help @ hand™ Evaluation

Formative Evaluation of the Riverside University Health System-Behavioral Health Department Rapid COVID Response Implementation of Take My Hand

November 2020

Background

The primary objective of this report is to synthesize information from the rapid deployment of Take my Hand led by Riverside University Health System-Behavioral Health (RUHS-BH) and their Peer team for the purposes of the formative evaluation. This includes identifying lessons learned and providing recommendations from the Help@Hand Evaluation Team. Sources of data used for this synthesis included: 1) "RUHS-BH Take my Hand Live Peer Chat COVID-19 Rapid Deployment-Test Phase Report" developed by the Help@Hand Team in Riverside County; 2) "Take My Hand Test Phase Report" developed by Riverside County's local evaluators; and 3) Riverside County meeting notes from the Help@Hand Evaluation team. A secondary objective of this report is to provide generalizable insights as to how other Counties might successfully implement and sustain Take my Hand and/or apply learnings from Riverside's experience to their own implementations of other technologies.

Exploration, Preparation, Implementation, and Sustainment Framework

The Exploration, Preparation, Implementation, and Sustainment (EPIS) framework was used to organize the lessons learned and recommendations for this synthesis. The EPIS framework highlights factors across the four phases that occur when implementing a new intervention or practice. The report is organized by each EPIS phase (Exploration, Preparation, Implementation, Sustainment) with lessons learned and recommended included in each phase[1].

This report includes:

Lessons Learned

Lessons learned are organized within each EPIS phase. Within each phase, learnings are further characterized by the key people/process as follows:

- RUHS-BH Leadership
- Peers (Senior Peer Support Specialists and Peer Operators)
- Technology/Take my Hand Features
- Users
- Service Delivery

Recommendations

To facilitate generalizable knowledge across the Help@Hand Collaborative, recommendations are organized in the following categories: Implementation, Organizational Change Management, Technology, and Evaluation.

The Help@Hand Evaluation team acknowledges that some of the recommended actions are currently underway. We documented these recommendations, nonetheless, for the benefit of the Collaborative.

Exploration Phase

Identifying a Need and Exploring Possible Solutions

Riverside County experienced a high volume of COVID-19 cases early in the pandemic and anticipated an associated rise in mental health needs.

Lessons Learned

RUHS–BH Leadership:

1. Identified a public health need to find a safe alternative to alleviate the growing strain being placed on 911 and 211 crisis call centers at the onset of the COVID-19 pandemic.

Peers:

1. Determined that a Peer chat app would address the public and mental health needs in their community.

[1] See https://episframework.com/ for more information on the EPIS Framework.

2. Recognized that it was important to leverage RUHS-BH's established Peer workforce, incorporating their skills and service delivery into the Take my Hand platform.

Technology:

1. Discovered through exploration that current digital mental health therapeutics (aka apps) were limited due to absence of a trained Peer Support Specialist. Specifically, someone who could address and respond to multiple needs of their community (e.g.; access to behavioral health resources, taking a non-medical approach that is recovery-oriented, multi-language capabilities, an interface that reduces mental health stigma and is multicultural, etc.).
2. Discovered through exploration that current apps did not identify core competencies of Peer support. These core competencies are defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as "the concepts and practices of 'Power Sharing', 'Recovery Coaching', 'Recovery Environment – High Expectation', 'Mutuality' and 'Role Modeling'".
3. Recognized that Take my Hand supplements already existing crisis services, and offers alternatives to these crisis services – by increasing access to Peer support, educating individuals about systems & services within Riverside County, and creating positive repute for the RUHS-BH System.
4. Ventured that Take my Hand might offer cost savings to the County by: lessening the demand on clinical and crisis services through Peer support; reducing translation service costs with its chat function; and promoting efficient use of the behavioral health services that RUHS-BH offers.

Users:

No lessons learned were identified for users during the Exploration Phase.

Service Delivery:

1. Recognized the importance of supporting community members' ability to access support with a Peer Support specialist at any time without an appointment.
2. Identified that shifting the service location to a live virtual platform might increase accessibility to individuals within and outside of Riverside County's behavioral health system.
3. Identified the importance of Take my Hand expanding the target audience to include new people not currently engaged by RUHS-BH, at any stage of wellness (including prevention and early intervention), with no triaging required.

Recommendations

Implementation

1. Identify current offerings, limitations, and opportunities of the existing service delivery system to support a virtual platform like Take my Hand.

Organizational Change Management

Peer Support Specialists: Training, Oversight, Experience

1. Define the roles and activities of a "Peer".
2. Define the need to be met (e.g., provide non-medical support).
3. Define the target audience.

Technology

1. Identify, develop answers for and integrate into the app Frequently Asked Questions (FAQs).

Evaluation (Local Evaluators and/or Help@Hand Evaluators)

1. Document a timeline of the various assessment time-points.
2. Attempt to systematically capture information obtained during exploration that informed subsequent decision-making.

Preparation Phase

Preparing for Implementation

To prepare for the Implementation of Take my Hand, RUHS-BH began gathering information and identifying factors that would be key to successful implementation, including but not limited to, the following: completing requirements for information technology and security, testing the technology's capacity to handle large volumes of users, mitigating potential risks or harm to users, developing strategic marketing, vetting materials for cultural appropriateness, projecting how the operation of Take my Hand might impact the prioritization of other duties at RUHS-BH, identifying key administrative stakeholders to successful deployment and implementation, identifying fiscal administrative barriers, and further developing the Peer Operator role.

Lessons Learned

RUHS–BH Leadership

1. Recognized that dedicated pre-implementation time is needed to vet and review terms of service by multiple key County employees (i.e., the Director, Information Security office, County Counsel etc.).

Peers

Senior Peer Support Specialist

1. Learned that the depth and nature of training varied across Peer Support Programs. Recognized need to identify core competencies required for Peer Operators.
2. Identified training gaps among Peer Operators (e.g. how Peer Operators could respond to emergent or unanticipated topics).

Peer Operator

3. Recognized that Peer Operators working remotely allowed for chat services to be provided 24/7
4. Identified the need for advanced training around the following topics: crisis transfers, how to use the Take my Hand platform, how to handle "trolls"[2] and controversial topics, and basic Peer Support was necessary.

Technology

1. Recognized and corrected limitations of landing page.
2. Identified need to development 'back-end' of product for data collection.
3. Worked with Vendor to facilitate ease of use for consumer, Peer Operator, and Clinical Support[3]

Users

1. Determined it was important to create scripted responses in preparation for frequently asked questions/topics.

Recommendations

Implementation

1. Develop an implementation plan grounded in the exploration and preparation activities completed. This plan can include:
    a. Providing guidance on training Peer Operators (i.e., when the training will take place, who will be involved in the training, what content will be included in the training, defining timepoints of assessing the fidelity of the training, and determining a follow-up plan for assessing the adequacy of that training in terms of continued skill use or needs identified post-training).
        i. Training is a good initial step, and it is important to identify training gaps to assess whether training is sufficient.
    b. Defining the steps needed to obtain leadership approvals for implementation in the clinic.
    c. Identifying when to collect specific website metrics and how those data will be used.
2. Disseminate the implementation plan to relevant clinic leadership, key stakeholders, and local evaluators.
3. Consider areas of potential adaptation to Take my Hand in the event that a nimble response is needed to respond to changes in delivery platforms or implementation processes. These areas of potential adaptation include training materials, training processes, tags and canned responses used, and Take my Hand's accessibility and functionality.

[2] Definition of Troll: "An Internet slang, a troll is a person who starts flame wars or intentionally upsets people on the Internet by posting inflammatory and digressive, extraneous, or off-topic messages in an online community (such as a newsgroup, forum, chat room, or blog) with the intent of provoking readers into displaying emotional responses…." (see https://en.wikipedia.org/wiki/Internet_troll, accessed on 10/22/2020).

[3] There were many changes requested and made to the Vendor during this time to develop the website. Additional details are available upon request to the County or CalMHSA.

4. Develop an implementation plan prior to implementing practice change. Due to the goal of rapidly deploying Take my Hand in response to COVID, development of an implementation plan was not at the forefront of RUHS-BH's deployment efforts. However, an implementation plan may be developed based on the information gathered from the 10- week test phase as RUHS-BH moves forward with piloting Take my Hand in Riverside County.

Organizational Change Management

General

1. Regularly review and update Organizational Change Management plan to reflect changes in leadership, stakeholder engagement, readiness and sustainability.
2. Consider barriers and facilitators to sustainment even in early stages of planning. Create processes that support sustainment (e.g. creating opportunities for continual training, revisiting assigned responsibilities to updated changes).

Peer Support Specialists: Training, Oversight, and Experience

1. Create a structured Peer Operator training curriculum that can be adapted or modified if needed.
2. Review trainings and work collaboratively with Peers to identify any gaps in the curriculum. This might also be useful as an ongoing process as gaps might become more apparent overtime.
3. Review chats to determine how often to offer refresher courses or adapt the training curriculum.
4. Consider County limitations to hiring or contracting Peer Operators and develop a plan to address any challenges to onboarding the Peer Operators (e.g., hold a meeting with the Human Resources department and County leadership to develop a streamlined way to onboard Peers).
5. Define hours of operation for Take my Hand. If Take my Hand is operating 24/7, then a safe and secure place with stable internet connection should be identified (especially those for those individuals working the late night and early morning shifts).
6. Develop a plan to safely handle crisis events with step-by-step instructions on how to do a warm hand-off to a clinician.
7. Develop procedures to address submitted grievances by consumers.
8. Assign tasks and timing in the OCM plan to ensure Peers are allocated to specific tasks and review and training is conducted as regular times.

Technology

1. Identify the best way to integrate the approved terms of service into the Take my Hand platform.
2. Establish and define Take my Hand's cookie policy.
3. Identify the best way to convey the terms of service and cookie policy to consumers.
4. Establish a feature and procedure for consumers to submit grievances.

Evaluation

1. Define an evaluation plan that will guide how to determine whether the questions posed in the implementation effort will be answered. For example, if the question is about the optimal number of Peer Operators to support 10 unique chats per hour, then data about the user volume, length of chats, and perceived Peer Operator efficacy to respond to chats is needed.
2. Identify the most important website metrics (i.e., what RUHS-BH is trying to change or understand) and prioritize them when exporting data.
3. Develop procedures for prioritizing and exporting chat data files (i.e., total chats, Peer Operator performance measures, chat duration, chat rating, chat availability, chat engagement, chat response time, missed chats, tag usage, chat waiting time, chat abandonment etc.)
4. Identify how chat data files will be utilized within a specific County.

Implementation Phase

Pilot Implementation of Take my Hand

RUHS-BH launched Take my Hand on April 17, 2020. The testing phase lasted about 10-weeks and was completed on June 30, 2020. RUHS-BH gathered information from this testing phase and incorporated it into two COVID-19 rapid deployment reports: 1) one cataloging information developed by the RUHS-BH team, and 2) the other synthesizing data from user surveys and Peer Operator interviews. These reports were intended to help inform the Help@Hand Collaborative and document the processes that took place in the planning, development and implementation of Take my Hand. They identified key findings from the testing phase, including areas of growth, challenges experienced, and suggestions for moving forward with Take my Hand in Riverside County.

Lessons Learned

RUHS–BH Leadership

Peers

Senior Peer Support Specialists

Peer Operators

1. Identified that user volume was low and therefore manageable (chats ranged from 0-12 per day with an average number of chats being 1.85). Concerns were voiced that a higher volume of users might lead to consumers not receiving the necessary support or limit the peer support process.
2. Peer Operators recognized the value of being mindful of individual clients' needs. Standardized 'canned' responses were viewed as being less useful due to some clients reporting their responses were unhelpful.
3. Peer Operator's reported that reviewing past chats and observing chats helped to reduce their own anxiety around supporting users through a chat platform.

Technology

1. Learned that call volume fluctuates significantly. Early on in the testing phase, chat volume was its highest. Chats became less frequent as the testing phase went on over time.
2. Identified that accessing resources (on the Take my Hand platform) with Helpline information available and using "canned responses" (term used by RUHS-BH) around connecting the user with crisis-related resources was an effective alternative until a warm hand off with clinical staff could be made.
3. Recognized need to examine use and functionality of tags. Most tags fell under the "other" category due to the chat topic not fitting any of the pre-existing tags.
    a. Other chat topics included: "depression", "COVID-19", "Already linked to RUHS-BH services", "anxiety", "positive feedback", "no response", "unemployment, "crisis intervention", "housing", "TAY"(Transitioned Aged Youth), "LGBT", "homeless", linked to SU Cares", "older adult", "resources", "food bank", "linked to Cares line", "repeat visitor", and "utilities help".

Users

1. Recognized need to continue to describe and address technical challenges. Most technical challenges reported were in regards to WiFi connectivity from both Peer Operators and clients.
2. Recognized need to continue to evaluate the visitor experience. It was noted that visitors to the Take my Hand website left the website when asked to answer questions at the start of a chat.
3. Concerns were expressed around the anonymity of users, especially if they reveal information that required mandated reporting.

Recommendations

Implementation

1. Keep a log of the various technical difficulties and how they were addressed.
2. Develop a short list of open-ended questions that Peer Operators can use at the start of chats to engage Users and retain them on the chatline (e.g., who is important in your life?).

3. Add new tags to capture life-stressors, such as relationship issues, stress, and parenting.
4. Identify strategies for supporting callers during crisis transfers.

Organizational Change Management

1. Designate payroll codes for Peer Operators to properly account for time spent working the chat.
2. Ensure clinical staff are trained on the purpose, development, and operations of Take my Hand.
3. Define what would constitute a crisis transfer from a Peer Operator to a clinician.
4. Develop a protocol for clinical staff and Peer Operators on how to engage in crisis related services over a chat or phone.
5. Train clinical staff and Peer Operators in engaging in crisis related services over a chat or phone.
6. Develop a streamlined way for Peer Operators, clinicians, and Senior Peer Support Specialists to communicate with one another.

Peer Support Specialists: Training, Oversight, and Experience

1. Train Peer Operators in exploring a user's expression of harm ideation to determine passive thoughts vs. active harm.
2. Develop and regularly review a safety protocol for assessing and managing crisis situations.
3. Develop a peer consultation and training protocol that includes reviewing and observing chats.

Technology

1. Create a feature that can be included in the website metrics data pull that captures technical difficulties on both the Peer Operator and User sides.
2. Define activities that constitute "trolling" (e.g., inappropriate use or behavior on platform(and create a protocol for how to address, de-escalate, and disengage with a "troll."
3. Post the Cookie Policy and Privacy Practices in both English and Spanish on the Take My Hand website.
4. Develop a Frequently Asked Questions page for the Take my Hand website.

Evaluation

1. Establish a technical difficulty monitoring protocol that determines the frequency of assessing and addressing technical difficulties.
2. Establish a fidelity monitoring protocol to assess the quality of support being provided through Take my Hand.
3. Monitor fidelity to the training protocol and determine the frequency of refresher training on the crisis transfer process, the ASIST model, and basics of Peer Support.
4. Create a weekly or monthly Take my Hand Peer Operator consultation group to check in on issues that have come up during shifts, exploring solutions to challenges faced by users, and establish a support network for the Peer Operators.
5. Develop a safety protocol that is able to incorporate anonymous users if they disclose information that requires mandated reporting.
6. Identify relevant factors likely to influence call volume (e.g. marketing, PR, local and national events).

Sustainment Phase

Continued Delivery of Take my Hand at Scale

During the Sustainment Phase, it is recognized that the Outer Context (e.g., the OAC, CalMHSA, Statewide policies etc.) and Inner Context structures (e.g., RUHS-BH leadership, Peers, and Clients) and supports are ongoing so that Take my Hand continues to be delivered, with adaptation as necessary, to realize its public mental health impact. Take my Hand is currently preparing to expand within Riverside (to the Transition Aged Youth (TAY) population) and/or to other Counties. Because of this, there are yet no key findings, Lessons Learned, or Recommendations pertaining to the Sustainment Phase. However, the lessons learned and recommendations from the Exploration, Preparation and Implementation phases suggest the importance of returning to past phases to refine processes and apply recommendations in order to facilitate incremental growth and movement towards a sustained implementation system for Take my Hand.