice sent by CalMHSA	• CredibleMind was the vendor selected to complete work identified in our RFP. This work includes researching and design of the screening protocols, building the application and assisting in the implementation and evaluation. CalMHSA is still currently working with CredibleMind to finalize the agreement. • A timeline with milestones has been established by the vendor, with work to initiate in mid/late summer.	• CM has initiated the research portion of their plan. • The Research Plan was developed and we are collectively working to initiate a series of focus groups and release a survey to the Monterey County population.	• CM has initiated research to inform the app. This involves interview and holding focus groups with MCBH staff and contracted providers. • We are working with HRA to develop a evaluation plan for impact outcomes and process outcomes related to the development of the app
Lessons Learned Across Year 3	• N/A			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

Orange County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Implementation Site	• Large medical center	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Team Composition	• Peer Lead, 2 Peers, Cambria (2.5 FTE) to support Mindstrong implementation; 2 HCA INN Staff to support Informed Consent process, Charitable Ventures to support marketing collateral and website updates	• Two Peers, Cambria (2.5 FTE) to support Mindstrong implementation; 2 HCA INN Staff to support Informed Consent process, HCA Technical Team to support the development of the Digital Informed Consent, Charitable Ventures to support marketing collateral and website updates	• 2 Peers, Cambria (2.5 FTE) to support Mindstrong implementation; 4 HCA INN Staff to support Informed Consent process, HCA Technical Team to support the development of the Digital Informed Consent, HCA Compliance for consultation, Charitable Ventures to support marketing collateral and website updates, Walker to complete the HCA digital consent build in Qualtrics.	• 2 Peers, Cambria (2.5 FTE) to support Mindstrong implementation; 4 HCA INN Staff to support Informed Consent process, HCA Technical Team to support the development of the Digital Informed Consent, HCA Compliance for consultation, Charitable Ventures to support marketing collateral and website updates, Walker to complete the HCA digital consent build in Qualtrics.
Target Audience	• Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD) • Co-occurring anxiety disorders, substance use disorders or other secondary diagnoses are ok as long as a qualifying diagnosis is present • Owns a smartphone (Android 6/iOS 11 or newer) • Internet access: Wi-Fi at home, work, school and/or cellular data plan • Primary user of their smartphone device • Exclusion Criteria: • Does not currently have a psychotherapist • Consistent attendance at scheduled psychotherapy sessions provided by a licensed MFT/LCSW/LPCC or intern, or license-waivered clinician • Client only receiving non-clinical ancillary supports (i.e., case management, peer support, housing support, etc.) is NOT excluded from this program	• Same as Quarter 1	• No changes to the diagnosis or exclusion criteria • Potential expansion to community colleges • Potential expansion to include adults (18 and older) who tested positive for COVID-19 and scored 12+ on Kessler 6	• Same as Quarter 3
Products in Use/Planned	• Mindstrong Health	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Implementation Approach	• Started discussions on how to move to a broader marketing approach rather than a case by case referral • Identified changes needed on the OC Help@Hand website and began internal discussions to update information • Developed digital consent videos in Qualtrics to automate HCA informed consent process • Distributed an eligibility and referral guide to help providers with referral process • Distributed physical outreach materials (postcard) to be used when referring providers want	• Continued discussions on marketing expansion to Community Colleges in 2021 • Began contact reestablishment of communications with primary Community College stakeholders • Continued to develop digital consenting in Qualtrics to automate HCA informed consent process • Assessed the existing Consenting process and areas of opportunity • Help@Hand Evaluation increased the number of conducted interviews with referring providers and consumers to gather their feedback and per-	• Engaged vendor (Qualtrics/Walker) to finish building the digital consent process and add a scheduling feature • Continued communications with Community College stakeholders • Explored expanding to adults who have tested positive for COVID-19 • Discussed adding an additional screening tool (i.e., Kessler-6) to the digital consent process and appropriate cut off score to refer eligible participants	• Continued work with (Qualtrics/Walker) to finish building the digital consent process and scheduling feature and tested with Peers • Continued conversations about expanding to adults who have tested positive for COVID-19 from Primary Care • In preparation for expansion, included an additional screening tool (i.e., Kessler-6) to the digital consent process to screen eligibility of participants. • Created new and updated outreach materials

Orange County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
	to share Mindstrong information with consumers • Help@Hand evaluation team conducted interviews with referring providers and consumers to gather their feedback and perspectives on the referral process and to identify potential areas for improvement • Increased Peer involvement through participation in tech lead calls, development of outreach materials (brochures, flyers, MS video, FAQs) and the Consenting process. • Collaborated with Mindstrong to develop a dashboard for enrollment details, demographic information and referral tracking	spectives on the referral process and to identify potential areas for improvement • Optimized the Consenting process related to Peer involvement • Developed Policies and Procedures for the Consenting process • Initiated Mindstrong dashboard reconciliation • Conducted an HCA tracking log review and reconciliation		
Other Unique Program Qualities	• Evaluated referral flow and numbers and adjusted the process for improvements	• Established that physical outreach materials were effective in supporting consumer referrals • Identified that providing a call-back number for potential consumers improved opportunities for consumer contact • Explored the benefits of providing multiple avenues to initiate consenting • Assessed ways to provide project information while maintaining confidentiality	• Trained HCA Office Support staff to support the referral and consent process • Began building a scheduling feature (i.e., Acuity) in the HCA digital consent survey	• Continued building a scheduling feature (i.e., Acuity) in the HCA digital consent survey • Trained new HCA support staff to support the consent process
Milestones	• Peers were trained in and began supporting the informed consent process • Trained Outpatient Psychiatry clinicians • Updated the clinical eligibility criteria and expanded the target audience	• Reached a critical number of consumers enrolled in the program to allow for optimal data sharing between Mindstrong and Help@Hand Evaluation • Trained 2021 incoming residents • Established a data sharing model between Mindstrong and Help@Hand Evaluation • Distributed outreach materials to support referrals • Finalized OCHCA Innovation website Mindstrong content	• Added eligibility questions in the digital consent process to help automate the referral process • Developed outreach strategies and communication templates to engage a broader target population (e.g., college students; adults who tested positive for COVID-19) • Began data sharing between Mindstrong and Help@Hand evaluation team, per data use agreement • Established an expansion to increase enrollments • Shared Help@Hand progress and project updates with OC community stakeholders	• Tested, reviewed and prepared to launch the digital consent process. • Reviewed Mindstrong Consumer Utilization Data.

Lessons Learned Across Year 3	• Marketing and Outreach Activities:
	  o Consumers access information in multiple ways and have different levels of comfort and/or ability
	  o Project informational trainings to referring providers, potential partners or new internal staff differ based on the target audience (e.g., content, length and delivery style)
	• Project Planning (ideally prior to implementation)
	  o Lack of clear processes and identified project staff responsible to address the issues may result in miscommunication, delayed work
	  o Changes to license management and/or monitoring are challenging during project implementation
	  o Online elements such as digital consent, website development, vendor security requirements, and other web-based policies and processes require collaboration, scheduling and communication with IT, Compliance and project partners, which creates unanticipated issues or delays.
	• Project implementation:
	  o Expanding the eligibility criteria of qualifying diagnoses introduces unique and challenging scenarios during the informed consent process.
	• Client or Project Partner Engagement:
	  o *Potential partners:* Project expansion efforts and target timelines may be impacted or delayed due to internal timelines, processes and requirements of potential partners (e.g., Community Colleges)
	  o *Clients:* an automated/digital process does not take in to account or have the ability to adjust to the person's preferred communication style or needs.			

Orange County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)

Recommendations Across Year 3	• Marketing and Outreach Activities:
	  o Develop a referral/client communication plan that supports a variety of strategies (e.g., via email, SMS, mail, and phone).
	  o Collaborate with project champion for material development (e.g., content, training format, messaging, etc.)
	• Project Planning (ideally prior to implementation)
	  o Create policies and procedures, process flows and utilize a RACI chart to clearly outline responsibilities and serve as a reference guide for project staff
	  o During vendor negotiations and contract development, establish an agreement with the technology vendor that includes regular reporting of user activity and license availability.
	  o Plan digital elements design build and revisions in advance with IT to ensure timely updates to security requirements and site content.
	• Project implementation:
	  o Schedule weekly/ongoing calls with project staff to monitor progress and resolve implementation concerns (e.g., case reviews, documentation/tracking issues, etc.)
	• Client or Project Partner Engagement:
	  o *Potential partners:* identify internal approval processes and timelines to determine whether implementation is feasible and/or the timeline is reasonable.
	  o *Clients:* Create a digital consent process which allows a consumer to watch readily accessible informed consent videos and/or read associated text, depending on their preference.			

Cross County/City Sharing Across Year 3	• Riverside and OC: OC shared details about their implementation process, specifically related to the digital consent development. o Discussion included content development and language/phrasing to consider, potential topics to include, recommendations on voiceover, tips and strategies for video development, peer involvement, etc. • Marin and OC: Shared activities related to peer job descriptions, hiring and important considerations during the process			

Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Maria Martha Moreno, MS CIS	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Implementation Site	• TakemyHand™ Live Peer Chat: Riverside County Community Transitional Age Youth (TAY) Drop-In Centers (in Mid-County, Desert and Western Regions), Deaf and Hard of Hearing • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County	• TakemyHand™ Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County	• TakemyHand™ Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County	• TakemyHand™ Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County
Team Composition	**Leadership** • Mathew Chang, Director • Amy McCann, Assistant Director • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Jimmy Tran, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • TBD **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Pamela Norton **Peers:** • Dakota Brown, • Melissa Vasquez, • Peter Kiriakos, Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. **Social Media:** • Dylan Colt • Robert Youssef	**Leadership** • Mathew Chang, Director • Amy McCann, Assistant Director • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Jimmy Tran, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • TBD **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Pamela Norton Peers: • Dakota Brown, • Melissa Vasquez, • Peter Kiriakos, • Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. **Social Media:** • Dylan Colt • Robert Youssef	**Leadership** • Mathew Chang, Director • Amy McCann, Assistant Director • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Jimmy Tran, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Vacant **Peers:** • Dakota Brown, • Melissa Vasquez, • Peter Kiriakos, • Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. **Social Media:** • Dylan Colt	**Leadership** • Mathew Chang, Director • Amy McCann, Assistant Director • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Jimmy Tran, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Melissa Vasquez **Peers:** • Dakota Brown, • Melissa Vasquez, • Peter Kiriakos, • Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. **Social Media:** • Dylan Colt

Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
	Senior Clinical Therapist • Amenze Ogbebor **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Christy Mota, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price	**Senior Clinical Therapist** • Amenze Ogbebor **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Christy Mota, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price	**Senior Clinical Therapist** • Amenze Ogbebor **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Christy Mota, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price	**Senior Clinical Therapist** • Vacant **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Christy Mota, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price
Target Audience	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.
Products in Use/Planned	• TakemyHand™ Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community, SageSurfer, ManTherapy, FEEL Wearable, myStrength, Bambu.	• TakemyHand™ Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community, SageSurfer, ManTherapy, FEEL Wearable, myStrength, Bambu.	• TakemyHand™ Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community, SageSurfer, ManTherapy, FEEL Wearable, myStrength, Bambu.	• TakemyHand™ Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community Survey, SageSurfer, ManTherapy, FEEL Wearable, myStrength, Bambu.
Implementation Approach	• TakemyHand™ Peer™ chat is available to the Riverside community and promoted within the department via county emails, committees, social media, newsletters, etc. • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • TakemyHand™™ Marketing Strategy and Implementation • Planning for evaluation Phase of TakemyHand™ Peer chat. • DMHL –Senior Peer Support Specialists and regional ambassadors' department-wide.	• TakemyHand™ Peer chat is available to the Riverside community and promoted within the community • TakemyHand™ Marketing Strategy and Implementation • Extended hours Evaluation Phase of TakemyHand™ Peer chat started on May 20th 2021 and it will conclude on July 15th 2021. • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • DMHL – Training Development – Peer Team.	• TakemyHand™ Peer chat is available to the Riverside community and promoted within the community • TakemyHand™ Marketing Strategy and Implementation • Extended hours Evaluation Phase of TakemyHand™ Peer chat started on May 20th 2021 and concluded on July 15th 2021. Live Peer Chat Hours went back to Monday through Friday from 8 am to 5 pm. • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • DMHL – Training Development – Peer Team.	• TakemyHand™ Peer chat is available to the Riverside community and promoted within the community. • TakemyHand™ Marketing Strategy and Implementation (Ongoing). • TakemyHand™ Chat Hours for reporting period were from Monday through Friday 8 am to 5pm (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • DMHL – Training Development – Peer Team.

Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Other Unique Program Qualities	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** • Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Dakota, Martha, Amenze • Adult System of Care Committee – Melissa, Peter • Behavioral Health Commission – Martha, Pamela, Melissa, Amenze • Center on Deafness Inland Empire – Dakota • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Pamela, Melissa, Amenze • Desert Regional Board meetings – Dakota • Eating Disorder Collaborative meetings – Dakota • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – Dakota, Pamela, Martha, Shannon • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Dakota, Amenze, Peter • TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota • Housing Committee – Amenze • Veterans Committee – Peter • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD • CAGSI – LGBTQIAN+ Task Force – Dylan Colt	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** • Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Dakota, Martha, Amenze • Adult System of Care Committee – Melissa, Peter • Behavioral Health Commission – Martha, Pamela, Melissa, Amenze • Center on Deafness Inland Empire – Dakota • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Pamela, Melissa, Amenze • Desert Regional Board meetings – Dakota • Eating Disorder Collaborative meetings – Dakota • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – Dakota, Pamela, Martha, Shannon • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Dakota, Amenze, Peter • TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota • Housing Committee – Amenze • Veterans Committee – Peter • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD • CAGSI – LGBTQIAN+ Task Force – Dylan Colt	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** • Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Dakota, Martha, Amenze • Adult System of Care Committee – Melissa, Peter • Behavioral Health Commission – Martha, Melissa, Amenze • Center on Deafness Inland Empire – Dakota • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Melissa, Amenze • Desert Regional Board meetings – Dakota • Eating Disorder Collaborative meetings – Dakota • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – Dakota • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Dakota, Amenze • TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota • Housing Committee – Amenze • Veterans Committee – Peter • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD • CAGSI – LGBTQIAN+ Task Force – Dylan Colt	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Martha. • Adult System of Care Committee – Melissa. • Behavioral Health Commission – Martha, Melissa. • Center on Deafness Inland Empire – TBD. • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Melissa. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings – TBD. • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – TBD • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – TBD • TAY Collaborative meetings: Desert, Mid, and Western – Melissa. • Housing Committee – TBD • Veterans Committee – TBD • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD • CAGSI – LGBTQIAN+ Task Force – Dylan Colt
Milestones	**Community Needs Assessment Survey** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Community Needs Assessment Survey Question selections and logistic for implementation. • Provided Recovery Language feedback in design of the Deaf/HoH Community Needs Assessment Survey. • Provided feedback to Sorenson for the completion of the adaptation of the 10 DMHL Videos. • Sorenson completed adaptation of the 10 DMHL Videos. • Vimeo account acquired and ASL DMHL videos were uploaded to vimeo so they can be posted on the Riverside Help@Hand landing website page.	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • IT Support vendor received 100 remaining android devices, 8 55" Displays, 8 Wireless adapters. • IT Support - Jaguar Computer Systems – Configuration of Kiosk and mobile devices in progress. • Team finalized the list of free apps to be pre-loaded on the mobile devices. • Interactive Map - Bringing Technology to the community -Kiosk Locations – introduced in various Department meetings. • How was your visit today? Short survey to add in the landing page of the Kiosk devices (Spanish Version).	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Landing page approved and updated • Approved first 55" peerless kiosk install to be scheduled • Identified resolution for iPads not fitting in kiosk stands since a newer version of iPad was sent • Jaguar amendment signed for additional work needed to configure kiosks • Solution identified for large screen kiosks • Four devices delivered from Jaguar to test A4i app and device configuration • Confirmed invoicing process for Tango gift cards • Tango Card Branding fee paid	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Kiosk Landing website completed and went live with the Kiosk technology deployment. • For Phase I, 32 small ADA compliant iPad Pro Kiosk installed across the three geographic regions of Riverside County. • For Phase I, Seven 55" peerless kiosk installation completed. One Large Kiosk pending. • In Phase I, kiosks are installed in Behavioral Health Outpatient clinics, 1 community Health Center, Medical Center (pending install). Desert Region: 11; Mid-County: 11; and Western region: 11.

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	• Started the work with Sorenson contract for adaptation of the Needs Community Assessment Survey • Building Peer Leaders with CODIE Members – Planning for training Activities started. **Technology** • Mobile Devices/Kiosks - Contract Completed. • IT Support vendor received 300 devices (100 iPads, 100 Galaxy Tab A, 100 Android Phones). • IT Support - Jaguar Computer Systems – Configuration of Kiosk and mobile devices started. • Team evaluated free apps to be pre-loaded on the mobile devices. • GIM - Kiosk - 32 small kiosks, 7 (55") large kiosks – contract finalized. • Kiosk Technology Presentation – introduced in various Department meetings. • How was your visit today? Short survey to add in the landing page of the Kiosk devices (English Version). • Coordinate with facilities management for the rollout of Kiosk technology. • Video Kiosk Landing page- Sanitation and COVID safety procedures. • Approval from County Counsel on the User Device Agreement **TakemyHand™ Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT **Marketing:** o Kick Off Call - Brand Discovery & Definition – Goals o Send out branding work sheets, customer avatar worksheets, and questionnaires to define goals. o Mentor Questionnaire o Take-My-Hand™-Brand-Story-Definition o Brand-identity-workbook o Completed branding discovery live sessions. o Finalize and secure posters, billboards, bulletins, and radio spots. Get deadlines to send in creative to get into production o Collect ideas on marketing, create social calendar • Continued promoting TakemyHand™ Peer Chat Operation 8 am to 5 pm Monday through Friday-RUHS Social media channels, newsletters. • Crisis CT Role for TakemyHand™ completed training	• Coordinate with facilities management for the rollout of Kiosk technology. • Jaguar integrated sanitation video on the Kiosk Landing page- COVID safety procedures. • Jaguar is coordinating with RCIT to add four wireless point of access on the Rustin site. • Order the 300 cases and shield protectors for devices • Deployment of Kiosks - 32 small kiosks • GIM - Kiosk - contract amended to include one additional large Kiosk. • GIM – Kiosk – amended to include secure floor installation. • County Facilities started work on installing electrical outlets • Dreamsyte contract amended to add completion of landing page for Kiosk and Help@Hand. • Dreamsyte provided four Kiosk landing page designs and one was selected. • Building Peer Leaders with CODIE Members – Planning for training Activities started. • Initiated Qualtrics contract • Initiated TangoCard contract • Community Needs Assessment survey was revised to streamline content and shorten the time it will take a survey participant to complete; survey went from 71 number to 27 number of questions. • Finalized the contract with Sorenson on the 82 survey videos • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes. **TakemyHand™ Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT **Marketing (Dreamsyte)** o Staff completed and sent Dreamsyte "Brand Questionnaire" o TMH Brand-Guidelines document was finalized and distributed to the team. o Billboards went live (2 digital and 5 print) on Riverside county main freeways. o Dreamsyte provided a social media schedule for the month of June. o New sliders were added to the TakemyHand™ Website. o Radio spot advertisement in one of our local radio station KOYT that covers some of the rural areas. o Visual concepts were presented and final visuals	• Tango Card email template tested and admin account was setup • Qualtrics contract executed • Kickoff meeting with Qualtrics and Red Pepper Software • Sorenson videos approved • Informed Consent form approved • Sorenson working on the creation of 82 survey videos • Gloria from CODIE started the review/Feedback on Sorenson's videos • Building Peer Leaders with CODIE Members – on Pause • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes– on Pause **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT **Marketing** o Monthly social media content for Facebook and Instagram. o Went live with final visuals art work for Bus Wraps and Bus shelters in the Desert region (Blythe, Desert Hot Springs, Coachella, Thermal) o Prototype screens were provided for the mobile app - Includes a "Mood" tracking feature o Monthly Google Ads reports were provided o Radio Advertisement launched **Milestones** • Infographics completed for different population of focus (LGBT, African American, Asian Pacific Islander, First Onset, Severe Psychosis, Re-Entry, Suicide Prevention, Sign Language) • Drafted a Peer Operator participant agreement to empower Peers to shut down inappropriate conversations/chats. • Added training for managing chats with minors • Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH • Leveraging TMH with Operation Uplift to provide support to hospital staff dealing with COVID strain. **San Francisco - TakemyHand™ Live Peer Chat** • Work initiated on development of the website content management system • MOU draft • Pre-Chat Survey	• Mobile phone devices were delivered to A4i participants (17). **Deaf and Hard of Hearing Community Needs Assessment** • Sorenson completed the creation of 82 survey videos • Gloria from CODIE completed the review, feedback and approval of Sorenson's videos. • Videos were approved for integration into the Qualtrics survey. • Videos (82) were provided by Sorenson and were uploaded onto Vimeo for survey integration. • Evaluation completed the Qualtrics survey. • Evaluation added the embedded videos on the survey. • Evaluation integrated informed consent and electronic. signature on Qualtrics survey. • The team consulted Qualtrics and Red Pepper on some of the survey functionality for data validation, security, and integration with Tango Card and fraud issues/topics. • Evaluation and Team consulted Gloria, CODIE on survey end user interface for better usability and readability. **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. **Milestones** **Marketing (Dreamsyte)** • Monthly social media content for Facebook and Instagram –English &Spanish (Ongoing). • Completed prototype screens work were delivered for the mobile app - Includes a "Mood" tracking feature and provided to application developer for build/integration process. • Monthly Google Ads reports provided (Ongoing). • Radio Advertisement launched (Ongoing). • Billboards/Bus Wraps/Bus Shelters (Ongoing). • Infographics revised and completed for different population of focus (Veterans, Family) • Design work: Car Magnets, Kiosk stickers, table clothes, standing posters. • A4i folders designed and provided (100) • T-Shirt prototypes created (for team and outreach activities.

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	• Senior CT meeting with Peer team weekly to review chats as means towards implementing best practices in providing peer chat services. • Continued updating resources document list • Marketing TakemyHand™ within RUHS • TakemyHand™ Peer Operator Online USER GUIDE – New scenarios added. • TMH Service Mark (Trademark process) – with RUHS – BH County Counsel – Application submitted. • TechSuite Electronic Health Records new service codes for staff time accounting.- add new as needed • Submitted TakemyHand™ resource to Connect-tIE.org • Created draft for TakemyHand™ Newsletter No. 4 – will release in April upon Public Officer's approval. • Peer Staff Development (ongoing) • Coping skills Resource Binder per Topic (WIP) • Articulate tool training to create presentations • Searchable spreadsheet for our resource list (WIP) • Ongoing-Identified need to create fuller Peer/CT Operator Training for TMH. • Ongoing-Identified need to train Peer Team regarding emotional response and effective communication in text. • Completed first prototype video on TakemyHand™ Terms of Service. • Completed video on how to use TakemyHand™ – posted on RUHS – BH social media channels. • Athena Resource Reference and Tool for Peer Chat Operators. • Redefined global chat tags to incorporate learnings from previous chats. • Contract Renewed with chat engine vendor to incorporate chat translator, chatbot and video functionality. • Chat eye catcher changed • Apple's approval for the Apple Developer Subscription. • Updated canned responses to include "warm handoff" language for crisis transfers, provide a gentle redirect to under-age and inappropriate Visitors, and provide a shortcut for the Peer Operators requesting for visitor to be patient while peer operator gives their question full valued response. • Articulate tool to support training new Peers on how to document on our electronic health records system and properly code staff time.	were selected for the Bus Wraps and Bus shelters in the Desert region (Blythe, Desert Hot Springs, Coachella, Thermal) o Several Chatbot visuals were provided and two were selected by Peer team. One will operate after chat hours and one will function to switch chats to the Queue (after visitor accepts TOS). o Google Ads account setup. o Google Ads were launched. o TakemyHand™ Spanish Infographic completed. o Several Eye catcher visuals concepts were provided and one was selected by Peer team (English/Spanish). **Milestones** • Promote extended evaluation phase chat hours - 8 am to 10 pm 7-Days -RUHS Social media channels, newsletters, department emails (ongoing). • Recruited backup Peer Support Specialist and CTs for extended hours of operation. • Created video to recruit & train CTs for enhanced deployment. • Developed workflow for backup PSS and CTs (scheduling work hours, develop chain of command with respective supervisors, accounting for time). • Provided TMH training for backup PSS and CTs (ongoing). • Crisis CT Role for TakemyHand™ updated training (ongoing). • Senior CT meeting with Peer team weekly to review chats as means towards implementing best practices in providing peer chat services (ongoing). • Continued updating resources document provided by Peers. • Promote and update stakeholder's – Help@Hand Presentation in the Behavioral Health Commission Meeting. • TakemyHand™ presentations within RUHS in various clinic staff meetings (ongoing). • TakemyHand™ Peer Operator Online training manual– (ongoing). • TMH Service Mark (Trademark process) – with RUHS – BH County Counsel – Application accepted. • TechSuite Electronic Health Records new service codes for staff time accounting (ongoing). • Created draft for TakemyHand™ Newsletter No. 4 – will release in July 2021 upon Interim Public Officer's approval. • Peer Staff Development (ongoing). • Articulate tool training to create presentations	• Peer Operator and CT training materials shared • Infographics PDF files shared • Hold a training on the website content management system **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • Completed 2 training sessions for staff • Approved SOW • Confirmed incentives for consumer and clinical participants • Confirmed pilot dates of Sept 1st through Mar 1st -Dates were pushed to November, 2021. • Pilot proposal approved locally • Pilot proposal sent to CalMHSA for review • A4i and BASIS-24 Contracts executed • Pilot Proposal approved by CalMHSA • Created an infographic for clinical user reference • Completed OCM document • Approved the Informed Consent • Provided feedback to A4i for customization and updates • A4i kickoff meeting 9/30 • Initiated work on consumer handbook (Consumer Handbook and Quick Reference Card Complete) • (A4i Consumer Engagement Tracking Document Implemented) • Initiated work on list of pilot participant training • Confirm user onboarding process • Review staggered rollout process timeline • Finalize staff surveys for the pilot evaluation	**Other TakemyHand™ Milestones:** • Completed a Peer Operator participant agreement to empower Peers to shut down inappropriate conversations/chats through added training strategies specifically developed to problem solve inappropriate chats through specific peer support skills. • CT1/II position successfully added to assists with process of expanding hours for TMH operational hours-recruitment to begin 1/2021 • Senior CT vacancy in recruitment. • Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH (Ongoing). • Building Peer Leaders with CODIE Members – on Pause • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes– on Pause • In collaboration with our technology team, the "TakemyHand™™ StoryMap" was completed and it has been share at various committee meetings: https://arcg.is/0OTuvL • Evaluation started the data cleaning of the chat data and started work on the TakemyHand™™ Infographics document for the Help@Hand evaluation report. **TakemyHand™ Swags/Infographics Outreach Activities** • Clinic Outreach –Peer Support Specialist. Date: 10/1/2021. • Hemet High School live event – More than 200 students. Date: 10/1/2021. • Veterans MH Court Graduation event. Date: 12/1/2021. • LGBTQ transgender event. Date: 11/20/2021. • Family Drive Event. Date: 12/1/2021. • Intergenerational Mental Health" Hybrid Event (Virtual & In-Person) Event Date: 12/11/2021. **San Francisco - TakemyHand™ Live Peer Chat** • Work initiated on development of the website content management system • MOU completed – in approval process • Trial account was created for the LiveChat Engine interface. • Granted Admin access to San Francisco team. • Provided training orientation to the LiveChat engine environment. • Met with LiveChat Bot expert to setup English bot stories configuration. • Peer Operator and CT training materials shared • Training on the website content management

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	Also, video training on how to access department policies. • Built an "Engagement Engine" to support March presentation of "what H@H is" to Mid-county TAY Collaborative. • TakemyHand™ Peer Operator presentation in the Tech Lead CalMHSA meeting. **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • Tested & Explored A4i app • Pilot Proposal draft • Contract work in progress. • Began presentation to gain clinician buy-in for a4i pilot. • Began staff recruitment outreach for A4i. • Began development of training material for A4i consumers and staff. • Completed RUHS-BH approved Device user agreement for phone and tablets devices for use of A4i Pilot. • Developing informed consent form for potential A4i Pilot participants **Evaluation** • Draft of A4i App Pilot Evaluation Plan • TakemyHand™ Evaluation Plan • Outreach Activities Handout Checklist • Sign-in Sheet • Deaf and Hard of Hearing Community Needs Assessment • Short Survey "How was your Visit Today" – Kiosk landing page. • Developing TakemyHand™ Evaluation Proposal presentation for RUHS-BH staff. **Digital Mental Health Literacy Training** • Section 2 of DMHL Self-Guided Online Platform version (including some additions: a video showing Cookies and a Graphic for Bully roles) • Facilitator's Guide for Distance Learning - DMHL: Managing Your Digital Presence • Facilitator's Guide for Distance Learning DMHL: Understanding and Managing Cyberbullying • Began incorporating podcasts into digital discovery. Considering our new affiliation with Cultural Competency Reducing Disparities Committee, we decided to become more inclusive and replace the free App Brochure with a Free Digital Tools for a Mental Health Catalog.	(ongoing). • TakemyHand™ Terms of Service video – Work in Progress • How to use TakemyHand™ video – posted on RUHS – BH social media channels and chatbot story. • Athena Resource Reference and Tool for Peer Chat Operators. Communication in text tools, depression –coping skills, awareness/community used acronyms, etc. (ongoing). • Kevin - links to Mental Health Resources (ongoing). • Chatbot was enabled and configured. English version of the chatbot basic story was created. • Created and posted on social media: video on how to access TmH • Worked on bringing recovery language to ToS script. • Added Spanish translator function to TmH app • Help@Hand "ConvoColors" Flier to reflect enhanced hours • TakemyHand™ Peer Chat – San Francisco • Target Area: San Francisco County- Pilot • Provided training materials for TMH chat operators- Peer and clinician staff. • Held meetings to discuss San Francisco questions on TMH (technical/operations) **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • Pilot Proposal routed for compliance and executive approval-Pending. • Contract work in progress. Currently meetings are being held with vendor to discuss customization and enhancements to sound detector functionality –Work in Progress. • Presentations to gain clinic supervisors and staff buy-in for a4i pilot –Completed. • Began staff recruitment outreach for A4i (ongoing). • Develop training material for A4i consumers (hybrid) –Work in Progress. • Develop training material for A4i Care Team staff –Completed. • Develop draft Participant Consent Agreement for A4i Pilot client participants –Work in Progress. • Testing & exploring the A4i App (ongoing). • Initiated contract arrangements with BASIS-24® (Behavior and Symptom Identification Scale) -Work in Progress. • Test A4i Clinician Portal/dashboard.		system completed. • Additional programming Tweaks in the CMS are work in progress. **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • TangoCard is being utilized for A4i Pilot Participants incentives. • A4i Participants enrollment completed for 17 participants and 3 clinic Care Team Members. • Confirmed pilot dates will be staggered according to participant recruitment and enrollment. Live date with first enrolled participant: October 18, 2021. • Pilot proposal approved by CalMHSA. • Created an infographic for clinical user reference. • Completed OCM document. • Provided feedback to A4i for customization and updates. • Completed work on consumer handbook (Consumer Handbook and Quick Reference Card Complete). • A4i Consumer Engagement Tracking Document Implemented. • Initiated work on list of pilot participant training. • Completed Care Team Member participation Agreement form. • Initiated work on training the site Care Team members and delivering their devices to monitor A4i Clinician Dashboard. • Completed user onboarding Workflow Process • Best Practices to review/approve and flag News-Feed content was completed. • Testing & exploring the A4i App (ongoing). • Updating Participant training documentation (as needed). • Evaluation completed Pilot Measures Planning (A4i Caseload Tracking, A4I Interviews, BASIS 24, etc.) • Evaluation completed the first participant Interview. • Evaluation identified Otter ai transcription software was as time saver tool for during participant pilot interviews. • In collaboration with Dreamsyte, the A4i animated video was completed as an engagement tool for A4i participants: https://vimeo.com/661305786/80d5eced74 • A4i Animated video was posted in the A4i newsfeed and the plan is to schedule it to get posted on regular basis for new participants to see. • MemoText published a A4i press release announcing the partnership with RUHS-BH's pilot: https://mailchi.mp/1c6c68c7767f/a4i-an-

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	• **Reduce stigma associated with mental illness by promoting mental wellness** • **Educate/Outreach/Reduce Stigma/Partnership/Resources** • Operation Uplift - Medical Center - offering the TakemyHand™ Peer Chat Resource • LGBT Medical Center -offering the TakemyHand™ Peer Chat Resource • Suicide Prevention Coalition • Cultural Competency Reducing Disparities Committee • FSP Committee • Behavioral Health Commission • Eating Disorder Collaborative • Tested & Explored free Apps • Riverside Free Apps Brochure – English • Riverside Free Apps Brochure –Spanish • Rural Communities (Facebook live panel to learn about approaches to reach rural communities in California) • Map -Unincorporated Riverside Communities • Attempted contact and build rapport in order to incorporate Model Deaf Community Committee's perspective in DHoH survey for a fuller community view. • Collecting app information (Android & iOS) from the team to maintain information on free-freemium apps to keep Free App brochure up-to-date. • Exploring free to freemium apps (during downtown time) • Explore and test myStrength app – for 2020 new features • Standardized Outreach Gift Bag Prototype (Infographic (English/Spanish), pen, magnet, tote, mobile phone holder, free apps brochure, Flier) • Three vehicles obtained for outreach activities • Peer team developing a directory of freemium apps **Workgroup Meetings & Trainings** • Regular weekly and bi-weekly meetings are held to discuss project implementations and priorities. • Peers team meet every other week to update each other on individual projects and team build. • "Eating Disorders During the Pandemic" • Attended Braille Institute zoom presentations - Research into the Visual-Impaired community.	• Created A4i Ambient Sound Detector videos - Work in Progress. **Evaluation** • A4i App Pilot Evaluation Plan document- completed. • Deaf and Hard of Hearing Community Needs Assessment – Work in Progress. • TakemyHand™ Evaluation for extended chat-hours phaseWork in Progress. **Digital Mental Health Literacy Training** • Section 2 of DMHL Self-Guided Online Platform version (including some additions: a video showing Cookies and a Graphic for Bully roles) • Facilitator's Guide for Distance Learning - DMHL: Managing Your Digital Presence • Facilitator's Guide for Distance Learning DMHL: Understanding and Managing Cyberbullying • Began incorporating podcasts into digital discovery. Considering our new affiliation with Cultural Competency Reducing Disparities Committee, we decided to become more inclusive and replace the free App Brochure with a Free Digital Tools for a Mental Health Catalog. • Mable– Catalog of Free Apps (Universe Version). • Updated Contact Lists Created "How to" fliers with clickable QR codes and hyperlinked/pics. • Updated DMHL training – specifically "cookies" module • Created ELMR code training in Rise for PSS • Kiosk Sanitation sheet and video. • **Reduce stigma associated with mental illness by promoting mental wellness** • **Educate/Outreach/Reduce Stigma/Partnership/Resources** • Suicide Prevention Coalition • Cultural Competency Reducing Disparities Committee • FSP Committee • Behavioral Health Commission – Engagement Engine presentation of Riverside Help@Hand Project Updates. Interactive Map with Billboard and Kiosk locations. • Eating Disorder Collaborative • Tested & Explored free Apps • Riverside Free Apps Brochure – English (ongoing) • Riverside Free Apps Brochure –Spanish (ongoing) • Mable– Catalog of Free Apps (Universe Version). • Collecting app information (Android & iOS) from the team to maintain information on free-freemium apps to keep Free App brochure up-to-date. • Exploring free to freemium apps (during down time)		nounces-ruhs-bh-calif-mental-health-services-pilot?e=3d4a79b9c2 **Other Help@Hand Project Milestones** • In collaboration with Dreamsyte, the statewide "Help@Hand Riverside" Landing Page went live on December 2021: https://helpathandca.org/riverside • In collaboration with our technology team, the "Kiosk Map Locator" was completed and it is available as a resource in the kiosk landing page: https://arcg.is/0qnOuj

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		• Standardized Outreach Gift Bag Prototype (Infographic (English/Spanish), pen, magnet, tote, mobile phone holder, free apps brochure, Flier) • RUHS Employee Recognition Week –TMH Swag. • June Pride – Hemet, CA - TMH Swag. • Health Fair Riverside, Ca. - TMH Swag. • One-on-one TMH promotion – Swag. • Attained and dispersed three Help@Hand vehicles to different regions. • Developed OUTREACH forms (participant lists, checklists, workflow chart, etc.) **Workgroup Meetings & Trainings** • Regular weekly and bi-weekly meetings are held to discuss project implementations and priorities. • Peer team meets every week to update each other on individual projects and team build.		

Lessons Learned Across Year 3

- Synchronization of completion of work among vendors varies and it is challenging to estimate overall project timelines for projects that requires activities from different entities. For example, Red Pepper/Qualtrics vendor was ready to complete consultation work with the Riverside team but the Riverside team needed to have the 72 ASL videos completed by Sorenson before the consultation work with Qualtrics could resume. This resulted in pause of activities with one vendor. After invoice payment, Sorenson to make videos available for download and then Riverside will upload them to Vimeo; so, they can be embedded into the Qualtrics survey platform. Review/Editing of videos requires the coordination with our team partner Gloria from the Center of Deaf Inland Empire (CODIE) and Sorenson.

A4i
- Clinic leadership must be onboard to motivate staff to engage in pilot. We need to "market" to clinicians with gimmicks, hooks, incentives or other marketing strategies. The clinicians will bring us the Consumers.
- Some staff have technological limits – e.g. would like to be able to text Consumers. Clinicians expressed concern that Consumers would not engage with app.
- Clinic staff are reluctant to join, stating they "don't have enough time." A couple TAY clinic staff feel TAY will not be motivated to engage with app. That DL will not be an issue with this population; they simply will not be interested. There is no concern about teaching tech to TAY; however, clinic personnel believe the barrier will be to get the TAY population to engage with device. Team anticipates older Consumers will be more challenging and require intensive in-person support.
- Team found a need to specify which types of Consumers make best candidates: they need to be in that "sweet spot" of experiencing psychosis, but still high-functioning enough to maintain device and connection to clinic.
- Team created an A4i "infographic" to convey materials at a glance.
- Holding Consumer Trainings works best when they already have the device in-hand.
- Team attempted to get training materials completed in a timely manner, but were held up by A4i software developments, as they often changed the appearance of graphics and new screenshots were required.
- Getting clinicians to try out the Care Team Portal in a "hands-on" fashion was less intimidating than the Articulate Rise presentations we created.
- For clarity, we found the need to differentiate between "Welcome packet" and "Intake/enrollment" to avoid confusion:
  "Welcome packet" The consents, evaluation measures, technology use survey, gift card, etc… which the Peer Team will fill out with Consumer Participants.
  "Intake/enrollment" – when the Care Team and the Consumer Participant are together setting up profile, notifications, sleep measures, etc…
- We found the clinicians were the driving force behind getting participants. They did a terrific job in prepping the participants so when the Peer first met with them, they knew what to expect and were very amenable.
- At first, we encounter resistance from the clinic in getting involvement with the TAY clinicians in the Desert – they firmly believed TAY would not be interested in the least in this app.
- Verbiage on consent that said "A4i is for people with schizophrenia" caused some resistance among participants because they have a diagnosis of Schizo-Spectrum. Peer explained, and verbiage was changed to reflect "participants who meet criteria."
- In order to lessen the clinic Care Team workload, we decided that the risk notifications will go to the clinic Care Team members, while pending feed notifications will go to the Help@Hand Peer Team.
- A4i vendor updated settings so only PEERs receive email notifications that there are pending posts on the feed that need to be review and approved. However, risk factors (mood/sleep trends, etc.) will be sent via email to Clinic Care Team.
- A4i vendor customized the app as to allow the pilot participant to change the sensitivity of the sound detector microphone.
- Regional Help@Hand Peer created a training around the new feature of changing the sound detector sensitivity.
- We learned the need to advise the Care Teams to not turn notifications off and developed some language around coaching them around Consumer resistance.

Devices
- County needs to review and approve install plans for kiosk before moving forward.
- Implementing of kiosks technology shall be done by itself to avoid negative impact to other projects since it requires a lot of time from multiple resources.
- Team learned that installing all apps from free brochure results in $15K price tag.

- Devices were adjusted (upon Peer Team request) to allow for photos and screenshots – not just to motivate Consumers to post to feed, but to allow for training screenshots.
- We learned that it is best to have Help@Hand Riverside staff prep the phones by setting up battery non-optimization on the A4i app only; rather than trying to train the Consumer to accomplish this somewhat complicated process. Regional Peer made a training available to staff.
- We learned that the care team member can include a Peer Specialist.

TakemyHand™
- How to handle required documentation for reportable events where the user wishes to remain anonymous
- Need to allow a couple of months after marketing effort before making significant changes to the program and trying to measure the impact.
- Digital billboards are less effective since the ad information cycles before it can be read
- Removing barriers to start a chat, i.e. pre-chat survey, increased utilization
- Added training and a participant agreement for Peer Operators to be empowered to shut down inappropriate conversations/chats.
- Started Peer Support and Resource Centers to better support Peer training/onboarding and involvement in Tech Innovation projects like TMH. Not limited to TAY centers.
- Two instances of providing guidance, support, and resources to a user experiencing abuse that otherwise may not have reached out for help. Anonymous chat opened the door to help.
- Unprompted testimony from an applicant for Peer Support that used the service for anonymous support and was so impressed, he wanted to get involved.
- Team is still learning about new features, e.g. hovering over text to enable "save to canned responses" prompt. When these discoveries are made, they are added to the training.
- One Operator noticed troll chats increased Friday afternoons.
- The RUHS-BH LMS has a 7-week download time. We are trying to set up a time to meet with LMS to find out about serving up Peer Ops training in one big mega-class, or to chop it up in chunks.
- Due to lack of coverage and missed Visitors, Team developed an 8:45am weekday check-in to assess for Operator availability. This meeting sometimes adapted to become a place to debrief previous day's chats.
- Peer in the Peer Resource Centers (PRC) requested written materials for navigating TakemyHand™ instructions, and the TakemyHand™-OUTs were developed for that purpose. These were given to clients to take home.
- When all PRC staff are required for training, special care needs to be taken to ensure all-day coverage.
- While a staff member converted training to pdf which team converted to WORD; due to format challenges and training updates, it would have been easier and more economical in terms of time spent, to have just copied and pasted from RISE to WORD.
- Over time, the training became too long and bloated. It needed dividing up into different segments in order for learners to absorb the lessons.
- Logged as Peer Operators into Consumer device does not display as a 2nd device on Agents Page.
- One of our Peer Operators was staffing the chat this morning and then had an emergency and had to go. Understandably, they did not stop accepting chats or log out, so they continued to show as green/accepting chats. Senior Peer was kind enough to text them to stop accepting/log out; however, this brings up the question: should we have a way to remotely switch a Peer Operator to not accepting chats and log them out? The team learned that TakemyHand™ Administrator is able to remotely log off Peer Operators.
- On November 18, 202, The chat was bringing up the SpanishBot and then directly and randomly sending chats to Peer Chat Operators accepting – and by passing the queue. There was a conversation about setting up a procedure for having Peer Chat Operators check the chat first thing in the morning. There was no follow-up.
- The Employee Assistance Number was added to the Peer Operators Contacts list, in case Visitor identified self as RUHS-BH employee.
- There is still a feeling among the Peer Operators that the click logo and chat window on the website are STILL too small.

Engagement:
- The team got a special invitation to present at Riverside Bar Association (https://riversidecountybar.com/). The invitation was made by Maura Rogers, Co-chair for the Bar Association, Juvenile Justice section in Riverside County. Bio information from the team presenters was submitted in advance.
- Team learned that in order to produce and distribute written materials quickly, it's best to use the H@H and TmH logos; and not include the RUHS-BH county logo, in order to avoid the lengthy 1-2-3 approval process.
- The investment of rehearsal time paid off dividends in our OAC and CalMHSA presentations.
- Regional Peers staffed a table at an Hemet, High School for Mental Health Day; and it was a great success, but internal RUHS – BH personnel expressed disapproval over clashing with company pandemic policies. All levels of county employees are not doing public appearances due to COVID; and the fact that we had people out in public was inconsistent with policy.

Free Apps Brochure:
- As team discovered more free digital resources, the decision was made to expand to a Digital Tools Catalogue, which would also include websites and podcasts. Absence of Team members resulted in a stalling of the research process.
- English apps that convert nicely to Spanish - should still be listed under the English name in order for Jaguar to locate them.
- Asian-Pacific Islander Liaison at Cultural Competency Reducing Disparities (CCRD) meeting requested copies of these for a synergistic approach, we would like to have a visitor to the Riverside Help@Hand website to be able to click on a picture of the brochure in order to go directly to a viewable and printable version of the brochure.

Marketing:
- Using free Canva account allows limited number of downloads
- Once the Team received Dreamsyte imaging, engagement and training presentations were updated to reflect consistent style.
- Dreamsyte is easy to work with, adapts materials per our suggestions, and was able to express and convey the TakemyHand™ vision well.
- We learned the Dreamsyte QR code stopped working reported this issue and it was quickly resolved by Dreamsyte.

Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
	- We were able to highlight Riverside's "Spotlight" inclusion in the CalMHSA quarterly evaluation report, and linked to it in the newsletter. - Writer also provided physical instructions to access said document, for receivers of hard copy publication. - The newsletter also highlighted and linked to the A4i press release which focused on RUHS-BH's pilot: https://mailchi.mp/1c6c68c7767f/a4i-announces-ruhs-bh-calif-mental-health-services-pilot?e=3d4a79b9c2 - DMHL: We differentiated between **DL** and **DMHL**. **DL:** how to use a phone, how to access settings, how to search online, how to set up and send email, how to use A4i, etc… **DMHL:** How to maintain privacy and safety online. How to curate your digital footprint. How to recognize and stop online bullying. **DMHL** and the corresponding D-LAT (as revised by Christy) will be a separate project down the road, that will allow Peers to engage and service RUHS-BH consumers. - In the immediate future, **DL** means getting a copy of consumer responses to Evaluation's Technology Use Survey so we can get a baseline reading of a Consumer's **DL** level in order to support their device use. **Kiosks:** - There were some team efforts in the creation of a welcoming video presentation on kiosk that were not implemented after realizing that the video will go in a loop which may not be practical for the end user. Also, the video felt like a video that will be more appropriate for a children's program. Our population of focus are TAY, Adult and Older Adults. - Clinic personnel were expecting to keep kiosk keys on site but it was determined that it is best practice for kiosks to be solely managed by the Jaguar contractor and the Help@Hand Administration team as to ensure proper maintenance and kiosk availability at each assigned location. Help@Hand Riverside team will act as a liaison between Jaguar and the clinics. - All videos should be sent to Jaguar in a .mp4 rather than .story file type. - Clinicians in clinic wanted to know if they were to receive keys to open the small kiosks in order to stow the devices safely overnight. They were advised that only Jaguar will have access to open the kiosks. - Regional Peer developed this KIOSK Care QUICK GUIDE but has not received any feedback **Trainings:** - Teaching people by demonstrating and allowing them to get their hands-on keyboard/device to maneuver around the digital environment is superior to any Articulate training we can create which tries to mimic the interactions. - Creating graphics in MS Power Point is preferable to WORD or Publisher; and imports into Articulate better. Due to free Canva account limitations, staff preferred to use Canva as a creative jumping off point for ideas and inspiration, but to work in MS Power Point. - Articulate videos recorded in REPLAY present certain challenges: Images thrown up cannot be inserted over audio. - Settings for screen recording: 100%: Recommended, "Duplicate These Displays," Resolution: recommended - Finally, videos need to be cropped in storyline. **Other** - The team experienced staff changes. Our Senior Peer left the program and this change caused challenges among the team. The team also experienced extended absence of three of the team members due to illness and only two regional Peers on staff. Our Clinical Therapist and Regional Peers made good efforts in providing additional support and provided leadership. - Peer Support Administrator stepping in the Senior Peer Support role is helpful, but the need for a full time peer mentor is crucial. - Team has expressed the need for clarification on which committee meetings should be log in Outreach/Engagement form. - Since some of the Help@Hand type of activities are new to the department's business practices, the team has been experiencing some need for clarification on which ELMR service codes to use when documenting the various activities in the electronic health records system. - Riverside team needs to stay in constant communication with vendors and CalMHSA regarding expenses and approvals of activities on each contract. - Stakeholder Presentations shall include budget information. - Mid-County Peer Resource Center development makes Peers less available to Help@Hand Riverside – There are conflicting Peer responsibilities.			
Recommendations Across Year 3	- For a Kiosk Technology deployment, aside from selecting the right kiosk technology, it is instrumental to secure a partnership with an experienced IT agency. - In our case, we attribute the successful implementation to our partnership and contract with Jaguar Computer Inc. George, from Jaguar and his team have an extensive knowledge in the field, George was able to proposed solutions to several roadblocks that arose during implementation and the rolled-out phase. - Our IT contractor has an existing working relationship with our IT Riverside County System and with the various county contracting agencies where the kiosks were deployed. - Our project benefited from Jaguar's knowledge of our county network infrastructure to utilize and configure a dedicated virtual local area network (VLAN) to support Internet connection for proper security configuration and wireless strength to properly display digital resources which include our special work on the ASL video adaptation of the CalMHSA Help@Hand Digital Mental Health Literacy video work. - In addition, with their support, we were able to leverage surplus computer equipment in the large 55" Peerless Kiosks to ensure digital navigation and touch screen solution.			
Cross County/City Sharing Across Year 3	- Peer Operator and CT training materials shared - Infographics PDF files shared - Hold a training on the website content management system			

San Francisco County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• William Tran (MHASF), Meaghan O'Brien (MHASF), Teresa Yu (SF DPH)	• Same as Quarter 1	• William Tran (MHASF), Monica Martinez (MHASF), Teresa Yu (SF DPH)	• William Tran (MHASF), Shannon Lee, Monica Martinez (MHASF), Teresa Yu (SF DPH)
Implementation Site	• San Francisco County- Mental Health Association of San Francisco (MHASF)	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Team Composition	• William Tran (MHASF), Meaghan O'Brien (MHASF), Lennox Nemeth (MHASF), Vanessa Hamill-Meeriyakerd (MHASF), Trey Terrio (MHASF), Teresa Yu (SF DPH), Trena Mukherjee (SF DPH), Diane Prentiss (SF DPH), Jessica Brown (SF DPH), Charlie Mayer-Twomey (SF DPH), Tracey Helton (SF DPH)	• William Tran (MHASF), Meaghan O'Brien (MHASF), Lennox Németh (MHASF), Vanessa Hamill-Meeri-yakerd (MHASF), Trey Terrio (MHASF), Claribette Del Rosario (MHASF), Teresa Yu (SF DPH), Trena Mukherjee (SF DPH), Diane Prentiss (SF DPH), Jessica Brown (SF DPH), Charlie Mayer-Twomey (SF DPH), Tracey Helton (SF DPH)	• William Tran (MHASF), Meaghan O'Brien (MHASF), Lennox Németh (MHASF), Vanessa Hamill-Meeri-yakerd (MHASF), Trey Terrio (MHASF), Claribette Del Rosario (MHASF), Shannon Lee (MHASF), Andrea Rico (MHASF), Teresa Yu (SF DPH), Trena Mukherjee (SF DPH), Diane Prentiss (SF DPH), Jessica Brown (SF DPH), Charlie Mayer-Twomey (SF DPH), Tracey Helton (SF DPH)	• Monica Martinez (MHASF), Claribette Del Rosario (MHASF), Shannon Lee (MHASF), William Tran (MHASF), Trey Terrio (MHASF), Andrea Rico (MHASF), Vanessa Hamill-Meeriyakerd (MHASF), Lennox Nemeth (MHASF), Teresa Yu (SF DPH), Trena Mukherjee (SF DPH), Diane Prentiss (SF DPH), Jessica Brown (SF DPH), Charlie Mayer-Twomey (SF DPH), Tracey Helton (SF DPH)
Target Audience	• Headspace: People who live, attend school, and work in SF; behavioral health consumers, • TakemyHand™: emphasis on TAY and trans-identified community members	• Headspace: People who live, attend school, and work in SF; behavioral health consumers. • Digital Literacy Education Trainings: Historical-ly-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and Trans commu-nity members. • TakemyHand™: emphasis on TAY and trans community members	• Headspace: People who live, attend school, and work in SF; behavioral health consumers. • Digital Literacy Education Trainings: Historical-ly-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and Trans commu-nity members. • TakemyHand™ with an emphasis on TAY and trans community member • Tech Procurement Program: Historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• Headspace: People who live, attend school, or work in SF; behavioral health consumers. • Digital Literacy Education Trainings: Historical-ly-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and Trans community members. • TakemyHand™ with an emphasis on TAY and trans community member • Tech Procurement Program: Historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.
Products in Use/Planned	• Headspace (as of 3/15/21) and TakemyHand™ (determined formal implementation phase 2/13/21)	• Headspace (as of 3/15/21) • TakemyHand™ (implementation anticipated date 8/15/21– this will be revised due to paperwork completion and legal review) • MHASF has also adapted Digital Literacy Edu-cation trainings and have conducted them all to the community and have now recorded them for ongoing community access.	• Headspace (as of 3/15/21) has stalled. • TakemyHand™ (implementation anticipated date was 10/4/21– this date will be revised due to the ongoing collaboration with Riverside County on the development of the SF TakemyHand™ website). • Digital Literacy courses now available on MHASF's learning management system, Thinkific. MHASF-TAMHS staff continues improving course materials to be more relevant to targeted commu-nity members. • Tech Procurement Project: procuring Samsung Galaxy A7 Lite tablets for individual use, including protective and adaptive materials, such as a case and external keyboard.	• Headspace (as of 3/15/21) has stalled pending SFDPH review. • TakemyHand™ (new implementation anticipated date is once it has been approved by SFDPH. This date has been revised due to the ongoing collabo-ration with Riverside County on the development of the SF TakemyHand™ website and because of SF-DPH IT/Security/Compliance department's needed clearance of Livchat. • Digital Literacy courses now available on MHASF's learning management system, Thinkific. MHASF-TAMHS staff continues improving course materials to be more relevant to targeted commu-nity members and for use in the Tech Procurement Project. • Tech Procurement Project: procuring Samsung Galaxy A7 Lite tablets for individual use, including protective and adaptive materials, such as a case and external keyboard. Devices will be kitted with Scalefusion management software upon SFDPH approval. Expected launch date is January 2022.
Implementation Approach	• Headspace- rapid response due to COVID-1-19 • Pilot of TakemyHand™ through MHASF	• Headspace: rapid response due to COVID-19 • Pilot of TakemyHand™ through MHASF	• Headspace: rapid response due to COVID-19 • Pilot of TakemyHand™ (peer-based chat) through MHASF. Pilot start date TBD.	• Headspace: rapid response due to COVID-19. Is currently on hold due and under SFDPH review. MHASF has worked closely with SFDPH and Help@

San Francisco County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
		• Digital Literacy Education Training series: response due to community feedback on digital divide and waiting for approval to pilot Takemy-Hand™	• Implementation of Digital Literacy Education Training series was in response to community feedback on digital divide and technology readiness. • Tech Procurement Project will complement digital literacy education by procuring devices to San Francisco residents seeking access to mental and physical health services online.	Hand to resolve this hold as quickly as possible in order to provide SF Community members with this resource. • Pilot of TakemyHand™ (peer-based chat) through MHASF. Pilot start depends on SFDPH approval. San Francisco has been working closely with Riverside to make sure that SF TakemyHand™ Website is being built out. • Implementation of Digital Literacy Education Training series has been uploaded on Thinkific and is ready to be implemented. We are currently waiting on the implementation of the Tech Procurement Project to make this resource available to the participants of the TAMHS Tech Procurement Project. • Tech Procurement Project will complement digital literacy education by procuring devices to San Francisco residents seeking access to mental and physical health services online. MHASF is currently in the process of purchasing devices from T-Mobile, awaiting clarification and approval from SFDPH on contractual terminology, Scalefusion management software, and contacting participants to confirm their participation.
Other Unique Program Qualities	• In order to support the TakemyHand™ initiative, we learned from our community that there are severe barriers accessing services/support due to a digital divide based on a myriad of factors such as SES, safety concerns, and overall knowledge of navigating technology. MHASF used the Digital Literacy training developed by Kelechi and other peers and modified it to support our communities needs by developing a 12-part Digital Literacy Education Training (DLET) series with supplemental support from Painted Brain.	• In order to support the Help@Hand initiative, we learned from our community that there are severe barriers accessing services/support due to a digital divide based on a myriad of factors such as SES, safety concerns, and overall knowledge of navigating technology. MHASF used the Digital Literacy Education training developed by Kelechi and other peers and modified it to support our communities needs by developing a 12-part Digital Literacy Education Training (DLET) series with supplemental support from Painted Brain. MHASF has completed an entire series of DLET to the community and has completed recordings of these trainings by chunking them into smaller, digestible recordings. Recordings were completed 6/8/21 and are being uploaded to our Learning Management System so that they can interact and utilize on an ongoing basis. • As we explored digital literacy with community members, it became clear that there were still barriers to accessing digital support, including the digital literacy education training series. As of June 2021, MHASF advocated for the establishment of a technology procurement program with unused money that was approved by SF DPH. MHASF is currently developing an RFP process for community programs to apply for funding to provide technology and data to program participants to continue to strive toward closing the digital divide.	• To effectively support the Help@Hand Initiative of bridging the technological divide, we needed to provide devices and internet to socially isolated San Francisco community members. Tech Procurement was the direct result of this gap. The goal of Tech Procurement is to provide devices and internet, as well as, technology readiness support to increase the likelihood of San Francisco residents accessing mental and physical health services in the virtual space. Technology readiness includes an assessment and digital literacy courses. Mental health support includes access to no-cost premium Headspace services and TakemyHand™, a peer-based chat. • In order to support Tech Procurement participants, MHASF launched its Digital Literacy Education series into a learning management system where individuals can take courses specific to their technology readiness assessment. The spectrum of courses can begin with learning how to turn on the machine to job searching and resume building, to navigating cyberbullying. The goal of these courses is to increase an individual's technology readiness/know-how to access mental and physical health resources.	• The Tech Procurement Project collected data from community members interested in participating in the program. Findings have supported our need to implement digital literacy trainings and provide tech devices and internet to participants. For example: Of the 71 respondents, 68 (96%) do not have access to a reliable tablet; 42 (59%) are not comfortable or somewhat comfortable using a tablet or computer; 36 (51%) do not know how to connect to the internet or are somewhat familiar with connecting to the internet, and 38 (54%) do not have access to reliable internet. Headspace: San Francisco has experienced a 9-month hold on our rapid-implementation pending SFDPH review. During this time, MHASF has been unable to conduct outreach for this innovation pilot or reach out participant goal (10,000). • TakemyHand™: San Francisco has experience website development and implementation (approval of LiveChat) delays

San Francisco County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Milestones	• Implementing Headspace at a county level • Hired MH Tech Outreach Coordinator (as of 3/25/21 for Headspace distribution) • Hired two Digital Peer Navigators (as of 2/1/2021) • Determined to pilot TakemyHand™ for SF County (as of 2/9/21) • Developing budget and program plan to implement pilot • Recording DLET series for community members to access as needed • Implemented technical assistance hours via Digital Peer Navigators for community members to receive 1-to-1 tech support/troubleshooting	• Implementing Headspace at a county level • Hired MH Tech Outreach Coordinator (as of 3/25/21 for Headspace distribution) • Hired two Digital Peer Navigators (as of 2/1/2021) • Determined to pilot – TakemyHand™ for SF County (as of 2/9/21) • TakemyHand™ budget has been approved by SF DPH (as of 6/9/21) • Recording DLET series for community member to access as needed (as of 6/8/21) • Implemented technical assistance hours via Digital Peer Navigators for community members to receive 1-1 tech support/ troubleshooting • Developing Tech Procurement program through an RFP model with community programs to fund technology and data for community participants. MHASF is working with unspent money from county contract (Anticipated RFP release will be in 8/2021). • Marketing and outreach campaign 5/1/2021 • On 6/15/21 MH Tech Outreach Coordinator shared with Tech Lead call on partnership with radio company for Marketing and Outreach for Headspace.	• Identified, hired, and placed a TakemyHand™ Project Manager, TakemyHand™ Peer Counselor • Produced draft of TakemyHand™ website vision • Access to TakemyHand™ content management privileges • Revised and reformatted Digital Literacy Education Series into courses • Launched Digital Literacy Courses on Thinkific • Produced application for Tech Procurement referrals • Produced a scoring rubric for Tech Procurement referrals to objectively accept participants • Sustained Digital Technical Assistance Hours • Drafted preliminary programming plans for Tech Procurement projects	• Identified and hired new Director of Education and innovation at MHASF (Monica Martinez) • Collaborated with T-Mobile to purchase tablets, keyboards, and internet service for the TAMHS Tech Procurement Project. • Will have devices secured for the TAMHS Tech Procurement Project • Will begin to notify participants on their acceptance into the TAMHS Tech Procurement Project. • Developed Outreach plan for TakemyHand™. • Developed Headspace Interest form in order to collect email addresses of community members interested in enrolling in Headspace once MHASF is able to relaunch. • Created Headspace Community Presentation evaluation in order to measure the effectiveness of our presentations as well as collect demographic data of community members served. • TakemyHand™: Secured extended funding through June 2022 for 6 month pilot. • Implemented Livechat bots
Lessons Learned Across Year 3	**TakemyHand™** • Approval of SFDPH for Security, IT, Compliance and involvement of SF City Attorney can take longer than expected. DPH Contracts (which has a role in approving tech contracts) needed to have been brought at the earlier stages of program planning/approval. Typically, DPH contracts directly with tech vendors so using a third party has caused confusion in how to proceed and there are concerns around liability and cyber insurance. Also, it was discovered the process followed to add the Tech Project to the MHA SF contract should have been a different one. • SF team has embarked in building the TakemyHand™ website and this is a new expectation that was not in the budget or capacity needs when hiring roles. • Delays in SF TakemyHand™ website have occurred due to limited capacity of Riverside Website programmer, thus SF needs a more available website team for this project. **Headspace** • Evaluator contact disclaimers should be added when consumers sign up for a tech app. SFDPH is not allowed to provide contact information for users to other parties, including contract evaluators like Help@Hand evaluation team. SFDPH views email addresses and names as PHI even when alias' can be given. There is a difference in understanding of PHI between SFDPH and Headspace. • Currently MHASF does not have an effective approach of capturing demographics among our participants due to SFDPH decision to not ask demographics on interest form. MHASF developed a post-community presentation evaluation in order to track outreach impacts and demographic data, although this does not directly relate to Headspace enrollment. • The most effective outreach method for Headspace enrollment has been our marketing efforts in partnership with Audacy, a statewide marketing firm. Upon the launch of our campaign, we observed enrollment rates reaching 86 individuals per week and media impressions peaking at 111,821. • MHASF observed consistent product feedback from community members around Headspace's limited language offering at the time of implementation (English, Spanish, German, French, Portuguese) **Tech Procurement** • SFDPH views devices their funds have purchased as property of SFDPH, which needs to be returned. • Process and steps to purchase tech devices and internet with T-Mobile vendor • Approvals needed by SFDPH for software management, Handbook and program participation agreement. • The decision on the Tech Procurement Project being a loaner program or allowing participants to keep devices was reached by SFDPH on Dec 2021 and required rapid changes in program, messaging, distribution, and funding needs.			
Recommendations Across Year 3	**TakemyHand™** • Branding guidelines toolkit for TakemyHand™ should be shared at the beginning of website development to avoid the development of unused content/branding/marketing. • Website development has been delayed due to limited capacity and support by Riverside Website Developer. The SF team would benefit from funding to hire a website programmer to build SF's TakemyHand™ Website. • Develop roles and responsibilities document that outlines website development.			

San Francisco County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
	• Develop implementation guidance or toolkit that highlights best practices for TakemyHand™ implementation including need for counties to have a team to support subcontractor implementation and components that may require approval (Security, IT, Compliance) by counties so they can prepare. • Funding for a language translator to support translation of content on the website. **Headspace** • Additional time prior to the implementation would have been helpful in order to identify outreach and marketing tactics. Similarly, this can help to ensure the necessary approvals have been obtained to prevent future delays or implementation pauses. • More direct communications between implementation team and SFDPH oversight in order to quickly and effectively resolve any potential issues that will impact the program. • City/County Legal understanding more about Innovation funding and MHSOAC role has been essential to clarify to move approval forward. **Tech Procurement** • Support in identifying an approved tech device and internet vendor by CalMHSA/SFDPH. • Earlier decision to gift tech devices to participants in order to reduce the digital divide and reduce challenges that can occur when retrieving devices after one year.			
Cross County/City Sharing Across Year 3	**TakemyHand™** • Working closely with Riverside team on content approval and website development **Headspace** • MHASF has worked closely with Santa Barbara to provide them with best practices we have developed during our launch of Headspace. Our Tech Outreach Coordinator provided their county with a Headspace Implementation Kit which included: a pre-launch checklist, enrollment email copy, approved Headspace digital collateral, community presentation template, communication tracker, and Headspace's brand partnership guide. We also supported the onboarding of their outreach coordinator working on the Headspace implementation by meeting to discuss the Headspace Implementation Kit and to share our key learnings. **Tech Procurement Project** • Connected with Marin to discuss technology distribution			

San Mateo County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Doris Estremera, MPH	• No changes	• No changes	No changes
Implementation Site	• Community-based agencies, BHRS programs, online	• No changes	• No changes	No changes
Team Composition	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, "tech hours" for clients and advanced Zoom topics for providers	• No changes	• No changes	No changes
Target Audience	• Transitional age youth (TAY) • Older adults	• No changes	• No changes	• No changes
Products in Use/Planned	• Headspace for COVID Rapid Response released September 2020 • Older Adults and TAY selected Wysa for pilot to launch in April 2021	• Headspace for COVID Rapid Response; September 2020 -August 2021 • Older Adults and TAY selected Wysa for pilot; April 2021 - August 2021	• Older Adults and TAY selected Wysa for scale-up, launch scheduled for January • Wysa testing with Behavioral Health and Recovery Services (BHRS) clients to begin in January	• Wysa for scale-up, launch delayed until March • Wysa testing with Behavioral Health and Recovery Services (BHRS) clients to begin in March

Implementation Approach	• Help@Hand Advisory Committee of local stakeholders continues to meet monthly and provides feedback on appropriate technology to meet the needs of older adults and transition-age youth, consults on the strategies for outreach and engagement, informs project evaluation, supports recruitment of older adults and youth to participate in the exploration and pilot phase of app selection, and serve as ambassadors of Help@Hand
	• Phase 1 – Help@Hand Peer Ambassadors from YLI, PFS and Advisory Committee promote and support use of all apps (Headspace and Wysa). Peer Ambassadors support outreach and engagement efforts through 'Get Appy' workshops, recruitment of participants in selection of apps and digital mental health literacy.
	  o Further marketing and outreach plans for Headspace response under development.
	  o Pilot proposal for Wysa app completed and approved
		• No changes	• No changes to Help@Hand Advisory Committee
			• Phase 1 – Help@Hand Peer Ambassadors from YLI, PFS and Advisory Committee will promote and support use of Wysa.
			  o YLI Peer Ambassadors will support outreach to low-income youth
			  o PFS Peer Ambassadors will support outreach to low-income and isolated older adults via older adult low-income housing complexes. Outreach will include device distribution as needed and 'Get Appy' workshops to support digital mental health literacy.
			  o Uptown Marketing consultants will support broad promotion of the app targeting the general population of older adults and youth
			• No changes to Phase 2 –BHRS Peer Ambassadors integration of apps for Behavioral Health and Recovery Services (BHRS) clients
			  o Painted Brain will support Digital MH Literacy of BHRS clients:=
				• No Changes

San Mateo County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
	• Phase 2 –BHRS Peer Ambassadors will support integration of apps into Behavioral Health and Recovery Services including digital mental health training of clients by peers o Painted Brain is supporting Digital MH Literacy trainings including: • Community Tech Cafe's for clients who needs basic device supports; downloading apps, setting up e-mail and basic use of telehealth and Zoom. • Digital Literacy Training for Peers equips peer and family partners with some basic technology 101 to in turn support the distribution of devices to clients. • Series of more advanced Zoom topics for providers (facilitating equitable meetings, live streaming, utilizing breakout rooms and interactive pools, safety measures while utilizing Zoom, etc.)			
Other Unique Program Qualities	• Implemented intergenerational strategies where youth Help@Hand Advisory members are facilitating technology topics and providing technical assistance at the 'Get-Appy' workshops for older adults. • Contracted with Painted Brain to support additional "tech hours" and technical assistance to community-based agencies in response to broader COVID-related racial equity actions. • Leveraged $408,000 of MHSA and CARES Act funding to procure additional federally subsidized devices for clients to use for both Help@Hand and broader telehealth and recovery-oriented services • Using Headspace as a broader COVID response to the San Mateo County community at-large	• No changes	• Contracting with marketing consultants to target the broader population of older adults and youth • Painted Brain has been focusing on providing technical assistance to community-based behavioral health agencies	• No Changes
Milestones	• Wysa pilot proposal drafted and approved • Wysa evaluation instruments developed and approved • Launch design meeting with Wysa developers conducted	• Wysa pilot launched with 16 youth and 30 older adults • Focus groups and exploration groups scheduled for end of July, early August 2021 • Launched first series of advanced Zoom topics with Painted Brain: "Liberation Practices for Virtual Meeting Spaces" to build critical consciousness, empowerment, and equitable strategies when facilitating virtual meeting spaces. • Launched Phase 2 of our local Help@Hand strategy: integration of apps into Behavioral Health and Recovery Services	• Launched Headspace evaluation survey • Completed Wysa Pilot evaluation reports for OA/TAY and shared with vendor, Advisory Committee, and UCI • Selected Wysa for scale-up with Advisory Committee approval • Peer partners developed, prioritized, and presented a list of development customization requests for Wysa	• Contract negotiations with Wysa began; pricing and prioritized customization requests were agreed upon • Marketing consultant contract secured; Uptown Solutions presented a proposed strategy to the Advisory Committee • Advisory Committee and local County Council approved disclaimer language and local resource listing within the app

San Mateo County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Lessons Learned Across Year 3	<td colspan="4"> - While innovation requires flexibility in implementation and approach, community expectations and priorities don't shift as readily. We were presented with the opportunity to pursue a rapid response model (similar to Headspace) to facilitate a more efficient app selection and roll out. Our local Help@Hand Advisory Committee elected to continue the vetting, selection, pilot and exploration processes that were already in place because it offered more meaningful engagement and negotiation with app developers. Additionally, the Wysa app does not offer services in our local priority languages of Spanish and Chinese. This is an issue and will require creative approaches to address community expectations related to serving this community with Help@Hand services. - Nextdoor app was a great way to reach older adult pilot participants; kick-off events that clarified expectations led to 94% engagement in process to-date - When engaging youth, parental consents will require additional planning and considerations - Tech Cafes to offer basic tech support and digital mental health literacy for community members and clients works best when offered in collaboration with agencies that have access to the target audience. - It's important to understand ongoing pricing and sustainability of any product early in the selection phase - Testing a product in a behavioral health system are more likely to require any development/customization to be identified first before bringing it to clients. Having peers as part of the early vetting, selection and customization request has been critical to introducing the product for testing with clients - Innovation requires flexibility, constant change of pace and strategy yet, the funding and State guidelines around innovation do not always allow this flexibility. The pandemic through a huge wrench into our project including 1) the older adult selected technology provider pulled out of the project as a whole requiring us to start our app selection and vetting process from scratch and 2) youth needs changing and therefore requiring we start the app selection and vetting process over as well. This added a year of activities to our process but, without a year of extended ability to use innovation funds. - Contracting processes take time whether it's through County or statewide agencies, this delayed our project launch even further. </td>			
Recommendations Across Year 3	<td colspan="4"> - Begin long-term sustainability planning that includes possible integration of apps into Behavioral Health and Recovery Services; beyond broader community engagement, wellness supports and linkages - All survey tools should be vetted locally. We launched the pilots without vetting the survey tools with our local advisory board. Our local stakeholders had just participated in the vetting of stigma surveys and had a lot to offer in terms of considerations for questions that may be triggering or stigmatizing. While all survey questions were vetted by peers statewide, local perspective is imperative. - Remain flexible, there are a lot of unanticipated challenges when implementing something this - Include developers' willingness to collaborate, customization requirements, pricing, cross-county interests and sustainability needs as part of the selection process - Begin marketing strategy vetting early-on even if the product isn't selected yet. Our local advisory committee wanted formal focus groups conducted even though we had been collecting data (informally) throughout the process. These take time to plan and recruit appropriate representation. </td>			
Cross County/City Sharing Across Year 3	<td colspan="4"> - Shared Headspace codes with Santa Barbara County and Tri-City for their pilot - Shared Headspace outreach and marketing best practices with Santa Barbara and San Francisco - Received press kit from Wysa, which was used to promote the TAY pilot. - Participated in Headspace marketing meeting along with San Francisco, used collateral developed by Headspace for our local Mental Health Awareness Month promotion of Headspace - Received marketing consultant referral, direct contact and quotes from City of Berkeley - Requested screening tools for app engagement from Marin - Wysa pilot presentation to collaborating counties at the Help@Hand Tech Lead meeting - Developed video testimonials about Help@Hand - Used disclaimer language other counties had developed - Tri-City and San Mateo device distribution/loaning information sharing with San Francisco </td>			

Santa Barbara County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Vanessa Ramos, and Barbara Lopez	• Vanessa Ramos, Barbara Lopez, and, Amanda Kirk	• Same as Quarter 2	• Maria Arteaga, Steven Sanvictores, and Enrique Bautista
Implementation Site	• Santa Barbara County- Psychiatric Health Facility; Crisis Residential Treatment; Recovery Learning Communities; Contracted Community-Based Organizations; Community sessions hosted via Zoom; BeWell Clinics	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Team Composition	• Help@Hand Team; BeWell Administration- Clinical/Peer/MHSA/IT	• Same as Quarter 1	• Staff changes: Hired outreach Coordinator in August 2021. The Help@Hand Project Manager left the position on September 3; Peer Manager assigned Project Manager responsibilities until the position gets filled	• Staff changes: Lost Project Coordinator and two Help@Hand team members. In the process of hiring a Project Coordinator and more team members.
Target Audience	• Recipients of Crisis Services; Transitioned Aged Youth; Geographically Isolated Communities	• Same as Quarter 1	• Same as Quarter 1	• Expanded Headspace to include Santa Barbara County general population
Products in Use/Planned	• Headspace; Wellness App Brochure; Tracphones; Lifeline phones; Tablets;	• Same as Quarter 1	• Headspace; Wellness App	• Headspace; Wellness App Brochure, Track phones; Lifeline phones Tablets
Implementation Approach	• Increasing access to smartphones; Enhancing digital literacy to support one's mental wellness; Piloting Headspace application throughout the system of care	• Same as Quarter 1	• July to August: Increasing access to smartphones; Enhancing digital literacy to support one's mental wellness; Piloting Headspace application throughout the system of care • September: Enhancing digital literacy to support one's mental wellness; Piloting Headspace application throughout the system of care	• Same as Quarter 3
Other Unique Program Qualities	• Santa Barbara continues to focus on increasing access to smartphones. This is completed through creating a net of Lifeline vendors that serve within critical organizations that provide mental health services. Santa Barbara has purchased pre-paid phones for clients receiving crisis services that may not qualify for a phone. • Santa Barbara is enhancing digital literacy to support one's mental wellness through hosting Appy Hours throughout the Santa Barbara community, within the in-patient Psychiatric Health Facility, at contracted Crisis Residential Treatment Facilities, and throughout the BeWell system, including contracted partners that are working with geographically isolated communities. Appy Hours utilized the Guide to Wellness App brochure created by the local Santa Barbara Help@Hand team and contracted vendor Painted Brain. • Santa Barbara is piloting the mindfulness application Headspace throughout the project's target populations by sharing Headspace with Behavioral Wellness Clinician's (Clinical Leads), contracted community partners (meetings/CBO Collaborative/ Department Action Teams), clients within project target populations, and BeWell staff.	• Santa Barbara participates in wellness outreach fairs throughout the county led by community-based organizations such as Casa De La Raza and Transitions Mental Health Association. Santa Barbara provides the community with a Guide to Wellness App brochure at these events and connects those who qualify with Lifeline smartphones. • Santa Barbara is working with the community to understand better barriers in obtaining "mobile hotspots" as requested by community members. A wall in getting a mobile hotspot includes a lack of financial ability to pay for the hotspot device needed for the discounted broadband service. IN response, community members are encouraged to access WIFI at local community centers such as public libraries and community centers. • Santa Barbara is focused on outreach and engagement strategies to prepare for the launch of Headspace. The county will be purchasing 5,000 licenses FY2021-2022, and another 5,000 licenses FY 2022-2023. The local Santa Barbara team will walk through the Headspace enrollment process and host community technology workshops "Appy Hours" to ensure that target populations can fully navigate the Headspace application.	• Same as Quarter 2	• Santa Barbara is hosting Tech & Wellness support groups within Behavioral Wellness and community-based organizations such as Recovery Learning Centers (RLC) throughout the county. • Trac phones are continued to be distributed at the Psychiatric Health Facilities. • Santa Barbara's continues to work with RLC to connect those who qualify with Lifeline smartphones. • Santa Barbara continues to work with the promotor/ es network to establish Tech & Wellness groups and promote Headspace mobile applications to reduce mental health stigma and promote wellness. • Santa Barbara participates in wellness outreach events when made available via in-person and virtual platforms throughout the county, led by community-based organizations and supported housing facilities. Guide to Wellness App Brochure and Headspace application and community resources are provided at these events. • Santa Barbara is focused on outreach and engagement strategies to prepare for the launch of Headspace. The county will be purchasing 5,000 licenses FY2021-2022, and another 5,000 licenses FY 2022-2023.

Santa Barbara County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
		The project works closely with Recovery Learning Communities and contracted community-based organizations to understand barriers better and work through solutions.		• The local Help@Hand Project team will promote Headspace within BWELL and the community. In addition, team members will establish Tech & Wellness support groups.
Milestones	Help@Hand Santa Barbara team has had many milestones this quarter. Some of the landmarks are as follows. • More than 30 clients that have been connected with phones via either Lifeline or prepaid phones. • Hosted more than 30 groups from Jan2021-April2021 with more than 100 clients served throughout the BeWell system of care. • Enhancing BeWell Peer Services staffing through the funding of three additional full-time civil service roles (1) Outreach Coordinator/Case Worker (peer preferred) (2) Wellness Ambassadors/ Recovery Assistants (peer preferred). • Bridging the knowledge gap between using apps to support one's mental wellness and traditional treatment by inviting subject matter experts on digital tools such as One Mind PsyberGuide and inviting BeWell service providers to Digital drop-ins hosted by One Mind PsyberGuide. • Increased resources available to the general population visiting the Behavioral Wellness webpage by sharing local, State, and National resources with Department leaders that manage the BeWell webpage. Resources are shared on the BeWell Resources page, including the Wellness App Brochure Guide developed by Painted Brain with the local Santa Barbara team. • The Research and Evaluation team has been selected to measure the success between clients leaving the in-patient psychiatric health facility and their first outpatient appointment using the peer-led group facilitated by the Help@Hand local team, PHF staff, and Clinic Peers. This measurement is being submitted to the State of Cas External Quality Review Organization to be considered for a Project Improvement Plan. • Painted Brain is contracted to work with local Santa Barbara Transitioned Aged Youth to build a curriculum covering On-Line Safety Practices, Basic Computer Skills, and Digital Wellness and Recovery Tools. This curriculum will be shared with BeWell TAY providers through the Appy Hour series facilitated by the local Help@Hand team.	• Product selection: Santa Barbara has selected to implement the digital therapeutics mobile application of Headspace that will run FY2021-2023 (5,000 Headspace Licenses- FY2021- 22; 5,000 Headspace Licenses FY2022-2023). • Launched exploration: Santa Barbara launched the Exploration of Headspace with more than 40 enrolled. Enrolled are participants within the project's target population, including the Peer Empowerment Conference attendees. This exploration was supported by the Santa Barbara IT, which could register county cellphones into the App Management system allowing for staff to download Headspace on county phones. • TAY Curriculum: Santa Barbara, in collaboration with Painted Brain, hosted four community listening sessions over three months to understand the opportunities and challenges surrounding the use of technology amongst transitional aged youth, college students, and peers in Santa Barbara County. The curriculum will be shared with the BWELL TAY population and Recovery Learning Communities to enhance digital literacy groups and outreach efforts. The local Santa Barbara team will use the curriculum to support community outreach and engagement technology workshops. • Local Research and Survey Instruments: Headspace initially created by Help@Hand evaluation team and project peer partners throughout the multi-county collaborative Dr. Patricia Gonzalez created a shorter version of this Headspace survey instrument with input from the local Santa Barbara team. Information from the local Santa Barbara team will be shared with the Headspace Consumer Survey Workgroup for consideration. • Santa Barbara County Department of Behavioral Wellness has received a Youth Opioid Response Grant. This grant will be deployed in the Lompoc area focusing on LatinX youth. Help@Hand has partnered with YOR to host community events at the facility that will support the enrollment of new Headspace users and will support engagement with Headspace with existing users.	• Product selection: Santa Barbara has selected to implement the digital therapeutics mobile application of Headspace that will run FY2021-2023 (5,000 Headspace Licenses- FY2021- 22; 5,000 Headspace Licenses FY2022-2023). • Launched exploration: Santa Barbara launched the Exploration of Headspace with more than 40 enrolled. Enrolled are participants within the project's target population, including the Peer Empowerment Conference attendees. This exploration was supported by the Santa Barbara IT, which could register county cellphones into the App Management system allowing for staff to download Headspace on county phones. • TAY Curriculum: Santa Barbara, in collaboration with Painted Brain, hosted four community listening sessions over three months to understand the opportunities and challenges surrounding the use of technology amongst transitional aged youth, college students, and peers in Santa Barbara County. The curriculum will be shared with the BWELL TAY population and Recovery Learning Communities to enhance digital literacy groups and outreach efforts. The local Santa Barbara team will use the curriculum to support community outreach and engagement technology workshops. • Local Research and Survey Instruments: Headspace initially created by Help@Hand evaluation team.and project peer partners throughout the multi-county collaborative Dr. Patricia Gonzalez created a shorter version of this Headspace survey instrument with input from the local Santa Barbara team. Information from the local Santa Barbara team will be shared with with the Headspace Consumer Survey Workgroup for consideration. • Santa Barbara County Department of Behavioral Wellness has received a Youth Opioid Response Grant. This grant will be deployed in the Lompoc area focusing on LatinX youth. Help@Hand has partnered with YOR to host community events at the facility that will support the enrollment of new Headspace users and will support engagement with Headspace with existing users.	• Launched Headspace on 10/1/2021: Santa Barbara has selected to implement the digital therapeutics mobile application of Headspace that will run FY2021-2023 (5,000 Headspace Licenses- FY2021- 22; 5,000 Headspace Licenses FY2022-2023). • Headspace enrollment is offered to all BWell clients, families, and the community. • Tech & Wellness groups are established within BWell, Recovery Learning Centers, and community partners. • Headspace exploration survey data is in the process of analysis by our local evaluator. • Santa Barbara will pilot another mobile application targeting the Spanish-speaking community and individuals with disabilities. • Digital literacy curriculum has been shared with the promotor/es network and community partners in the County of Santa Barbara.
Lessons Learned Across Year 3	• N/A			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

Tehama County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Travis Lyon, Avery Vilche	• Travis Lyon, Avery Vilche	• Travis Lyon, Avery Vilche	• Travis Lyon, Avery Vilche
Implementation Site	• Tehama County Health Services Agency	• Tehama County Health Services Agency	• Tehama County Health Services Agency	• Tehama County Health Services Agency
Team Composition	• Travis Lyon, Avery Vilche, Fernando Villegas, Ron Culver, Dahisy Ramirez	• Travis Lyon, Avery Vilche, Fernando Villegas, Ron Culver, Dahisy Ramirez	• Travis Lyon, Avery Vilche, Fernando Villegas, Ron Culver, Dahisy Ramirez	• Travis Lyon, Avery Vilche, Fernando Villegas, Ron Culver, Dahisy Ramirez
Target Audience	• Persons who are homeless or at risk of homelessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers	• Persons who are homeless or at risk of homelessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers	• Persons who are homeless or at risk of homelessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers	• Persons who are homeless or at risk of homelessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Approach	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); track progress
Other Unique Program Qualities	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates
Milestones	• myStrength contract and SOW executed • Completed myStrength launch meetings • Completed myStrength training	• myStrength contract and SOW executed • Completed myStrength launch meetings • Completed myStrength training	• myStrength contract and SOW executed • Completed myStrength launch meetings • Completed myStrength training	• myStrength contract and SOW executed • Completed myStrength launch meetings • Completed myStrength training
Lessons Learned Across Year 3	• N/A			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

Tri-City	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford
Implementation Site	• Virtual due to COVID-19	• Virtual due to COVID-19	• Virtual due to COVID-19	• Virtual due to COVID-19
Team Composition	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant, • Painted Brain Peer Consultant • Help@Hand Evaluation Team	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant, • Painted Brain Peer Consultant • Help@Hand Evaluation Team	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director, • Cambria Consultant • Help@Hand Evaluation Team	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant, • Painted Brain Peer Consultant • Help@Hand Evaluation Team
Target Audience	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers
Products in Use/Planned	• myStrength	• myStrength	• n/a	• Currently reviewing the various apps to determine a few to fully implement
Implementation Approach	• Launching a Pilot of myStrength within our 3 Target Populations begin in May. Currently recruiting for 20 participants of each population for a total of 60 participants in our Pilot Program. Pilot will run for 3 months.	• In the process of planning a pilot launch within our 3 Target Populations. • Waiting on a BAA with myStrength so our Executive Team can sign off on our Pilot Proposal. • Will begin recruiting once BAA is signed.	• Foregoing a Pilot due to a lack of support staff: including IT, Peers, and Clinical. • Will wait to review data from other counties pilots to determine which apps we would like to implement for our cities.	• Looking to launch 2-3 apps in the new year for our populations to utilize.
Other Unique Program Qualities	• Recruiting for participants via our community partners and groups offered through our wellness center. • Coordinator will be presenting a PowerPoint slide to potential participants to gain their interest. • Working on developing a Landing Page for our pilot through the Help@Hand website.	• Created a registration form for Participants to sign up to participate. This will help us insure they are a part of our priority population and that they live within our 3 cities. • Created a Welcome Packet for participants of the pilot	• Delays due to waiting for BAA agreements between Help@Hand evaluation team & myStrength • Additional Delay for BAA between Help@Hand evaluation team & Tri-City.	• None to report for this quarter
Milestones	• January: Decided with the help of our Executive team not to move forward with MindStrong. • February: Held a focus group for the myStrength app which resulted in good first impression by participants. • March: Began planning our Pilot program	• April: Met with myStrength and trained on the app • May: Worked on Help@Hand Landing page for Pilot as well as creating registration page for participants to sign up. • June: Worked on creating a Welcome Packet for Participants that will outline the Pilot, have resources, FAQ, a calendar of important dates, and contact information.	• No additional milestones at this time	• No additional milestones at this time
Lessons Learned Across Year 3	• This year was all about learning. We learned that it is important to have all documentation in place and have all our executive team sign off on any plans before trying to move forward. • BAA are a key document that our executive team needs in order to move forward. It is imperative that we ensure all our bases are covered and that all parties are in agreement. • Continue to experience the impact of COVID-19 with the loss of staff and needing to balance existing innovation projects with new innovation projects and staff.			
Recommendations Across Year 3	• For year 4 it is essential that the program coordinator does a thorough review of all documentation prior to any sort of implementation planning. • Ensure that all documentation is in order and signed off by executive team prior to planning a launch. • Utilize Painted Brain to assist with the peer aspect.			
Cross County/City Sharing Across Year 3	• Shared wording of pilot on our landing page with Santa Barbara • Other counties shared their experiences with device procurement. • Marin Provided Feedback on myStrength and the Spanish Speaking Population • Marin county also shared their Pilot Project Timeline			

help @ hand ™ Evaluation

Learning Brief: Review of Headspace, myStrength, and Other Selected Apps

June 2021

Headspace and myStrength were reviewed for this learning brief. These products were chosen because they were used or considered by many counties/cities in the Help@Hand program. For each product, two comparable products that were available for download on the app stores[1] were selected. Two other meditation apps were compared to Headspace and two other cognitive behavioral therapy (CBT) apps were compared to myStrength. When possible, comparable products that were considered in the Help@Hand program (e.g. Calm, Happify) were chosen. **Table 1** shows all apps reviewed.

Learnings and recommendations are presented to help inform implementation and evaluation of Headspace, myStrength, and other products within counties/cities, particularly for the Help@Hand program.

Summary of Learnings

1. Mindfulness and sleep content is commonly provided across the apps reviewed.

2. People who have consistent access to internet may benefit from these apps the most, since they can access the content in the apps at any time.

3. People who speak English may benefit the most from these apps.

4. Exercise caution when comparing app data using marketplace performance (e.g., download rate), as the number of people using each app varies tremendously.

5. Different metrics are needed to determine reach (downloads), use (engagement such as monthly active users or daily active users), and benefit (symptom scores, self-report, or interviews). Metrics should be considered together to give a full picture of app use.

6. Although apps with higher user experience might not always have high marketplace performance, it is still an important consideration when selecting apps.

Learning #1: Mindfulness and sleep content is commonly provided across the apps reviewed.

Table 1 reveals that all of the apps reviewed contained mindfulness and sleep programs, showing that content for mindfulness and sleep is popular across many different types of apps. Other common features included tracking (e.g. symptoms, mood, health), social and community features, and psychoeducation.

Learning #2: People who have consistent access to internet may benefit from these apps the most since they can access all the content in the apps at any time.

Table 1 shows that all of the apps reviewed require people to be connected to the internet for use. Only two apps (Calm and Headspace) allow people to download content when they are connected to the internet and access offline later.

Learning #3: People who speak English may benefit the most from these apps.

Table 2 shows five out of six apps were available in both Spanish and English. Availability in other California threshold languages[2] was very limited; Happify was available in Simplified Chinese, and Calm was available in Korean. Four out of six apps were available in other languages.

Even when an app is translated, audio or video content is often not translated and instead people need to read subtitles. Moreover, translating the text of an app does not ensure cultural relevance. Counties/cities should consider the need to culturally adapt content and examples, or include representation of the target population in graphics and videos.

[1] All products reviewed were available on both iOS and Android, and were designed to be self-guided or standalone apps, rather than used as an adjunct to face-to-face treatment.
[2] A threshold language is a language spoken by 3,000 Medi-Cal eligibles or 5% of the Medi-Cal population in California.

Table 1. Meditation and CBT apps reviewed.

Meditation apps aim to help people learn to meditate and be mindful in their daily lives. Meditation apps might help people manage their mood, anxiety, stress, and sleep. Cognitive Behavioral Therapy (CBT) apps help people learn skills to support healthy ways to deal with thoughts, emotions, and behaviors. CBT apps can help people with various conditions, such as mood disorders, anxiety, stress, substance use, post-traumatic stress disorder (PTSD), chronic pain, and sleep problems.

App type	App	Product Features	Cost[3]	Internet Requirements
Meditation	Headspace	Listen to mindfulness audio tracks Listen to audio for sleep, focus, exercise, etc. Set reminders and notifications to meditate Track the amount of time spent meditating Connect and meditate with friends	$12.99 /month (mo), $69.99 /year (yr) Collaborative Pricing:[4] $18/user/yr	Internet needed. Some content can be downloaded when connected to the internet and accessed later when offline.
Meditation	Calm	Listen to mindfulness audio tracks Listen to audio for focus, sleep, relaxation, etc. Set reminders and notifications to meditate Track the amount of time spent meditating	$14.99/mo, $69.99 /yr Collaborative Pricing: $46.56-$48.72/user/yr	Internet needed. Some content can be downloaded when connected to the internet and accessed later when offline.
Meditation	MyLife	Listen to mindfulness audio tracks Track emotions and mood every time the app is used	$9.99/mo, $119.99/yr	Internet needed. All content can be used only when connected to the internet.
CBT	myStrength	Access content and activities based on CBT Track emotions, mood, health, goals, etc. Connect with other people on a community forum Access content to support better sleep Listen to mindfulness audio tracks Read educational content and articles Access content based on evidence-based psychotherapy[5]	No cost to user, but must get access through insurance or medical provider Collaborative Pricing: $7/user/yr	Internet needed. All content can be used only when connected to the internet.
CBT	Happify	Access content and activities based on CBT Track emotions and mood every time the app is used Message with an artificial intelligent (AI) chatbot coach Connect with other users on a community forum See positive news feed Listen to mindfulness audio tracks Read educational content and articles Use a gratitude journal	$14.95/mo, $139.95/yr	Internet needed. All content can be used only when connected to the internet.
CBT	SilverCloud	Access content and activities based on CBT Track emotions, mood, health, goals, etc. Use a personal journal Connect with a trained coach Schedule activities and track progress completing them Listen to mindfulness audio tracks Read educational content and articles	No cost to user, but must get access through insurance or medical provider Collaborative Pricing: $90-$140/user/yr	Internet needed. All content can be used only when connected to the internet.

Table 2. Language availability of apps reviewed.[6]

	Headspace	Calm	MyLife	myStrength	Happify	SilverCloud
English	✔	✔	✔	✔	✔	✔
Spanish	✔	✔		✔	✔	✔
Simplified Chinese					✔	
Korean		✔				
Non-threshold Languages	✔	✔			✔	✔

[3] Cost as of time of review in May 2021. Costs may change over time.

[4] When available, pricing quotes provided by these apps to the Help@Hand Colloaborative are included. In some cases, a range is provided because pricing will change based on the number of licenses purchased. Note that there are some one-time fees in addition to the per user costs.

[5] Evidence-based psychotherapy includes dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), and medication-assisted treatment (MAT).

[6] The table notes threshold languages in California available in the apps (e.g., English, Spanish, Simplified Chinese, and Korean). Non-threshold languages include French, Italian, and German.

Learning #4: Exercise caution when comparing app data using marketplace performance (e.g., download rate), as the number of people using each app varies tremendously.

Comparing analytic data of Calm and Headspace to other apps makes it look like other apps perform poorly. However, this is not necessarily the case.

Figure 1 shows that Calm and Headspace have a huge share of the market, with over 14 million and 6 million downloads over the past year, respectively. Their downloads far exceed the downloads of other apps. In the figure, it looks like MyLife meditation performs poorly. However, it was downloaded over 600,000 times, which is more than the 3 CBT apps (Happify, myStrength, and Silvercloud) combined.

Note that some products have different entry points to use; for example Happify, which is available for anyone to download, performed similarly to myStrength, which has more limited access (e.g. through insurance provider). Silvercloud must be accessed through an insurance provider, which is likely to impact the number of downloads, as a referral is needed.

Given differences in downloads rates, examining other metrics might be more useful to compare use and engagement. For counties/cities looking for realistic benchmarks of use, it might be worthwhile to consider other comparisons or metrics (see Learning #5 for an example).

Figure 1. Total downloads over the past year for all apps reviewed.
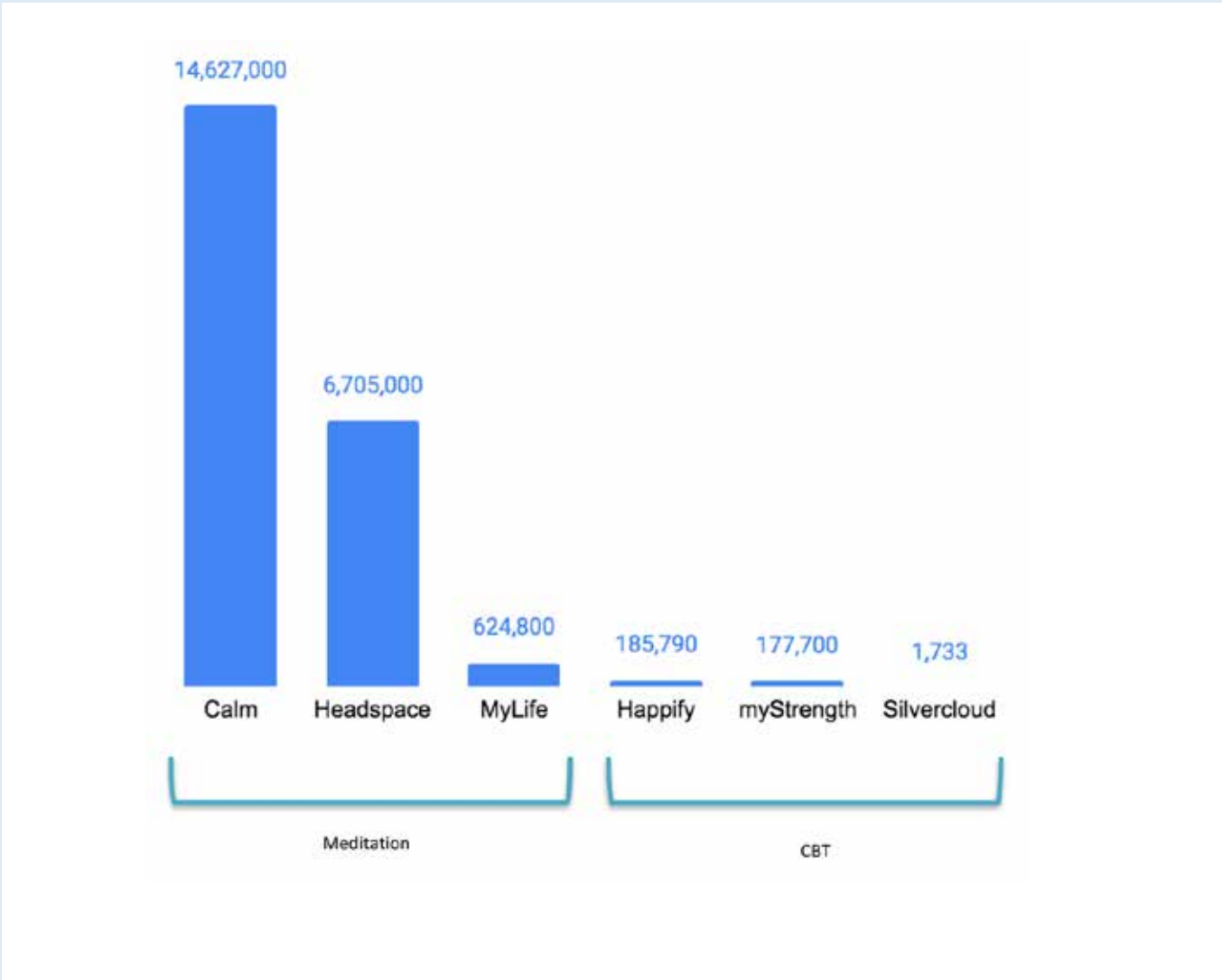
Learning #5: Metrics such as app use and engagement provide rich information on how people are benefiting from the apps reviewed.

Downloads alone do not indicate that people will benefit from these products, since someone could download the app and never actually open it. Different metrics are needed to determine reach (downloads), use (engagement such as monthly active users or daily active users), and benefit (symptom scores, self-report, or interviews). Metrics should be considered together to give a full picture of app use. **Figure 2** shows the percentage of people who download the app and then become Monthly Active Users (MAU) or Daily Active Users (DAU) for each app reviewed.[7]

Figure 2. Conversion rates from downloads to Monthly Active Users (MAU) and Daily Active Users (DAU)[7] of apps reviewed.
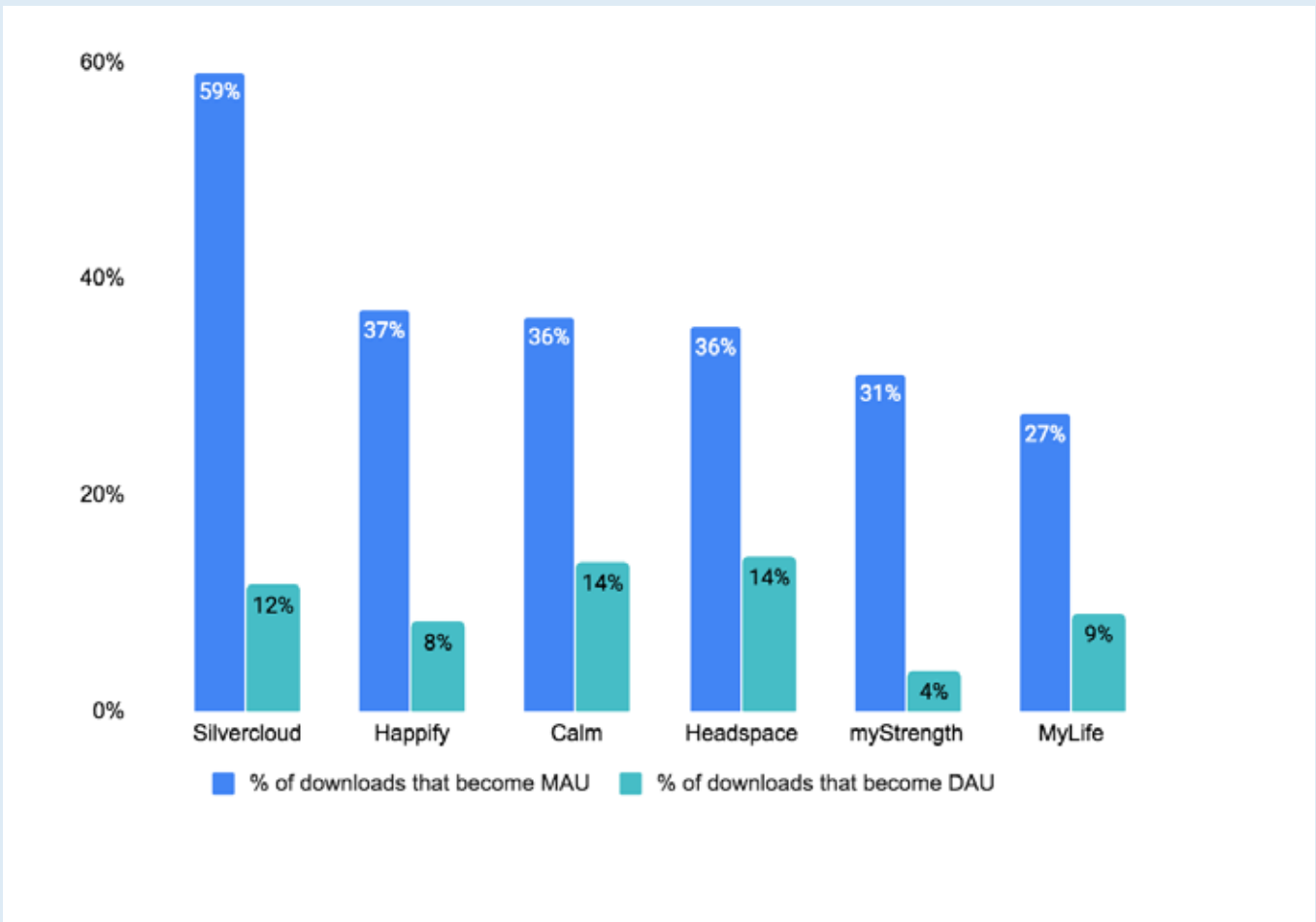
Although SilverCloud had the lowest number of downloads (as shown in **Figure 1**), it had the highest rate of people downloading the app and becoming MAU (as shown in **Figure 2**). This suggests that people who download SilverCloud are more likely to actually use the app regularly.

Figure 2 also shows that apps differ in their conversion to DAU versus MAU. Although 31% of myStrength downloads convert to MAU, only 4% convert to DAU. Conversely, some apps might lead to more daily use. Understanding the expected engagement with these apps can help set benchmarks for measuring success. For example, if an app encourages users to use it every day, we would hope to see a higher conversion from downloads to DAU. If an app encourages users to use it a couple of times a week, we would hope to see a higher conversion to MAU.

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[7] Monthly Active Users (MAU) are the number of users who opened the app at least once in a 30-day period. Daily Active Users (DAU) are the number of users who opened the app at least once in a day.

Learning #6: Although apps with high user experience might not have high marketplace performance, user experience of an app is still an important consideration when selecting apps.

Two experts in health apps and one user with lived experience downloaded and used each of the apps and rated them on the Mobile App Rating Scale (MARS), a measure of how engaging, easy to use, visually appealing, and informative the app is. The maximum possible score is 5. **Figure 3** shows the User Experience scores of the apps reviewed.

Figure 3. User Experience scores of apps reviewed.
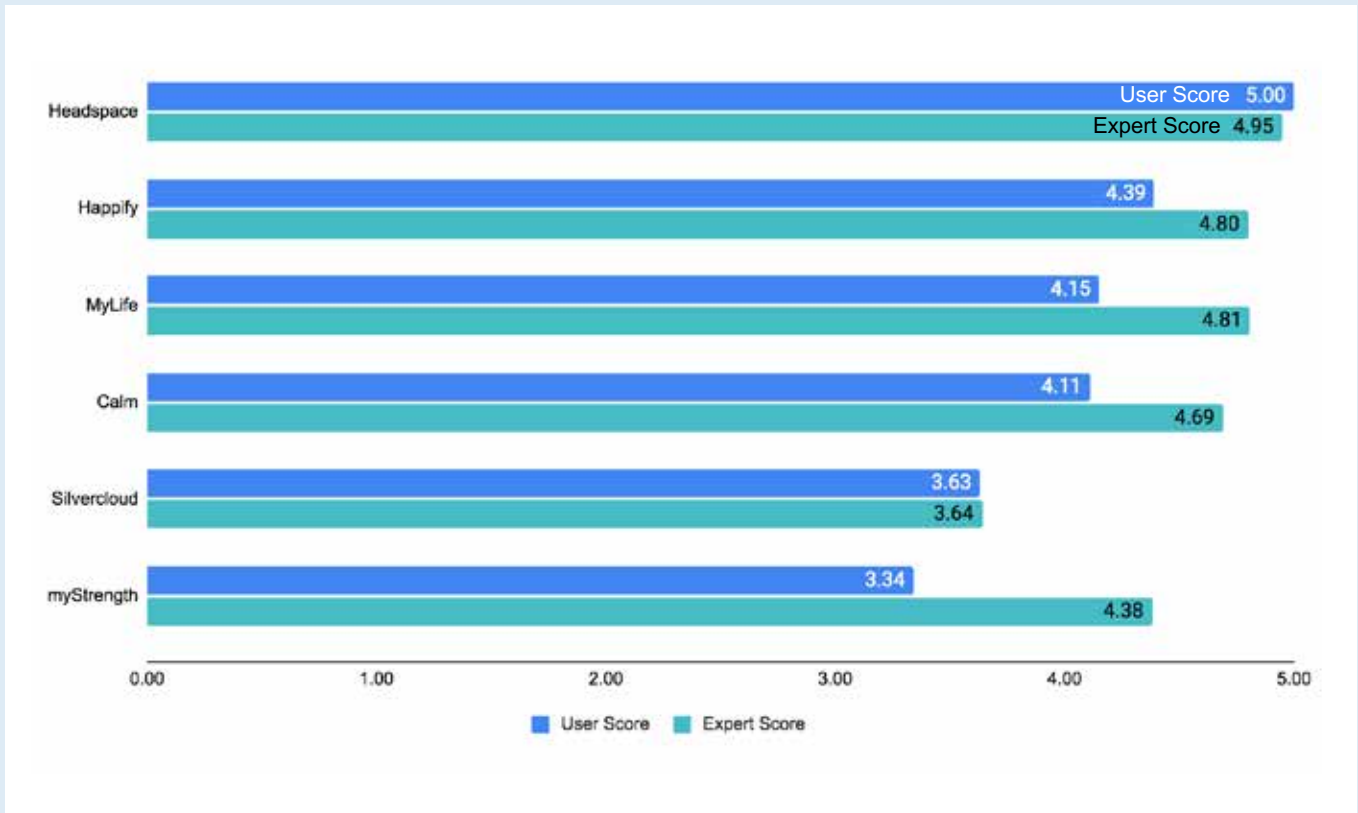
User experience scores do not align perfectly with marketplace performance (shown in Figure 2). For example, MyLife outperforms Happify in terms of marketplace data, but underperforms on user experience. Headspace had the highest user and expert user experience scores, but did not perform as highly as Calm in terms of number of downloads. This shows that good user experience (e.g. nice graphics, layout, ease of use, etc.) does not always translate to real-world engagement with these apps. That said, user experience is still an important consideration as it is unlikely a user will continue to use the app if it has technical issues, is not visually appealing, or is hard to navigate.

Recommendations

The following recommendations are meant to help counties/cities make decisions about the implementation and evaluation of mental health apps' use within Help@Hand.

1. **Consider how content within a product aligns with goals.** If a county/city's goal is to support non-English speaking communities, availability in languages other than English is a key decision factor when choosing an app. If the goal is to support members with CBT activities, the presence of CBT is the most important decision factor.

2. **Create implementation plans that consider patterns of engagement.** It might be helpful for counties/cities to specify different expected uses of products – for example "Some people find that this app is most helpful when used X times each week" or "This app may be helpful to use when people are feeling Y". Such concrete expectations can help set benchmarks on expected use both in terms of amount of use and types of content.

3. **Define outcome metrics that can provide insights into whether or not a user may actually be getting benefits from the app.** The number of downloads does not tell counties/cities about app use. Instead, the number of Monthly Active Users may be more meaningful because it shows how many people who download the app are actually opening and using the app. If counties/cities can receive individual user-level app data, they may also be able to determine metrics such as the number of users who remain active after certain periods such as 2 weeks or 1 month.

4. **Understand that good user experience might be important, but not a necessary criteria for user engagement.** The apps reviewed that outperformed in the marketplace did not always have the highest user experience score. Counties/cities should try to understand what other factors drive people's use of these apps, beyond a positive user experience. (For example, is it because they trust the app? Is it because they find it helps them feel better?)

5. **Appreciate that Calm and Headspace are already widely downloaded, but have download rates that are inconsistent with the wider marketplace.** This might offer an opportunity for consumer education and awareness of other digital mental health products. For example, outreach teams can educate consumers by saying "You may have heard of wellness apps like Headspace or Calm, but did you know that there are other apps out there that can do more than just help you meditate? You can also learn other skills to promote your wellness."

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Evaluation

For questions or feedback, please contact:
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