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Date: May 23, 2024

To: Help@Hand Collaborative Cities and Counties
From: CalMHSA
Re: CalMHSA Comments on Help@Hand Year 5 Annual Evaluation Report

Dear Help@Hand Cities and Counties,

CalMHSA is proud to support this multi-year innovation project, in which 11 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:

- Over 40 product and service launches (pilot or general implementation) to date
- Increased awareness of the importance of digital literacy for product adoption
- Closed 6 Help@Hand Collaborative Projects

A key component of this project is evaluation, which reports results on an incremental and annual basis. The following report comprises Year 5 (January -December 2023) 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 details 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.

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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, 501 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 13)
- Recommendations (page 268)
- Spotlights (pages 18,35,68,75,)
- City/County Program Information (page 277)
- Report Chapters are structured in the following format:
  - Key points
  - Overview
  - Methods & Findings
  - Learnings

Year 5 Report Preview

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

- Results, findings and learnings across the Collaborative from ongoing product launches and completed implementations
- Implementation managers are working with Cities/Counties to prepare for technology and Help@Hand project transition
- City/County updates on how project activities and milestones are contributing to desired learnings and overall project success

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- Cities/Counties are continuing their outreach activities to stakeholders and technology users, bringing innovation to their communities
- Cities/Counties are taking steps toward decisions related to product or service sustainability beyond the lifespan of the Help@Hand 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.

help @ hand™ Evaluation

Mental Health Services Act (MHSA) Innovation Technology Suite Evaluation

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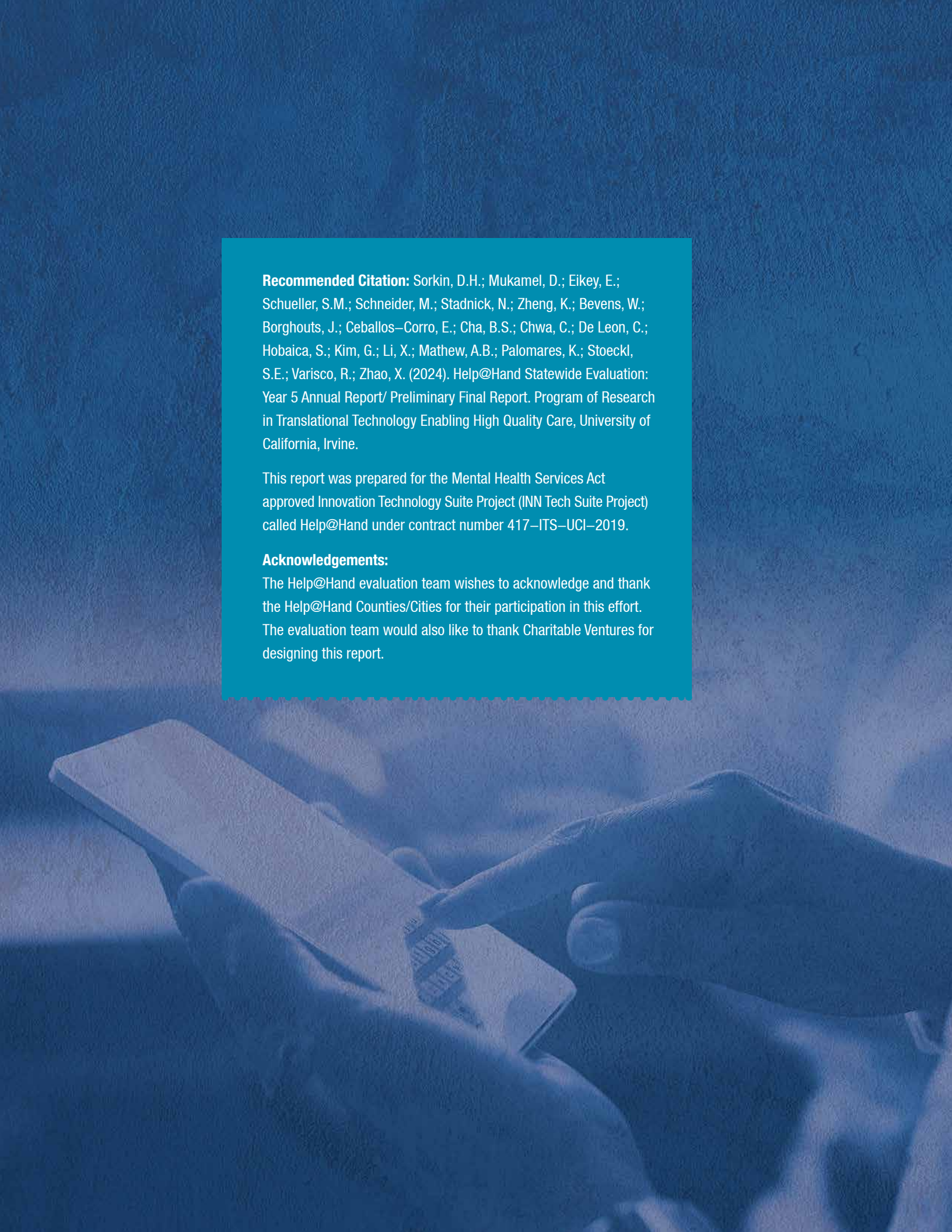
University of California, Irvine

Help@Hand Statewide Evaluation: Year 5 Annual Report/ Preliminary Final Report January – December 2023 Submitted April 2024



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This report was prepared for the Mental Health Services Act approved Innovation Technology Suite Project (INN Tech Suite Project) called Help@Hand under contract number 417–ITS–UCI–2019.

Acknowledgements:
The Help@Hand evaluation team wishes to acknowledge and thank the Help@Hand Counties/Cities for their participation in this effort. The evaluation team would also like to thank Charitable Ventures for designing this report.

TABLE OF CONTENTS

TABLE OF CONTENTS

In Year 5, Los Angeles County, Marin County, Mono County, Monterey County, Orange County, Tehama County, and Tri-City concluded their involvement in Help@Hand. The City of Berkeley, Riverside County, San Francisco County, and Santa Barbara County will finish their participation in 2024. Throughout 2023, all Counties/Cities planned the end of their projects, examined how to sustain activities, and evaluated project achievements and challenges to inform future endeavors.

HELP@HAND EVALUATION ACTIVITIES, LEARNINGS, AND RECOMMENDATIONS

Cross County/City Process Evaluation

The Cross County/City process evaluation identified successes, challenges, future plans, and lessons learned. Findings included:

Counties/Cities identified multiple successes, including expanded community outreach and expanded digital literacy training efforts.

Counties/Cities reported that due to staffing shortages, they had difficulties executing contracts with technology vendors and recruiting and retaining knowledgeable and dedicated staff.

As projects began to end, future plans involved successful project completion and transition, specifically ensuring sustainability, identifying future funding, and using data from the project to inform the planning of future projects.

The importance of timeline flexibility and dedicated staff was the most important lesson learned.

Counties/Cities viewed continuing collaboration and outreach as important indicators of increased access to care.

Peer[1] Evaluation

The Peer evaluation aimed to document Peer activities, identify successes and challenges, and share lessons learned. Findings included:

Peers engaged their communities by involving them in activities, such as outreach, digital literacy trainings, and product testing.

Involvement of Peers greatly contributed to the success of the Help@Hand Collaborative.

Staff shortages, lack of translation services, and inconsistent information dissemination were challenges identified by Peers.

Pilot and Implementation Evaluations

Help@Hand Counties/Cities worked on many activities in Year 5. These included:

Riverside County piloted and discussed how to sustain A4i (a platform that supports clients with schizophrenia and the psychosis recovery process) and Recovery Record (an app supporting eating disorder recovery) in 2023.

In 2023, Orange County planned the end of their Mindstrong implementation. Mindstrong was acquired by SonderMind, and Mindstrong's operations ended in March 2023.

Los Angeles County, Santa Barbara County, and the City of Berkeley's implementation of free subscriptions to Headspace (a meditation app) ended in 2023.

[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.

Mono County and Tri-City ended their myStrength implementations in 2023. Tehama County piloted myStrength with their core audiences between November-December 2023.

Riverside County continued to implement and improve as well as sought to sustain TakemyHand™ (their Peer support platform) in 2023. Riverside and San Francisco Counties discontinued planning a TakemyHand™ pilot.

Los Angeles County sustained their iPrevail (a platform that provides Peer-chat and other mental health support) implementation after their Help@Hand participation in February 2023. Their SyntraNet (a care management platform) implementation ended in June 2023.

Monterey County also sustained WellScreen Monterey (their screening and referral tool) after their Help@Hand participation ended in December 2023.

Santa Barbara County conducted their Mommy Connecting to Wellness program, which integrates mental wellness and technology for mothers with children ages 0-2 years old, between August-September 2023.

In 2023, Marin, Monterey, Riverside, San Francisco, Santa Barbara, and Tehama Counties as well as Tri-City distributed electronic devices, provided access to devices, installed kiosks, and/or trained their communities on digital literacy.

Riverside County continued their needs assessment for the Deaf and Hard of Hearing Community and implementation of Whole Person Health Score. They also partnered with La CLAve and Man Therapy on separate mental health awareness campaigns.

Outcomes Evaluation

The outcomes evaluation included leveraging data from the 2019-2022 California Health Interview Survey to understand trends across the state of California. Findings included the following:

Adult psychological distress increased while teen psychological distress decreased.

Frequent technology use increased among both adults and teens.

Online tools helped adults seek more help for their mental health concerns.

There is not enough evidence regarding how online tools benefited teens' mental health.

The majority of teens and adults who used online tools for their mental health perceived them as helpful.

Unmet needs still existed among teens and adults.

Discomfort with speaking to a professional was a barrier to mental health services uptake among adults.

Teens and adults varied in their reasons for not using online mental health tools.

Individuals with high psychological distress and adults aged 18-25 were most likely to use online tools for their mental health.

Recommendations

Recommendations based on evaluation findings are on page 268. Key recommendations included:

- **Marketing, Outreach, and Consumer Recruitment:** Develop a comprehensive outreach and engagement strategy that leverages existing communication networks, prioritizes in-person events, addresses mental health stigma, and includes early planning for multimodal marketing and communication efforts.
- **Consumer Experience:** Prioritize cultural competency and community engagement when developing new projects. Ensure that resources are accessible, accurate, and tailored to the needs of diverse populations.
- **Digital Literacy:** Implement a multi-faceted approach to digital literacy that is tailored to the community, ensuring accessibility, adaptability, and alignment with participants' expectations and goals.
- **Device Distribution and Access:** Consider the broader impact of device distribution programs on participants' lives and plan accordingly to ensure successful implementation.
- **Project Planning:** Conduct regular reassessment of project objectives. It's crucial to evaluate staffing, time allocation, and resource requirements periodically.
- **Staffing and Resources:** Propose solutions to staff management and conflicting priorities, including collaboration with external entities to alleviate staff shortages, expanding the workforce both as a general practice and in anticipation of unexpected emergencies, and strategizing for smooth staff transitions and effective onboarding processes.
- **Peers:** Actively plan and budget to support the Peer workforce in the realms of hiring, communication, training, and input integration.
- **Working with Partners and Vendors:** External collaborators can mitigate internal staffing shortages and possess the expertise and capabilities to involve community members effectively. Nonetheless, it's crucial to recognize potential hurdles for partners in fulfilling expected tasks. Early communication with collaborators is essential to facilitate practical and seamless planning and execution of contracts.
- **Local and Collaborative Evaluation:** Ensure that data collection aligns with project objectives, stakeholder input, and target audiences. Given that project goals may evolve, it's essential to adjust data collection instruments accordingly. Tailoring data collection methods to specific core audiences may also be necessary. Furthermore, stakeholders can offer valuable input on the development, implementation, and analysis of evaluation processes.
- **Project Closing and Sustainability:** Ensure utilization of all acquired resources, notify participants upon project completion, and revise the transition plan as needed.
- **Learning Collaborative:** Continue fostering additional opportunities for Counties/Cities to share insights regarding accomplishments and obstacles. Record any modifications to the project and assess the capacity.

Various terms are used in the health literature to refer to individuals that receive in-person or digital health care, such as consumer, user, client, patient, and person (Flores-Sandoval et al., 2021). The Help@Hand evaluation team generally prefers to use the word consumer, as it is broader than "user," "client," or "patient." It can also encompass anyone using a service or product, while being more specific than "person." Furthermore, Help@Hand Counties/Cities provided feedback during discussions early in the project and preferred "consumer" over other terms. That said, the reader will notice the use of these other terms throughout the document, where the term "user" is commonly used when reporting on data related to app user or experience.

help @ hand™ Evaluation

The Innovation Technology Suite (branded as Help@Hand in 2019) was a five-year[2] statewide demonstration funded by Prop 63 (now known as the Mental Health Services Act) between 2017-2024 and had a total budget of approximately $101 million. It brought a set (or "suite") of mental health technologies into the public mental health system and intended to understand how mental health technologies fit within the public mental health system of care. In addition, Help@Hand led innovation efforts by integrating Peers throughout the program.

Help@Hand's primary purpose was "to increase access to mental health care and support, promote early detection of mental health symptoms, and predict the onset of mental illness." By offering access to a suite of mental health technologies, each participating County/City sought to develop a complementary support system to bridge care, offer timely support, remove barriers, and to create new avenues of care for communities not connected to conventional county services and/or to build out support for those who are connected. By providing diverse populations with free access to technologies, the program aimed to reduce barriers that prevented early detection of mental health symptoms and access to mental health care. It also aimed to promote social connectedness and increase mental health awareness to reduce stigma.[3]

Help@Hand Five Key Learning Objectives.

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

[2] The project was originally designated as a 3-year effort.
[3] See https://www.calmhsa.org/help-hand/ for more information.

About the Help@Hand Collaborative

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.[4] These Counties/Cities collectively represented nearly one-half of the population in California.

CalMHSA served as the administrative and fiscal intermediary for Counties/Cities. They facilitated contracting with vendors, provided financial support, and supported other project management activities. Counties/Cities participating in Help@Hand collaborated to develop a shared learning experience that expanded technology options, accelerated learning, and improved cost sharing. The Collaboration had the following principles and aims:

- Establish a selection process and a collaborative learning framework for participating counties.
- Integrate the technologies to bolster a comprehensive treatment strategy.
- Harness collective learning to enhance the breadth, reach, and efficacy of the suite.
- Engage end users, peers, and stakeholders throughout the development and implementation of technologies.
- Leverage data for assessing impact and shaping services/supports for individuals and communities.
- Uphold accountability and transparency with all stakeholders.

About the Evaluation

The University of California, Irvine (UCI) in partnership with the University of California, San Diego (UCSD) conducted a comprehensive formative evaluation of the overall Help@Hand Collaborative and individual County/City specific efforts. The formative evaluation observed and assessed the program as it happened to provide real-time feedback and learnings. It is important to note that some Counties/Cities also worked with local evaluators for their specific efforts.

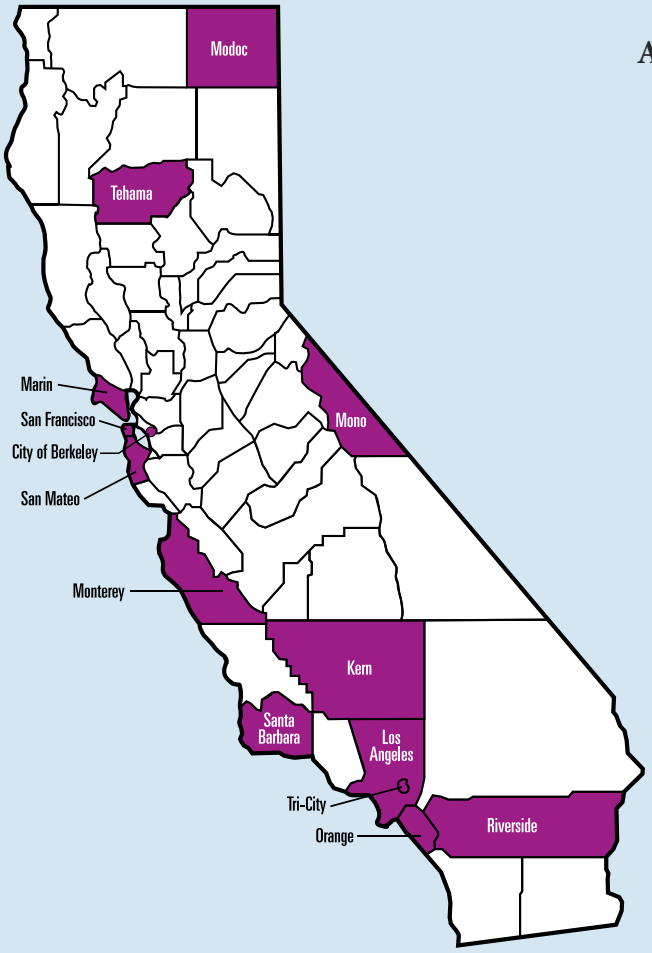
About the Report

This report presents evaluation findings, learnings, and recommendations from Year 5 (January-December 2023). It report is organized as follows:

- **Summary of Activities- Describes key project activities during the period**
- **Evaluation- Reports activities, evaluation findings, and learnings from the following:**
  - o Cross County/City Process Evaluation
  - o Peer Evaluation
  - o Pilot and Implementation Evaluations
  - o Outcomes Evaluation
- **Recommendations – Presents recommendations based on learnings**

[4] Counties and Cities participated in the program by submitting a proposal to the MHSOAC. Upon approval, Counties/Cities contracted with CalMHSA, which serves as the administrative and fiscal intermediary for the program. Inyo County began participation in 2018 but withdrew later that year due to insufficient internal resource capacity. Orange County graduated from the Help@Hand Collaborative in December 2021 to focus on their local implementation.

Statewide Story of Technologies and Activities Piloted/Implemented by Help@Hand Counties/Cities (as of December 2023)



Active Help@Hand Counties/Cities

- City of Berkeley
- Riverside County
- San Francisco County
- Santa Barbara County

Completed Help@Hand Counties/Cities

- Kern County (completed in 2020)
- Los Angeles County (completed in 2023)
- Marin County (completed in 2023)
- Modoc County (completed in 2021)
- Mono County (completed in 2023)
- Monterey County (completed in 2023)
- Orange County (completed in 2023)
- San Mateo County (completed in 2022)
- Tehama County (completed in 2023)
- Tri-City (completed in 2023)

Help@Hand Technologies and Activities Described in this Report.

Technology/Activity	Description
7 Cups	Chat messaging platform, accessible via mobile and web, offering emotional support and counseling by trained volunteers (listeners), certified therapists (for a fee), and self-help resources.
App Guide/ Brochures	A guide to inform consumers about various apps that could help support people's mental health
App4Independence (A4i)	Platform with a client-facing app and a provider portal that supports the schizophrenia and psychosis recovery process.
Calm	Meditation app with an vast library of guided meditations, sleep stories, soundscapes, and breathwork and stretching exercises to help manage stress, sleep better, manage mood, and enhance attention.
CredibleMind	Curated platform for finding mental health and wellness information and resources such as help with managing stress, parenting, caregiving, nutrition and self-care.
Device Access/ Distribution	Any effort to make devices (e.g., smartphones and tablets) available at little-to-no cost and/or to increase access to the internet in Help@Hand Counties/Cities
Digital Literacy Trainings	Classes, workshops, etc. to train participants on digital literacy (e.g., a person's ability to find, evaluate, and communicate information through digital platforms)
Happify	Gamified wellness app with a variety of tracks based in positive psychology, mindfulness, and cognitive behavioral therapy (CBT) to help overcome negative thoughts, stress and daily challenges.
Headspace	Meditation app to improve mental wellness and help people with stress, anxiety, and sleep.
iChill	App uses the Community Resiliency Model to provide education on a variety of wellness skills related to how stress affects the body and mind.
iPrevail	CBT- and Peer-chat-based mental health technology that provides support for conditions that include anxiety, depression, eating disorders, and stress.
LaCLAve	A mental health initiative tailored for the Latino community, that aims to initiate conversations about serious mental illness and to reduce the time it takes people to seek treatment.
ManTherapy	Digital platform and campaign aimed at reducing mental health stigma, promoting health-seeking behaviors, and supporting suicide prevention efforts for working-aged men.
MindLAMP	Open source mental health technology platform that helps collect information about health through active and passive data. Los Angeles County intended to use the platform to create a digital Dialectical Behavior Therapy (DBT) diary app for patients.
Mindstrong	Digital phenotyping app that passively collects data to predict or monitor mental health and wellness; A virtual therapy health platform that provided coaching, therapy, and psychiatry services through its mobile app.
Mindstrong Health-Modified	Partnership with Mindstrong to develop digital DBT diary app for patients.

Technology/Activity	Description
Mommy Connecting to Wellness	A six-week course integrating mental wellness and technology access for mothers with children 0-2 years old
myStrength	CBT-based mental health technology that supports people experiencing stress, depression and other mood disorders, anxiety, and sleep issues. Features include psychoeducational materials, mental health exercises, mood tracking, and community forums.
Needs Assessment	An assessment to gather detailed information on perceptions of mental health among the core audience, use of technology to support mental health, and resources desired to support mental health
Recovery Record	An app designed to aid recovery from eating disorders using techniques based in CBT.
Remente	Goal-setting app with integrated assessments, progress tracking, meditation, journaling sleep aid, and insights into user's wellness journey.
Sanvello	A mental health app based in CBT that offers coping techniques, meditations, and tools for goal and mood tracking, dedicated to improving your well-being.
Syntranet	Care management platform that consolidates patient information into a single record with the goal of coordinating care teams and services.
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 via live chat.
Uniper/ Unipercare	Platform integrats software and services to delivery community and learning via television, tablet, mobile or web, to help reduce social isolation in older adults.
WellScreen Monterey	Tool that will screen individuals in Monterey County and direct them to local services and resources.
Whole Person Health Score	Patient-centered assessment tool that provides a snapshot of an individual's health across six domains: physical health, emotional health, resource utilization, socioeconomics, ownership, nutrition and lifestyle
Wysa	Artificially intelligent (AI) chatbot that helps with depression, anxiety, sleep, issues facing the LGBTQ+ community, and more. Utilizes CBT, DBT, meditation, and motivational interviewing.

The following timeline reflects key Help@Hand project activities during this reporting period – January through December 2023. It is not intended to be a comprehensive accounting of all activities that have taken place across the Help@Hand program. Please see **Appendix A** for additional information that includes detailed County/City reported information, including key accomplishments, lessons learned, and recommendations.

Q1: JANUARY-MARCH 2023

County/City Activities

- Planned technology pilot (San Francisco County)
- Launched technology pilot (Riverside County)
- Continued technology pilot/implementation (City of Berkeley, Monterey County, Riverside County, Santa Barbara County, Tri–City)
- Completed Help@Hand technology implementation (City of Berkeley, Los Angeles County, Mono County, Orange County)
- Planned digital literacy and device distribution/access (Marin County, Monterey County, Riverside County, Santa Barbara County, Tehama County)
- Conducted digital literacy and device distribution/access (Orange County, Riverside County, San Francisco County, Tri–City)
- Worked on mental health awareness initiatives and needs assessments (Riverside County)
- Continued to implement Whole Person Health Score assessment tool (Riverside County)

Project Management

- Provided contract management and invoicing support (CalMHSA)
- Provided County/City–level support (CalMHSA)
- Supported the transition and closeout of Counties/Cities (CalMHSA)
- Restructured collaboration meeting and email communication (CalMHSA)

In 2023, Los Angeles County, Marin County, Mono County, Monterey County, Orange County, Tehama County, and Tri-City all completed their participation in Help@Hand. The remaining Counties/Cities -- the City of Berkeley, Riverside County, San Francisco County, and Santa Barbara County -- will complete their participation in 2024. Together, Counties/Cities spent 2023 completing planned projects as well as actively planning the end of their technology pilots (e.g., testing a technology with a small group for a short period), technology implementations (e.g., offering a technology with a broad group for a long period), digital literacy trainings, device distribution/access, and other activities. They also determined what activities they planned to sustain and examined how to sustain those activities. In addition, Counties/Cities reflected on their projects achievements, successes, challenges, and lessons learned to inform future projects.

COUNTY/CITY ACTIVITIES

Technology Pilots and Implementations

Launched and Continued

Riverside County launched their Recovery Record pilot in early 2023 for clients with an eating disorder diagnosis. The County also continued their pilot of A4i with behavioral health clients, and their County-level implementation of TakemyHand™. Additionally, Riverside County actively planned their strategy for sustaining these initiatives beyond the conclusion of their participation in Help@Hand (which will occur in early 2024). In addition, Riverside County shared their project learnings at various meetings and presentations.

Completed

Los Angeles and Mono Counties completed their participation in Help@Hand in February 2023. Los Angeles County had three active projects – Headspace, iPrevail, and SyntraNet – at the time of their completion. While they continued to offer Headspace to their residents through March 2023, they sustained and incorporated iPrevail in other County programs. Mono County provided myStrength between April 2022 and March 2023 to their general public, particularly college students, isolated populations, and monolingual Spanish speakers.

Q2: APRIL–JUNE 2023

County/City Activities

- Planned technology pilot (Tehama County)
- Continued technology pilot/implementation (City of Berkeley, Monterey County, Riverside County, Santa Barbara County, Tri–City)
- Discontinued technology pilot planning (San Francisco County)
- Planned digital literacy and device distribution/access (Marin County, Monterey County, Santa Barbara County, Tehama County)
- Conducted digital literacy and device distribution/access (Riverside County, San Francisco County, Santa Barbara County, Tri–City)
- Worked on mental health awareness initiatives and needs assessments (Riverside County)
- Continued to implement Whole Person Health Score assessment tool (Riverside County)

Project Management

- Provided contract management and invoicing support (CalMHSA)
- Provide County/City–level support (CalMHSA)
- Supported the transition and closeout of Counties/Cities (CalMHSA)
- Developed communication campaign for the Peer Collaboration meetings (CalMHSA)

Q3: JULY–SEPTEMBER 2023

County/City Activities

- Planned technology pilot (Tehama County)
- Continued technology pilot/implementation (Monterey County, Riverside County, Tri–City)
- Completed Help@Hand technology implementation (City of Berkeley, Santa Barbara County)
- Planned digital literacy and device distribution/access (Tehama County)
- Conducted digital literacy and device distribution/access (Marin County, Monterey County, Riverside County, San Francisco County, Santa Barbara County, Tri–City)
- Worked on mental health awareness initiatives and needs assessments (Riverside County)
- Continued to implement Whole Person Health Score assessment tool (Riverside County)

In 2023, **Orange County** planned the end of their Mindstrong implementation. Mindstrong was acquired by SonderMind, and Mindstrong's operations ended in March 2023. The County also completed their participation in Help@Hand in April 2023. As such, Orange County stopped new enrollments in the implementation and identified a transition plan this year.

City of Berkeley completed their Headspace implementation in September 2023. **Santa Barbara County's** Headspace implementation also ended in September 2023. Both worked to encourage their core audiences to enroll in their Headspace implementations before it ended.

Monterey County, Tehama County, and Tri-City completed their participation in Help@Hand in December 2023. Tehama County conducted their pilot of myStrength between November and December 2023. Monterey County continued their WellScreen Monterey implementation and planned how to sustain it after the end of their Help@Hand project. Tri-City offered myStrength to their general public, with a focus on TAY, older adults, and monolingual Spanish-speakers, between June 2022 and December 2023. .

Discontinued

Between January and June 2023, **San Francisco County, Mental Health Association of San Francisco (MHASF)**, and **Riverside County** continued to plan a six-month pilot of TakeMyHand™. Due to the complex process of finalizing agreements with all parties, the County discontinued their planning in June 2023 and reallocated funds from TakeMyHand™ to their other Help@Hand efforts.

Los Angeles County's implementation of SyntraNet was also discontinued.

Digital Literacy Training and Device Distribution/ Access

San Francisco County and MHASF continued their Tech@ Hand project. The project provided free tablets, internet service, digital literacy support, and Peer support to help their core audiences. **Marin County, Orange County, Riverside County, Santa Barbara County, Tehama County, and Tri-City** also offered digital literacy trainings, workshops, and/or Appy Hours to their communities.

Riverside County and Tri-City distributed devices to individuals in their technology projects. **Monterey County** distributed devices to their Community Health Workers to improve engagement with their communities during outreach and education activities. **Tehama County** provided clients and community members access to devices. **Riverside County** also continued to install kiosks throughout the County to educate

Project Management

- Provided contract management and invoicing support (CalMHSA)
- Provided County/City–level support (CalMHSA)
- Supported the transition and closeout of Counties/Cities (CalMHSA)

Q4: OCTOBER-DECEMBER 2023

County/City Activities

- Continued technology pilot/implementation (Riverside County)
- Completed Help@Hand technology pilot/implementation (Monterey County, Tehama County, Tri–City)
- Planned digital literacy and device distribution/access (Santa Barbara County)
- Conducted digital literacy and device distribution/access (Riverside County, San Francisco County, Santa Barbara County)
- Completed Help@Hand digital literacy and device distribution/access (Marin County, Monterey County, Tehama County, Tri–City)
- Worked on mental health awareness initiatives and needs assessments (Riverside County)
- Continued to implement Whole Person Health Score assessment tool (Riverside County)

Project Management

- Provided contract management and invoicing support (CalMHSA)
- Provided County/City–level support (CalMHSA)
- Supported the transition and closeout of Counties/Cities (CalMHSA)
- Hosted Help@Hand In–Person Collaboration Workshop (CalMHSA)

individuals on mental health, reduce mental health stigma, and connect them to services.

Marin County completed their participation in Help@Hand in December 2023. The County awarded seven community-based organizations one-time grants of up to $50,000 to support innovation projects. The projects had a digital component to increase access to wellness support for isolated disenfranchised or older adults between July and December 2023. Grantees conducted digital literacy sessions, developed a digital literacy app, distributed devices, and engaged with participants.

Santa Barbara County conducted their Mommy Connecting to Wellness, a program for mothers with children 0-2 years to learn about mental wellness and technology, between August and September 2023. Based on the success of the program, the County began to plan a similar program for fathers to launch in 2024.

Other Activities

Riverside County partnered with La CLAve and Man Therapy to increase awareness on mental health and offer community supports. The County also continued to partner with the Center on Deafness Inland Empire (CODIE) to survey the Deaf and Hard of Hearing (DHoH) Community and understand their mental health needs. In addition, Riverside County continued to implement their Whole Person Health Score (WPHS) assessment, a tool that measures an individual's health across six domains - physical health, emotional health, resource utilization, socioeconomics, ownership, and nutrition and lifestyle.

PROJECT MANAGEMENT

Project Operations

CalMHSA provided **contract management support** for the Collaborative throughout 2023. They helped develop contracts and amendments, and prepared closeout of contracts that ended. This included ensuring vendors provided all necessary contract-related documentation and resources.

In addition, CalMHSA provided **invoicing support**. They streamlined the invoice approval process. They also developed communication that clarified the timeline for vendors to submit their invoices to ensure timely expense reporting for each County/City. Invoices had to be received and approved within 30 days after the last day of the quarter to maintain contractual obligations with vendors and be reflected on the quarterly expense report.

Implementation Managers (e.g., project managers contracted with CalMHSA) continued to **support individual Counties/**

Cities with their Help@Hand projects. Activities included supporting with:

- Scope development for Marin and Santa Barbara Counties
- Budget planning for Mono County
- Budget forecasting with Monterey, Riverside, Santa Barbara, and Tehama Counties, and Tri-City to help maximize their local Help@Hand funds with CalMHSA
- Pilot planning and implementation as well as device procurement and purchase for Tehama County
- Program planning for Santa Barbara County's "Dad Connecting to Wellness" program
- Development of evaluation tools for Marin and Santa Barbara Counties
- Development of Monterey County's marketing strategy
- Development of Monterey County's Help@Hand presentation at the National Association of County and City Health Officials (NACCHO) conference in July 2023
- Vendor management with Verizon

CalMHSA **supported the transition and closeout of Counties/Cities** who ended their projects. They worked with Los Angeles, Marin, Mono, Monterey, and Tehama Counties and Tri-City to complete the Transition Plan template. The template serves as a guide to ensure completion of closeout activities and seamless project transitions. CalMHSA also communicated expectations for SharePoint (the platform used for document sharing on the project) and the Helpathandca.org website for the end of the project. SharePoint and the website will remain available until June 30, 2025 to allow each County/City access after their individual projects end. Each County/City's Help@Hand website shifted to local websites. Lastly, CalMHSA worked to develop an artifact organization framework to make access to Help@Hand project documents easier to download for future use.

Collaborative Learning

In December 2022, CalMHSA **restructured collaboration meetings with Counties/Cities** to better facilitate engagement and participation. The structure included a new presentation series on topics and themes based on Collaborative feedback. It also included break-out sessions. Email inserts were created and featured five key sections – collaboration meeting agenda, evaluation report feature, reminders, key documents Collaborative members may need, and a Help@Hand team member feature.

This year, presentations during collaboration meetings included:

- **Marketing/Strategies and Communication Challenges:** CalMHSA discussed unique marketing and communication challenges and solutions for the Deaf and Hard of Hearing Community.
- **Marketing Findings and Access Expansion:** Riverside County presented their learning on how to analyze Google advertisements, website traffic, and user engagement data.
- **Working with Community Based Organizations:** San Francisco and Santa Barbara Counties shared their experiences working with local partners.
- **Working with Core Audiences:** Marin County presented their work to support the older adult population
- **Device Distribution:** CalMHSA discussed the importance of digital mental health literacy training, various device management policies, and coordination efforts.
- **Privacy/Security Best Practices:** CalMHSA shared security awareness for safe management of technology on projects.
- **Dissemination of Findings:** Monterey County shared about their NACCHO presentation, while Santa Barbara County and the Help@Hand evaluation team presented on the Mommy Connecting to Wellness program.
- **Evaluation:** The Help@Hand evaluation team reviewed their evaluation reports.
- **Project Management Lessons Learned:** CalMHSA presented project management learnings.
- **Project Closeout Planning:** CalMHSA included a review of current practices, which included the Transition Plan template, budgeting, and expense reporting.

- **Mental Health Awareness Month:** Counties/Cities celebrated and shared activities, outreach, and marketing materials they created.
- **Suicide Prevention Month:** Counties/Cities showcased their Suicide Prevention Month activities by providing examples of their departments' marketing materials and community outreach efforts.

In Quarter 2, CalMHSA developed a **communication campaign** for the Peer Collaboration meetings to increase Peer attendance and participation.

In November 2023, CalMHSA hosted an **in-person workshop with Help@Hand Counties/Cities**. The workshop served to share learnings and prepare Counties/Cities as they ended their projects. During the workshop, the Collaborative celebrated successes and planned project closeout strategies. Strategies related to transition plans, sustainability, and resources to support seamless project closeouts. The workshop also included a reflection on key achievements and learnings.

SPOTLIGHT

2023 Help@Hand In-Person Collaboration Workshop

By:
CalMHSA Help@Hand Project Management Team

The CalMHSA Help@Hand Innovation Project Management Team (CalMHSA) supports Collaborative members through their innovation journey and leverages feedback from meetings and surveys to maintain alignment with their needs. The Collaborative's recent feedback included interest to reconvene in person as they did in 2018 and 2019, prior to the COVID-19 pandemic. CalMHSA heard the Collaborative's request, considered the time remaining for the Help@Hand project, the value that Collaborative members could gain from meeting face-to-face and developed the Help@Hand In-Person Collaboration Workshop, in Sacramento California, in November 2023.

The workshop goals were to prepare Collaborative members to make project decisions related to sustainability and project closure, develop messaging to highlight accomplishments and lessons learned, and articulate the value of participating in the Help@Hand Collaborative. Additionally, they shared local stories, mitigation strategies, and future plans. The primary benefit of the Collaborative In-Person Workshop was the ability to reflect upon how the variety of implementations and initiatives throughout the Help@Hand Collaborative have a place in the public behavioral health infrastructure. Attending counties and cities celebrated and acknowledged the hard work it took to implement something that had never been done before.

The Workshop structure incorporated all-attendee presentations and small group discussions, facilitated by CalMHSA. The Workshop strategy was to leverage the outputs from preceding discussions as building blocks into subsequent sessions.

HELP@HAND CELEBRATION

The Workshop began with recognizing attendees' achievements made during their five-year Help@Hand project participation. Counties and Cities reduced mental and behavioral health stigma and provided Digital Mental Health Literacy (DMHL) support.

San Francisco
- Transgender Transition-Aged Youth (TAY) and Adults
- Distributed Tablets
- Provided in-person digital literacy support

Marin
- Isolated and Older Adults
- Funded grants to local organizations supporting digital literacy

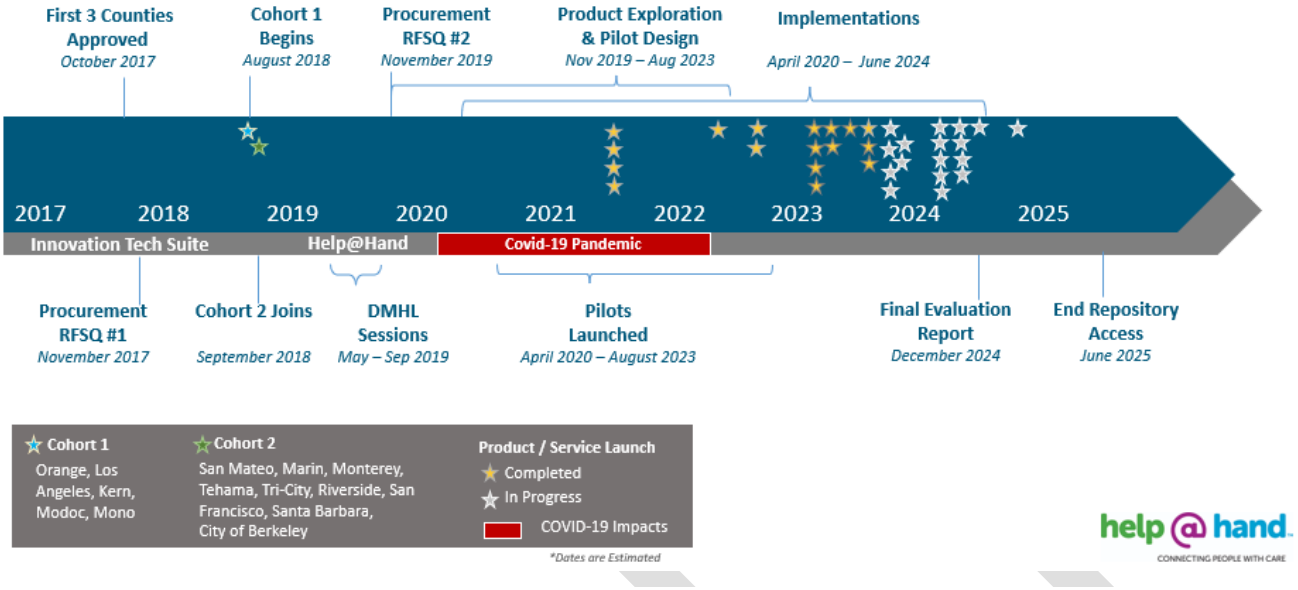
Tehama
- Unhoused Residents, Isolated Adults, and Behavioral Health Services Consumers
- Piloted MyStrength
- Offered DMHL training

Tri-City
- General Population and Older Adults
- Offered DMHL training
- Piloted myStrength

Santa Barbara
- TAY, Isolated Adults, Perinatal Women and Mothers, Behavioral Health Consumers
- Piloted Headspace in English and Spanish
- Conducted the Mommy Connecting to Wellness program for Mixtec and English speakers

Riverside County
- General Population, Adult, Older Adults and TAY with Schizophrenia Spectrum, Deaf and Hard of Hearing, Individuals with an Eating Disorder, Men 45+, TAY, Adults, and Older Adults, Spanish-speaking community
- Implemented La CLAve training
- Developed and implemented the TakemyHand chat support
- Promoted the Man Therapy digital resources
- Deployed Recovery Record
- Conducted training on wellness apps and online safety
- Installed ADA Kiosks in hospitals and clinics
- Developed American Sign Language (ASL) interpretation videos for Needs assessment surveys
- Launched Whole Person Health Score

Innovation Journey



Attending counties and cities received praise for the hard work they put into their innovation projects and gained knowledge and experience from implementing something that had never been done before. They found success in the midst of unforeseen challenges through the power of imagination and determination to reach their innovative goals.

ICEBREAKER: ENGAGING IMAGINATIONS

The workshop began with an ice breaker designed to familiarize and reacquaint attendees, establish a safe space for innovative thinking, and engage imaginations. Additionally, attendees' participation established a shared understanding of innovative thought and imagination.

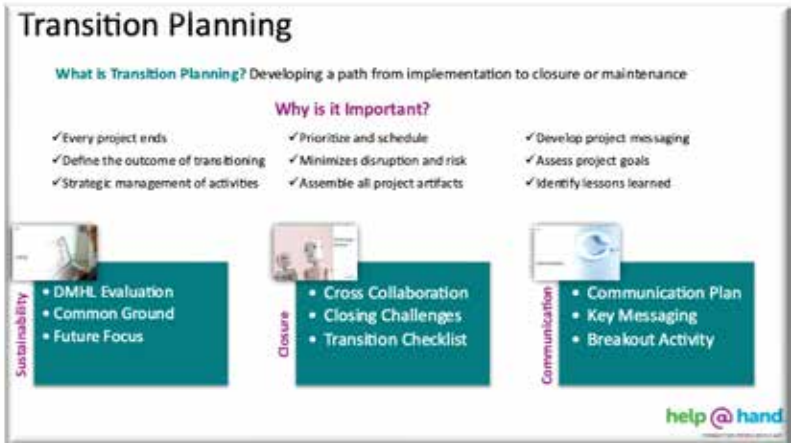
"Inspired by the Help@Hand program, what's your imagination-to-reality dream that you wish could come true?"

Responses included:

SUSTAIN OR CLOSE

Transition planning began with an overview of the importance of establishing a strategy, objectives and goals that provide a foundation for the Transition plan.

Collaborative members assessed their project goals and alignment with the MHSOAC guideline of a five-year maximum participation "pilot" period. Whether a Collaborative member decides to sustain or close a solution, large group sessions allowed attendees to discuss:



- Physical and Digital Collateral
- Social Media Management
- Project Artifact Management
- Stakeholder Communications
- Relationship Management
- Vendor Management
- Governance and Oversight
- Evaluation

Consideration of the of the above listed foundational transition elements supported Collaborative members decision to sustain or close their Help@Hand pilots and implementations.

SUSTAINABILITY

The Sustainability session focused on the Digital Mental Health Literacy (DMHL), a common service that Collaborative members will sustain.

Sustainability provides value to the community through continued access to technology and services piloted through Help@Hand. Additionally, sustainability maintains relationships with community-based organizations and other supporting agencies. Attendees considered four important elements to sustain technologies and services beyond Help@Hand: Funding Sources, Ownership, Collaborative Partnerships, and Governance and Infrastructure Fitness.

CLOSURE

The Transitioning to Close session leveraged the Transition Plan template, developed by CalMHSA, with the objective of establishing obtainable goals, identifying priorities, and analyzing various considerations to support a successful project closure.

Attendees were prompted to share how they arrived at the decision to discontinue their solution(s). Their considerations included:

- Impact of constituent access to services and support
- Alternatives within existing local infrastructure
- County Resources
- People capacity
- Funding availability

Facilitators worked with attendees to identify next steps, such as:

- Communication of project closure expectations to all participants
- Revision of media content to refer constituents to available local resources
- Fulfillment of Vendor/Partner deliverables
- Collection of project data and evaluation requirements
- Documentation of Lessons Learned
- Identify how Lessons Learned may be leveraged in local infrastructure

During this session, attendees reflected on how their unprecedented projects provided an opportunity to bring support and knowledge to underserved populations within their communities. Additionally, they are now equipped with the learning and experience provided by their participation in the Help@Hand Technology Innovation Program.

SESSION: COMMUNICATION

The Communication session started with an ice breaker similar to the game, Telestration™.

The final results brought laughter and camaraderie as the activity succeeded in demonstrating how unplanned communication can lead to misunderstanding, reinforcing the value of clear communication and intent.

The Communications session leveraged the Message Development Template to foster attendees' ability to articulate messaging through identification of:

- Key Message
- Audience
- Communication Channel
- Call to Action

The Communication Matrix Tool facilitated attendees' development of specific talking points to clearly convey key messages.

SESSION: REFLECTION

The final workshop session asked participants to reflect on their five-year innovation journey and provide feedback to the CalMHSA regarding:

- What worked?
- What didn't work?
- What would you do differently?
- Value of Collaborative participation
- Technology Innovation project takeaways
- Highlight accomplishments and obstacles.

Attendees wrote their responses on individual sticky notes and posted them anonymously on posters throughout the room. Responses were personal and broad, reminding us that each person's takeaway is different and unique as was their innovation experiences.

SUMMARY

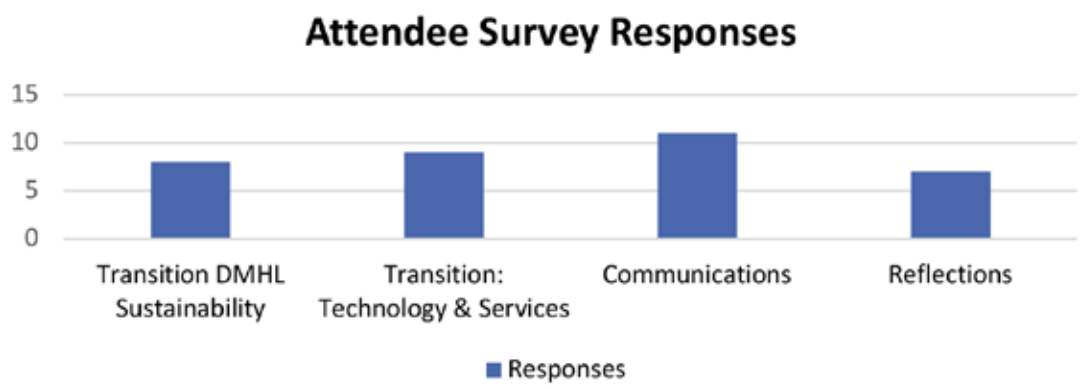
The In-person Collaboration Workshop fulfilled its purpose in supporting attendees as the Help@Hand Innovation Project closes. Throughout the day, attendees shared project accomplishments and gained understanding of strategic messaging and deliberate project closure planning.

Attendees expressed feeling rejuvenated and inspired at the workshop end. They were ready to take the next steps of their unique innovation journey and reminded that they are not alone.

POST-WORKSHOP SURVEY RESULTS

Verbally and via survey, attendees conveyed their satisfaction with the In-Person Collaboration Workshop. Of 14 Survey responses (n=14), 100% of attendees found the In-person Collaboration Workshop helpful and stated that they have the information and support necessary to close their Help@Hand project.

SURVEY QUESTION: WHICH SESSION(S) DID YOU FIND MOST HELPFUL?



In-Person Collaboration Workshop: Learnings from the Perspectives of the Help@Hand Evaluation Team

Authors: William Bevens, PhD; Judith Borghouts, PhD; Sarah Elizabeth Stoeckl, BS

Help@Hand Evaluation Team

Introduction

In November 2023, core team members from six Counties/Cities came together in Sacramento to share information and learnings (see page 18 for a description of the event). Members of the Help@Hand evaluation team also attended the in-person Collaboration Workshop. Below are learnings that were highlighted during workshop from the perspective of the evaluation team.

Reflections on Collaboration

Collaboration was central to the success of the Help@Hand project and Counties/Cities considered its role and importance within their own programs.

Despite differences in demographics, geography, and politics, Counties/Cities faced similar challenges related to access and engagement. Counties/Cities were surprised that even though they had many differences, they faced similar challenges. For example, Counties/Cities recognized that infrastructure barriers, such as inconsistent cellphone service, created difficulties for community members residing in both rural and densely populated Counties/Cities to engage with digital technologies. Despite Counties/Cities' core audiences being distinctly different in culture, age groups, gender, and other sociodemographics, mental health stigma persisted as a barrier across all groups. These learnings presented new opportunities for Counties/Cities to share experiences and seek common solutions with each other.

Successful implementations changed key stakeholders' opinions. After observing the successes of programs in some Counties/Cities, stakeholders (such as community members, clinics, or Peers) who were initially hesitant about program efficacy became more supportive. Advertising and celebrating successes can help demonstrate the usefulness of the innovation project and change the opinions of key stakeholders.

"It's wild to think that some of these problems aren't just rural problems."
– A Help@Hand County/City

Reflections on Digital Literacy and Digital Mental Health Literacy

The early recognition of the need to address the low levels of digital literacy and digital mental health literacy (DMHL) among participants within the Help@Hand program led to Counties/Cities creating and implementing programs to support their needs.

Counties/Cities found that DMHL was critical for many of the activities they sought to undertake. DMHL was not part of some Counties/Cities' original plans, but they soon realized the need to pivot and deliver a DMHL program. As an example, some populations, such as older adults, lacked the skills to access online resources, which became significantly more prevalent during COVID-19. This presented challenges for Counties/Cities trying to deliver digital mental health programs to communities without an adjacent DMHL program to support them.

Aligning the County/City's digital literacy curricula with the needs of the community was important. Some community members reported that they had more urgent needs to address, such as securing housing or finding a job, than improving their digital literacy. Counties/Cities that did not center community members' needs into their digital literacy curricula faced barriers in engaging participants who felt they had competing priorities. In response, some Counties/Cities redesigned courses tailored to participant needs, rather than creating content about digital literacy and hoping these would interest the community.

Reflections on Communication Planning

Communicating with community members was an integral part of the Help@Hand project and Counties/Cities reflected on many of the successes and challenges in this space.

Inclusive language and incentives were important for keeping community members engaged. Ensuring that inclusive language was used in communications with the community was essential to ensure that people felt supported within the project. Individuals who felt supported within the project were more likely to remain engaged. Additionally, providing giveaways to incentivize participation with project activities remained a successful method of maintaining community engagement within projects.

Asking community members already engaged in the project to disseminate messages was effective. Counties/Cities found that the best communication model was for the "messenger to pass on the message," whereby community members advocated for programs to other community members. This method was not only effective, but was also an efficient way to disseminate communication, particularly for Counties/Cities with fewer resources.

Repeated messages ensured that as many people in the community received information. Since not everyone read or heard messages the first time, communicating messages multiple times helped reach as many community members as possible. This was particularly important for reaching community members who may be infrequent users of regular channels of communication, such as social media, radio, or television.

Reflections on Project Closeout and Sustainability

For many Counties/Cities, their time on the Help@Hand project was coming to a close, and so they discussed ideas around how to support their innovations moving forward as well as ways to continue collaborations with each other.

Continuing innovation projects required continued staffing and funding. Implementing innovation projects required specialized and experienced staff, many of whom may have moved on to other projects at the conclusion of Help@Hand. Retaining key staff was not just important for continuing innovation projects, but also for project closure as things needed to wrap up after the project ended. Funding was also highly dependent on the political environment, and Counties/Cities were aware that changes to key personnel and governments could mean fewer funds dedicated to innovation programs.

Developing documentation to guide and support future innovation projects would be useful at the conclusion of the Help@Hand project. Including a retrospective in the final report that highlights the wealth of knowledge and experience accumulated during the Help@Hand project would greatly assist future innovation projects. Specialized knowledge is often accumulated during long-term innovation projects and documenting these learnings would ensure preservation of use by others.

Continued access to resources that supported collaboration between Counties/Cities would help ensure ongoing success. Counties/Cities appreciated that collaborative resources, such as SharePoint, would continue beyond the end of the project. They also described the value of CalMHSA as a centralized body in facilitating resources, especially because many Counties/Cities did not have the resources to do it themselves. Discovering new resources that can facilitate collaboration between Counties/Cities was considered important preparation for when Help@Hand concluded and CalMHSA was no longer involved in these projects.

Counties/Cities wished to continue their innovation projects but faced uncertainties around existing materials. Counties/Cities were unsure if they could use materials with the Help@Hand logo beyond the end of the project. If Counties/Cities were not allowed to use the Help@Hand logo, recreating existing materials would be a prohibitive cost that may disrupt the sustainability of innovation programs.

The learnings noted here reflect key issues that were raised during the in-person Collaboration Workshop. The final report for Help@Hand will include a full examination of learnings and recommendations that emerged across the entire Help@Hand project.

1 CROSS COUNTY/CITY PROCESS EVALUATION

Key Points

- **Help@Hand Counties/Cities identified multiple successes in 2023.** Successes identified through interview data included collaborating with other Counties/Cities, executing marketing campaigns, launching products, and consumers demonstrating strong engagement with deployed technologies. According to survey data, the most common successes were related to community outreach, digital literacy training efforts, and executing contracts. These successes were also common in the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report.
- **Overcoming staff challenges continued to be important.** Challenges identified from interviews were related to lengthy processes for internal approvals, difficulties executing contracts with technology vendors, and recruiting and retaining dedicated staff with knowledge relevant to the project. In addition, survey data found that the most common challenge continued to be staffing shortages. Although some Counties/Cities mentioned successes in hiring new staff members and onboarding new Peers, multiple Counties/Cities experienced staff and Peer shortages. The Help@Hand Statewide Evaluation: Year 5 Mid-Year Report also highlighted staffing challenges.
- **Counties/Cities identified efforts to develop plans for the future that supported successful project completion and sustainability.** Four Counties/Cities planned to end their Help@Hand projects in December 2023 and the other four Counties/Cities planned to end between February-June 2024. Future plans identified in the interviews centered on successful project completion and transition. Plans included ensuring sustainability, identifying future funding for projects, and using data from the Help@Hand project to advocate for and inform the planning of future endeavors. According to survey data, the most common future plans were improving community members' digital literacy, engaging in community outreach activities, finishing pilot projects, and applying lessons learned to projects outside Help@Hand.
- **Dedicated staff and flexibility were among the two most meaningful lessons learned.** Most Counties/Cities identified that having dedicated staff was important for project success. In addition, Counties/Cities highlighted the necessity of flexible timelines, given that setting up contracts and obtaining necessary approvals were typically a lengthy process, resulting in project delays. As Counties/Cities entered close-out and project transition phases, they required staff with expertise in synthesizing information and disseminating findings.
- **Continuing collaboration and outreach were viewed as important to increase access to care.** The recommendations that were most frequently endorsed as impactful/very impactful included collaborating with and outreaching to community partners to increase access to care, as well as having and supporting dedicated project staff.

OVERVIEW

The cross-County/City process evaluation aimed to identify successes, challenges, future plans, lessons learned, and recommendations within each County/City and across the entire Help@Hand project. While most evaluation activities focused on specific activities related to pilots or implementations, the cross-County/City process evaluation provides a broader perspective of Help@Hand activities.

INTERVIEW AND SURVEYS WITH TECH LEADS

The Help@Hand evaluation team conducted surveys and interviews with Tech Leads to capture the successes, challenges, future plans, lessons learned, and recommendations of the Help@Hand program. Tech Leads were individuals identified as the project leads of their County/City's Help@Hand project.

The table below provides additional information about the surveys and interview.

	Evaluation Activity	Survey/Interview Distribution Period	Reporting Period	Respondents
	Survey 1	Apr 2023	Jan - Mar 2023	11 Tech Leads from 11 Counties/Cities
	Interview	Jun - Jul 2023	Past year from the interview date	9 Interviewees (including 7 Tech Leads, 1 Contractor, and 1 Supervisor) from 8 Counties/Cities[5]
	Survey 2	Oct - Nov 2023	Apr - Oct 2023	8 Respondents (including 7 Tech Leads and 1 Supervisor) from 8 Counties/Cities

The Help@Hand evaluation team reported results from Survey 1 in the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report. This section presents the percentage of Counties/Cities that reported specific successes, challenges, plans for the future, lessons learned, and recommendations for their Help@Hand program in Survey 2. It also presents interview quotes along with the commonly reported responses. In addition, this section includes themes from interviews related to successes, challenges, and future plans.

[5] Counties and cities can participate in the program 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 that year due to insufficient internal resource capacity. Orange County graduated from the Help@Hand Collaborative in December 2021 to focus on their local implementation.

Successes

The most common successes identified by 75% of responding Counties/Cities were outreaching to community members and community organizations, providing digital literacy training, and executing contracts with vendors (e.g., technology product, community partner, or marketing).

	Survey 2 (N=8)
Outreached to community organizations and community members *"Our pivot was reaching out to these organizations."* **Provided digital literacy training to the community** *"[County/City] delivered digital literacy support through one-on-one tech support and then also began to implement workshops in the community with community partner."* **Executed a contract with a vendor (technology product, community partner, marketing)** *"We are moving forward now with getting contracts together."*	**75%** (6 Counties/Cities)
Distributed devices to facilitate internet access *"The technology that did meet our expectations was the distribution of tablets and technology for participants."*	**63%** (5 Counties/Cities)
Launched a product *"I think, launching [a product] was an accomplishment… We finally decided on our app, and we're launching it."* **Hired a new staff member** *"We hired on a new manager that had some background in tech and implementation… that was great."*	**50%** (4 Counties/Cities)

Additional successes identified from the interviews centered around cross-County/City collaboration, marketing, project launches, and app usage.

Cross-County/City Collaboration	Structured and regular meeting formats, such as collaboration meetings, monthly check-ins, and presentations from different Counties/Cities, facilitated cross-County/City knowledge sharing.
Marketing	Multiple interviewees described their success in contracting with a marketing vendor or carrying out a marketing campaign.
Project Launches	Project launches were successful, although in some Counties/Cities the launch happened later than initially planned.
App Usage	App data demonstrated positive user engagement with the technology products among community members.

Challenges

The Help@Hand evaluation team presented Tech Leads with a list of challenges that were shared during previous surveys and interviews. The most commonly endorsed challenge was staff shortages (even though four Counties/Cities noted success with hiring staff). Counties/Cities also continued to experience challenges engaging consumers, contracting difficulties, and Peer shortages.

	Survey 2 (N=8)
Staff shortages *"Everybody's been short staffed.... I think that might be one of the challenges I've seen."*	**75%** (6 Counties/Cities)
Consumer engagement challenges *"I noticed that our seniors were very hesitant with technology. so I had a little trouble getting them engaged."*	**63%** (5 Counties/Cities)
Contracting difficulties *"It's kind of been the same throughout the project is that we have had challenges in the contracting of the project."* **Peer shortages** *"I know we set a launch date, but we didn't have our marketing in place yet, we didn't have our peer support in place yet."*	**50%** (4 Counties/Cities)

Interviews highlighted challenges with internal approvals, executing contracts, and staffing challenges.

Internal Approvals	Aligning priorities across departments and obtaining approvals within the county were described as a lengthy process that delayed project timeline.
Contracting	Counties/Cities experienced contracting challenges with technology vendors throughout different stages of the project. Early difficulties were mainly attributed to the need to come to an agreement on the following: potential for county/city-specific app customizations; general pricing structure; privacy, security, and safety policies and procedures; and data ownership. Later difficulties were mainly attributed to limited County/City staffing and resource constraints to support review of documents and decision-making for app contracting.
Staffing	Recruiting and retaining dedicated staff with project specific knowledge, such as expertise in technology products, contracting, and implementation was challenging.

Future Plans

Four Counties/Cities planned to end their Help@Hand projects in December 2023, and the other four Counties/Cities planned to end their projects between February-June 2024. Future plans of Counties/Cities included improving digital literacy of community members, outreaching to community organizations, finishing pilot projects, and applying lessons learned from Help@Hand to other projects.

	Survey 2 (N=8)
Improve digital literacy of community members *"We want to do peer chat and support digital literacy and access."*	**63%** (5 Counties/Cities)
Outreach to community organizations *"I'm hoping our new staff members be able to just get out in the community wherever people are and promote it."*	
Finish a pilot project *"The continuation of everyone testing out the various apps in their [County/City], so we can really get that that data at the end."*	**50%** (4 Counties/Cities)
Apply lessons learned to projects outside Help@Hand *"This innovation will hopefully bring forward some learnings, and we can then follow up on those learnings with new project."*	

Interviews also identified that Counties/Cities planned to try to sustain successful parts of their Help@Hand projects. Sustainment required seeking new funding sources as well as using data that demonstrated successes from Help@Hand to advocate for future projects.

Sustainability and Close Out	Counties/Cities expressed their desire to plan a successful project completion and continue to serve their communities.
Funding	Identifying additional funding resources was necessary for the continuous exploration and implementation of Help@Hand products after project completion.
Data analyses	Ongoing data analyses and evaluation can not only facilitate an understanding of the current stage of technology uptake, but also help with planning and advocating for future projects.

Lessons Learned

The Help@Hand evaluation team presented Tech Leads with a list of lessons learned that Counties/Cities identified and asked them to rate how meaningful each learning was to their County/City. Below are the percentages of Counties/Cities that found each lesson "very meaningful" to their Counties/Cities. The highest rated lesson was that technology projects required dedicated staff with specialized skills/knowledge.

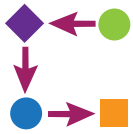
	Survey 2 (N=8)
Dedicated staffing is necessary for project success *"We have more peers recently. [They] helped with supporting these different innovations and promoting them and the outreach activities that we are having…having more team members always helps."*	**75%** (6 Counties/Cities)
Innovation projects can benefit consumers, Peers, staff, and other stakeholders *"It seems that [users] are enjoying it or benefiting from it in some ways."*	**63%** (5 Counties/Cities)
Project delay requires flexible estimates and abilities to amend project timelines *"Being able to do more with the with the app companies where they would be more flexible about timelines."*	
Unanticipated delays in projects are likely *"I know we set a launch date, but we didn't have our marketing in place yet"*	**50%** (4 Counties/Cities)
Initial assumptions about access to devices and knowledge to use technologies should be continuously examined/considered *"A lot of their clients are homeless so they don't have access to technology. They can't take a table at home and charge it. They just don't have those capabilities."*	
A full staff is necessary for project success *"The team got a little bit bigger, more comprehensive, and we got more support…that ensures the success of the program."*	

Recommendations

Participants answered how impactful recommendations provided by Tech Leads in previous surveys and interviews would be if followed. The most frequently endorsed impactful/very impactful recommendations included 1) continuing collaboration and outreach as it could help promote large sale access and 2) having more dedicated staff and support staff with carved-out time for training and project operations.

Continue **collaboration and outreach** to increase access to care at a larger scale

Have more **dedicated staff** and support staff with **carved-out** time for training and project operations



Create a **roadmap** of activities (with budget implications) and allow Counties/Cities to decide if they want to participate in an activity

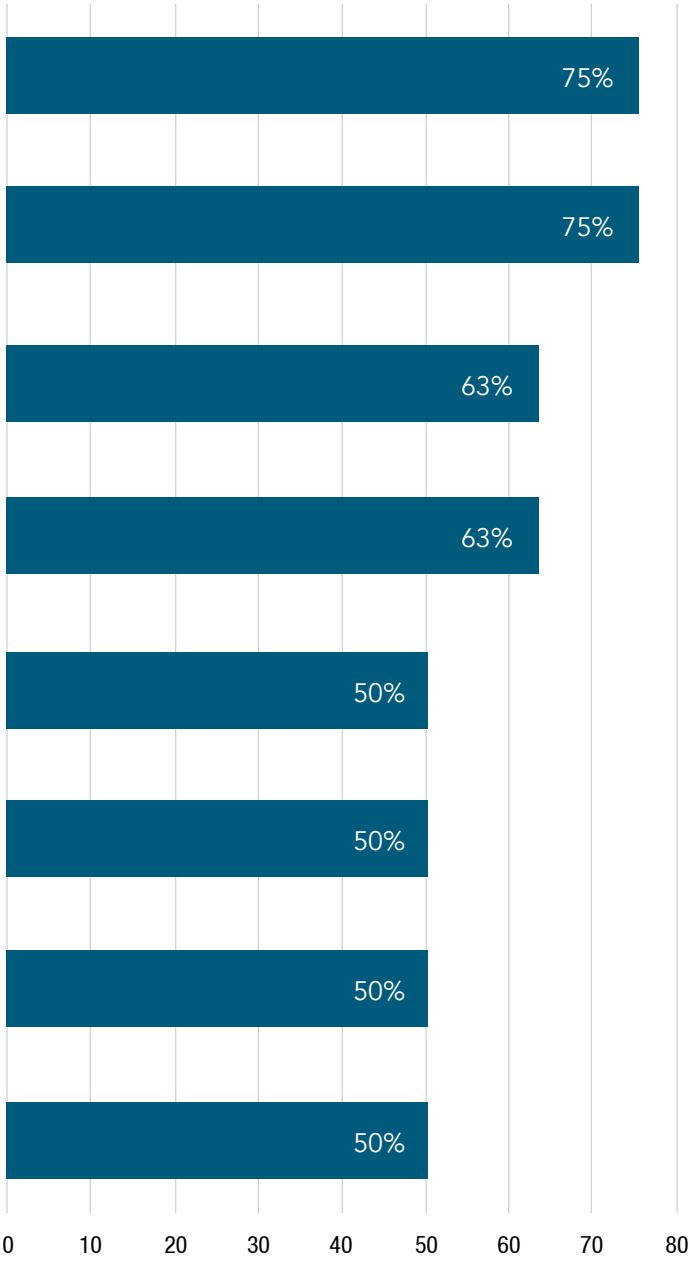
Work on **disseminating** information and learnings from the Help@Hand project to non-participating Counties/Cities

Create a plan for **informing** users about project completion

Create new opportunities to **review evaluation reports and learnings** together

Create **smaller sub-groups** within the project to share learnings in specific areas or domains

Secure **funding and resources** to sustain the project after Help@Hand ends



% of the 8 Help@Hand Counties/Cities who rated a recommendation as impactful/very impactful if adhered to

Learnings from the Cross County/City Process Evaluation

Surveys and interviews with Tech Leads in Help@Hand indicated:

- **Effective digital literacy training is key to project success and should be considered as a pre-condition in future digital mental health projects.** Digital literacy training was key to preparing the community for adoption and use of a new technology product. Tech Leads shared their successful efforts at providing digital literacy training, and promoting digital literacy continued to be a shared goal across multiple Counties/Cities.
- **Hiring and retaining staff with the right expertise is necessary.** Multiple Tech Leads reported staff shortages and/or peer shortages according to both survey and interview data. Relatedly, multiple Tech Leads endorsed that "dedicated staffing is necessary for project success" as a "very meaningful" lesson learned from this project. Tech Leads also identified hiring staff members with specialty training and knowledge as a key for success in surveys and interviews. This project required multiple skillsets, including expertise in technology, implementation, and community-engagement. As more Counties/Cities began ending their Help@Hand projects, Counties/Cities also identified a need for staff who have skills in synthesizing and sharing information.
- **Collaboration and outreach activities are important to project completion and transitions.** Both interview and survey data revealed the importance of collaboration and outreach. Counties/Cities shared their successes related to disseminating information and learnings from the Help@Hand project to non-participating Counties/Cities. They also recognized the need for creating a roadmap of potential activities and facilitating group discussions to identify future directions. As Counties/Cities prepared for the end of their Help@Hand projects, Tech Leads shared that continuing cross-County/City collaboration and engaging in outreach activities could help increase access to care at a larger scale.
- **Sustainability is a primary concern as Counties/Cities plan for closing out and transitioning to new projects.** Interviews identified future plans related to sustainability. Tech Leads mentioned the need to identify additional funding resources that supported the continuous exploration and implementation of technology products after the project ended. According to the survey data, most Counties/Cities rated this recommendation as impactful/very impactful if followed: "Continue collaboration and outreach to increase access to care at a larger scale." Helping Counties and Cities develop feasible and scalable dissemination strategies may increase impact beyond the Help@Hand project.

The Help@Hand evaluation team provides the following suggestions based on the results of interviews and surveys in 2023.

- **Continue to provide digital literacy training and engage in community outreach activities.** Community engagement and digital literacy training continued to be a focus across Counties/Cities in 2023. Several Counties/Cities reported their successful experience of providing digital literacy training and engaging in outreach to community organizations. Counties/Cities also shared their intention to provide digital literacy training in the future.
- **Continue to address staffing challenges when necessary.** Multiple interviewees mentioned staffing challenges, such as shortage and turnover of staff and Peers, although several Counties/Cities reported hiring new staff to support Help@Hand activities. According to the survey data, the most common challenge reported among Counties/Cities was staff shortages. Similarly, 6 out of 8 Counties/Cities

reported a meaningful lesson learned was the need for more dedicated and supporting staff with carved-out time for training and project operations. Addressing these challenges required resources to hire and retain talents with appropriate expertise. As Counties/Cities enter the close-out phase, staff with skills in synthesizing and sharing information can be helpful to a successful project transition.

- **Emphasize impact by facilitating cross-County/City collaboration and knowledge sharing.** Many challenges, goals, and lessons identified applied to multiple Counties/Cities. Tech Leads from multiple Counties/Cities mentioned that learning from other Counties/Cities was helpful in supporting their project planning and implementation efforts. Routine check-in, structured meetings, and presentations supported cross-County/City knowledge sharing.
- **Create opportunities to help Counties/Cities continue their successes beyond the scope and timeline of the Help@Hand project.** It is important to support Counties/Cities to leverage knowledge and lessons learned from Help@Hand to plan and implement future projects. Identifying appropriate funding sources and sustaining community partnerships may help further impact beyond the Help@Hand project.

SPOTLIGHT

Help@Hand Reflection – Innovation Best Practices Accelerated by COVID-19

Authors: CalMHSA Project Management Team

Help@Hand Collaborative members rose to the occasion and creatively approached meeting the demand for mental health services in California after Governor Gavin Newsom declared a COVID-19 State of Emergency in March 2020. Barriers to mental health technology that the Collaborative previously learned was that individuals lacked access to technology and devices, they experienced digital literacy challenges, and lacked awareness of web-based services.

New applications were being tested and policies and procedures did not support rapid response to the pandemic. With this insight, Collaborative members marched into action armed with an understanding of what needed to be done.

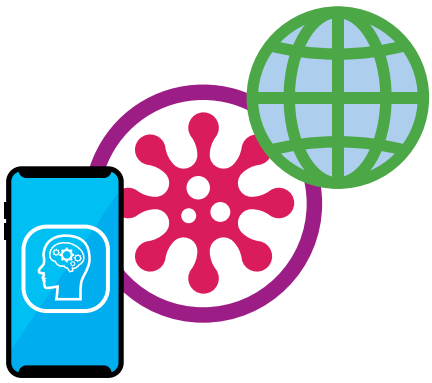
COVID-19 accelerated the need for Help@Hand project implementations and pilots. As the community faced stay-at-home restrictions, people needed a way to connect, handle increased stress, and address rising mental health issues. There was an increased demand for mental health services, digital learning, mobile devices, and overall support. Counties and cities recognized that the Help@Hand project could be leveraged to rapidly launch that support as community needs aligned with what the Collaborative was exploring.

The Collaborative response was to expand and diversify Digital Mental Health Literacy (DMHL) content to bridge the digital divide. DMHL training initially focused on older adults and Spanish speakers. The translation of DMHL material into Spanish was fast-tracked and published as videos on the CalMHSA Help@Hand website. This was important to help the public gain free access to DMHL and prepare them for mental health services support through technology. County and city marketing and outreach efforts were also adapted for virtual outreach and social media interaction, supporting the continued outreach to community members even during isolation and lock down. This move also identified the need to include DMHL topics around privacy and security.

CalMHSA supported the speedy efforts of counties and cities to help residents with a streamlined implementation process, developed as a rapid response option. The tasks for project management, technology selection, project evaluation and peer/community pivoted to focus on critical requirements. CalMHSA also supported counties to quickly utilize the project management tools developed for risk management and application security verification. This saved time and resources for counties and cities that faced increased resource challenges and pressure to provide supportive products for their communities.

Mental health application (apps) vendors also contributed in response to the challenges posed by COVID-19. Companies such as MyStrength and Headspace offered extra licenses to increase access to their apps. The Collaboration agreed that standardizing delivery of services using Headspace would help expedite access to care for Help@Hand target groups and the general public. CalMHSA facilitated contract and licensing discussions with Headspace to coordinate efforts amongst Counties/Cities interested in working with app vendors.

COVID-19 impacted the world and presented unique challenges to those tasked with providing community services. The Collaborative rose to the occasion, adapted, and continued fulfilling their mission to aid residents to get access to mental health services. The effort to help people through COVID-19 accelerated Help@Hand project implementations and pilots, and informed on project management, marketing strategies, population access challenges and much more that the Collaborative adopted as best practices. Read more about the outstanding efforts by all members in the Help@Hand Year 2 Annual Evaluation Report (helpathandca.org).



2 PEER EVALUATION

Key Points

- **Peers were involved in multiple activities that engaged their communities.** These efforts generally revolved around the following activities: outreach, digital literacy trainings, device distribution, and product testing.
- **Peers contributed to successes at multiple levels of the Help@Hand Collaborative.** Peer involvement benefited themselves, core audience members in their communities, their workplaces, and other Counties/Cities in the Collaborative.
- **Peers continued to navigate diverse challenges.** Even as several Help@Hand projects ended in Year 5, Counties/Cities indicated that challenges remained, including a small Peer workforce, need for additional translation services, and inconsistent information dissemination, both from CalMHSA to local sites, and within Counties/Cities.

OVERVIEW

The evaluation of Help@Hand's Peer efforts aimed to document Peer activities, identify successes and challenges associated with Peer involvement in Help@Hand, and share lessons learned across the Help@Hand Collaborative.

PEER SURVEYS AND INTERVIEWS

The Help@Hand evaluation team administered quarterly surveys to Peer Leads to capture activities, successes, and challenges throughout Year 5. In Counties/Cities without Peer Leads, Tech Leads were requested to complete suveys/interviews about Peer efforts. Peer Leads were individuals identified as the lead for each County's/City's Peer efforts. Tech Leads were individuals identified as general project leads of their respective County's/City's Help@Hand projects.

The Help@Hand evaluation team also conducted a mid-year interview to provide respondents the opportunity to provide greater detail about their survey responses.

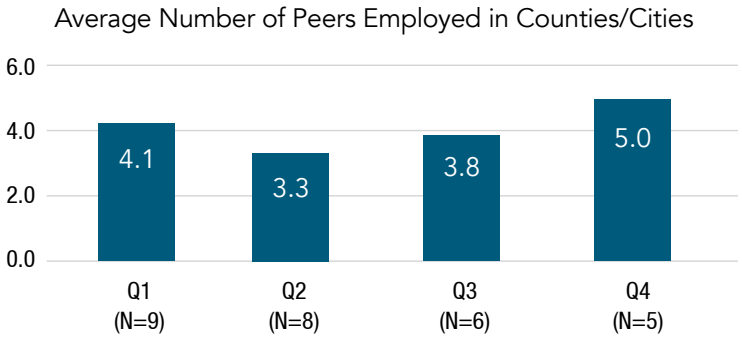
As Counties/Cities finished their Help@Hand projects during Year 5, the number of respondents participating in the evaluation declined over the course of the year.

	Evaluation Activity	Survey/Interview Distribution Period	Reporting Period	Respondents
	Q1 Survey	Mar–Apr 2023	Jan–Mar 2023	9 Respondents (including 5 Peer Leads) from 9 Counties/Cities
	Q2 Survey	Jun–Jul 2023	Apr–Jun 2023	8 Respondents (including 4 Peer Leads) from 8 Counties/Cities
	Interview	Jul 2023	Apr–Jun 2023	5 Interviewees (including 3 Peer Leads) from 5 Counties/Cities
	Q3 Survey	Oct–Nov 2023	Jul – Sept 2023	6 Respondents (including 3 Peer Leads) from 6 Counties/Cities
	Q4 Survey	Dec 2023	Oct –Dec 2023	5 Respondents (including 3 Peer Leads) from 5 Counties/Cities

This section presents the percentage of Counties/Cities that reported on specific Peer aspects, activities, successes, and challenges. It also includes suggestions shared by respondents in surveys. Lastly, quotes from the interviews are presented throughout the section to illustrate and provide context for the survey data.

Help@Hand Peer Involvement in Counties/Cities

Average Number of Peers Employed in Counties/Cities
Most Counties/Cities employed 1-6 Peers, with an average of 4 Peers.



Employment

Respondents reported the following in the Q1 Survey (N=9):

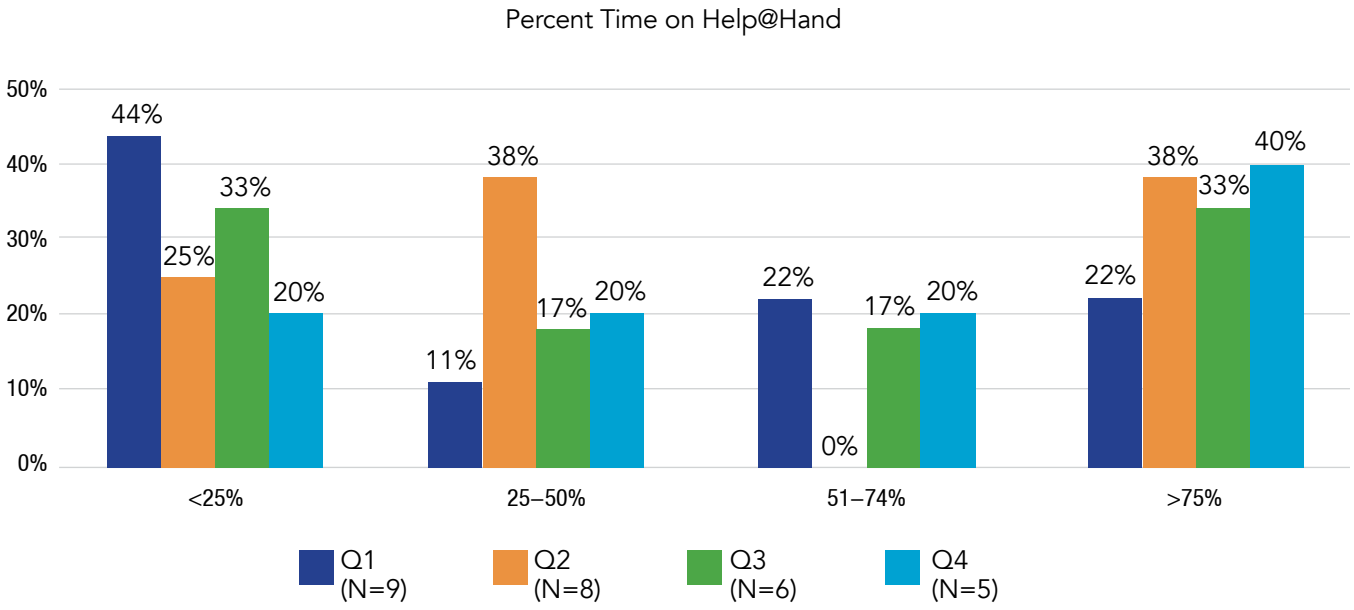
- 89% reported that Peer Leads were directly employed by their respective Counties/Cities.
- 67% reported that the Peer workforce (excluding Peer Leads) was directly employed by Counties/Cities. Peers who were not directly employed by Counties/Cities were sub-contractors.

Respondents reported the following in the Q4 Survey (N=5):

- 80% reported that Peer Leads were directly employed by their respective Counties/Cities.
- 80% reported that the Peer workforce (excluding Peer Leads) was directly employed by Counties/Cities.

Percent Time on Help@Hand

- In the Q1 Survey (N=9), 88% reported that they worked full-time. Over 40% reported that they spent less than 25% of their time with Help@Hand activities.
- In the Q4 Survey (N=5), 40% reported spending over 75% of their time with Help@Hand activities.

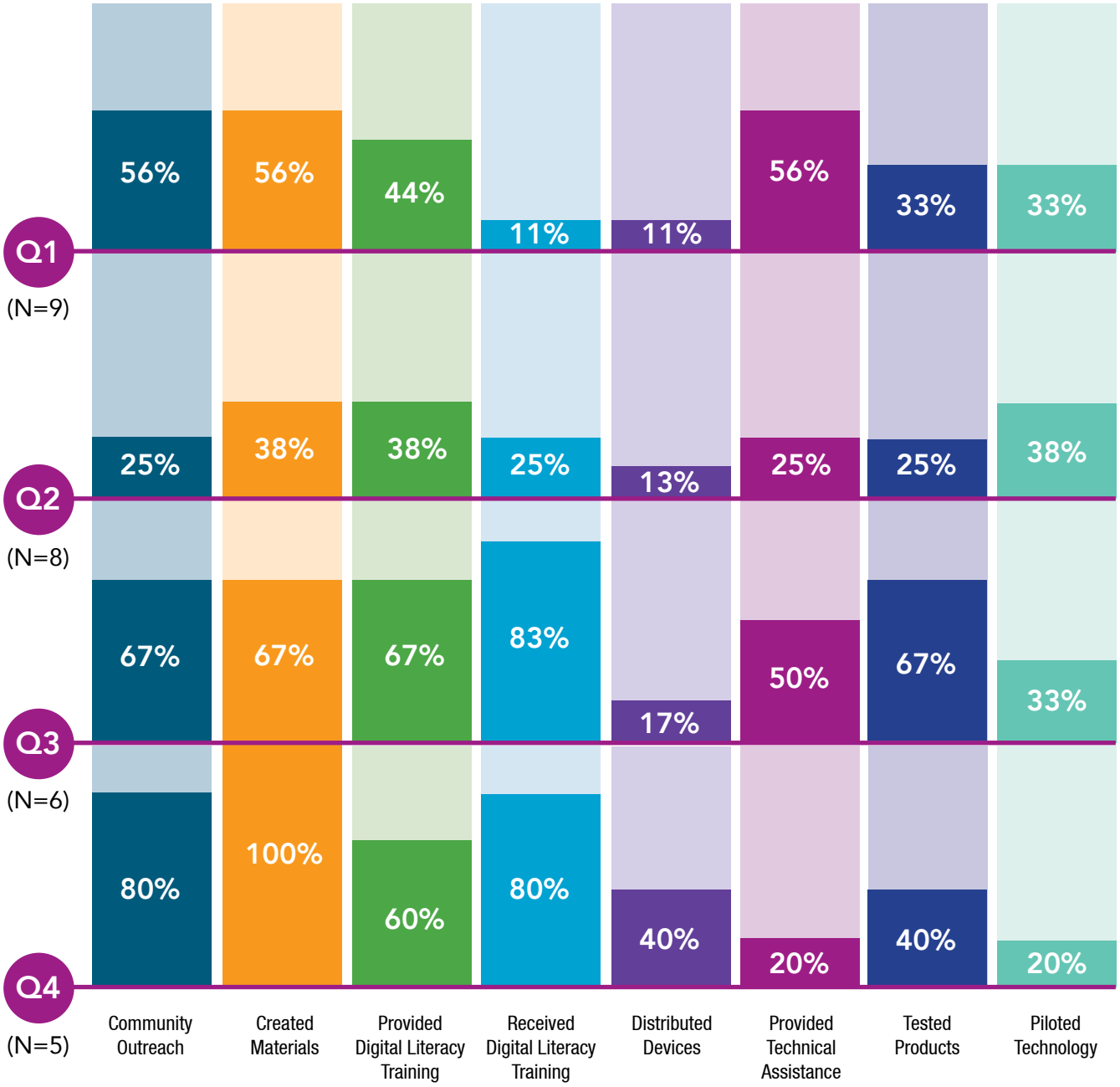


PEER ACTIVITIES

The most reported activities included Peer involvement in community outreach and creating materials. The percent of Counties/Cities where Peers provided digital literacy training to their communities generally increased throughout the year. Similarly, a high percentage of Peers received digital literacy trainings, presumably to support their own responsibilities of engaging communities with such trainings and other technical assistance.

Throughout the year, Peer involvement in distributing devices increased. Providing technical assistance fluctuated since Counties/Cities offered such support during project implementation, which varied across sites during the year. Between 25% and 67% of Counties/Cities reported Peers' involvement in testing products. Fewer Counties/Cities reported engagement with piloting of technology.

Figure 2.1. Help@Hand Peer Activities Reported by Quarter in Year 5.

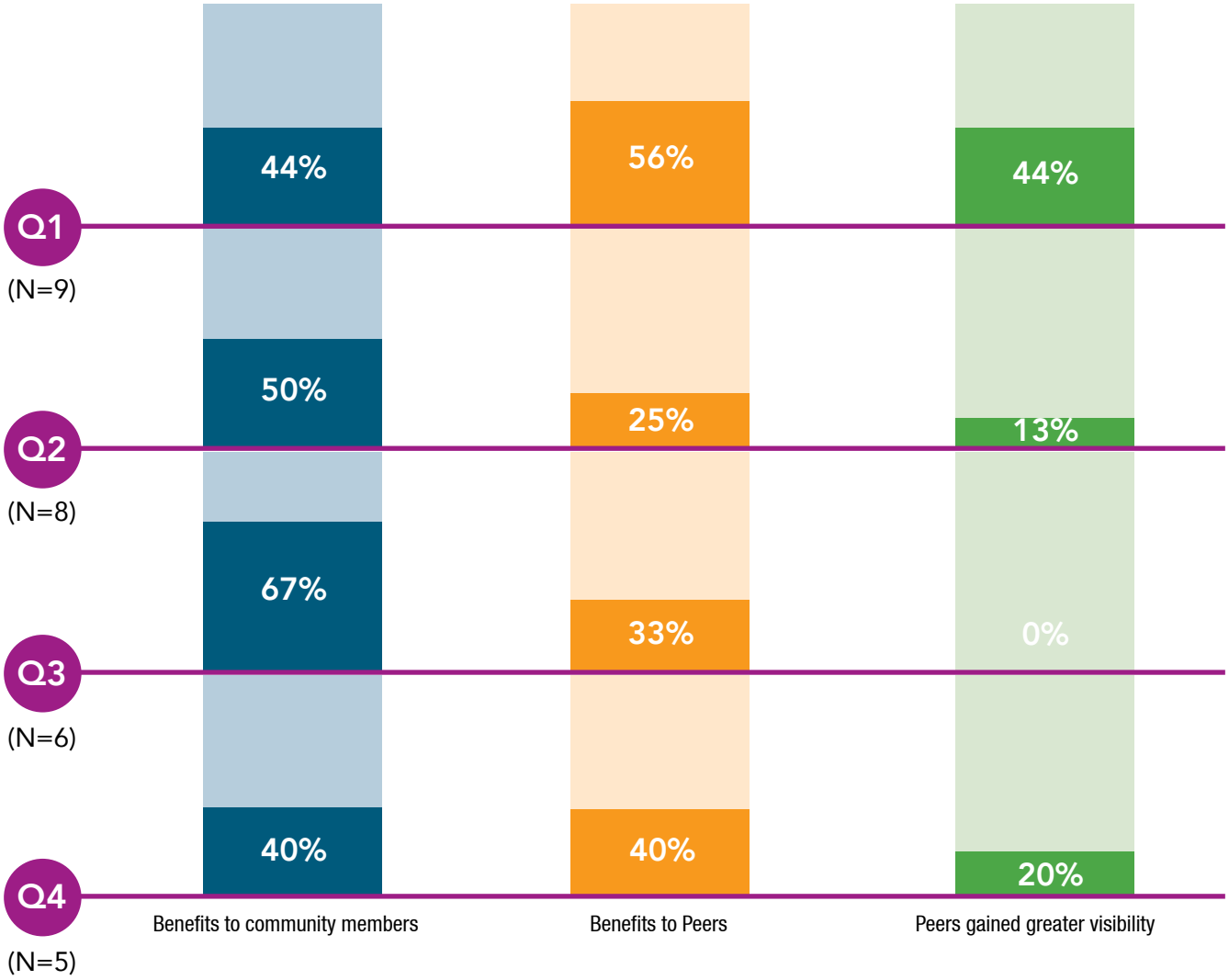


SUCCESSES

Benefits to Peers and Community Members

A majority of respondents perceived that the Help@Hand projects benefited individual community members. While over half of respondents perceived that Peers benefited through employment by the Help@Hand Collaborative in Quarter 1, perceived benefit to Peers decreased slightly throughout the year. Perceived Peer visibility also tapered off.

Figure 2.2. Respondents Reported Benefits to Both Community Members and Peers, Though Peer Visibility Decreased.



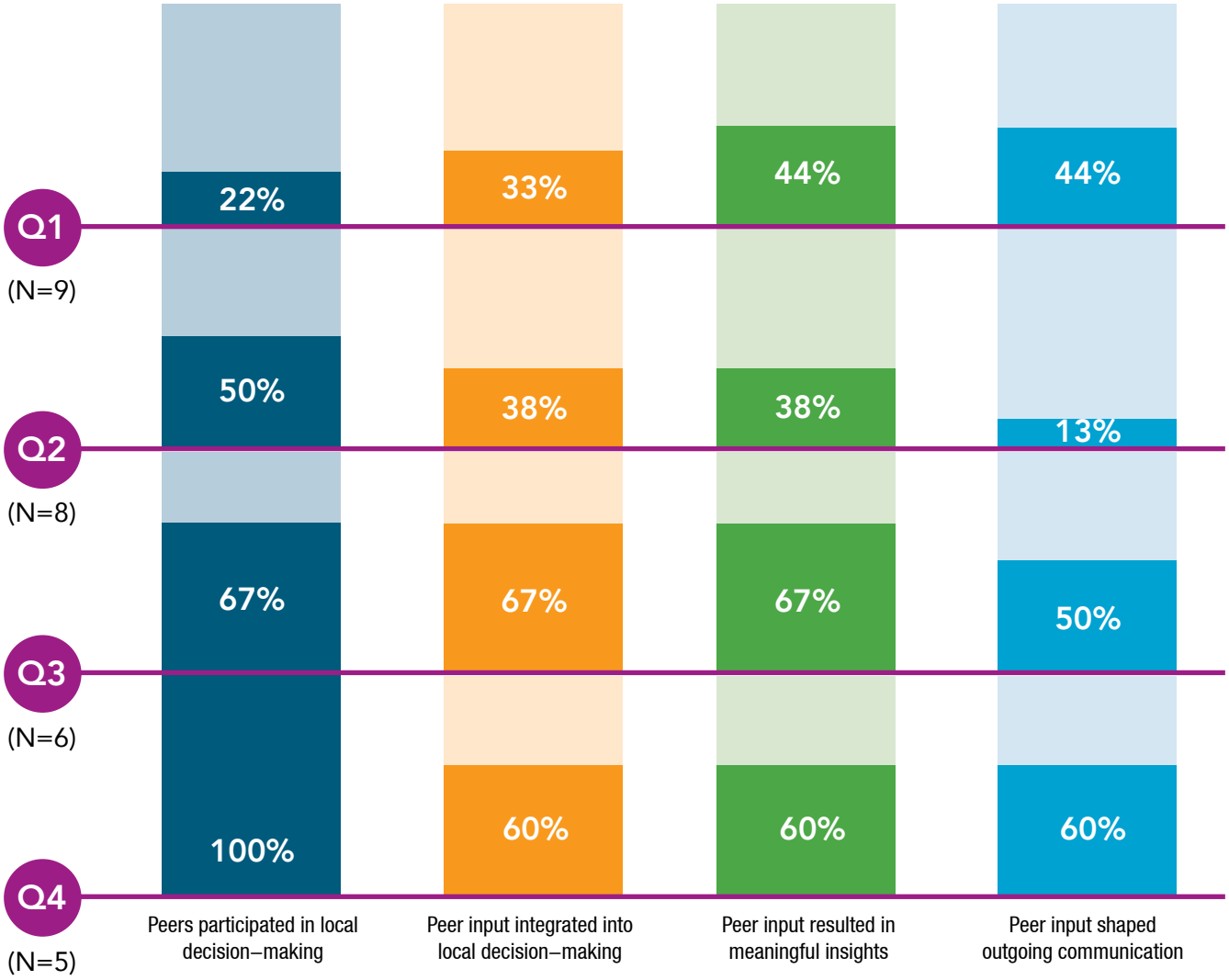
"I do feel like the work format of H@H has supported me in things like job retention in that this is the longest job I have decided to stick with." – Peer Lead

"[We] got thank you's from about 15 people, just various people saying that they appreciated having the opportunity to be in [the H@H project] and that some portion would continue. They thanked [the site] for putting it in." – Tech Lead

Peer Contribution to Projects and Communication

Respondents reported that Peers significantly contributed to various aspects of the project and related communications throughout the year. For the first time since starting the project, all respondents reported that Peers participated in local decision-making. By the end of the year, 60% of respondents reported that Peer input was integrated into local decisions, resulted in meaningful insights, and shaped outgoing communication to their communities.

Figure 2.3. Peers Continued to Contribute Meaningfully to Projects and Communications.



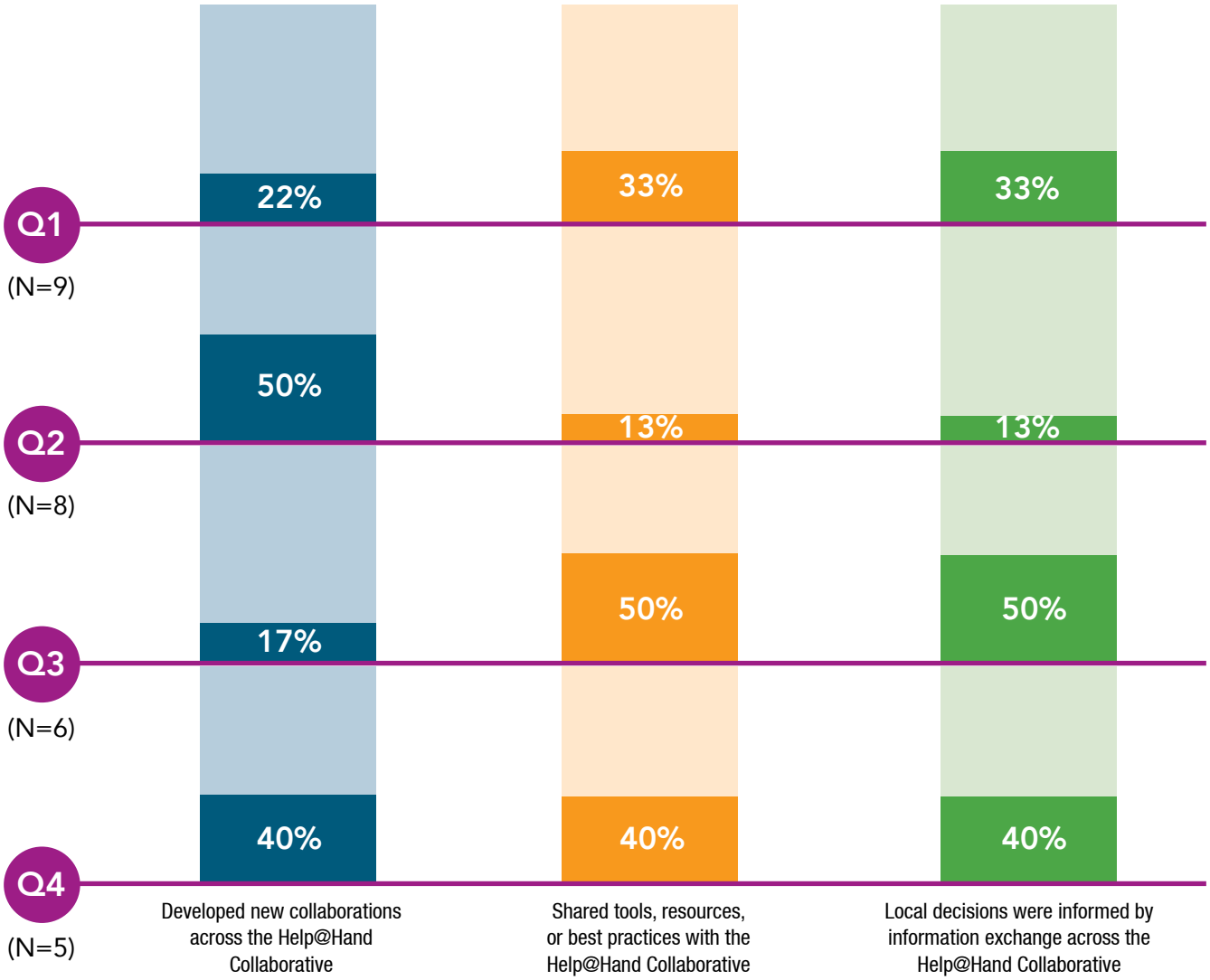
"All of [the Peers] are charged with being on different commissions… each and every one of them are assigned to a commission, and they have a voice at those tables … they are promoting other resources, but they are stakeholders as well." – Peer Lead

"[Peers] have a voice on every meeting. The Peers have a voice in every decision that is made – even the color of the icon of the app. Their input is sought after by the entire team. If they are being quiet we ask them." – Peer Lead

Information and Resource Sharing

Peers continued to leverage the Help@Hand Collaborative by collaborating, sharing information, and integrating information gleaned from the Collaborative into local decisions. By the end of the year, 40% of respondents indicated that their Counties/Cities experienced these successes.

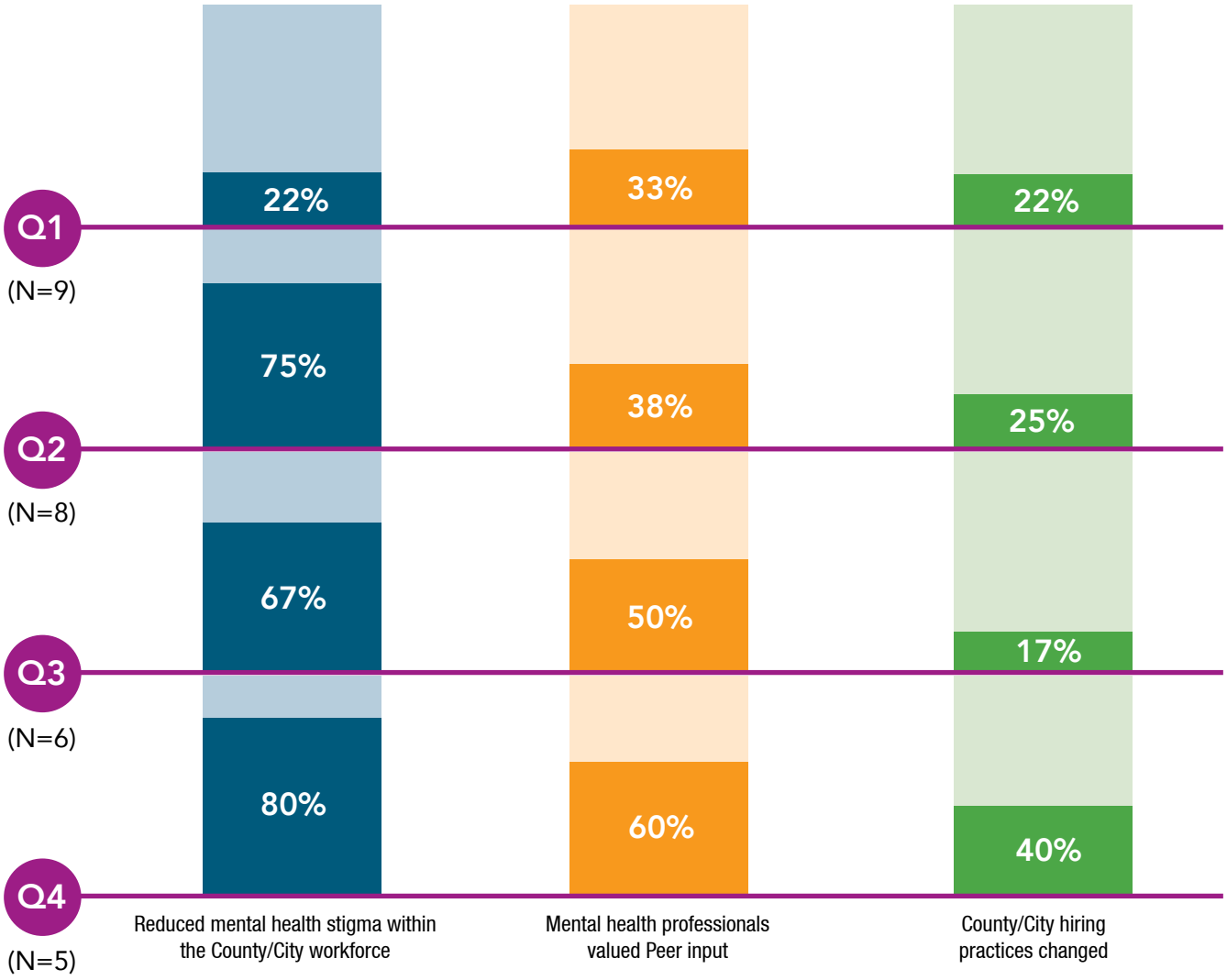
Figure 2.4. Forty Percent (40%) of Counties/Cities Leveraged the Help@Hand Collaborative for Information and Resource Sharing by the End of 2023.



Workplace Changes

More than any other previous year, respondents reported positive workplace-level changes that they attributed to the Help@Hand project. In the Q4 survey, 80% of respondents perceived that Peer involvement reduced mental health stigma within their workplace, 60% reported that mental health professionals valued Peer input, and 40% indicated that their County/City workplace hiring practices had changed in the previous three months.

Figure 2.5. Peer Involvement Stimulated Positive Changes in the Workplace.



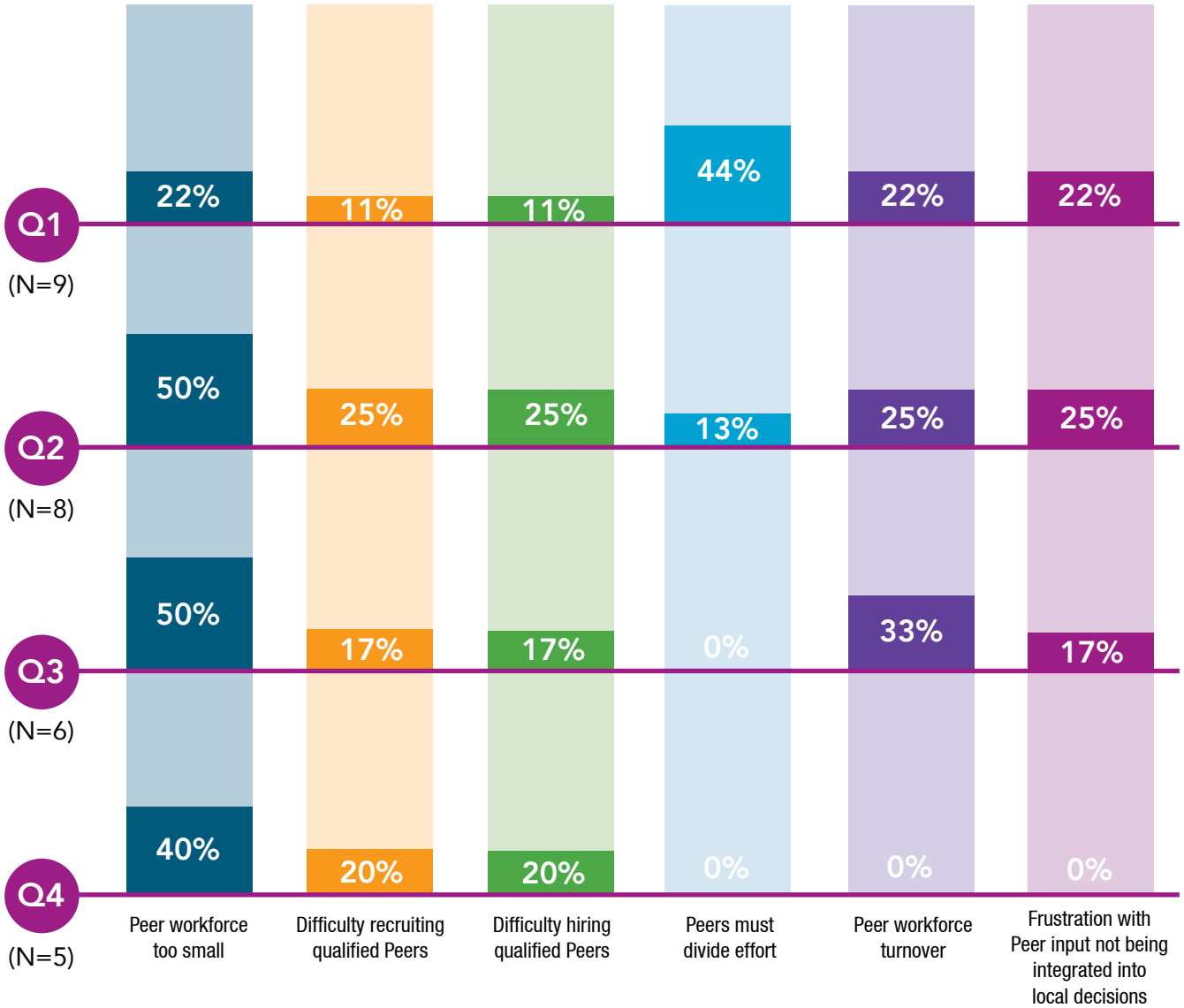
"[County leadership] have always valued the Peer role … we don't have to do all of our own promoting, the doctors and supervisors and clinical therapists promote us as well." – Peer Lead

CHALLENGES

Peer Workforce Challenges

For the majority of Year 5, nearly 50% of survey respondents reported that their Peer workforce was too small and posed a challenge to their project. In the Q4 survey, 20% of respondents reported difficulty either recruiting or hiring qualified Peers. However, no respondents perceived that they had competing activities to their Help@Hand-related responsibilities. In addition, no respondents expressed frustration at the end of the year that Peer input was not integrated into local decisions, though it was raised as a concern earlier in the year.

Figure 2.6. Peers Reported Their Workforce was Too Small.



"When another person is actually doing exactly what I suggested then that is okay, because it is coming from a person with a different role. I am Peer counselor and that person had a [different title]." – Peer Lead

"Honestly, Peers haven't done much in the past 3-4 months. No active Peer Help@Hand workforce." – Tech Lead

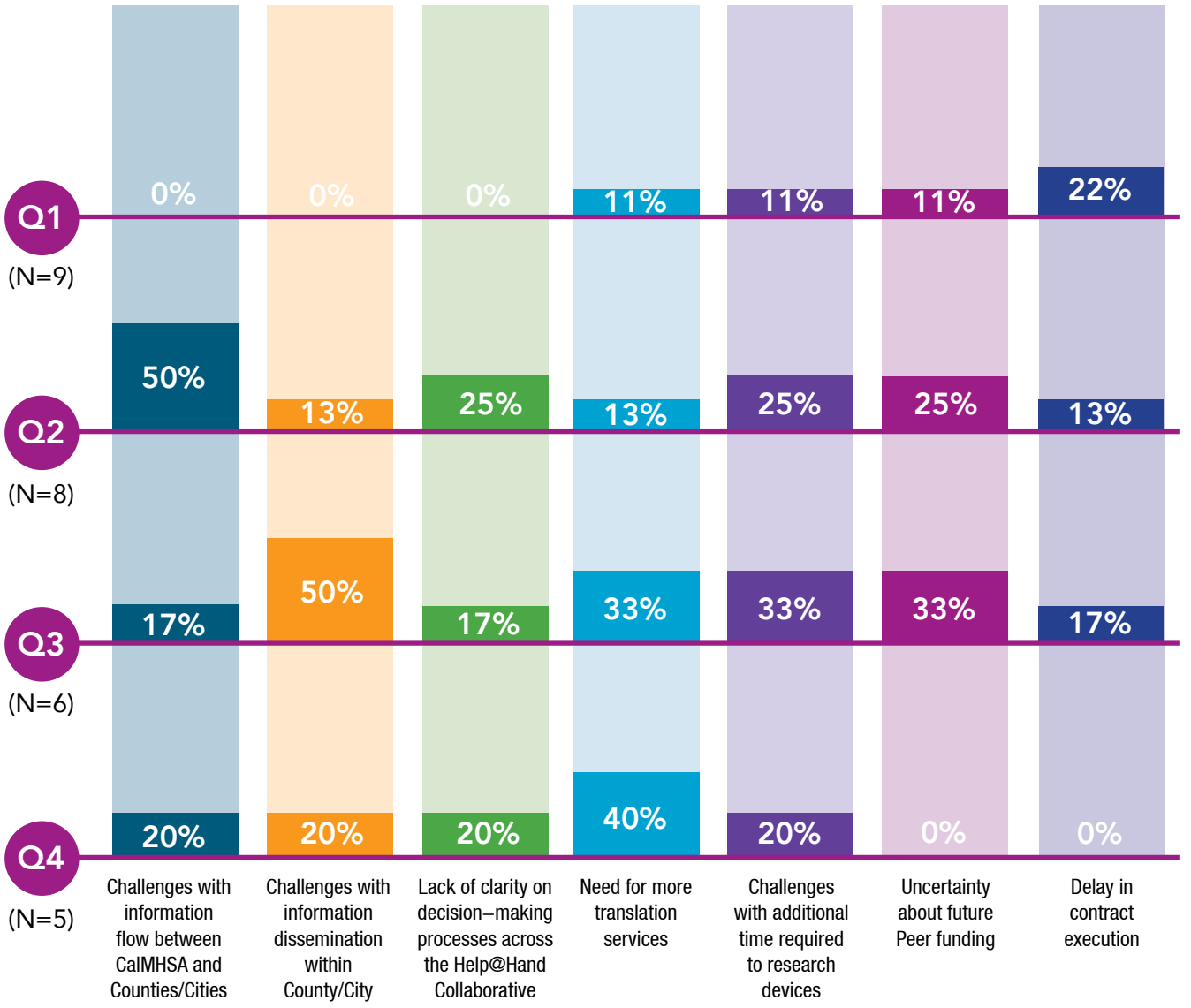
"We have several plates spinning at once … I am now being pulled off in multiple directions." – Peer Lead

Other Challenges

In Year 5, respondents reported ongoing challenges in the quarterly surveys. While starting the year with minimal communication-related challenges, they reported challenges in later quarters related to communication between their County/City and CalMHSA, information dissemination within their own County/City, and decision-making processes across the Collaborative.

Although several Counties/Cities ended their projects by the end of Year 5, respondents continued to report challenges related to requiring further translation services (40% in the Q4 survey) and needing further time to research devices (20% in the Q4 survey).

Figure 2.7. Peers Faced Communication-Related Challenges and Needed Further Translation Services.



"We have 3-4 bilingual paid Spanish peers that we specifically requested … We have the translate button on the website but it does not always work. [Technology] specifically asked us to translate some things. Our county is so densely populated with Spanish[-speakers]." – Peer Lead

"I think now the implementation part is going well, and at the same time I feel like I get excluded from a lot of different conversations that are happening around Help@Hand." – Peer Lead

Suggestions

Findings from the Help@Hand Peer evaluation point to the following suggestions:

- **Have a plan to ensure the Peer workforce is large enough to meet project demands.** Survey data found that several Counties/Cities did not have any Peers working on their Help@Hand project at some point in Year 5. Information from the interviews suggests that budgeting and planning for the Peer workforce, while also revising local hiring guidelines to lower barriers to hiring Peers, may help to provide continuity in the workforce.
- **Provide transparent channels of communication within Counties/Cities.** Based on the surveys, communication within Counties/Cities and with the broader Help@Hand Collaborative re-emerged as a challenge in Year 5. Counties/Cities should ensure that Tech Leads are informed about the content of Peer Lead calls, and supervisors and management teams working with Peers provide clear communication with their Peer workforce.

Learnings from the Peer Evaluation

Consistent with findings from prior years, surveys and interviews about the Help@Hand Peer evaluation found:

- **Peers contributed to a wide range of community-facing activities.** The majority of Counties/Cities involved Peers in community outreach, creating community-facing materials, and delivering digital literacy training for their respective communities. These data suggest that Peers continued to contribute to delivering programmatic products and services for the community.
- **Peers required ongoing training in digital literacy for themselves.** Eighty percent (80%) of respondents to the Quarter 4 survey reported that their Peers received digital literacy training themselves in the prior quarter of Year 5. Informing the Peer workforce of any technology/platform-related updates helped them to provide high-quality technology support for their broader communities.
- **Challenges persisted with hiring and retaining a Peer workforce large enough to meet project demands.** Even as several projects neared their end, small Peer workforces remained an ongoing challenge. Revising local hiring guidelines to lower barriers to hiring Peers, as well as budgeting and planning for the Peer workforce from the beginning of a project, can help maintain a robust workforce.
- **Transparent communication enhanced what Peers brought to projects.** Peers felt undermined or confused when they received insufficient or unclear communication about their local Help@Hand projects. Establishing consistent and clear communication with the Peers strengthened their integration in the project.
- **Involving Peers supported positive changes among colleagues and the broader workplace.** In Year 5, many Peers reported reduced workplace mental health stigma and changes to local hiring practices that made it easier to hire and retain Peers. As several projects neared their end, over half of respondents indicated that their County/City experienced successes related to mental health professionals valuing Peers.

3 PILOT AND IMPLEMENTATION EVALUATIONS

Key Points

- Los Angeles County, Santa Barbara County, and the City of Berkeley's implementation of free subscriptions to Headspace (a meditation app) ended in 2023. This section presents data from the Headspace app and consumer surveys.
- myStrength uses evidence-based support for emotional health. Mono County and Tri-City ended their myStrength implementations in 2023. Tehama County piloted myStrength with their core audiences between November-December 2023. This section reports data from the myStrength app, consumer surveys, and staff surveys.
- Los Angeles County sustained their iPrevail (a platform that provides Peer-chat and other mental health support) implementation after their Help@Hand participation in February 2023. Their SyntraNet (a care management platform) implementation ended in June 2023. This section includes evaluation findings and learnings from the iPrevail and SyntraNet implementations.
- Monterey County also sustained WellScreen Monterey (their screening and referral tool) after their Help@Hand participation ended in December 2023. Evaluation findings from their local evaluator are summarized in this section and the full report is in Appendix I.
- Riverside County continued to implement and improve as well as sought to sustain TakemyHand™ (their Peer support platform) in 2023. Evaluation data from Riverside County is presented in this section. Riverside and San Francisco Counties discontinued planning a TakemyHand™ pilot.
- Riverside County piloted and discussed how to sustain A4i (a platform that supports clients with schizophrenia and the psychosis recovery process) and Recovery Record (an app supporting eating disorder recovery) in 2023. This section reports evaluation data from both pilots conducted by Riverside County and the Help@Hand evaluation team.
- In 2023, Marin, Monterey, Riverside, San Francisco, Santa Barbara, and Tehama Counties as well as Tri-City trained their communities on digital literacy, distributed electronic devices, provided access to devices, and/or installed kiosks. This section includes evaluation results from Marin County's Digital Literacy Grant Program and Riverside County's Appy Hours.
- Santa Barbara County conducted their Mommy Connecting to Wellness program, which integrates mental wellness and technology for mothers with children ages 0-2 years old, between August-September 2023. The County also began to plan a similar program for fathers. Evaluation results from Mommy Connecting to Wellness are in this section.

- Riverside County continued their needs assessment of the Deaf and Hard of Hearing Community and implementation of Whole Person Health Score (an assessment tool that measures an individual's physical health, emotional health, resource utilization, socioeconomics, ownership, and nutrition and lifestyle). In addition, they partnered with La CLAve and Man Therapy on separate mental health awareness campaigns. This section includes reports created by Riverside County and their partners on some of these activities.

OVERVIEW

Table 3.1 presents the activities of Help@Hand Counties/Cities in 2023. This section includes the following:

- Narrative descriptions of efforts this past year by Counties/Cities still participating in Help@Hand by the end of 2023
- Preliminary final reports for Counties/Cities who completed their Help@Hand participation in 2023.[6] The Help@Hand evaluation team wanted to draw attention to the unique and diverse communities served by each County/City, as well as how each County/City sought to implement their respective projects. Additionally these reports are intended to address the following MHSA Innovative Final Report Project Regulations:
  - Brief summary of the priority issue related to mental illness or to an aspect of the mental health service system for which the County/City chose to design and test the Innovative Project
  - Description of any changes that the County/City made during the course of the project and the reasons for and impact of the these changes
  - Whether and how the County/City will continue the Innovative Project
  - Description of how the County/City disseminated the results to stakeholders, and if applicable to other Counties/Cities
- Evaluation findings are described for each of the technologies and activities conducted in 2023 . These reports include details linking specific technologies and activities to Help@Hand's five core learning objectives.

[6] Modoc and Kern Counties completed their Help@Hand projects in 2021. The Help@Hand evaluation team developed and shared their final reports in 2021 and 2022, respectively. Orange County completed their Help@Hand project in 2023. Their final report can be found in Appendix B.

Table 3.1. Help@Hand Pilots and Implementations in 2023.

	PLANNING	IMPLEMENTING	COMPLETED	PAUSED or DISCONTINUED
Pilot		**A4i** (Riverside County) **Recovery Record** (Riverside County)	**myStrength** (Tehama County)	**TakemyHand™** (San Francisco County)
Implementation		**TakemyHand™** (Riverside County)	**Headspace** (City of Berkeley, Los Angeles County, Santa Barbara County) **iPrevail** (Los Angeles County) **myStrength** (Mono County, Tri–City) **SyntraNet** (Los Angeles County) **WellScreen Monterey** (Monterey County)	
Digital Literacy Trainings, Device Distribution/ Access, Kiosk Installation		Monterey County Riverside County San Francisco County Santa Barbara County Tehama County	Marin County Tri–City	
Other	**Dad Connecting to Wellness** (Santa Barbara County)	**Needs Assessment** (Riverside County) **Whole Person Health Score Project** (Riverside County) **Mental Health Awareness Campaigns** (Riverside County)	**Mommy Connecting to Wellness** (Santa Barbara County)	

COUNTY/CITY ACTIVITIES AND MILESTONES

CITY OF BERKELEY

In 2021, the City of Berkeley began offering myStrength and Headspace to anyone who lives, works, or goes to school within the City (including residents, employees, and students). They completed the implementation of myStrength in October 2022 and the implementation of Headspace in September 2023.

myStrength and Headspace Implementation

Implementation Completed

In October 2022, the City of Berkeley posted an update about the conclusion of the **myStrength implementation** on their website. The City also collaborated with myStrength to email those enrolled in the myStrength implementation. The email:

- Notified them that the myStrength implementation ended
- Encouraged them to enroll in the Headspace implementation before it ended in September 2023
- Informed them on how to share their experiences with myStrength in an online focus group conducted by the City of Berkeley's local evaluator

The City of Berkeley also promoted their **Headspace implementation** at City meetings, as well as through emails to community members, local colleges/schools, and providers across the system of care. In early 2023, the City considered extending unused Headspace licenses beyond the implementation's end date of September 2023. Headspace offered to extend all licenses for an additional fee, but the City of Berkeley chose not to allocate additional funds for this extension.

Headspace sent messages to enrollees the day after the implementation ended to inform them that their access had ended and to provide options on how to extend their Headspace membership.

Evaluation

The City of Berkeley worked with Hatchuel, Tabernik, and Associates (HTA) to evaluate their implementations. HTA planned to utilize marketing data, app data, surveys, interviews, and focus groups for the evaluation. They worked with the Help@Hand evaluation team and the app vendors to collect data.

Additionally, the City of Berkeley worked with the Help@Hand evaluation team to assess myStrength and Headspace across Help@Hand Counties/Cities that implemented these technologies. Preliminary evaluation findings can be found on page 135 and 149.

Greetings!

We are reaching out to you because you previously subscribed to the myStrength App through the City of Berkeley's Mental Health Services Act funded Help@Hand Project. We wanted to notify you that access to this App ended October 31, 2022.

Participants seeking a longer service time period are encouraged to consider accessing a free subscription to the Headspace App as an alternative meditation and mindfulness resource. Headspace includes exercises to manage anxiety, encourage stress relief, increase focus, enhance sleep and improve mood. Additional features include meditation reminders, tracking your practice statistics, and inviting a buddy to join and meditate together. Meditations for children are also available. If you choose to sign up, your Headspace subscription will be active until Sept, 30, 2023. To access the link to the Headspace App, please visit the Help@Hand webpage: https//helpathandca.org/berkeley/

If you would like to share your experiences with the myStrength App, we would like to invite you to participate in an online focus group. All focus group participants will receive a $25 gift card for their time. If you are interested, please fill out this brief form from our research partners at Hatchuel Tabernik & Associates, and they will reach out to you with more information. Please click here to learn more! If you have additional questions, email rachel@htaconsulting.com

Above: *City of Berkeley's email to consumers in their myStrength implementation*
Source: *City of Berkeley (2023)*

myStrength Update

The City of Berkeley Help@Hand program for myStrength accepted subscriptions for a large number of Berkeley users. Access for current subscription holders will end October 31, 2022. Participants seeking a longer service time period are encouraged to consider using Headspace as an alternative meditation and mindfulness resource.

Above: *myStrength update on the City of Berkeley's Help@Hand website*
Source: *Help@Hand- Connecting People with Care. (2018). Berkeley Mental Health. Retrieved from https://helpathandca.org/%20berkeley/*

Future Directions

The City of Berkeley will work with CalMHSA to close out their Help@Hand program. HTA will also share their evaluation report with the City of Berkeley.

RIVERSIDE COUNTY

In 2023, Riverside University Health Systems – Behavioral Health (RUHS-BH) worked on the following efforts and sought to sustain them after their Help@Hand participation ended in February 2024:

- TakemyHand™ implementation
- A4i pilot
- Recovery Record pilot
- Kiosk installations
- Deaf and Hard of Hearing needs assessment survey
- Whole Person Health Score
- Mental health awareness initiatives with La CLAve and Man Therapy

Maria Martha Moreno, RUHS-BH Help@Hand Tech Lead, received the 2023 RUHS Portfolio Award for Innovation from the County's Employee Recognition Program and the 2023 Countywide Award for Innovation.

Maria Moreno: A Trailblazer in Innovation, Wins Countywide Recognition!

Maria Moreno, celebrated for her exceptional work in the Innovation category, has not only secured the 2023 RUHS Portfolio award but has also won the Countywide recognition award.

Maria's groundbreaking work captured the attention of the 2023 Employee Recognition Program Committee, which nominated her for the prestigious Countywide award in the Innovation category. The anticipation built as her name was put forward for recognition at an upcoming Board of Supervisors meeting. And the result? She won!

Maria Moreno is not just an employee; she is a true innovator, reshaping the landscape of behavioral health accessibility in Riverside County. Her dedication and visionary contributions have not only set her apart but have also earned her the highest recognition.

Join us in congratulating Maria!

Above: *Maria Moreno's 2023 County of Riverside Employee Recognition Award. Category: Innovation*
Source: *Riverside University Health System - Behavioral Health (2023)*

TakemyHand™ Implementation

Implementation Underway

The RUHS-BH team continued to implement and improve TakemyHand™ in 2023.

Expansion of TakemyHand™

TakemyHand™ Peer Support Operators were integrated throughout RUHS-BH departments. In November 2023, RUHS-BH submitted a proposal to the County's Deputy Director of Quality Management to expand their impact and include local community colleges to enhance support for consumers and the community. RUHS-BH anticipates receiving a status update in 2024.

TomamiMano™

In early 2023, RUHS-BH launched TomamiMano™, the Spanish-language version of the TakemyHand™ website. Consumers could access TomamiMano™ by visiting https://tomamimano.co. They could also visit https://www.takemyhand.co and click the "Español" tab.

Above: *The English-language and Spanish-language versions of the TakemyHand™ website*
Source: *https://takemyhand.co. Riverside University Health System - Behavioral Health (2023)*

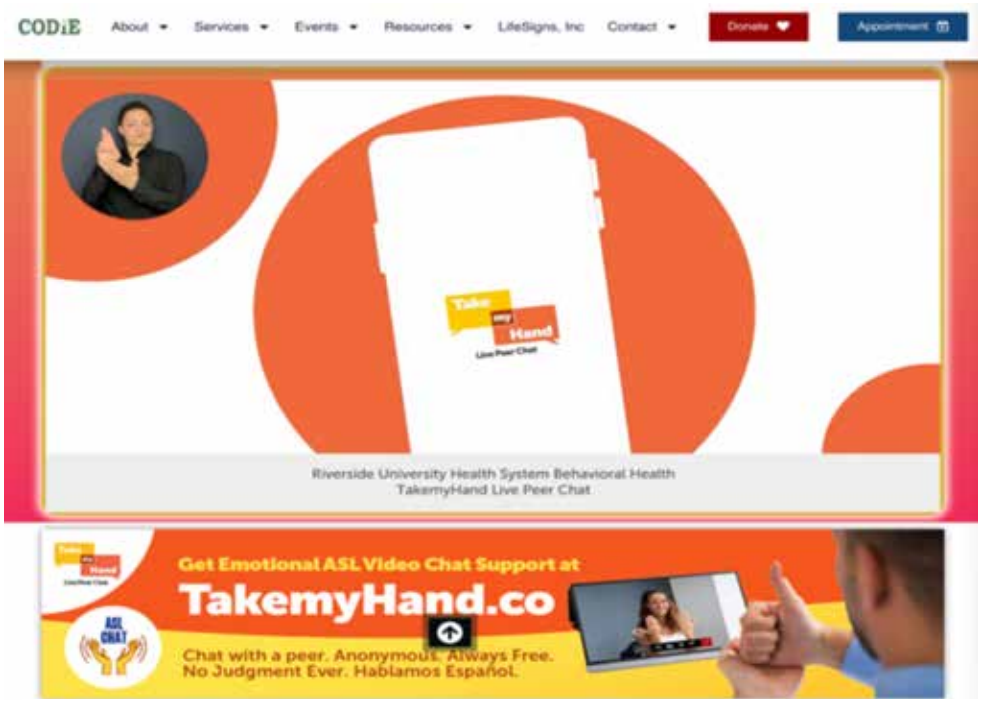
RUHS-BH worked with La CLAve, an organization that seeks to initiate discussions on serious mental illness (SMI) in the Latino community, to enhance TomaMiMano™. La CLAve had existing tailored learning materials for the Latino community focused on identifying the signs of SMI and seeking early treatment. In August 2023, RUHS-BH worked with La CLAve to integrate these learning materials into TomaMiMano™.

Side: *Infographic on La CLAve integration within the TakemyHand™ mobile app*
Source: *Riverside University Health System - Behavioral Health (2023)*

American Sign Language (ASL) Platform

RUHS-BH collaborated with the Center on Deafness Inland Empire (CODIE)[7] in 2023 to create an American Sign Language (ASL) video chat feature on TakemyHand ™ for the Deaf and Hard of Hearing (DHoH) community.

In August 2023, the RUHS-BH Help@Hand Senior Peer Support Specialist trained and onboarded a volunteer CODIE staff member and a DHoH community member as ASL TakemyHand™ Peer Support Operators. In October 2023, RUHS-BH began contract negotiations to pay the trained DHoH community member. Although there were contract challenges, RUHS-BH launched the ASL TakemyHand™ video chat pilot in December 2023.



Above: *Marketing for the TakemyHand™ ASL video chat platform on CODIE's website*
Source: *Center on Deafness Inland Empire (2023). Retrieved https://codie.org.*

TakemyHand™ Terms of Service Videos

In February 2022, RUHS-BH created a video explaining the terms of service for TakemyHand™ to consumers. The RUHS-BH Peer team reviewed and approved the English-language terms of services video script, and Dreamsyte, a website management company, produced the video. RUHS-BH made the English-language video publicly available in March 2023, the Spanish-language video in May 2023, and the ASL video in June 2023. To watch the videos, please visit: https://www.takemyhand.co.

TakemyHand™ App

RUHS-BH continued to work on developing the TakemyHand™ app. In early 2023, RUHS-BH applied to add the TakemyHand™ app to the Apple Store. After approval by Apple, the English-language TakemyHand™ app became available to Apple iPhone users in June 2023.

In late 2023, RUHS-BH applied to add the TakemyHand™ app to the Google Play Store. The TakemyHand™ app is expected to become available to Android users through the Google Play store in early 2024.

[7] To learn more about CODIE, please visit: https://codie.org.

Marketing

In May 2023, RUHS-BH trademarked TakemyHand™ through the United States Patent and Trademark Office. RUHS-BH updated the language on their flyers, brochures, presentations, and other collateral after the trademarking of TakemyHand™.

In addition, RUHS-BH continued their marketing of TakemyHand™ in the following ways:

- **Social Media:** RUHS-BH continued working with Dreamsyte to produce social media content for TakemyHand™ in English and Spanish on Facebook and Instagram. They tailored social media graphics to align with calendar events, including holidays, to boost engagement.
- **Social Media Marketing:** RUHS-BH worked with Dreamsyte to use Google ads to connect consumers searching for Peer support and behavioral health resources. These ads contributed to a notable increase in impressions and traffic on the TakemyHand™ website. In June 2023, Dreamsyte expanded its social media marketing with Snapchat ads. The Google ads campaign included a special campaign to reach the Deaf and Hard of Hearing community.
- **Billboards:** RUHS-BH approved the expansion of billboards throughout Riverside County. Some billboards included the promotion of TakemyHand ™ ASL video chat.
- **Other Marketing Efforts:** RUHS-BH promoted TakemyHand™ across Riverside County through radio ads, bus shelter ads, and bus wraps in English and Spanish. They also included the ASL symbol on advertisements.

Community Outreach

RUHS-BH participated in a variety of community events to promote TakemyHand™ and their other Help@Hand efforts. These events included but are not limited to:

- National Innovative Communities Conference
- Safety and Wellness Health Fair at Scotts Turf Company
- Temporary Assistance for Needy Families (TANF) Native Community: Morongo
- Rural Zip Code Outreach: Perris
- Child Support Backpack event: Riverside, Community Members
- Outreach: Rural zip code outreach Banning/Beaumont, Idyllwild
- Movies Under the Stars: Nuevo
- Inland Empire Disabilities Expo: Riverside County
- Student Health Resource Fair Riverside City College
- Learn4Life Back to School
- Moreno Valley College-Suicide Prevention Month
- Annual Mead Valley/Good Hope Town Hall
- Riverside's Inland Empire Pride
- Deaf Festival: Riverside

RUHS-BH distributed TakemyHand™-branded items (e.g., t-shirts, folders, stickers, business cards) at community outreach events. They also distributed branded t-shirts and stigma reduction backpacks at "Learn & Earn" digital literacy group sessions described on page 64. In addition, RUHS-BH tailored flyers, infographics, and swag for the DHoH community and developed infographics tailored for youth and diverse communities.

Above: *TakemyHand™ flyers created for college students and diverse populations*
Source: *Riverside University Health System - Behavioral Health (2023)*

Evaluation

RUHS-BH evaluated TakemyHand™ and found evidence of its benefits for Riverside County residents and beyond. Excerpts from the latest 2023 Impact Report are on page 207.

Future Directions

RUHS-BH strategized ways to sustain and provide seamless access to TakemyHand™ after their participation in Help@Hand ends. Sustainability planning included determining sources of continued funding and how resources can fit into existing systems of care.

A4i Pilot

Pilot Underway

RUHS-BH launched their A4i pilot in 2022 with three Full-Service Partnership (FSP) consumer populations: Transitional age youth (TAY), adults, and older adults. Throughout 2023, RUHS-BH continued efforts to grow participation, and by the end of 2023, the pilot included 102 consumers and 50 care team members from 12 County clinics.

Provider Recruitment and Consumer Referrals

During 2023, the RUHS-BH team presented at Riverside County meetings to recruit clinical care team members (e.g., clinical therapists, behavioral health professionals, and Peer Support Specialists) from participating clinics into the A4i pilot. Clinic care team members referred eligible consumers to the pilot and helped them use the A4i platform.

Clinicians from RUHS-BH were assigned Peer Resource Center consumers in the A4i pilot and supported pilot participants by monitoring their cases and providing comprehensive case management.

Above: *RUHS-BH Help@Hand Peer Support Specialist preparing for an A4i 6-month pilot graduation ceremony*
Source: *Riverside University Health System - Behavioral Health (2023)*

Participant Enrollment and Graduation

Upon enrollment, participants received an A4i welcome intake kit. The RUHS-BH Help@ Hand Peer Team distributed assessment surveys, scheduled appointments, and provided incentives of $250 (e.g., $50 for each onboarding and interview appointment) throughout the pilot. Participants were invited to a graduation ceremony after completing the pilot.

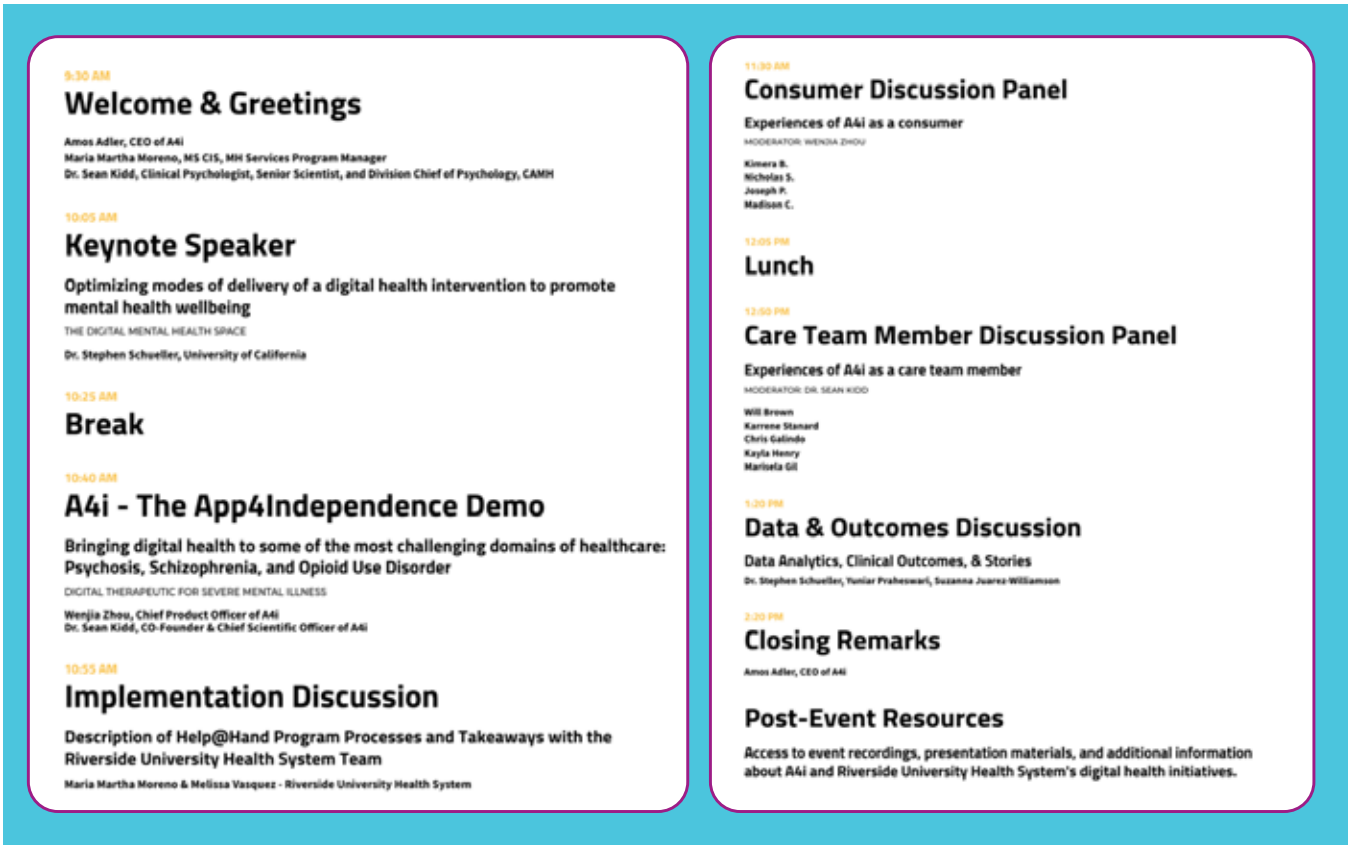
Side: *Photo of cake from an A4i graduation celebration*
Source: *Riverside University Health System - Behavioral Health (2023)*

Device Distribution

Participants could download A4i onto personal devices or receive a County-provided Android phone with A4i and other vetted wellness apps preloaded. RUHS-BH contracted with Verizon, G|M Business Interiors, and Jaguar Computer Systems to purchase, configure, and distribute devices.

HEARTS A4i Showcase

In November 2023, RUHS-BH and A4i co-hosted the "Health Empowered by A4i Riverside's Transformative Showcase (HEARTS)". The HEARTS event was held in-person, streamed, and recorded.[8] The showcase shared information about the A4i pilot, lessons learned, and consumer testimonials with community members, healthcare professionals, and others interested in digital health innovations.



Above: *HEARTS A4i Showcase agenda*
Source: *Riverside University Health System - Behavioral Health. (2023). Retrieved from https://hearts.a4i.me.*

Evaluation

RUHS-BH led the A4i consumer evaluation, and the Help@Hand evaluation team led the A4i provider evaluation. Evaluation findings are on page 184.

Future Directions

RUHS-BH will determine funding for ongoing A4i efforts after February 2024.

[8] The HEARTS recording is located at: https://vimeo.com/showcase/10798859.

Recovery Record Pilot

Pilot Underway

In 2023, RUHS-BH began its Recovery Record pilot to support consumers in their Eating Disorder (ED) Program.

Provider and Consumer Enrollment

RUHS-BH worked with the ED Program Administrator to identify and enroll ED Champions (e.g., providers specialized in supporting eating disorder consumers). The team used emails, flyers, announcements and presentations at County meetings to inform and receive buy-in from identified ED Champions. Efforts reached over 280 staff members, including RUHS-BH department-wide staff members, two contracted community centers, and provider clinic sites from three geographic regions of interest for RUHS-BH (Western, Mid-County and Desert).

RUHS-BH developed an "RUHS-BH Welcome Packet" for newly onboarded ED Champions. The packet included a flyer about the pilot, an infographic explaining pilot process steps, survey instruments, and instructions for retrieving participant e-gift card incentives. RUHS-BH also created and distributed periodic newsletters with updates and tips for utilizing the app in sessions.

Above: *Flyer (left), infographic (center), and newsletter (right) included in the RUHS-BH Welcome Packet*
Source: *Riverside University Health System - Behavioral Health (2023)*

As of December 2023, a total of 58 ED Champions and 26 consumers were enrolled and onboarded in the pilot. Of the 58 ED Champions, 16 actively used Recovery Record with their consumers by the end of 2023. Although all consumers could have received phones with pre-loaded wellness apps and digital resources, most chose to use their own devices.

Collaboration with Sacramento County's Behavioral Health Team

In February 2023, RUHS-BH met with Sacramento County's Behavioral Health Team to share their clinical experiences in the ED field and how to improve treatment for eating disorders. During the meeting, RUHS-BH also shared how their Recovery Record pilot helped consumers' treatment and recovery journey.

Above: *RUHS-BH discussed best practices with Sacramento County's Behavioral Health Team in February 2023*
Source: *Riverside University Health System - Behavioral Health (2023)*

Evaluation

Similar to the A4i pilot, the Recovery Record pilot had a consumer evaluation led by RUHS-BH and a provider evaluation led by the Help@Hand evaluation team. Evaluation findings are on page 198. **Appendix C** includes the impact report.

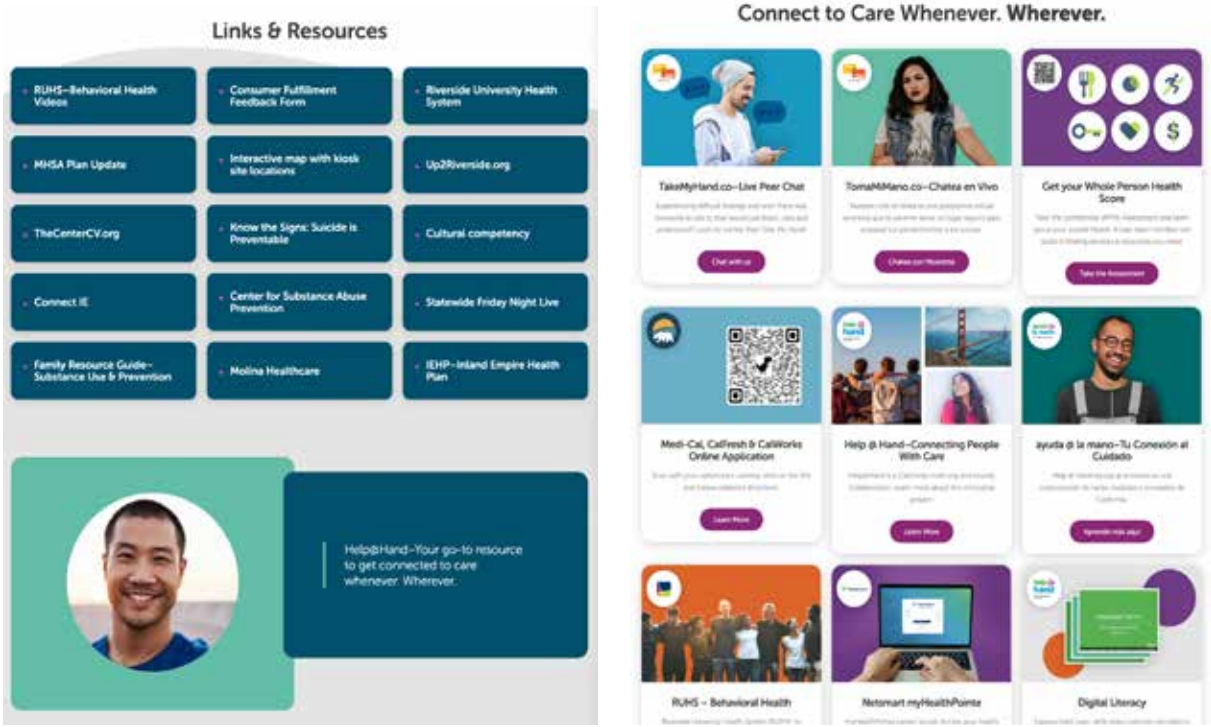
Future Directions

The Recovery Record pilot is expected to end in February 2024. RUHS-BH will continue to discuss how to fund and sustain Recovery Record efforts beyond February 2024 with Riverside County leadership.

Kiosk Installations

Kiosk Deployment

Since 2021, RUHS-BH contracted with two technology vendors, Jaguar and G|M Business Interiors, to install kiosks in two phases across various Riverside County departments and partner locations. The kiosks educate individuals on mental illness symptoms and reduce stigma by promoting mental wellness. They also connect consumers with wellness tools, digital resources, and RUHS-BH services.



Above: *Examples of links and resources offered on RUHS-BH kiosks*
Source: *Riverside University Health System - Behavioral Health. (2023). Retrieved from https://www.riversidehelpathand.org.*

Kiosk Locations

Phase I occurred between 2021-2022. This phase included the installation of 32 iPad Pro kiosks and 8 large 55" kiosks in public behavioral health outpatient clinic facilities throughout three RUHS-BH geographic regions: Desert, Mid-County, and Western.

Phase II occurred between 2022-2023. In 2022, RUHS-BH installed six iPad Pro units and two 55" kiosks at additional behavioral health clinic sites and telecare urgent care facilities. In 2023, RUHS-BH installed 27 kiosks at new sites such as the Peer Support Resource Centers in Temecula, Indio and Riverside and one kiosk was installed to replace a vandalized unit. This expansion also involved installing two iPad Pro size kiosks at Jurupa Valley Health Clinic to support RivCoONE, a countywide initiative to integrate multiple services in Riverside County.

Overall, in Phase I and Phase II, RUHS-BH deployed 77 kiosks: 62 iPad Pro size and 15, 55" Peerless Kiosks. Additionally, RUHS-BH purchased 10 iPad Pro size kiosks bolted on tabletops to fulfill requests from other community organizations such as DAP Health and Desert Comprehensive Treatment Centers.

An interactive map showing the locations of the kiosks can be accessed at: https://arcg.is/bmLmv.

Kiosk Expansion

In June 2023, RUHS-BH began discussions about introducing kiosks at five Riverside County prison sites. The kiosks would serve as a resource for inmates and facilitate their enrollment in behavioral health services before release. This strategic endeavor aligns with the broader California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Initiative that supports individuals in transitioning from incarceration to community reintegration.

Charging Stations

In 2022, RUHS-BH designed and installed device charging stations to prevent consumers from unplugging kiosks to charge their personal devices. Charging stations were branded with the TakemyHand™ and included a QR code to download the TakemyHand™ app.

In 2023, RUHS-BH installed new charging stations with dual branding; TakemyHand and La CLAve. The new branding included QR codes to download the TakemyHand™ app.

Future Directions

RUHS-BH will continue to maintain kiosks that have been installed at County sites. They will work with Jaguar to transition kiosk IT support to the RUHS IT team by the end of February 2024. Kiosks that were installed in community organizations will be maintained by the organization itself.

In addition, RUHS-BH received approval from County leadership to install additional kiosks at several community college locations, including Riverside Community College (5 kiosks), Norco Campus (1 kiosk), and La Sierra University Riverside Campus (5 kiosks). As a result of delays in approvals, RUHS-BH completed the placement of only two kiosks in the following community college locations: Riverside City College and Moreno Valley College.

Digital Literacy Support

Digital Literacy Support

In the first quarter of 2023, RUHS-BH executed a contract with Painted Brain to conduct train-the-trainer workshops and Appy Hours with County staff and consumers. RUHS-BH also launched "Learn and Earn" digital literacy events..

Train-the-Trainer Workshops

In April and May 2023, Painted Brain led six virtual workshops with 45 staff members in the Desert, Western, and Mid-County regions of the County. The workshops trained staff on digital literacy topics (e.g., online safety and privacy, anti-phishing, and anti-scamming) and prepared them to train others. RUHS-BH analyzed the participants' satisfaction survey. Results can be found in the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report.

Appy Hours

Between August-October 2023, RUHS-BH partnered with Painted Brain to host 39 Appy Hour events on internet safety and technical support. A total of 447 individuals aged 16+ years attended across the Western, Mid-County, and Desert regions.

Workshops	Number of Workshops	Number of Attendees
Internet Safety	15	178
Technical Assistance for Specific Wellness Apps	24	269
TOTAL	**39**	**447**

RUHS-BH evaluated the Appy Hours. **Appendix D** presents their evaluation report.

Learn and Earn Program

In December 2023, RUHS-BH launched the "Learn and Earn" program. The program provides digital literacy training and promotes the Whole Person Health Score assessment survey and myHealthPointe2.0, a consumer electronic health record portal. "Learn and Earn" participants received an electronic gift card and RUHS-BH Help@Hand branded "Reduce Stigma" backpack with swag from the various innovation initiatives. RUHS-BH conducted 9 "Learn and Earn" digital literacy workshops in December 2023.

Future Directions

RUHS-BH will explore funding options for supporting continued Learn and Earn digital literacy workshops beyond February 2024.

Mental Health Awareness Initiatives

In 2023, RUHS-BH partnered with La CLAve and Man Therapy to increase mental health awareness and provide robust community wellness support.

La CLAve

In February 2023, RUHS-BH contracted with La CLAve. The partnership resulted from A4i pilot participants' requests for Spanish-language schizophrenia support. The timeline below details the partnership.

Above: *RUHS-BH and La CLAve Collaboration timeline*
Source: *Riverside University Health System - Behavioral Health (2023)*

Launch Events and Facilitator Trainings

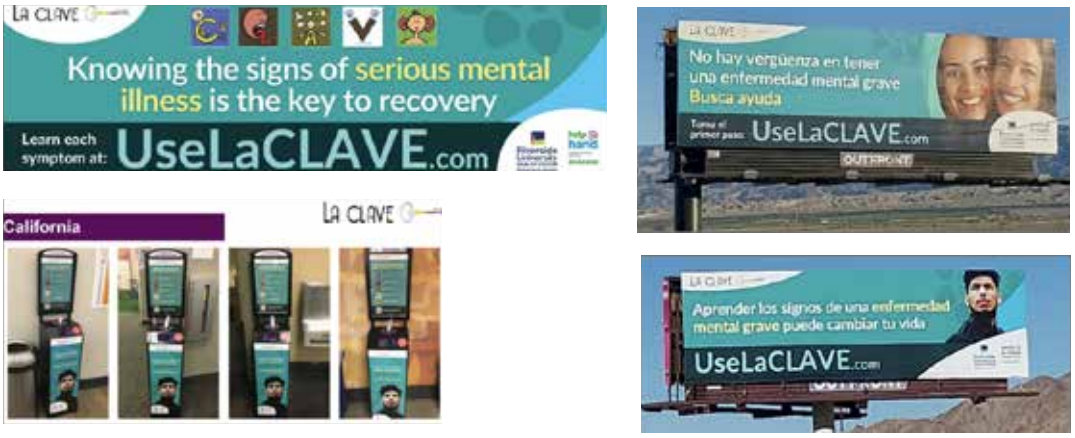
RUHS-BH and La CLAve hosted an in-person kickoff meeting in early 2023. In May 2023, they organized a hybrid in-person/online event presenting information about La CLAve and its resources. The event also gathered feedback to refine future marketing strategies. A total of 87 community members, representatives from organizations, mental health professionals, and County staff attended.

La CLAve also conducted four in-person and one hybrid facilitator trainings between June-August 2023 for promotores, community organizations, and direct service staff employed by the County. There were 33 participants in the five La CLAve facilitator training sessions. Training participants completed a post survey to evaluate their satisfaction with training, trainers, and overall learnings on La CLAve content. Riverside's Evaluation Unit is currently creating the post-survey outcome report.

Marketing

La CLAve distributed branded materials to RUHS clinics and community organizations in June 2023. RUHS-BH charging stations and hygiene stations also included La CLAve branding, and RUHS-BH kiosks included La CLAve content for individuals to access.

In November 2023, RUHS-BH installed billboards across the County to promote how to identify the signs of serious mental illness among the Latino community and encourage people to seek support. In December 2023, RUHS-BH launched Google Ads to connect those searching on Google on topics related to Latino mental health to La CLAve.



Above: *La CLAve billboards and branding on RUHS-BH stations*
Source: *La CLAve Collaboration Report. Riverside University Health System - Behavioral Health (2023)*

TomaMiMano™and La CLAve Univisión/NBC TV Campaign

RUHS-BH integrated existing La CLAve learning materials in TomaMiMano™ in August 2023 as mentioned on page 54. Univisión Despierta Palm Springs interviewed La CLAve's Project Director, Dr. Steven Lopez, and RUHS-BH Help@Hand Tech Lead, Maria Martha Moreno, to discuss La CLAve and its integration with TomamiMano™.

In December 2023, Univisión en Español and NBC Palm Springs aired an interviewed which promoted La CLAve in the Desert region and provided education to reduce mental health stigma among Spanish-speaking residents.

In addition, Marisela Gil, a RUHS-BH Help@Hand Medi-Cal Certified Peer Support Specialist, participated in a 30-second commercial about La CLAve. The commercial began airing in December 2023 on UNIVISION, NBC, MYTV, UNIMAS, TikTok, YouTube, CTV/OTT, Geo-Video Pre-Roll, LaSuavecita 94.7, and FUEGO 10.5.

La CLAve Collaboration Evaluation

Appendix E presents the La CLAve Collaboration Report created by the RUHS-BH Help@Hand Tech Lead, in collaboration with the La CLAve team.

Key findings from the report include increases in total site visitors and visits.

Data created and shared by RUHS-BH and La CLAve.

Data created and shared by RUHS-BH and La CLAve.

Future Directions

RUHS-BH will discuss with County leadership how to continue funding La CLAve efforts beyond February 2024.

SPOTLIGHT

Empowering Latinos: The Impact of La CLAve on Mental Health Awareness and Support

Author: Kristy Palomares, Help@Hand Evaluation, University of California Irvine

LA CLAVE

Riverside University Health System - Behavioral Health (RUHS-BH) collaborated with La CLAve, an initiative to help Latino community members identify symptoms of severe mental illness (SMI) in their loved ones and help them seek early treatment. People living with SMI often delay seeking professional help, sometimes for years. Difficulty recognizing the onset of SMI by family members, friends, clergy, and healthcare professionals contributes to this delay.

The main goals of La CLAve, which is Spanish for "The Clue," are to initiate conversations about SMI within Latino communities and reduce treatment delays by using an acronym to educate people about common symptoms. Each letter of "CLAve" corresponds to a symptom of SMI:

C stands for "Creencias falsas" in Spanish, which translates to "False beliefs or delusions."

L stands for "Lenguaje desorganizado" in Spanish, which translates to "Disorganized speech."

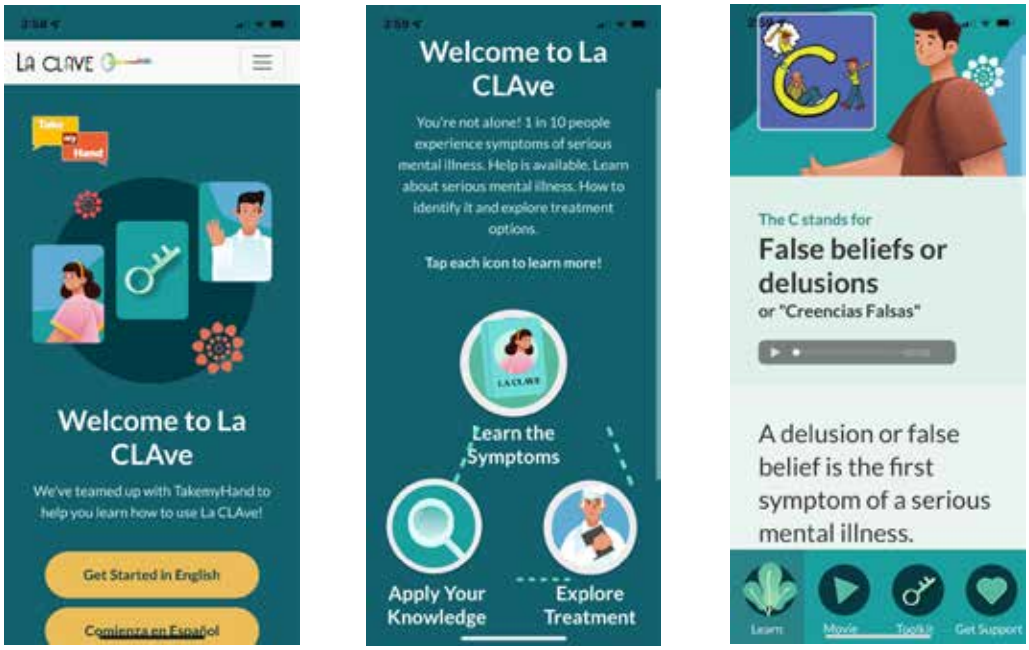
A stands for "Alucinaciones" in Spanish, which translates to "Hallucinations."

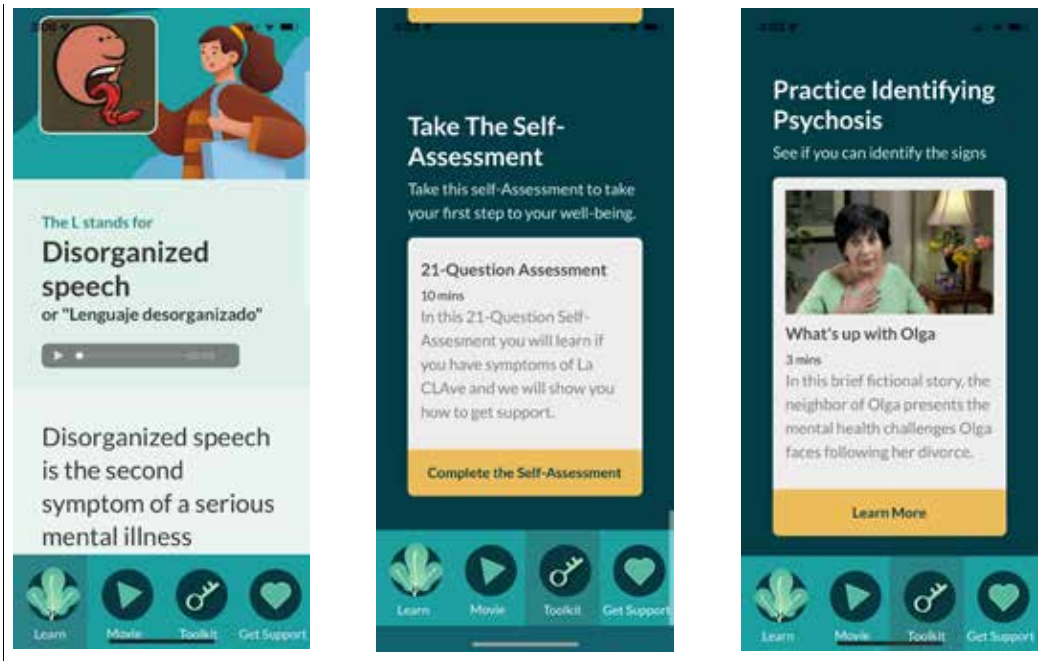
V stands for "Ver cosas que otros no ven" in Spanish, which translates to "Seeing things that others do not see."

e stands for "Escuchar sonidos o voces que otros no escuchan" in Spanish, which translates to "Hearing sounds or voices that others do not hear."

Since February 2023, RUHS-BH has collaborated with the La CLAve team to continue providing residents of Riverside County with robust and culturally-competent mental health support services. La CLAve content has been integrated into the TakemyHand™ app.

Above: *La CLAve and TakemyHand™ advertisement on the La CLAve homepage*
Source: *La CLAve. (2023). Retrieved from https://uselaclave.com/language/en/la-clave/.*





Above: *Screenshots of La CLAve's integration into the TakemyHand™ app*
Source: *Riverside University Health System - Behavioral Health. (2023). Retrieved from https://apps.apple.com/us/app/takemyhand-live-peer-chat/id1575814476.*

Salvador's Experience with La CLAve

Kristy Palomares, a Research Specialist with the Help@Hand Evaluation team interviewed Salvador Escobar, a Riverside County resident who has accessed RUHS-BH services and participated in the Help@Hand A4i pilot project, to discuss his thoughts about La CLAve.

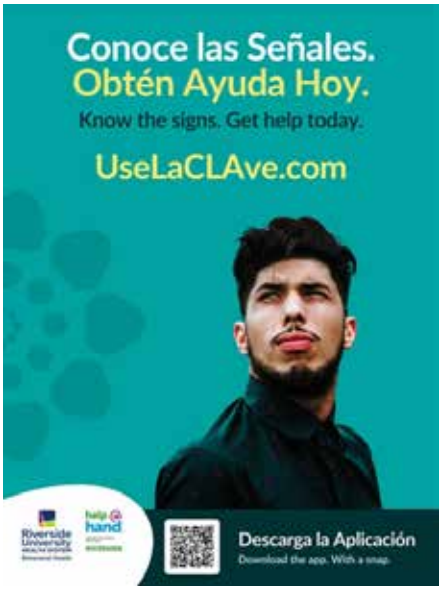
Above: *Photograph of Salvador Escobar*
Source: *Taken by Kristy Palomares at the RUHS-BH Rustin Conference Center (2024)*

Salvador, a 62-year-old native of Mexico City who was raised in Michoacán, Mexico, shared that he found great potential in La CLAve and believed it could significantly benefit Latinos. Salvador recounted personally facing challenges with family members who did not acknowledge depression as a genuine issue a few years ago. He acknowledged that his experience was an unfortunate, but common, experience among Latinos who seek support from family for mental health challenges. As a result, Salvador was admitted to a psychiatric hospital because of depression and thoughts of suicide. Over time, some of his family members came to understand the impact of depression on his life and became supportive of his personal wellness journey. Starting at the RUHS-BH Blayne Clinic, Salvador began therapy, and since then has also participated in the Help@Hand project.

He learned about La CLAve during one of the Help@Hand sessions and noted that he believes La CLAve should be promoted in hospitals and clinics for broader community-level awareness of the symptoms of SMI. Salvador emphasized the importance of breaking the generational cycle of mental health stigma in the Latino community, drawing from his own upbringing where expressions of vulnerability, especially among men, were discouraged. He raised his sons differently, encouraging them to acknowledge their emotions and seek help when needed. Salvador sees La CLAve as a valuable resource for Latinos to learn about mental health symptoms, seek support, and manage mental health challenges.

Above: *A film still taken from the La CLAve promotional film, referenced by Salvador. The password "clave" is required to view the video*
Source: *La CLAve. (2023). Retrieved from https://vimeo.com/142943820*

Salvador's Plan to Utilize La CLAve



Above: *Promotional flyer created by RUHS-BH and La CLAve*
Source: *Riverside University Health System – Behavioral Health (2023)*

Salvador views La CLAve as another tool in his mental health support toolkit. He carries resources like the 24/7 crisis support number and other RUHS-BH materials in his wallet, ready to assist anyone in need. He commended the RUHS-BH team for their commitment to the community and believed La CLAve could change and save lives among Latinos. Inspired by a video shown during La CLAve sessions, where a family learned to support a loved one in crisis, Salvador aims to empower others to seek help. He has invited people to utilize Toma mi Mano (the Spanish-language version of the TakemyHand™ app) which has integrated La CLAve content, as well as other RUHS-BH services. He also encourages them to access professional treatment if necessary, emphasizing that La CLAve and RUHS-BH offer support in Spanish.

To explore La CLAve further, visit https://uselaclave.com and refer to the section dedicated to La CLAve within this report on page 65. For the full La CLAve Evaluation Report provided by RUHS-BH, please see Appendix E.

Man Therapy

In early 2023, RUHS-BH partnered with Man Therapy, a digital platform and campaign aimed at reducing mental health stigma, promoting health-seeking behaviors, and supporting suicide prevention efforts for working-aged men.

Digital Platform

In January 2023, RUHS-BH added resources to the Man Therapy website (ManTherapy.org), including TakemyHand™ Live Peer Chat, Inland SoCal Crisis and Suicide Hotline, CARES Line, Crisis Line, and three website links directing users to local regional resources. The Man Therapy RUHS-BH website received 2,085,005 impressions (e.g., the number of times an ad is shown) and 8,610 total users between January-December 2023.

Marketing and Awareness Campaign

RUHS-BH helped promote Man Therapy and encouraged completion of "Head Inspection" wellness assessments among working-age men throughout Riverside County. The marketing campaign included:

- **Paid social media, meta social, and radio ads** launched January-March 2023
- **Google AdWords** launched January 2023 and upgraded in October 2023
- **Billboards** installed at three locations in March 2023 and upgraded in October 2023
- **Sunline bus ads** installed in April 2023
- **Marketing materials** such as posters, wallet cards, coasters, stickers, and t-shirts

Above: *Man Therapy billboards in Riverside County*
Source: *Man Therapy 2023 Impact Report. Riverside University Health System - Behavioral Health (2023)*

Given RUHS-BH's interest in making the campaign available to Spanish-speaking, working-aged men in Riverside County, Man Therapy also translated its website into Spanish and reviewed their most popular ads for cultural suitability in June 2023.

Community Outreach

In early 2023, RUHS-BH conducted presentations introducing Man Therapy at various meetings, including the Desert Leadership Team Meeting, Adult System of Care Meeting, Behavioral Health Veterans Committee Meeting, Help@Hand Collaboration meeting, Quality Improvement Committee, Suicide Prevention Committee, Riverside County Behavioral Health Commission, and Partners Against Crime. In June 2023, the RUHS-BH Help@Hand team also showcased Man Therapy at the National Innovative Communities Conference.

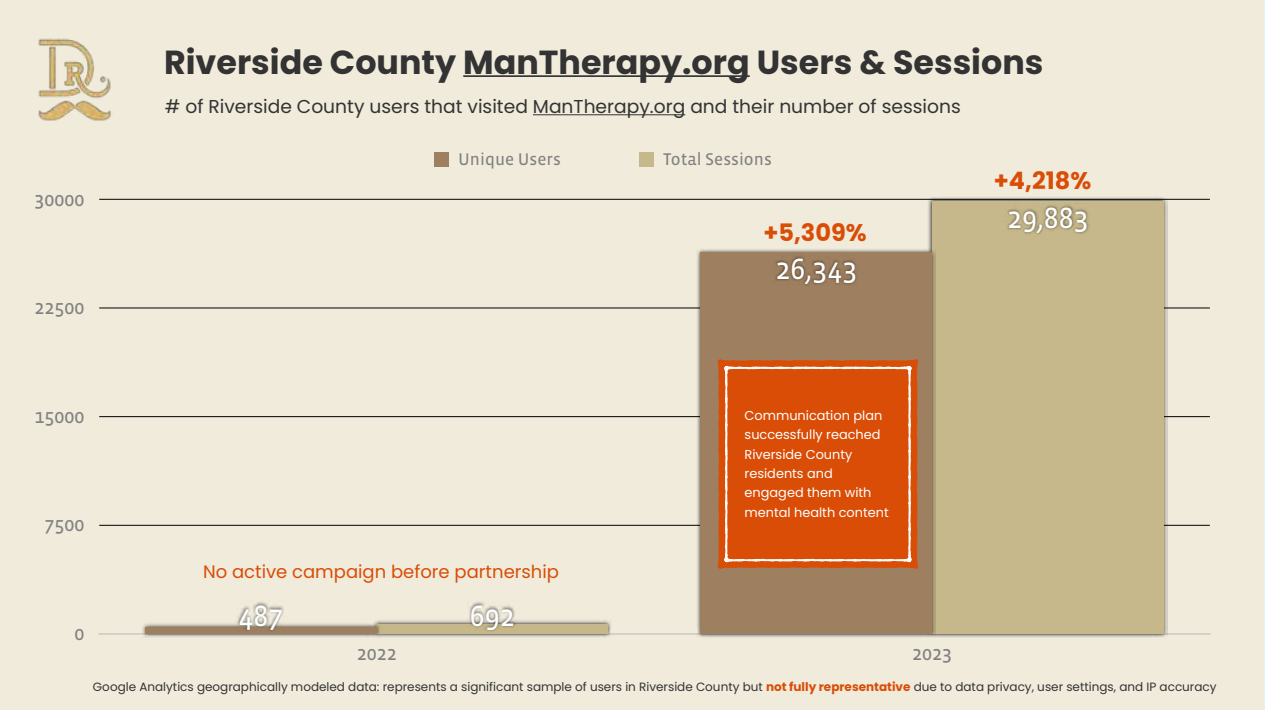
Man Therapy collaborated with RUHS-BH to train three Peer Support Specialists as Man Therapy Ambassadors. Ambassadors were knowledgeable on Man Therapy and trained staff and community members.

Man Therapy Collaboration Evaluation

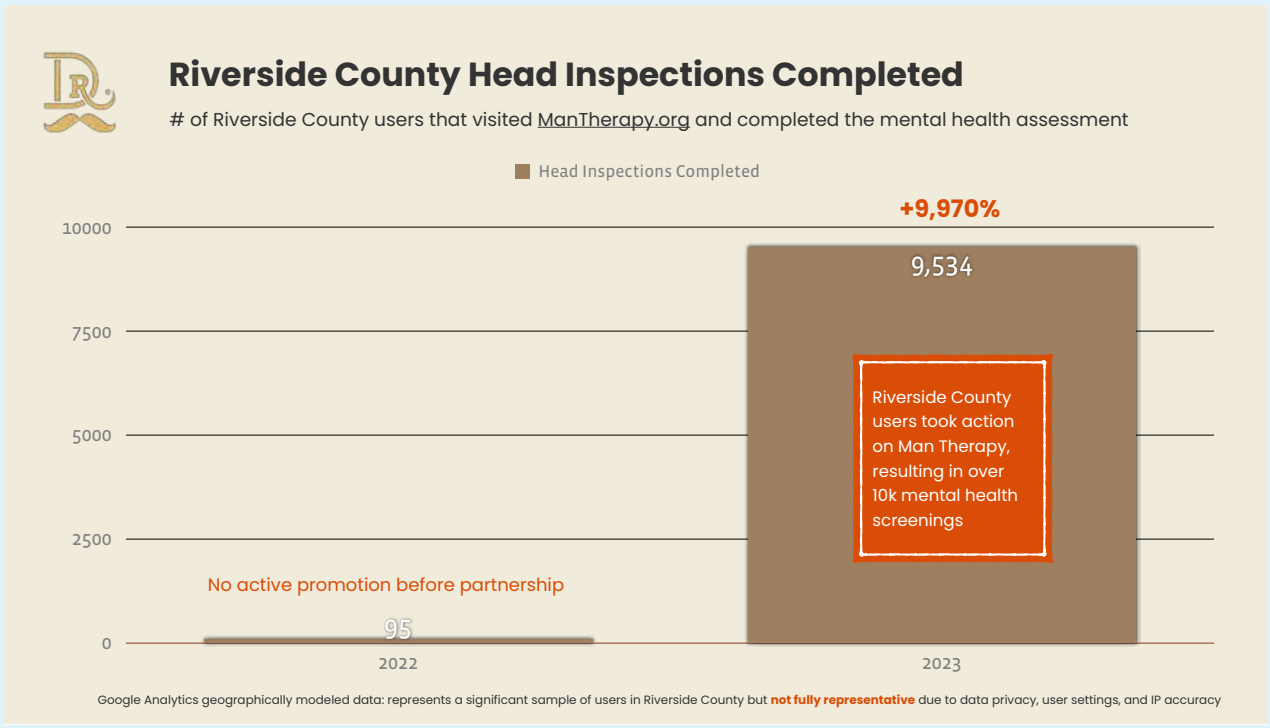
Appendix F presents the Man Therapy 2023 Impact Report, created by Man Therapy.

Key findings from the report include increases in unique users and total sessions on ManTherapy.org. They also include increases in completed Head Inspections and Head Inspection completion per user.

Riverside County



Data created and shared by RUHS-BH and Man Therapy.



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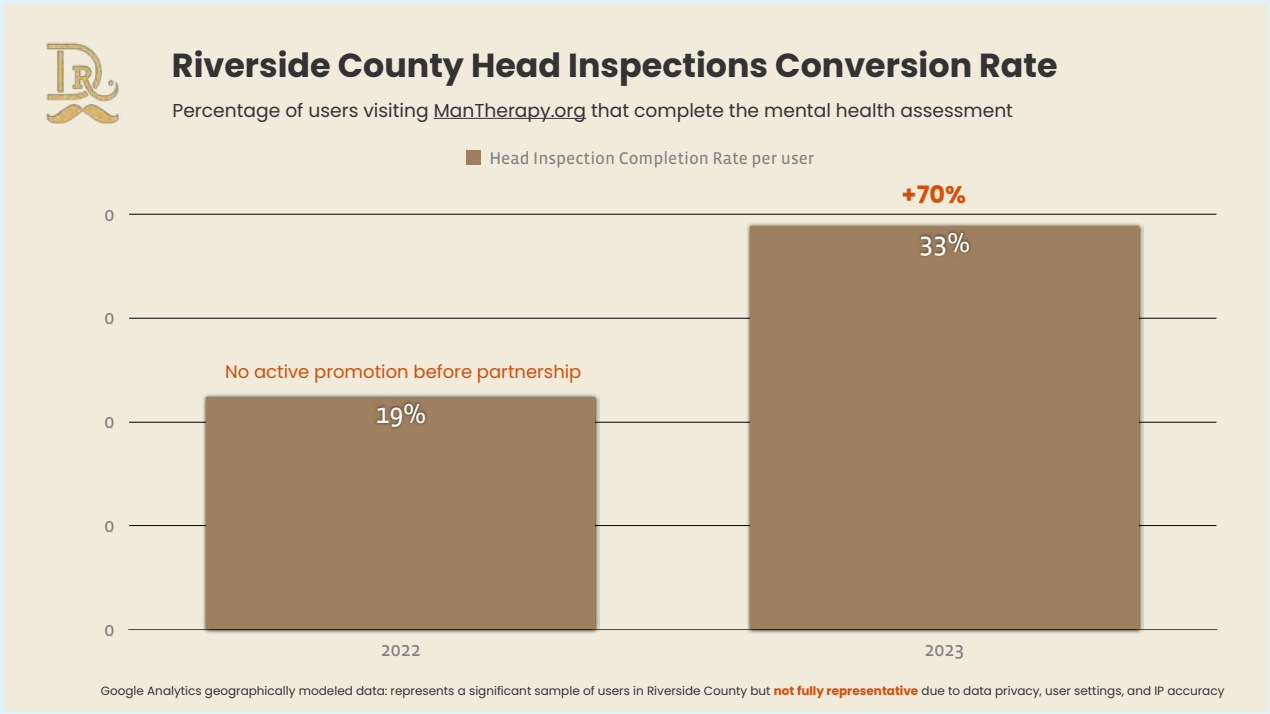
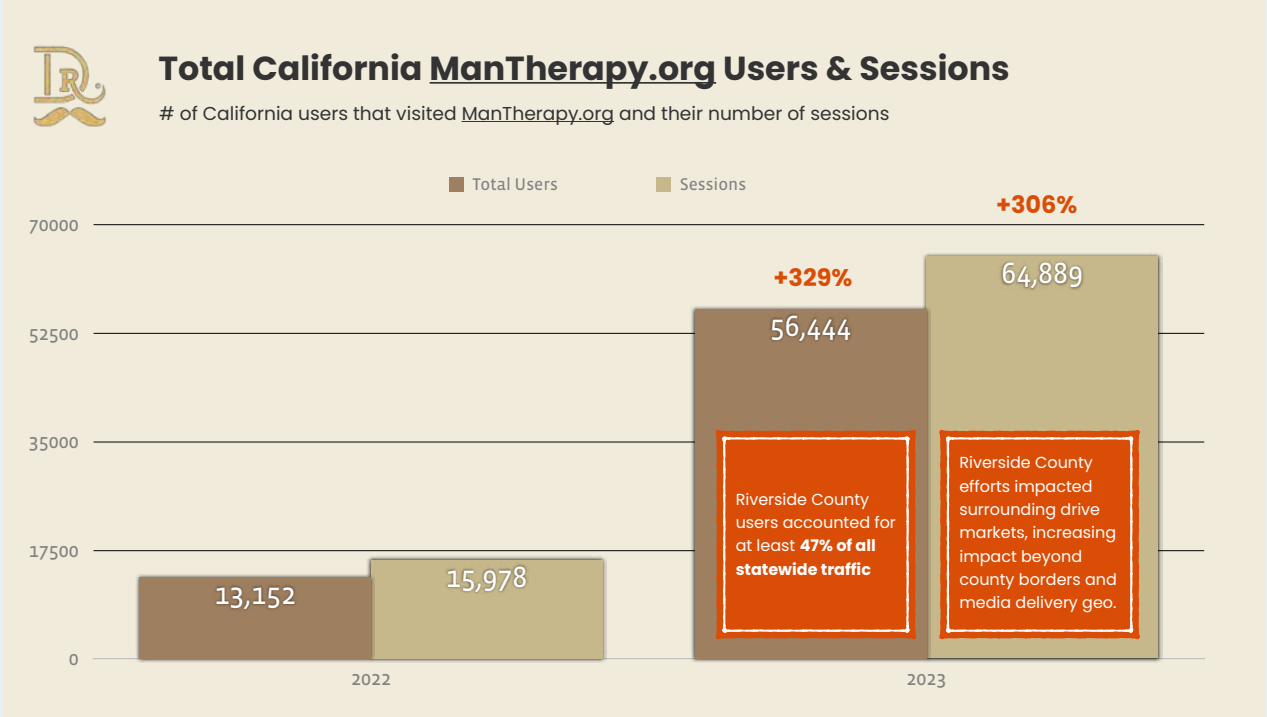
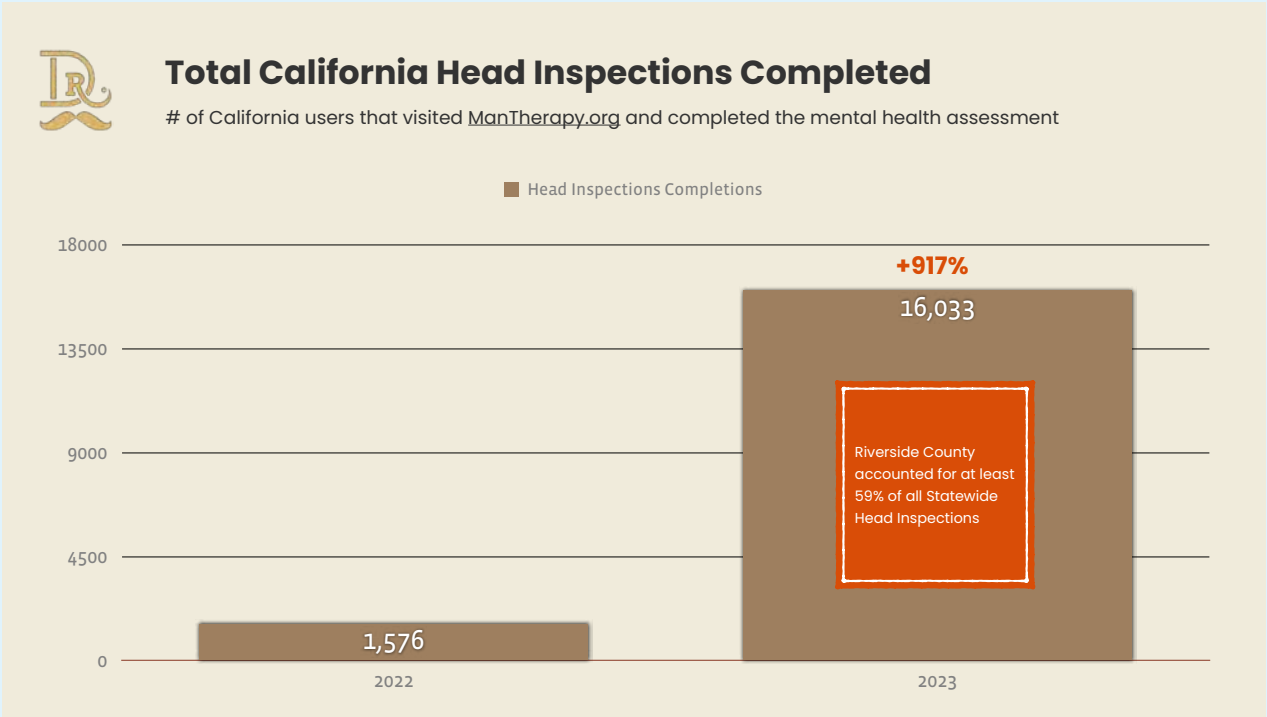


Data created and shared by RUHS-BH and Man Therapy.

California



Data created and shared by RUHS-BH and Man Therapy.



Data created and shared by RUHS-BH and Man Therapy.

Future Directions

RUHS-BH will continue to work with County leadership on how to sustain Man Therapy after their participation in Help@Hand ends in February 2024.

SPOTLIGHT

Man Therapy: Courageous Solutions to Address Men's Mental Health

Author: Kristy Palomares, Help@Hand Evaluation, University of California Irvine

Man Therapy is a comprehensive web-based men's mental health initiative aimed at providing proactive support for working aged men. Created by a diverse team comprising suicidologists, mental health experts, marketing strategists, creatives, and technologists, Man Therapy employs humor, open communication, and practical online tools to destigmatize mental health challenges that affect men. A key feature of the website and related marketing and media is Dr. Rich Mahogany, a character reminiscent of Ron Swanson from the TV series, Parks, and Recreation; a no-nonsense, straight-talking character who exudes an aura of stoicism and unwavering self-reliance.

Above: *Man Therapy billboard in Riverside County*
Source: *Riverside University Health System – Behavioral Health (2023)*

So, how does Man Therapy operate? By visiting https://mantherapy.org, site visitors gain access to the Man Therapy website, which introduces mental health topics in a relatable manner. For instance, rather than suggesting a guided meditation, Man Therapy might suggest the visitor take time for themselves and go fishing. Man Therapy employs humor to address initial barriers to help-seeking, encouraging men to engage in conversations about their mental health while simultaneously reassuring them that they are not alone and that support is available.

Head Inspections

A key feature of the Man Therapy website is the 18-point 'Head Inspection,' an anonymous and scientifically validated mental wellness assessment composed of 18 questions about visitors' sleep and dietary patterns, engagement in hobbies/activities, general mood, substance use, and depressive symptoms.

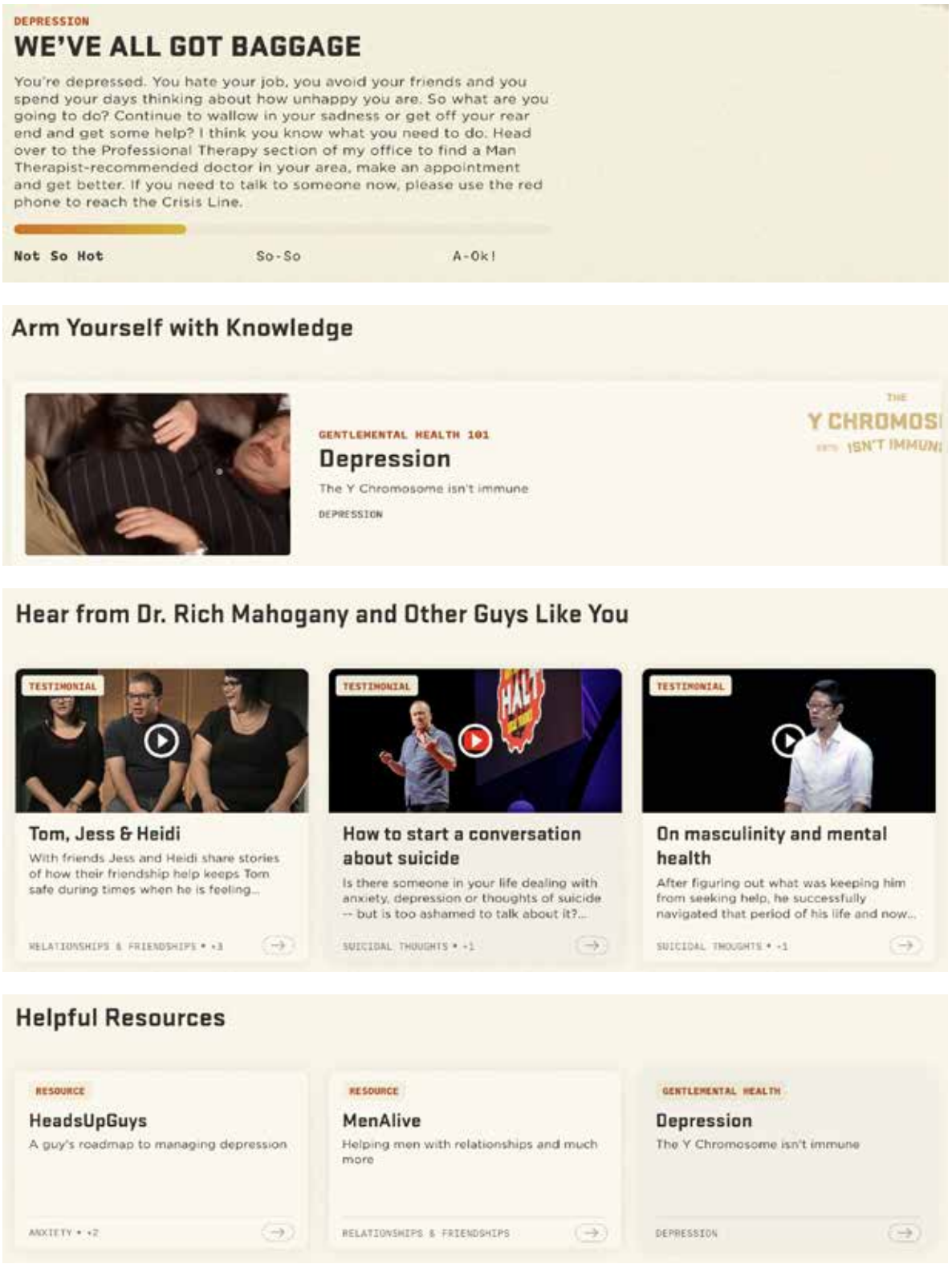
Above: *Man Therapy Head Inspection webpage*
Source: *Man Therapy. (2023). Retrieved from https://mantherapy.org.*

After finishing the 'Head Inspection,' individuals view a comprehensive summary of their results, which cover the domains of anxiety, depression, substance use, and anger. Based on results, the Man Therapy website offers tailored resources that allow visitors to delve deeper into each domain, and visitors can also receive their results via email for future reference. Furthermore, website visitors can conveniently explore local resources by state and County without having to complete the 18-point Head Inspection.

Here is a sample summary of Head Inspection results:

Above: *Man Therapy Head Inspection webpage*
Source: *Man Therapy. (2023). Retrieved from https://mantherapy.org.*

Here are sample resources for individuals who score high on the depression domain:



Above: *Sample of depression support resources after completing a Head Inspection*
Source: *Man Therapy. (2023). Retrieved from https://mantherapy.org.*

Anonymous Testimonial

I am a mom of an adult son who is a first responder. He prides himself in being strong and independent. This is how he sees himself, as a person who saves others, and does not need saving.

Last year, in 2023, something changed with him. He became quiet, sullen, and tearful. Then he would close himself in his room and not speak to anyone, you could hear him sobbing for hours. This went on for months. His girlfriend, who he was planning to marry found someone else. She broke up with him. His friends sent him pictures of her with the other person. He was devastated.

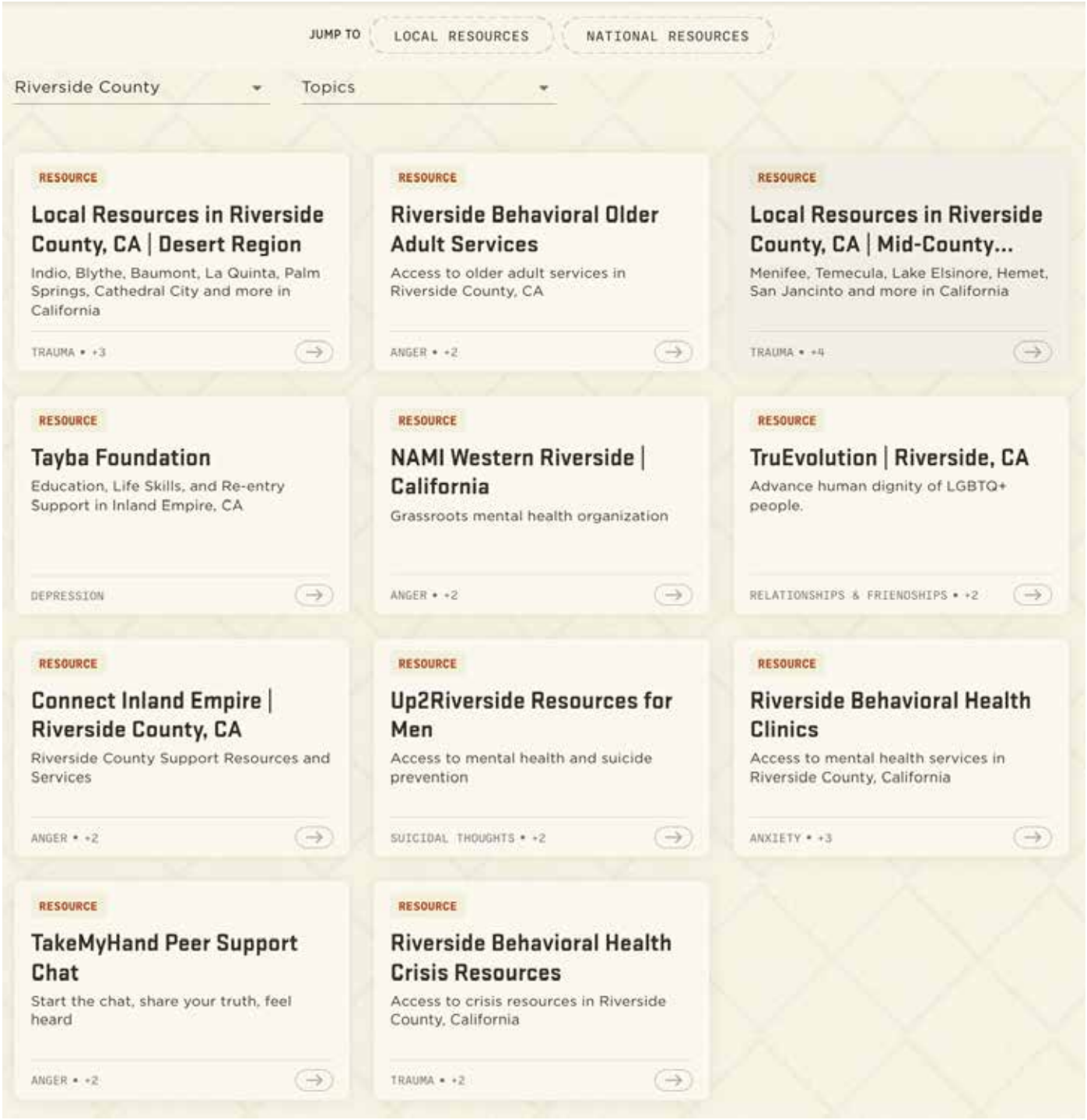
I tried to speak with him multiple times, over and over again, to get him help. He refused. He continued to say, "I will never be like the man she found, he is tall and more fit, and is already successful, owns a house. He is nothing like me."

I tried everything without success. He refused to see anyone for help. Eventually, I learned about the head check on the Man Therapy website, which was promoted through RUHS. I sent the link to my son; I begged him to look at it in private. I also gave him a handout item I had received with the Man Therapy logo and website on it.

Later, once he started to get better, and back to himself – he approached me and said that the "head check and man therapy website saved his life, because he did not want his life anymore." He said you have no idea how bad it got. He did not give me any details about a plan, or what his intentions were. It was very obvious what he was telling me. Every time I see a poster, and the light humorous approach, I think that this was the perfect way to reach him. There was no pressure, and it was private.

He is doing very well now. He went back to college, and has advanced in his field. He even has a new girlfriend. I think about all of the men like my son who will not consider getting help, because they see it as a weakness. I think about how many other men are able to access care in a way they relate to. What I know is than that the Man Therapy website saved a precious soul who no one else could reach.

Here are sample resources accessible when searching for local services within Riverside County:



Above: *Sample Riverside County resources that are available on the Man Therapy site*
Source: *Man Therapy. (2023). Retrieved from https://mantherapy.org.*

Peer Perspectives about Man Therapy in Riverside County

In 2023, the RUHS-BH Help@Hand team promoted Man Therapy at outreach events, on billboards throughout Riverside County, and used a variety of promotional merchandise, including t-shirts, business cards, flyers with a QR code, QR countertop displays for clinic lobbies and staff desks, and even drink koozies.

Above: *Man Therapy t-shirts were the most popular promotional items among consumers. T-shirts were available in English and Spanish.*
Source: *Man Therapy (2023)*

Kristy Palomares, a Research Specialist with the Help@Hand evaluation team, had a conversation about Man Therapy with three RUHS-BH Peer Support Specialists and Man Therapy Ambassadors: Christopher Galindo, Juan Koontz, and Robert Bishop. During the conversation, the Peers emphasized the effectiveness of Man Therapy's use of humor to help men broach subjects like depression or suicidal thoughts, and unanimously praised Man Therapy as a valuable resource for Riverside County residents. Christopher highlighted the common resistance the RUHS-BH team encountered during Man Therapy outreach efforts, as some individuals mistakenly believed engaging with the website necessitates immediate enrollment in therapy or professional assistance. However, Robert observed that many individuals showed great enthusiasm and experienced moments of clarity when viewing their 'Head Inspections' results during RUHS-BH outreach events, often making connections between the results and their actions and experiences.

Above: *Members of the RUHS-BH Help@Hand team during an outreach event*
Source: *Riverside University Health System – Behavioral Health (2023)*

Above: *Man Therapy promotional business card (front and back)*
Source: *Man Therapy (2023)*

The Peers also shared how Man Therapy personally impacted them, enhancing their relationships, and bolstering their ability to support community members. They found innovative and fun ways to present Man Therapy to the community, and considered the resource's growing potential within Riverside County. Juan noted that he eagerly anticipated introducing the recently launched Spanish-language Man Therapy website to Spanish-speaking community members. Man Therapy is committed to furthering accessibility among Spanish-speakers in Riverside County by translating additional media content, including videos, into Spanish.

Looking ahead, the Peers envisioned additional benefits of Man Therapy if developed as a mobile app featuring a chat component where men could seek 24/7 support from a Peer. For now, the Man Therapy website will continue to be promoted throughout Riverside County.

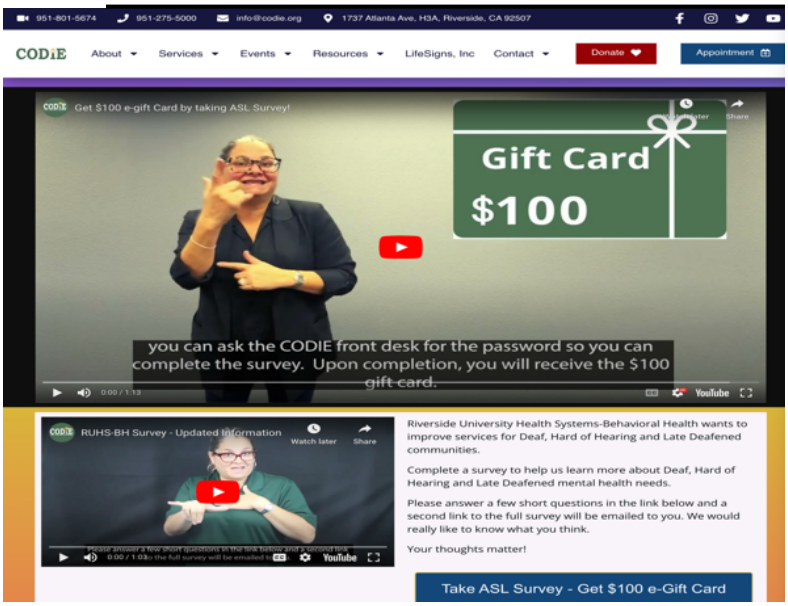
To read highlights from the Man Therapy 2023 Impact Report compiled by Man Therapy and RUHS-BH, please visit page 71. To view the full 2023 Impact Report, visit Appendix F.

Deaf and Hard for Hearing Needs Assessment Survey

Survey Distribution

In 2023, RUHS-BH continued conducting its needs assessment for their Deaf and Hard of Hearing (DHoH) community, a core audience for the RUHS-BH Help@Hand project. The assessment aims to understand the needs of the DHoH community and builds on their 2020 assessment.

Between May 2022-December 2023, RUHS-BH and Center on Deafness Inland Empire (CODIE) emailed the needs assessment survey and posted it on CODIE's homepage for individuals to complete. CODIE also distributed the survey at several in-person events in 2023. As of December 2023, a total of 46 surveys were completed. All respondents received a gift card after completing the survey.



Above: *Gloria Moriarty, CODIE staff and RUHS-BH Help@Hand collaborator, promoting the DHoH needs assessment on CODIE's website*
Source: *Center on Deafness Inland Empire. (2023). Retrieved from https://codie.org.*

Survey Security

In January 2023, there was a cyber bot attack, with over 2,500 surveys completed by bots. Following this, RUHS-BH partnered with the software company Red Pepper to prevent future attacks. After performing security updates and testing, CODIE republished the survey on their website with a new link.

Future Directions

RUHS-BH and CODIE will continue distributing the needs assessment survey through February 2024. RUHS-BH will then create a report with findings and recommendations from the survey results.

Whole Person Health Score

Implementation Underway

RUHS created the Whole Person Health Score (WPHS) assessment tool to identify individual's needs across six health domains (physical health, emotional health, resource utilization, socioeconomics, ownership, nutrition and lifestyle) and help clinical care teams to support them. In 2023, the County fully digitized the tool, expanded WPHS to new sites, and actively marketed to the community.

Digitizing the WPHS

In early 2023, RUHS tested the digital version of WPHS with clients, patients, and consumers. They planned workflows on how individuals would complete WPHS and worked to integrate the tool within its behavioral health electronic health record (e.g., myAvatar). Once completed, clinical care teams can view responses as well as summaries of score distribution, demographic information, and response rates.

RUHS digitized the adult WPHS assessment tool and the adolescent WPHS assessment tool for the Qualtrics platform in January and July 2023, respectively. This allowed individuals to complete the WPHS assessment tool through anonymous and/or unique links through text message/email links, QR codes, and/or iPads and kiosks located in clinic lobbies.

Marketing Materials

RUHS-BH received Board of Supervisor approval for the WPHS logo. The logo was used on various marketing items with QR codes for an anonymous survey link to the adult WPHS assessment tool. Although the County created QR codes for the adolescent WPHS assessment tool, they have not been distributed as of December 2023.

Above: *Marketing materials (e.g., lip balm, tissue packs, bookmarks) with the WPHS logo*
Source: *Riverside University Health System - Behavioral Health (2023)*

RUHS marketing team created an English consumer guide to introduce the WPHS assessment tool and how to use it. RUHS –BH translated this consumer guide into Spanish and created a clinician guide that describes the purpose of the WPHS assessment tool, how to use the tool, how to read scores, and how to support patients/clients based on different scores.

Above: *WPHS consumer guide (left) and clinician guide (right)*
Source: *Riverside University Health System - Behavioral Health (2023)*

Distribution of WPHS within RUHS

RUHS distributed the WPHS assessment to patients, clients, and consumers in 2023:

- **Riverside County Medical Center and community clinics:** RUHS medical clinicians emailed and texted patients unique links to complete the WPHS assessment tool. Patient navigators also sent the tool to consumers who had not yet been seen by a provider. Clients could also complete the assessment through iPads and kiosks located in County clinics.
- **Banning Clinic:** RUHS began planning a pilot to integrate the WPHS tool into clinical workflows at the County's Banning Clinic. The pilot will begin in January 2024.
- **Behavioral Health Clients:** RUHS-BH emailed and texted unique client links for the tool. Clients could also access an anonymous survey link online, via QR code, and on iPads and kiosks located in clinic lobbies. RUHS emailed behavioral health clinicians' introductory information about the WPHS assessment tool, encouraged them to promote the WPHS assessment tool to their clients by sharing the anonymous QR Code, and provided materials to help them support their clients after receiving their WPHS score. Individuals who completed the WPHS assessment via the code received a $60 gift card.
- **County Departments:** The County began distributing WPHS through ***RivCoONE***[9], an integrated services delivery initiative in Riverside County. This allowed RUHS to reach community members who access various County services, such as public school services and child support services.
- **Learn and Earn Events:** These events introduced consumers to the WPHS assessment tool and helped them navigate the myHealthpointe2.0 Consumer Portal, a consumer electronic health record portal. Attendees received a $60 gift card and promotional materials.
- **Train the Trainer Programs and Peer Presentations:** County staff conducted three train the trainer programs at clinics to introduce clients to the WPHS assessment tool. Although intended for clients, behavioral health providers were also encouraged to join. RUHS promoted the WPHS assessment tool to staff and Peers at Workforce Education and Training sessions and presentations so they may encourage clients and patients to complete the tool. Several also completed the tool themselves.

[9] The following county departments participate in RivCoONE: Riverside County Department of Public School Services, RivCoDCSS Child Support Services, Riverside County Probation, County of Riverside Facilities Management, County of Riverside Office of County Counsel, Housing and Workforce Solutions, Riverside County Veterans Services, First 5 Riverside, Riverside University Health System, Riverside County Office on Aging, and Riverside County Information Technology

- **Future County Workplans:** RUHS included the WPHS assessment tool in their Performance Improvement Plan. The intention is to formally integrate use of the WPHS assessment tool throughout all County departments for client referral to resources.

Dissemination of WPHS beyond RUHS

The County disseminated the WPHS assessment to the wider community in 2023:

- **Community Outreach:** The County promoted the tool at the Riverside City College for Community Resource Event in August 2023, Moreno County College for Suicide Prevention Awareness in September 2023, Moreno College Get Psyched Mental Health Day, and Recovery Happens–Fairmont Park in October 2023.
- **Juvenile Justice Programs:** Riverside County began discussions with the Supervisor of the Juvenile Justice Division of county programs to administer the adolescent WPHS assessment tool with their youth at Youth Treatment and Education Center (YTEC) and Pathways to Success (PTS) programs and the adult WPHS assessment tool with the youths' family. These conversations have continued as Riverside County determines what adjustments may need to be made to the assessment to support this population.

Evaluation

Riverside County analyzed the WPHS assessment tool response data from the Qualtrics platform and shared summary reports of response data from the Riverside County Medical Center and community clinics, RUHS-BH, and RivCoONE with the Help@Hand evaluation team. Highlights from the summary reports are on page 210. **Appendix G** includes detailed reports on domain scores by demographics.

Future Directions

Riverside County Medical Center will take ownership of the WPHS assessment tool after RUHS-BH ends their Help@Hand participation in February 2024. The Medical Center will contract with an external entity to validate the tool. Patients, clients, and community members will continue to have access to the WPHS. The County will also continue to plan their pilot at Banning Clinic and continue discussions to include the adolescent and adult WPHS into juvenile justice facilities.

SAN FRANCISCO COUNTY

Over the past year, San Francisco Department of Public Health (SFDPH) continued to work with the Mental Health Association of San Francisco (MHASF), an organization that provides mental health education, advocacy, research, and peer-support services in San Francisco[10], for their Technology-Assisted Mental Health Solutions (TAMHS) project. The project included the Tech@Hand program, which provides community members with free tablets, internet service, digital literacy training, and individualized Peer support to help participants utilize digital resources that support mental health and wellness.

Although SFDPH planned to include a pilot of TakeMyHand™, they discontinued their pilot planning in June 2023. SFDPH reallocated the TakeMyHand™ pilot funds to the Tech@Hand program and focused the second half of 2023 on continuing to support and expand digital literacy workshops in the community.

Device Distribution and Digital Literacy Support

The Tech@Hand program served historically-excluded County residents, with a focus on transitional aged youth (TAY) and transgender individuals. In 2023, MHASF distributed devices to a second cohort of participants, and recruited participants for a third and final cohort. MHASF continued to offer online on-demand digital literacy courses and worked with community partners to host in-person workshops for the broader community. The team hired a Tech@Hand Program Coordinator and an additional Digital Peer Navigator[11] to further support and build rapport with program participants.

Device Distribution

Cohort 1 and Cohort 2

MHASF distributed 63 tablets to a first cohort of participants (Cohort 1) in 2022 and 20 devices to the second cohort of participants (Cohort 2) in 2023.

Prior to enrolling in the Tech@Hand program, some program participants did not use an email address or a mobile phone. Participants regularly shared with Digital Peer Navigators the value of having access to a device through the program. They used the device to access mental health resources and housing services, create art, and communicate with family and friends. The device also served as a distraction from stressful problems they experienced in their lives.

Because some participants did not have technology prior to the program, MHASF learned the importance of working closely with their core audience to learn how to get in touch with participants during the program. Based on lessons learned from distributing devices to Cohort 1, MHASF made several changes to their approach for Cohort 2:

- **In-person engagement:** MHASF engaged in more in-person outreach, such as program orientation sessions and digital literacy workshops. These in-person interactions helped Digital Peer Navigators build rapport with program participants as well as community-based organizations (CBOs). Program participants had a positive experience with the in-person approach and expressed interest in more in-person services.
- **iPad devices:** MHASF decided to switch from Samsung Galaxy Tab A7's to 9th generation iPads to help alleviate technical issues that Cohort 1 experienced, such as connecting to the internet. The iPads also allowed MHASF to pre-install useful apps, which were not available on the Samsung tablets. Some participants expressed excitement

[10] More information about MHASF can be found at: https://www.mentalhealthsf.org.

[11] Digital Peer Navigators serve as digital skills coaches and relationship managers for participants in Tech@Hand. They support participants' digital needs, build rapport with participants, refer participants to MHASF peer-support programs, and follow up with participants on completing surveys.

about the upgrade in devices to iPads and an explicit preference for iPads. As a result, they reported to MHSAF that they used their devices frequently and for a wide variety of purposes, such as creating artwork.

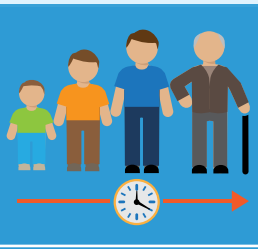
- **Prepaid mobile data plans:** MHASF used prepaid mobile data plans instead of mobile data contracts to prevent unintended use of tablets, such as the purchase of games and apps. MHASF explored whether a change in mobile data plans would impact their ability to install ScaleFusion, a device management software that helped find a lost tablet, send notifications to participants about program updates, and provide virtual assistance, on Cohort 2 devices. MHASF learned that they could still install device management software when purchasing tablets directly from a vendor and paying for the tablets upfront. As such, they could proceed with prepaid plans.
- **Change in loan period and procedure to pick up and return devices:** MHASF changed the loan period from 1 year to 6 months. For Cohort 1, participants could pick up devices or have them shipped and delivered. For Cohort 2, all participants were required to pick up devices at MHASF offices and participate in a program orientation. To make the return process more convenient, MHASF explored options for participants to return their devices by mailing them or returning them in-person. Some participants expressed interest in purchasing their tablet at the end of the program. SFDPH and MHASF are reviewing whether participants may keep the device after the program.
- **Creation of a Participant Needs Fund:** After shifting to an in-person model of support to maintain increased engagement, many participants identified needs they could not fulfill through the program. For example, participants asked for access to food, gender affirming supplies, and devices after the program ended. Therefore, MHASF created the participant needs fund that addresses access to participants' basic needs, making it more accessible for them to participate in the Tech@Hand program.

Demographics of Cohort 2 Tech@Hand Participants (n = 20)

For Cohort 2, MHASF focused outreach tactics specifically towards the transgender population. MHASF collaborated with Saint James Infirmary Navigation Center, a center serving transgender and gender-nonconforming people experiencing homelessness.

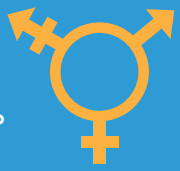
Most Cohort 2 participants were between 25-59 years old and identified as a trans woman.

Age
25-59 Years Old: **100%**



Race/Ethnicity
Non-Hispanic White: **40%**
Black/African American: **20%**
Latino or Hispanic: **25%**
Multiple Race/Ethnicity: **15%**

Gender Identity
Trans Woman: **85%**
Trans Man: **5%**
Nonbinary or Non-conforming: **5%**
Pangender: **5.6%**



Sexual Orientation
Heterosexual/Straight: **55%**
Bisexual: **20%**
Queer: **10%**
Pansexual: **10%**
Other: **5%**

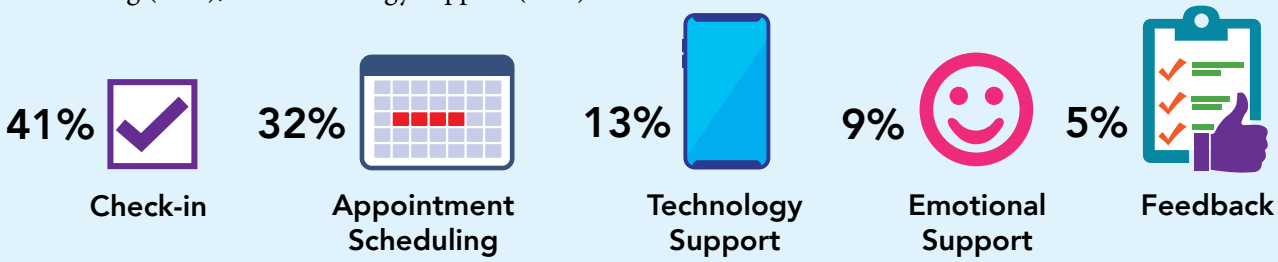
Housing Status
Currently Experiencing Homelessness: **100%**
Previously Experienced Homelessness: **100%**

Calls with Cohort 2 Tech@Hand Participants (n = 20)

Digital Peer Navigators made 252 phone calls with 20 Cohort 2 participants between October-December 2023.

Call Topics

Similar to Cohort 1, calls mainly focused on checking-in with the participants (41% of calls), appointment scheduling (32%), and technology support (13%).



Participant Concerns

During calls with Digital Peer Navigators, participants identified several areas where they needed support. The most common areas of need related to technology support topics.

Emotional Support Topics

- **15%** Mental Health
- **10%** Housing Concerns
- **10%** (Un)Employment
- **9%** LGBTQ+
- **9%** Mood
- **8%** Relationships
- **7%** Education
- **7%** Financial Concerns
- **5%** Anxiety & Panic
- **5%** Medication
- **5%** Self-esteem
- **5%** Depression
- **4%** Isolation
- 4% Phyical Health

Technology Support Topics

- **39%** Solving life problems using technology
- **39%** Using technology and apps
- **17%** Working with others online

Cohort 3

At the end of 2023, MHASF purchased 20 devices to distribute to a third cohort of participants (Cohort 3) in January 2024. Cohort 3 will focus on the TAY population and MHASF partnered with LYRIC, a youth-focused LGBTQ+ center, to recruit the majority of Cohort 3 participants from the HYPE (Helping Youth People Elevate) Center.

In preparing for the Cohort 3 launch, MHASF experienced the following challenges:

- **Reaching participants:** Cohort 3 participants did not always receive text messages from MHSAF related to Tech@Hand or reported that they perceived these messages as scams since they did not recognize the number from which they were sent.
- **Technical issues:** MHASF experienced challenges installing ScaleFusion on the tablets to assist in the management of devices.

Digital Literacy Support

Online Digital Literacy Courses

MHASF continued to develop and offer online digital literacy courses in 2023. The online on-demand courses covered topics such as "Online Safety," "Using Technology to Support Your Wellness," "Cyberbullying," and "Tech for Your Wellness." MHASF identified topics based on feedback from previous training participants.

In-Person Digital Literacy Courses

MHASF partnered with several CBOs to host in-person workshops:

Partner CBO	Partner CBO Description	Time Period	Workshop Description
Conard House	An intensive social services provider	May-November 2023	MHASF hosted workshops on Google Docs, resume building, and job searching at Conrad House
LYRIC	A youth-focused LGBTQ+ center	October 2023	MHASF hosted community workshops on how to access financial literacy and basic needs resources through technology at LYRIC
Saint James Infirmary Navigation Center	A center serving transgender and gender-nonconforming people experiencing homelessness	December 2023	MHASF offered workshops on Google Docs, resume building, job searching, finding basic needs resources online, navigating online spaces, and available mental health resources post-COVID-19

MHASF learned that it may be helpful to have more than one point of contact at a partnering organization. For example, an orientation event had to be rescheduled last-minute as the point of contact at the CBO was unavailable due to sickness. This caused a number of challenges, such as cancelling a booked room, notifying participants, and trying to get refunded for lunch that had been ordered.

Office Hours

Digital Peer Navigators began hosting tech support office hours for program participants in October 2023. Although office hours had low attendance, participants that attended used the time well. MHASF planned to expand the office hours to the public in 2024 and promote the support hours at the HYPE Center.

Evaluation

SFDPH and MHASF partnered with the Help@Hand evaluation team to assess Tech@Hand. For Cohort 1, MHASF developed a **digital assessment survey** to capture the demographics of the population served, assess participants' digital literacy, and gauge the technical support participants needed at the beginning of the program. The Help@Hand evaluation team analyzed the surveys and reported findings in the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report. For Cohort 2, MHASF switched from using their own digital literacy assessment to using a standardized assessment developed by Northstar,[12] a program that has defined the basic skills needed to perform tasks on computers and online. Northstar's assessment is completed at both the start and end of the program to assess any increases in their digital literacy scores. MHASF began to administer the assessments with Cohort 2 participants in August 2023 and will administer them a second time in February 2024.

In addition, the evaluation includes **interviews with Tech@Hand participants**[13] to understand their overall experience with the Tech@Hand program as well as how they utilized their devices to address social connectedness, mental health stigma, access to care, and overall wellness. The evaluation also involves **focus groups with any community member at partnering CBOs.** The Help@Hand evaluation team provided feedback on MHASF's interview and focus group guides, and shared online training resources on conducting interviews and focus groups. MHASF started scheduling interviews and focus groups in December 2023.

Future Directions

The Tech@Hand program will continue until June 2024. The program plans to distribute devices to a third cohort of Tech@Hand participants in January 2024 and to continue offering digital literacy workshops at Conard House and other CBOs. In addition, MHASF plans to conduct interviews and focus groups with program participants and community members at CBOs.

SFDPH and MHASF will explore opportunities for future work building on Tech@Hand and will work on creating a sustainability plan to communicate future plans to community members.

TakemyHand™ Pilot

Pilot Planning

Between January-June 2023, SFDPH continued to plan a six-month pilot of TakeMyHand™ to serve anyone in the County, particularly TAY (16–26-year-olds) and transgender individuals.

Contracts and Agreements

In February 2023, Riverside University Health Systems - Behavioral Health (RUHS-BH), the developer of TakeMyHand™, approved and signed a Memorandum of Understanding (MOU) between themselves and MHASF. The MOU advanced the partnership between both entities by establishing the terms, conditions, and responsibilities for RUHS-BH and MHASF during the TakeMyHand™ pilot.

[12] More information about Northstar and its free digital literacy assessment can be found at: https://www.digitalliteracyassessment.org/.

[13] SFDPH and MHASF initially planned for the Help@Hand evaluation team to lead data collection efforts and conduct interviews and focus groups. However, SFDPH determined that their local evaluators (e.g., MHASF) should collect data due to risk of exposure to Protected Health Information (PHI). De-identified data could be shared with the Help@Hand evaluation team for data analysis purposes.

SFDPH and CalMHSA worked with internal and external parties to review, discuss, and approve agreements on risk responsibility. Sufficient time had to be built in for the approval process since parties had differing perspectives on what the agreement should include.

Due to the complex process to finalize and approve agreements with all parties involved, SFDPH and MHASF decided to discontinue their planning of the TakeMyHand™ pilot in June 2023. Tech@Hand participants could utilize a similar chat service through MHASF's Warmline.

Evaluation

Prior to discontinuing their pilot, SFDPH and MHASF worked with the Help@Hand evaluation team to plan their evaluation. Planned evaluation activities included analysis of data from the TakeMyHand™ LiveChat platform and two short anonymous consumer surveys administered at the beginning and end of each chat. The evaluation would also include interviews with Peer Operators who chatted with site visitors in real-time.

Future Directions

SFDPH reallocated funds for the TakeMyHand™ pilot to the Tech@Hand program and planned to expand digital literacy workshops in the community.

SANTA BARBARA COUNTY

Santa Barbara County offered free Headspace subscriptions between October 2021-September 2023 to County residents, with a focus on hard-to-reach populations. This year, the County focused on community outreach and encouraged enrollment in their Headspace implementation.

Santa Barbara County also launched their Mommy Connecting to Wellness Program in Summer 2023. The program supports new mothers by teaching wellness skills and using technologies in a six-week course. Based on its success, the County began to plan a similar program for fathers called Dad Connecting to Wellness.

Additionally, the County offered workshops, presentations, and technology for community members.

Headspace Implementation

Implementation Completed

In early 2023, Santa Barbara County examined extending unused Headspace licenses beyond the implementation's end date of September 2023. Although Headspace stated they could extend unused licenses for an additional fee, the County decided not to extend the licenses. Instead, they focused efforts on marketing and outreach to encourage more community members to enroll in their Headspace implementation and reduce the number of unused Headspace licenses.

Marketing

Santa Barbara County continued to work with a California-based marketing firm, Uptown Studios, and planned to extend their contract until June 2024.

Throughout the year, Uptown Studios provided materials to appear on the County's Behavioral Wellness social media pages that focused on messaging in English and Spanish to enroll new community members in their Headspace implementation.

Community Outreach

In early 2023, Santa Barbara County Peers connected with local small business owners and clinics in the community to introduce County programs and services. Because these businesses are trusted community members, they can garner trust to help raise awareness of the County's Headspace implementation, programs, and other resources to empower and strengthen the community.

In 2023, Santa Barbara County's Help@Hand Peers outreached and distributed flyers, brochures, and other materials at the following events:

- **Student and Family Events:** Held at Allan Hancock College's Santa Maria and Lompoc campuses, Rhigetti High School in Orcutt, and Ellwood Elementary School in Goleta
- **Black History Month Events:** Organized by the National Association for the Advancement of Colored People (NAACP) in Lompoc and Santa Barbara
- **Parent Event:** Held at Carpinteria Children's Project
- **Child Development and Family Resource Fair:** Partnered with Alpha Resource Center, Mixteco Indigena Community Organizing Project/Proyecto Mixteco Indigena (MICOP), Proyecto Acceso, and Amigo Bab

- **Juneteenth Event:** Sponsored by NAACP in Lompoc
- **Indigenous Tribal Wellness Gathering:** A community resource fair for Spanish and Mixteco speaking individuals and the community at large
- **Cottage Mental Health Fair:** A resource fair for employees, the community, and the local hospital
- **Dia del Campesino:** A community health resource fair for farmworkers, their families, and the community at large
- **House of Pride and Equity Event:** A community resource fair for the LGBTQ+ community and the community at large
- **Student Orientation Events:** Held at Allan Hancock College's Santa Maria and Lompoc campuses
- **Promotores Core Training:** An event in Santa Barbara for countywide promotores, Peers, youth, adults, and seniors
- **Lemon Festival in Goleta:** A community event for all populations
- **Labor Day Picnic:** Held in Santa Maria for all populations
- **Santa Maria Bonita School District's Culture Celebration:** Held for all populations, particularly youth and families who speak Spanish, English, and/or Mixteco
- **Out of the Darkness Walk:** An event promoting suicide prevention
- **Día de Los Muertos Celebration**
- **Vet's Stand Down**
- **Santa Barbara County Fire Safe Council Event**

Above: *Día Del Campesino (left) and Día De Los Muertos Celebration (right)*
Source: *Santa Barbara County Department of Behavioral Wellness (2023)*

In Summer 2023, the County found it difficult to enroll community members in Headspace in the last 3 months of their implementation. They developed new messaging and an Enrollment Tip Sheet in English and Spanish to encourage consumers to enroll. The new messaging advertised trying Headspace for 30 days with no charge, while the Enrollment Tip Sheet had a QR code to expedite the lengthy and complicated enrollment process. Even with these efforts, Santa Barbara County found motivating potential enrollees to be difficult.

Above: *Enrollment tip sheet in English and Spanish*
Source: *Santa Barbara County Department of Behavioral Wellness (2023)*

Closeout Communication

In September 2023, Santa Barbara County notified consumers of the end of their free Headspace subscriptions in the program.

Good afternoon,

You are receiving this email because our records indicate that you enrolled in the Headspace mobile application provided by the MHSA Innovation funded Help@Hand Project. We would like to thank you for having participated in our project, and we hope that you have enjoyed the free Headspace Premium membership that was provided to you. Unfortunately, the free access to Headspace Premium is coming to an end, and the memberships will expire on September 30th, 2023. After this date, you will receive an email from Headspace informing you that your free membership has ended, and you will be provided with an option to purchase the membership, should you be interested. If you choose to purchase a membership, you can keep your existing account and maintain access to your stats and run streaks. Thank you for your participation, your feedback, and for allowing us to be part of your wellness journey! If you have any questions, please reach out to Peers@sbcbwell.org.

Buenas tardes,

Recibe este correo electrónico porque nuestros registros indican que se inscribió en la aplicación móvil Headspace proporcionada por el Proyecto Help@Hand financiado por MHSA Innovation. Nos gustaría agradecerle por haber participado en nuestro proyecto, y esperamos que haya disfrutado de la membresía gratuita de Headspace Premium que se le proporcionó. Desafortunadamente, el acceso gratuito a Headspace Premium está llegando a su fin, y las membresías expirarán el 30 de septiembre de 2023.Después de esta fecha, recibirá un correo electrónico de Headspace informándole que su membresía gratuita ha finalizado, y se le proporcionará una opción para comprar la membresía, si está interesado. ¡Gracias por su participación, sus comentarios y por permitirnos ser parte de su viaje de bienestar! Si tiene alguna pregunta, comuníquese con Peers@sbcbwell.org.

Above: *Santa Barbara County's email to consumers in their Headspace implementation*
Source: *Santa Barbara County Department of Behavioral Wellness (2023)*

Evaluation

Santa Barbara County continued working with the Help@Hand evaluation team to assess the consumer experience of Headspace. Preliminary evaluation findings are on page 135.

Future Directions

The County will work with CalMHSA to close out any other program activities related to their Headspace implementation. They will also work with the Help@Hand evaluation team to finalize evaluation findings.

Mommy Connecting to Wellness Program

Program Planning

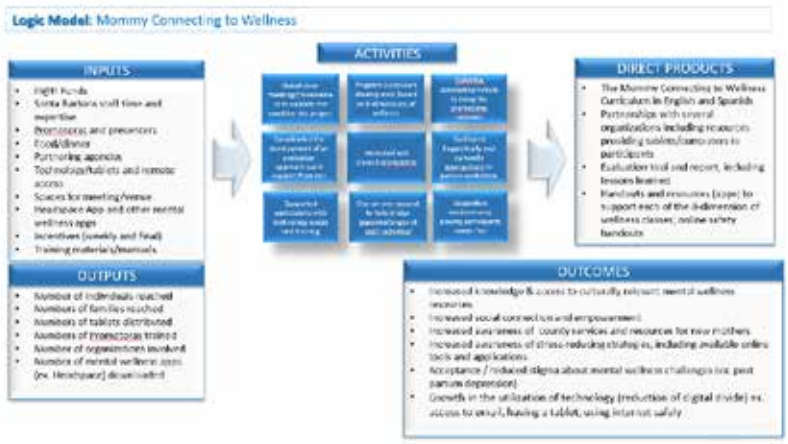
In December 2022, Santa Barbara County starting planning the Mommy Connecting to Wellness Program, a maternal health program designed to serve mothers of children 0-2 years old.

The program invited mothers to participate in a 6-week course, with in-person weekly group workshop sessions and one-on-one technology support from promotoras. The County partnered with Dr. Dulce Lopez, who taught program participants psychoeducation and self-help skills through her curriculum, "Metamorfosis Maternal Health." The curriculum discussed psychoeducation on depression, post-partum depression, and anxiety as well as SAMHSA's Eight Dimensions of Wellness (Creating a Healthier Life a Step-By-Step Guide to Wellness, n.d.). It also shared various resources and participants received follow-up referrals as needed throughout the program.

In addition, the program provided mothers free access to Headspace's English and Spanish content to support their mental health. Promotoras trained mothers on how to use Zoom, telehealth, Headspace, and other apps. The County partnered with Partner's in Education to train the mothers on online security. Those who completed the on-line safety training received devices from Partner's in Education.

Mothers attending each weekly session also received an age-appropriate book or toy for their child. At the end of the 6-week course, they selected a gift based on their need (e.g., car seat, stroller, baby clothes).

Activity	Topic	Trainers	Participants
Module 1	~Welcome ~Project outline review and expectations ~Device distribution and Online Security presentation ~Headspace presentation	~Help@Hand Team ~Promotores ~Computers For our Futures Program	~Participants - Moms ~CFF Staff ~H@H Staff ~Promotores
Module 2	~Headspace ~Psycho Education-Depression, Anxiety, Postpartum Depression signs and symptoms ~Resources	~Promotores ~Dra. Dulce	~Participants - Moms ~Promotores ~H@H Project Manager
Module 3	~Headspace ~8 Dimensions – 1, 2 and 3	~Promotores	~Participants - Moms ~Promotores ~Project Manager
Module 4	~Headspace ~8 Dimensions – 4, 5, 6 ~Alpha Resource presentation	~Promotores	~Participants- Moms ~Promotores ~H@H Project Manager
Module 5	~Headspace ~8 Dimensions – 7 and 8	~Promotores	~Participants - Moms ~Promotores ~H@H Project Manager
Module 6	~Headspace ~Zoom/Telehealth presentation ~Project evaluation/surveys	~Promotores	~Participants - Moms ~Promotores ~H@H Project Manager
Evaluation	Project Review, final reports and evaluation interviews	UCI, EY, Help@Hand Team	CalMHSA UCI, EY – Milka Promotores H@H Project Manager



Above: *Overview of curriculum and logic model for Mommy Connecting to Wellness Program*
Source: *Santa Barbara County Department of Behavioral Wellness (2023)*

Above: *English and Spanish versions of Guide to Wellbeing Apps and Online Resources provided to participants in Mommy Connecting to Wellness program*
Source: *Santa Barbara County Department of Behavioral Wellness (2023)*

Promotora Support

The County partnered with promotoras who had prior experience educating the community with hands-on teaching and learning. In Summer 2023, promotoras received 24 hours of training before they could support the Mommy Connecting to Wellness Program. Promotoras' roles included the following:

- Planning and coordinating promotoras training and pre-workshop work (e.g., connecting with mothers to assist in creating emails, completing the participant agreement and the emergency contact form, answering questions, and clarifying the expectations of the program)
- Recruiting and registering mothers
- Tracking and distributing incentives (e.g., car seats, strollers, baby clothes, etc.)
- Conducting weekly workshops and providing weekly check-ins with mothers
- Participating and supporting evaluation activities

Program Launch and Completion

Participant Recruitment

Santa Barbara County developed and shared flyers to advertise the program.

Above: *Santa Barbara County's flyers for their program*
Source: *Santa Barbara County Department of Behavioral Wellness (2023)*

The County worked with promotoras and several community partners to assist with recruitment. Some of the community partners included the following: Mixteco Indígena Community Organizing Project (MICOP); Santa Maria-Bonita School District; Women, Infants, and Children (WIC) Program; Child Support Services Division-Santa Barbara County; Alpha Resource Center; Headstart; Family Service Agency; Community Health Centers of the Central Coast; and KIDS Network-Santa Barbara County. Santa Barbara County recruited 20-24 mothers.

Six-Week Course

The Mommy Connecting to Wellness Program's course lasted six-weeks between August-September 2023. Mothers were organized into two cohorts – one English-speaking and one Spanish-speaking. Six promotoras supported the mothers throughout the program duration.

Evaluation

Santa Barbara County worked with the Help@Hand evaluation team to evaluate their Mommy Connecting to Wellness Program. Evaluation findings are on page 215.

Santa Barbara County shared the program findings during a Help@Hand Collaboration Call with Tech Leads across the Help@Hand project in November 2023.

Future Directions

Based on the success of Mommy Connecting to Wellness, Santa Barbara County will replicate the program for fathers in a program called Dad Connecting to Wellness. The County anticipates recruiting eight English- and eight Spanish-speaking fathers. Dad Connecting to Wellness is expected to launch in 2024.

Eight Dimensions of Wellness and Apps Workshops

Digital Literacy Support

In collaboration with the Housing Authority of the County of Santa Barbara, Transitions-Mental Health Association, and Mental Wellness Center, County Peers conducted workshops on the Eight Dimension of Wellness and workshops on apps in 2023. Peers led both workshops in English and Spanish throughout the County.

Peers also held weekly presentations at Santa Barbara Psychiatric Health Facility. The presentations shared the Eight Dimensions of Wellness and incorporated Headspace to increase mindfulness practices and activities.

Device Distribution

In 2023, Santa Barbara County continued to make tablets available for community members to use in the County's behavioral health clinic lobbies. In addition, the County provided Tracphones at the Psychiatric Health Facility so unhoused individuals could make it to their first appointment.

Future Directions

The County will continue to conduct workshops and presentations as well as offer technology to community members.

The County plans to organize a Speaker's Bureau training in collaboration with Painted Brain in January 2024, and in-person Appy Hours in May 2024. In addition, Santa Barbara County is exploring a possible launch of La CLAve curriculum in May 2024. La CLAve is a guide to identify the key symptoms of severe mental illness.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (LACDMH)

MHSA Innovation 3 Project – Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
10,014,009	4,060	2,466.9	56%	99%	1%	$83,411

* As defined by the Census Bureau, an urban area is a densely settled core of census blocks that is at least 2,000 housing units or has populations of at least 5,000. A rural area encompasses all population not included within an urban area.

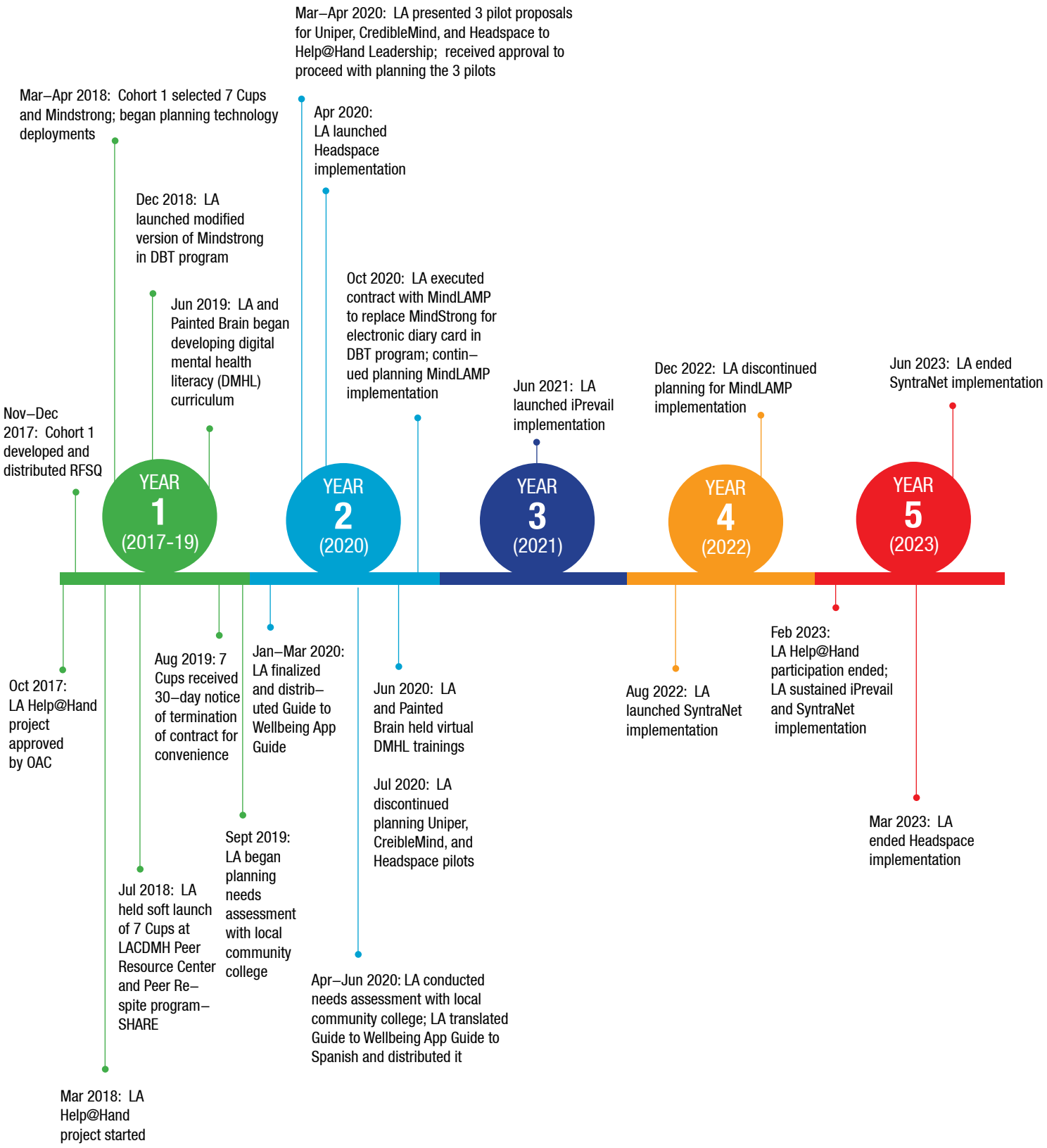
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved February 11, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	A need for additional strategies to outreach to individuals with mental health needs and engage them into mental health care in order to reduce the length of untreated mental illness and disparities in treatment
Core Audience(s) Identified in County/City Proposal	• Individuals with sub-clinical mental health symptom presentations, including those early in the course of a mental health condition who may not recognize that they are experiencing symptoms, including college students • Individuals identified as at risk for developing mental health symptoms or who are at risk for relapsing back into mental illness • Socially isolated individuals, including older adults at risk of depression • High utilizers of inpatient psychiatric facilities • Existing mental health clients seeking additional sources of support • Family members with either children or adults suffering from mental illness who are seeking support • Individuals at increased risk or in the early stages of a psychotic disorder
Project Approval Date/ Start Date/ End Date	October 2017/ March 2018/ February 2023
Project Budget	$33 million

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology Tested Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
7 Cups (2018–19)	LACDMH clients and their families/ caregivers	X						
Mindstrong (2018–19)	Dialectical behavioral therapy (DBT) clients	X			X			
Mindstrong Health–Modified (2018–20)	Dialectical behavioral therapy (DBT) clients	X			X	X		
Needs Assessment (2019–20)	Community college students	X					X	X
Digital Mental Health Literacy Trainings (2019–20)	General public						X	X
App Brochure (2019–20)	General public	X					X	X
CredibleMind (2020)	Isolated populations at high risk for serious complications from COVID–19	X	X					
Uniper (2020)	• LACDMH clients in the GENESIS older adult program • Older adults with internet access and in the Telecare Los Angeles Older Adults Full Service Partnership program	X	X					
Headspace (2020)	• Adult cognitive behavioral health clients • Individuals seeking Peer Resource Center support	X	X					
MindLAMP (2020–22)	DBT clients	X	X		X			
Headspace (2020–23)	General public	X			X	X		
iPrevail (2020–23)	General public	X			X	X		
SyntraNet (2021–23)	DMH County providers	X			X	X		

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Expanded technology offerings to general public (2020–23)	Recognized impact of COVID–19 on mental health of community	Served more community members, particularly those affected by COVID–19
	Expanded technology offering to County providers (2021–23)	Needed to address technology needs of workforce	Offered resource for County providers that may improve their workflows
Change in Technologies	Pivoted from Peer chat technology and passive data technology to other technolo–gies (2019)	Peer chat technology and pas–sive data technology did not fit core audiences	Had to find technologies that better fit core audiences, including addressing their mental health needs as a result of COVID–19
	Modified Mindstrong Health app (e.g., added digital DBT diary card) for DBT program (2018–19)	Clients frequently did not complete paper diary cards, so looked to create digital product	Better supported DBT clients
	Headspace, CredibleMind, and Uniper pilots no longer pursued (2020)	COVID–19 impacted discontinuation of pilots	Allocated resources and focused efforts on Headspace implementation
	Transitioned from modified Mindstrong to MindLAMP (2020)	• Mindstrong changed its business model to only support the full Mindstrong Care product line (not the DBT diary cards) • LACDMH wanted to manage a product in–house in order to easily make customiza–tions that meet changes in client and County needs	Aimed to meet increased needs of clients receiving DBT
	Discontinued planning MindLAMP implementation (2022)	Implementation challenges (2022)	Focused efforts on other implementations
Change in Project Approach	Considered piloting technolo–gies with a small group (2020)	Approach agreed upon by Help@Hand Collaborative	Strategically used staff and resources for effective implementation
	Broadened project to include digital mental health literacy trainings (2019–20)	Learned core audiences needed help accessing and using technology	Improved access and use of technology among core audience
	Developed and distributed App Brochures (2019)	Recognized need to provide more resources to community through a Peer–engaged approach	Increased awareness of resources for the community to access
	Conducted needs assess–ment with community college students (2021)	Needed to learn more about the needs of this core audience	Appropriately planned efforts that met needs of the core audience

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Timeline	Delayed timeline (2019–21)	• Pivoted from Peer chat technology and passive data technology (2019) • Did not have capacity to support pilot projects as a result of COVID–19 (2020)	Delayed technology deployments
Other County/City Specific Changes	Changes in Tech Lead/ Project Manager (2019–21)	Staff Changes	

Continuation of Project

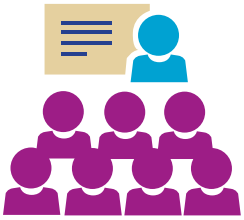
Completed Technology/ Activity	Status	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Mindstrong Health- modified	Will not continue	Mindstrong changed its business model and did not support digital DBT diary cards	County leadership and project team	Does not apply
Needs Assessment	Will not continue	One–time activity to inform efforts	El Camino College and County	Does not apply
Appy Hours	Will not continue	Not applicable to ongoing efforts	County	Does not apply
App Brochure	Will not continue	–	–	Does not apply
Headspace (for County residents)	Will not continue	–	–	Does not apply
iPrevail	Will continue	Received feedback/ data to expand it	County leadership and project team	Prevention and Early Intervention (PEI) program funds
SyntraNet	Will not continue	Poor fit for core audience	County leadership and project team	Does not apply

Key Strategies to Disseminate Lessons Learned

Report

Website

Social Media



Meetings

Presentations

Community Events

MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS)

Utilizing Technology to Increase Access to Mental Health Services and Supports for Older Adults in Marin County

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
262,321	520	504.1	21%	94%	6%	$142,019

* As defined by the Census Bureau, an urban area is a densely settled core of census blocks that is at least 2,000 housing units or has populations of at least 5,000. A rural area encompasses all population not included within an urban area.

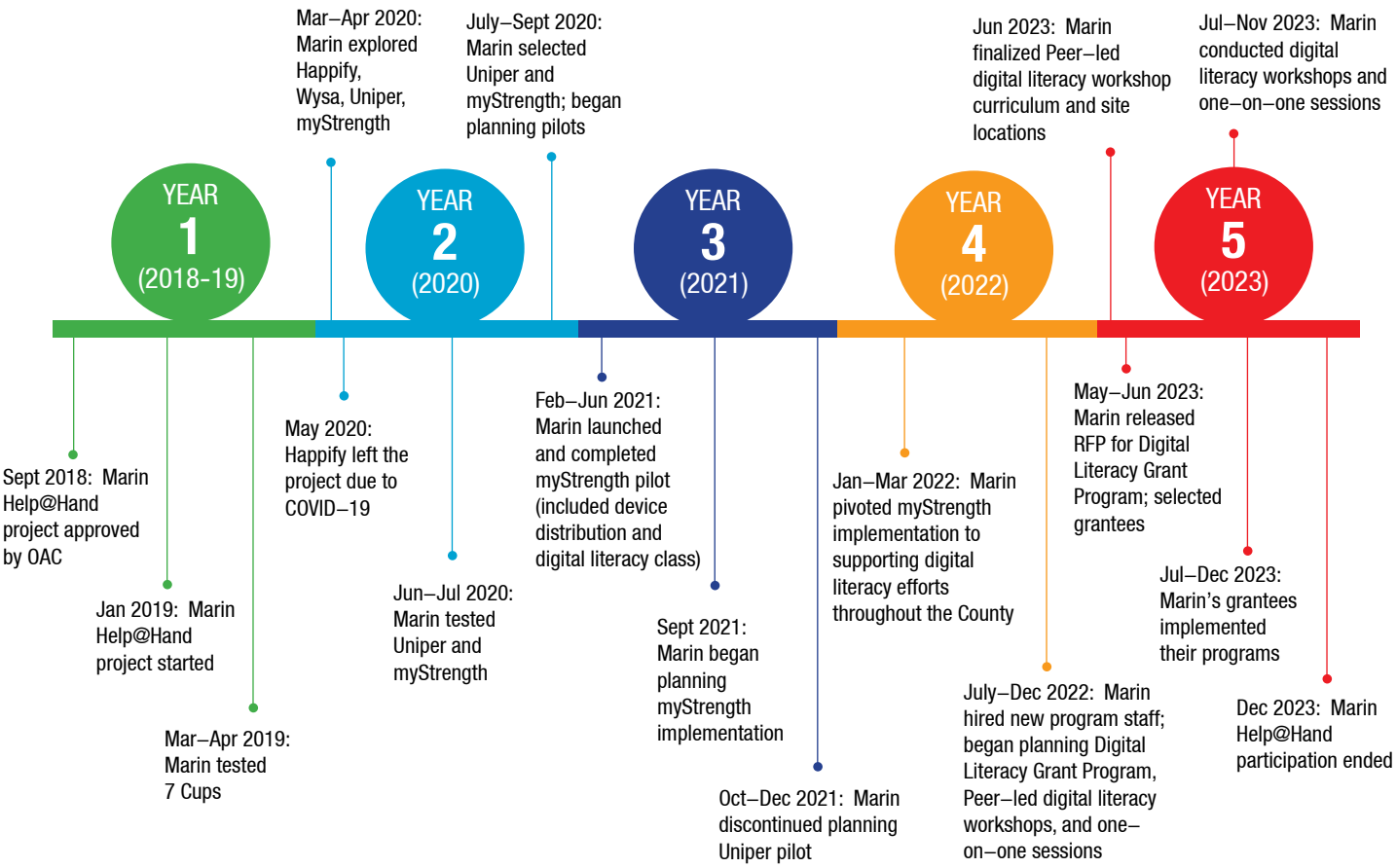
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved February 11, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	A need for additional mental health resources to support the growing older adult community in Marin County.
Core Audience(s) Identified in County/City Proposal	• Socially isolated older adults, including those experiencing or at risk of loneliness or depression • Clients or potential clients who have difficulty accessing care due to geographical and/or transportation limitations • Older adults at risk for developing or relapsing on mental health symptoms • Older adults with mild to moderate mental health symptoms, including those who may not recognize that they are experiencing symptoms • Caregivers who are at risk for developing mental health symptoms or who need additional emotional support
Project Approval Date/ Start Date/ End Date	September 2018/ January 2019/ December 2023
Project Budget	$1,580,000

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology Tested Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
7 Cups (2018–19)	Older adults	X						
Happify (2020)	Older adults	X						
Wysa (2020)	Older adults	X						
Uniper (2020–21)	Older adults	X	X					
myStrength (2020–22)	Isolated older adults	X	X	X	X			
Device Distribution (2020–21)	Those in myStrength pilot						X	X
Digital Literacy Class (2020–21)	Those in myStrength pilot						X	X
Marin County BHRS' Digital Literacy Grant Program (2022–23)	Older adults						X	X
Digital Literacy Workshops and One–on–One Sessions (2022–23)	Olderadults						X	X

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Narrowed core audience to only older adults (2020)	In response to community feedback sessions emphasizing the importance of supporting the isolation and connectedness of the older adult community. This change focused on increasing digital literacy to enhance access to mental health services and supports, addressing crucial needs identified within the older community in Marin County.	Focused efforts
Change in Technologies	Pivoted from 7 Cups and considered other technologies (2019)	7 Cups not a fit for core audience	Had to find technologies that better fit core audiences
	Uniper pilot no longer pursued (2021)	Limited staffing capacity	Allocated resources and focused efforts on myStrength pilot
	Pivoted from broadly implementing myStrength (2022)	Advisory Committee advocated for BHRS to explore how to integrate lessons learned from myStrength pilot with larger County initiatives on digital literacy and mental health needs of the most isolated older adults	Increased digital literacy support for core audience
	Pivoted to test/pilot with a small group before any implementation (2020)	Learned of the importance of such an approach	Strategically used staff and resources for effective implementation
Change in Project Approach	Pivoted from in person to virtual meetings (2020)	COVID–19 social distancing mandates	Continued project activities
	Broadened project to include digital literacy and device distribution efforts (2020)	Learned core audiences had limited access to devices and differing levels of digital literacy	Improved engagement in the project
Change in Timeline	Delayed timeline (2019–20)	• Pivot from 7 Cups (2019) • Pivot to test/pilot with a small group before their implementation (2020)	Delay in technology selection and implementation
Other County/City Specific Changes	Change in Tech Lead and Peer Support Specialist (2019–23)	High staff turnover	Delayed timeline
	New program supervisor was hired to oversee the Help@Hand project, which included responsibilities such as hiring a new Tech Lead and Peer Counselor (2022)	Staff turnover	The addition of a new program supervisor provided fresh energy and focus into the Help@Hand project for its final months. With the recruitment of a new Tech Lead and Peer Counselor, the project experienced a revival, enabling it to approach its goals with renewed vigor and direction.

Continuation of Project

Completed Technology/ Activity	Status	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
myStrength	Will not continue	Pivoted from implementing myStrength to supporting digital literacy efforts through–out County	Advisory Committee	Does not apply
Device Distribution	Will not continue	Offered only during myStrength pilot	Advisory Committee	Does not apply
Digital Literacy Class	Will not continue	Offered only during myStrength pilot	Advisory Committee	Does not apply
Marin County BHRS' Digital Literacy Grant Program	Will not continue	The Digital Literacy Grant Program will cease due to the program's conclusion. However, digital literacy efforts are now sustained through community–based organizations and alter–native funding sources.	Advisory Committee	Does not apply
Digital Literacy Workshops and One-on-One Sessions	Will not continue	The digital literacy workshops and one–on–one sessions will cease due to the program's conclusion. However, digital literacy efforts are now sustained through community–based orga–nizations and alternative funding sources.	Advisory Committee	Does not apply

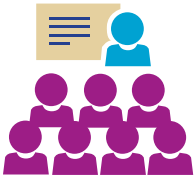
Key Strategies to Disseminate Lessons Learned

Report

Website

Academic Journal Article

Community Events



Meetings

Presentations

MONO COUNTY BEHAVIORAL HEALTH (MCBH)

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
13,195	3,049	4.3	25%	53%	47%	$82,038

* As defined by the Census Bureau, an urban area is a densely settled core of census blocks that is at least 2,000 housing units or has populations of at least 5,000. A rural area encompasses all population not included within an urban area.

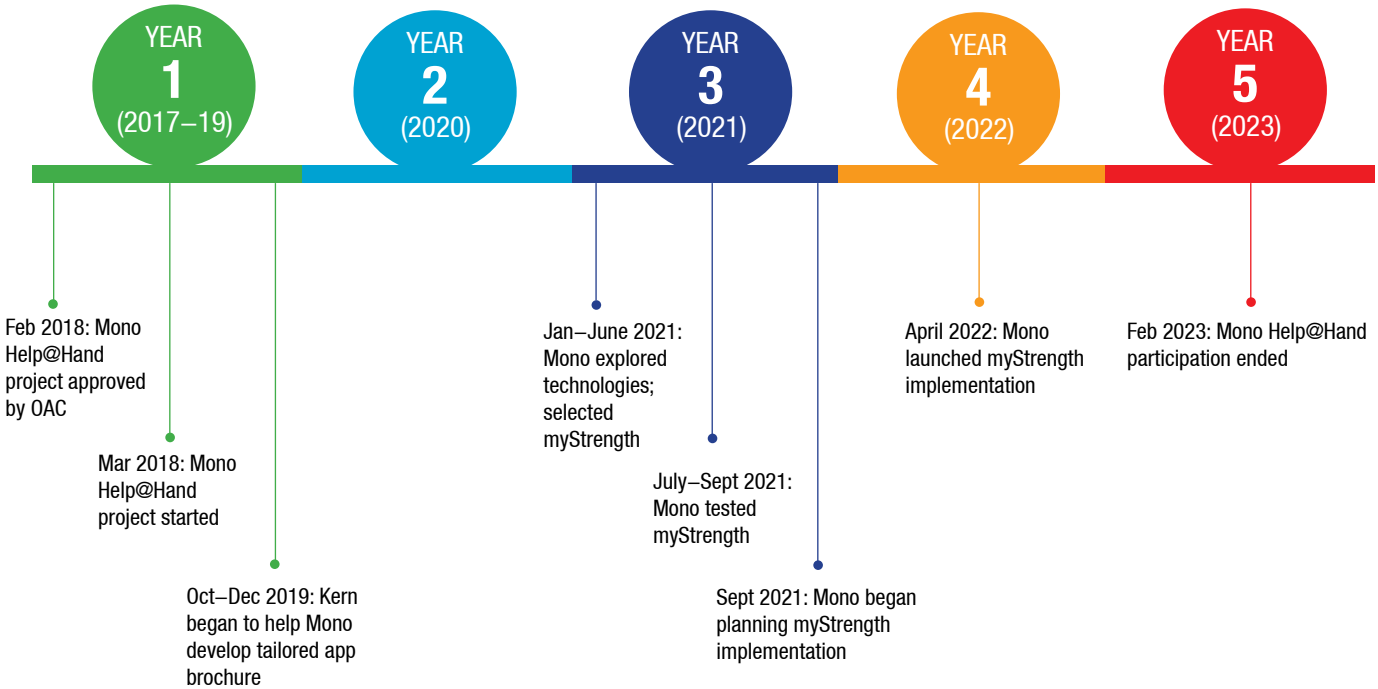
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved February 11, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	A need to: • Reduce isolation among those who lack social support/engagement • Increase access to mental health services • Identify onset of mental illness sooner among Transition Age Youth (TAY)
Core Audience(s) Identified in County/City Proposal	• 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
Project Approval Date/ Start Date/ End Date	February 2018/ March 2018/ February 2023
Project Budget	$85,000

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology Tested Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
App Brochure (2019–20)	Core audience(s) not specified						X	X
Wysa (2021)	• TAY • Isolated individuals with limited access to social support and mental health services	X						
Headspace (2021)	• TAY • Isolated individuals with limited access to social support and mental health services	X						
myStrength (2021–23)	• Isolated seniors • TAY • General Mono County public	X			X	X		

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Narrowed isolated individuals to isolated seniors (2021)	During COVID–19, isolated seniors were a higher risk group and notably reluctant to re–engage with the world. The core audience was modi–fied to support this community of need with passive mental health education.	Focused marketing and out–reach efforts
	Broadened college students at Cerro Coso Community College in Mammoth Lakes to TAY generally (2021)	The core audience broadened to include high school students as some members of this group experienced isolation due to distance learning during COVID–19	Reached more TAY
	Expanded myStrength imple–mentation to general public (2021)	• Support more people, espe–cially after the mental health impact of COVID–19 • Allow MCBH to use more of their remaining myStrength licenses	Offered myStrength to more people
Change in Technologies	Pivoted from virtual service and digital phenotyping to other technologies (2019)	Virtual service and digital phenotyping did not fit core audiences	Considered other products that better fit core audiences
Change in Project Approach	Broadened project to include app brochure (2019)	Sought to increase awareness of the project	Increased awareness of project
	Supplemented communi–ty outreach with marketing and social media campaign (2022–23)	Sought to increase awareness of the project	Increased awareness of the project
Change in Timeline	Delayed timeline (2019–22)	• Pivoted from virtual services and digital phenotyping (2019) • Limited workforce capacity (2020) • Explored additional products (2021) • Planned to pool myStrength licenses with Marin County, but Marin County decided not to implement myStrength (2021–22)	Delayed technology selection and implementation
Other County/City Specific Changes	Changes in Tech Lead (2021–22)	Staff turnover	Inconsistent MCBH workforce dedicated to Help@Hand and at times smaller than ideal for the project

Continuation of Project

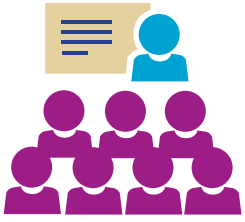
Completed Technology/ Activity	Status	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
App Brochure	Will not continue	Did not proceed with project and therefore App Brochure was needed	Does not apply	Does not apply
myStrength	Will not continue	Too expensive (e.g., the minimum number of myStrength licenses required to purchase exceeded the number of licenses needed)	MHBS Advisory Board	Does not apply

Key Strategies to Disseminate Lessons Learned

Report

Website

Social Media



Meetings

Presentations

Community Events

MONTEREY COUNTY BEHAVIORAL HEALTH SERVICES (MCBH)

INN-02: Screening to Timely Assessment

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
439,035	3,282	133.8	55%	86%	14%	$91,043

* As defined by the Census Bureau, an urban area is a densely settled core of census blocks that is at least 2,000 housing units or has populations of at least 5,000. A rural area encompasses all population not included within an urban area.

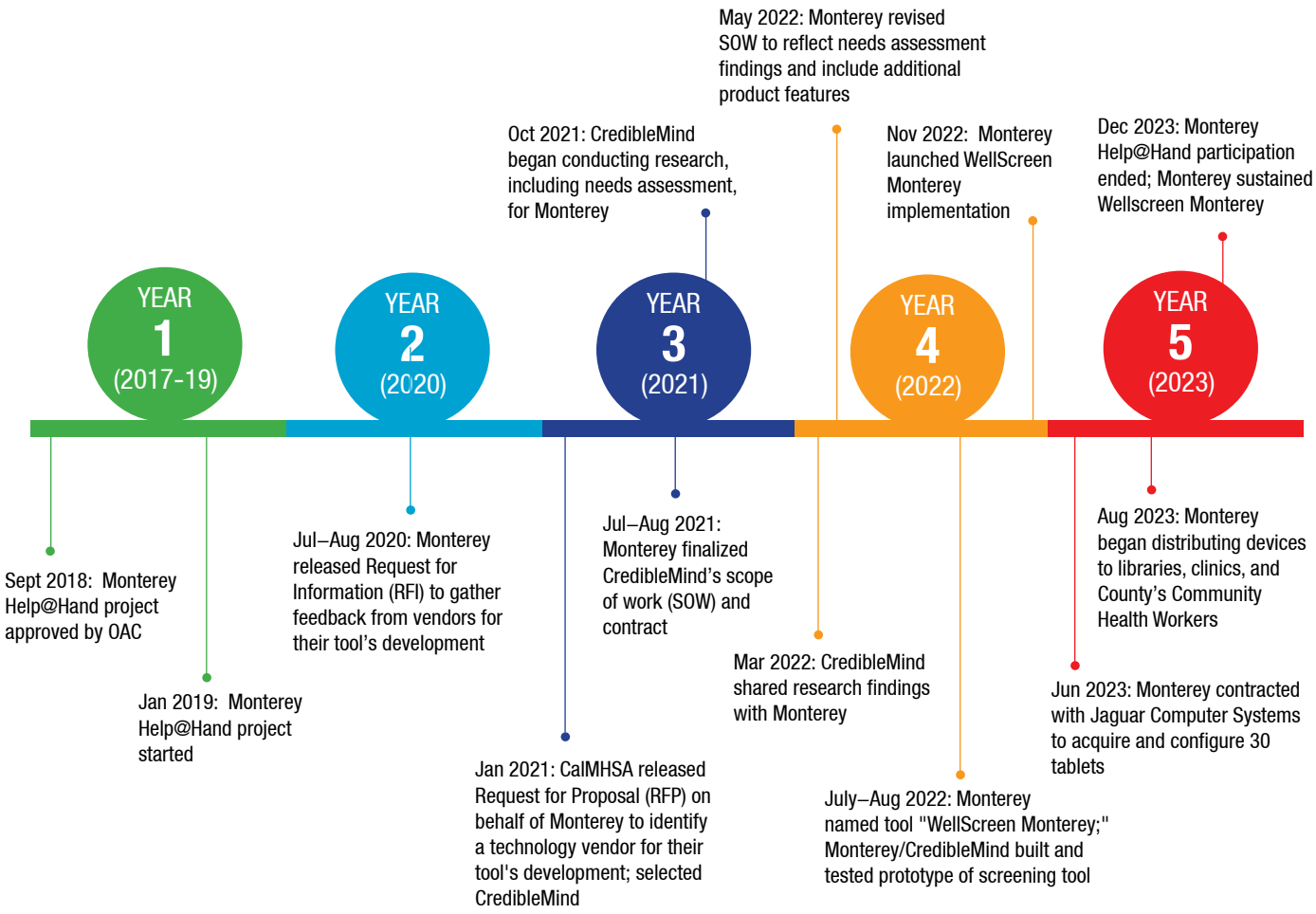
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved February 11, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	Demand for mental health services outpaced the capacity of the mental health services system to appropriately screen and refer individuals to treatment
Core Audience(s) Identified in County/City Proposal	All individuals in Monterey County in need of mental health services
Project Approval Date/ Start Date/ End Date	September 2018 / January 2019 / December 2023
Project Budget	$2,526,000

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology Tested Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
WellScreen Monterey (2019–23)	• Individuals 16+ years seeking mental health services • Family members/friends of an individual experiencing mental health disorder • Community service providers	X			X	X		
Needs Assessment (2021–22)	• MCBH consumers • MCBH staff • Clinicians in the community						X	X
Device Access (2023)	Community members participating in community outreach and education activities						X	X

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Included family members/ friend of an individual experiencing a mental health disorder and community service providers conducting outreach activities in the core audience (2021)	Needs assessment identified additional core audience needs	Served more people
Change in Technologies	N/A	N/A	N/A
Change in Project Approach	Released Request for Information (RFI) (2020)	Needed to gather feedback to inform tool's development	Improved process to develop and implement tool
	Conducted needs assessment (2021)	Needed to identify the needs that WellScreen Monterey could address	Improved engagement in the project
	Broadened scale of marketing (2022)	Would increase awareness of the project among the community	Increased awareness of the project
Change in Timeline	Delayed timeline (2019–23)	More prep work was needed, including an RFI and needs assessment	Allowed for a more strategic and effective implementation
Other County/City Specific Changes	N/A	N/A	N/A

Continuation of Project

Completed Technology/ Activity	Status	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
WellScreen Monterey	Will continue	Intention of original proposal and project	Stakeholders engaged in community planning process for original proposal	Not yet determined
Needs Assessment	Will not continue	One–time activity to inform efforts	MCBH identified the need for a research plan, and this was included in the services under the Scope of Work in the RFI	Does not apply
Device Access	Incorporated in County operations	Had key staff and technology to support effort	Community Health Workers reported successful community engagement	Operational funds

Key Strategies to Disseminate Lessons Learned

Report

Website

Social Media

Presentations

SAN MATEO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS)

Increasing Access to Behavioral Health Services and Supports Utilizing a Suite of Technology-Based Behavioral Health Interventions

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
764,442	449	1,704.0	45%	98%	2%	$149,907

* As defined by the Census Bureau, an urban area is a densely settled core of census blocks that is at least 2,000 housing units or has populations of at least 5,000. A rural area encompasses all population not included within an urban area.

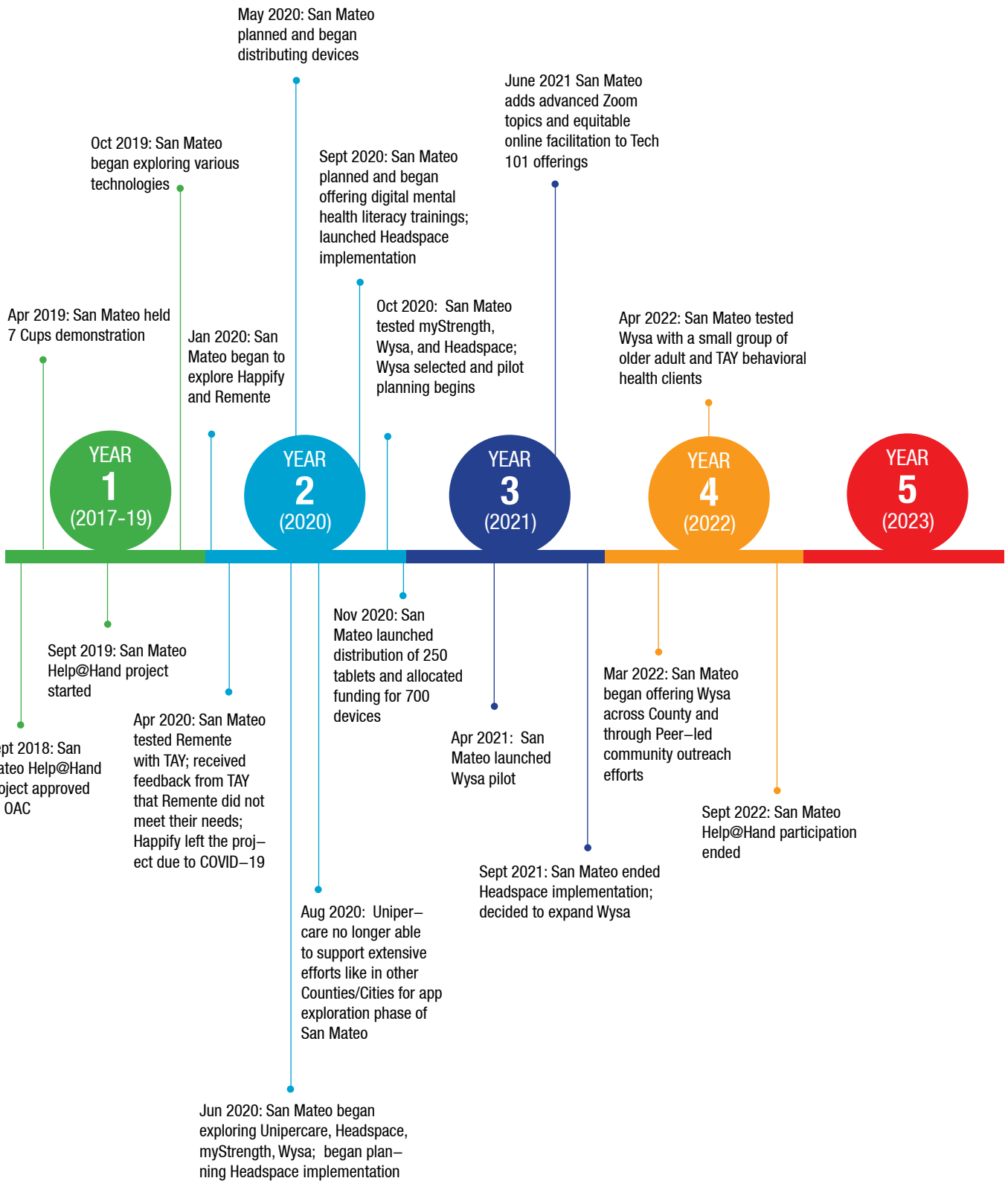
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved February 11, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	Need for new approaches to connect and engage mental health clients/consumers to services and supports, especially for isolated older adults, transition-age youth (TAY) in crisis, and underserved racial and ethnic communities Barriers to accessing mental health services for these diverse communities included stigma of mental illness, isolation paired with geographic and transportation challenges, and lack of culturally/linguistically appropriate services. These barriers reduce engagement and participation in services for isolated older adults with more severe symptoms and TAY in crisis.
Core Audience(s) Identified in County/City Proposal	• Isolated older adults • TAY in crisis • Monolingual Chinese- and Spanish-speaking residents
Project Approval Date/ Start Date/ End Date	September 2018/ September 2019/ September 2022
Project Budget	$3,872,167

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology Tested Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
7 Cups (2019)	• Isolated older adults • TAY in crisis • Monolingual Chinese– and Spanish–speaking residents	X						
Happify (2020)	• Older adults	X						
Remente (2020)	• TAY	X						
Unipercare (2020)	• Older adults	X						
Headspace (2020)	• TAY	X						
myStrength (2020)	• Older adults • TAY	X						
Wysa (2020–22)	• Older adults • TAY	X	X	X	X	X		
Headspace (2020–21)	• General public	X			X	X		
Digital Mental Health Training (2020–22)	• Peers and Family Partner staff • Providers • Clients • Older adults • Community based organizations • General public						X	X
Device Distribution (2020–22)	• Clients						X	X
Texting Capacity for Local Crisis Hotline	• TAY						X	X
TAY Engagement in Behavioral Health Education and Supports Through Technology	• TAY						X	X

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Did not target monolingual Chinese–speaking residents for an app (2019–20)	Considered apps did not have content in Chinese	Hired Chinese–speaking Peer Worker to provide digital behavioral health literacy supports and resources, "Get App–y" workshops
	Pivoted to targeting TAY in general from TAY in crisis (2019–20)	Available market apps are not designed, nor do they have the appropriate clinical expertise, to support youth in crisis	Contracted with local 24–Hour Crisis Hotline provider with a teen–focused website, chat, and a youth outreach team to add text capacity for youth in crisis. The resources were promoted via the selected app.
	Expanded technology offerings to general public (2020–21)	Recognized impact of COVID–19 on mental health of community	Served more community members, particularly those affected by COVID–19
Change in Technologies	Pivoted from Peer chat/support groups and digital phenotyping technology to other technolo–gies (2019)	Peer chat/support groups and digital phenotyping technology did not fit core audiences. Had to find technologies that better fit core audience needs.	Offered technology solutions, including texting capacity for TAY in crisis and an app that was vetted and selected by the core audiences and custom–ized by the app developers for cultural responsiveness
Change in Project Approach	Considered piloting technolo–gies with a small group (2019)	Approach agreed upon by Help@Hand Collaborative	Strategically used staff and resources for effective imple–mentation
	Broadened project to include device distribution and digital mental health literacy train–ings for Peers, BHRS clients, older adults, and vulnerable communities immediately post COVID–19 (2020–21)	COVID–19 exacerbated the digital divide for low–income, rural, disabled, people of color, and isolated older adults. BHRS clients and isolated older adults specifically needed devices and/or help accessing and using technology. Peers needed digital literacy training to feel confident in supporting clients with their devices.	Improved access and use of technology among BHRS clients and older adults. Provided training for Peer staff to support clients with the use of devices. Provided digital literacy sup–ports including Technology 101 trainings, Tech Cafés and Get App–y Workshops for BHRS clients and other vulnerable communities more broadly.
	Broadened project to include wellness supports and educa–tion for TAY through technol–ogy–related mediums (social media, podcasts, apps) (2022)	TAY identified that the need was more broadly related to wellness supports and education in various spaces compared to one specific app	Implemented Help@Hand Youth Ambassador Program where youth developed social media strategies, podcasts and awareness about wellness apps more generally

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Timeline	Delayed timeline (2019–22)	• Pivoted from Peer chat/ support groups and digital phenotyping technology (2019) • COVID–19 (2020) • Contract delays (2020–22)	Delayed technology deploy–ments
	Delayed offering technologies to clients (2020)	Staff and stakeholders thought it more feasible to undergo the cumbersome app vetting, se–lection, piloting, and custom–ization processes with com–munity at–large not currently connected to services and then determine if the selected app could promote wellness and recovery for clients as a supplement to their ongoing mental health treatment	Completed BHRS adult and TAY client vetting in 2022
Other County/City Specific Changes	N/A	N/A	N/A

Continuation of Project

Completed Technology/ Activity	Status	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Wysa	Will not continue	Not able to garner enough interest in Wysa by the commu–nity at–large, older adults, and TAY. Piv–oted focus of contin–uation to BHRS clients only, but there is a vacancy in the program manager role.	Advisory Committee[14]	Does not apply
Headspace	Will not continue	Developers unwilling to customize and refine Headspace to fit core audience's needs and priorities, including culturally relevant adaptations	Focus groups with older adults and TAY; Advisory Committee	Does not apply

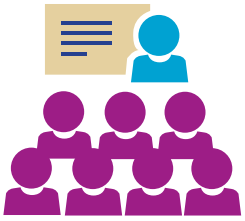
[14] The Advisory Committee included non-profit agencies, peer-based organizations (e.g., Heart and Soul, Voices of Recovery, and California Clubhouse), behavioral health clients, family members, a commissioner, and staff mostly from peer-based programs.

Completed Technology/ Activity	Status	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Digital Behavioral Health Literacy for Peers (Painted Brain) and Older Adults (Get App-y Workshops)	Will continue	Clients, Peers, staff, and other stakeholders considered this activity highly important for Peers and older adults	Advisory Committee	Mental Health Services Act General System Development (MHSA GSD)
Device Distribution	Will continue	Clients, staff, and other stakeholders consid–ered this activity highly important, specifically for BHRS clients	Advisory Committee	MHSA Capital Facili–ties and Technological Needs (CFTN)
Texting Capacity for Local Crisis Hotline	Will continue	TAY, staff, and other stakeholders consid–ered this activity highly important for TAY	Advisory Committee	MHSA Prevention and Early Intervention (PEI)
TAY Engagement in Behavioral Health Education and Supports Through Technology	Will continue	TAY, staff, and other stakeholders consid–ered this activity highly important for TAY	Advisory Committee	MHSA PEI

Key Strategies to Disseminate Lessons Learned

Report

Website



Meetings

TEHAMA COUNTY HEALTH SERVICES AGENCY – BEHAVIORAL HEALTH (TCHSA-BH)

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
65,829	2,949	22.3	20%	43%	57%	$59,029

* As defined by the Census Bureau, an urban area is a densely settled core of census blocks that is at least 2,000 housing units or has populations of at least 5,000. A rural area encompasses all population not included within an urban area.

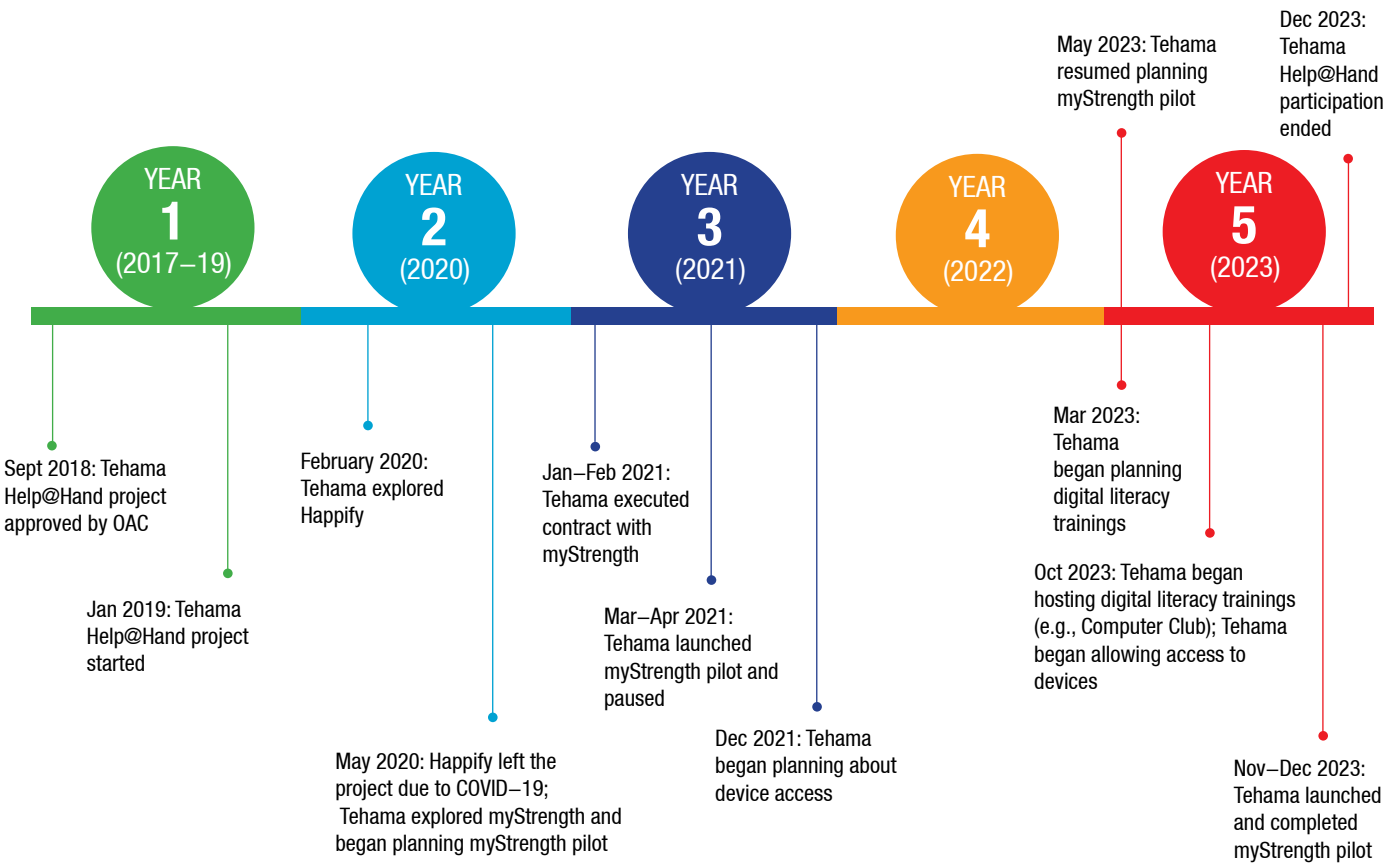
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved February 11, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	Tehama County has a high proportion in geographic isolation and poverty. They also have high suicide rates among adult males. Use of mental health services are reduced due to lack of public transportation options, behavioral health workforce shortage, as well as limited knowledge of mental illness and mental health stigma.
Core Audience(s) Identified in County/City Proposal	• Individuals in remote, isolated areas who have less access to social support and mental health services • Youth and Transition Age Youth (TAY) • Men at risk of suicide willing to engage in private and confidential services
Project Approval Date/ Start Date/ End Date	September 2018/January 2019/ December 2023
Project Budget	$118,088

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology Tested Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
Happify (2020)	Core audience(s) not specified	X						
myStrength (2020–23)	• Isolated individuals • Individuals experiencing homelessness • TCHSA–BH clients	X	X	X				
Device Access (2022–23)	• Those in myStrength pilot • Community members						X	X
Digital Literacy Trainings (2022–23)	• Those in myStrength pilot • TCHSA–BH clients						X	X

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Pivoted from TAY and men at risk of suicide to individuals experiencing homelessness and TCHSA–BH clients as core audiences in myStrength pilot (2020)	Increased demand for mental health services for individuals experiencing homelessness and TCHSA–BH clients at onset of COVID–19	Served core audiences needing services
Change in Technologies	Pivoted from virtual services and digital phenotyping to other technologies (2019)	Virtual services and digital phenotyping did not fit core audiences	Had to find technologies that better fit core audiences
Change in Project Approach	Pivoted from receiving feedback from a steering committee of clients and family members to receiving feedback from Peers (2021)	Limited resources to convene a large steering committee	Received rich Peer insights/ feedback
	Pivoted to test/pilot technologies (2020)	Learned of the importance of such an approach	Delayed timeline, but allowed TCHSA–BH to improve fit and workflows on a smaller scale
	Broadened project to include digital literacy and device access efforts (2022)	Learned core audiences had limited access to devices and differing levels of digital literacy	Improved engagement in the project
Change in Timeline	Delayed timeline (2019–21)	• Pivot from virtual services and digital phenotyping (2019) • Pivot to explore/pilot products (2020) • Need to review data sharing agreements (2021)	Delay in technology selection and pilot
Other County/City Specific Changes	Change in contracting staff	Staff turnover	Delayed timeline

Continuation of Project

Completed Technology/ Activity	Status	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
myStrength	Will not continue	Poor fit for core audiences	Involved staff and Peers in decision	Does not apply
Device Access	Incorporated in County operations	Had key staff and tech–nology to support effort	Peers expressed enthusiasm to continue	Operational funds
Digital Literacy Trainings	Will sustain until June 2024	Community members attend trainings Had key staff and technology to support trainings	Peers expressed enthusiasm to continue	Operational funds

Key Strategies to Disseminate Lessons Learned

Report

Social Media

TRI-CITY MENTAL HEALTH AUTHORITY (TCMHA)

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
220,313	44	4,371.9	39%	99%	1%	$97,474

* As defined by the Census Bureau, an urban area is a densely settled core of census blocks that is at least 2,000 housing units or has populations of at least 5,000. A rural area encompasses all population not included within an urban area.

Source:*U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved February 11, 2024, from https://data.census.gov/* [15]

Priority Issue(s)

Priority Issue(s) Identified in County/City Proposal

A need to support students by expanding access to mental health services and providing alternatives for those reluctant to receive services in a traditional clinical setting due to stigma.

Challenges with accessing treatment for older adults, specifically home-bound older adults and those who lack transportation. 75% of older adults indicated in Tri-City Mental Health Authority (TCMHA) community planning surveys that they would likely seek mental health support provided online 24/7.

Concerns with language capacity identified in community planning process.

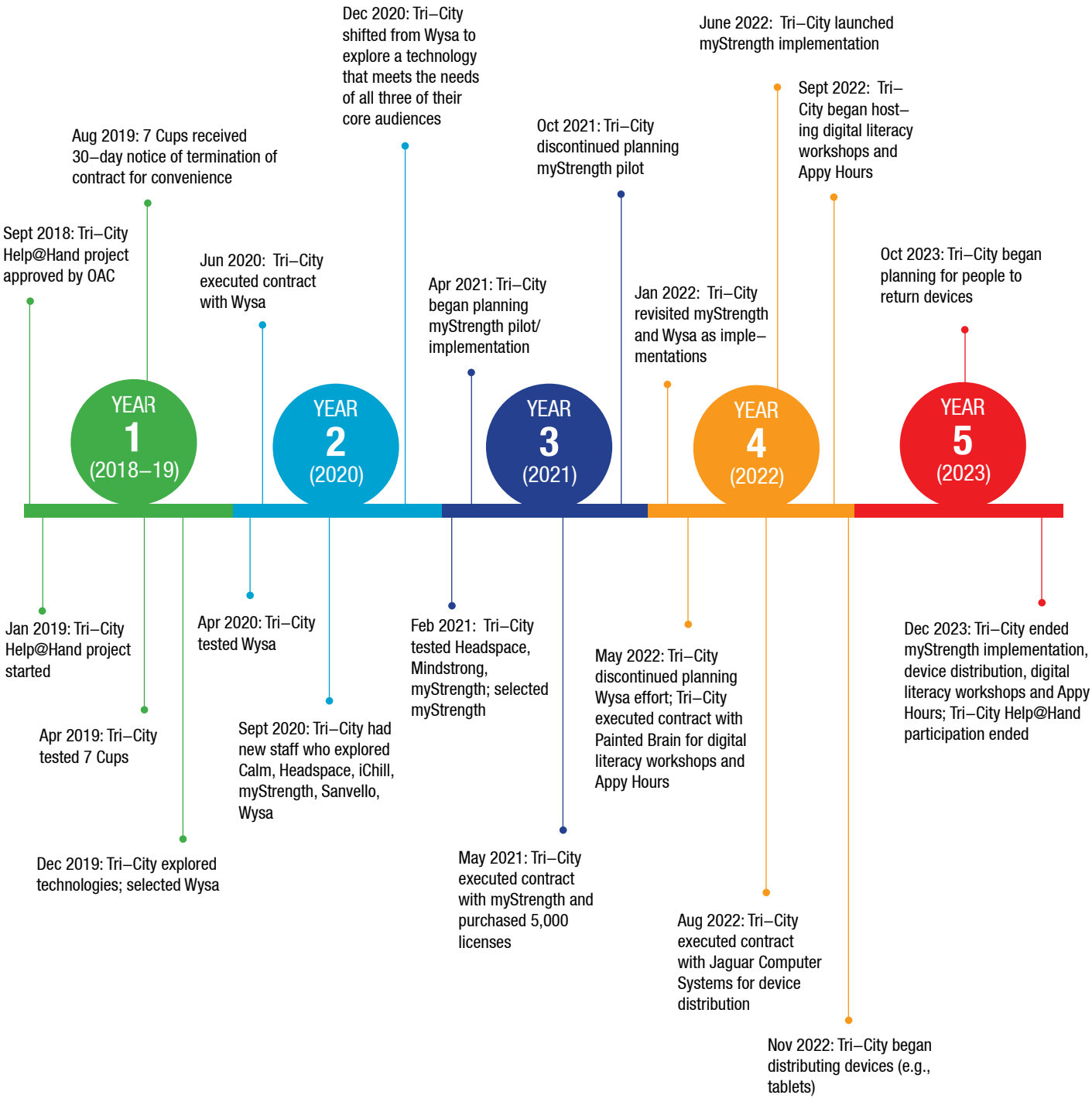
[15] Tri-City is a region in Los Angeles County and is composed of three cities- Claremont, La Verne, and Pomona. Population and square mileage were calculated as sums of the population and square mileage of Claremont, La Verne, and Pomona. Population density, percent who speak non-English language at home, and median household income were calculated as the average of Claremont, La Verne, and Pomona City-level values. Percent of population in urban or rural regions reflect Los Angeles County values, as Claremont, La Verne, and Pomona city-level information is not provided in the Census. Los Angeles County is 99% urban, making it highly probable that the Tri-City cities are urban.

Priority Issue(s) (cont'd)	
Core Audience(s) Identified in County/City Proposal	Primary Population • Transition Age Youth (TAY) and college students (up to age 25 years) seeking peer support or interested in offering their support as trained peer listeners • Older adults (age 60+ years) who lack transportation or are unable to access traditional services • Non-English-speaking clients and community members Secondary Beneficiaries • Peers, volunteers, and persons connected with Tri-City interested in offering their support through technology • Current clients seeking additional sources of support
Project Approval Date/ Start Date/ End Date	September 2018/ January 2019/ December 2023
Project Budget	$1,674,700

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology Tested Technology"	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
7 Cups (2019)	• TAY • Older adults • Non–English–speaking clients and community members	X						
Calm (2020)	Core audience(s) not specified	X						
iChill (2020)	Core audience(s) not specified	X						
Sanvello (2020)	Core audience(s) not specified	X						
Headspace (2020–21)	• TAY • Older adults • Monolingual Spanish–speakers	X						
Mindstrong (2020–21)	• TAY • Older adults • Monolingual Spanish–speakers	X						
Wysa (2019–22)	• TAY • Older adults • Monolingual Spanish–speakers	X	X		X			
myStrength (2020–23)	• TAY • Older adults • Monolingual Spanish–speakers • General Tri–City public	X	X		X	X		
Device Distribution (2022–23)	Those in myStrength implementation						X	X
Digital Literacy Workshops and Appy Hours (2022–23)	Community members						X	X

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Narrowed non–English speaking clients and commu–nity members to monolingual Spanish–speakers (2019–20)	Tri–City had a significant monolingual Spanish–speak–ing population	Focused efforts
	Narrowed TAY aged 16–25 years to TAY aged 18–25 years (2021)	Narrowing age range reduced administrative paperwork related to serving underage participants	Expedited project timeline
	Expanded myStrength imple–mentation to general Tri–City public (2022)	May increase access to myStrength and allow TCMHA to use more of their remaining myStrength licenses	Served more community members
Change in Technologies	Pivoted from Peer chat technology and passive data technology to other technolo–gies (2019)	Peer chat technology and passive data technology did not fit core audiences	Had to find technologies that better fit core audiences
	Wysa implementation no longer pursued (2022)	Insufficient funds	Allocated resources and focused efforts on myStrength implementation
Change in Project Approach	Tested technologies with a small group before any imple–mentation (2019)	Learned of the importance of such an approach	Strategically used staff and resources for effective imple–mentation
	Pivoted Wysa and myStrength pilot to implementation (2021)	Resource and staffing shortages	Allocated resources to a tech–nology implementation
	Broadened project to include device distribution and digital literacy efforts (2022)	Learned core audiences had limited access to devices and differing level of digital literacy	Improved engagement in the project
	Supplemented community outreach with marketing and social media campaign (2022)	Would increase awareness of the project among the community	Increased awareness of the project
Change in Timeline	Delayed timeline (2019–21)	• Pivot from Peer chat tech–nology and passive data technology (2019) • Tested technologies with a small group before an implementation (2019) • Need to review data sharing agreements with external parties (2021)	Delay in technology selection, pilot, and implementation
	Paused project planning (2020)	Tech Lead left project and existing staff had limited capacity due to increased need to support communities affected by COVID–19	Delayed timeline
	Extended timeline of myStrength licenses and implementation from 1 to 2 years (2022)	Although myStrength imple–mentation launch date was delayed, TCMHA wanted to have sufficient time to enroll	Served core audiences for a longer period of time

Project Changes (cont'd)

	Change (Year Change Occurred)	Reason for Change	Impact of Change
		consumers and allow them to use myStrength	
Other County/City Specific Changes	Change in Tech Lead (2019–23)	High staff turnover	• Resumed implementation efforts on a delayed timeline
	Hired Peer Support Specialist (2023)	To provide a Peer perspective on the project, enhance out–reach, increase engagement with participants, and provide one–on–one assistance to those in need	• Increased engagement among participants • Provided feedback on pro–motional materials and how to customize these for core audiences

Continuation of Project

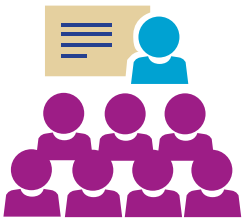
Completed Technology/ Activity	Status	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
myStrength	Will not continue	No funding source available to continue	N/A	Does not apply
Device Distribution	Will not continue	No technology to further promote device distribution	N/A	Does not apply
Digital Literacy Work-shops and Appy Hours	Will not continue	No funding source available to continue	N/A	Does not apply

Key Strategies to Disseminate Lessons Learned

Report

Website

Social Media



Meetings

Presentations

Evaluation of Help@Hand Headspace Implementations

INTRODUCTION

The City of Berkeley and Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties offered free Headspace subscriptions to residents in their Counties/Cities as a part of their Help@Hand participation. Evaluation of these implementations included app data and consumer surveys.

Table 3.2 provides information about County/City programs, audiences, and number of enrollees. The number of enrollees was influenced by different factors, including when Headspace was provided, who Headspace was offered to, and what marketing strategies were used.

Table 3.2. Implementation of Headspace Program in Help@Hand Counties/Cities.

County/City	Dates of Headspace Implementation	Core Audiences	Number of People who Enrolled in Headspace (as of Sept 2023)
City of Berkeley	October 2021 – September 2023	All city residents	7,312
Los Angeles County	April 2020 – February 2023	All county residents	38,286[16]
San Francisco County	March 2021 – February 2022[17]	All county residents	537
San Mateo County	September 2020 – September 2021	All county residents	3,292
Santa Barbara County	October 2021– September 2023	Select populations: • Transition Aged Youth (TAY) • Geographically Isolated Individuals • Clients Receiving crisis support from the Department of Behavioral Wellness	2,583

[16] Los Angeles County extended their agreement with Headspace in 2021. As such, those who enrolled prior to Quarter 4 of 2021 and were considered "inactive" (e.g., a user who did not have multiple activations within the app) were removed from Los Angeles County's Headspace platform. Thus, Los Angeles County's Headspace enrollment went from 73,664 in the Help@Hand Statewide Evaluation: Year 3 Annual Report to 30,020 in the Help@Hand Statewide Evaluation: Year 4 Mid-Year Report. The County concluded their Headspace implementation in February 2023 and the number presented in the table reflects enrollees as of March 9, 2023.

[17] San Francisco paused enrollment of new members in June 2021 and decided to discontinue offering Headspace to new members in February 2022.

APP DATA

Data provided by Headspace included information about the following: the number of monthly active users, monthly engagement rate, and engagement by content type. Headspace did not provide demographic data.

This report focuses on data received from City of Berkeley, Los Angeles County, and Santa Barbara County. All three implementations ended mid-2023, and as such, all available data is presented below. Data for San Francisco and San Mateo Counties are not included because their Headspace implementations concluded before 2023. All data will be included in the final report for Help@Hand (upcoming in December 2024).

Consumer Use of Headspace

Monthly Active Users and Monthly Engagement Rate

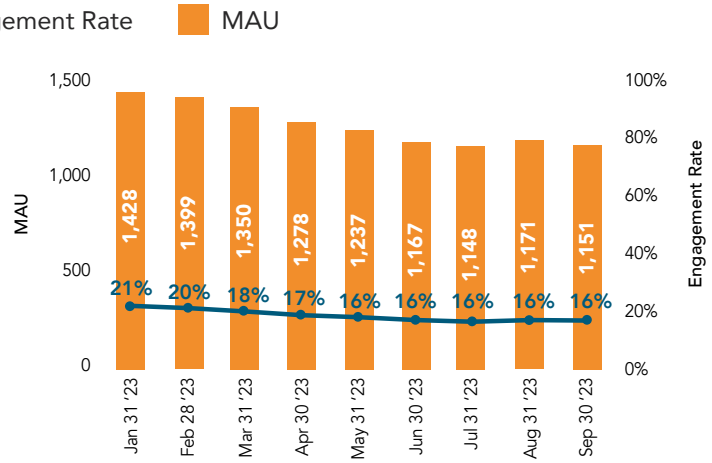
Metric	Definition
Monthly Active Users (MAU)	Number of enrolled Headspace members who engaged with at least 1 piece of content in Headspace in the month
Monthly Engagement Rate	Percentage of enrolled Headspace members who engaged with at least 1 piece of content in Headspace in the month

Figure 3.1 displays monthly active users (MAU) and monthly engagement rates in 2023. All Counties/Cities showed small fluctuations in MAUs and engagement rates over that period.

Figure 3.1. Monthly Active Users (MAU) and Engagement Rates by County/City.

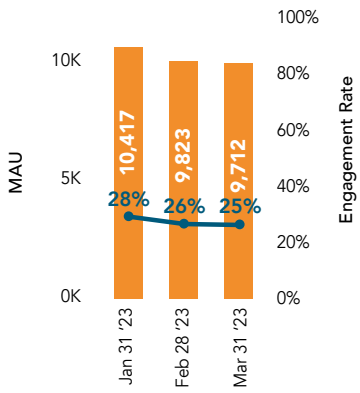
City of Berkeley

MAU and engagement rate decreased slightly from January to June 2023. MAU continued to decrease slowly towards the end of the implementation in September 2023, while the engagement rate plateaued.



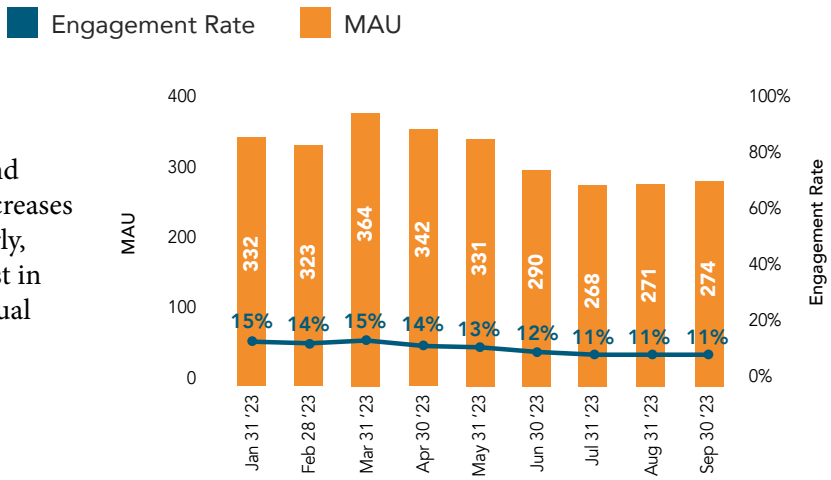
Los Angeles County

MAU and monthly engagement rate stayed consistent between January to March 2023.



Santa Barbara County

MAU was highest in January and March 2023 with consistent decreases from April to July 2023. Similarly, the engagement rate was highest in January and March with a gradual decrease.



Engagement by Content Type

Metric	Definition
Engagement By Content Type	The number of users engaging with each section in the app

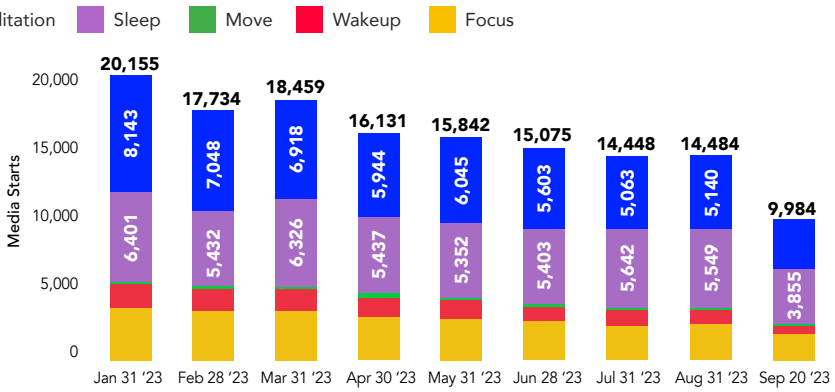
Content Type/ Section in Headspace	Description
Focus	Music and audio to support focus and attention
Meditation	Mindfulness meditation tracks, includes single meditations and meditation programs
Move	Content to support strengthening the body and physical health through movement and exercise
Sleep	Stories, 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 3.2 shows the content users engaged with in the Counties/Cities. Engagement by content type can indicate not only if 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/City services.

Figure 3.2. Number of Times Headspace Members Engaged with Specific Content by County/City in 2023.

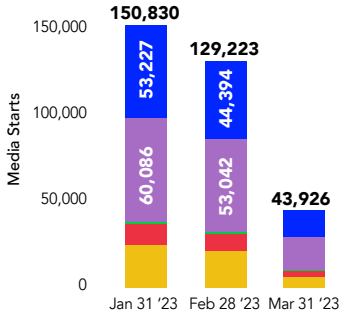
City of Berkeley

The meditation content was used the most between January-June 2023. The sleep content was used most between July-September 2023.



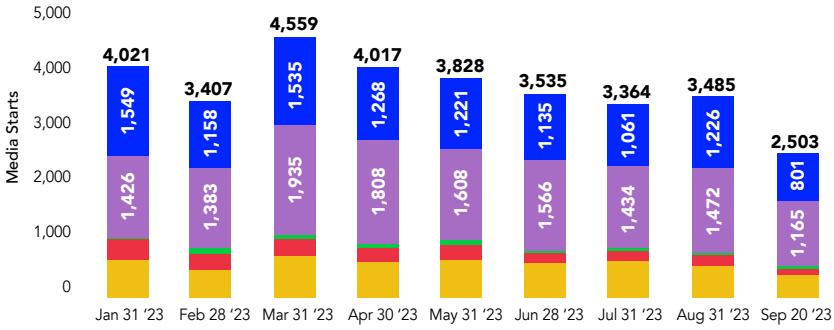
Los Angeles County

The sleep content was used most often followed closely by meditation.



Santa Barbara County

Sleep content was used the most in 2023, except for in January when meditation had higher use.



Learnings

Learnings from the Headspace app data include:

- **Over time, engagement rates remained relatively stable.** The app data indicated that although the number of monthly active users fluctuated, the proportion of users engaging with at least one piece of content each month remained steady.
- **Headspace's sleep and meditation content gained popularity.** The sleep and meditation content experienced a spike in usage in 2023. Considering its growing popularity, emphasizing the content in marketing could be beneficial.

CONSUMER SURVEYS

In 2021, the City of Berkeley as well as Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties formed the Headspace Survey Workgroup to understand the experience of Headspace consumers. This process is described in greater detail in the Help@Hand Statewide Evaluation: Year 3 Annual Report. Led by the Help@Hand evaluation team, the workgroup collaboratively developed an evaluation plan and two surveys for Headspace consumers in each County/City to complete:

- **Survey 1:** a survey of consumers to assess their experience with Headspace. Survey 1 was first sent on July 1, 2021 to all consumers who had signed up for Headspace up until that point, and was sent to every new consumer after that within one week of signing up.
- **Survey 2:** a follow-up survey of consumers to learn about their ongoing use of Headspace and any self-reported changes that might have occurred over time. Survey 2 was sent to consumers one-month after they started Survey 1.

Table 3.3 describes survey collection in each County/City. Both surveys were emailed, and Survey 2 was sent one-month after the consumers started Survey 1. Note that the numbers in this table represent the total number of people that enrolled in the Headspace program and were sent a survey, including those who were later considered inactive and were removed from the Headspace platform (see **Table 3.2** and footnote 16 on page 135).

Table 3.3. Timeline and Response Rates of the Headspace Consumer Surveys.[18]

County/City	Consumer Survey Status	Survey 1 Response Rate (Number of Consumers who Completed Survey 1)	Survey 2 Response Rate (Number of Consumers who Completed Survey 2)[19]
City of Berkeley	Surveys sent between Apr 2022 – Sept 2023	3.8% (N = 275/7,329)	32.2% (N = 109/339)
Los Angeles County	Surveys sent between Nov 2021 – Feb 2023	2.7% (N = 2,298/84,775)	36.3% (N = 1,040/2,862)
San Francisco County	Surveys not sent due to pause and discontinuation of Headspace implementation	–	–
San Mateo County	Surveys sent between Jul – Oct 2021	8.8% (N = 289/3,295)	31.4% (N = 115/366)
Santa Barbara County	Surveys sent between Oct 2021 – Oct 2023	6.1% (N = 157 /2,586)	41.7% (N = 78 /187)

[18] Data shows the final number of participants who completed surveys and the response rate as of February 28, 2024. A small number of participants completed a survey after a County/City's program completion date.

[19] Only participants who started Survey 1 were sent Survey 2.

Consumer Survey Demographics

Definitions

77% Current Users **Survey 1**

80% Current Users **Survey 2**

20% Abandoners **Survey 1**

18% Abandoners **Survey 2**

Current Users *Consumers who indicated they were still using Headspace at the time of Survey 1 and 2*

77% (2,317/3,019) of consumers completing Survey 1 were current users[20]

80% (1,079/1,342) of consumers completing Survey 2 were current users

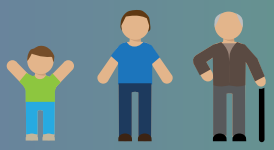
Abandoners *Consumers who indicated they used Headspace, but were not using it at the time of Survey 1 or 2*

20% (598/3,019) of consumers completing Survey 1 were abandoners

18% (239/1,342) of consumers completing Survey 2 were abandoners

Survey 1

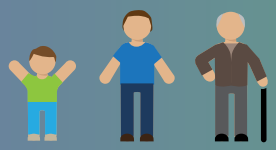
Below are the demographics of current users and abandoners completing Survey 1. Current users were significantly more likely to report mental health concerns than abandoners,[21] while abandoners were older[22] and more highly educated.[23]

Current Users (N = 2,317)		Abandoners (N = 598)
Age **12%** aged 18 - 25 years old **82%** aged 26 - 59 years old **6%** aged 60+ years old		**Age** **9%** aged 18 - 25 years old **81%** aged 26 - 59 years old **9%** aged 60+ years old
Ethnicity **46%** Non-Hispanic White **18%** Hispanic/Latino/a/x **15%** Asian		**Ethnicity** **43%** Non-Hispanic White **18%** Hispanic/Latino/a/x **20%** Asian
Gender **73%** Female **23%** Male **2%** Genderqueer/Gender non-conforming/Non-binary		**Gender** **72%** Female **21%** Male **3%** Genderqueer/Gender non-conforming/Non-binary
Mental Health **75%** experienced mental health concerns		**Mental Health** **70%** experienced mental health concerns
Highest Education Level **3%** High school **9%** Some college **5%** Associate's degree **80%** Bachelor's, graduate and/or professional degree		**Highest Education Level** **2%** High school **6%** Some college **3%** Associate's degree **85%** Bachelor's, graduate and/or professional degree

[20] It is important to note that survey responses might be more biased towards people who are using Headspace.
[21] Current users were significantly more likely to report having mental health problems, p = .02.
[22] Abandoners were more likely to report being 60+ years old, p = .02.
[23] Abandoners were more likely to have a Bachelor's degree or higher, p=.04.

Survey 1 and Survey 2

The demographics of current users and abandoners for Survey 1 and 2[24] were largely similar, except those completing Survey 2 were slightly older than those completing Survey 1.[25]

Survey 1 (N = 2,915)		Survey 2 (N = 1,238)
Age **11%** aged 18 - 25 years old **82%** aged 26 - 59 years old **7%** aged 60+ years old		**Age** **9%** aged 18 - 25 years old **81%** aged 26 - 59 years old **10%** aged 60+ years old
Ethnicity **45%** Non-Hispanic White **18%** Hispanic/Latino/a/x **16%** Asian		**Ethnicity** **50%** Non-Hispanic White **17%** Hispanic/Latino/a/x **13%** Asian
Gender **72%** Female **23%** Male **2%** Genderqueer/Gender non-conforming/Non-binary		**Gender** **74%** Female **22%** Male **2%** Genderqueer/Gender non-conforming/Non-binary
Mental Health **74%** experienced mental health concerns		**Mental Health** **73%** experienced mental health concerns
Highest Education Level **3%** High school **8%** Some college **5%** Associate's degree **81%** Bachelor's, graduate and/or professional degree		**Highest Education Level** **3%** High school **9%** Some college **4%** Associate's degree **81%** Bachelor's, graduate and/or professional degree

Overall Consumer Experience

Length of Headspace Use

Half of all current users and abandoners signed up for Headspace over a year ago. (Survey 1, N = 2,915)

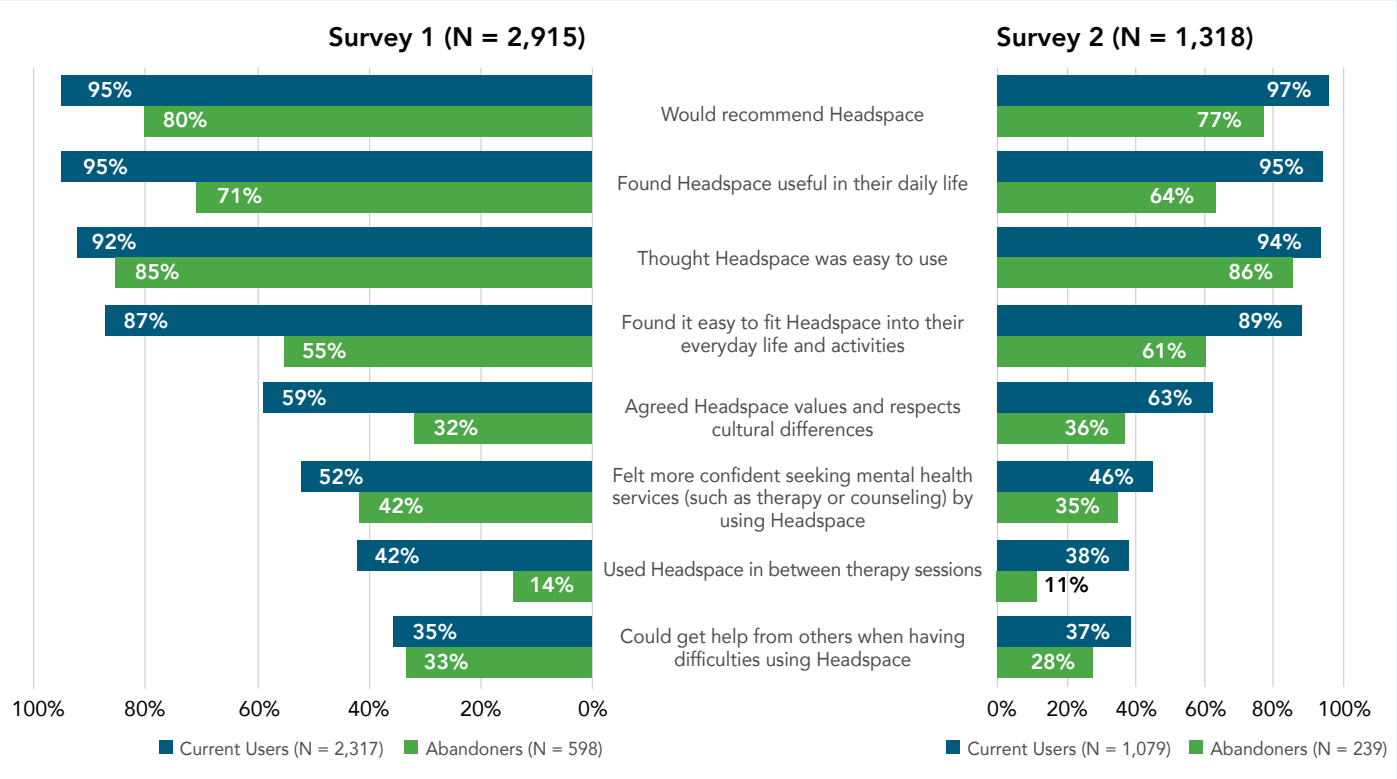
Frequency of Headspace Use

Current users used Headspace more frequently (65% of current users indicated they used Headspace daily or several times a week) than abandoners before they abandoned Headspace (only 33% of abandoners used Headspace daily or several times a week before they abandoned Headspace). (Survey 1, N = 2,915)

[24] It is important to note Survey 2 demographics only include respondents who completed both Survey 1 and 2.
[25] Survey 2 respondents were more likely to report being 60+ years old, p = .004.

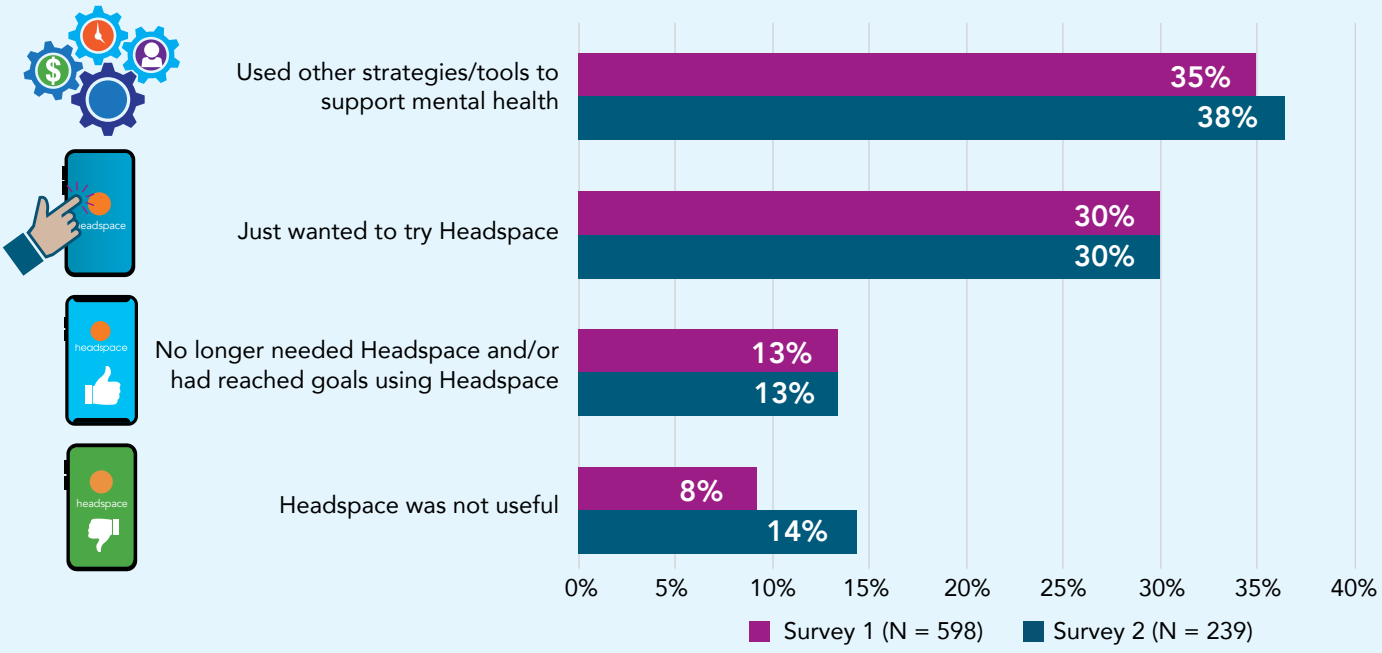
Headspace Experience

Overall, current users rated Headspace's usefulness more highly than abandoners on both Survey 1 and 2.



Reasons for Not Using Headspace

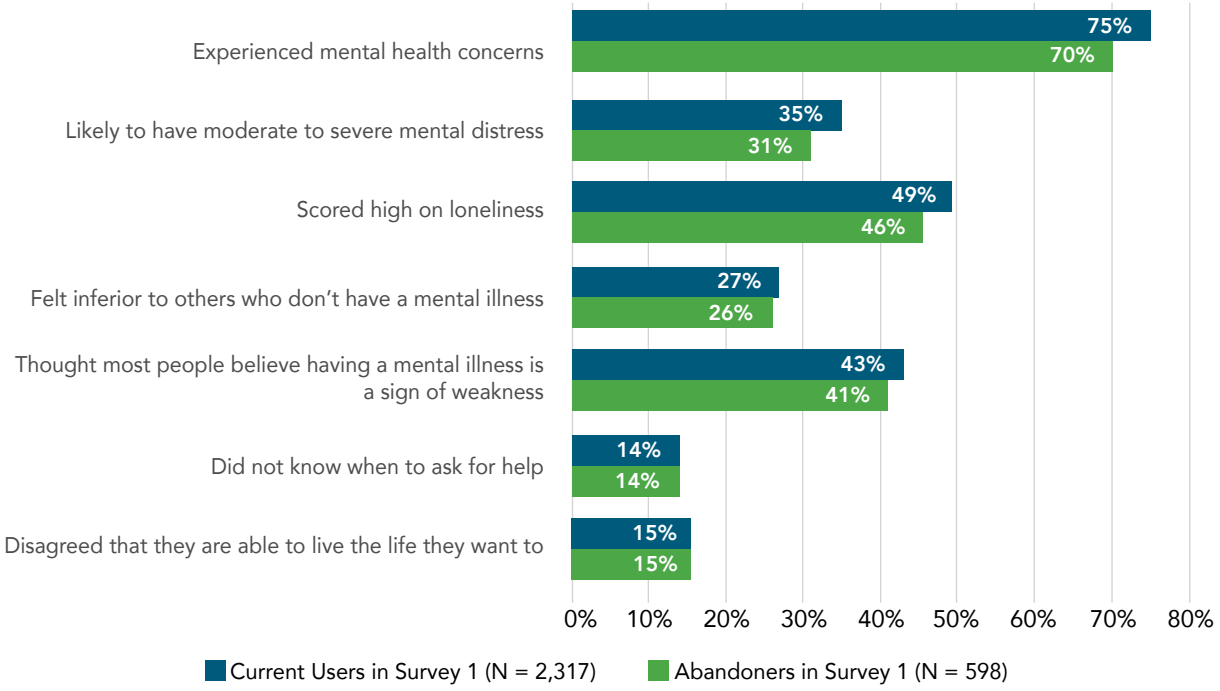
Abandoners stopped using Headspace because they were using other strategies/tools or they just wanted to try out Headspace to support their mental health. These reasons were cited in Survey 1 and Survey 2.



Overall Mental Health and Use of Mental Health Resources

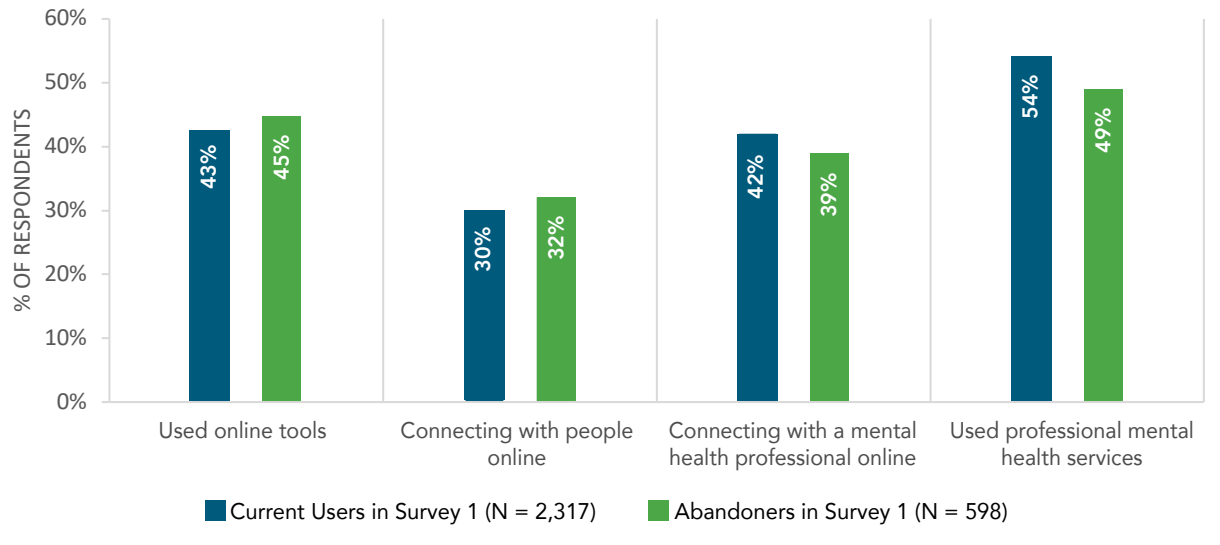
Mental Health Symptoms and Stigma of Headspace Consumers

Over half of current users and abandoners completing Survey 1 experienced mental health challenges. (N = 2,915)



Use of Mental Health Resources Other Than Headspace

Approximately half of Headspace current users and abandoners used professional mental health services in the past 12 months at the time of Survey 1. Current users used professional mental health services significantly more than abandoners. (N=2,915)



Findings by Gender

Key Findings

Frequency of Use

There were no gender differences in frequency of use

Headspace Experience

Female consumers rated Headspace's usefulness significantly higher than male consumers

Reasons for not Using Headspace

Consumers who self-identified with another gender identity were more likely than female or male consumers to give 'Headspace not useful' and 'Use of other strategies/tools to support mental health' as reasons for no longer using Headspace

Mental Health Resources

Consumers who self-identified with another gender identity had made significantly more use of other mental health resources in the past 12 months than male or female consumers

Mental Health

Consumers who self-identified with another gender identity scored higher on mental health concerns compared to female and male consumers

Mental Health Stigma

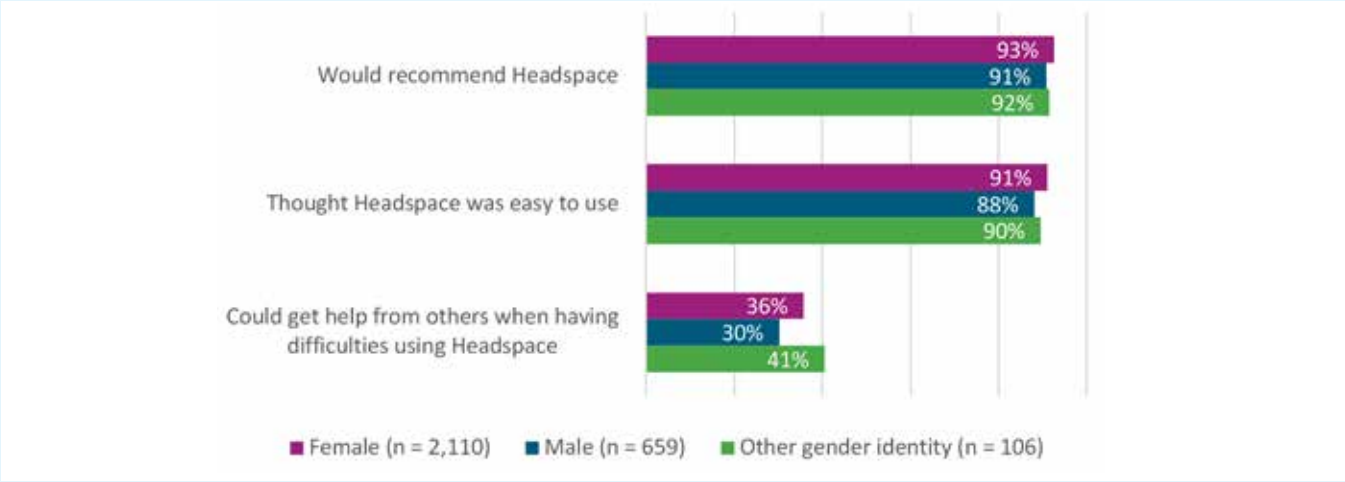
Consumers who self-identified with another gender identity experienced higher levels of mental health stigma than female and male consumers

Frequency of Headspace Use

There were no gender differences in how frequently consumers used Headspace. (Survey 1, N = 2,915)

Headspace Experience

Overall, **consumers who self-identified as female rated Headspace's usefulness the highest,** and significantly higher compared to consumers who self-identified as male (e.g., they found it easier to use and could more easily get help from others if they had difficulties using Headspace). (Survey 1, N = 2,915)

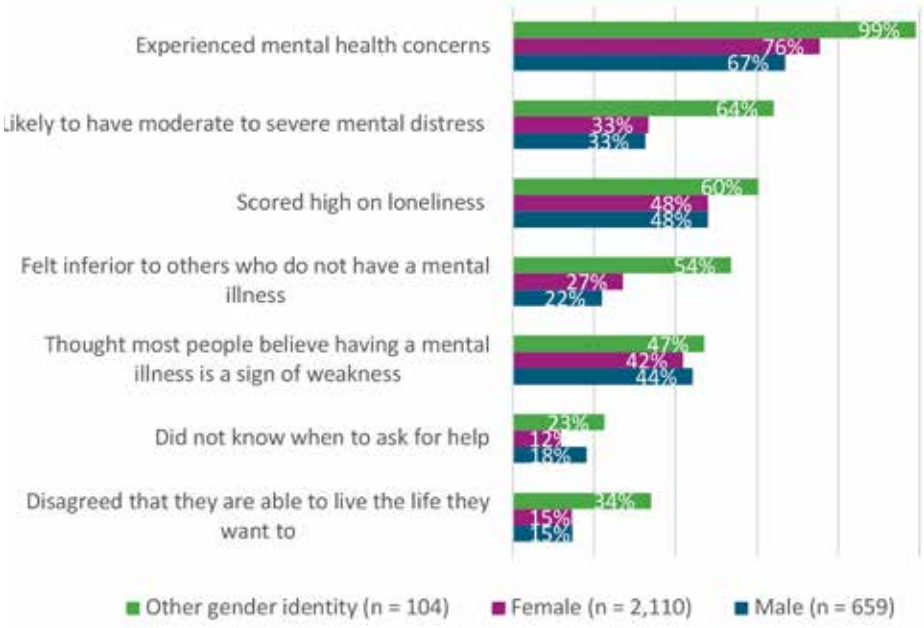


Reasons for Not Using Headspace

Among consumers who abandoned Headspace, consumers who self-identified with another gender identity were more likely than female or male consumers to state "Headspace was not useful" and "Use of other strategies/tools to support mental health" as reasons for no longer using Headspace. (Survey 1, N = 598)

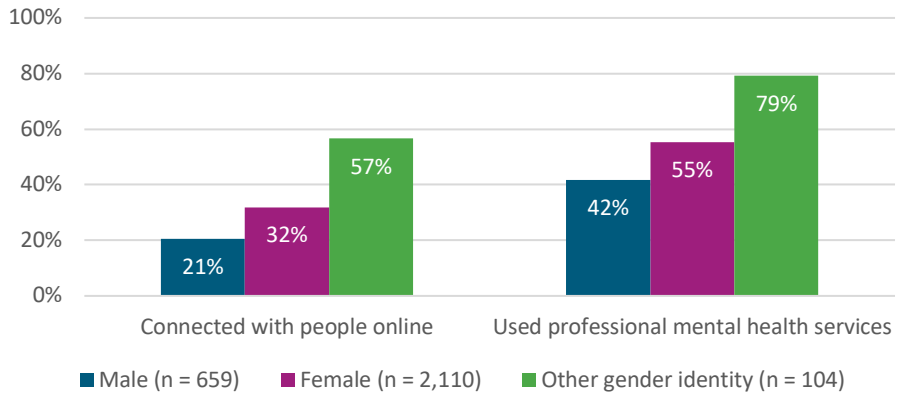
Mental Health

Consumers who self-identified with another gender identity scored significantly higher on mental health concerns compared to female and male consumers (e.g., they were more likely to report experiencing mental health challenges and scored higher on distress and loneliness). They also experienced significantly higher levels of mental health stigma (e.g., felt inferior to others who do not have a mental illness and disagreed they were able to live the life they wanted to). (Survey 1, N = 2,915)



Use of Mental Health Resources Other Than Headspace

Consumers **who self-identified with another gender identity used other mental health resources significantly more** in the past 12 months than male or female consumers (e.g, connected with people online and made use of professional mental health services). (Survey 1, N = 2,915)



Findings by Age

Key Findings

Frequency of Use

Consumers aged 60+ years used Headspace significantly more frequently than consumers aged 18-25 years

Headspace Experience

Consumers aged 60+ years rated Headspace's usefulness significantly lower than consumers aged 18-25 years

Reasons for not Using Headspace

Consumers aged 60+ years were more likely than consumers aged 26-59 years to give 'Headspace was not useful' and 'Use of other strategies/tools to support mental health' as reasons for no longer using Headspace

Mental Health Resources

Consumers aged 60+ years made less use of other mental health resources than consumers aged 18-25 years

Mental Health

Consumers aged 18-25 years were more likely to report having experienced mental health concerns than consumers aged 26+ years

Mental Health Stigma

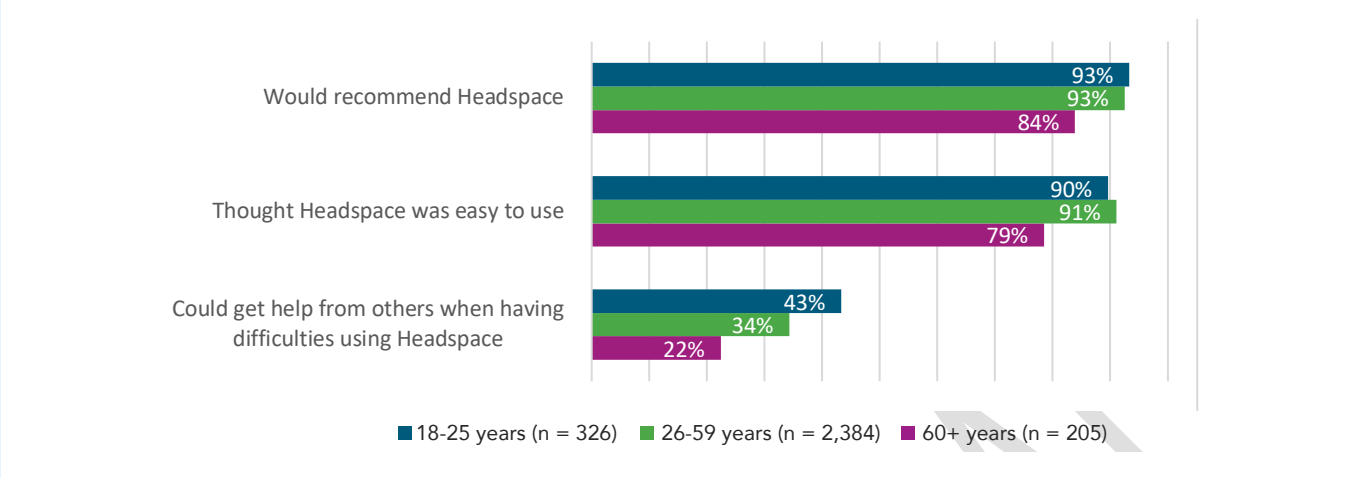
Consumers aged 18-25 years experienced significantly higher levels of mental health stigma than consumers aged 26+ years

Frequency of Headspace Use

Consumers aged 60+ years used Headspace significantly more frequently (29% indicated they used Headspace daily) than consumers aged 18 to 25 years (19% indicated they used Headspace daily). (Survey 1, N = 2,915)

Headspace Experience

Despite more frequent use, **older consumers rated Headspace's usefulness the lowest.** They rated Headspace significantly lower compared to consumers aged 18 to 25 years (e.g., they were less likely to recommend Headspace, found it less easy to use, and could less easily get help from others if they had difficulties using Headspace). (Survey 1, N = 2,915)

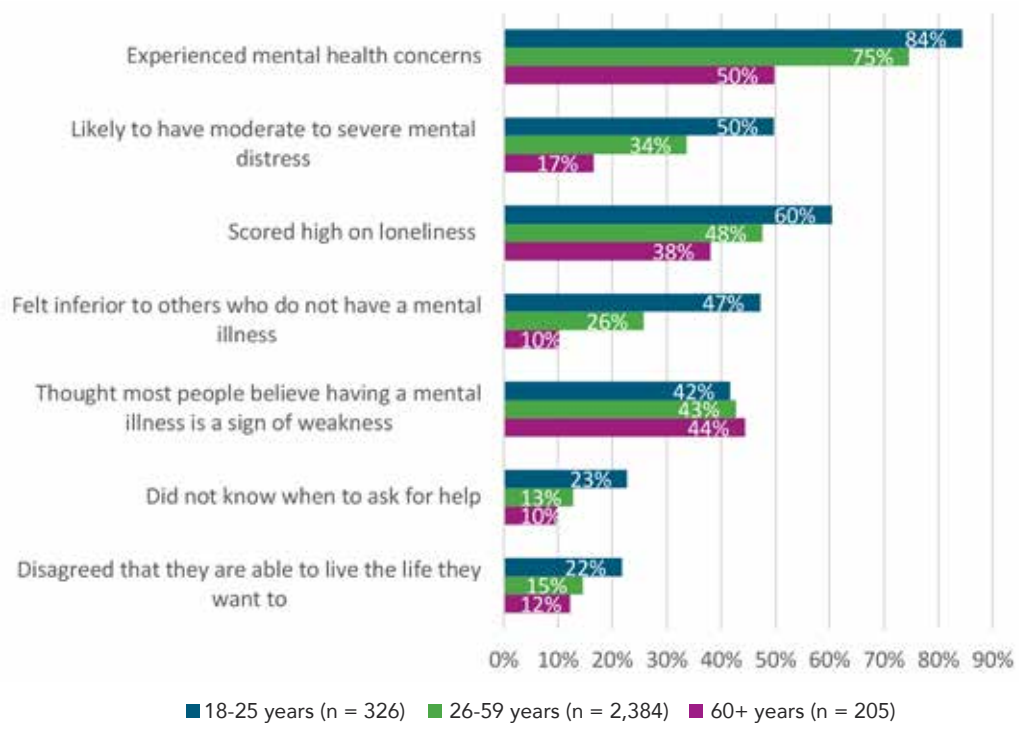


Reasons for Not Using Headspace

Among consumers who abandoned Headspace, those aged 60+ years were more likely than consumers aged 26 to 59 years to state "Headspace was not useful" and "Use of other strategies/tools to support mental health" as reasons for no longer using Headspace. (Survey 1, N = 2,915)

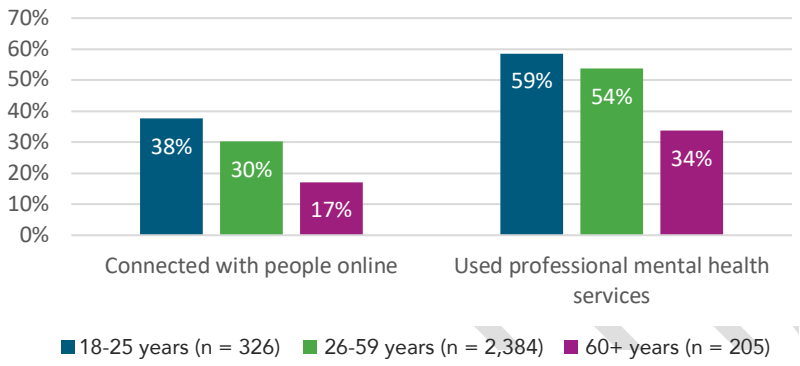
Mental Health

Consumers aged 18-25 years were more likely to report having experienced mental health concerns, having moderate to severe distress, and feeling lonely compared to consumers aged 26-59 years and 60+ years. They also experienced higher levels of mental health stigma (e.g., felt inferior to others who do not have a mental illness, and were more likely to disagree with knowing how to ask for help and feeling they were able to live the life they want to). (Survey 1, N = 2,915)



Use of Mental Health Resources Other Than Headspace

Consumers aged 60+ years used other mental health resources significantly less in the past 12 months than consumers aged 18-25 years (e.g, connected with people online and made use of professional mental health services). (Survey 1, N = 2,915)



Learnings

Learnings from the Headspace consumer surveys include:

- **Consistency in Headspace experience.** Similar to findings reported in the Help@Hand Statewide Evaluation: Year 4 Annual Report, over 90% of consumers who continued to use Headspace had a positive experience with the app and this trend remained across surveys. These findings indicate that people's experience remained stable.
- **Providing technology support.** Similar to the Help@Hand Statewide Evaluation: Year 4 Annual Report, only a third of consumers said they could get help from others if they had any difficulties using the app. This finding indicates that there may be a need or opportunity to provide additional support for those experiencing difficulties in using the app.
- **Reasons for abandoning Headspace.** Similar to the Help@Hand Statewide Evaluation: Year 4 Annual Report, the most common reasons for abandoning Headspace were that people were already using other strategies to support their mental health and/or no longer needed Headspace. The trend remained across surveys. This suggests that abandonment of Headspace may not be related to a negative experience with Headspace, but that consumers may already have strategies in place or access to other resources that are helpful.
- **Headspace as a mental health resource.** Over half of consumers experienced mental health challenges as reported on in Survey 1, and current users were significantly more likely than abandoners to report having mental health problems. These findings may indicate that Headspace may continue to be used by those with higher mental health concerns whom also have a need for mental health resources.
- **Demographic differences.** While female consumers rated Headspace the highest, those who identified with a gender identity other than male/female scored higher on mental health concerns and stigma and used other mental health resources more. Additionally, older consumers used Headspace the most, but rated it the lowest and used other mental health resources less. Younger consumers aged 18-25 years scored higher on mental health concerns and stigma. These findings highlight the importance of considering how people's socio-demographic characteristics may differentially influence their needs and interactions with the product.

Evaluation of Help@Hand myStrength Implementations

INTRODUCTION

The City of Berkeley, Mono County, and Tri-City offered free myStrength subscriptions for residents in their County/City as described in **Table 3.4**. Evaluation of the myStrength implementations included app data, consumer surveys, and staff surveys/interviews.

This section reports app data on 1,886[26] consumers (91% of consumers were City of Berkeley residents) over the course of each County/City's myStrength implementation (e.g., between October 2021-December 2023). This section does not include data from the consumer surveys due to low response rates and small increases in survey responses since the Help@Hand Statewide Evaluation: Year 4 Annual Report. It also does not include staff evaluations since no new staff evaluation was conducted since the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report.

Table 3.4. Implementation of myStrength in Help@Hand Counties/Cities.

County/City	Time Period of myStrength Implementation	Core Audiences	Number of Consumers who Enrolled in myStrength
City of Berkeley	Oct 2021 – Oct 2022	All City residents	1,720[27]
Mono County	May 2022 – Feb 2023[28]	All County residents, with a focus on: • College students • Monolingual Spanish speakers • Isolated populations	116[29]
Tri–City	Jun 2022 – Dec 2023	All County residents, with a focus on: • Transition Aged Youth (TAY) • Monolingual Spanish speakers • Older adults	50

[26] The app data reflects the number of consumers enrolled as of December 31, 2023.
[27] The Help@Hand Statewide Evaluation: Year 5 Mid-Year Report reported on data of 1,729 consumers from City of Berkeley. After the report was submitted, the account and data of nine consumers from City of Berkeley was removed from the app data. These consumers' data is excluded from the analysis reported in this section.
[28] Mono County's myStrength program ended February 2023, but myStrength licenses of those enrolled remained active through March 2023.
[29] The Help@Hand Statewide Evaluation: Year 5 Mid-Year Report reported on data of 104 consumers from Mono County. After the report was submitted, the app data was updated with 12 additional consumers from Mono County; these consumers' data is included in the analysis reported in this section.

CONSUMER ENGAGEMENT EVALUATION

Key Findings

User Engagement

The majority of consumers stopped using myStrength after a day, but a small percentage continued to use myStrength beyond 4 weeks to a year.

User Interests

Lifestyle (33%) and Spirituality (32%) were the most popular user interests.

Mental Health

Over a third of consumers scored high on depression (35%) and anxiety (41%).

Recommended Programs

Post-Traumatic Stress Disorder (PTSD) (25%), Insomnia (15%), and Anxiety (13%) related programs were recommended to consumers by myStrength.

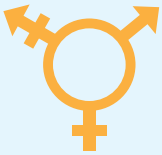
Mood

30% of consumers reported an improvement in mood.

User Activities

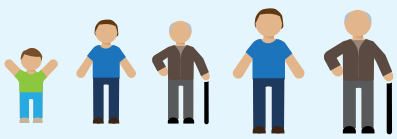
The most popular activities consumers engaged in were related to PTSD and sleep.

Gender Differences



Consumers who self-identified as non-binary scored lower on well-being, and higher on anxiety and depression.

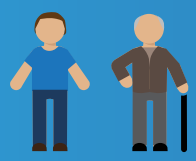
Age Differences



Consumers aged 60+ years had higher well-being scores and lower levels of anxiety and depression.

Consumer Demographics

Consumers were on average 41 years old, and the majority of consumers were female and selected to use myStrength in English. (N = 1,886)



Age
Average age 41.4 years (SD=16.6)
21% aged 14-25 years old
64% aged 26-59 years old
18% aged 60+ years old

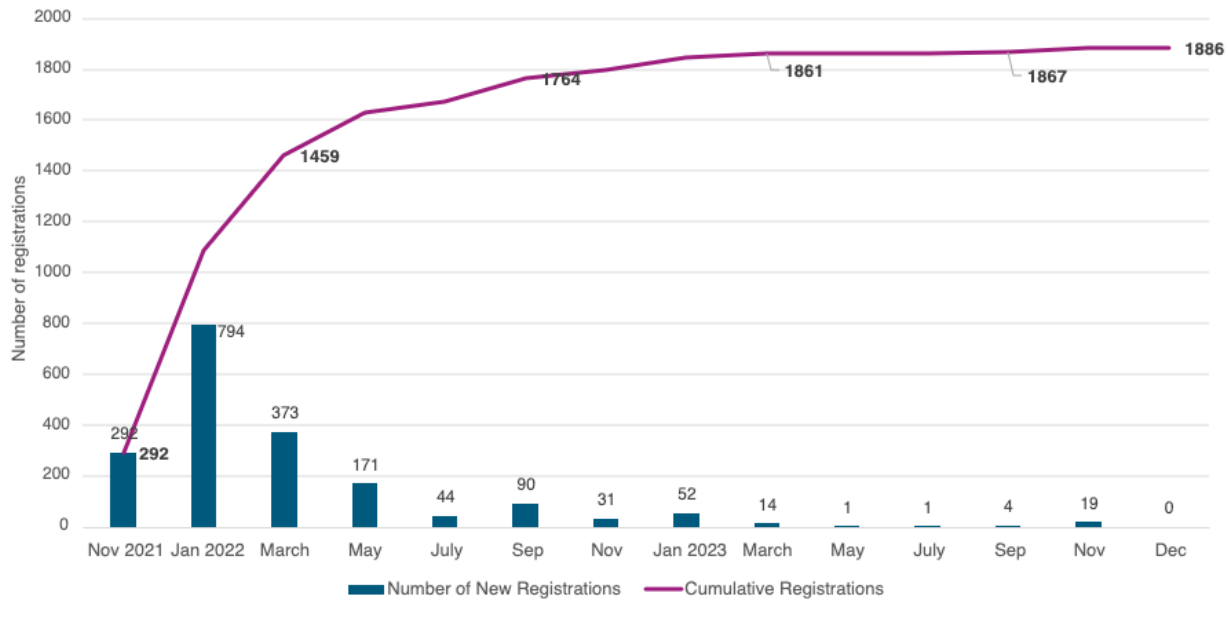
Gender
68% Female
19% Male
4% Non-binary

Language
99.8% English
0.2% Spanish

Consumer Use of myStrength

Consumer Enrollments

The majority of consumers enrolled between November 2021 and May 2022. (N = 1,886)

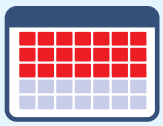


Consumer Logins and Engagement

Consumers on average logged into myStrength 3 times and used myStrength 29 days (N = 1,886). There were no significant differences in logins or engagement between gender and age groups.

3

Average number of **logins for all consumers who registered for myStrength**



29

Days on average from a consumer's registration to their last login onto myStrength (SD=96.3)

7

Average number of **logins for consumers who used the app more than a day**

10

Average number of **logins for consumers still using myStrength after 4 weeks**

Active Users

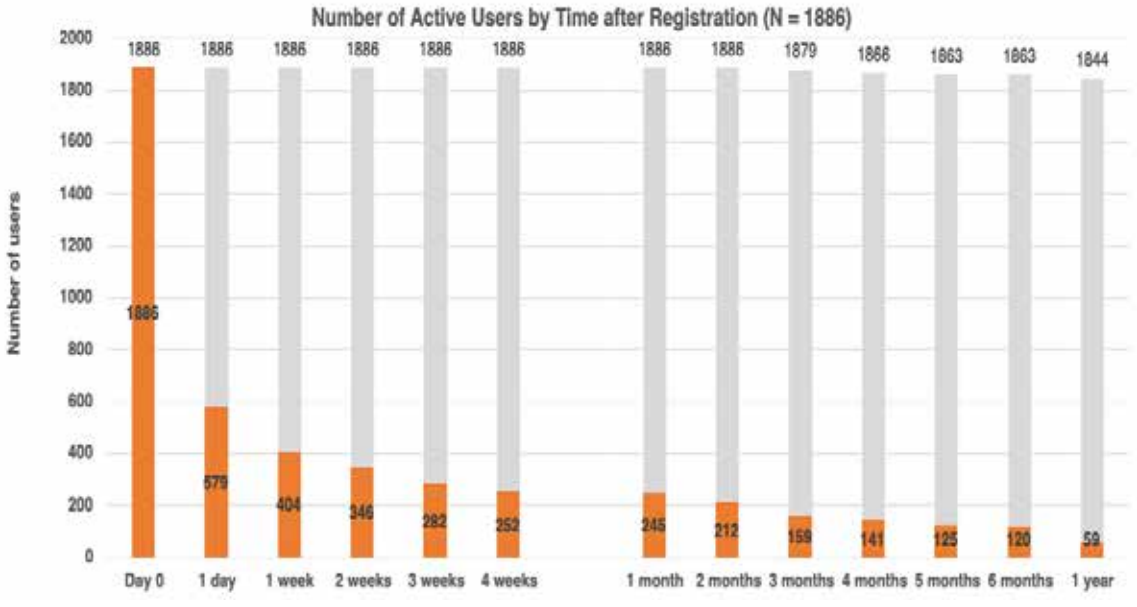
The figure below shows the number of eligible and active users over time. **Eligible users** are all consumers who were enrolled into the implementation and had access to myStrength. A consumer is considered an **active user** if they logged into myStrength. Almost a third (31%, 579/1,886) of consumers used the app for more than a day, and 13% (252/1,886) of consumers were still using myStrength after 4 weeks.

31%

Used the app **for more than a day**

13%

Were **still using myStrength after 4 weeks**



Mental Health Symptoms

Well-Being, Depression, and Anxiety

Overall, consumers scored somewhat low on well-being at registration (N = 1,710). Over a third of consumers scored high on anxiety (35%) and depression (41%) at registration.[30]

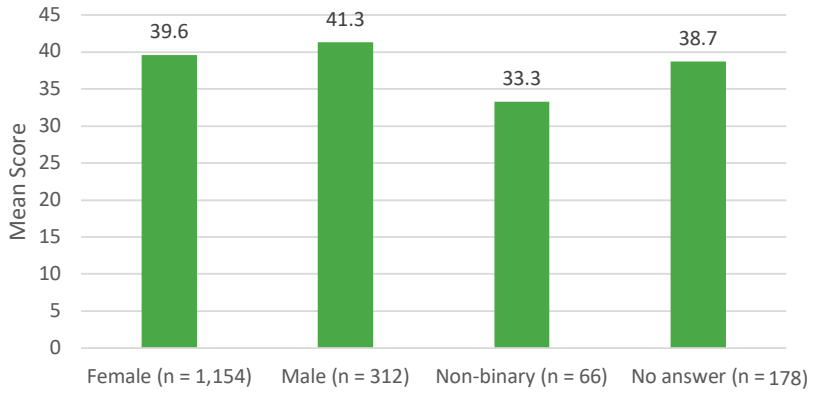
39.6 Average **Well-being** score (SD = 21; range 0-100)

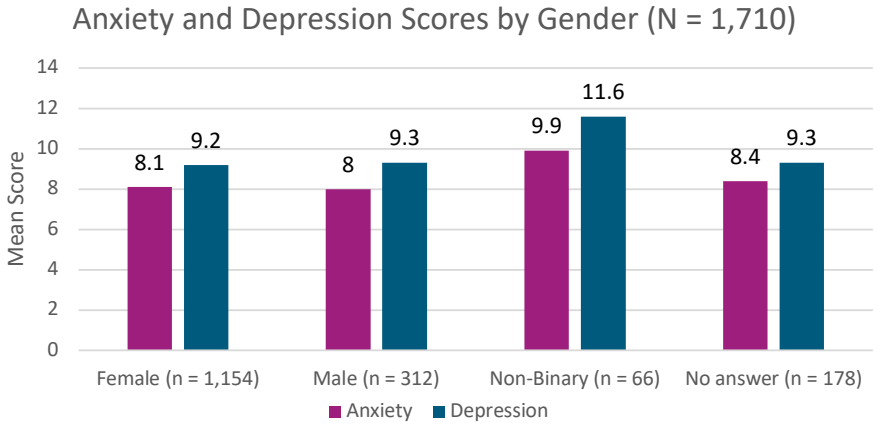
35% Scored high on **Anxiety**

41% Scored high on **Depression**

Differences by Gender

Consumers who self-identified as non-binary scored lower on well-being (p=.04), higher on anxiety (p=.03), and depression (p=.009) compared to those who self-identified as female or male.





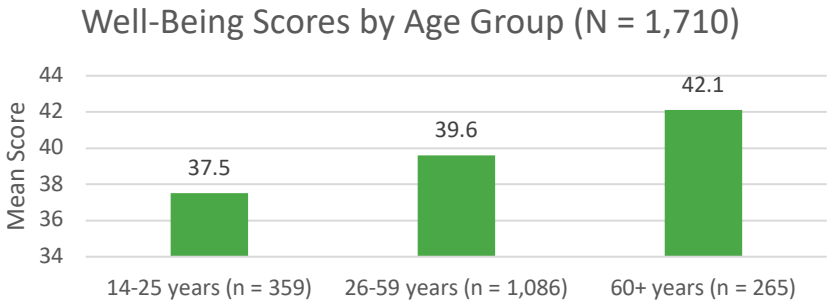
	Female	Male	Non-Binary	No Answer	p-value
	n = 1,154	n = 312	n = 66	n = 178	
	Mean (SD)				
Well-Being Score	39.6 (20.6)	41.3 (21.4)[a]	33.3 (17.5)[a]	38.7 (23.3)	0.04
Anxiety Score	8.1 (5.2)[b]	8.0 (5.3)[a]	9.9 (5.5)[a,b]	8.4 (5.4)	0.03
Depression Score	9.2 (5.6)[b]	9.3 (5.6)[a]	11.6 (5.5)[a,b,c]	9.3 (6.1)[c]	0.009

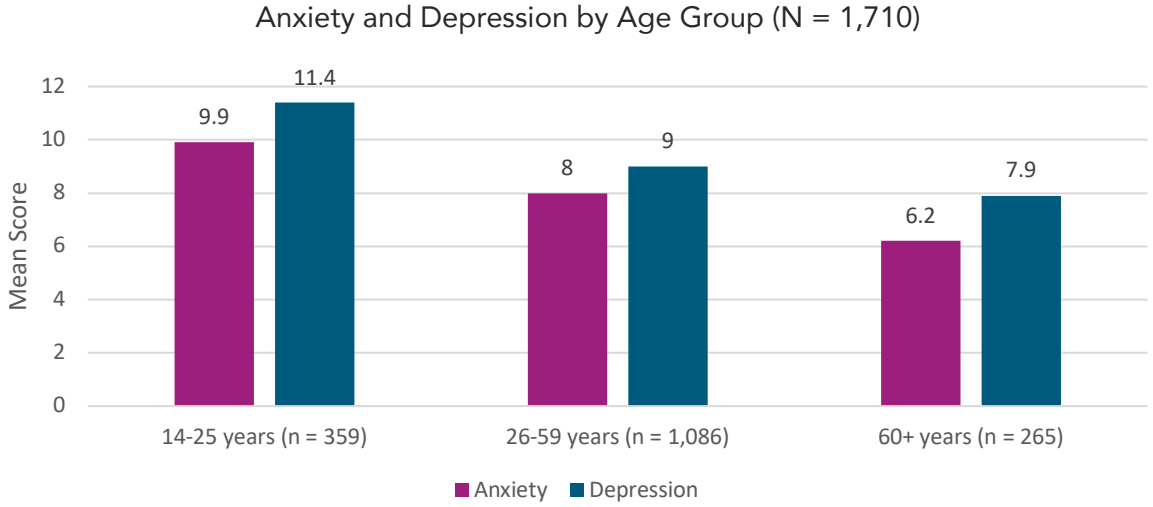
[a]Significant difference between male and non-binary groups at $\alpha = 0.05$.
[b]Significant difference between female and non-binary groups at $\alpha = 0.05$.
[c]Significant difference between no answer and non-binary groups at $\alpha = 0.05$.

[30] Consumers were asked to complete a survey assessing their anxiety, depression, and overall well-being upon registration and first log-in to myStrength. Anxiety and depression were measured using the GAD-7 and PHQ-9 scales, respectively. A GAD-7 score of 10 or higher indicated moderate to severe levels of anxiety. A PHQ-9 score of 10 or higher indicated moderate to severe levels of depression. Well-being was measured using the WHO-5 index. Consumers were asked to rate five statements thinking of the past two weeks (e.g., "I have felt calm and relaxed"). A score could range from 0-100, with 0 representing the worst imaginable well-being and 100 representing the best imaginable well-being.

Differences by Age

Consumers aged 60+ years had higher well-being scores compared to those aged 14-25 years ($p<.05$). All age groups were significantly different from each other in reported anxiety ($p<.001$) and depression ($p<.001$) levels, with consumers aged 14-25 years reporting the highest levels of anxiety and depression, followed by those aged 26-59 years and 60+ years reporting the lowest levels of anxiety and depression.



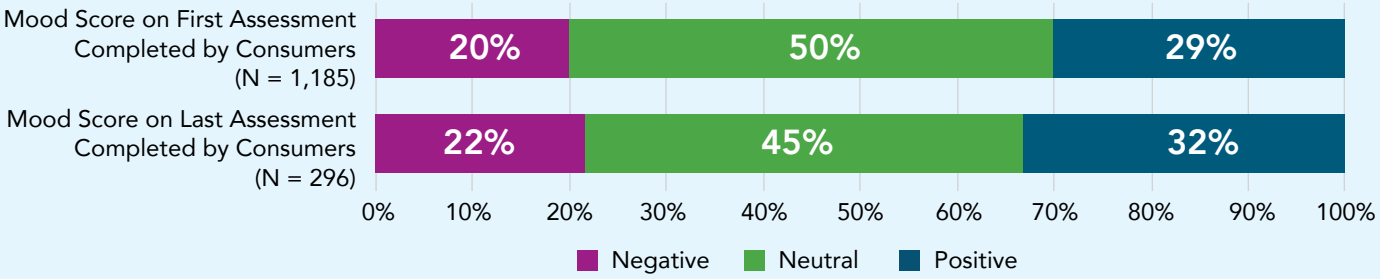


	14-25 years	**26-59 years**	**60+ years**	**p-value**
	n = 359	n = 1,086	n = 265	
		Mean (SD)		
Well-Being Score	37.5 (22.2)[a]	39.6 (20.5)	42.1 (20.8)[a]	0.007
Anxiety Score	9.9 (5.6)[a,b]	8.0 (5.1)[b,c]	6.2 (4.5)[a,c]	<.001
Depression Score	11.4 (6.3)[a,b]	9.0 (5.5)[b,c]	7.9 (4.7)[a,c]	<.001

[a]Significant difference between groups aged 14-25 years and 60+ years at $\alpha = 0.05$.
[b]Significant difference between groups aged 14-25 years and 26-59 years at $\alpha = 0.05$.
[c]Significant difference between groups aged 60+ years and 26-59 years at $\alpha = 0.05$.

Mood

Half of consumers had a neutral score on their first mood assessment (N = 1,185). Twenty percent (20%) of consumers self-reported a negative mood and 29% self-reported a positive mood. There was a slight increase in mood between the first and last mood assessment[31] consumers completed.



Of the 296 consumers who completed at least two mood tracking records, 89 (30%) reported an improved mood score, 115 (39%) reported the same mood, and 92 (31%) reported a decreased mood score. Consumers who reported an improvement in mood were younger on average than those who reported no change or a decrease in mood.

	Mood Decrease (N = 92)	No Change In Mood (N = 115)	Mood Improvement (N = 89)
	Age Average age 40.4 years (SD = 15.4) 21% aged 14-25 years old 67% aged 26-59 years old 12% aged 60+ years old	**Age** Average age 43.9 years (SD = 16.9) 20% aged 14-25 years old 64% aged 26-59 years old 17% aged 60+ years old	**Age** Average age 38.5 years (SD = 15.5) 26% aged 14-25 years old 64% aged 26-59 years old 10% aged 60+ years old
	Gender **74%** Female **12%** Male **10%** Non-binary	**Gender** **64%** Female **24%** Male **10%** Non-binary	**Gender** **73%** Female **10%** Male **8%** Non-binary
	Language **100%** English	**Language** **98.3%** English **1.7%** Spanish	**Language** **100%** English
	Number of Logins Average 11.7 (SD = 48.8)	**Number of Logins** Average 8.0 (SD = 11.2)	**Number of Logins** Average 10.1 (SD = 22.6)

[31] Consumers had the option to track their mood over time in myStrength. They could rate their mood on a 5-point scale ranging from -1 (Negative) to 1 (Positive), and could rate their mood more than once.

User Interests, Wellness Programs, and Activities

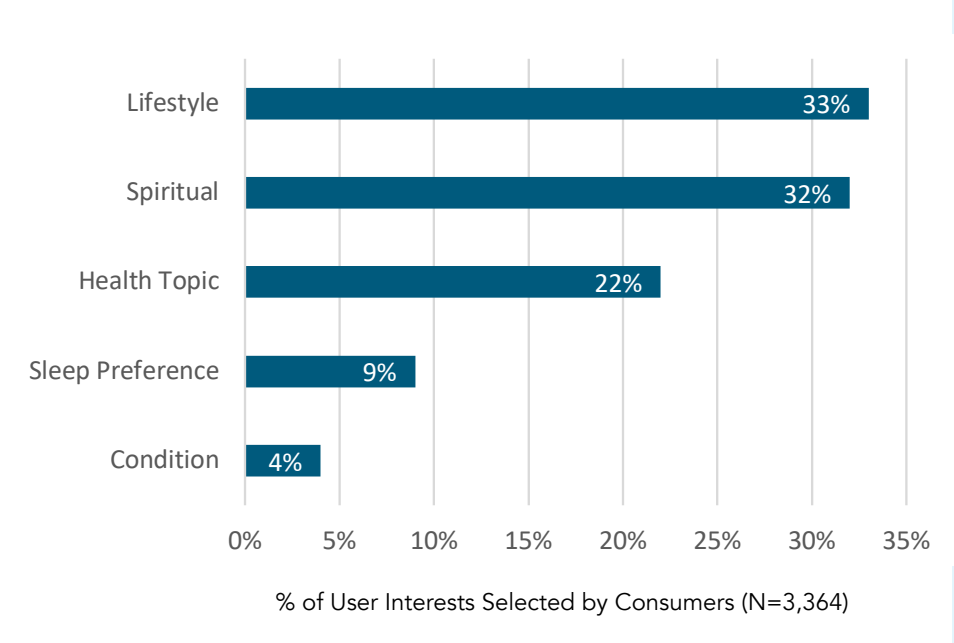
User Interests

A total of 1,509 consumers collectively added 3,364 **user interests** to their profile, which entailed selecting topics from a predefined list that were of interest to them; this selection was used by myStrength to customize the resources shown to them. Consumers on average added 2 interests (range 0-12 interests) and most of them added 1-3 interests.

myStrength organizes user interests into five categories: Lifestyle, Spiritual, Health Topic, Sleep Preference, and Condition.

- **Lifestyle** includes interests around topics such as workplace relations, marriage, and friendships.
- **Spiritual** covers both spiritual and religious (e.g. Christian, Buddhist) interests.
- **Health Topic** includes interests related to weight management, physical fitness and eating well.
- **Sleep Preference** includes options to track sleep through a sleep diary.
- **Condition** includes interests around smoking, mindfulness and meditation, and sleep disorders.

Similar to the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report, the most popular user interests related to Lifestyle (33%) and Spirituality (32%).



Lifestyle

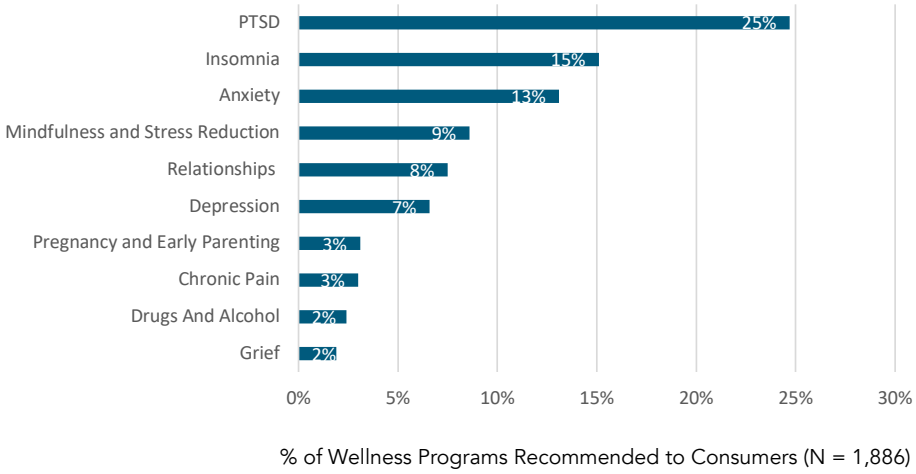
Lifestyle was the most popular interest among consumers aged 14-25 and 26-59 years, and male and non-binary consumers

Spiritual

Spiritual was the most popular interest among consumers aged 60+ years and female consumers

User Wellness Programs

myStrength recommended **wellness programs** to all consumers based on their answers to health questions during registration. Wellness programs are sequential learning-based programs on myStrength covering topics, such as depression, anxiety, and stress management. Similar to the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report, the wellness programs recommended to consumers the most were related to post-traumatic stress disorder (PTSD), insomnia/sleep, and anxiety (N = 1,886).



PTSD

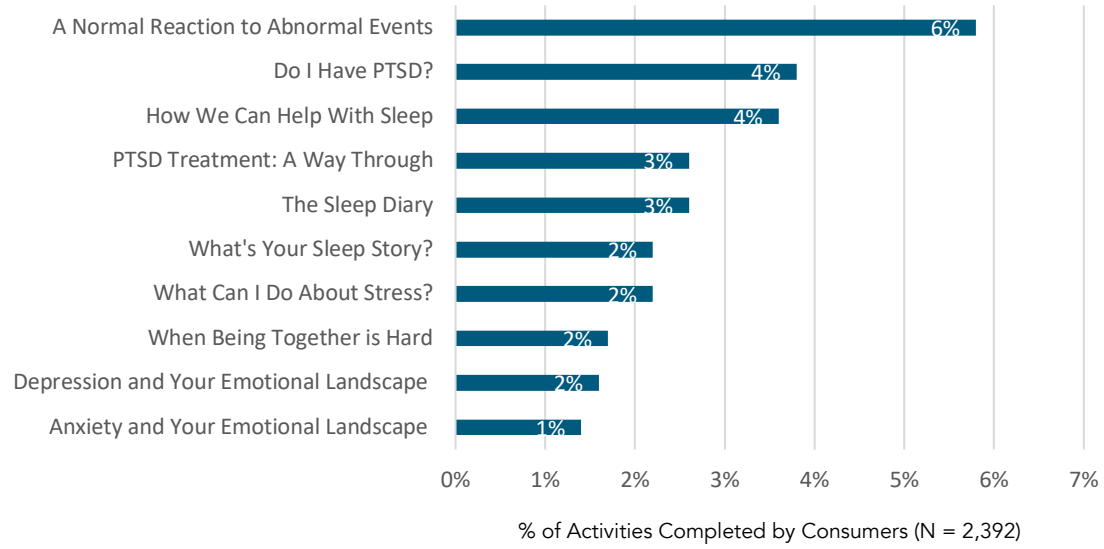
PTSD was the most recommended program for consumers aged 14-25 and 26-59 years, and female and non-binary consumers

Insomnia

Insomnia was the most recommended program for consumers aged 60+ years, and male consumers

User Activities

A total of 561 consumers completed 1 or more **activities** in myStrength. Activities are stand-alone resources other than wellness programs, such as videos and quick tips. The top 10 most popular activities related to PTSD and sleep. In total, consumers engaged in 340 different types of and a total of 2,392 activities (some types of activities were completed multiple times). This explains the relatively low percentage per activity below.



LEARNINGS

Learnings from the myStrength app data include:

- **Continued Engagement among Subset of Consumers.** The majority of consumers (about 70%) stopped using myStrength after a day, but a small percentage continued to use myStrength beyond 4 weeks to a year.
- **Gender Differences.** Consumers who self-identified as non-binary scored lower on well-being and higher on anxiety and depression compared to those who self-identified as female or male.
- **Age Differences.** Consumers aged 60+ years had higher well-being scores and lower levels of anxiety and depression compared to those aged 14-25 years.
- **Mood Improvement.** A third of consumers who tracked their mood over time reported an improvement in mood using myStrength. Those with an improved mood were on average younger than those who reported no change or a decrease in mood.
- **Variety of Interests.** The most popular interests among consumers were related to Lifestyle and Spiritual. Lifestyle was the most popular interest among those aged 14-25 years and 26-59 years and those who identified as male or non-binary. Spiritual was more popular among those aged 60+ years and those who self-identified as female.
- **Variety of Use.** Consumers completed a variety of activities on myStrength, with the most popular activities related to PTSD and sleep. PTSD was the most recommended program for those aged 14-25 years and 26-59 years as well as those who self-identified as female and non-binary. Sleep was the most recommended program for those aged 60+ years and those who self-identified as male.

iPrevail Evaluation

DESCRIPTION	Cognitive behavioral therapy (CBT) and Peer chat based mental health technology that provides support for conditions that include anxiety, depression, eating disorders, and stress
AT A GLANCE IN HELP@HAND	**Implementation (sustained): Los Angeles County** offered to County residents between June 2021-February 2023 through their Help@Hand project and after February 2023 through their Prevention and Early Intervention program
EVALUATION METHODS	The Help@Hand evaluation team analyzed the following data collected by Los Angeles County and iPrevail: • App data (including surveys) collected from people who lived in Los Angeles County and used iPrevail between May 2021 and February 2023 • One-time survey collected from Peer Coaches in Los Angeles County between December 2021-April 2022 (42 of the 62 Peer Coaches completed the survey, 67.7% response rate)

DEFINITIONS

Assessments	Assessments include mental health assessments, demographic surveys, user surveys, and other related questionnaires. Mental health assessments show people where they may need added mental health support and allow them to track their progress.
Structured Activities	Structured activities refer to programs that help people learn techniques to address their symptoms in real-time. They include guided learning, program homework tools, and interactive lessons.
Guided Learning	Guided learning refers to program activities that provide information.
Program Homework Tools	Program homework tools are assigned to people using iPrevail to complete before their next lesson or chat session.
Interactive Lessons	Interactive lessons refer to watchable content meant to teach core mental health principles.
Community Groups	Community groups are support groups that connect users with others who face similar situations.
Chats	Chats connect people with experienced Peer Coaches who listen, support, and provide referrals. Chats less than 10 seconds are considered as texts.
Peer Coach	A Peer Coach support iPrevail's chats.

USER EXPERIENCE EVALUATION

LEARNING GOAL #1
What factors influence if a person downloaded iPrevail, and used it over time?

User Groups

There were 31,264 total iPrevail app users. These people were categorized into two types of user groups based on available data: PATH A and PATH B. Analysis of app use (except chats) included only activities of the PATH A user group. Chat use analysis included data from both PATH A and PATH B groups.

11,016 PATH A Users

PATH A users created a profile and chose to follow a structured path organized by the iPrevail platform. The path included assessments, structured activities, and community groups. They also had access to non-structured activities (e.g., chats).

20,248 PATH B Users

PATH B users created a profile and chose to follow their own self-paced and open-ended path. This generally included non-structured activities (e.g., chats). Only the number and frequency of chat data is available for PATH B users.

Demographics of Users

PATH A users[32] had meaningful diversity that mirrored the diversity of Los Angeles County.[33] In general, iPrevail users were more likely to be non-binary or decline to indicate their gender, were more diverse in sexual orientation, and were more diverse in race/ethnicity compared to the general population of Los Angeles County. iPrevail users also were more likely to speak English and were less likely to be disabled compared to other County residents. Users who used the iPrevail app also were much more likely to report having a mental health symptom compared to residents across Los Angeles County.

[32] Of the 11,016 PATH A users, 5,673 PATH A users took demographic surveys and 4,679 took a mental health assessment. Path B users did not complete a demographic survey or mental health assessment.
[33] Data on Los Angeles County residents was collected from the California Health Interview Survey (CHIS). CHIS is the largest state health survey in the United States and asks questions on a wide range of health topics to a random sample of individuals throughout the state of California.

iPrevail App Data (N=5,673)		Los Angeles County (N=4,865)
Gender **62%** Female **20%** Male **6%** Non-binary/Questioning **13%** Declined to Answer		**Gender** **51%** Female **50%** Male **0%** Non-binary/Questioning
Sexual Orientation **68%** Straight/Heterosexual **7%** Gay/Lesbian/Homosexual **11%** Bisexual **7%** Other		**Sexual Orientation** **89%** Straight/Heterosexual **4%** Gay/Lesbian/Homosexual **5%** Bisexual **2%** Other
Race/Ethnicity **39%** Latino/a/x **20%** White **10%** Asian **9%** Black/African-American **19%** Two or More Races		**Race/Ethnicity** **49%** Latino/a/x **27%** White **13%** Asian **8%** Black/African-American **2%** Two or More Races
Language **76%** English **9%** Spanish **11%** Other		**Language** **68%** English **27%** Spanish **6%** Other
Disability **16%** Disabled		**Disability** **29%** Disabled
Veteran **2%** Veterans		**Veteran** **4%** Veterans
Mental Health **89% (4,148 out of 4,679)** users had at least one mental health symptom		**Mental Health** **32% (2 million out of 8 million)** county residents were estimated to need help for emotional/mental health problems or substance use

Initial Mental Health Concerns of Users

Stress and anxiety were most common among PATH A users who completed the first mental health assessment.[34] Moderate or severe symptoms of stress were reported by 81% of users, while 71% experienced moderate or severe symptoms of anxiety.

Stress **81%**	Anxiety **71%**	Eating Disorder **71%**
Post-Traumatic Stress Disorder (PTSD) **61%**	Stigma **61%**	Depression **61%**

Users' Initial Expectations of iPrevail

- 76% of users believed iPrevail would be easy to use at the start of their use of iPrevail (N=1,403)[35]
- 60% thought it would be easy to fit iPrevail into their everyday life and activities at the start of their use of iPrevail (N=1,370)[36]

[34] Among the 4,679 users who took a mental health assessment, 2,751 users took the stress survey and 2,229 users had moderate or severe symptoms; 3,151 users took the anxiety survey and 2,251 users had moderate of severe symptoms; 2,630 users took the eating disorder survey and 1,682 users had moderate or severe symptoms; 2,865 users took the PTSD survey and 1,740 users had moderate or severe symptoms; 762 users took the stigma survey and 457 users had moderate or severe symptoms; and 3,365 users took the depression survey and 2,022 users had moderate or severe symptoms.

[35] A total of 1,567 people completed at least one survey that assessed their initial expectations of iPrevail and its benefits. Of these people, 1,403 people responded to this question.

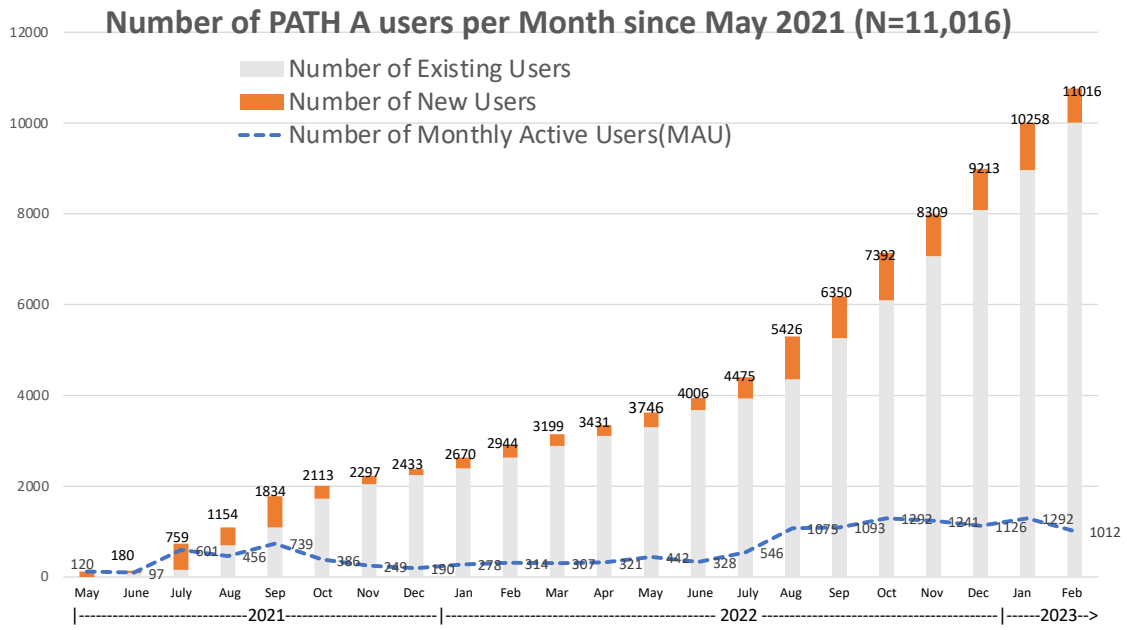
[36] A total of 1,567 people completed at least one survey that assessed their initial expectations of iPrevail and its benefits. Of these people, 1,370 people responded to this question.

LEARNING GOAL #2
How was iPrevail used?

User Engagement

New Users and Monthly Active Users

The number of new users (e.g., new PATH A users who created an account) each month increased between May 2021 - September 2021 and June 2022 - January 2023. The number of these users who did at least one activity within iPrevail in each month (e.g., monthly active users) also increased. The graph below shows the number of PATH A users per month since May 2021. (N=11,016).



New Users and Monthly Active Users

PATH A users (N=11,016) engaged with iPrevail an average of 1.8 days and 4 activities each day.

1.8
Average number of days users engaged overall

4
Average number of days users engaged if they engaged more than 1 day

26%
Used the app for more than 1 day

19
Average days between signing-up and the last day of use

6
Average number of days users engaged if they engaged more than 2 days

105
Average number of days between signing-up and the last day of use, among users who engaged more than 2 unique days

iPrevail Activities Engaged by Users

Assessments

- **80%** of PATH A users (8,904 of 11,016) completed at least one assessment (e.g., a demographic survey, Help@Hand evaluation team's survey, a guided learning introduction survey, and/or other iPrevail in-app surveys)

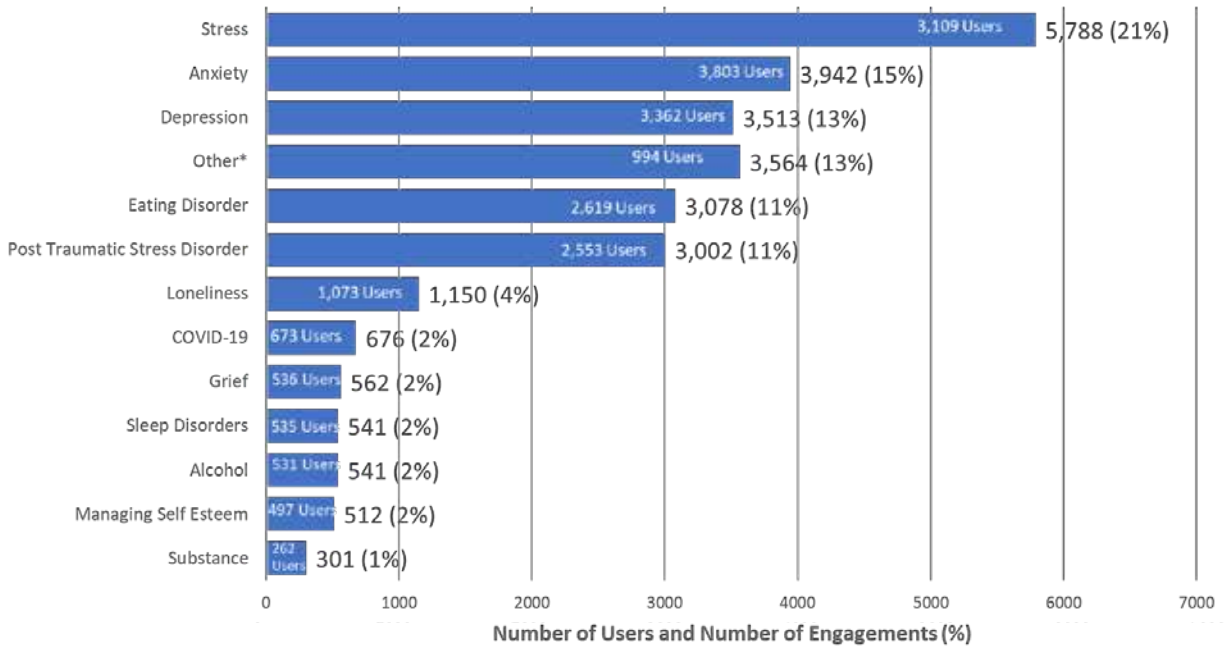
Structured Activities

- **67%** of PATH A users (7,355 of 11,016) participated in at least one structured activity
- PATH A users participated in an **average of 4.7 structured activities**. The table below presents the number of users and engagements (e.g., the number of times users participated in the activity) for each type of structured activity.

Structured Activity Name	Number of Users (N = 7,355 Users)	Number of Engagements (N = 34,271 Engagements)
Enrolled in a program offering[37]	6,147	8,011
Guided Learning	2,045	2,394
Homework Tool	1,318	2,558
Interactive Lesson	1,313	4,659
Other Program Activity	5,091	16,649

Community Engagement

- **49%** of PATH A users (5,367 of 11,016) engaged with a community group within iPrevail
- Community engagement where the topic area was related to stress was most popular over time for 5,367 PATH A users. Community engagement around the topics of anxiety, depression, and PTSD stayed relatively consistent over time.[38]



The graph above shows the number of users who engaged in each activity (in the blue bar), the number of engagements (right of the blue bar), and the percentage of users who engaged in each activity.

[37] Enrolled in a program offering means that the user enrolled in a new program within the iPrevail app. Examples of program offerings include communities and coaching. Users can select more than one approach over time.

[38] Other includes interesting thoughts, lifestyle, mediation, positive thoughts, self-love, sexuality and gender, bullying support, caregiver, attention-deficit, and hyperactivity disorder (ADHD), and chronic pain and illness.

Chats

- **19,440** PATH A and PATH B users used iPrevail to chat (including texting)
- **52%** of PATH A users and **68%** PATH B users used the chat function at least once
- These PATH A and PATH B users chatted 28,498 times. PATH A users engaged in 47% of the total chats and PATH B users engaged in 53% of the total chats

PATH A Users		PATH B Users
4,690 Users	Number of Users who Chatted	10,574 Users
2.3 (3.6) Chats	Average Number of Chats per User (SD)*	1.5 (2.1) Chats
39.2 (66.7)	Average Chat Time in Minutes per Chat (SD)*	30.3 (22.9)
1,698 Users	Number of Users who Texted	3,446 Users
3.7 (5.6) Texts	Average Number of Texts per User (SD)*	1 (0.3) Texts

*Statistically significant difference at 5% significance level. SD means Standard Deviation.

Mental Health Symptoms and Use of iPrevail

Users with one or more mental health symptom(s) at the start of their use of iPrevail chatted longer and participated more in the structured activities than people with no symptoms. (N=4,679)

	No Symptom (N=531)	1+ Symptom (N=4,148)
Chats*	7.5 minutes	16 minutes
Structured Activities*	5.2 activities	6.3 activities

*Statistically significant difference at 5% significance level. SD means Standard Deviation.

LEARNING GOAL #3
Does using iPrevail promote mental wellness and reduce feelings of isolation and stigma?

Satisfaction of Users with iPrevail

- **67%** of users would recommend iPrevail to someone like themselves (N=1,430)[39]

> *"I enjoy the sessions with the coach & I enjoy the video lessions. I believe others for sure can benefit from it too. Thank you for providing iPrevail."*
> *-iPrevail User*

Improvement in Mental Health Symptoms

- **50%** of users thought iPrevail improved their mental health and wellness (N=1,306)[40]

> *"iPrevail is a great tool to help me get unstuck when my depression and anxiety are keeping me down."*
> *-iPrevail User*

- **Mental health symptoms improved over time** among users who took a mental health assessment in the app at least twice.[41,42]

Stress	Depression	Anxiety	PTSD
Improved	Improved	Improved	Improved
1.1 Stress scores were reduced by 1.1 points over time, on average. This indicates that mental health symptoms improved for users. (N=245, p=0.002)	**2.9** Depression scores were reduced by 2.9 points over time, on average. This indicates that mental health symptoms improved for users. (N=74, p=0.0003)	**1.6** Anxiety scores were reduced by 1.6 points over time, on average. This indicates that mental health symptoms improved for users. (N=117, p=0.0007)	**5.1** PTSD scores were reduced by 5.1 points over time, on average. This indicates that mental health symptoms improved for users. (N=96, p=0.008)

[39] A total of 1,567 people completed at least one survey that assessed their initial expectations of iPrevail and its benefits. Of these people, 1,430 people responded to this question.
[40] A total of 1,567 people completed at least one survey that assessed their initial expectations of iPrevail and its benefits. Of these people, 1,306 people responded to this question.
[41] Of the 389 users who took at least one mental health assessment twice, the average time between the first and last assessment that consumers completed was 175 days (SD=154)
[42] Paired t-tests were used to determine whether the means were significantly different between the first and last scores (alpha=0.05).

Improved Confidence to Seek Mental Health and Wellness Services

- **59%** of users thought using iPrevail helped them feel more confident seeking mental health and wellness services (N=1,349)

"It seems to help me each day knowing I can sign in at any time & join a group or chat with a coach."
-iPrevail User

"I like that you can chat with peer counselors at any time and the lesson plans are very helpful. It's like having an interactive journal that gives you feedback, ideas, perspective, and helps keep you accountable!"
-iPrevail User

"I really appreciate iPrevail. I have health issues which makes it hard to get out & make appointments… having this platform to sign into helps me tremendously."
-iPrevail User

Changes in Purpose, Belonging, and Social Connectedness[43]

- There was no change in loneliness over time

Loneliness

Not changed

0.3
Loneliness scores were reduced by 0.3 points over time, on average. Even though this change was not statistically significant, there was a trend toward improvement. (N=358, p=0.07)[44]

Changes in Mental Health Stigma

- In general, there were few improvements in mental health stigma among iPrevail users over time. However, people did report an increase in resilience (e.g., willingness to ask for help) over time[45]

Internalized Stigma: Resistance

Not changed

0
Stigma resistance scores did not change over time (p>0.05).

Mental Health Treatment Stigma: Self-esteem

Not changed

-0.1
Self-esteem stigma scores were reduced by 0.1 points over time, on average. However, this did not indicate a statistically significant change (p>0.05).

Resilience: Willingness to ask for help

Improved

0.2
Willingness to ask for help improved by 0.2 points over time, on average. This indicates an improvement (p<0.05).

Perceived Stigma

Not changed

-0.1
Perceived stigma scores were reduced by 0.1 points over time, on average. However, this did not indicate a statistically significant change (p>0.05).

[43] 358 PATH A Users took Survey 2 in 75 days on average (SD=77 days) after taking Survey 1.
[44] Paired t-tests were used to determine whether the means were significantly different between the first and last scores (alpha=0.05).
[45] 358 PATH A Users took Survey 2 in 75 days on average (SD=77 days) after taking Survey 1. Paired t-tests were used to determine whether the means were significantly different between the first and last scores (alpha=0.05).

LEARNINGS

Learnings from app and survey data from iPrevail users found:

- **Users with more mental health symptoms engaged more actively.** It was statistically significant that PATH A users with at least one symptom engaged more actively with structured activities and chats than PATH A users with no symptoms.
- **Users had positive experiences.** Users had a positive experience using the app - 76% thought iPrevail was easy to use and 67% would recommend iPrevail.
- **There was a lack of technology support.** Though most users found iPrevail easy to use, less than half said they could get help from others if they had any difficulties using the app. This finding suggests there may be a need or opportunity to provide added support for those experiencing difficulties in using the app, to prevent people from abandoning the platforms.
- **iPrevail users experienced improved mental health symptoms over time.** iPrevail users who completed mental health surveys repeatedly within the app evidence a significant improvement in stress, depression, anxiety, and PTSD over time.
- **There were few improvements in mental health stigma among iPrevail users over time.** People reported an increase in resilience (e.g., willingness to ask for help) over time.

PEER COACH EVALUATION

LEARNING GOAL #1
What factors make a setting ready for a product like iPrevail?

Peer Coaches had the following experience by the time they completed surveys during Los Angeles County's iPrevail implementation.

Peer Coaches had on average **1.4** years[46] with iPrevail

Peer Coaches had on average **4.9** years[47] experience as a Peer supporting others[48]

Trainings, Instructional Materials, and Tools (N=42)

- **95%** of Peer Coaches surveyed reported they had the knowledge to successfully support Los Angeles County residents using iPrevail
- **86%** felt they received adequate training to successfully use iPrevail with residents
- **93%** thought the instructional materials they received on iPrevail were helpful
- **95%** believed that iPrevail provided the tools needed to do their jobs well

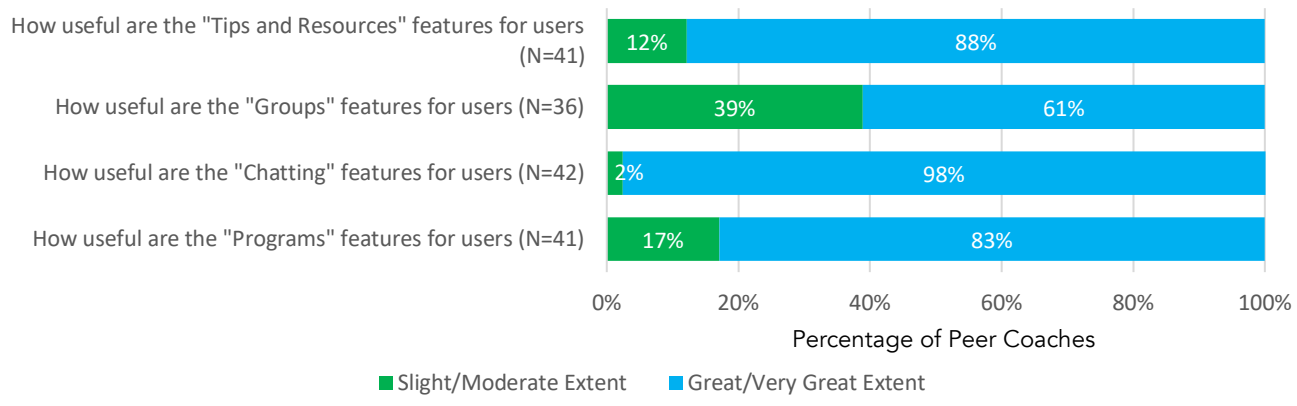
Support and Feedback (N=41)

- **83%** of Peer Coaches surveyed knew where to go if they had problems using iPrevail with residents
- **88%** had an outlet for providing feedback on the use of iPrevail

LEARNING GOAL #2
How did Peer Coaches use iPrevail?

Useful iPrevail Features

Generally, Peer Coaches rated all the features of iPrevail as useful.



[46] The standard deviation was 1.3 years.
[47] The standard deviation was 6.4 years.
[48] This includes supporting others as an iPrevail Peer Coach or outside of iPrevail. 17.623, df = 2959.6, p-value < 0.00001 from Welch Two Sample t-test).

LEARNING GOAL #3
What were Peer Coaches' attitudes toward iPrevail?

Peer Coaches Views of and Satisfaction with iPrevail

- **95%** of Peer Coaches surveyed reported iPrevail made it simple for them to use their skills and abilities to support residents (N=42)
- Peer Coaches with more experience as Peers supporting others reported higher satisfaction with iPrevail

Peer Coaches' Views of iPrevail for Los Angeles County (N=42)

- **67%** of Peer Coaches surveyed thought people they connected with had appropriate expectations of the services provided. Many Peer Coaches reported that people misconstrued iPrevail as offering therapy services
- **95%** considered iPrevail as a good match for the needs of the Los Angeles County residents they worked with through the app, with 76% agreeing to a great extent
- **65%** agreed to a great extent that they saw recognizable improvements among those they coached

"I became a Coach to support people who are seeking affordable mental health care and don't know where to begin. I have had the opportunity to talk to people from all walks of life and listen to them when they didn't feel seen... we are able to identify and challenge negative thoughts and develop coping strategies together!"
-iPrevail Peer Coach

"This program helps people by creating a sense of community. By providing support on so many topics in the form of groups or one on one conversations, iPrevail has a place for everyone no matter what they are going through. Having a sense of belonging is a common goal for many people during difficult times."
-iPrevail Peer Coach

"The anonymity of the program helps reduce the stigma around seeking mental health services because there are no privacy concerns and support is just a click away at any time."
-iPrevail Peer Coach

LEARNINGS

Learnings from surveys with Peer Coaches who used iPrevail included:

- **Peer Coaches had positive experiences with iPrevail.** They believed iPrevail provided tools to be a good Peer Coach and was a good fit for Los Angeles County residents.
- **Peer Coaches with more experience as Peers supporting others reported more comfort with iPrevail.** Experienced Peer Coaches with 2 or more years reported greater comfort using the iPrevail platform compared to coaches who had less than 2 years of experience.
- **People might expect services not provided by iPrevail.** The biggest concern raised by Peer Coaches was that people might expect iPrevail to provide therapy services, which it does not. However, two thirds of Peer Coaches reported that people had appropriate expectations of the services provided.

Marin County Digital Literacy Grant Program Evaluation

INTRODUCTION

In 2023, Marin County Behavioral Health and Recovery Services (BHRS) supported digital literacy efforts throughout the County. These efforts included **Marin County BHRS' Digital Literacy Grant Program**, which awarded seven community-based organizations one-time grants of up to $50,000 to support innovation projects. Grantees integrated a digital component to enhance accessibility to wellness support for isolated disenfranchised or older adults between July-December 2023.

The Digital Literacy Grant Program evaluation included:

- **Monthly Grant Updates:** Grantees completed monthly updates that described their efforts and the impact of their digital component.
- **Grant Summary Report:** Grantees completed a report at the end of their program that summarized their efforts from July to December 2023.

Digital Literacy Grant Program Evaluation

DIGITAL LITERACY GRANT PROGRAM

About the Grantees

Grantees initiated, planned, executed, and completed their programs between July-December 2023.

July 2023

4 Grantees in Initiation Phase
2 Grantees in Planning Phase
1 Grantee in Execution Phase

August 2023

2 Grantees in Initiation Phase
1 Grantee in Planning Phase
4 Grantees in Execution Phase

September 2023

1 Grantee in Initiation Phase
1 Grantee in Planning Phase
5 Grantees in Execution Phase

October 2023

1 Grantee in Initiation Phase
6 Grantees in Execution Phase

November/December 2023

6 Grantees in Execution Phase
1 Grantee Completed Program

Number of Sessions and Attendees

The grantees served 1,423 duplicated attendees and offered 739 sessions over 1,017 hours. Sessions included drop-in sessions, one-on-one sessions, and workshop sessions.

1,423 Attendees			
739 Total Sessions	**169** Drop-In Sessions	**391** One-on-One Sessions	**179** Workshop Sessions
1,017 Session Hours	**302** Drop-In Hours	**442** One-on-One Hours	**273** Workshop Hours

Program Services

Grantees were asked how they used grant funds to increase digital literacy and access to mental health wellness supports. Grantees reported providing digital literacy sessions, developing a digital literacy app, distributing devices, and engaging participants.

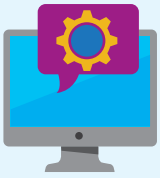
Digital Literacy Sessions

"The technology training was accomplished through one-on-one training, Zoom drop-in technology help hours, and group training workshops on special topics, including computer basics, resources to connect online, and staying safe on technology which were offered both in person and on Zoom."

– Marin County BHRS Grantee

"We continued offering drop-in computer lab sessions and computer skills workshops to our students, many of whom are older adults. We also added mental health resources to our list of requests for the Department of Corrections to approve for use on our student laptops."

– Marin County BHRS Grantee



Digital Literacy App

"Thanks to this grant, [our organization]… was able to develop an app containing training videos to teach basic iPhone skills to older adults. In addition, we provided an accompanying handout for each video. The students watched the videos on the iPad while following along and practicing on their iPhone. In the app, each video could be paused, rewound 10 seconds, fast-forwarded 10 seconds, or restarted from the beginning— allowing students to learn at their own pace."

– Marin County BHRS Grantee

Device Distribution

"[Our organization partnered with a local resident program] in Marin City to provide a place-based approach to digital literacy skills for their older residents based on requests from the residents. To ensure residents had technology access and support, we purchased Chromebooks for residents to use during our sessions as well as a rolling locker to secure the Chromebooks in one of the manager's offices so residents can check the Chromebooks in and out during the week. We hired an experienced contractor to assist in developing a curriculum specifically designed for older adults with little to no technology acumen."

– Marin County BHRS Grantee

"The custom iPads allow participants to use the app and watch the training videos at their own pace and in their own homes without requiring any prior knowledge of how to use an iPad or iPhone. We rolled out the app-based training to 20 participants, exceeding our original goal of 12!"

– Marin County BHRS Grantee

Participant Engagement

"By expanding the number of tech tutoring appointments, we were able to engage more clients to support their access to technology and have a positive impact on their feeling of social isolation. Clients reported a variety of benefits to their mental wellness in post-session satisfaction surveys, including connecting to their health care providers, connecting with family and friends, connecting with community, performing better at work, and increasing their independence. In addition, numerous clients reported that the connection with tech tutors during sessions was beneficial and that they appreciated their kindness and calm, supportive presence."

– Marin County BHRS Grantee

Cultural Competency and Stakeholder Involvement

Grantees were asked about their integration of cultural competency and stakeholder involvement. Many grantees reported tailoring resources to participants in their preferred language. Grantees also used participant feedback to improve services.

"All handouts and training videos were made available in both Spanish and English, providing the ability to meet the diverse language needs. The Spanish translations were reviewed by an experienced bilingual instructor, ensuring accuracy and cultural relevance. Pre- and post-surveys were also translated into Spanish, allowing for effective data collection across cultural backgrounds."

– Marin County BHRS Grantee

Translation

"Recognizing the diverse learning styles and backgrounds, we provided resources and support in participants' preferred language, tailored the program and evaluation process to individual needs and learning styles; and created a welcoming and accessible learning environment for participants from different backgrounds."

– Marin County BHRS Grantee

"In terms of cultural competency, we are responding to the need for technology tutoring sessions in Spanish by actively recruiting Spanish-speaking volunteer tutors. We can refer some Spanish-speaking clients to our Home Connect program where they can receive a free Samsung tablet and training in Spanish, but some clients need tutoring services for the devices that they already own. We will continue to actively recruit Spanish-speaking tech tutors to meet this need in our community more effectively."

– Marin County BHRS Grantee

"During the grant period we surveyed all the participants on their experience participating in one of our technology training sessions, which included questions about their race and ethnicity, their mental health, and their comfort level prior to the assistance and after. We have used these collective responses to inform the data provided for the outcomes and impact of the project. In addition, because our approach is so personal, we have heard first-hand from participants that they felt heard, understood, and more confident in their abilities to use technology for any purpose."

– Marin County BHRS Grantee

Participant Feedback

"Prior to this grant, technology tutoring clients were only able to schedule an appointment approximately once every 6 weeks. Many clients expressed the need for more frequent sessions in order to build upon what they were learning. This request was reinforced in surveys regarding technology needs in the population we serve. Throughout the grant period, we administered satisfaction surveys to clients to provide stakeholders with an opportunity to provide feedback anonymously."

– Marin County BHRS Grantee

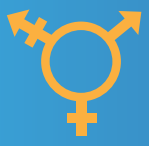
"We were not able to get many stakeholders to participate in this evaluation outside of the participants themselves. As the class sizes were small, class feedback was incorporated immediately into the activities and learning. Participants were culturally diverse with different perspectives and their feedback was valuable to our understanding of the community and the challenges they faced."

– Marin County BHRS Grantee

About the Participants Served

Demographics

The grantees primarily served White and Black/African American participants under 60 years old. A majority of the participants reported a disability, but did not report experiencing a mental health challenge.



Gender (n=1,938)
13% Female
4% Male
83% Prefer Not to Answer

Age (n=1,821)
52% aged 0-59 years
15% aged 60-64 years
7% aged 65-69 years
13% aged 70-74 years
5% aged 75-79 years
5% aged 80-84 years
3% aged 85-89 years
1% aged 90-94 years

Race (n=1,923)
36% White
35% Black/African American
12% Hispanic/Latino/a/x
7% Prefer Not to Answer
4% Self Identify
4% Asian
1% Native Hawaiian/Other Pacific Islander
1% American Indian/Native American/Native Alaskan

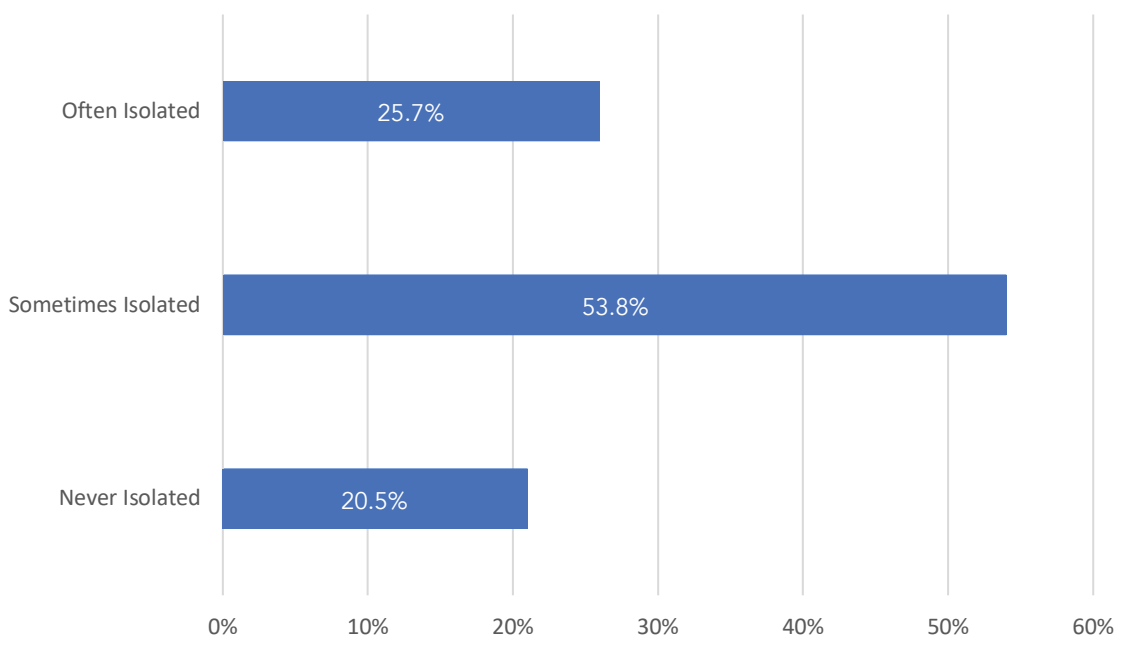
Veteran (n=1,358)
69% Did Not Identify as a Veteran
13% Identified as a Veteran
18% Declined to Respond

Disability (n=274)
42% Reported a Disability
37% Did Not Report a Disability
18% Preferred Not to Answer
3% Unsure of a Disability

Mental Health Challenge (n=239)
48% Have Not Experienced a Mental Health Challenge
24% Diagnosed with a Mental Health Challenge
22% Preferred Not to Answer
6% Experienced a Mental Health Challenge but Not Diagnosed

Feeling Isolated or Left Out

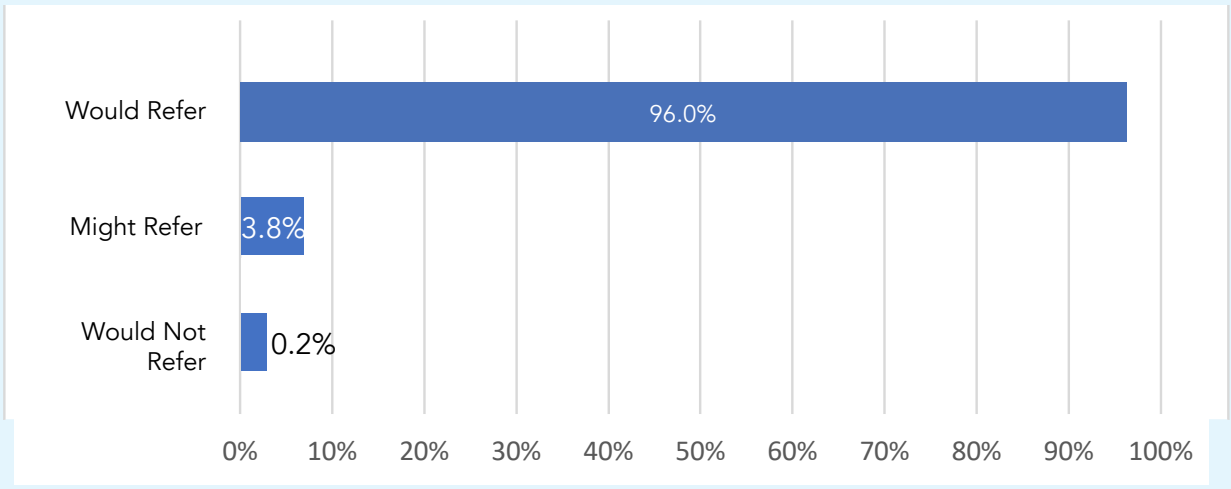
Most participants felt isolated because they felt others could do things on a computer, smartphone, or tablet (n=346).



Program Satisfaction and Skills Learned

Satisfaction with Sessions

Almost all participants would refer the sessions to a friend (n=420).



Comfort with Technology

Participants experienced a significant increase in their comfort with technology after the digital literacy sessions. **Grantees reported a 160% increase in the percent of people who said they were somewhat or very comfortable in their use of technology.**

Percent of Participants Somewhat or Very Comfortable in use of Technology:

Before the Session	After the Session
41-60%	**61-80%**

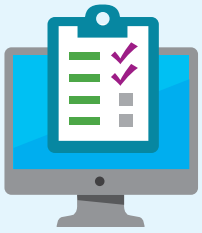
Digital Literacy Skills Participants Learned

Grantees reported that participants learned the following skills.

Using a cell phone

Connecting to the internet

Using the internet



Understanding the basics of using a computer

Connecting with apps

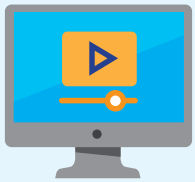
Using documents or photos

Utilizing email

Using computer programs

Using a tablet

Video conferencing



Streaming services

Employment skills[49]

[49] Employment skills refers to participants learning how to construct resumes, save documents online, as well as open and manage online job seeker.

What Participants Most Wanted to Do with Their Digital Literacy

Grantees reported that participants wanted to do the following with their new digital literacy skills.

Connect with friends, family, and community access

Get help with general health concerns

Receive help with depression, loneliness, anxiety, or boredom

Find employment

Get news, articles, blogs, or books

Learn new things

Do online research

Take online classes

Banking

Shopping

Program Impact, Challenges, and Lessons Learned

Program Impact

Grantees were asked to report any significant outcomes or results from the program. Grantees reported an increase in digital literacy skills, confidence with technology, and participation in services.

Increase in Digital Literacy Skills

"100% of participants gained increased digital literacy skills to varying degrees. All participants were able to set up a Gmail account in order to access social media and video conferencing apps. They were most comfortable with using their phone and connecting and using the internet for searches. 100% of participants stated they wanted to use their new digital skills to connect with friends and family. The other top three reasons participants used their digital skills were for getting news/articles/blogs/books, learning new things/doing online research/taking online classes, and employment."

– Marin County BHRS Grantee

Increased Levels of Confidence with Technology

"The older adults we served gained confidence, built skills and feel more comfortable with the technology, which they have shared is helping them feel more connected."

– Marin County BHRS Grantee

"The one-on-one sessions immediately became popular with Participants who appeared to be more relaxed after getting to know both Digital Literacy Coaches and Team. Participants soon started to request their own focused sessions."

– Marin County BHRS Grantee

"Overall, their feelings of being isolated or left out because of their lack of digital skills was removed as they became more confident in using their skills, even if it was just setting up a Gmail account and knowing how to connect to and use the internet for resources made them feel better and more confident."

– Marin County BHRS Grantee

"One specific participant, with both mental health and physical limitations, was adamant about NOT working on computers or anything that had to do with online, phone, etc. In fact, they had several anxiety attacks trying to prepare her resume. She also reported falling at the grocery store and did not know what to do. Good news! Through the Digital Literacy Program, and in this short time, she built enough confidence to tackle the computer and her cellphone. During this time and working in one-on-one sessions, she received support and completed her resume, uploaded documents, applied for jobs, and learned how to order groceries using her cellphone. She is still learning and appreciates the patience and training resources available to her through this program."

– Marin County BHRS Grantee

Increase in Participation for Existing Services

"The last six months saw some of the largest attendance numbers in our computer lab and workshops yet. Students were better informed about the programs offered in the lab, and we had many repeat students who returned for multiple sessions of workshops to continue learning more. We are seeing fewer instances of certain technical issues, as a result of student skills improving (solving problems on their own), and many students are now able to independently perform research for their classroom assignments and personal projects."

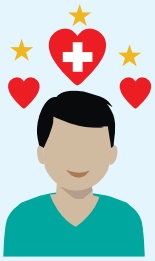
– Marin County BHRS Grantee

"During the 121-day period between August 1, 2023 and November 30, 2023, the … Program hosted 132 one-hour appointments. In the 121 days prior to the expansion (April 2, 2023 to July 31, 2023), the program hosted 78 one-hour appointments. Therefore, we were able to increase our tech tutoring appointments by 69% during the grant period. We intend to continue expanding our program now that we have established a strong foundation for scaling up through a volunteer training curriculum and a streamlined system for appointment scheduling and confirmation."

– Marin County BHRS Grantee

Program Impact on Participants' Mental Wellness

The grantees reported that participants improved their mental wellness by learning new skills, connecting with others, and reducing isolation.



Learned Skills

"So helpful, like life-saving help, when drowning in ignorance and going down deeper in complicated technology. I want to learn so much and have. Thank you so much from my heart."

– Marin County BHRS Grantee

"Individuals were excited to meet and see others who were also interested in learning more about digital literacy. This helped create synergy and encouraged engagement as well as sharing individual needs."

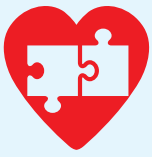
– Marin County BHRS Grantee

"Prior to the training, most students were comfortable with limited texting but did not feel comfortable using facetime or Zoom. After the training, they reported much more confidence in using video conferencing tools and increased texting skills. A student remarked "the Iphone does so much more than simple texting and learning what to use and how to go about it is great. Voice texting is fun, easy and a short-cut worth learning!"

– Marin County BHRS Grantee

"We continue to receive positive feedback about our training sessions and the one-on-one training we are providing. The overwhelming feeling is that there is a big need for older adults to receive help with the technology, so they are not being left behind and missing out on things."

– Marin County BHRS Grantee



Connected with Others

"The work is definitely impacting participants mental wellness enabling them to connect to both family members and groups via Zoom, such as book clubs and exercise class, and other online resources and apps, such as podcasts."

– Marin County BHRS Grantee

"Many of the members who we have helped this month are isolated in their homes and rarely leave. A member who we helped set up and access Zoom was able to finally participate in her book club and then a information program from the country about transportation in the same week, not only feeling connected to her friends in the book club, but also learning about other transportation resources to be able to get out of her home and feel more connected."

– Marin County BHRS Grantee

"The culture within the computer lab is growing more and more collaborative, and students are forming new connections and friendships through their time in the lab. Many students have reported a sense of independence now that they know how to perform certain tasks on a computer. Others have reported feeling busier, and that their mental health improves when they have something productive to do, which the workshops and drop-in sessions provide."

– Marin County BHRS Grantee

"The individuals impacted by the Digital Literacy Program shared joy, eagerness, and a compelling sense satisfaction. Seniors felt that they were not 'forgotten' and appreciated the time, workshops, connecting with others both young and old."

– Marin County BHRS Grantee

"We believe that this work alleviated the feelings of isolation and loneliness from our participants as well as increased their confidence levels and reduced their fear of technology…"

– Marin County BHRS Grantee

Reduced Feelings of Isolation

"Several participants reported feeling less anxiety over their coursework after taking workshops. One student said that he feels like he is genuinely cared about when we offer these workshops. Two students said that our computer lab and workshops make them look forward to the future."

– Marin County BHRS Grantee

Program Challenges

Grantees reported challenges with participant recruitment despite numerous outreach efforts. Recruiting and retaining staff and volunteers to support the programs was also a challenge. The short implementation timeline and difficulty collecting participant surveys were additional challenges.

"Through community engagement and individual feedback, the term 'Digital Literacy' put many seniors off, many of whom did not understand the concept. In addition, many seniors expressed frustration and a lack of confidence."

– Marin County BHRS Grantee

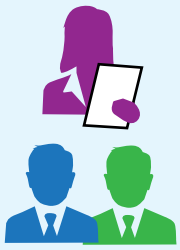
"Outreach has been one of the biggest challenges: Approximately 125, door to door flyers were passed around the community complex, the course was featured on .. [a] monthly newsletter, outreach during community events was done, and at this moment it is unclear why students are not signing up for class."

– Marin County BHRS Grantee

Participant Recruitment Challenges

"Attendance for workshops was low this month. In response, we created flyers to advertise our October workshops and sent out a mailer to all students with news and updates about the lab, encouraging folks to attend open lab sessions and workshops if they haven't been in a while."

– Marin County BHRS Grantee



Staff and Volunteer Recruitment and Retention Challenges

"It was more difficult to obtain mentors and mentees than expected, with mentors being slightly more difficult (even with a stipend being offered). Part of the delay with launching the program was due to this challenge and was also due to the ultimate limitations of the partnership we decided to rely on when securing mentors."

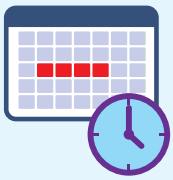
– Marin County BHRS Grantee

"… we have faced challenges recruiting Spanish-speaking volunteer tech tutors. We are collaborating with our Human Resources team to target our recruitment efforts more effectively to the Spanish-speaking population in Marin. Given that the volunteer tech tutor position is unpaid, recruitment of volunteers has generally been challenging. We are currently expanding our recruitment efforts to high school programs in hopes that we can identify and deliver tutoring appointments in Spanish."

– Marin County BHRS Grantee

"Staffing transitions have been a challenge, and we are working through them."

– Marin County BHRS Grantee



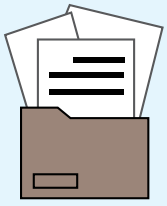
Timeline Challenges

"The challenge in implementing this grant was the very tight time frame from award of grant in mid-June to implementing the grant as of July 1st, including the challenge to obtain data from participants for Country grant report."

– Marin County BHRS Grantee

"We faced some challenges in developing the app and recruiting students and completing the project with a very aggressive time schedule."

– Marin County BHRS Grantee



Difficulty Collecting Participant Surveys

"…We also did not collect feedback forms after our 5 workshops this month, as they were in-class workshops and part of the course material. Unfortunately, this left us lacking in our reporting."

– Marin County BHRS Grantee

"We also found that program participants were reticent when it came to completing the post-service survey. It seemed clear that many were put off by the specificity of some of the questions, which seemed to indicate that people were consciously drawn to participating in our programs to improve their technology competency rather than potentially improving their mental health as a result of feeling more connected because of technology…"

– Marin County BHRS Grantee

Lessons Learned

Grantees reported that one-on-one sessions benefited participants and that the pace was noted as being comfortable. In addition, grantees reported how important it was to get community engagement early on in the program and to collect survey feedback.

Sessions Benefited Participants

"The students liked the pace of the videos and the clear, easy to follow instruction. We learned that self-paced training could be successful by keeping the videos short, informal, and accessible. The most common feedback was the desire for more training."

– Marin County BHRS Grantee

"In addition, we learned that 1 on 1 interactions were enhanced with a focus on building trust and community first and understanding that intergenerational learning can happen for both mentor and mentee, and we can take that approach forward in other programs."

– Marin County BHRS Grantee

Community Engagement

"Throughout the project we experienced an extremely positive response from the community that there is an enormous pent-up demand for help with technology among older adults in Marin. Even among our members who have had technology help available, but haven't taken advantage of it, they have expressed a huge need for this help. We believe there will continue to be a demand for technology help and will continue and expand the technology training we conducted under this project."

– Marin County BHRS Grantee

"We assumed that having a location and training onsite in a large, underserved community with high needs and provide monetary incentives would provide us with enough participants for the success of the program. Due to the short grant period and implementation model, we chose, we were not able to do our due diligence in a needs assessment for the community. The lesson we learned was that we need to slow down and do a community needs assessment, asking community stakeholders for their input prior to developing a program based on a lot of assumptions. In the future, we will take the time needed to develop the right partnership that are aligned with our goals and values, gather community input, and develop a program with community voice at the center."

– Marin County BHRS Grantee

Survey Feedback

"Collecting evaluations after each workshop was a great way to keep a pulse on students' feelings about the computer skills curriculum we're offering. I plan to use this feedback to shape our future offerings, and I plan to continue collecting these evaluations in future semesters for ongoing feedback."

– Marin County BHRS Grantee

Riverside County A4i Evaluation

INTRODUCTION

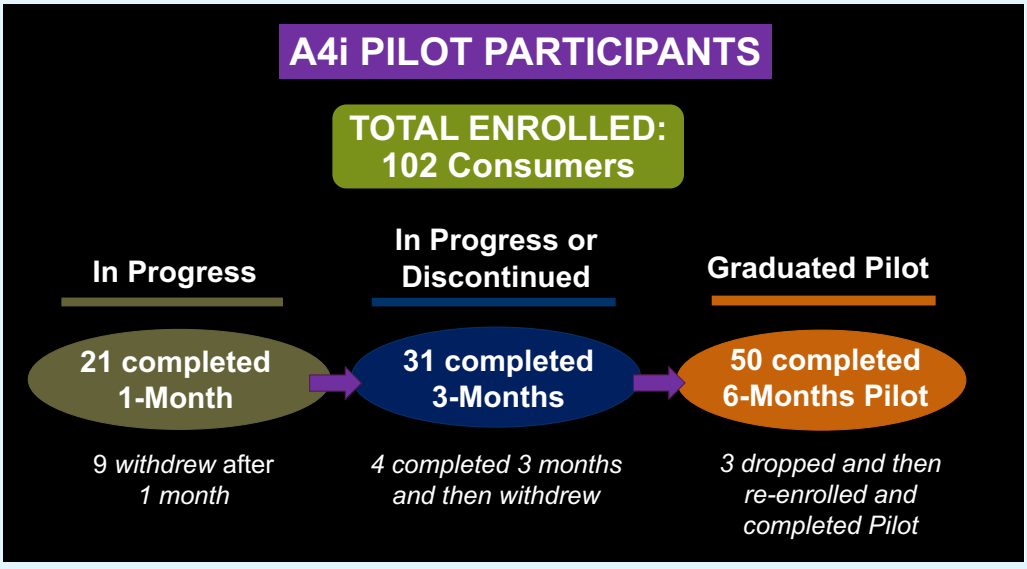
In 2023, Riverside University Health Systems - Behavioral Health (RUHS-BH) continued their A4i pilot with clients in the schizophrenia and psychosis recovery process.

This evaluation section includes findings and learnings from the:

- Client Evaluation (conducted by Riverside County)
- Provider Evaluation (conducted by the Help@Hand evaluation team)

CLIENT EVALUATION

In November 2023, RUHS-BH presented the following at their HEARTS showcase described on page 59.



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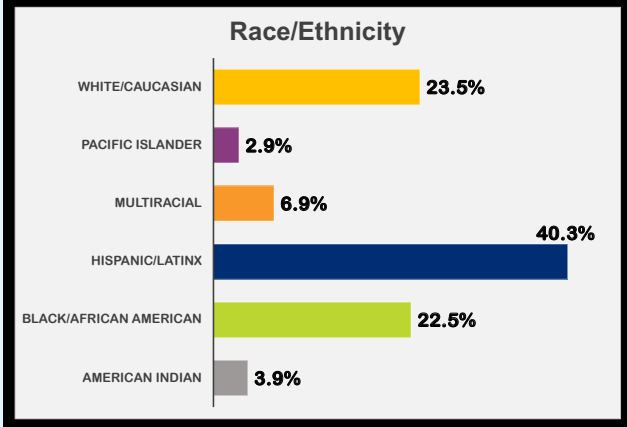
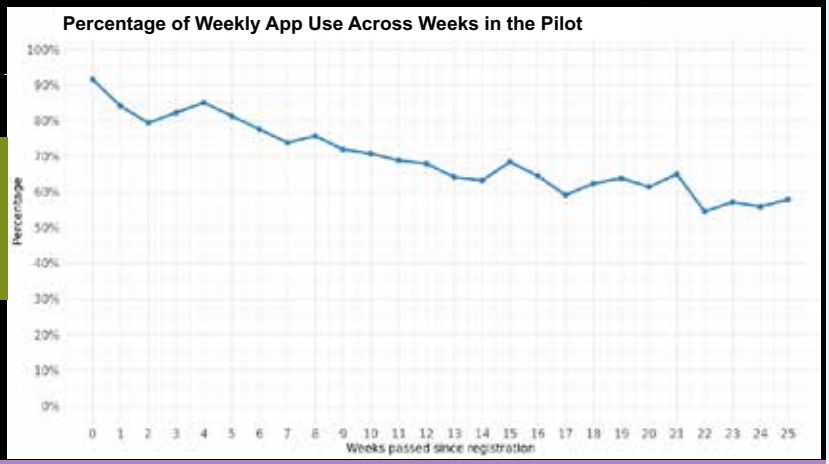
Participant Demographics (N= 102)



GENDER
53.9% Male, 42.2% Female

AGE
78% 26 to 59 years
17.6% TAY 16-25 years

Summary of A4i Engagement Data



Average across time is about 70% engagement each week

A4i App use data analyzed and provided by MEMOTEXT (Sherry Luo, Data Analyst)

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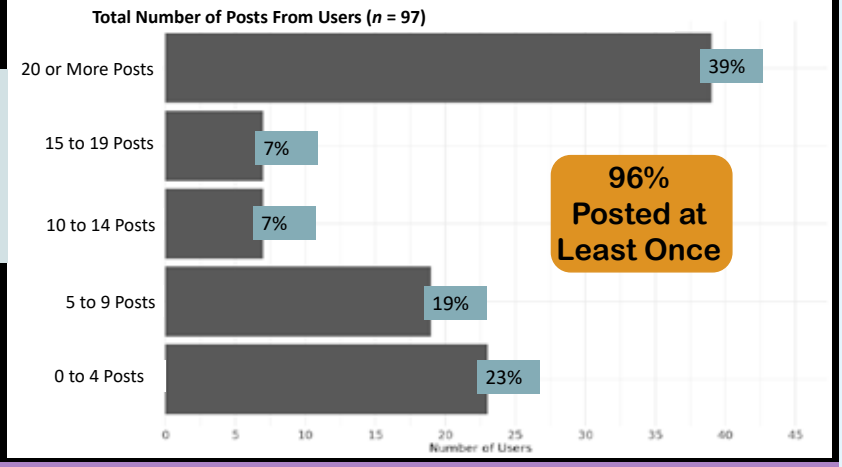
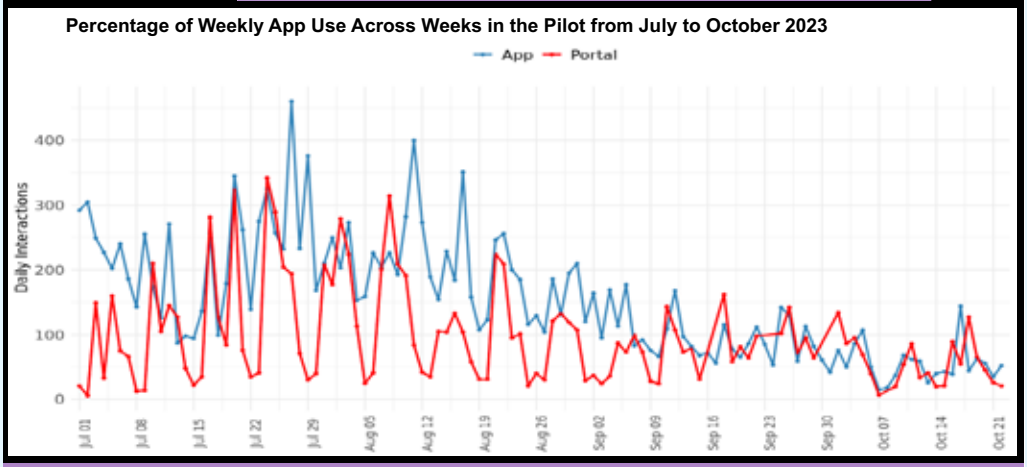
Consumer A4i Newsfeed Posting

"This particular part of the app has a lot to build a little community, you know, of support amongst each other." - **Consumer quote**



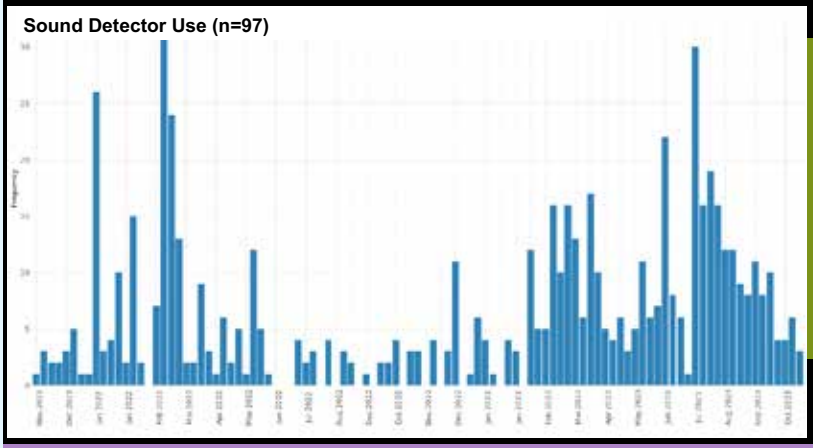
A4i App use data analyzed and provided by MEMOTEXT (Sherry Luo, Data Analyst)

A4i App and Portal Activity



A4i App use data analyzed and provided by MEMOTEXT (Sherry Luo, Data Analyst)

A4i Engagement with Sound Detector



- **78 participants have engaged with the Sound Detector tool at least once.**
- **Sound Detector tool was consistently and frequently used**

A4i App use data analyzed and provided by MEMOTEXT (Sherry Luo, Data Analyst)

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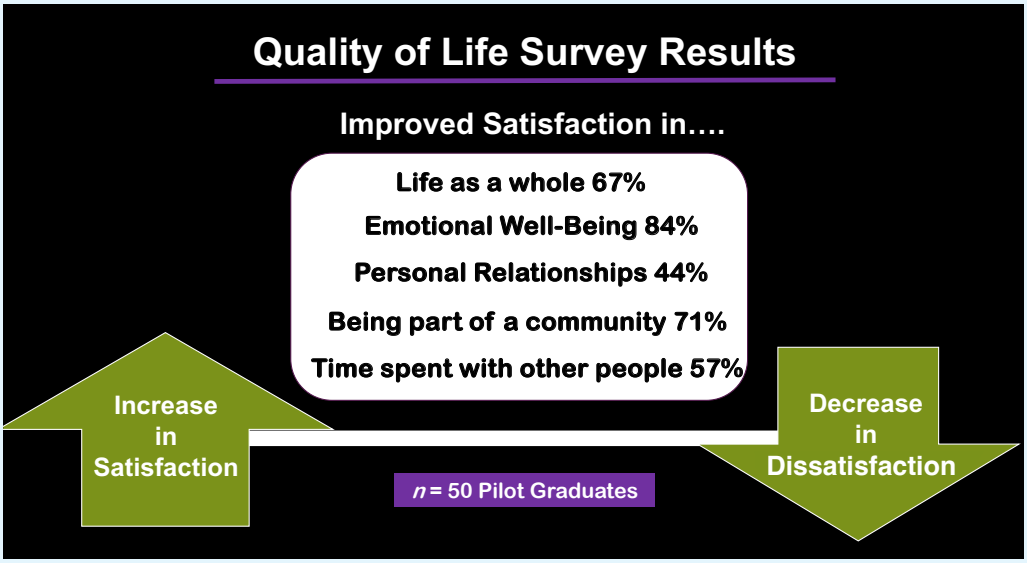

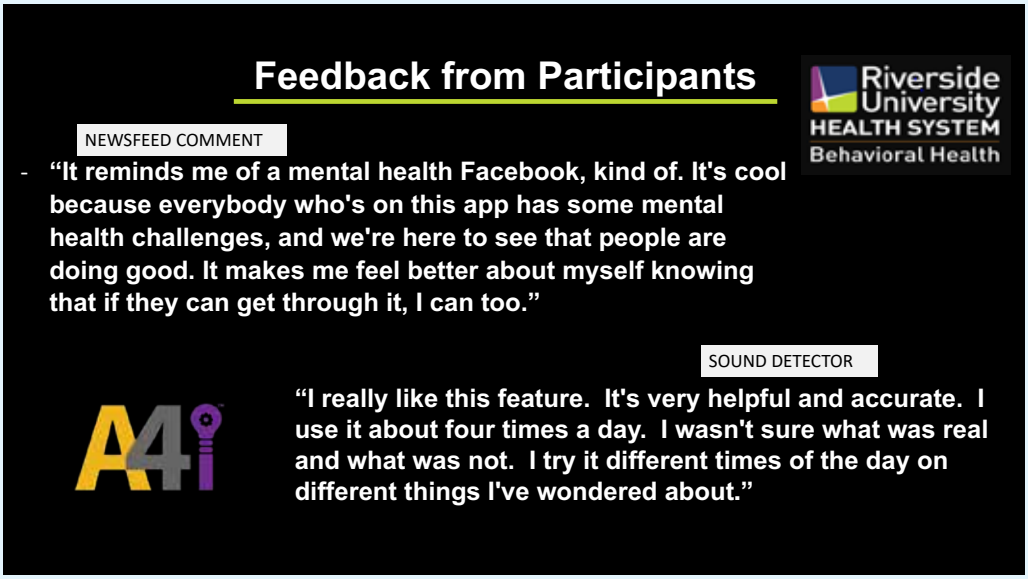

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PROVIDER EVALUATION

The Help@Hand evaluation team invited providers (e.g., clinical therapists, behavioral therapists, Peer Support Specialists) in the A4i pilot to participate in the pilot evaluation between February 2022 to May 2023.

The pilot evaluation included the following surveys and interview:

	Evaluation Activity	Occurrence	Administration Period	Response Rate (as of June 2023)
	Initial Survey (Survey 1, S1)	**1-month** after provider connects with their 1st A4i client	February 2022 – February 2023	100% 19 of 19 providers
	Mid–Pilot Interview	**3-months** after provider connects with their 1st A4i client	April 2022 – March 2023	74% 14 of 19 providers
	Follow–up Survey (Survey 2, S2)	**6-months** after provider connects with their 1st A4i client	August 2022 – May 2023	84% 16 of 19 providers

This section includes data from the initial survey, the mid-pilot interview, and the follow-up survey. Quotes within this report are taken from the mid-pilot interviews.

Key Findings

- **Providers had positive experiences with A4i.** Providers perceived A4i positively and could see it how it helped clients improve during the recovery process.
- **Organizational receptivity to A4i provided key support for A4i implementation.** Providers reported that senior leadership provided strong support for A4i both during and after implementation. However, they also reported some barriers at the staff level, such as limited bandwidth.
- **Hands-on practice prepared providers to use A4i with clients.** In the training phase, providers benefited from hands-on practice with the A4i dashboard during the training process. While most felt they received adequate training to successfully use A4i with clients, some also desired more formal, longer, in-depth A4i trainings and regular meetings with other colleagues using A4i to maintain engagement and motivation.
- **A4i had several features that providers felt benefited clients.** Providers perceived that clients benefited from various A4i features, such as engaging with other participants on the A4i newsfeed, receiving support from staff outside of office hours, and medication reminders.
- **Providers reported several technology-related challenges when using A4i.** Technical issues posed some of the primary challenges when implementing A4i, including platform glitches, inability to see the reasons for receiving notifications, and clients' lack of familiarity with technology.
- **Providers made both technical and programmatic recommendations to improve the A4i experience.** Providers suggested some technical changes, such as an easy way to see reasons for notifications and a provider-specific dashboard. In addition, they recommended integration of A4i into daily workflows, support with regular check-ins, and expansion to other groups.
- **Providers reported optimism about future A4i implementation.** Providers largely felt that both leadership support and mechanisms in place sustained successful A4i implementation after the pilot, especially after addressing technical issues.

Provider Demographics

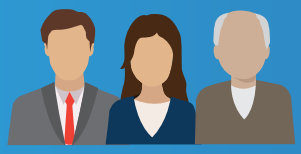
Initial Survey Demographics (N=19)

The average age of providers in the A4i pilot was 41.5 years. Most were female, identified as White, worked as Clinical Therapists, and exclusively served adults ages 25-59 years.

Average Age (SD[50])
41.5 (11.4)

Gender[51]
74% Female
26% Male

Race/Ethnicity
42% White
26% Hispanic or Latino
16% African American
11% Multiracial
5% Asian American/Pacific Islander

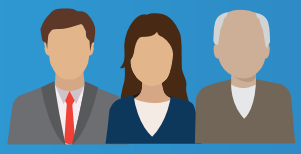


Role
42% Clinical Therapist
32% Peer Support Specialist
21% Behavioral Health Specialist
5% Peer Support Specialist & Behavioral Health Specialist

Clients Served by Provider
63% Only Adults (25-59 years)
16% Only Transitional Age Youth (TAY) (16-25 years)
11% Only Older Adults (60+ years)
11% Multiple Populations (Adults, TAY, and/or Older Adults)

Mid-pilot Interview Demographics (N=14)

Similar to the survey demographics, most providers interviewed mid-pilot worked as Clinical Therapists.



Role
43% Clinical Therapist
36% Peer Support Specialist
14% Senior Peer Support Specialist
7% Behavioral Health Specialist

[50] SD refers to standard deviation, which measures how clustered or spread out responses are relative to the average. Low standard deviation indicates data are largely gathered around the mean, while high standard deviation indicates data are spread out.
[51] Multiple genders were included as options on the survey; however, providers reported their genders as only female or male.

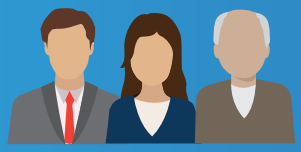
Follow-up Survey Demographics (N=17)

The average age of providers who responded to the follow-up survey was 43.0, and most reported being female. The largest segment of the providers was White and worked as Peer Support Specialist. Finally, most providers exclusively served adults ages 25-59.

Average Age (SD)
43 years (10.8)

Gender[52]
69% Female
31% Male

Race/Ethnicity
44% White
31% Hispanic or Latino
13% African American
6% Asian American/Pacific Islander
6% Multiracial



Role
44% Peer Support Specialist
31% Clinical Therapist
25% Behavioral Health Specialist

Clients Served by Provider
56% Only Adults (25-59 years)
19% Only Transitional Age Youth (TAY) (16-25 years)
6% Only Older Adults (60+ years)
19% Multiple Populations (Adults, TAY, and/or Older Adults)

[52] Multiple genders were included as options on the survey; however, provider reported their genders as only female or male.

Provider Reception of A4i

Expectations and Reception of A4i

A significant majority of providers reported in both the initial and follow-up surveys that they had positive perceptions of A4i both before and after using A4i (S1=84%, S2=81%). In addition, half of providers interviewed mid-pilot reported **initial excitement for the A4i pilot** since it allowed them to connect with clients outside of appointments. They also liked specific features such as sound detection or the newsfeed:

> *"I was really excited and couldn't wait to kind of learn what kind of difference those things were going to make […] I believe those features [are] what caused A4i to stand out and ultimately won out over the other [app], so you know I did have an expectation of this being huge and making a difference."*
> *– Peer Support Specialist*

Based on mid-pilot interviews, 29% of providers **initially had low or no expectations**. Some viewed A4i as an added obligation. A few providers (14%) reported perceptions that A4i would be burdensome for staff or clients.

> *"[My expectations] weren't high, I'm not gonna lie, I'm gonna be completely transparent (laughs), I just felt like, 'okay, something else we have to look at.'"*
> *– Clinical Therapist*

Provider Reception to A4i

Most providers reported in both the initial and follow-up surveys that recommending A4i to clients was an easy process (S1=84%, S2=81%). The majority of providers also felt that A4i was a useful resource for their clients (S1=90%, S2=81%).

After completing the pilot, 81% of providers reported in the follow-up survey that the platform was easy to use and 88% reported they would refer future clients to A4i. Most providers reported in both the initial and follow-up surveys that A4i added value to the work that they did (S1=95%, S2=94%).

Compared to the initial survey, fewer providers reported in the follow-up surveys that they felt A4i seemed fitting for their work (S1=89%, S2=75%) and that the A4i care model was a significant innovation that could benefit their clients (S1=95%, S2=81%).

Providers also reported in the follow-up survey:

81%
of providers perceived that A4i supported clients to engage in treatment

69%
of providers perceived that A4i enhanced client care

Organizational Receptivity to A4i

The majority of providers interviewed mid-pilot continued to report positive reception from their organization (64%), though they reported lower levels of supervisory support.

64%
of providers reported positive reception from their organization

77%
of providers felt senior leaders were committed to sustaining A4i

14%
of providers reported supervisor support and engagement for A4i

65%
of providers perceived there were mechanisms in place to sustain A4i

Some providers interviewed mid-pilot reported resistance to participating in the A4i pilot from staff.

21%
of providers reported some staff had been "volun-told" to participate

7%
of providers reported staff-level reluctance/resistance because of limited band-width

Provider Training and Support for A4i

Training Formats

Providers interviewed mid-pilot reported varied training experiences with A4i. This included attending an in-person training (57%), receiving an A4i booklet (43%), and watching an introductory training video (29%).

57%
of providers attended in-person training

43%
of providers received an A4i booklet

29%
of providers watched a training video

Useful Training Components

Providers interviewed mid-pilot identified hands-on practice with the A4i dashboard (57%), walking through A4i with someone already familiar with the platform (36%), and viewing both the provider and client dashboards (14%) as useful components of the training.

57%
of providers reported hands-on practice was useful for training

36%
of providers reported that it was useful to be walked through A4i with someone already familiar with it

14%
of providers reported viewing both provider and client dash-boards was useful for training

> *"And I think honestly, me holding the phone and using it myself was probably one of the greatest tools. Like she brought it in and had an example and […] I could see how this could be really beneficial for the client versus just having a picture of what it may be like."*
> *– Clinical Therapist*

Additional Trainings Needs

Providers interviewed mid-pilot requested longer trainings, instruction on integrating A4i into daily workflows, and supporting A4i providers with regular check-ins. These findings indicated that providers gradually recognized areas they could benefit from further training and support as they continued to use A4i with their clients.

43%
of providers requested more formal, longer, and in-depth trainings

14%
of providers requested more instruction for integrating A4i into their daily workflows

14%
of providers suggested regular provider check-ins

After using A4i for 6-months, the majority of providers reported in the follow-up survey that they received sufficient training and support resources for their use of A4i with clients.

81%
of providers felt that there were resources and tools available to support their use of A4i

81%
of providers reported that instructional materials about A4i were helpful

75%
of providers felt they had received adequate training to feel prepared to successfully use A4i with consumers

Provider Experiences Using A4i

Frequency in Use of A4i in Practice

Most providers who completed the initial survey (84%) reported that the A4i platform's communication features allowed them to stay connected with their clients approximately one month after connecting with their A4i clients. However, providers interviewed mid-pilot varied in their frequency of using A4i at three months. Providers who did not check A4i regularly attributed their lack of engagement to their caseload or their clients' limited use of A4i.

43%
of providers checked A4i daily

22%
of providers checked A4i only when notified

22%
of providers checked A4i weekly/monthly

14%
of providers did not check A4i regularly

Provider Use of A4i

Most providers interviewed mid-pilot (57%) reported that A4i helped them monitor their clients' well-being outside of appointments, while 29% indicated that A4i provided a way for clients to have 24/7 access to the care team after office hours. Providers typically checked client notes, reviewed/approved pending newsfeed posts, reached out to clients through the messaging feature, and communicated with additional staff as necessary.

"I don't get a lot of insight as a therapist by what they tell me. [A4i] is literally something that I can see visually […] You can explore more with them. And I think that provided an opportunity that I really didn't have previously. Especially on those days where they don't want to talk."
– Clinical Therapist

"To be honest, what I really enjoyed the most are the notifications because like even if I didn't log in, I knew I would be alerted of, you know, anything that was like, like on the dashboard, the message board, missed medications, or increasing like missed doses, things like that. That's what I found most useful…it's too much time to go in there and do all that (laughs)."
– Clinical Therapist

Providers interviewed mid-pilot reported on A4i's most helpful features:

57%
of providers indicated that the newsfeed was a helpful component of A4i

29%
of providers indicated that the medication notification was a helpful component of A4i

36%
of providers indicated that the sound detection feature was a helpful component of A4i

21%
of providers indicated that the goal-setting feature was a helpful component of A4i

Provider Perception on Clients' A4i Reception, Use, and Outcomes

Provider Perception on Clients' Reception of A4i

Most providers interviewed mid-pilot (71%) reported that **clients expressed appreciation** that they could use A4i to stay connected to their care team members.

"[The client] loves it. He reports every time I've asked him to bring it out. He's like super excited and smiling and like, 'Let me show you this week I did this.'"
– Clinical Therapist

"[The client] wants to make sure his care team member is aware of what he's got going on the daily […] for him, that's the way that he's able to keep that communication with his care team member, feeling connected."
- Peer Support Specialist

Other **clients expressed excitement that the RUHS-BH intentionally planned services specifically for people who had serious mental illness.**

"He says that he's found that this is the first thing he's been really passionate about in a long time […] just being excited in general that 'there's something out there for people like me […] just the fact that the county is doing this is showing me that they care about someone like me.'"
- Peer Support Specialist

Overall, providers reported that **clients generally liked the A4i platform, and several pilot participants chose to stay on the A4i app even after their pilot program officially ended.**

"Once the first 6-month group completed, more than half of them wanted to stay on for their own wellness. So they've continued on and to me, and that's amazing! That just shows how beneficial and how much they really appreciate and need the app."
- Senior Peer Support Specialist

Provider Perception on Clients' Use of A4i

Providers interviewed mid-pilot shared that clients felt that the A4i platform helped them receive extra support from RUHS-BH staff and foster a sense of community with other pilot participants on the A4i newsfeed. Though clients could not directly respond to each other on the newsfeed, 88% of providers reported in the follow-up survey that the A4i newsfeed was useful for clients. Similarly, a provider interviewed mid-pilot shared:

"[The newsfeed is] a safe community where they can post […] they don't have to worry about being judged and it's a safe environment, because we're approving all of the posts."
- Senior Peer Support Specialist

Providers interviewed mid-pilot perceived that their clients liked several A4i features:

29% of providers reported that clients like the emotional regulation toolkits

29% of providers reported that clients like the sound detection feature

21% of providers reported that clients like the medication notification

Provider Perception on Improved Client Outcomes

Over 80% of providers (82%) reported in the follow-up survey that **A4i produced improvements in their clients** that they could actually see. Providers interviewed mid-pilot also shared stories of how A4i helped their clients improve.

> *"[My client] was always going into crisis and calling before the A4i and then she started to use the A4i and then the crisis drastically reduced. I believe that A4i was very helpful because it allowed her to do those things to distract herself, and the little hints she said, she liked it, and so it was nice to have the phone app reinforcing the things that I've been working with her on, and because she's on the younger scale […] I think it was more powerful for her to see that the telephone was recommending the same things that I did, so it gave me credibility [laughs]."*
> *– Clinical Therapist*

Challenges to A4i Implementation

Provider Challenges to Using A4i

Providers interviewed mid-pilot reported that **technical glitches** were common both on A4i and RUHS-BH's health platform (64%).

Almost half of providers interviewed mid-pilot (43%) reported **using A4i exclusively from their desktops.** Providers reported lack of familiarity with tablets or wanting to avoid logging in through the tablet internet browser to access the A4i provider dashboard. In contrast, clients could access their A4i dashboard directly through an app. Providers perceived clients' app-based access as more intuitive and user-friendly, and recommended that A4i develop an app version of the provider dashboard.

Some providers interviewed mid-pilot (21%) reported the **generic A4i notification** of client A4i activity as time-consuming. Providers had to manually check each client profile since A4i notifications did not provide details on which client had been active on A4i or the reason for the notification.

Provider Perceived Client Challenges to Using A4i

29% of providers interviewed mid-pilot identified low engagement of clients with A4i as a challenge. According to providers, clients disengaged with A4i due to general low motivation or circumstances, such as when they were placed in programs that prohibited device use or were unhoused:

> *"They go into different situations that they stop using their phones like they'll either get into trouble and be homeless out on the streets getting into trouble, and they stop using the phone and they'll disconnect like totally from the phone, and it will have to reconnect them, and it kind of takes some time to do to get them back on track."*
> *– Clinical Therapist*

29% of providers interviewed mid-pilot identified having a separate or new A4i device as a challenge for clients. Clients were initially given a County-issued device pre-loaded with A4i and other emotional regulation toolkits. Providers reported that some clients expressed reluctance to having to carry a separate device specifically for A4i or having to learn a new operating system for the A4i Android phone. Others had low digital literacy. However, providers interviewed mid-pilot observed that clients could download A4i on their own personal devices at some point during the pilot.

14% of providers interviewed mid-pilot identified clients feeling overwhelmed by notifications. Some clients felt overwhelmed with the number of daily A4i notifications that they received.

Recommendations for A4i

Overall, providers largely felt that A4i would be very successful if implemented in RUHS-BH in the future. However, they also provided several recommendations to improve the A4i experience.

Technical Recommendations Made by Providers

Providers interviewed mid-pilot recommended several technical changes to make it easier for them to use A4i with clients.

14% of providers recommended notifications provide details about the client and reason for notification

7% of providers recommended allowing providers to indicate that a client note was viewed

7% of providers recommended developing an A4i app for the provider dashboard

Implementation Recommendations Made by Providers

Based on providers' positive experiences, they also felt that A4i and its resources could benefit additional clients. Over one-third of providers interviewed mid-pilot (36%) recommended expanding availability of the platform beyond those with schizophrenia.

Riverside County Recovery Record Evaluation

INTRODUCTION

In 2023, Riverside University Health Systems - Behavioral Health (RUHS-BH) continued their Recovery Record pilot with consumers in eating disorder treatment at participating County clinics.

This evaluation section includes findings and learnings from the:

- Client Evaluation (conducted by Riverside County)
- Provider Evaluation (conducted by the Help@Hand evaluation team)

CLIENT EVALUATION

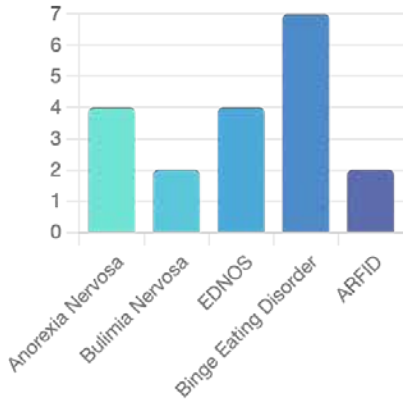
The following section presents a report developed by RUHS-BH.

Riverside University Health System Pilot Study: App Based Engagement and Data Informed Eating Disorder Care

For the purpose of this report, we looked at Riverside University Health System clients who used the Recovery Record app as a part of the pilot program. During the pilot period **26 RUHS clients with eating disorders** enrolled and used Recovery Record in connection with their treatment provider**.** This report details demographic information and engagement and health outcomes achieved by these clients through their use of the Recovery Record application as an adjunct to their clinical care.

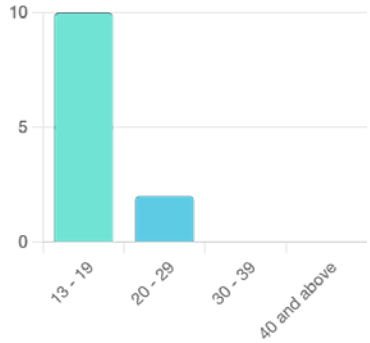
Diagnostic Distribution

Of all clients, 19 (73%) provided demographic information. **Client uptake spanned diagnostic categories, Binge Eating Disorder accounting for the largest proportion** (N=7; 37%), followed by Eating Disorder Not Otherwise Specified and Anorexia Nervosa. Binge Eating Disorder has the greatest population prevalence of all eating disorders however is often underrepresented in clinical treatment settings. It is promising to see this diagnostic distribution that approximately reflects population prevelance.



Age and Gender Distribution

Of clients who provided their gender information, 91.3% identified as female and 8.7% as male. **The average age was 16.8, (range 13 - 24**). The majority (**83%**) **of clients were under age 19.** Clients in all age categories engaged meaningfully with the application.



Client Uptake and Engagement

In the pilot, **23 members actively utilized Recovery Record with a participating provider.** RUHS clients using Recovery Record in their care collectively logged **5,276 CBT-self monitoring entries.** They achieved a high and sustained level of engagement, completing **203 total entries per client, on average.**

In the pilot, how many therapeutic logs entries have been completed in-app?

5,276

Average App-Based Log Entries Per Client **203**

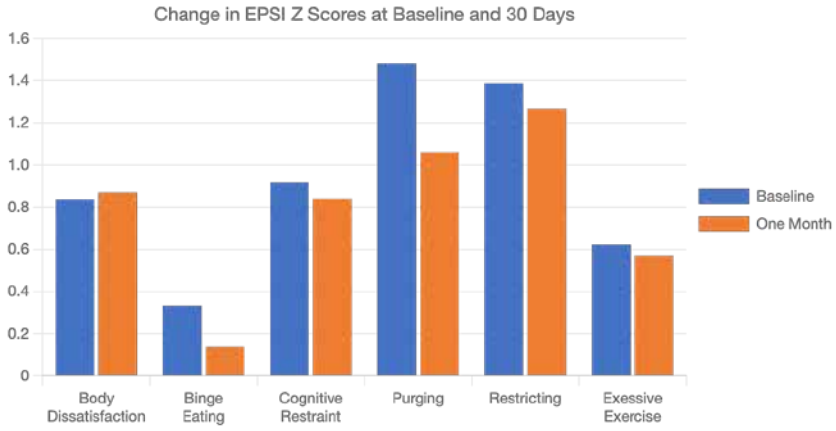
Data on this page created and shared by RUHS-BH.

Clinical Outcomes

Clients are asked to complete an Eating Pathology Symptoms Inventory (EPSI) questionnaire upon provider link and one month later. Baseline and follow-up outcome data were provided by 13 clients, representing 50% of a possible 23 clients. With such a small sample, we were unable to power diagnosis-level analyses, however the below clinical outcomes for these members provides insight into how Recovery Record is supporting quality of care and recovery progress.

All Clients

On average, clients experienced significant improvement in Purging, Binge Eating, Restricting, Cognitive Restraint (persistent thoughts about restrictive eating) and Excessive Exercise per scales of the Eating Pathology Symptoms Inventory (EPSI). These are the key target symptom areas for individuals with eating disorders. There was a slight directional increase in Body Dissatisfaction, which often sees a decline as clients reduce restrictive behaviors or gain weight in treatment.



Outcome Informed Care Delivered by RUHS Clinicians

Health outcome data collected in-app are made available to providers treating participating clients in real time. Given the dynamic nature of eating disorder progression and recovery, these data in addition to nuanced daily meal, symptom, thought and trigger data, are fundamental to the delivery of proactive and effective treatment.

Expansion for Greater Impact

Recovery Record has a great many new capabilities to elevate the standard of care and support clinicians by offloading manual tasks and streamlining workflows. In 2024, we will complete refresher training for all clinicians and support access to Recovery Record's new Family Based Treatment app, to support an even greater impact.

PROVIDER EVALUATION

The Help@Hand evaluation team invited providers (e.g., clinical therapists and Peer Support Specialists) in the Recovery Record pilot to participate in the pilot evaluation. Data collection is expected to continue until RUHS-BH's participation in Help@Hand ends in February 2024.

The pilot evaluation includes the following surveys and interview:

Evaluation Activity	Occurrence	Survey/Interview Distribution	Response Rate
 Initial Survey (Survey 1, S1)	**1-month** after provider is linked with their 1st client via the Recovery Record app	Feb 2023 – Feb 2024	67% 8 of 12 providers
 Mid-Pilot Interview	**3-months** after provider is linked with their 1st client via the Recovery Record app	Mar 2023 – Feb 2024	Pending
 Follow-up Survey (Survey 2, S2)	**6-months** after provider is linked with their 1st client via the Recovery Record app	Jun 2023 – Feb 2024	Pending

This section presents findings from the initial survey (Survey 1). Quotes within this report are taken from Survey 1 responses.

Preliminary Findings from Survey 1

- **Positive Perception:** Providers completing Survey 1 generally agreed or strongly agreed on the usefulness and effectiveness of Recovery Record for the care they provided, indicating a positive perception among respondents.
- **Referral Confidence:** Most providers completing Survey 1 felt confident recommending clients to Recovery Record and found the process of referring clients to Recovery Record as easy.
- **Preferred Features:** Meal Log, Direct Message, Charts/Insight, My Triggers, and Dysfunctional Thought Tracker were commonly used. This feedback offers valuable insights into which features providers used most.
- **Training and Support:** Providers surveyed felt the training and support they received was adequate.
- **Sustainability Concerns:** Several providers expressed uncertainty about the sustainability of the Recovery Record program beyond the pilot phase.

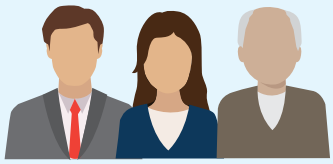
Provider Demographics

Initial Survey Demographics (N=8)

The eight providers surveyed worked in nine different clinics within RUHS-BH. These clinics included adult and TAY Full-Service Partnership (FSP) clinics, and adult and adolescent/youth mental health clinics.

All providers completing Survey 1 were women. Six worked as Clinical Therapists and two as Peers.

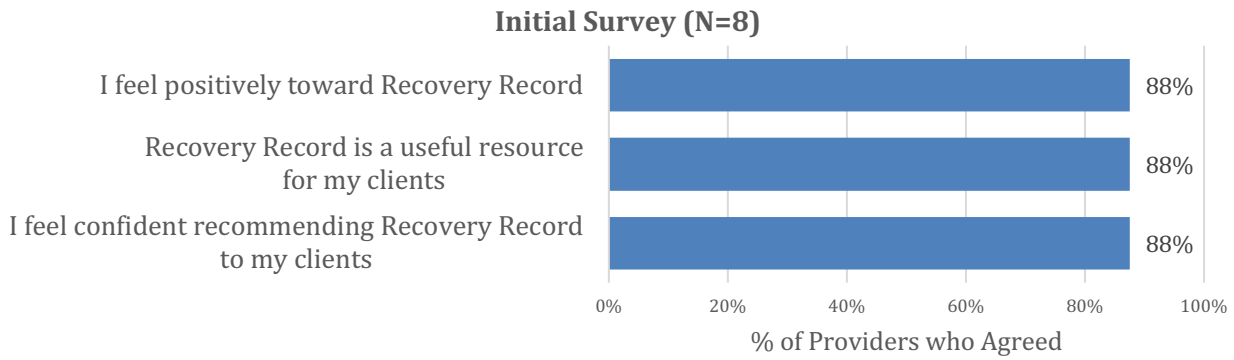
Gender
100% Women



Role
75% Clinical Therapist
25% Peer

Overall Perception on Recovery Record

Most providers who completed Survey 1 felt positively towards the Recovery Record app. They found the app useful for their clients and felt confident recommending it to clients.



Providers who completed Survey 1 unanimously (100%) saw value in Recovery Record, with all providers acknowledging its significant potential to benefit clients, affirming the usefulness of the clinician dashboard, and expressing willingness to refer clients to the platform in the future. (N=8)

100% of providers reported that they considered the Recovery Records care model to be a significant innovation that could benefit their clients

100% of providers reported that the Recovery Record clinician dashboard has helped them support their clients

100% of providers reported that they would refer clients to Recovery Record in the future

Recovery Record was seen as a valuable tool for supporting clients in their mental health journeys. It allowed providers to track clients' behaviors and emotions, adjust treatment goals dynamically, and provide timely feedback and encouragement that enhanced the therapeutic experience.

"I love that it gives me the opportunity to discover trends in my client's behaviors and emotions throughout the week. In addition, it's enhanced the therapeutic experience as she feels supported outside of sessions and in between our meetings. I love being able to adjust goals and coping skills to fit her current situation, and it helps make treatment feel less static and more dynamic. " - RUHS-BH Provider

"The ability to communicate with clients via their phone app and provide feedback and encouragement to them following their entries is amazing" - RUHS-BH Provider

"It's been helpful in that it is easy to log in, review the log, and provide feedback/ encouragement. Also, it does have a lot of wellness tools and CBT related interventions that could assist clients." - RUHS-BH Provider

Providers also noted some challenges with Recovery Record especially for specific clients. These challenges might have contributed to the overall perceptions of Recovery Record.

"This [Recovery Record] has not been useful to this particular client only because client has stopped recording as there has been too many questions programmed in by our staff. " - RUHS-BH Provider

"Consumer I used app with was not as engaged with it so difficult to say. I do think there is a lot offered on the app which can be overwhelming." - RUHS-BH Provider

"I still believe that the app will benefit most of our client's and have talked to other therapist about implementing it with their clients. I believe the failure we have experienced to be more 'user error' than the app itself." - RUHS-BH Provider

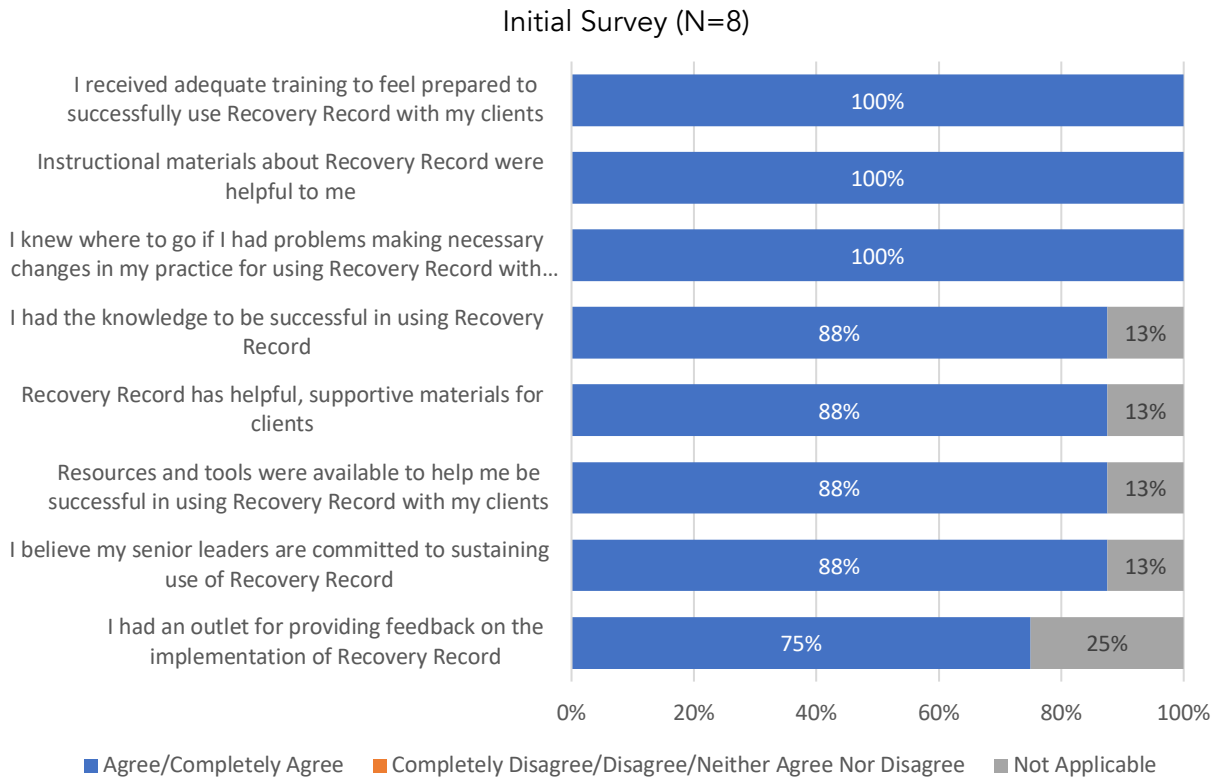
Perception on Recovery Record Features

The table below describes how providers rated individual features of Recovery Record in Survey 1. Unsurprisingly, the features rated as useful or very useful were the features that most providers reported using. Meal log and direct messages were the highest rated and most used features. The affirmation collection and the meditations were the lowest rated and least used features. (N=8)

Feature	Percent of Providers Surveyed Who Used Feature	Percent of Providers Surveyed Who Found Feature Useful or Very Useful
Meal Log	88%	75%
Direct Message	75%	75%
Charts/Insights	62%	62%
My Triggers	62%	62%
Dysfunctional Thought Tracker	62%	50%
Community Coping Skills	50%	50%
Reasons to Recover	50%	50%
DBT Diary Card	50%	38%
Goal Tracker	50%	25%
Meal Planner	50%	25%
Affirmation Collection	38%	38%
Meditations	38%	38%

Provider Training and Support

Providers who completed Survey 1 felt adequately trained to use Recovery Record with their clients. They perceived the training and supportive materials positively. However, some did not feel they had an outlet to provide feedback on the pilot.



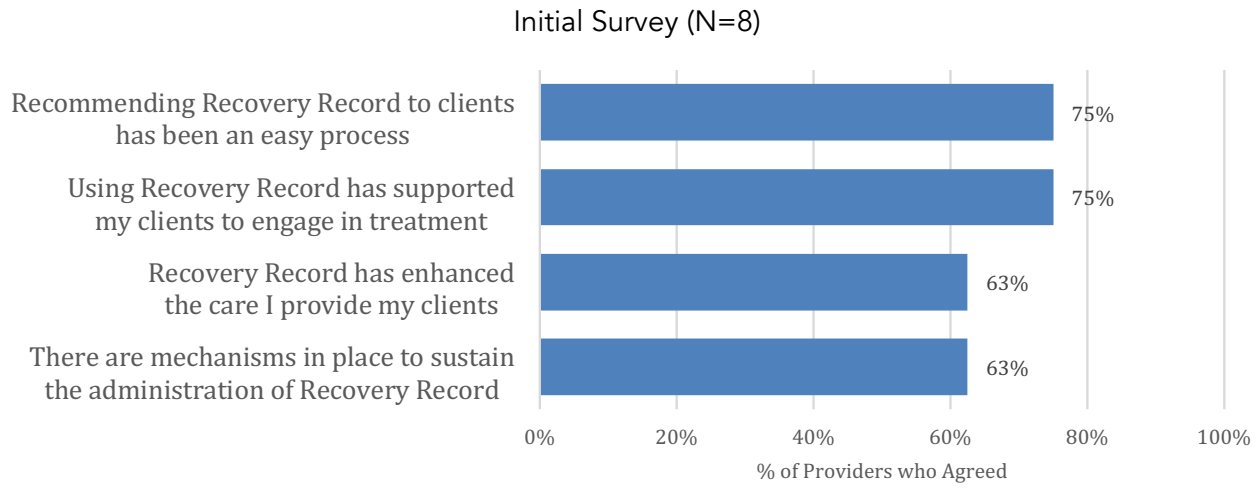
Providers completing Survey 1 valued the hands-on, interactive training methods, such as in-person demonstrations and immediate support. These methods increased providers' confidence in using the app and enabled them to practice and troubleshoot in real-time, which enhanced their ability to engage with clients effectively as described in the quotes below.

"Having an onboarding demonstration helped me be more confident in onboarding the client." - RUHS-BH Provider

"The in-person orientation/onboarding with Josephine because I had the app in front of me and I could actually practice and work through questions versus watching a video that does that. I think in-person trainings where everyone has access to the app already would be helpful." - RUHS-BH Provider

"I received immediate responses from training staff when I needed the support." - RUHS-BH Provider

Most providers who completed Survey 1 felt the process of recommending and engaging clients was positive, and that Recovery Record enhanced their work. A few providers did not agree that Recovery Record had a path for sustainability beyond the pilot. While providers had overall positive views and perceptions of Recovery Record, the pilot provided learnings in terms of developing mechanisms for sustainability.

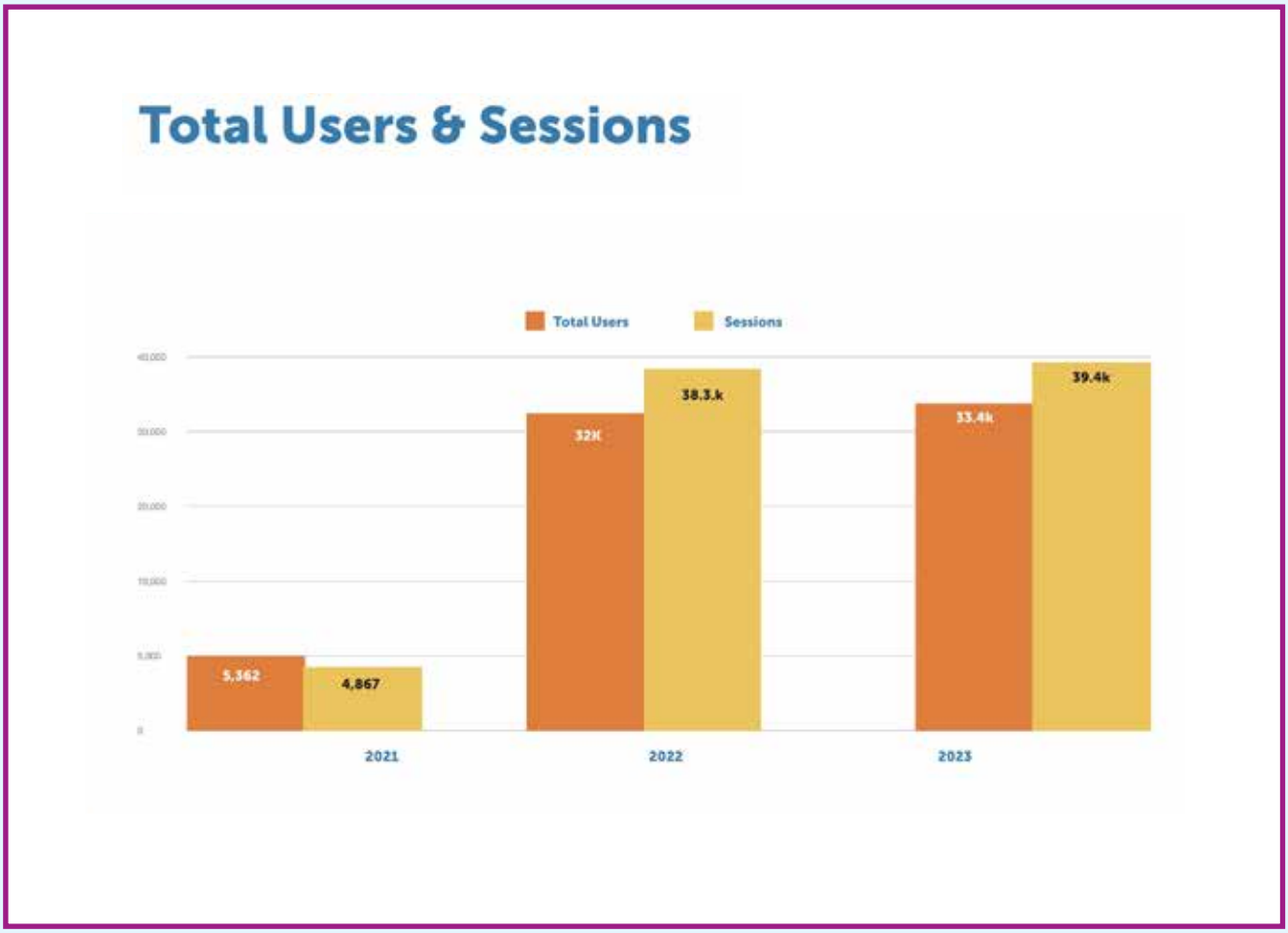


Riverside County TakemyHand™ Evaulation

INTRODUCTION

Riverside University Health Systems – Behavioral Health (RUHS-BH) continued to implement TakemyHand™ in 2023. This section presents highlights from their 2023 Impact Report.

HIGHLIGHTS FROM RUHS-BH 2023 IMPACT REPORT



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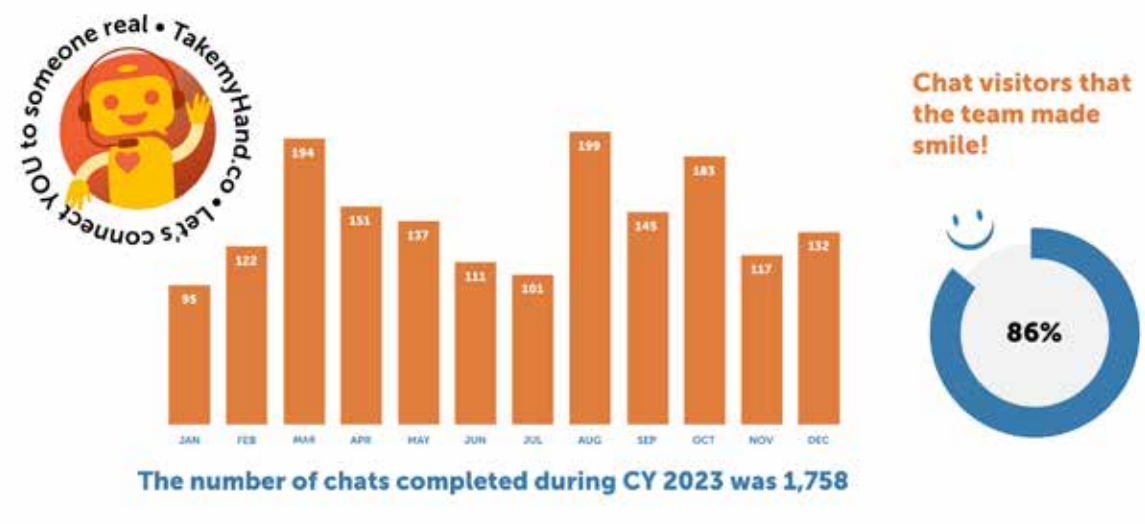
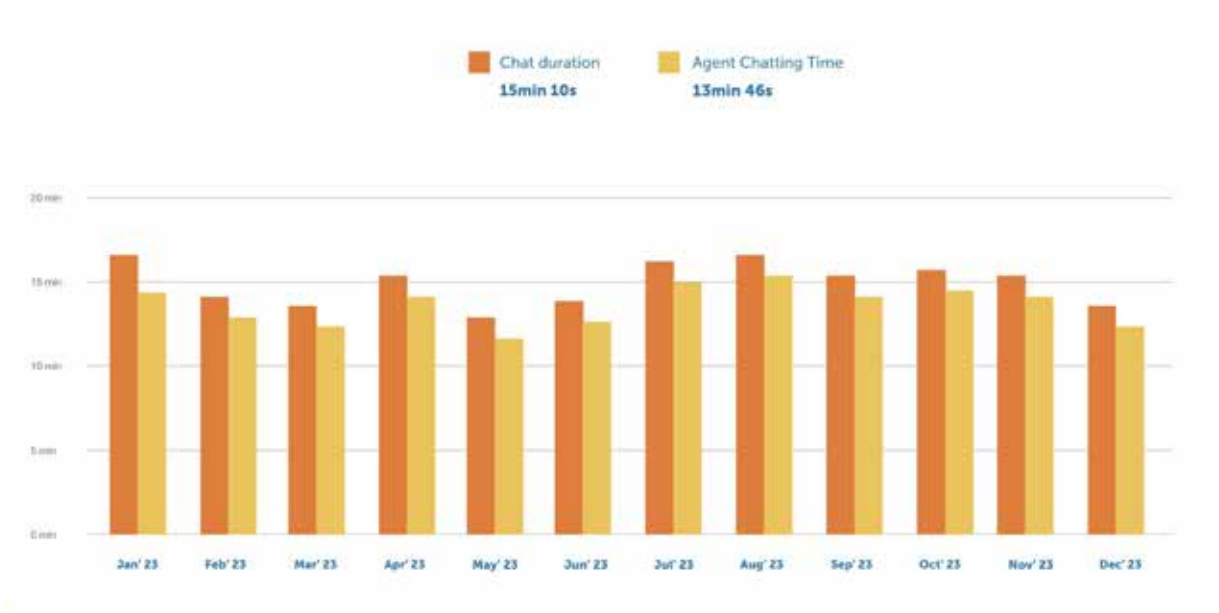
2023 Peer Chats



The number of chats completed during CY 2023 was 1,758

Chat Duration



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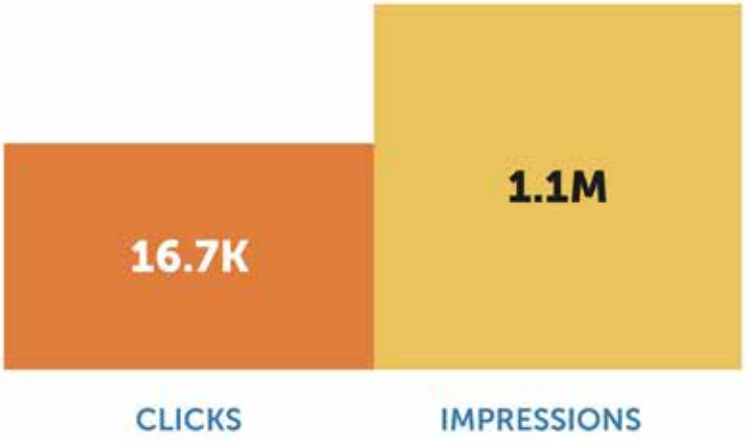
2023 Google Ads Performance



But the real impact comes from our caring peers

Caring testimonials from our Chat Patrons

I've been wanting to write you an email and introduce myself. And tell you what I think and feel about the Take My Hand App on my phone that I currently use a lot to chat with real Peer Supports. I can even name a few of them so I will, Ilene, Lisa, and Juan have been super mental health peer support specialist.

They deserve a raise too. All that they have heard from me has been possibly hard to hear, and I want them to know that I really appreciate them! This is one of those many moments when you hope you meet them one day. They have said I am very resilient and that I would be a great mental health peer support.

"My point in writing this email has been because I want to you to know that the peer supports on the Platform Take my Hand need and should be recognized for their hard work. That they do to support us all on a daily. They have said they are not AI bots. I hope they really aren't also." *12/28/2023*

"I just want to say that I spent about an hour talking with Christopher and I have not left feeling a conversation in my entire life with so much growth as I did with him. Christopher listens, is empathetic and just very mature. I give him 100 stars out of 10—he was that great to me! Thank you so much and I hope to talk with you soon!" 5/23/2023

Data on this page created and shared by RUHS-BH.

Riverside County Whole Person Health Score Evaluation

INTRODUCTION

The Whole Person Health Score (WPHS) tool is a 28-question assessment that provides a "snapshot" of an individual's health across six domains: physical health, emotional health, resource utilization, socioeconomics, ownership, and nutrition and lifestyle.[53]

In January 2023, RUHS and RUHS-BH began distributing the digital version of the adult WPHS assessment tool to patients, clients, and consumers. The tool was distributed by three different departments:

- **Medical Center/Community Clinics:** RUHS medical clinicians and patient navigators emailed and texted unique links to patients seen at RUHS and Riverside Community Health Clinics. Patients also had the option to complete the assessment on iPads and kiosks located at County locations.
- **Behavioral Health:** At first, RUHS-BH selected the Corona clinic to automatically distribute texts and emails to their 70 consumers in their current caseload. Consumers received a unique link of the WPHS assessment survey. This approach was not successful; only three consumers completed the assessment. The team decided to introduce the WPHS during their "Learn and Earn" digital literacy workshops. In addition, all RUHS-BH Staff members were invited to have their consumers take the WPHS survey. Staff was provided with a "WPHS Overview and Guide – A Clinical Perspective" and consumers were offered an incentive for taking the WPHS. Consumers could access the assessment on County iPads and kiosks, through a text or email link, and by a QR code located on flyers, banners, and promotional materials.
- **RivCoONE:** RivCoONE is an integrated services delivery initiative in Riverside County. Through RivCoONE, RUHS distributed WPHS tools to community members who access various County services, such as Riverside County Department of Public School Services, Riverside County Probation, Riverside County Veterans Services, and Riverside County Office on Aging.

This section includes findings from the WPHS assessment tool and is organized by departments that distributed the survey (e.g., Medical Center/Community Clinics, Behavioral Health, and RivCoONE). The information was shared by RUHS and represents WPHS response data collected from January 2023-January 2024.[54]

[53] More information on the Whole Person Health Score can be found at: https://www.ruhealth.org/news/whole-person-health-score. An assessment can be completed at: https://www.riversidehelpathand.org/.

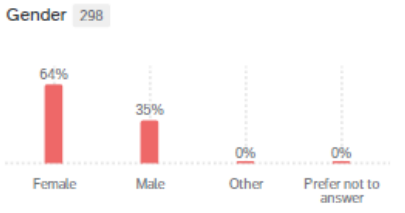
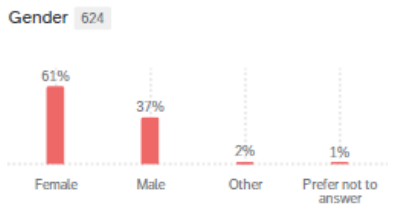
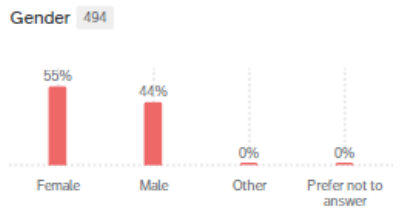
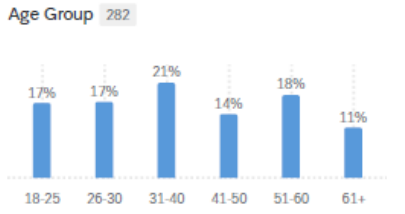
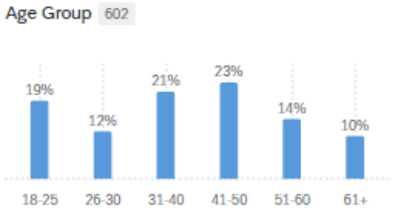
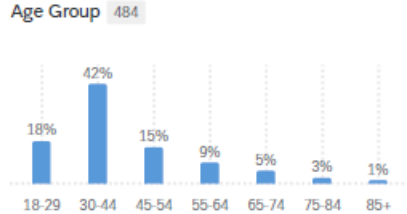
[54] RUHS published preliminary findings from the implementation of the WPHS assessment (Khura, 2022). The WPHS assessment tool has not yet been validated and discussions are underway with an external agency to validate the tool in the future.

Figures on this page created and shared by RUHS-BH.

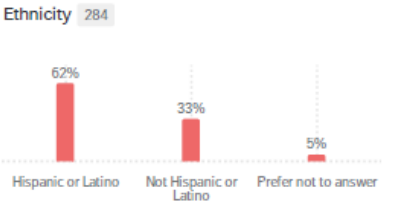
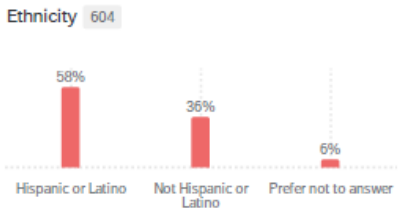
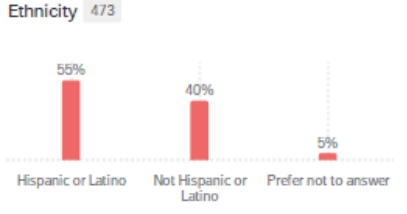
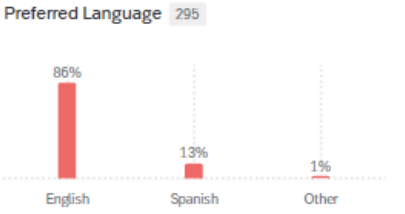
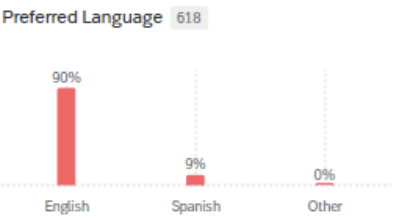
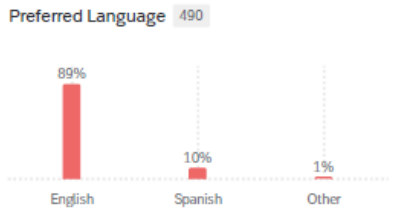
DEMOGRAPHICS

This section presents a summary of the demographics of individuals who completed the WPHS assessment through the Medical Center/Community Clinics, Behavioral Health, and RivCoONE.

More people who completed the WPHS self-identified as females than males. Age varied across cohorts.[55]

Medical Center/Community Clinics (N=301)	Behavioral Health (N=629)	RivCoONE (N=496)
		
		

The most commonly reported ethnicity was Hispanic or Latino and the most commonly reported race was White. The most commonly reported preferred language was English.

Medical Center/ Community Clinics (N=301)	Behavioral Health (N=629)	RivCoONE (N=496)
		
		

[55] The RivCoONE cohort used different categories for age than the medical center/community clinics and behavioral health cohorts.

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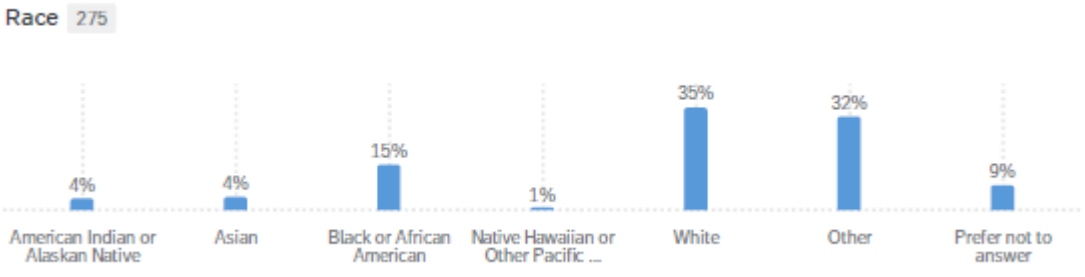
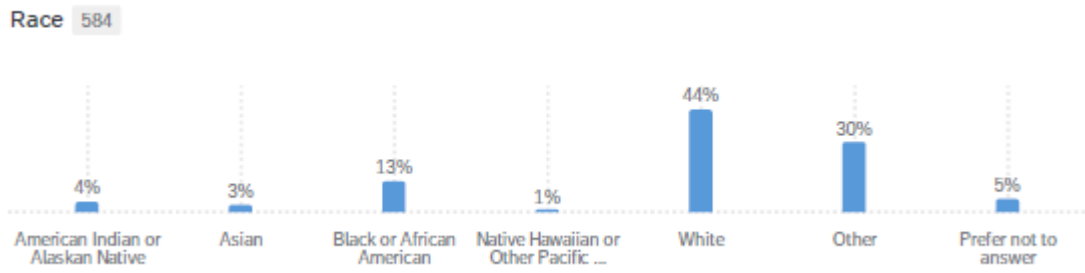
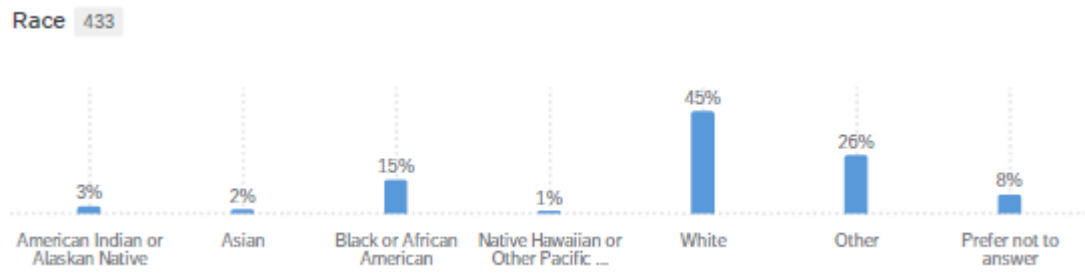
Medical Center / Community Clinics (N=301)	
Behavioral Health (N=629)	
RivCoONE (N=496)	

DISTRIBUTION OF WPHS ASSESSMENT SCORES BY DOMAIN

The WPHS assessment tool includes a rating across each of six domains: 1) physical health; 2) emotional health; 3) resource utilization; 4) socioeconomic; 5) ownership; and 6) nutrition and lifestyle.

Overall scores for each domain were assigned a color (green, yellow, red, or grey) and letter designation ("A" being best and "Z" being worst) to represent a holistic snapshot of the individual's health status.

A-F	**Good:** You are doing well in this area of health.
G-O	**Fair:** This area of health is likely impacting your overall well-being. Consider seeking additional support or help.
P-Z	**Needs Improvement:** This area of health is already impacting your overall well-being and needs immediate or continued attention.
NS	**Not Scored:** A question went unanswered. As a result, a score could not be calculated.

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A summary of the distribution of scores by domain is below. The distributions below indicate those completing the tool needed more support in the domains of emotional health, socioeconomics, and nutrition and lifestyle than the other domains (physical health, resource utilization, and ownership).

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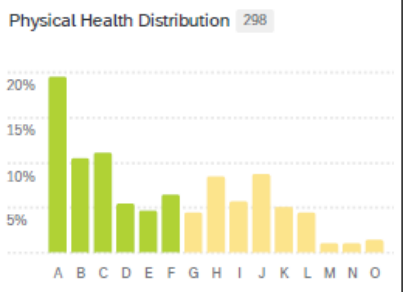
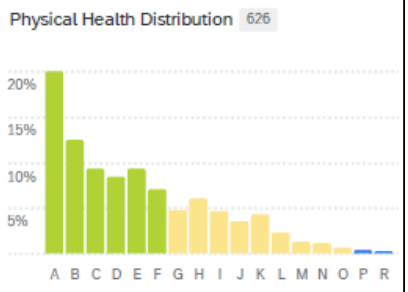
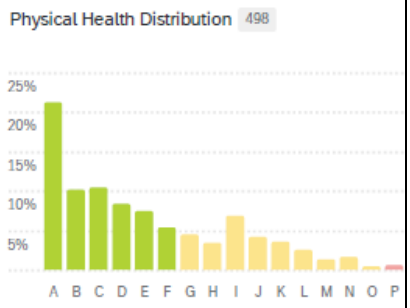
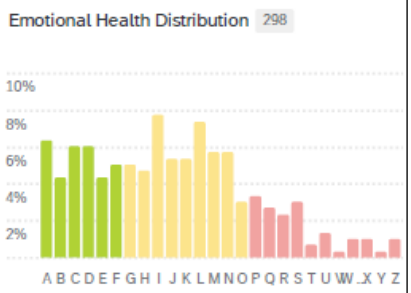
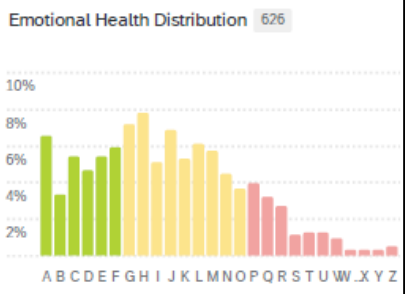
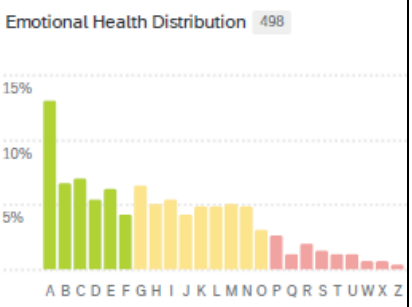
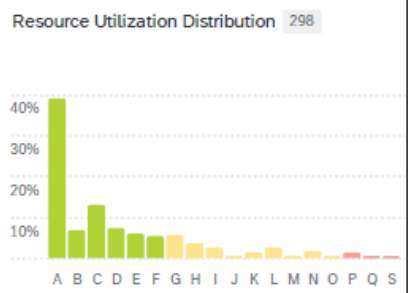
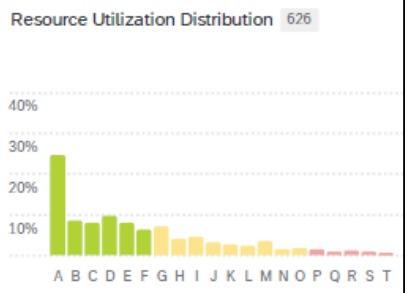
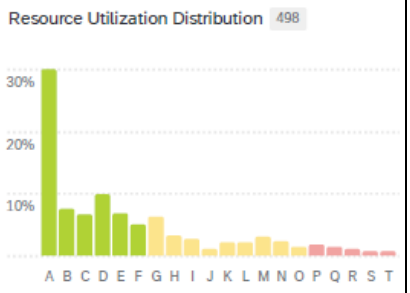
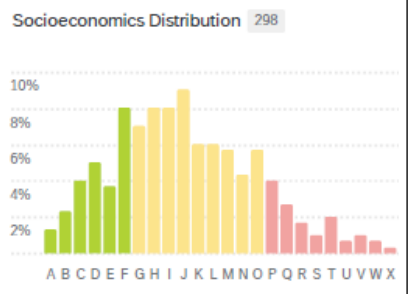
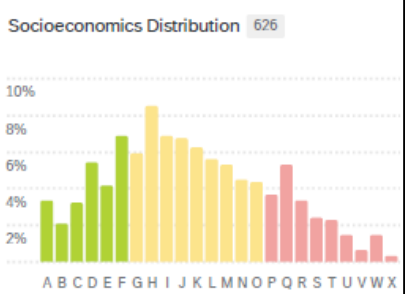
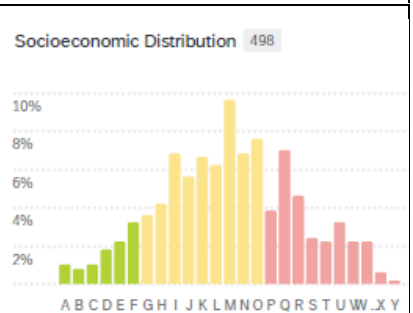
Physical Health			
Emotional Health			
Resource Utilization			
Socioeconomics			

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POTENTIAL AREAS FOR INTERVENTION

Emotional Health: Trust primarily affected lower emotional health scores across all three departments. Individuals who did not have someone that they can talk to about their problems, worries, or themselves were more likely to have their emotional health impact their overall wellbeing.

Potential areas for intervention could include connecting individuals to a social worker or therapist to allow for space to talk about their problems and worries.

Socioeconomics: Many variables affected lower socioeconomic scores (e.g., lack of transportation, living situation, lack of money, finances, education, job status). The primary variable affecting the score varied across the three departments.

- **Medical Center and Community Clinics:** Finance primarily affected lower socioeconomic scores. Those rating poorer overall household finances were more likely to have their socioeconomics impact their overall wellbeing.
- **Behavioral Health:** Education primarily affected lower socioeconomic scores. Those with lower levels of education were more likely to have their socioeconomics impact their overall wellbeing.
- **RivCoONE:** Lack of transportation primarily affected lower socioeconomics scores. Those experiencing transportation issues were more likely to have their socioeconomics impact their overall wellbeing.

Potential areas of intervention include connecting individuals to accessible General Education Development (GED) resources and social service programs that can assist with financial support and transportation options.

Nutrition and Lifestyle: Many variables affected lower nutrition and lifestyle scores (e.g., smoking, alcohol and drugs, and eating habits). Smoking and alcohol and drugs primarily affected scores across all three departments. Those who smoked more frequently and/or reported using alcohol or drugs in a way that affected their life or someone else's life negatively were more likely to have their nutrition and lifestyle score impact their overall wellbeing.

Potential areas of intervention include connecting individuals with a medical provider to support smoking cessation and supporting individuals with substance use and addiction services.

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Santa Barbara County's Mommy Connection to Wellness Evaluation

INTRODUCTION

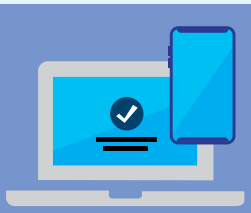
Santa Barbara County's Mommy Connecting to Wellness Program, a six-week course offered between August-September 2023, integrated mental wellness and technology access for mothers with children 0-2 years old. The program's goal was to help mothers understand the importance of mental wellness, as part of a whole-person care approach. A key component of the program involved working with promotoras, Latina community members with specialized trainings, to provide basic health education and support.

As such, the County worked with the Help@Hand evaluation team to understand the experiences of both **mothers** and **promotoras**. In addition, the evaluation included an examination of the program's impact.

KEY FINDINGS

Mental Health

- Participants had lowered psychological distress and loneliness after the program.
- After the program, there was a 50% reduction in reported moderate or severe psychological distress and 78% reduction in reported loneliness.



Technology Support

- 88% of women used Headspace in the 6-week period. 72% reported using Headspace daily or several times a week by the end of the program.
- Most mothers reported success with utilizing technology to support their health before and after the program.

Program Impact

- The promotoras viewed the program as positive and reported benefits they saw in participants' lives.

PARTICIPANT EVALUATION

The program had 22 mothers who were organized into two cohorts. Fifteen attended the Spanish-speaking cohort and seven attended the English-speaking cohort. All mothers received psychoeducation from Dr. Dulce Lopez. They also received digital literacy support from the promotoras and access to Headspace.

The mothers who participated in the program were asked to complete surveys at the beginning (e.g., **Survey 1**) and end (e.g., **Survey 2**) of the program to assess their overall well-being, digital literacy, Headspace use, and impressions of the program. Of the 22 mothers who enrolled in the Mommy Connecting to Wellness Program, 18 completed both Survey 1 and Survey 2.

About the Participants

Demographics

Most mothers in the program identified as Hispanic/Latino/a/x. Mixtec is a group of indigenous languages of Mexico that is completely unrelated to Spanish (which is part of the Indo-European language family). Although the Mixteco-speaking respondents attended the Spanish-speaking cohort and completed the surveys in Spanish, they may have had difficulty completing the surveys.

Race/Ethnicity (N=22)
91% Hispanic/Latino/a/x
9% Other than Hispanic/Latino

About the Program

Mental Health

- **44%** of women reported levels of moderate or severe psychological distress at the *start* of the program (N=22)
- **22%** reported levels of moderate or severe psychological distress by the *end* of the program (N=18)
- **50%** of women reported experiencing loneliness at the *start* of the program (N=22)
- **11%** reported experiencing loneliness by the *end* of the program (N=18)

Digital Literacy

- **94%** of women felt confident using technology to look up information at the *start* of the program (N=22), and there was no change over time (N=18)
- **83%** felt comfortable using technology to find resources to support their child/children at the *start* of the program (N=22), and there was no change over time (N=18)

Headspace

- Of the women who provided data in Survey 1 and Survey 2 (N=18), **88%** had tried Headspace once in the 6-week period
- **72%** reported using Headspace daily or several times a week by the *end* of the program (N=18)
- **83%** agreed that using Headspace helped them feel more confident seeking mental health and wellness services, such as therapy or counseling, by the *end* of the program (N=18)

Overall Program Experience

The surveys at the end of the program asked to share what parts of the program were most beneficial to them, what improvements they would like to see, and their overall experience participating in the program.

The mothers shared how much they learned and how the program positively impacted their lives. Below are quotes from three Spanish-speaking mothers with their English translation.

"En el programa aprendí mucho en convivir y sobre todo que me escuchen mis opciones y conocer personas que tienen el mismo pensamiento es bueno."
– Participant

English Translation

"In the program, I learned a lot about living together, and above all, having my opinions listened to. Meeting people who have the same thinking is good."
– Participant

"Que lo extendieran también para mujeres embarazadas. Que haya más clases sobretodo para recibir más información. Que Headspace siga siendo gratis."
– Participant

English Translation

"They [should] extend these classes to pregnant women as well. That there are more classes, especially to receive more information. Keep Headspace free."
– Participant

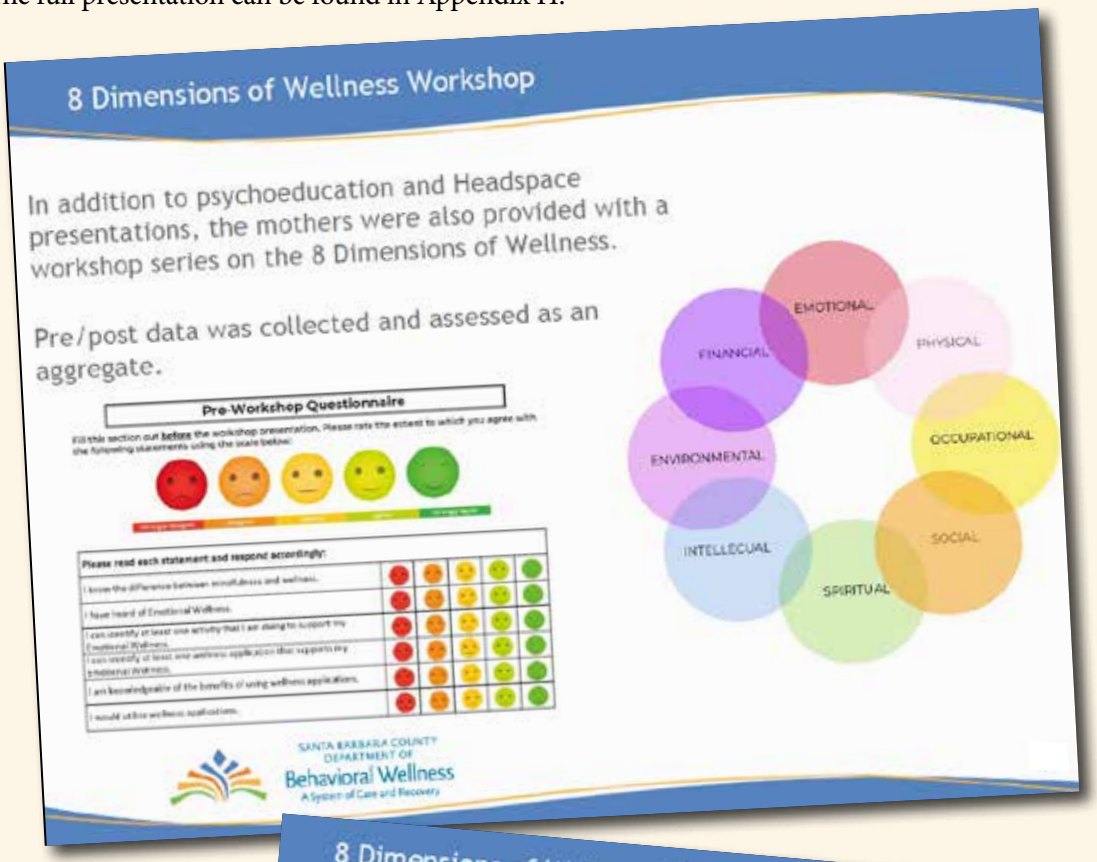
"Se me iso muy importante las ocho dimensiones de nuestras vidas que debemos de tener alineados ya de otra para estar bien y la importancia de reconocerlas en nosotras mismas."
– Participant

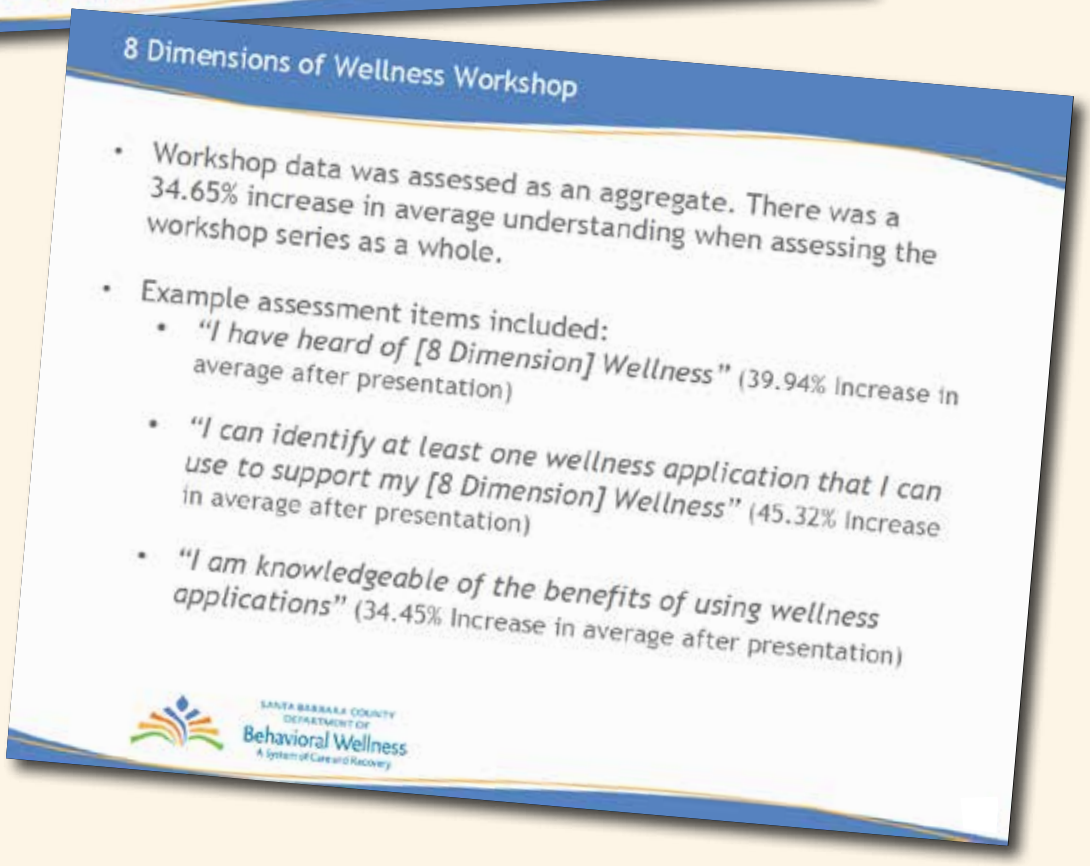
English Translation

"It seemed very important to me [that] the eight dimensions of our lives must align with each other in order to be well, and the importance of recognizing them in ourselves."
– Participant

Dimensions of Wellness Workshop

The mothers participating in the program completed surveys from the Help@Hand evaluation team as well as from the County. This page captures findings presented by Santa Barbara County, Department of Behavioral Wellness. The full presentation can be found in Appendix H.





Data on this page shared by Santa Barbara County, Department of Behavioral Wellness.

PROMOTORA EVALUATION

Promotoras supporting the Mommy Connecting to Wellness Program completed surveys approximately ten days after the program started (e.g., **Survey 1**) and six days after the program ended (e.g., **Survey 2**). All six of the promotoras supporting the program completed both surveys.

In addition, promotoras participated in a **focus group** three-weeks after the end of the program to elaborate on their experience.

About the Program

Workshop Sessions - Findings from Survey 2 (N=6)

- **83%** of the promotoras *strongly agreed* that they liked the workshop sessions.
- **50%** of the promotoras *strongly agreed* and **33%** *agreed* the workshop sessions improved the support they provided the mothers and that the workshop sessions motivated mothers to engage in wellness.
- The promotoras were asked what features of the workshop sessions they enjoyed using themselves and with the mothers. The most common response was the relaxation exercises.

Headspace – Findings from Survey 2 (N=6)

- **67%** of the promotoras *strongly agreed* and **17%** *agreed* that Headspace was very useful in Santa Barbara County.
- **67%** of the promotoras *strongly agreed* and **17%** *agreed* that Headspace motivated participants to participate in wellness activities.
- **50%** of the promotoras *strongly agreed* and **33%** *agreed* that participants could find information on Headspace.
- The promotoras were asked what features of Headspace they enjoyed using themselves and with participants. The most common responses were the breathing exercises, mediation, and relaxation.[56]

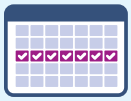
[56] It is important to note that some of Headspace's features were available only in English and not in Spanish.

Overall Program Experience Identified in Focus Group

The promotoras viewed the program positively and thought the mothers also had a positive experience. They voiced the need for mental health support for mothers and the Mixteco community. They also highlighted the importance of programs like Mommy Connecting to Wellness where mothers had a space to express their feelings and could enjoy the closeness and bond of the group.

Promotoras shared the following about the program:

Mental Health: The mothers expressed how the program allowed them to open up about their mental health. They felt comfortable sharing their experiences in the program.



Content: Promotoras thought mothers enjoyed the weekly content from the workshop sessions (e.g., wellness and mediation) and integrated what they learned into their personal lives.

Eight Dimensions of Wellness: The mothers expressed how much they learned from the Eight Dimensions of Wellness and how important it was to them.

Rapport Building: Promotoras highlighted the importance of building trust with the mothers.

Resources: Promotoras noted the benefit of offering Headspace as a free resource for mothers with financial burdens.

Program Challenges Identified in Focus Group

Promotoras shared the following challenges:

Cultural Expectations: The promotoras observed that the program encouraged mothers to prioritize themselves, which often differed from cultural expectations.

Transportation: Mothers did not have easy access to buses or other modes of transportation. Some expressed that they felt rushed or scrambled to find transportation to the in-person sessions.

Childcare: Mothers often struggled to find someone to care for their children.

Language: Apps had limited translated content in Spanish and no translated content in a Mixtec language since Mixteco is not a written language. For a similar reason, the language in the evaluation surveys was not translated in the Mixteco language, which many mothers spoke. However, there was support with interpretation services.

Digital Literacy: Some mothers did not have a valid email address or had difficulty navigating their devices. The promotoras helped them create an email address and walked through the devices.

SyntraNet Evaluation

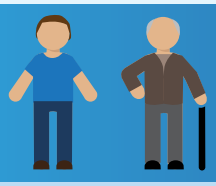
DESCRIPTION	Care management platform that consolidates patient information into a single record with the goal of coordinating care teams and services
AT A GLANCE IN HELP@HAND	**Implementation (completed): Los Angeles County** implemented with County care teams between August 2022-February 2023 through their Help@Hand project and between February-June 2023 through their Prevention and Early Intervention program
EVALUATION METHODS	The Help@Hand evaluation team was asked to conduct a one-time survey and interview with providers identified as participating in Los Angeles County's SyntraNet implementation. • Surveys completed by providers between January-February 2023 – 3-months after SyntraNet launched (19 providers completed the survey) • No providers participated in the interview process

PROVIDER EVALUATION

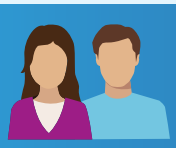
LEARNING GOAL #1
What factors make a setting ready for a product like SyntraNet?

Demographics

Most providers surveyed identified as female (74%), and between 26-59 years old (89%). They were racially diverse and their household income varied widely.[57]

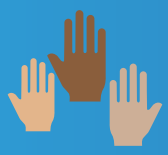


Age
89% aged 26-59 years old
11% aged 60+ years old



Gender
16% Male
74% Female
11% Prefer not to answer

Household Income
32% $40,000 - $59,999
11% $60,000 - $79,999
31% $100,000+
26% Prefer not to answer



Ethnicity
11% Asian
11% Black or African-American
21% Hispanic/Latino/a/x
21% White/Caucasian
26% Prefer not to answer
10% American Indian/ Native American/Native Alaskan and/or Multi-Racial

[57] Due to the small sample size, categories were combined to protect providers' identities.

Comfort with Technology

- **84%** of providers surveyed were comfortable using technology

Trainings

- **79%** of providers surveyed received training on SyntraNet
- **42%** thought they received adequate training to successfully use SyntraNet with clients

Leadership and Feedback

- **74%** of providers surveyed reported that they believed their senior leaders were committed to the success of SyntraNet
- **63%** had an outlet for providing feedback on the use of SyntraNet

LEARNING GOAL #2
How did providers use SyntraNet?

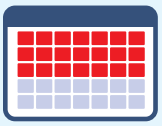
Provider Experience Using SyntraNet

Frequency of SyntraNet Use	**58%** of providers surveyed used SyntraNet daily **26%** used SyntraNet several times a week
Length of SyntraNet Use	**84%** of providers surveyed had at least 2 months of experience using SyntraNet

Useful SyntraNet Features

Providers liked several of the information views in SyntraNet. These included:

Provider Caseload



Provider Calendar

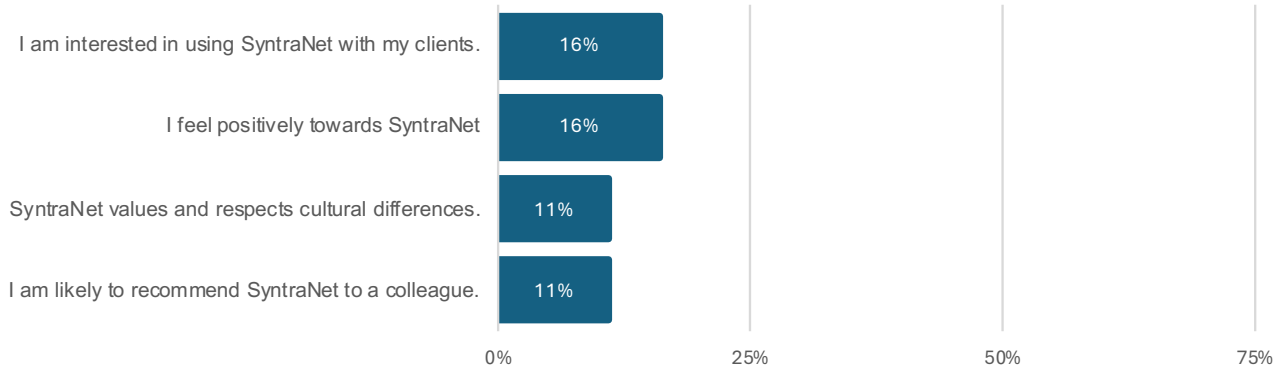
Client Medical Care Plan (MCP)

At-a-Glance Client Demographic Information and Medi-Cal Eligibility

LEARNING GOAL #3
What were providers' attitudes toward SyntraNet?

Providers' View of SyntraNet Overall

Providers generally did not have very positive attitudes towards SyntraNet (N=19). Only 16% of providers reported feeling positively about SyntraNet, 16% were interested in using Sytranet with their clients, and 11% would recommend SyntraNet to a colleague.



Providers' Views of SyntraNet's Ease of Use

- **26%** of providers surveyed found SyntraNet easy to use
- **11%** found SyntraNet easy to fit into work life

Providers' Suggestions to Improve SyntraNet

Providers most frequently suggested improvements in user-friendliness, ease of navigation, and improvement to technical glitches. Providers also expressed that SyntraNet was an additional platform and disliked using multiple platforms for client care. Providers faced difficulties incorporating SyntraNet into their daily workflows and felt that it was taking time away from patient care.

LEARNINGS

Learnings from surveys with providers who used SyntraNet included:

- **Providers received training and had access to support.** Nearly 79% of providers surveyed received training. A majority (68%) knew where to find support if they encountered problems using SyntraNet.
- **Providers appreciated some SyntraNet features.** Providers valued convenient storage of information, client search capabilities, quick access to demographic and Medi-Cal eligibility information, efficient caseload management, and a user-friendly calendar feature for scheduling.
- **Providers offered useful feedback for SyntraNet.** Providers identified the need for improvement on user-friendliness, ease of navigation, and technical glitches.

Tehama County myStrength Pilot Evaluation

INTRODUCTION

Tehama County piloted myStrength by offering free subscriptions between November to December 2023 as described in **Table 3.5**.

Table 3.5. Tehama County's myStrength Pilot.

County/City	Time Period of myStrength Implementation	Core Audiences	Number of Consumers who Enrolled in myStrength
Tehama County	Nov 2023–Dec 2023	•Isolated individuals •Individuals experiencing homelessness •County behavioral health clients	≤10

CONSUMER CHARACTERISTICS AND ENGAGEMENT EVALUATION

This section presents key evaluation findings from Tehama County's myStrength pilot using:

- App data collected from the date of the first consumer sign-up in November 2023 to the last date of available data (02-15-2024)
- Surveys from consumers who completed the survey on average 24 days (SD = 6) after signing-up for myStrength

The number of consumers who participated in the myStrength implementation was equal to or less than 10 individuals. The exact number is not provided here to protect the confidentiality of consumers. It is important to note that data presented in this section are consolidated where necessary to protect consumer confidentiality due to small sample sizes.

Key Findings

myStrength

The majority of consumers (80%) believed that myStrength would be useful in their daily life.

Mental Health

Over half of consumers scored moderate or higher for depression (57%) and moderate or higher for anxiety (57%).

Consumer Interests

The most commonly selected topics by consumers in the app included the following: Lifestyle (29%), Health Topic (21%), and Condition (21%).

Mental Health Technologies

All consumers (100%) indicated that the most important aspects of using technology to support mental health were cost, privacy and not impacting their device.

Consumer Demographics

Slightly more than half of the consumers who used myStrength were female, slightly less than 30% were males, and the remainder identified as non-binary. All consumers selected English as their language option. (N≤10)

Age
Mean (SD)[58]
Average age around 40 years old

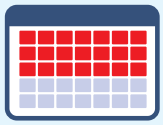
Gender
>50% Female
<30% Male
<20% Non-binary

Language
100% English
0% Spanish

Consumer Use of myStrength

myStrength Logins and Engagement

The table below represents data that was collected by the myStrength app over the course of consumer use. On average, consumers logged into myStrength 6 times and used it for 45 days between the time they registered until their last login. Almost all consumers (86%) used myStrength for more than one day and 71% still used myStrength after 4 weeks. (N≤10)



45

Days on average from a consumer's registration to their last login onto myStrength

6

Average number of logins for all consumers who registered for myStrength

86%

Used the app for more than a day

7

Average number of logins for consumers who used the app more than a day

71%

Still used after 4 weeks

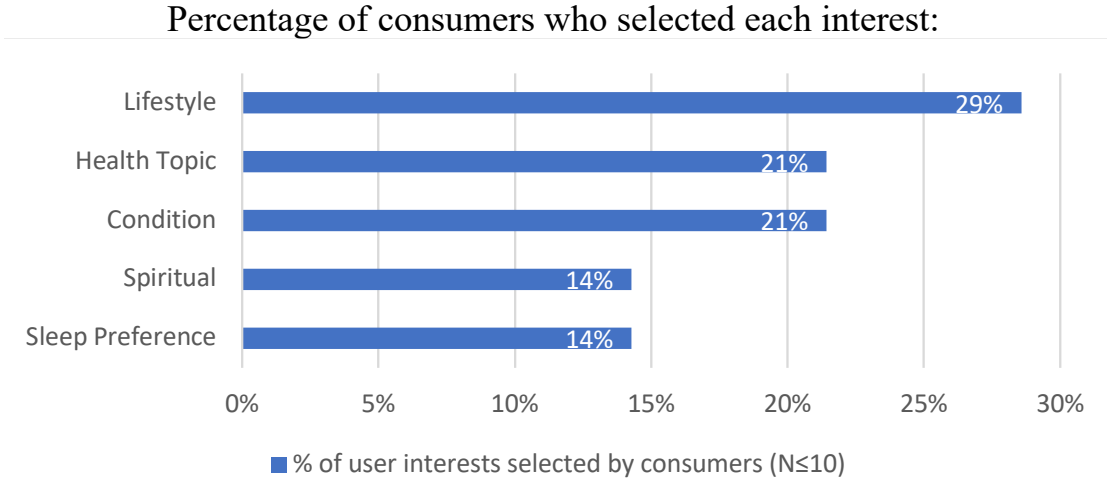
7

Average number of logins for consumers still using myStrength after 4 weeks

[58] Percentages are rounded due to the small number of consumers.

User Interests

myStrength offered a set of selected topics from a predefined list from which consumers could add one or more of these interests to their profile. All consumers in the pilot added one or more user interests to their profile. myStrength used this selection to customize the resources shown to them. Consumers added between 1-5 user interests, with two selected on average.



Mental Health Symptoms

As part of their use of myStrength, consumers were asked within myStrength to report on their level of anxiety, depression, and positive and negative mood upon registration. Throughout their time using myStrength, consumers were also able to complete assessments measuring their mental health symptoms. For the purpose of understanding change over time, first and last reports of symptoms were used in cases where people provided multiple responses.

Anxiety and Depression

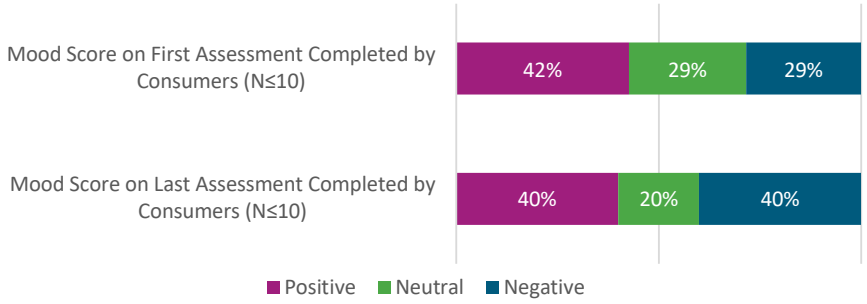
At registration, 57% of consumers scored **moderate or severe for anxiety** and 57% scored **moderate, moderately severe or severe for depression**.[59]

	Total N ≤10
Moderate or Severe Anxiety	57% of consumers
Moderate, Moderately Severe, or Severe Depression	57% of consumers

[59] Consumers were asked to complete a survey assessing their anxiety and depression upon registration and first log-in to myStrength. Anxiety and depression were measured using the GAD-7 and PHQ-9 scales, respectively. A GAD-7 score of 10 or higher indicated moderate or severe levels of anxiety. A PHQ-9 score of 10 or higher indicated moderate to severe levels of depression.

Mood

At the first **mood assessment**, 42% of consumers reported a positive mood and 29% reported a negative mood[60]. At the last **mood assessment**[61], the percentage of consumers who reported a positive mood was virtually unchanged, but the percent of people who reported a negative mood increased from 29% to 40%.



Consumer Views of Mental Health Technologies and of MyStrength

This section reports on consumer survey feedback after an average of 23.6 days (SD=5.5) of using myStrength. This reflects consumers early experiences and attitudes towards the mental health technologies generally, and the myStrength product specifically.

Consumer Views

In general, most people (80%) were interested and confident in using technology to support their mental health. Each percentage indicates agreement to the statements below

High Interest and Confidence Toward Tech to Support Mental Health	**80%** Interested in using technology to support mental health	**80%** Confident in their ability to use technology to support mental health

All consumers (100%) reported that they felt that they had the resources they needed to use myStrength. A majority (80%) felt that myStrength would be useful in their daily lives and 75% felt that they could get support from others when they had difficulties using the app.[62]

Interestingly, a minority (40%) of consumers felt that myStrength would improve their mental wellness, and only 20% of consumers felt that myStrength would meet their mental wellness needs. Together, these findings suggest that consumers selected to use myStrength for reasons other than meeting their mental health needs specifically. Each percentage indicates agreement to the statements below.

High Ratings for Perceptions of Product Service	**100%** Had access to necessary resources to use myStrength	**80%** Felt myStrength would be useful in their daily lives	**75%** Could get support from others when having difficulty using myStrength
Low Confidence in myStrength Addressing Mental Wellness Needs	**40%** Felt myStrength would improve their mental wellness	**20%** Felt myStrength would meet mental wellness needs	

[60] Consumers had the option to rate their mood on a 5-point scale ranging from -1 (Negative) to 1 (Positive). Consumers could rate their mood more than once.
[61] The average number of days between the first and last assessment was 45.6 days.
[62] This question had missing responses.

Key Aspects of Technology to Support Mental Health

Consumers indicated that the most important aspects of using technology to support mental health were related to the following key issues. Each percentage indicates agreement to the statements below.

Mental health technologies must…	**100%** Keep personal information private	**100%** Not cost money	**100%** Not impact their device functioning
It was also important that the app…	**80%** Be available offline	**40%** Be used by people with visual or hearing impairments	**20%** Be sensitive to culture

LEARNINGS

Learnings included the following:

- **Engagement over time on myStrength was relatively high.** Most consumers (86%) used myStrength for more than one day, while 71% were still using after 4 weeks.
- **Consumers had a diverse range of interests.** The most popular interest was related to Lifestyle, followed by Health Topics and Conditions.
- **myStrength consumers had high ratings for product support, but low confidence that myStrength would improve their mental wellness.** Peers from Tehama Behavioral Health were integral for supporting the implementation. As such, consumers involved in using myStrength provided high ratings for product support. The low confidence in myStrength addressing consumers' mental wellness needs may reflect a disconnect between the product and the anticipated benefit of consumers. However, it is also possible that consumers were using the app for reasons beyond supporting mental wellness, such as addressing other lifestyle concerns. More investigation is needed to understand the misalignment between product performance and consumer expectations.
- **Privacy was important for consumers when considering mental health technologies generally.** Some of the top considerations for consumers when choosing a mental health technology included concerns around privacy, cost, and its impact on their device. As Counties/Cities roll out additional mobile products, concerns around these barriers are likely to persist.

STAFF EVALUATION

Staff, including Peers, supporting the myStrength implementation in Tehama County were surveyed on their experiences using myStrength during the pilot evaluation. This section reports findings and learnings from surveys completed by five or fewer staff. This section represents data collected between the first survey invitation in December 2023 to when the final survey was collected in January 2024. Staff completed surveys on average 19 days (SD = 6) from the initial survey invitation.

Key Findings

Moderate Ratings for Perceptions of Product Support	**75%** Resources and tools were available to help me be successful in using myStrength
Moderate Ratings for Perceptions of Product Usability	**75%** Felt myStrength was easy to use
Moderate Ratings for Product Recommentation	**75%** Would recommend myStrength to their clients

Staff Demographics

Staff that completed the survey were 50% male and 50% female. The majority (75%) were aged 26-59 years old. All (100%) identified as White and 50% reported a high school degree as their terminal degree. (N ≤ 5)

Gender
50% Male
50% Female

Age
0% aged 19-25 years old
75% aged 26-59 years old
25% aged 60+ years old

Race
100% White

Education
25% Associate degree
50% High school degree
25% Other

Staff Training and Support

Training and Support

Most staff (75%) reported receiving training on myStrength before the pilot. Some reported receiving an introductory session and follow-up trainings, while others reported that their training was self-directed.

Staff Feedback on Training and Support

A majority of staff (75%) felt that there were resources and tools available to help them be successful in using myStrength. Only half (50%) reported knowing where to get help with myStrength in their workplace or that they had an outlet for providing feedback on the use of myStrength. Each percentage indicates agreement to the statements below.

Moderate Ratings for Perceptions of Product Support	**75%** Resources and tools were available to help me be successful in using myStrength	**50%** If I had problems using myStrength in my work, I knew where to get help	**50%** I had an outlet for providing feedback on the use of myStrength
Moderate Ratings for Perceptions of Product Usability	**75%** Felt myStrength was easy to learn how to use	**50%** Felt confidence finding information on myStrength	

Staff Views of myStrength

Most staff (75%) reported feeling positive about myStrength and would recommend to their clients.

75%
Felt positive toward myStrength

75%
Would recommend myStrength to their clients

LEARNINGS

Learnings from surveys with staff who piloted myStrength in Tehama County include:

- **Staff expressed mixed reviews regarding their perceptions of product support and its usability.** The expectations for product support may be higher when implementing digital mental health technologies into systems of care than when individuals themselves are able to directly download the product.
- **myStrength was intuitive.** Most staff reported feeling positive toward the product and would recommend it to their clients. Staff suggested that understanding consumers' personal circumstances and needs could help disseminate the product more broadly.

WellScreen Monterey Evaluation

DESCRIPTION	Tool that will screen individuals in Monterey County and direct them to local services and resources
AT A GLANCE IN HELP@HAND	**Implementation (completed): Monterey County** implemented with individuals seeking mental health services, their family/ friends, and community service providers between November 2022-December 2023 through their Help@Hand project and sustained afterward
EVALUATION METHODS	The University of California, Berkeley's Health Research for Action (HRA) evaluated WellScreen Monterey in collaboration with Monterey County Behavioral Health (MCBH), CalMHSA, and CredibleMind, Inc. HRA collected and analyzed the following data. • De-identified WellScreen Monterey dashboard and website data of 28,879 WellScreen Monterey users • Community member interviews between May-August 2023 with 14 key stakeholders • Key informant interviews between May-August 2023 with 14 key stakeholders involved in the planning and launch of WellScreen Monterey • De-identified electronic health record (EHR) data from MCBH's ACCESS program HRA presented their evaluation findings in their "Help@Hand: WellScreen Monterey Evaluation Final Report" in December 2023.[63] The Help@Hand evaluation team synthesized key findings to present highlights from the report in this section.

[63] The full report can be found in **Appendix I.**

Data on this page was collected and reported by Monterey County's local evaluator.

LEARNING GOAL #1
What factors make a setting ready for a product like WellScreen Monterey?

About the WellScreen Monterey Users

Demographics of Users (N=6,327)

Gender
47.6% Female
16.8% Male
3.2% Prefer not to say
1.0% Transgender
0.9% Genderqueer
0.9% Questioning/Unsure
29.6% Missing

Age
28.7% 15 years or younger
17.1% 16-17 years
13.2% 18-20 years
9.3% 21-24 years
13.1% 25-34 years
8.2% 35-44 years
3.8% 45-54 years
3.7% 55-64 year
2.9% 65 or older

Race
34.2% White
33% Not Reported
24.2% Multi Race
3.3% Asian
3.1% Indigenous/American Indian/Alaska Native
1.5% Black
0.6% Native Hawaiian or Other Pacific Islander
0.1% Missing

Ethnicity
39.3% Hispanic, Latino, or of Spanish origin
31.9% Not Hispanic, Latino, or of Spanish origin
28.8% Missing

Primary Language
68.7% English
0% Indigenous languages (e.g. Mixteco, Triqui, Chatino)
0.1% Korean
1.9% Spanish
0.1% Tagalog
29.1% Missing

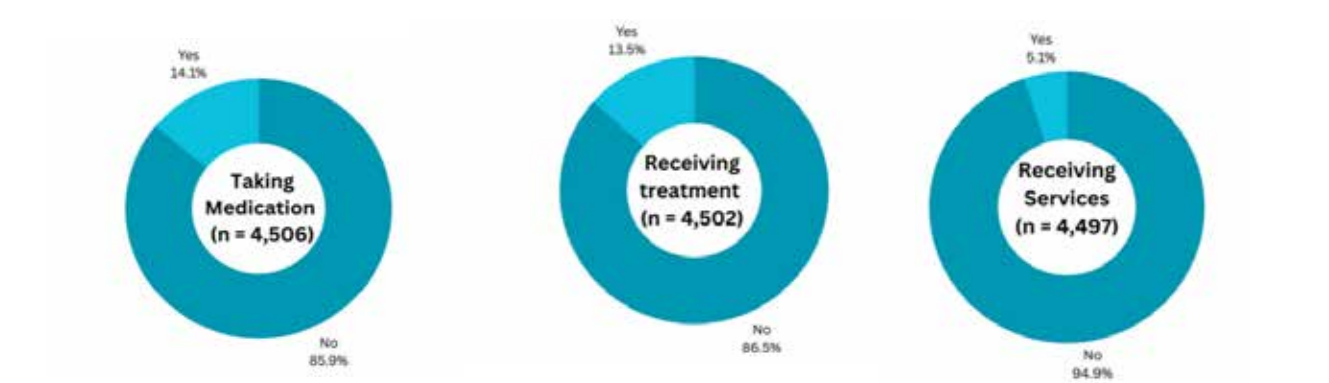
Data on this page was collected and reported by Monterey County's local evaluator.

Mental Health Condition of Users (N=6,327)

- **Anxiety** levels varied, with 31.6% reporting severe anxiety and 23.5% reporting moderate anxiety.
- **Depression** levels showed 30.4% reporting moderately severe depression and 14.4% reporting severe depression.
- A small percentage (4.9%) reported being pregnant or recently pregnant, while 86.2% of this group experienced moderate to severe **postpartum depression**.
- Among those 21 years and older, 59.1% reported **no substance use** in the past 12 months.
- 82.4% reported **no alcohol use** in the past year and 86.1% reported **no drug use** in the past 12 months.

Mental Health Services Used

Very few website users took medication, received treatment, or received services.



Above figures from "Help@Hand: WellScreen Monterey Evaluation Final Report."

WellScreen Monterey Users with Medi-Cal Not Receiving Treatment from MCBH (N=552)

The HRA evaluation identified 552 individuals who used WellScreen Monterey, lived in Monterey County, and received Medi-Cal, but were not currently receiving treatment from MCBH, despite having moderate-to-severe mental health conditions (see below). **This demonstrates the effectiveness of WellScreen Monterey to identify individuals in need of mental health assistance who might otherwise not access services and connect them with resources and support.**

Mental Health Conditions of WellScreen Monterey Users in Monterey County with Medi-Cal	Number of Users
Depression	367
Anxiety	354
Eating Disorders	284
Bipolar Disorder	238
Substance Abuse	233
PTSD	163
Psychosis	26

Data on this page was collected and reported by Monterey County's local evaluator.

LEARNING GOAL #2
How did users use WellScreen Monterey? How did stakeholders view WellScreen Monterey?

User Traffic and Marketing Strategies

Traffic Between November 2022 - October 2023

28,879 users

35,998 sessions

119 total events

- Mobile devices were the predominant platform, constituting 88.7% of events
- 94% of events were from California, with other US states comprising only 5.4%
- Users found something useful in 9.5% of the events

Marketing Strategies and Traffic Sources

80.1% Google Paid Ads

13.0% Facebook

9% Direct/Email

1.9% Search Engine

- Google paid ads and referrals were most effective for promoting traffic (26.4% and 20.4% more effective than simple web search, respectively)
- Social media was the second most effective, with increased usage shortly after Facebook and Instagram ads were released.
- Direct/Email methods were third most effective
- Email and social media were no more effective than internet searching

Assessments

6,327 of website users completed assessments between 2022 and 2023

Community Feedback on WellScreen Monterey

Website Feedback

- Community members found the website helpful, organized, and easy to understand.
- Some challenges included the length of the self-assessment and the reintroduction of trauma.
- Suggestions for improvement included framing questions better, reducing the assessment length, and including additional resources.

Data on this page was collected and reported by Monterey County's local evaluator.

Strengths of the WellScreen Monterey Website

- Calm and informative website design
- Straightforward assessment experiences
- Functional access to results and effective presentation of the results page
- Positive user experience
- Improvements in connecting clients with resources
- Thoughtful layout and easy-to-understand content

"...Love that it's user-friendly. I really appreciate that it explains things without any jargon…it really is straightforward. You can actually see a description…and immediate resources…The summary portion at the end after the tool, after the test, it definitely was enlightening…to see the areas you're doing well and the areas of some concern, and…resources…to help." -Non-MCBH Provider

"It's a good tool as a starting point to get clients quickly screened... if it's mild, then they have some resources or some tools that they could use immediately. If it's moderate to severe, then they're prompted with the local clinics that are available. So it gives them an immediate resource based on their level of needs." - MCBH Administrator

"It's been a really powerful tool…I think someone pointed out that the screener has now served more people than MCBH clinics have in the same time period, way beyond. So we're able to get people to resources that were not before finding them. So I think that's a huge success…." -Help@Hand Technology Development Partner (CredibleMind)

Successes

- Website serves as a helpful tool for receiving mental health information and resources
- Website is effective and comprehensive
- Website is well-designed

"So I found resources slash phone numbers and chat very helpful as well, besides the assessment, because assessment, you take it if you need the help, you have time to do it, you think there's an issue, but sometimes in case you need to contact somebody right away, you have all the contact information. So that was helpful for me." - English language focus group participant

"[Participants] like it a lot because it is straightforward and [because] it gives you the exact information you need. [And] when you look at it using a computer or a phone, it always has the same outline and [functionalities]" - Spanish language focus group participant

Data on this page was collected and reported by Monterey County's local evaluator.

Challenges

- Delays in response time when using the chat function
- Difficulty tracking WellScreen Monterey user activity, especially when Google translate is used without the toggle design
- Disconnect and communication difficulties between agency systems and WellScreen Monterey
- Need to include more resources and reorganize the results page to be more clear and simple
- Lack of language and cultural adaptations to the website for Spanish-speaking and Indigenous people
- Access barriers, including lack of broadband/internet or phone access
- Cultural stigma and prejudice around mental health

> ***" …We did hope that these screening results would be more used in an intake process. So the user takes the screener, they see the 800 number, they call [MCBH ACCESS], they get an appointment, they show up at a clinic, they give their access code, and the clinician actually uses the results of the screener. That just has not happened very much…there's just workflow that people have been too busy and we haven't had the time to integrate it." -Help@Hand Technology Development Partner (CredibleMind)***

> ***"Sometimes if [WellScreen Monterey is] not translated into a language that that community speaks, then they can't complete it. If that particular community can only speak it but not write it, that's going to be an issue…so I don't know how some of our communities, especially our Indigenous community, would go about completing that if they don't have either an interpreter available physically completing it with them. We may be missing a chunk of our population." -MCBH Administrator***

> ***Some of the more rural populations that may not necessarily have access to internet 24/7, there are some barriers there. I think that's probably one of the biggest things. But [MCBH] is launching the [tablets] in the community so that if people don't have a cell phone or they don't have access, there are opportunities for people to be able to take the assessment on a shared device, which I think is going to be really helpful." -Help@Hand Technology Development Partner (CredibleMind)***

Recommendations for the WellScreen Monterey Website

- Include additional Monterey County specific resources
- Consider the length of the assessment
- Make adjustments to the user interface to improve ease of use
- Provide an audio version of the website
- Include additional language translation to better support language needs of different populations
- Increase internet and device access
- Reduce the reading level of the assessment
- Work inter-agency to update resources listed on WellScreen Monterey
- Add information such as distances of locations and costs to the results and resources page
- Increase community-based marketing for better engagement and outreach (clinics, bakeries, churches, schools, county office community events, public libraries, word-of-mouth, and more social media)
- Seamless transfer of website results data if someone seeks services at MCBH
- Interoperability of data across apps, devices, and EHRs is a persisting issue
- Addition of tablets during intake to retrieve user data during the initial patient-provider process
- Automatically transmitting assessment information between WellScreen Monterey site and Avatar in an interoperable format

Data on this page was collected and reported by Monterey County's local evaluator.

Stakeholder Feedback on WellScreen Monterey Implementation

Implementation Feedback

- Successes included collaboration, engagement, responsiveness, and adherence to timelines.
- Challenges included staffing shortages, outreach to Spanish-speaking communities, time frame delays, and communication difficulties.
- Suggestions for improvement focused on collaboration, community outreach, and resource-sharing.

Planning Phase

Successes

- Partnership between the MCBH, CredibleMind, and evaluators in the planning/design process
- Project team's flexibility and responsiveness to the County stakeholders' needs and priorities in the planning and design of the WellScreen Monterey website
- Community needs assessment welcomed a variety of stakeholders input and identified the key community preferences for accessing and using the website content and format
- Testing and validation of the behavioral health assessment measures and scales to ensure their accuracy and usability
- Full transparency and open communication of the planning team cultivated trust and facilitated productivity in the planning/design process of the website between MCBH administrators and providers, the CredibleMind, the evaluation team, and CalMHSA

"The planning went well and I think we had the right people in place to help support this. In particular, having our 'ACCESS to Treatment' managers available for the [planning and] implementation process, because a lot of times, our clients come through our ACCESS [program] doors."
- MCBH Administrator

"In the planning phase, I think what I feel really went well is the [digital technology development] team was very responsive to needing to be flexible and needing to hear from us about our community needs and then making those adjustments [to the design]."
- MCBH Administrator

"The most helpful information and also criticism of the system came from providers and community partners. Youth community members had a lot of good insight as well. It seems like the youth are a little more connected or…aware of what's available and what's not. They had some good feedback [about] the general state of mental health in the county."
- Help@Hand Technology Development Partner (CredibleMind)

"I think the [development] team, and really the [state] CalMHSA team, was good in keeping us on track and identifying weaknesses in our approach. So I think that was well done as well." - MCBH Administrator

Data on this page was collected and reported by Monterey County's local evaluator.

Challenges

- Staffing transitions and need for more County staff
- Lack of early marketing planning
- Delays and task prioritization that affected timing
- Administrative processes and resource limitations to integrate WellScreen Monterey results within the County EHR

"The failure to launch the project was more of an internal ability to provide the resources to get it done. And then the prioritization of those resources, there's always something that seems to come up that seems to be more important. And it wasn't until we finally prioritized this… that it kind of shook everything loose and now we're going."
- MCBH Administrator

"I just worry that [WellScreen Monterey website] might be a little bit too sophisticated for some people and actually very kind of middle class centric. What we have here is a giant population of people who do not have a bachelor's degree and who are working in the fields and who are typically Spanish speakers." - Non-MCBH Provider

"Because [CredibleMind] is completely virtual…and we don't live in Monterey County…[or] worked with Monterey County before, we didn't necessarily have the direct connections to the people that we needed to talk to…it was really on us from afar and virtually to do a lot of the recruitment [and create linkages] ourselves." -Help@Hand Technology Development Partner (CredibleMind)

Data on this page was collected and reported by Monterey County's local evaluator.

Launch Phase

Successes

- Beta testing and gradual launch of WellScreen Monterey
- Building trust between the community and the website
- Administrative success of no fiscal impacts with workflow changes in the MCBH ACCESS program

"I think the soft launch was…good…there was a little bit time to work out some kinks before there were too many eyes on it or before it got into too many public hands, there were things that it could live and exist and breathe a little bit and people could provide some feedback of those who were seeing it as before we really pushed it in a big way through marketing and things like that." - Help@Hand Technology Development Partner (CredibleMind)

"The trust in the community [and] in our services in the community is a big part of why we're able to deliver services robustly in South Monterey County. It's taken years of us being present in South Monterey County to develop a relationship with the community…And a lot of why people continue to come through our doors is because they have heard that it's safe to do so. So they've heard from their neighbors, their family members, their church congregants, those types of things like these are good people and it's a safe place to go." - MCBH Administrator

Challenges

- Need for more training and engagement with WellScreen Monterey website from providers
- Need for more bilingual County staff, particularly staff who speak Indigenous languages
- Difficulties building trust between the community and the website, especially among older populations and Spanish-speaking communities
- Timeline delays and administrative challenges with staff shortage, allocation of all the funding granted, and marketing contracts

"We thought that the project would also involve integrating the screener into the regular processes and we'd have tablets in the clinics and people could take it and then their provider would be able to see results and talk about their results along-side with the client. And that just hasn't happened… the whole kind of clinical integration, access integration has been very messy, complicated." - Help@Hand Technology Development Partner (CredibleMind)

Data on this page was collected and reported by Monterey County's local evaluator.

"There's a huge need in being able to speak Spanish and we're seeing an increased need to be able to speak Indigenous languages, particularly Triqui and…Indigenous languages from the state of Oaxaca, which we don't have the capacity to, and it's very hard to find good translation services for those languages as well. So that's an internal challenge that we have." - MCBH Administrator

"There's a lot of undocumented folks out in South Monterey County, a lot of people that don't necessarily feel comfortable interacting with government agencies, which we are. And so it's taken a lot of time to really embed in a way that fosters trust. And so a lot of people come through the doors because they are seeking those individuals that they've heard are trustworthy." - MCBH Administrator

"…there is difficulty spending all the funds that were granted. If the funds are not spent, they will have to be returned to the state." - MCBH Key Informant

"...There's been the challenge of figuring out how best to spend some of the marketing budget because you can pay money that's going to get people to come directly to the site and the screener, and that's great, but you can also pay money to get just brand awareness out there. So if, in the future, someone needs a screener, they know it's there. And that's much harder to measure the impact." - Help@Hand Technology Development Partner (CredibleMind)

LEARNING GOAL #3
What was the impact of WellScreen Monterey on MCBH services?

Changes in Costs Before and After WellScreen Monterey Launch

- The proportion of services devoted to triage, assessment/evaluation, and services for high-risk clients had statistically significant changes before and after the WellScreen Monterey launch.
- The average cost for triage, assessment/evaluation, and linkage/brokerage services decreased.

Data on this page was collected and reported by Monterey County's local evaluator.

Changes in Overall Costs

The average service value per client decreased from $2,840 pre-launch to $1,525 post-launch.

	Overall	Pre Launch	Post Launch
Number of Clients	20,453	17,985	4,722
Total Service Value	$ 58,288,407	$ 51,085,324	$ 7,203,083
Average Service Value per Client	$ 2,850	$ 2,840	$ 1,525

Figure from "Help@Hand: WellScreen Monterey Evaluation Final Report"

Changes in Services Before and After WellScreen Monterey Launch

Changes in Triage, Assessment/Evaluation, and Linkage/Brokerage Services

	Triage	Assessment/Evaluation	Linkage/Brokerage Services
Proportion of Services Devoted to:	Increased	Decreased	Decreased
Average Cost:	Decreased	Decreased	Decreased

Changes in Mental Health Counseling Services

- Proportion of services devoted to high-risk clients **increased**
  No impact on the proportion of mental health counseling services of total services provided by MCBH
  No impact on the proportion of non-billable services
- Average cost of mental health counseling services **decreased**
  Average cost of services when all services are included **decreased**

Changes in MCBH ACCESS Client Demographics Before and After WellScreen Monterey Launch

WellScreen Monterey brought a significantly different group of people into services than before.

To evaluate the impact of WellScreen Monterey on MCBH ACCESS operations and service delivery, HRA used de-identified EHR data from the MCBH ACCESS program to analyze trends related to the county behavioral health services before and after the launch of WellScreen Monterey. The analysis focused on four key areas: triage, assessment/evaluation, linkage/brokerage, and utilization of mental health services. Below specifically focuses on the changes in demographics for utilization of MCBH Access from before to after the WellScreen Monterey project.

Important changes included the following:

- **Increases** in the proportion of clients who identified as being non-White.
- **Increases** in the proportion of clients who were covered by Medi-Cal and Medicare Part B.
- **Increases** in the proportion of clients from the Salinas Valley.
- **Increases** in the proportion clients identified as being with high-risk.

Data on this page was collected and reported by Monterey County's local evaluator.

	Pre-Launch	Post-Launch
Sex*		
Female	57.7%	58%
Male	42.3%	42%
Age		
16-25 years	20.4%	22.8%
26-59 years	53.6%	48.7%
60+ years	7%	6%
Other	19.1%	22.4%
Race*	N=16,414	N=3,820
White	33.2%	28.8%
African-American	2.8%	3.3%
Asian	2.6%	2.3%
Native Hawaiian and Pacific Islander	0.3%	0.4%
Middle Eastern	0.2%	0.1%
Alaska Native	0.2%	0.3%
Other Race	61%	65%
Ethnicity*	N=17,978	N=4,719
Hispanic	53.4%	52.1%
Non-Hispanic	46.6%	47.9%
Primary Language	N=16,348	N=4,187
English	78.4%	78.7%
Spanish	21.3%	21%
Other Non-English Language	0.3%	0.3%
Type of Health Insurance*		
Medicaid	73.5%	77.6%
Medicare Part B	5.4%	7.4%
Private Insurance	7.4%	6.6%
Self-Pay/Other	13.3%	7.8%
Other	0.4%	0.6%
Region in Monterey County*	N=17,985	N=4,722
Salinas Valley	48.3%	50.2%
South County	24.6%	22.2%
Coastal	16.6%	16.9%
North County	8.6%	9.3%
Other	1.8%	1.4%
Risk Severity*	N=5,153	N=1,352
Low	65%	67.2%
Medium	27.3%	23.5%
High	7.7%	9.3%

* Statistically significant difference at $p<0.001$.

Data on this page was collected and reported by Monterey County's local evaluator.

Learnings from the Pilot and Implementation Evaluations

Key learnings from activities undertaken by Help@Hand Counties/Cities included the following. Many of the learnings include themes that were represented in the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report:

Marketing, Community Outreach, and Consumer Recruitment

- **Leveraging existing networks in the community was valuable for reaching core audiences.** Counties/Cities found that working with partners that already have connections within the community helped expand their outreach efforts tremendously. Establishing a rapport with community-based organizations (CBO) facilitated dissemination of program information to hard-to-reach audiences.
- **In-person outreach events effectively increased awareness of programs, enrollment, and engagement among community members.** Counties/Cities learned the importance of going to community events to strengthen relationships with community members. It was important to hear their opinions and gauge the community's resources and capabilities (e.g., how do they currently use WiFi, how do they use technology). Compared to online outreach events, Counties/Cities were better able to support new consumers in-person during sign ups. Counties/Cities shared that offering food and 'swag' to community members helped increase attendance to these events.
- **Stigma continued to be a significant barrier.** Counties/Cities recognized that mental health stigma remains a prominent barrier for community members experiencing mental health challenges to participate. in County/City projects.
- **Development of marketing and communication plans early in implementation planning was important.** Early planning for marketing and communication assisted Counties/Cities to have effective campaigns that promoted core audiences to enroll in their efforts.
- **Unknown contact numbers formed a barrier in reaching program participants.** Text messages from program staff did not always reach participants, or participants perceived them to be spam messages because they came from a phone number they did not recognize.
- **Peers and representatives from underserved communities were critical for reaching certain communities.** Lived experiences of these individuals provided Counties/Cities with invaluable knowledge and expertise to support community engagement, particularly among hard-to-reach and vulnerable populations.

Consumer Experience

- **Not all culturally tailored apps provided equivalent content across languages.** Headspace offered resources in both English/Spanish, but participants noted that the Spanish version of the app did not offer the same resources as the English version of the app. For some Indigenous communities, there is no written language for mental health terms or topics, which required Counties/Cities to provide additional hands-on support.
- **Counties/Cities ensured that an experienced bilingual instructor was involved in the development of resources.** Some Counties/Cities ensured that an experienced bilingual instructor reviewed Spanish translations, which maintained accuracy and cultural relevance. Pre- and post-surveys were also translated into Spanish, allowing for accurate and reliable data collection among Spanish speakers.

- **Counties/Cities identified the need to support different communities and learning styles.** Counties/Cities found that certain communities had unique experiences and needs, such as those who were Mixteco or Deaf and Hard of Hearing (DHoH). Communication issues led to accessibility-related challenges for both these groups. It was necessary to provide extra resources and support in participants' preferred language, including tailoring the program and the evaluation process to their needs and learning styles.
- **Counties/Cities discovered that they should focus efforts on developing the right partnerships that were aligned with their goals and values.** This included gathering community input to help develop a program with community voice at the center.
- **Combining digital literacy programs with consumer engagement was effective for outreach.** Counties/Cities that combined engagement incentives with digital literacy programs were successful.

Digital Literacy

- **Digital literacy training was useful for a wide range of audiences.** Assuming that everyone was digitally savvy caused complications. For example, some County/City staff and core audiences did not know what browsers, URLs, or hyperlinks were.
- **Counties/Cities identified that individuals from specific communities had unique learning requirements.** Communities, such as the DHoH community and older adults, had specific needs. Some ways Counties/Cities supported their needs included providing American Sign Language (ASL) interpretation services for the DHoH community and one-on-one sessions for older adults.
- **Digital health literacy is broader than just educating people on how to use technology.** Counties/Cities learned that digital health literacy involved teaching people about mental health, the language used, and the array of aspects that are a part of mental health (e.g., participants did not associate the word or concept 'stress' with mental health).
- **The community expectation of digital literacy programs sometimes differed from the County/City.** Counties/Cities found that they needed to preemptively communicate with the audience what the goal of their digital literacy program was. For example, community members may want to learn basic skills, such as how to use email, but the County/City may assume their audience already knows how to do this.
- **The digital divide was greater than Counties/Cities expected.** Many Counties/Cities' innovation programs shined light on how important device access and literacy was for daily living, which went beyond mental health support.
- **Program participants had a range of technology-related needs.** While some participants wanted to learn basic skills such as how to use email, other participants in digital literacy programs primarily looked for support on how to use digital technologies for job searching, educational purposes, health, and housing.
- **Some individuals of core audiences needed high levels of technical support.** Counties/Cities reported that some individuals required significant technical assistance during implementation of the innovations. One-on-one sessions were helpful because it allowed space for participants to ask specific questions and receive assistance at a pace that they were comfortable with.

Device Distribution and Access

- **The type of device had an impact on participant engagement in device distribution programs.** After switching to a different device type or brand (e.g. from Samsung tablets to Apple iPads), Counties/Cities observed increased excitement among participants. As a result, participants used their devices more frequently and for a wider variety of purposes, such as creating artwork.
- **Devices had a positive impact on mental health beyond increasing access to resources.** Participants used devices for a variety of purposes, such as creating art, job searching, and accessing housing services. Participants described how devices were not only used to access mental health resources but also at times served as a positive distraction from current problems and living situations.
- **Outreach to program participants was difficult if they did not own any technology.** Before launching a device distribution program, Counties/Cities experienced difficulties in reaching program participants who did not have phones, an email address, or other form of technology as a primary contact measure before receiving a program device.
- **Staff leaving teams had unanticipated effects on implementation.** Staff turnover and the involvement of different County/City staff members in setting up participant accounts caused technical issues.
- **Counties/Cities explored adjustments to kiosks to better engage with community members.** Counties/Cities explored locations where community members would find kiosks especially useful, such as community colleges or clinic waiting rooms. Some decided to create separate branded charging stations to prevent disruptions, such as the kiosk being unplugged randomly so a community member could charge their device.
- **Device distribution required coordination of collaborations, expertise, and planning.** Counties/Cities found challenges with device distribution. Involving people with experience in device procurement and distribution, as well as planning early in the project prevented disruptions.
- **Counties/Cities learned that some personal data was collected on devices.** It was important to tell program participants what data was being collected on the devices distributed to them.

Project Planning

- **Counties/Cities had to adapt and pivot.** Unexpected opportunities and challenges arose as the project progressed and forced Counties/Cities to adjust their plans accordingly.
- **Established trusting and communicative relationships early.** Developing a trusting relationship based on transparent and honest communication with leadership and staff decreased frustration, tensions, and distrust between teams. Innovation projects sometimes received initial resistance, and it was important to involve those with resistance early on to gain their trust in the project and adapt accordingly.
- **Maintaining communication with core audiences was essential.** Counties/Cities learned the importance of crafting clear and consistent communication with core audiences to raise awareness of projects and provide timely updates.
- **Unforeseen circumstances and delays in project timelines occurred for numerous reasons.** Seeking contract approvals, especially those requiring approval from several parties, delayed or discontinued a project entirely. Changes in project requirements, significant challenges in engaging with core audiences, and competing priorities for team members also affected projects.

- **Counties/Cities valued the approach of piloting technologies with a small group before any implementation, but this was not always feasible.** Counties/Cities reflected that they would have ideally piloted an app to explore what worked best and how to promote the technology among community members. However, there were several barriers to launching a pilot, such as staff and resource shortages as well as timeline delays.
- **Counties/Cities appreciated opportunities to celebrate successes and reflect on the project journey.** Celebrating and reflecting previous project phases helped inform future phases and strengthened relationships among project teams and partners.

Staffing and Resources

- **Staffing shortages regularly were noted to create challenges across programmatic areas.** Some Counties/Cities did not have enough staff to perform project activities, particularly providing timely mental health appointments and technology support for specific core audiences that could benefit from such support.
- **Counties/Cities continued to experience staff turnover and limited bandwidth for some project team members.** Staff in several Counties/Cities transitioned from the project. Existing project team members supported Help@Hand along with other County/City services, projects, and other efforts.
- **Counties/Cities used various project supports and artifacts to support staff transitions and staff trainings.** Counties/Cities used contract support from CalMHSA, project tools, Help@Hand evaluation reports, and other project resources to ensure continuity in the project after staff turnover and to train new team members. Given how quickly projects progressed in some Counties/Cities, new staff struggled with the details related to contracts, project management, and other activities.
- **Many project team members benefitted from training on digital literacy and project processes.** Train-the-trainer models were used to train staff as "super users" who could train others. Although training sessions were helpful, many felt that additional sessions were needed. In addition, some staff found it challenging to identify and implement the most appropriate apps for their Counties/Cities.
- **Spanish-speaking volunteers were recruited to support projects.** Recruiting Spanish-speaking volunteers effectively addressed community needs. Recruitment challenges included finding Spanish-speaking volunteer tutors who understood how to use the technologies and were willing to participate in unpaid work.

Peers

- **Maintaining a robust Peer workforce was challenging.** Counties/Cities had difficulty hiring and retaining a Peer workforce that was appropriate for core audiences and large enough to meet project demands.
- **Peer Leads played a significant role in ensuring Peer input integration.** Having a Peer Lead with dedicated time for the Help@Hand project provided necessary Peer perspectives, enhanced community outreach, allowed for one-on-one assistance, and increased engagement with clients.
- **Organizational leadership and support played an important role in Peer successes.** It was important for organizational leadership to understand the value and effectiveness of involving Peers in various aspects of the program when seeking support for Peer staff and their contributions.

- **Peers valued transparent communication.** Transparent communication from leadership enhanced Peers' value and contributions. However, requiring all Peers to work on-site while other colleagues worked hybrid schedules contributed to some Peers feeling that they were not trusted by the department.
- **Ongoing digital literacy training benefited Peers and communities.** Peers benefited from ongoing digital literacy for themselves so they could effectively provide support to their communities.
- **Peers working on chat platforms required training to provide consistent services.** Standardized protocols and training were necessary to prevent unethical behavior or inappropriate interactions on Peer chat platforms. Over time, standardized languages and processes were developed and refined for specific situations.
- **Integrating Peer involvement at every level was a beneficial evidence-based practice key for project successes.** Actively integrating Peer input highlighted the value and effectiveness of involving Peers in all levels of project planning and implementation. Peers also suggested providing input on the hiring process to prevent potential staff turnover. Providing opportunities for Peers to work directly with clients also helped clients see examples of potential recovery.

Working with Partners and Vendors

- **Agreements, such as Business Associate Agreements (BAAs), were necessary for Counties/Cities to work with vendors.** To develop these agreements, Counties/Cities worked with vendors to understand their policies to protect consumer privacy and data security. Some Counties/Cities required specialized contracts, such as a BAA, to work with vendors and share personal or health information. The process of finalizing these contracts was lengthy.
- **Collaborating with CBOs was important for supporting outreach and engagement efforts, relaying communication messages, and mitigating staffing challenges.** Partnering with local organizations with close community relationships ensured that the project could effectively reach and engage with core audiences and help address staff shortages.
- **Having one point of contact at a partnering organization caused delays in activities if this contact was unavailable.** In-person events at CBOs were sometimes canceled abruptly if the one point of contact was unavailable. This caused several challenges, such as canceling a booked room, notifying participants, and trying to get refunded for lunch that had been ordered.
- **Counties/Cities found working with CalMHSA and the Help@Hand evaluation team helpful.** CalMHSA was an effective central point to facilitate a range of tasks and services for Counties/Cities, including distributing funds, identifying vendors, and contracting. The evaluation team provided insights and guidance on different aspects of project implementation and evaluation.

Local and Collaborative Evaluation

- **It was helpful to maintain open and continuous communication with County/City staff who were championing data collection efforts at the local level.** County/City staff supported data collection efforts by following up with consumers and staff to complete surveys and interviews. They also provided contact information (if available) for the evaluation team to directly contact consumers and staff.
- **Counties/Cities worked with the Help@Hand evaluation team and other partners to adapt surveys for consumers.** Translating surveys, especially for non-English speaking and the Deaf and Hard

of Hearing communities, ensured linguistic and cultural appropriateness for the evaluation. Some translations were resource and time intensive, while others failed to capture the appropriate meaning and context of the original language. County/City staff were critical in helping consumers with low literacy and/or who spoke Indigenous languages with no written form.

- **Some consumers felt uncomfortable completing survey items on certain topics.** Some participants did not feel comfortable completing certain questions related to mental health, which could be as a result of stigma contributing to reluctance to respond.
- **Evaluators provided guidance on data processes.** Some Counties/Cities found it helpful to consult the Help@Hand evaluation team and/or local evaluators on how to collect and analyze data.
- **It is important to give local evaluators enough time to complete evaluation reports.** County/City local evaluators are likely under-resourced. Supporting local evaluators during report writing involved establishing clear expectations, reasonable timelines, and maintaining open communication.
- **Evaluation data collected and analyzed during a project allowed Counties/Cities to track progress and incorporate feedback from consumers and staff.** Feedback shared in surveys, interviews, and focus groups provided helpful suggestions on how to improve project operations and evaluation.
- **Counties/Cities varied in their requirements for gaining approval related to the collection of data from human participants.** Although the requirements differed, sharing materials and collaborating on particular challenges were lessons learned for future projects.

Project Closing and Sustainability

- **Counties/Cities started preparations early to ensure a successful transition of the project.** This included communication between Counties/Cities, partners, and vendors about roles and expectations at the end of the project. It also included timely communication with community members to inform them of the end of the project and connect them to resources.
- **Counties/Cities focused on reconciling budgets.** Some Counties/Cities aimed to spend remaining funds to support community members beyond the project. Others found that they did not have enough funds to complete certain activities, which raised concerns about sustainability.
- **Counties/Cities considered using the existing Help@Hand branding and website beyond the end of the project.** Counties/Cities began planning to adapt project materials when transitioning off the project, which raised questions about continuing with Help@Hand branding or exploring new options. Additionally, Counties/Cities wanted to have access to materials beyond the project, such as the project's SharePoint.
- **Counties/Cities had a desire to continue projects.** Counties/Cities expressed desires to continue building upon their projects; however, it was uncertain whether resources, such as staffing and funding, were available to support these future efforts.
- **Counties/Cities needed to initiate internal sustainability conversations early with key personnel.** It was imperative to involve key personnel, such as department heads, who could advocate for the importance of continuing Help@Hand projects within the County/City. Some Counties/Cities could not sustain their projects due to funding challenges and/or lack of buy-in from staff and consumers.

- **Some Counties/Cities planned to disseminate learnings to increase impact beyond the Help@ Hand project.** Sharing learnings to inform future projects was crucial for ensuring the long-term benefits of the project.

Learning Collaborative

- **Counties/Cities were interested in deeper and continued collaboration.** CalMHSA revitalized Collaboration Calls and explored several digital resources to enhance sharing collaboration between Counties/Cities. Counties/Cities also expressed an interest in continued collaboration beyond the project; however, they emphasized the importance of a centralized body, such as CalMHSA, to initiate a space (e.g. meetings, collaboration calls) to facilitate these collaborations, as Counties/Cities had limited bandwidth to initiate collaborations.
- **Counties/Cities valued how beneficial collaboration was during the project planning process.** Counties/Cities expressed the value of a collaborative approach and acknowledged that developing a new innovation project, in addition to garnering community input and developing a stakeholder process, was difficult to do on their own. They shared that collaboration made it easier to spend money and provide services to community members, while doing something new and innovative.
- **Discussing experiences across Counties/Cities helped uncover common challenges and learnings.** Some Counties/Cities were surprised to discover that the challenges they believed to be unique to them were also experienced by others. In addition, some Counties/Cities benefited from observing and learning from other Counties/Cities.
- **Having an in-person workshop helped Counties/Cities prepare for project close-out and sustainability.** Counties/Cities remarked on the usefulness of the workshops' interactive activities and breakout sessions to reflect on project achievements and plan project close-out.

4 OUTCOMES EVALUATION

Key Points

The California Health Interview Survey (CHIS) is the largest state-wide survey in the nation. Using data from the CHIS can help Californians understand broad changes occurring in the State across the Help@Hand period. Funds from Help@Hand were used to collect data from specific questions designed to track changes in use of digital mental health products and potential benefits between 2019-2022. Some of the key findings included:

- **Adult psychological distress increased, while teen psychological distress decreased during 2019-2022.** Approximately a quarter of adults needed help to address mental health concerns, and both psychological distress and perceived need for treatment increased during the Help@Hand period. In contrast, approximately one third of teens needed help to address mental health concerns between 2019-2022. While teen psychological distress decreased over the four years, perceived need did not change.
- **Frequent technology use increased during 2019-2022.** For both teens and adults, frequent social media increased from 2019-2022, while frequent internet use peaked in 2021.
- **Online tools may have helped adults, especially from Help@Hand Counties/Cities, to seek more help for mental health concerns during 2019-2022.** Between 2019-2022, adults sought more help from medical providers to address mental health concerns and received increasingly more psychological or emotional counseling. During this same time, adult use of online tools to address mental health concerns, connect with a mental health professional, and connect with others with similar concerns increased. Overall, adults in Help@Hand Counties/Cities were more likely to use online tools to connect with a mental health professional than adults in non-Help@Hand Counties/Cities between 2019-2022.
- **It is unclear how online tools may have contributed to mental health treatment for teens.** Teens received psychological and emotional counseling and used online tools to connect with a mental health professional most frequently in 2021. However, teen use of online tools to address mental health concerns did not change in any of the years between 2019-2022, with a drop in 2022.

- **The majority of teens and adults who used online tools to address mental health concerns rated them as useful.** On average, 78% of teens and 83% of adults in California rated online tools as useful. Teens with high distress and adults with medium distress from Help@Hand Counties/Cities rated online tools as more useful than their counterparts from non-Help@Hand Counties/Cities.
- **However, there were still unmet mental health needs among both teens and adults.** Approximately 59% of teens and 41% of adults who needed help did not receive it in 2019-2022. Encouragingly, more adults received help when they needed it in 2022.
- **Discomfort about talking to professionals about mental health was likely a barrier to mental health service use among adults.** Approximately 40% of adults who needed help but did not receive it did not feel comfortable talking with a professional about their personal problems, with increased discomfort during 2019-2022. These questions were not asked to teens.
- **Reasons for not using online tools to address mental health concerns differed among teens and adults.** Among people who did not use online tools to address mental health concerns, over half of teens said it was because they did not feel that they needed it, while a quarter of adults said it was because they received traditional or face-to-face services.
- **Highly distressed individuals and adults aged 18-25 may be most likely to use technology to address mental health concerns.** Both teens and adults with high psychological distress used technology more frequently than those with lower levels of distress.[64] These groups also used online tools more frequently than those with lower levels of distress to address mental health concerns, and to connect with mental health professionals and others with similar concerns. Adults aged 18-25 were also much more likely than other age adults to use technology frequently, and to use online tools to address mental health or alcohol/drug concerns, to connect with a mental health professional, and to connect with people with similar mental health concerns.

[64] Psychological distress refers to symptoms of anxiety, depression, and stress. It was measured using the Kessler Psychological Distress Scale, where participants were asked questions about anxiety and depression symptoms that they may have experienced in the worst month over the past year. Participants were identified as having high, medium, or low/no psychological distress based on their responses. In the previous Help@Hand Statewide Evaluation reports, 7 was used as the cutoff for medium distress. For this report, 5 was used as a cut off for medium distress based on the updated research (Prochaska, 2012).

OVERVIEW

The analyses presented in this section of the report examine the need for mental health treatment and the opportunities with mental health technologies across the state of California using the California Health Interview Survey (CHIS). CHIS is the largest state health survey in the nation. It asks questions to a representative sample of individuals in California on a wide range of health topics, including mental health treatment need, use, and stigma. CalMHSA and the Help@Hand evaluation team added questions related to the use of mental health technologies (e.g., internet, social media, and online tool use) between 2019-2022.

In this report, we examine changes that may have occurred across the State of California between 2019-2022, the Help@Hand period. The findings below do not specifically compare Counties/Cities participating in the Help@Hand program (e.g., Help@Hand Counties/Cities) to non-Help@Hand Counties/Cities unless specified. Further comparison analyses will be available in the upcoming final report.

When reading this report…

- CHIS findings reflect a representative sample of both teens (aged 12-17) and adults (aged 18+) in the state of California.
- All changes reported are at the 5% significance level ($p<0.05$) and are visually depicted with an asterisk (*) with an arrow indicating the direction of change.
- Findings do not specifically compare Counties/Cities participating in the Help@Hand program (e.g., Help@Hand Counties/Cities) to non-Help@Hand Counties/Cities unless specified.

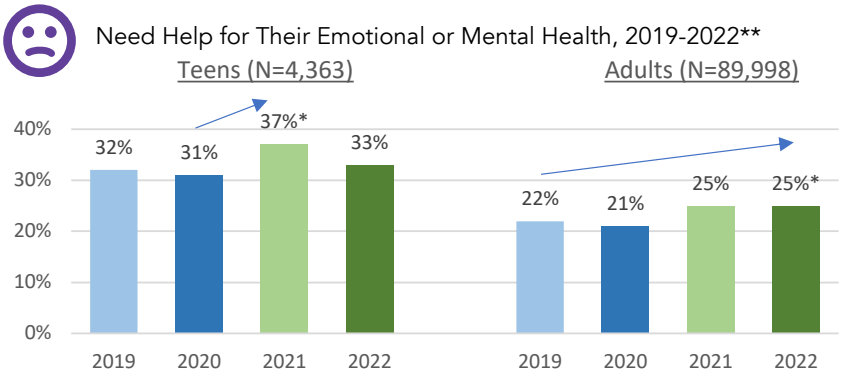
How did needs for mental health treatment change during the Help@Hand period?

KEY FINDING: Adult psychological distress increased, while teen psychological distress decreased during 2019-2022.

- Approximately a quarter of adults needed help to address mental health concerns, and both psychological distress and perceived need for treatment increased during the Help@Hand period.
- In contrast, approximately one third of teens needed help to address mental health concerns between 2019-2022. While teen psychological distress decreased over the four years, perceived need did not change.

Did need for help to address emotional or mental health (e.g., help with feeling sad, anxious, or nervous) change during the Help@Hand period?

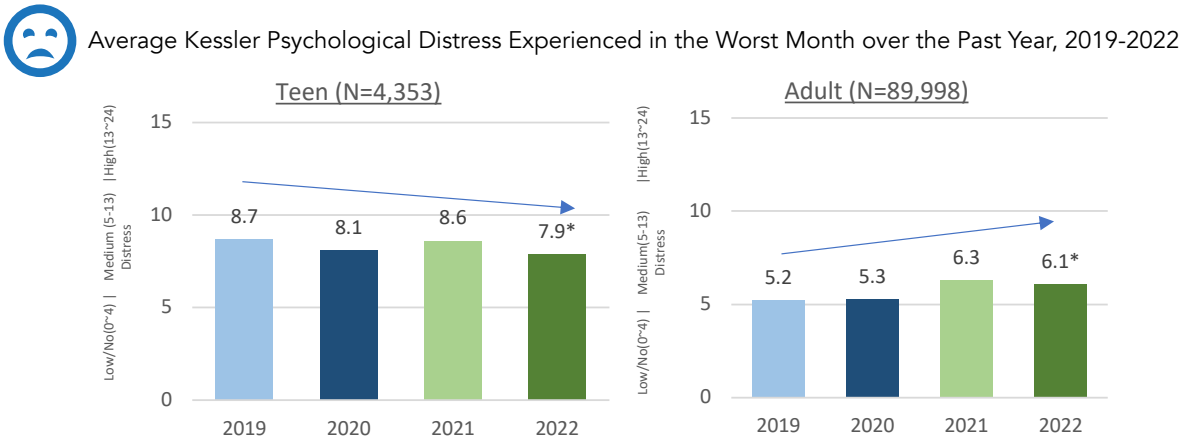
- On average, 33% of teens and 23% of adults needed help for their emotional or mental health between 2019-2022.
- Adults needed more help for their emotional or mental health in 2022 compared to 2019.[65]
- Teens needed the most help for their emotional or mental health in 2021, which was more than 2020.[66]



* Statistically significant change at 5% significance level with the arrow indicating direction.
** Percents for teens updated from the Help@Hand Statewide Evaluation: Year 4 Annual Report

Did psychological distress change during the Help@Hand period?

- Teens felt less distressed in 2022 compared to 2019.[67]
- In contrast, adults felt more distressed in 2022 compared to 2019, with adult distress peaking in 2021.[68]



* Statistically significant change at 5% significance level with the arrow indicating direction.

[65] More adults needed help in 2021 than in 2020 (OR=1.3 [1.2,1.3], p<0.001) and in 2022 than in 2019 (OR=1.2 [1.16,1.32], p<0.001).
[66] More teens needed help for their emotional or mental health in 2021 than in 2020 (OR=1.3 [1.1,1.6], p=0.005).
[67] On average, teens felt more distress in 2019 than in 2022 (estimate=0.73, t=2.06, p=0.04).
[68] On average, adults felt more distress in 2022 than in 2019 (estimate=0.89, t=11.19, p<0.01).

One goal of the Help@Hand project was to understand whether and how digital mental health interventions can be integrated with behavioral healthcare systems. To provide context for the use of online tools to address mental health or alcohol/drug concerns, the outcomes evaluation examined frequent internet and social media use during the Help@Hand period.

How did frequent technology use change during the Help@Hand period?

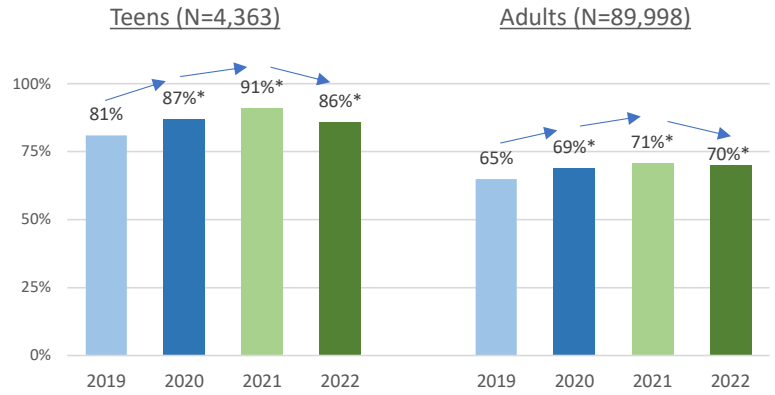
KEY FINDING: Frequent technology use increased during 2019-2022.

- For both teens and adults, frequent social media increased from 2019-2022, while frequent internet use peaked in 2021.

Did frequent internet use change during the Help@Hand period?

- More teens used internet frequently more in 2022 compared to 2019, with yearly increases in 2019-2020 and 2020-2021. Teen frequent internet use peaked in 2021.[69]
- Adults showed the same pattern as teens.[70]

Frequent Internet Use *(Reported Almost Constantly or Many Times a Day), 2019-2022*

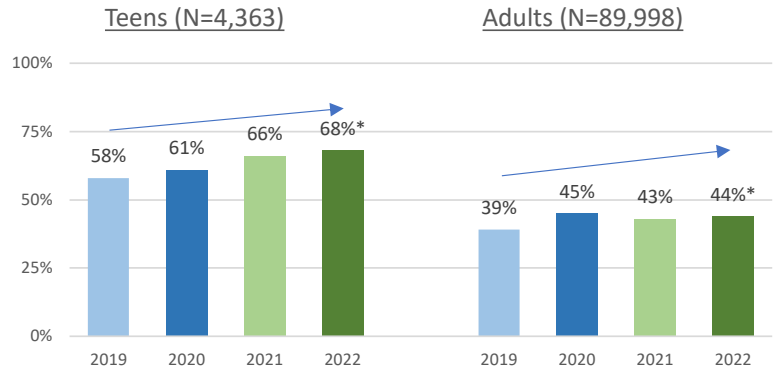


* Statistically significant change at 5% significance level with the arrow indicating the direction

Did frequent social media use change during the Help@Hand period?

- More teens used social media frequently in 2022 compared to 2019.[69]
- More adults used social media frequently in 2022 compared to 2019, peaking in 2020.[69]

Frequent Social Media Use *(Reported Almost Constantly or Many Times a Day), 2019-2022*



* Statistically significant change at 5% significance level with the arrow indicating the direction.

[69] Frequent internet use among teens was higher in 2020 than 2019 (OR=1.6 [1.2, 2.1), p=0.004], in 2021 than 2020 (OR=1.5 [1.0, 2.2], p=0.03), in 2021 than 2022 (OR=1.5 [1.1, 2.2], p=0.02). Frequent internet use among adult was higher in 2020 than 2019 (OR=1.2 [1.1, 1.24], p<0.0001), in 2021 than 2020 (OR=1.1 [1.05, 1.2], p<0.0001), in 2021 than 2022 (OR=1.06 [1.01, 1.12], p=0.02).

[70] Frequent social media use among teens was higher in 2021 than 2019 (OR=1.4 [1.1, 1.7], p=0.006), in 2022 than 2019 (OR=1.5 [1.1, 1.9], p=0.003), in 2022 than 2020 (OR=1.4 [1.1, 1.7], p=0.02), in 2021 than 2020 OR=1.3 [1, 1.4], p=0.04). Frequent social media use among adults was higher in 2020 than 2019 (OR=1.3 [1.2, 1.3], p<0.01), lower in 2020 than 2021 (OR=1.2 [1.0, 1.5], p=0.04), in 2021 than 2019 (OR=1.2 [1.1, 1.3], p<0.0001), in 2022 than 2019 (OR=1.3 [1.2, 1.3], p<0.0001), and in 2022 than 2021 (OR=1.1 [1.0, 1.1], p=0.03).

Did online tools help people address mental health concerns during the Help@Hand period?

KEY FINDING: Online tools may have helped adults, especially from Help@Hand Counties/Cities, to seek more help for mental health concerns during 2019-2022.

- Between 2019-2022, adults sought more help from medical providers to address mental health concerns and received increasingly more psychological or emotional counseling. During this same time, adult use of online tools to address mental health or alcohol/drug concerns, connect with a mental health professional, and connect with others with similar concerns increased. Overall, adults in Help@Hand Counties/Cities were more likely to use online tools to connect with a mental health professional than adults in non-Help@Hand Counties/Cities between 2019-2022.

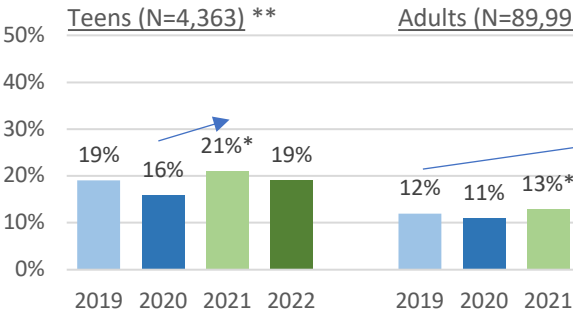
KEY FINDING: It is unclear how online tools may have contributed to mental health treatment for teens.

- While teens received the most psychological and emotional counseling and used online tools to connect with a mental health professional most frequently in 2021 out of the four years, teen use of online tools to address mental health or alcohol/drug concerns did not change in any of the years between 2019-2022, with a drop in 2022.

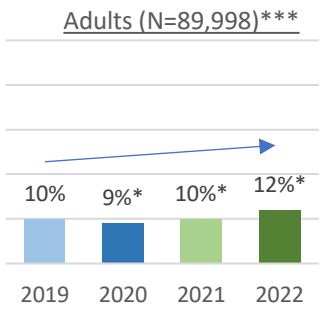
Did the use of mental health services change during the Help@Hand period?

- More teens received psychological or emotional counseling in 2021 than in 2020.[71]
- More adults received psychological or emotional counseling in 2022 compared to 2019, with yearly increases in 2020-2021 and 2021-2022.[72]
- More adults also saw a medical provider to address mental health, emotional, or use of alcohol/drugs in 2022 compared to 2019. While there was a dip in 2020,[73] there were yearly increases in 2020-2021 and 2021-2022.[74]

Received Any Psychological or Emotional Counseling, 2019-2022



Saw a Primary Care Physician or General Practitioner to Address Mental Health, Emotions, or Use of Alcohol/Drugs, 2019-2022



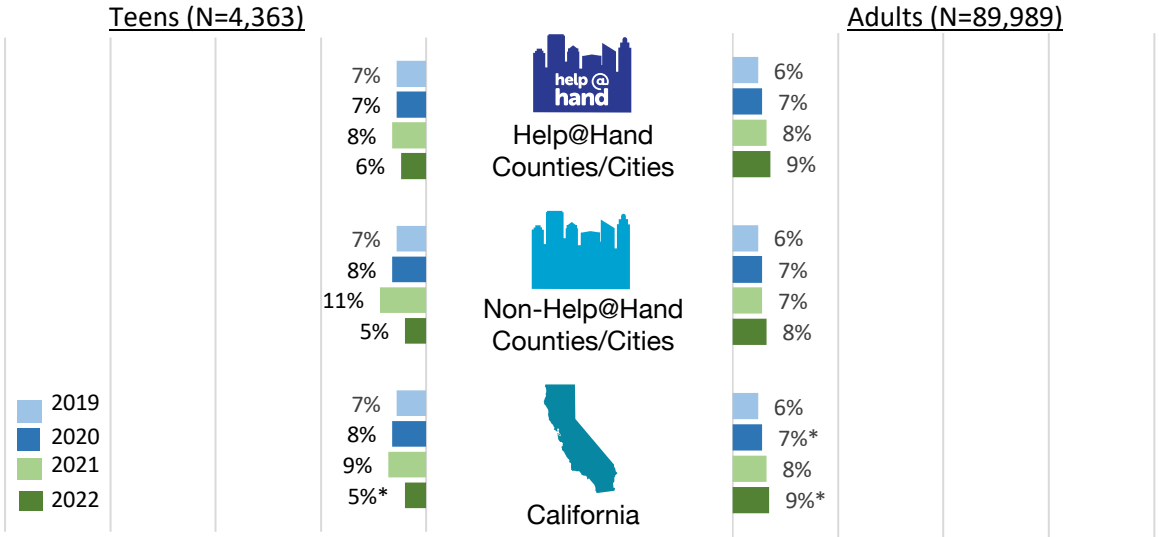
* Statistically significant change at 5% significance level with the arrow indicating the direction.
** Percents for teens updated from the Help@Hand Statewide Evaluation: Year 4 Annual Report
*** CHIS did not ask teens whether they saw a primary care physician or general practitioner to address mental health, emotions, or use of alcohol/drugs

[71] More teens received psychological or emotional counseling in 2021 than in 2020 (OR=1.4 [1.1, 1.7] p=0.012).
[72] More adults received psychological or emotional counseling in 2021 than in 2019 (OR=1.1 [1.04, 1.2], p=0.005), in 2022 than in 2019 (OR=1.3 [1.2, 1.4], p<0.001), in 2021 than in 2020 (OR=1.2 [1.1, 1.3], p=0.003), and in 2022 than in 2021 (OR=1.2 [1.1, 1.3], p=0.001).
[73] Less adults saw a primary care physician or general practitioner to address mental health, emotions, nerves, or use of alcohol/drugs in 2020 than in 2019 (OR=0.9 [0.8, 0.95], p=0.003).
[74] More adults saw a primary care physician or general practitioner to address mental health, emotions, nerves, or use of alcohol/drugs in 2021 than in 2020 (OR=1.2 [1.1, 1.3],p=0.001), in 2022 than in 2019 (OR=1.2 [1.1, 1.3],p=0.004), and in 2022 than in 2021 (OR=1.1 [1.1, 1.3], p=0.001).

Did use of online tools to address mental health or alcohol/drug concerns change during the Help@Hand period? Did Help@Hand Counties/Cities differ from non-Help@Hand Counties/Cities?

- Across California, teen use of online tools to address mental health or alcohol/drug concerns did not change between 2019-2022, though there was a yearly drop from 2021-2022.[75]
- Across California, more adults used online tools to address mental health or alcohol/drug concerns in 2022 compared to 2019, with yearly increases in 2019-2020 and 2021-2022.[75]
- There were no differences in use of online tools to address mental health or alcohol/drug concerns when comparing Help@Hand and non-Help@Hand Counties/Cities.

Used Online Tools (e.g., mobile apps or texting services) for Addressing Mental Health or Alcohol/Drug Concerns, 2019-2022



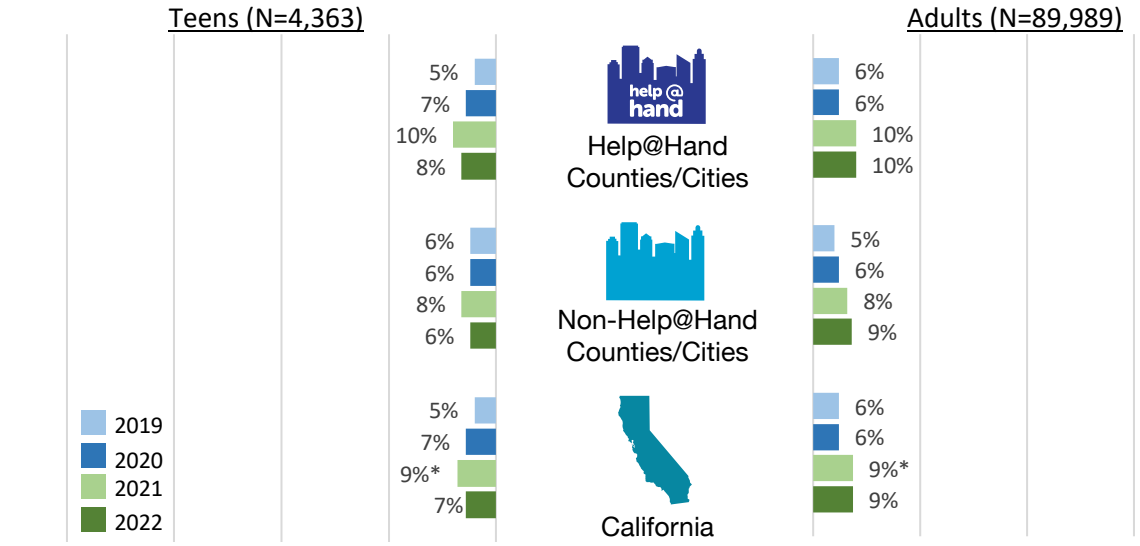
* Statistically significant change at 5% significance level.

[75] Teens were more likely to use online tools for addressing mental health or alcohol/drugs in 2021 than in 2022 (OR=1.8 [1.3, 2.6], p=0.001). Adults were more likely to use online tools for addressing mental health or alcohol/drugs in 2022 than in 2019 (OR=1.5 [1.3, 1.7], p<0.0001), in 2020 than in 2019 (OR=1.2 [1.9, 1.3], p=0.04), and in 2022 than in 2021 (OR=1.1 [1.05, 1.3], p=0.004).

Did use of online tools to connect with a mental health professional change during the Help@Hand period? Did Help@Hand Counties/Cities differ from non-Help@Hand Counties/Cities?

- Across California, more teens used online tools to connect with a mental health professional in 2021 compared to 2019.[76]
- Across California, more adults used online tools to connect with a mental health professional in 2021 compared to the previous year.[76]
- Overall, adults in Help@Hand Counties/Cities were more likely to use online tools to connect with a mental health professional than adults in non-Help@Hand Counties/Cities between 2019-2022.[77]

Used Online Tools to Connect with a Mental Health Professional, 2019-2022



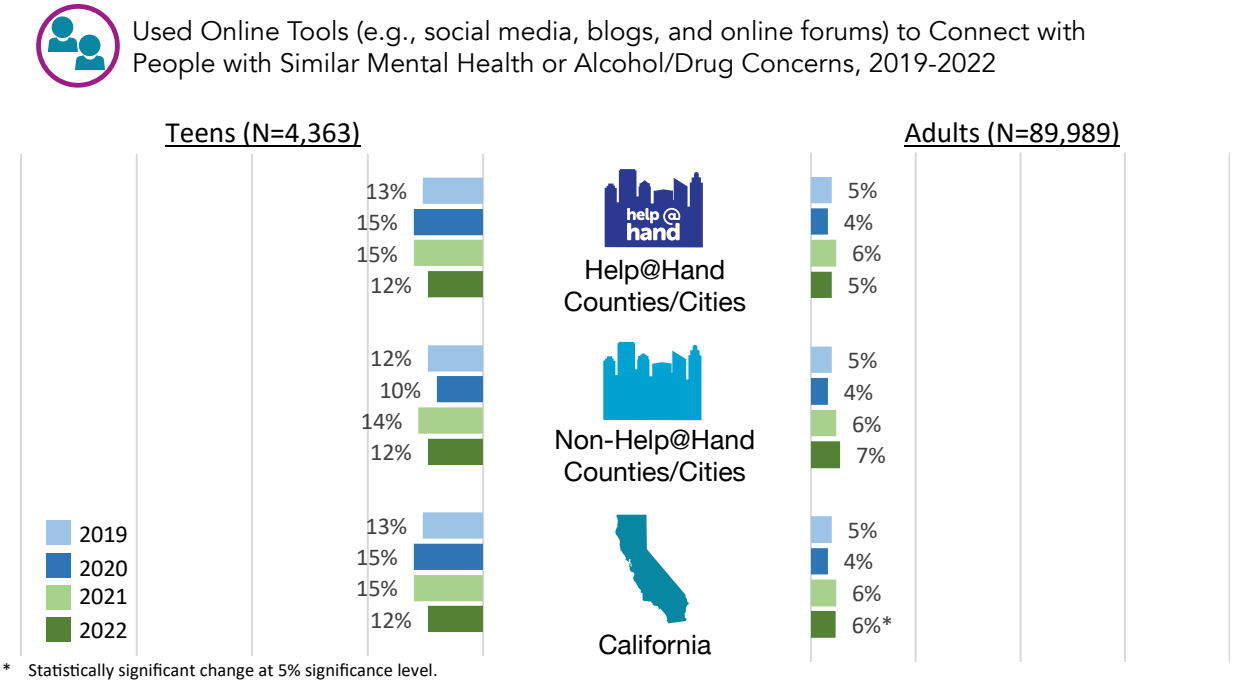
* Statistically significant change at 5% significance level.

[76] Teens were more likely to use online tools to connect with mental health professional in 2021 than in 2019 (OR=1.8 [1.2,2.6], p=0.005). Adults were more likely to use online tools to connect with mental health professional in 2021 than in 2020 (OR=1.5 [1.4,1.7], p<0.01).

[77] Adults in Help@Hand Counties/Cities were more likely to use online tools to connect with a mental health professional than adults in non-Help@Hand Counties/Cities between 2019 and 2022 (OR=1.1 [1.01,1.2], p=0.04).

Did use of online tools to connect with people with similar mental health concerns change during the Help@Hand period? Did Help@Hand Counties/Cities differ from non-Help@Hand Counties/Cities?

- Across California, there were no changes in teen use of online tools to connect with people with similar mental health or alcohol/drug concerns in any of the years between 2019-2022.[78]
- Across California, more adults used online tools to connect with people with similar mental health or alcohol/drug concerns in 2022 compared to 2019.[79] There were no differences between adults from Help@Hand and non-Help@Hand Counties/Cities.



[78] There was no statistically significant difference in the likelihood of using online tools to connect with people with similar concerns among teens between 2019 and 2022 at 5% significance level.

[79] Adults were more likely to use online tools to connect with people with similar mental health or alcohol/drug concerns in 2022 than in 2019 (OR=1.3 [1.2, 1.6], p<0.0001), and in 2021 than in 2020 (OR=1.3 [1.1, 1.4], p<0.01).

How useful were online tools for people who used them to address mental health needs during the Help@Hand period?

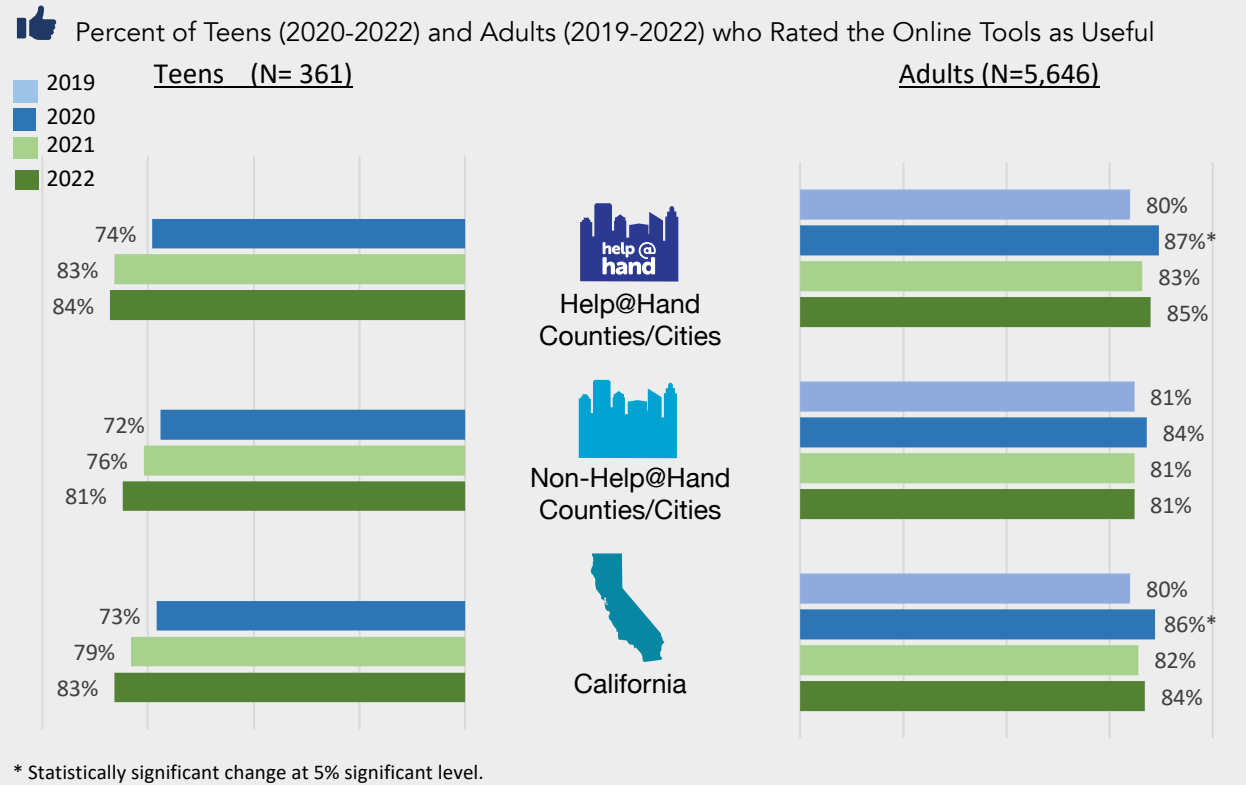
KEY FINDING: The majority of teens and adults who used online tools to address mental health concerns rated them as useful.

- On average, 78% of teens (2020-2022) and 83% of adults (2019-2022) in California rated online tools as useful.

Did usefulness of online tools to address mental health or alcohol/drug concerns change during the Help@Hand period? Did Help@Hand Counties/Cities differ from non-Help@Hand Counties/Cities?

Among teens and adults who used online tools to address mental health or alcohol/drug concerns:

- Across California and in Help@Hand Counties/Cities, more adults rated online tools as useful in 2020 compared to 2019.[80]
- There were no differences between adults from Help@Hand and non-Help@Hand Counties/Cities.
- Changes for teens could not be tested due to small sample sizes.[81]



[80] Adults who used online tools for addressing mental health or alcohol/drugs were more likely to rate the online tools as useful in 2020 than in 2019 [OR=1.5 [1.1, 2.0], p=0.01). Due to small sample sizes in some responses among teens who used online tools for their mental health or alcohol/drugs between 2019 and 2022, data was not available to perform any statistical significance testing for 2-way and/or the 3-way interaction between years between 2019-2022, Counties/Cities, and distress among teens for changes in their usefulness rating of online tools.

[81] Data for teens who rated the usefulness of online tools is not reported for 2019 due to small sample sizes (OR=1.3 [1.1, 1.4], p<0.01).

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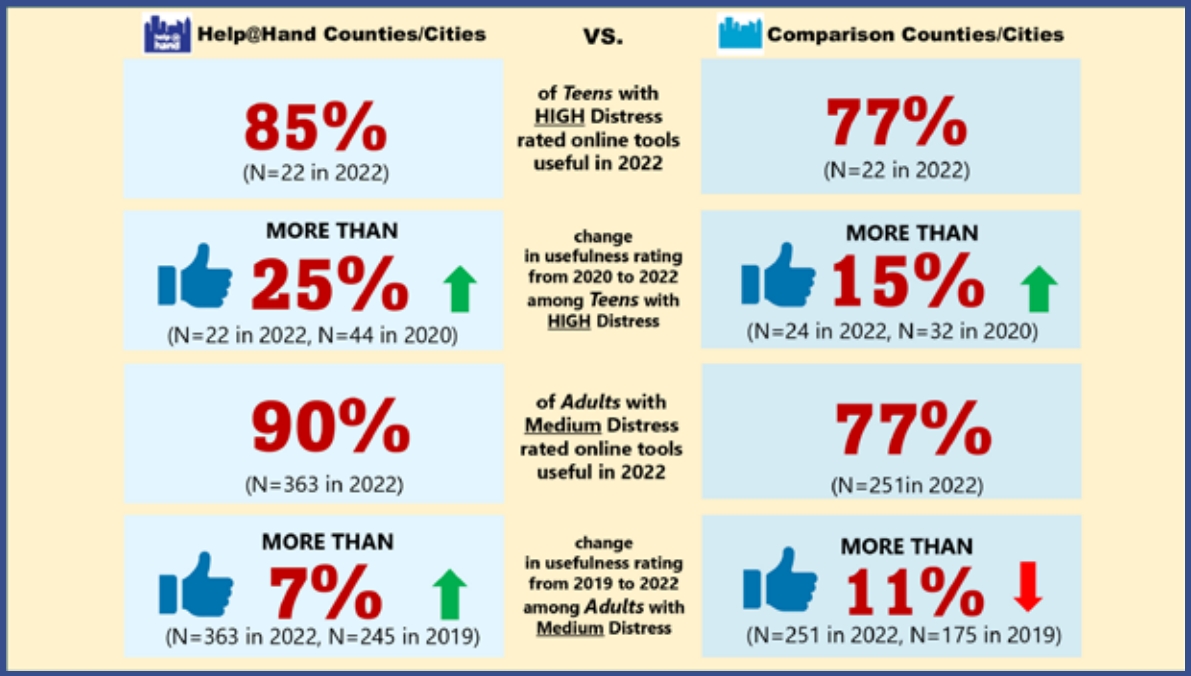
Psychological distress as a factor for usefulness of online tools for mental health concerns.

Did usefulness of online tools to address mental health or alcohol/drug concerns differ by level of psychological distress between Help@Hand and non-Help@Hand Counties/Cities during the Help@Hand period?

KEY FINDING: Teens with high distress and adults with medium distress from Help@Hand Counties/Cities rated online tools as more useful than their counterparts from non-Help@Hand Counties/Cities.

- Among teens experiencing high distress:
  - Those from Help@Hand Counties/Cities rated online tools as more useful than those from non-Help@Hand Counties/Cities between 2020-2022.[82]
- Among adults experiencing medium distress:
  - Those from Help@Hand Counties/Cities rated online tools as more useful than those from non-Help@Hand Counties/Cities in 2022.[83]
- There was an increase in usefulness of online tools for adults with medium distress from Help@Hand Counties/Cities between 2019-2022, with a trend towards significance.[84]
- In contrast, there was a decrease in usefulness of online tools for counterparts in non-Help@Hand Counties/Cities during that same period, with a trend towards significance.[83,84]



[82] The answers for usefulness question were coded as following: 0 for 'Not at all useful' and 1 for 'very/somewhat useful', but due to small sample sizes in teens data, we had 0 response in 2019 data among teens with low/no distress who chose 'Not at all', therefore, we could not perform any statistical testing for year*distress interaction. The usefulness ratings among teens with high distress from Help@Hand Counties/Cities and non-Help@Hand Counties/Cities was 68% and 67%, respectively, in 2019. Adults with medium distress from Help@Hand Counties/Cities rated online tools as more useful than adults with medium distress from non-Help@Hand Counties/Cities at the 5% significance level.

[83] The p-value for the interaction between Year (2022 with 2019 as a reference year) * Distress (Medium Distress with Low/No Distress as a reference) * County/City (Help@Hand Counties/Cities with non-Help@Hand Counties/Cities as a reference) was 0.06.

[84] We do not show results for usefulness rating comparisons between adults with high and low/no distress because there was not a noticeable difference in the usefulness rating among adults with high distress and low/no distress in Help@Hand Counties/Cities and non-Help@Hand Counties/Cities between 2019-2022. The usefulness ratings among adults with high distress who used online tools in Help@Hand Counties/Cities and non-Help@Hand Counties/Cities were 79% and 82%, respectively, in 2022. The usefulness ratings among adults with low/no distress who used online tools in Help@Hand Counties/Cities and non-Help@Hand Counties/Cities was 89% for both in 2022.

Were unmet mental health needs addressed during the Help@Hand period?

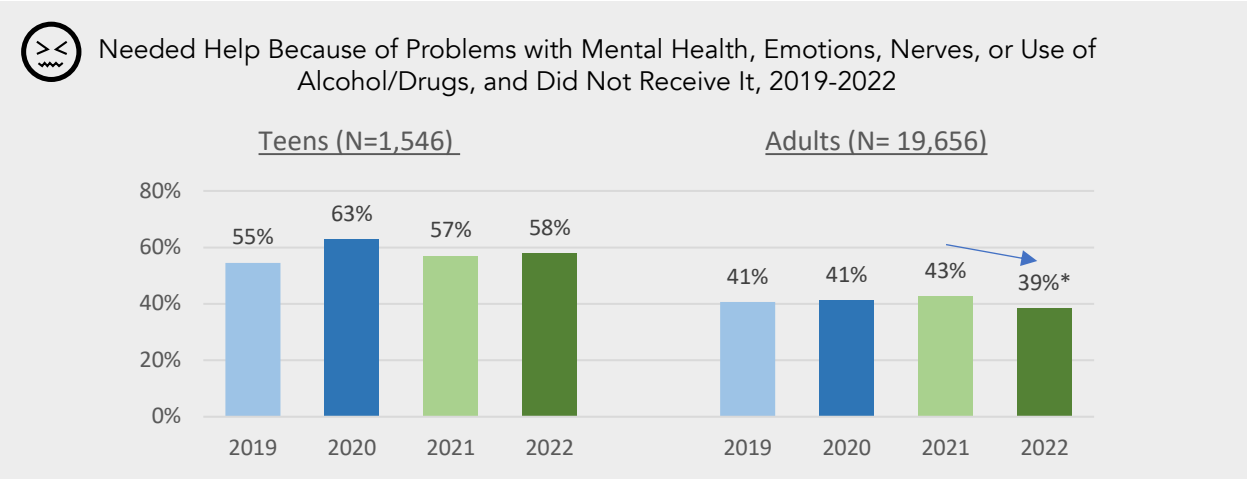
KEY FINDING: Unmet mental health needs persisted among both teens and adults during 2019-2022.

- Approximately 58% of teens and 41% of adults who needed help did not receive it in 2019-2022. Encouragingly, more adults received help when they needed it in the last year of Help@Hand.

Did the percent of people who did not receive help when they needed it change during the Help@Hand period?

Among those who needed help because of problems with mental health, emotions, nerves, or use of alcohol/drugs:

- On average, 58% of teens and 41% of adults did not receive help between 2019-2022.
- The percent of teens who needed help and did not receive it did not change in any of the years between 2019-2022.[85]
- While a decreased percentage compared to 2021, 39% of adults who needed help still did not receive help in 2022.[85]



* Statistically significant change at 5% significant level with the arrow indicating the direction.

[85] There was no statistically significant difference in receiving help between 2019 and 2022 among teens who needed help with 5% significance level. More adults who needed help received any help in 2022 than in 2021 (OR=1.2 [1.1,1.3], p<0.001).

Did feelings about talking to others about mental health change during the Help@Hand period?

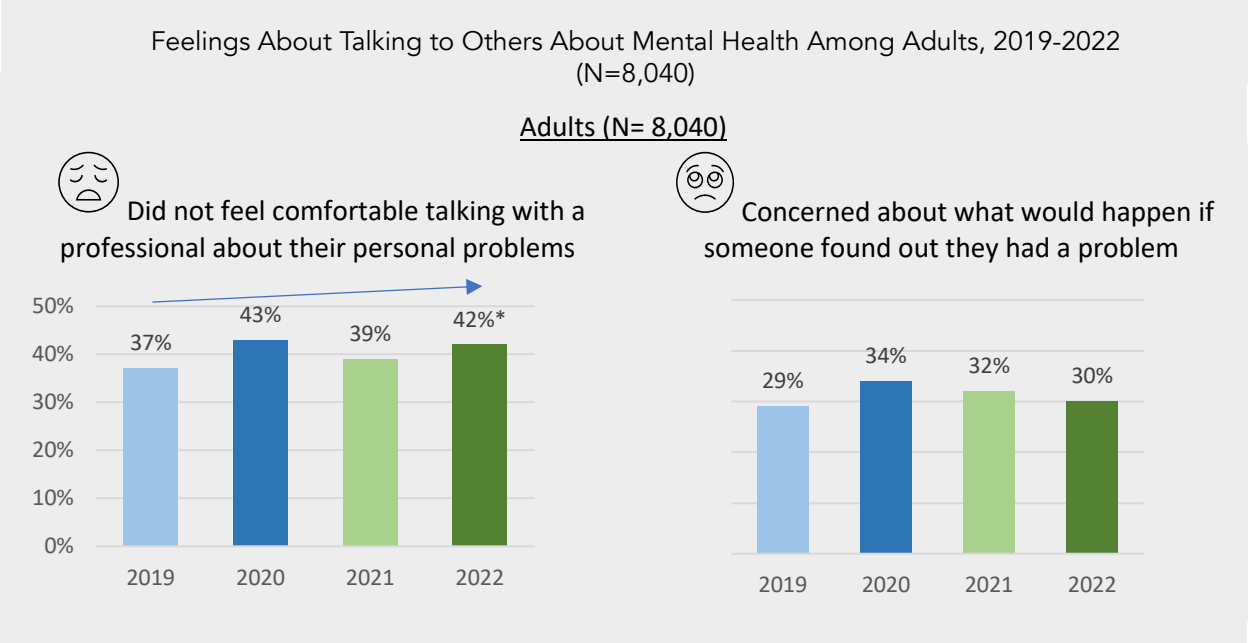
KEY FINDING: Discomfort about talking to professionals about mental health was likely a barrier to mental health service use among adults during 2019-2022.

- Approximately 40% of adults who needed help but did not receive it did not feel comfortable talking with a professional about their personal problems, with increased discomfort over the 2019-2022 time period. These questions were not asked to teens.

For people who did not receive help when they needed it, how did they feel about talking to others about mental health?

Among adults who needed help because of problems with mental health, emotions, nerves, or use of alcohol/drugs, but did not receive it:[86]

- More felt uncomfortable talking to a professional about their personal problems in 2022 compared to 2019.[87]
- On average, 31% had concerns if someone discovered their problems, but this did not change in any of the years between 2019-2022.[88]



* Statistically significant change at 5% significance level with the arrow indicating the direction.

[86] CHIS did not ask teens about their mental health beliefs.

[87] Adults who needed help but did not receive any help were more likely to not feel comfortable talking with a professional about their personal problems in 2020 than in 2019 (OR=1.3 [1.01, 1.6], p=0.04) and in 2022 than in 2019 (OR=1.2 [1.03, 1.5] p=0.02).

[88] For adults who needed help but did not receive any help, there was no statistically significant difference in being concerned about what would happen if someone found out they had a problem between 2019-2022 at the 5% significance level.

Why did people not use online tools to address mental health concerns during the Help@Hand period?

KEY FINDING: Teens and adults had different reasons for not using online tools to address mental health concerns.

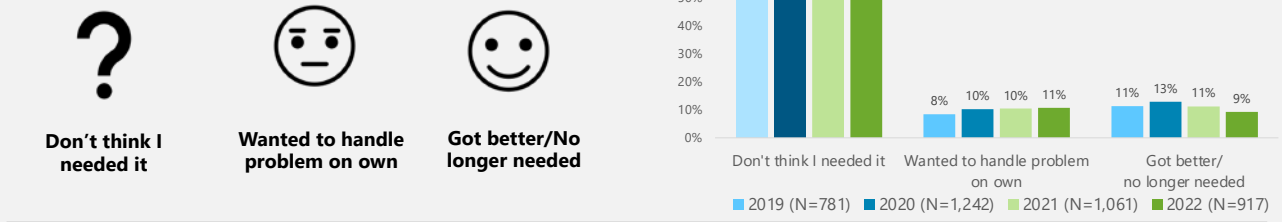
- Among people who did not use online tools to address mental health or alcohol/drug concerns, over half of teens did not use online tools because they did not feel like they needed it, while a quarter of adults did not use online tools because they sought face-to-face mental health services.

Why did people not use online tools to address mental health or alcohol/drug concerns?

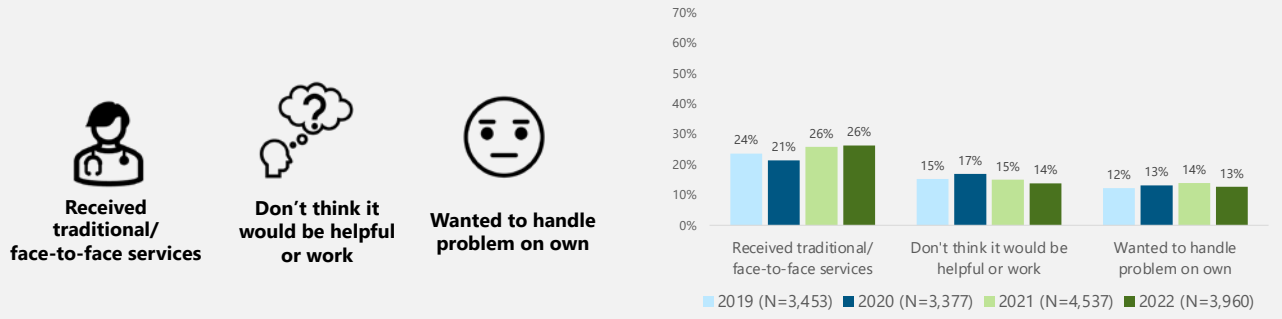
Among people who did not use online tools to address mental health or alcohol/drug concerns:

- Over half of teens said it was because they did not feel that they needed it. Additional reasons included wanting to handle problems on their own, and feeling that they got better or no longer needed help.
- Approximately 25% of adults said it was because they received traditional or face-to-face services. Additional reasons included not thinking it would be helpful or work, or wanting to handle problems on their own.
- These patterns did not change in any of the years between 2019-2022.

Top 3 Reason Why **Teens** Did Not Use Online Tools, 2019-2022 (N=4,001)



Top 3 Reason Why **Adults** Did Not Use Online Tools, 2019-2022 (N=15,327)



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What groups are most likely to use technology to address mental health concerns?

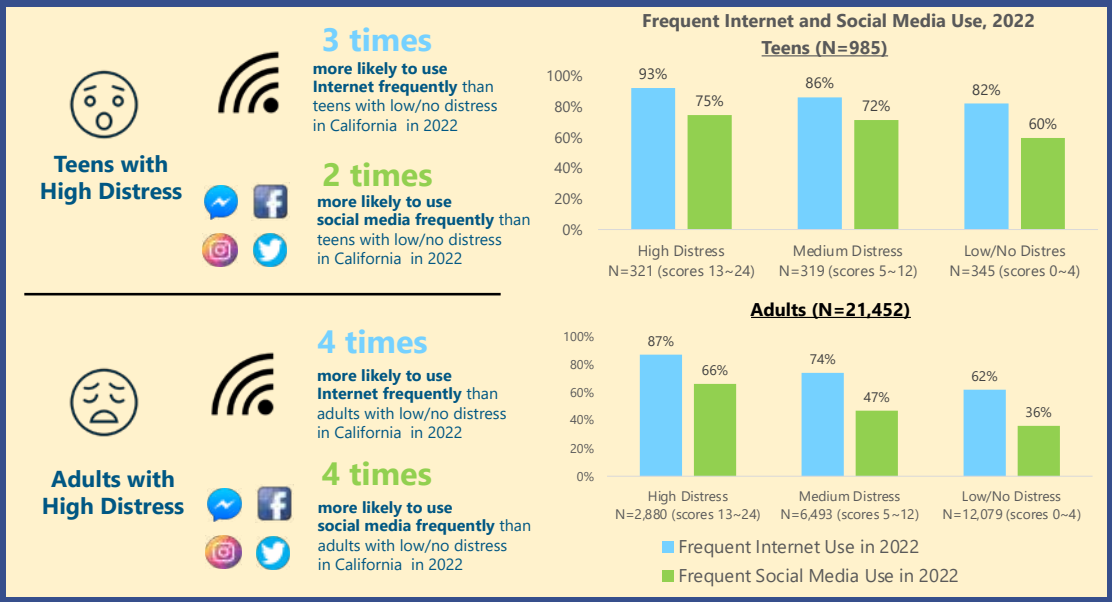
KEY FINDING: Highly distressed individuals and adults aged 18-25 may be most likely to use technology to address mental health concerns.

- Both teens and adults with high psychological distress used technology more frequently than those with lower levels of distress.
- Teens and adults with high psychological distress also used online tools more frequently than those with lower levels of distress to address mental health concerns, and to connect with mental health professionals and others with similar concerns.
- Adults aged 18-25 were much more likely than other aged adults to use technology frequently, and to use online tools to address mental health or alcohol/drug concerns, to connect with a mental health professional, and to connect with people with similar mental health concerns.

Psychological distress as a factor for using technology for mental health concerns.

Did frequent internet and social media use differ by level of psychological distress during the Help@Hand period?

- Compared to teens with low/no distress, teens with high distress were:
  - 3x more likely to use internet frequently and
  - 2x more likely to use social media frequently.[89]
- Compared to adults with low/no distress, adults with high distress were:
  - 4x more likely to use both internet frequently and
  - 4x more likely to use social media frequently.[90]
- This pattern did not change in any of the years between 2019-2022.[91]



[89] Among teens, people with high distress were more likely to use internet frequently than people with low/no distress [OR=2.7 [1.6, 4.5], p<0.05]. Among teens, people with high distress were more likely to use social media frequently than people with low/no distress [OR=2.0 [1.4, 2.8], p<0.0001].

[90] Among adults, people with high distress were more likely to use internet frequently than people with low/no distress [OR=4.3 [3.6, 5.1], p<0.05]. Among adults, people with high distress were more likely to use social media frequently than people with low/no distress [OR=3.5 [3.0, 4.0], p<0.05).

[91] 2022 data is shown because data did not significantly differ across years.

Did use of online tools to address mental health or alcohol/drug concerns differ by level of psychological distress during the Help@Hand period?

- For both teens[92] and adults,[93] an increase in psychological distress level was associated with a higher likelihood of using online tools to address mental health or alcohol/drug concerns, to connect with a mental health professional, and to connect with people with similar concerns.

Use of Online Tools Among Teens to Address Mental Health, Connect with a Professional, or Connect with Others With Similar Mental Health Concerns by Psychological Distress, 2022

TEENS[94] (N=985)	Distress Levels: High vs. Medium	Distress Levels: Medium vs. Low/No
Used online tools for addressing mental health or alcohol/drug concerns	4X	4X
Used online tools to connect with a mental health professional	2X+	3X
Used online tools to connect with people with similar concerns	2X	4X

+: statistically not significant at 5% confidence level.

Use of Online Tools Among Adults to Address Mental Health, Connect with a Professional, or Connect with Others with Similar Mental Health Concerns by Psychological Distress, 2022

ADULTS (N=21,452)	Distress Levels: High vs. Medium	Distress Levels: Medium vs. Low/No
Used online tools for addressing mental health or alcohol/drug concerns	3X	4X
Used online tools to connect with a mental health professional	3X	4X
Used online tools to connect with people with similar concerns	4X	5X

For example...

- Adults with high distress were 3x more likely than adults with medium distress to use online tools to address mental health concerns.
- Adults with medium distress were 4x more likely than adults with low/no distress to use online tools to address mental health concerns.
- Adults with high distress were 12x more likely to use online tools to address mental health concerns than adults with low/no distress (3x4=12).

[92] In 2022, teens with high distress used online tools for addressing mental health and alcohol/drugs more than teens with medium distress (OR=4.0 [2.2,7.2], p<0.0001), and teens with medium distress used online tools more than those with low/no distress (OR=3.9 [1.2,13.3], p<0.05). Teens with high distress used online tools to connect with a mental health professional more than teens with medium distress (OR=1.8 [0.96,3.4], p=0.07), and teens with medium distress used online tools to connect with a mental health professional more than those with low/no distress (OR=3.1 [1.1,9.5], p<0.05). Teens with high distress used online tools to connect with people with similar mental health or alcohol/drug concerns more than teens with medium distress (OR=2.3 [1.5,3.7], p=0.0006), and teens with medium distress used online tools to connect with people with similar concerns than those with low/no distress (OR=4.2 [1.8,9.6], p<0.05).

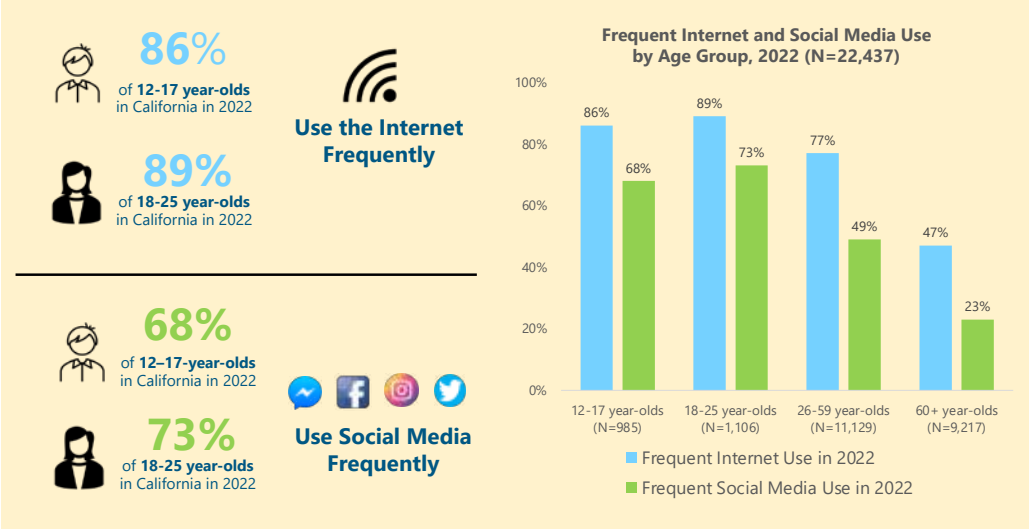
[93] In 2022, adults with high distress used online tool use for addressing mental health and alcohol/drugs more than adults with medium distress (OR=2.9 [2.4, 3.6], p<0.05), and adults with medium distress used online tools more than those with low/no distress (OR=4.46 [3.5, 5.7], p<0.05). Adults with high distress used online tools to connect with a mental health professional more than adults with medium distress (OR=3.1 [2.6, 3.6], p<0.05), and adults with medium distress used online tools to connect with a mental health professional more than those with low/no distress (OR=4.2 [3.3, 5.2], p<0.05). Adults with high distress used online tools to connect with people with similar mental health or alcohol/drug concerns more than adults with medium distress (OR=3.8 [3.1, 4.7], p<0.05), and adults with medium distress used online tools to connect with people with similar concerns than those with low/no distress (OR=5.0 [3.6, 6.5], p<0.05).

[94] Teen N=985; Adult N=21,452 from 2022 datasets.

Age as a factor for using technology for mental health concerns.

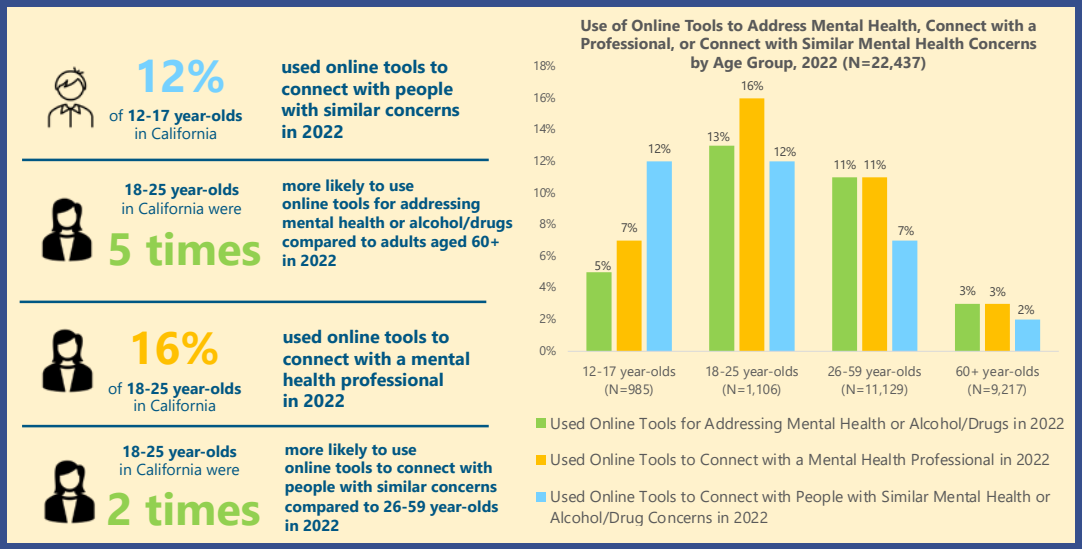
Did frequent internet and social media use differ by age during the Help@Hand period?

- Among teens aged 12-17, 86% used internet frequently and 68% used social media frequently.
- Among adults, adults aged 18-25 had higher frequent internet and social media use compared to adults aged 26+.[95,96]
- This pattern did not change in any of the years between 2019-2022.[97]



Did use of online tools to address mental health or alcohol/drug concerns differ by age during the Help@Hand period?

- Across California, adults aged 18-25 used online tools more than adults 26+ to address mental health or alcohol/drug concerns, to connect with a mental health professional, and to connect with people with similar mental health or alcohol/drug concerns.[98]



[95] Adults aged 18-25 were more likely to use internet frequently than adults aged 25-59 [OR=2.4 [1.9, 3.2], p<0.04] and adults aged 60+ [OR=9.4 [7.1, 12.5], p<0.05].

[96] Adults aged 18-25 were more likely to use social media frequently than adults aged 25-59 [OR=2.5 [2.5, 3.3], p<0.05] and adults aged 60+ [OR=10.0 [7.7, 11.1], p<0.05].

[97] The interaction between age and year was not statistically significant at the 5% level.

[98] Data from 2022 was presented to simplify the data presentation since the general patterns do not change over time with statistical significance. Among adults in 2022, online tool use was highest among 18–25-year-olds ((1) use online tools for addressing mental health or alcohol/drugs: 18-25 year-olds vs. 26–59 year-olds : OR=1.2 [1.0, 1.5], p<0.05; 18-25 year-olds vs. 60+ year-olds: OR=4.9 [3.7, 6.5], p<0.05; (2) use online tools to connect with a mental health professional: 18-25 year-olds vs. 26–59 year-olds : OR=1.5 [1.3, 1.8], p<0.05; 18-25 year-olds vs. 60+ year-olds: OR=5.6 [4.5, 6.9], p<0.05); (3) use online tools to connect with people with similar concerns: 18-25 year-olds vs. 26–59 year-olds: OR=1.9 [1.5, 2.3], p<0.05; 18-25 year-olds vs. 60+ year-olds OR=8.6 [6.3, 11.8], p<0.05).

LEARNINGS FROM THE OUTCOMES EVALUATION

- **Perceived need for mental health treatment did not consistently reflect psychological distress.** While teen psychological distress decreased over the four years, perceived need did not change. In contrast, both adult psychological distress and perceived need for treatment increased during the Help@Hand period.
- **Use of mental health services did not consistently reflect needs for mental health treatment.** For adults, the increasing use of mental health services during 2019-2022 may have reflected the increasing need for mental health treatment. For teens, there was a peak of need for mental health treatment and mental health service use in 2021 in spite of psychological distress overall decreasing during 2019-2022.
- **Among teens and adults who used online tools to address mental health or alcohol/drug concerns, the majority found them useful.** Over 70% of teens and 80% of adults rated online tools for addressing mental health concerns as useful, in both Help@Hand and non-Help@Hand Counties/Cities.
- **The Help@Hand project provided useful online tools to connect adults with mental health professionals.** Adults in Help@Hand Counties/Cities were more likely to use online tools to connect with a mental health professional than adults in non-Help@Hand Counties/Cities between 2019-2022.
- **There were still many people, especially teens, who did not receive needed help for mental health concerns.** On average, 58% of teens and 41% of adults who needed help for mental health concerns did not receive help between 2019-2022.
- **Teens and adults had different reasons for not using online tools to address mental health concerns.** More than half of teens who did not use online tools to address mental health cited not needing help, while a quarter of adults said it was because they received traditional or face-to-face services instead. For adults who needed help for mental health but did not receive it, an increasing proportion did not feel comfortable talking to a professional about personal problems during 2019-2022.
- **There are opportunities to further leverage technology to help individuals with high psychological distress and adults aged 18-25 to address mental health concerns.** Digital mental health technologies can be tailored toward groups who are more likely to use technology frequently, and to use online tools to address mental health concerns, such as teens and adults with higher levels of psychological distress and adults aged 18-25.

The recommendations in this section are synthesized from learnings presented throughout this report. Given the nature of the Help@Hand project and projects in general, some recommendations echo those presented in past evaluation reports. Overall recommendations broadly apply across the Help@Hand program. Individual recommendations/learnings draw from the experiences of one or more Counties/Cities involved in Help@Hand between January and December 2023.

Marketing, Outreach, and Consumer Recruitment

Overall Recommendation: Develop a comprehensive outreach and engagement strategy that leverages existing communication networks, prioritizes in-person events, addresses mental health stigma, and includes early planning for multimodal marketing and communication efforts.

Individual Recommendations/Learnings:

- **Strengthen existing collaborations with agencies that serve the community.** Working with partners that are connected to the community can assist Counties/Cities in reaching more people, particularly those that are hard-to-reach.
- **Consider in-person outreach strategies in addition to remote strategies.** Some Counties/Cities found that building rapport with community-based organizations (CBOs) and program participants was easier when outreach events were held in-person rather than virtually. Leveraging existing networks and strengthening collaborations with CBOs can help expand outreach efforts and increase service access to hard-to-reach audiences. Enrolling participants in-person can also be beneficial as staff can walk new enrollees through necessary details and answer questions.
- **Prioritize programs aimed at reducing mental health stigma.** Individuals may struggle discussing their mental health challenges in a community setting due to mental health stigma, necessitating programs that address and alleviate this stigma.
- **Focus on multimodal marketing and engagement efforts to increase uptake when implementing online mental health interventions.** Early planning for this approach can ensure success during the rollout phases of the project.
- **Clarify contact strategies with program participants to avoid missed messaging.** Staff should use a County/City registered phone number or make participants aware that they will receive text/calls from unknown numbers.

Consumer Experience

Overall Recommendation: Prioritize cultural competence and community engagement when developing and implementing technology-based mental health programs, ensuring that resources are accessible, accurate, and tailored to the needs of diverse populations.

Individual Recommendations/Learnings:

- **Ensure comprehensive adaptation of apps and resources for non-English languages.** All community members should have access to all resources, regardless of their primary language.
- **Employ experienced bilingual staff during development stages of technologies and evaluation.** These staff can ensure the accuracy of translations and the cultural relevance of the material.
- **Establish a pool of interpreters familiar with the project and consult with the appropriate community**

to identify suitable interpreters. Counties/Cities identified the need to support different communities, such as those who were Mixteco or Deaf and Hard of Hearing (DHOH). Communication issues make accessing the program challenging for these groups, requiring extra resources to ensure accessibility. By establishing a pool of interpreters and consulting with the appropriate community, Counties/Cities can ensure that the program is accessible and culturally relevant for all participants.

- **Ensure that efforts to implement a program are built on a solid understanding of community needs and barriers.** Prior work may include conducting a community needs assessment by asking communities for their input. People within the community have critical knowledge of potential needs, barriers, and/or solutions. Leveraging this knowledge at all junctures of a pilot or implementation, from selection of product/program to dissemination, is important for identifying potential hurdles and creating the environment necessary to support success.
- **Develop an outreach program that melds digital literacy with community outreach.** Hybrid outreach strategies can ensure the reach and uptake of digital literacy.

Digital Literacy

Overall Recommendation: Implement a multi-faceted approach to digital literacy that is tailored to the diverse needs of the community, ensuring that programs are accessible, adaptive, and aligned with participants' expectations and goals.

Individual Recommendations:

- **Support staff and community members with different levels of digital literacy.** While some core audiences may have unique requirements and a bigger need for digital literacy training, digital literacy training can be beneficial for everyone. It is important not to assume that everyone is comfortable with technology.
- **Understand the unique digital literacy training needs among core audiences.** For instance, some core audiences may need a more hands-on approach and can benefit from accessibility considerations such as closed captioning. By identifying which participants have different levels of digital literacy early on, Counties/Cities can tailor their programs to individuals' needs.
- **Provide additional health literacy training and mental health education options.** In addition to digital literacy training, providing health literacy training and mental health education can support people's use of technology for mental health care.
- **Ensure that digital literacy programs meet community members' expectations.** It is important for Counties/Cities to identify the appropriate level to deliver digital literacy programs to their community members.
- **Consider people's access to technology before implementing an innovation project.** Many Counties/Cities learned that in addition to mental health needs, people did not always have access to devices and/or know how to use these devices to access mental health resources.
- **Be flexible and adaptive in delivery of digital literacy programs.** Consider knowledge level and align the needs of program participants with the digital literacy curriculum.
- **Plan staffing and resources accordingly to ensure that those who experience disproportionately greater technology-related difficulties receive additional assistance.** Some individuals may need more support than others, and it is important have the staff capacity and capabilities to address their needs. Participant feedback showed that having more than one session and one-on-ones were valuable.

Device Distribution and Access

Overall Recommendation: Consider the broader impact of device distribution programs on participants' lives and plan accordingly to ensure successful implementation, including selecting appropriate devices, coordinating collaborations, and communicating data collection practices.

Individual Recommendations/Learnings:

- **Consider the impact of device type on participant engagement when selecting devices for distribution programs.** Using a different brand of technology (Apple vs. Samsung) can motivate participants to be more engaged and excited about using the devices.
- **Consider the many, potentially unanticipated, different impacts that devices may have on people's lives.** For example, Counties/Cities may be interested in assessing whether a device increases access to mental health resources. However, devices may impact people's lives beyond just access to these resources, and can be used to search for jobs, housing and/or create art to distract from stressful life situations.
- **Work with core audiences to learn how to reach participants before launching a program and distributing devices.** Some participants may not have access to any technology, such as a phone or email prior to receiving a device. It is important to understand the best ways to get in touch with these participants regarding the program.
- **Consider the location and power sources of kiosks.** Some locations may reach more community members, such as clinic waiting rooms. Preparing for unexpected events, such as a kiosk being unplugged, may help mitigate future disruptions.
- **Involve people with experience in device procurement and distribution early in the process.** Device distribution has several challenges and Counties/Cities may have their own requirements around procurement. Individuals with experience and expertise in this area can assist in this planning and implementation process.
- **Inform participants regarding whether their personal data would be collected on the distributed devices.** Community members need to be made aware that personal data may be collected by websites accessed on County/City-owned devices.

Project Planning

Overall Recommendation: Innovation projects can evolve over time, necessitating regular reassessment of project objectives. It's crucial to evaluate staffing, time allocation, and resource requirements periodically to ensure project plans remain adaptable and effective.

Individual Recommendations/Learnings:

- **Understand that innovation inherently involves adapting and pivoting approaches.** Counties/Cities should remain flexible and engage with new opportunities as they arise.
- **Seek early project approval from all parties to mitigate timeline delays.** Counties/Cities reflected that they should have gathered buy-in from executive leadership, the IT team, and other departments earlier in the project. Monthly check-ins on the project's progress with these departments would have helped as well.
- **Develop clear and consistent communication with leadership, staff, core audiences, and others.** Clear and consistent communication can raise awareness, provide updates, and facilitate trust for the project.
- **Anticipate project delays and other unforeseen circumstances.** Changes in project requirements, unexpected challenges, and delays occur regularly within innovation projects for many reasons, such as contract delays, limited staff capacity, and challenges engaging core audiences. Counties/Cities should constantly plan for these and ensure that everyone involved is aware of project expectations.

- **Understand that piloting a technology requires significant planning and extensive resources.** Many Counties/Cities encountered barriers when trying to pilot new technologies, such as staffing limitations and delayed timelines.
- **Budget sufficient funds and resources dedicated to a pilot or implementation.** Pilots and implementations can be resource-intensive and may require dedicated staff to lead the effort. It is important to consider whether there are sufficient funds and resources available to pilot with a technology with a small group as a precursor to a larger implementation.
- **Celebrate project successes and reflect on the project journey.** Celebrating and reflecting can foster stronger team dynamics. Learning from previous project phases can also proactively inform project improvements for future phases.

Staffing and Resources

Overall Recommendation: Managing staffing and conflicting priorities remained a persistent obstacle within the Help@ Hand program. Proposed solutions to tackle this issue involve collaborating with external entities to alleviate staff shortages, expanding the workforce both as a general practice and in anticipation of unexpected emergencies, and strategizing for smooth staff transitions and effective onboarding processes.

Individual Recommendations/Learnings:

- **Increase staffing to provide extensive and timely support to some consumers.** Some consumers require more hands-on assistance with onboarding and using technology, which can be difficult to achieve without adequate staffing. Hiring enough staff to provide necessary and timely support is crucial for the project's success.
- **Continue to address the challenges of competing priorities and staff shortages to ensure project continuity.** Recognizing and addressing these issues can help minimize disruptions and keep the project on track.
- **Develop contingency plans for staff turnover.** Identify critical roles and create a succession plan to minimize disruptions caused by staff departures. Cross-train team members to ensure continuity and mitigate delays in the event of staff turnover.
- **Continue to provide ongoing contract support and maintain project tools and artifacts to facilitate contract support from CalMHSA.** Help@Hand evaluation reports, and other project resources can help mitigate the impact of staff turnover and ensure continuity in the project.
- **Ensure that newly onboarded staff are thoroughly briefed on project logistics.** Due to the fast-paced nature of innovation projects like Help@Hand, it is essential to provide comprehensive onboarding for new staff members to ensure they are familiar with important project details and can effectively contribute to the project's success.
- **Consider hiring staff with experience in implementing apps.** Counties/Cities may benefit from having staff members who are knowledgeable about best practices for finding and implementing supportive apps, as this expertise can be valuable in navigating the challenges of deploying new technologies.
- **Offer multiple training sessions for super users to ensure they are well-equipped to support the project and its participants.** Providing ongoing training opportunities can help super users stay up-to-date with the latest information and best practices, enabling them to better assist others and contribute to the project's success.
- **Consider recruiting bilingual volunteers to support project staffing.** Collaborate with internal and external partners to recruit bilingual volunteers. Offering incentives may attract more volunteers.

Peers

Overall Recommendation: Actively plan and budget to support the Peer workforce in the realms of hiring, communication, training, and input integration.

Individual Recommendations/Learnings:

- **Actively plan and budget for supporting the Peer workforce.** Actively recruit Peers that can provide support to core audiences. Consider budgeting, planning, and revising local hiring guidelines to ensure the Peer workforce is large enough to meet project demands. Consider establishing a protocol for understanding Peers' lived experiences specifically related to mental health or substance use challenges in the hiring process.
- **Hire a Peer Lead dedicated to the project early in the project.** Plan and budget to hire a Peer Lead with dedicated time to the project as early as possible to gain Peer input and participation through all project phases.
- **Seek strategic opportunities to inform organizational leadership about the value of Peer contributions.** Actively seek and advocate for opportunities to share about the value and contributions of Peers to organizational leadership, including supervisors and managers.
- **Provide transparent channels of communication within Counties/Cities.** Streamline who Peers directly report to (e.g., either supervisors or managers). Provide ways for Tech Leads to learn about the content of Peer Lead calls, and ensure that supervisors and management teams strategically and clearly communicate clearly with their Peer workforce. Include Peer perspectives when considering options for hybrid work schedules.
- **Plan and budget for ongoing Peer training to meet project needs.** Proactively plan to keep the Peer workforce up to date and informed about any technology/platform-related updates, which is important for providing ongoing technology support for their broader communities. In addition, conduct regular training sessions or refreshers for Peers working on Peer chat platforms on how to use standardized language and protocols. Regularly update procedures manual to ensure consistent and appropriate responses for Peer chat workers.
- **Actively seek to solicit and integrate Peer input at all levels of program planning and implementation.** Given the evidence supporting the positive impact of involving Peers, consider involving Peers in decision-making processes, provide ongoing training and support to empower Peers in their roles, foster a supportive organizational environment that clearly values Peer contributions, and provide regular evaluation and feedback mechanisms to ensure Peer perspectives are effectively heard and integrated. Provide Peers with training and opportunities to connect with clients and capitalize on Peers' experiences and recovery journeys.

Working with Partners and Vendors

Overall Recommendation: External collaborators can assist in mitigating internal staffing shortages and possess the expertise and capabilities to involve community members effectively. Nonetheless, it's crucial to recognize potential hurdles for partners in fulfilling expected tasks, like their unfamiliarity with a program. Early communication with collaborators is essential to facilitate practical and seamless planning and execution of contracts.

Individual Recommendations/learnings:

- **Discuss data and secure information sharing policies and agreements with vendors.** Ensure that vendors have clear policies in place to protect consumer privacy and data security. Plan for business associate agreements (BAAs) early in the project to avoid delays in implementation.

- **Work with CBOs to understand community-specific needs.** CBOs work closely with community members and have valuable insights into their needs. Engaging with CBOs can help inform and support engagement with core audiences.
- **Establish multiple contacts at partnering organizations to facilitate collaboration and communication.** Relying on a single point of contact can lead to delays if that person becomes unavailable. Having multiple contacts ensures a smoother flow of information and helps maintain continuity in the event of unforeseen circumstances.
- **Continue working with CalMHSA and the Help@Hand evaluation team.** CalMHSA and the Help@Hand evaluation team provided Counties/Cities valuable support related to distributing funds, identifying vendors, contracting, as well as supporting implementations and evaluations.

Local and Collaborative Evaluation

Overall Recommendation: Ensure that data collection aligns with project objectives, stakeholder input, and core audiences. Given that project goals may evolve, which could affect data collection methods, it's essential to adjust data collection instruments accordingly. Tailoring data collection methods to specific core audiences may also be necessary. Furthermore, stakeholders can offer valuable input on the development, implementation, and analysis of evaluation processes.

Individual Recommendations/Learnings:

- **Maintain an open flow of communication with County/City staff who are leading data collection efforts at the local level.** This will support evaluation efforts by ensuring participants can be reached and are completing any evaluations. Evaluation teams should communicate early with Counties/Cities about the importance of certain aspects of evaluation and ensure everyone is aware of what is expected.
- **Adapt surveys to consumer needs.** Translating surveys may be resource and time intensive, but ensure evaluations are culturally competent. Ensuring that the appropriate context and meaning is translated appropriately requires expert knowledge and potentially a staff member or volunteer to help consumers complete the survey.
- **Understand that stigma can be a barrier for participants to complete evaluation surveys.** Some survey questions caused discomfort because of mental health stigma. As a result, consumers felt reluctant to complete these surveys.
- **Work with evaluators to receive guidance on data processes and produce timely reports.** Evaluators can guide Counties/Cities on how to collect and analyze data. It is important to provide clear directions and timelines for reported to be submitted in a timely manner.
- **Use evaluation data to inform program delivery.** Evaluation data provided useful information to Counties/Cities on how to yield success with projects. They also provided feedback on how to improve projects.
- **The requirements for gaining approval around the collection of data from human participants varied across the Counties/Cities.** Although there were important nuances, sharing materials and collaborating on addressing particular challenges could help to expedite the review process.
- **Add incentives to support data collection.** Providing fair compensation to participants in return for their time, expertise, and feedback will encourage hard-to-reach and more mobile people to participate in evaluation activities. This information is critical for evidencing the necessary learning to ensure that Counties/Cities understand how to create the optimal environments for supporting project efforts.
- **Integrate evaluation methods into project plans.** Counties/Cities that embedded evaluation efforts into their projects had higher participation engagement in evaluation activities compared to those who did not.

Project Closing and Sustainability

Overall Recommendation: Ensure utilization of all acquired resources, notify participants upon project completion, and revise the Help@Hand Transition Plan as necessary.

Individual Recommendations/Learnings:

- **Communicate with partners, vendors, and community members about the end of the project.** Review roles and expectations with partners and vendors to identify any potential conflicts or issues that may arise during the project's closure and allow for necessary adjustments to be made in a timely manner. Inform consumers of the end of the project and consider offering alternative resources to continue their care.
- **Reconcile budgets to ensure funds are spent correctly.** Counties/Cities should regularly review expenses and projections to ensure funds are spent accordingly and within budget.
- **Discuss plans on the use of branding and websites developing during the project.** It is important to discuss with all parties on expectations regarding the use of project branding and websites.
- **Work with key stakeholders to plan sustainability as early as possible.** Review all project activities and make informed decisions about their future. This review process could involve key stakeholders and consider factors such as community needs, available resources, and long-term sustainability.
- **Disseminate learnings to inform future projects.** Dissemination of project learnings can inform the development and implementation of future projects for internal and external organizations.

Learning Collaborative

Overall Recommendation: Continue fostering additional opportunities for Counties/Cities to exchange insights into their respective accomplishments and obstacles. Record any modifications to the project and assess the capacity and existing agreements of Counties/Cities to adjust accordingly.

Individual Recommendations/Learnings:

- **Tailor collaborative meetings to meet the needs of Counties/Cities.** As projects progress, the needs of Counties/Cities change and how they collaborate should adjust to reflect them.
- **Continue to provide options for collaboration.** The collaborative approach of the project enabled Counties/Cities to learn from each other and implement programs which would have been more challenging otherwise.
- **Foster an environment that promotes ongoing collaboration across Counties/Cities.** Facilitating communication and knowledge sharing among Counties/Cities encouraged collaboration and exchange of insights and experiences. This helped Counties/Cities learn from one another and develop more effective strategies for their respective projects.
- **Conduct an in-person workshop as Counties/Cities approach the end of their projects.** Interactive activities and breakout sessions give Counties/Cities a unique opportunity to reflect on, share experiences and learn from each other.

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Each County/City in the Help@Hand Collaborative completed the following tables describing their program information, accomplishments, lessons learned, and recommendations for Year 5.

City of Berkeley	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Karen Klatt	• Karen Klatt	• Karen Klatt	• Karen Klatt
Implementation Site	• City of Berkeley	• City of Berkeley	• City of Berkeley	• City of Berkeley
Team Composition	• MHSA Coordinator-Tech Lead, Mental Health Manager	• MHSA Coordinator-Tech Lead, Mental Health Manager	• MHSA Coordinator-Tech Lead, Mental Health Manager	• MHSA Coordinator-Tech Lead, Mental Health Manager
Core Audiences	• Anyone who lives, works or goes to school in Berkeley	• Anyone who lives, works or goes to school in Berkeley	• Anyone who lives, works or goes to school in Berkeley	• N/A
Products in Use/Planned	• HeadSpace	• HeadSpace	• HeadSpace	• N/A – Ended in Sept.
Implementation Approach	• Implementation to the full community. Apps have been implemented since the Fall of 2021 and in previous quarters the City utilized the services of Uptown Studios to market the Apps.	• Implementation to the full community. Apps have been implemented since the Fall of 2021 and previously the City utilized the services of Uptown Studios to market the Apps.	• Implementation to the full community. Apps have been implemented since the Fall of 2021 and previously the City utilized the services of Uptown Studios to market the Apps.	• N/A
Other Unique Qualities	• N/A	• N/A	• N/A	• N/A
Milestones	• No Major milestones this quarter.	• No Major milestones this quarter.	• On September 30th, we ended the Help@Hand community access to this App.	• N/A
Lessons Learned Across Year 5	• N/A			
Recommendations Across Year 5	• N/A			
Cross County/City Sharing Across Year 5				

Los Angeles County	Quarter 1 MindLAMP (Jan–Mar 2023)	Quarter 1 Headspace (Jan–Mar 2023)	Quarter 1 iPrevail (Jan–Mar 2023)
Tech Lead(s)	• Alex Elliott, MSW.	• Alex Elliott, MSW.	• Alex Elliott, MSW
Implementation Sites	• Department of Mental Health (DMH) directly operated and legal entity outpatient Dialectical Behavioral Therapy (DBT) clinics	• Los Angeles County Department of Mental Health (LACDMH) offered free Headspace Plus subscriptions to all Los Angeles County residents starting in April 2020.	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management
Team Composition	• Alex Elliott • Ivy Levin (left in January) • Ben Wu	• Alex Elliott • Debbie Innes-Gomberg • Ivy Levin (left in January)	• Keri Pesanti, LACDMH Mental Health Clinical Program Head, Prevention Division • Robert Byrd, LACDMH Acting Deputy Director, Prevention Division • Laura Li, CALMHSA Chief Administrative Officer
Core Audience	• Clients receiving DBT in a DMH directly-operated or legal entity outpatient clinic	• All Los Angeles County residents	• 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	• MindLAMP	• Headspace	• iPrevail
Implementation Approach	• DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.	• LACDMH completed the implementation of Headspace, effective March 2023.	• Free access provided for all Los Angeles residents • Additional marketing in schools for 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
Other Unique Qualities	• 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 can enhance telehealth by facilitating virtual administration of a digital diary card and resources that support recovery.	• LACDMH offered free Headspace Plus subscriptions to all Los Angeles County residents starting in April 2020.	• N/A
Milestones	• DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.	• LACDMH completed the implementation of Headspace, effective March 2023.	• Data collected by iPrevial demonstrates continual and consistent increases in number of individuals browsing and accessing the platform reflects significant progress from early program implementing efforts. • iPrevail marketing plan is being implemented, providing expanded reach. It is hypothesized that these efforts are directly linked to increased number of participants. • iPrevail continues to provide support and scaffolding to peers involved in program implementation.

Los Angeles County	Quarter 1 MindLAMP (Jan–Mar 2023)	Quarter 1 Headspace (Jan–Mar 2023)	Quarter 1 iPrevail (Jan–Mar 2023)
Lessons Learned Across Year 5	• Having a vendor that is communicative and flexible can facilitate implementation of an app within a city/county. • 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 invested time and resources in building out an infrastructure and upskilling relevant teams which will facilitate more efficient technology roll-outs in future. • There was a need for increased sharing of "actionable insights" to benefit the collaborative and increase synthesis across counties. This could help counties learn from one another and not have to reinvent the wheel. • Technical updates and considerations were needed to implement open source or custom technologies. Additional technical knowledge was needed when implementing MindLAMP and other open-source solutions into the Los Angeles County Department of Mental Health IT ecosystem. • Development on Azure Kubernetes templates required more time and resources than previously expected because it required coordination between multiple county departments, divisions and vendors. • County IT required more unique support than previously expected, making reliance on the vendor more robust. Choosing a vendor with a shared mission and commitment to the project was helpful to county IT security.	According to the Headspace Consumer Survey: • 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%). • 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. • 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).	• When implementing on-line mental health interventions, multimodality marketing and engagement effort are crucial to increased uptake of the product. • Clear explanations of services accessible on the platform are supportive of participant engagement, retention, and satisfaction. These efforts also support workforce satisfaction due to participant success in receiving services as anticipated. • When implementing on-line mental health interventions, easily accessible and clearly denoted locally based resource and referral lines are crucial to support participants with mental health or concrete support needs • When implementing on-line mental health intervention, multimodal dissemination of information about the platform (e.g. in person training, detailed written information, etc.) support wider dissemination of this resource by licensed/license eligible and non-license eligible providers (e.g. service navigators and individuals with lived experience). • Ongoing integration of evaluation data to inform data driven decisions making for project implementation support helpful midcourse adjustment which may positively influence utility and outcomes.
Recommendations Across Year 5	• Monitor the latest releases and roadmaps for the most popular operating systems for updates on accessibility features. For example, Android, iOS, Windows, MacOS, etc. • Monitor the latest releases and roadmaps for the most widely used applications used by the collaborative for updates on features. For example, Microsoft Office 365, Microsoft Teams, Microsoft Dynamics, Zoom, and tele-health applications, etc. • Monitor the latest releases and roadmaps for the most widely used generative AI models and applications for updates on features. • Monitor policy changes, and legislation that impact the implementation of digital mental health solutions. For example, Title II of the Americans with Disabilities Act (ADA), and the 21st Century Cures Act. • Engage and collaborate with the statewide Broadband For All efforts to increase access to adequate broadband service or the devices and skills to use it. The Broadband For All efforts includes increasing awareness and access to the Affordable Connectivity Program, Low-cost internet service, Computer offers, and Digital skills training (like computer and internet basics). • Increase marketing and outreach efforts for the California Lifeline Program to address the digital divide. • Increase efforts to curate localized, free digital resources that support mental wellbeing and address the social determinants of health. • The collaborative would benefit from the Help@Hand evaluation	• Increase efforts to curate localized, free digital resources that support mental wellbeing and address the social determinants of health. Leverage learnings from other environments (governmental, non-governmental, private sector, etc.) creating App libraries and curating digital resources to help inform local efforts. • Monitor the latest releases and roadmaps for the most popular operating systems for updates on accessibility features. For example, Android, iOS, Windows, MacOS, etc. • Monitor the latest releases and roadmaps for the most widely used applications used by the collaborative for updates on features. For example, Microsoft Office 365, Microsoft Teams, Microsoft Dynamics, Zoom, and tele-health applications, etc. • Monitor the latest releases and roadmaps for the most widely used generative AI models and applications for updates on features. • Monitor policy changes, and legislation that impact the implementation of digital mental health solutions. For example, Title II of the Americans with Disabilities Act (ADA), and the 21st Century Cures Act. • Engage and collaborate with the statewide Broadband For All efforts to increase access to adequate broadband service or the devices and skills to use it. The Broadband For All efforts includes increasing awareness and access to the Affordable Connectivity Program, Low-cost internet service, Computer offers, and Digital skills training (like computer and internet basics).	• Development of marketing and communication plans early in implementation planning may be useful in producing robust utilization of the intervention platform earlier in the initial rollout. • Accessing stakeholder input via an advisory panel may be useful to inform marketing and engagement efforts specific to the designated intervention. • Incorporation of pre-implementation program planning across partnering entities (e.g. development of learning agendas, communication plans, shared terminology, etc.) to support initial impletion and sustainably preparation • Inclusion of stakeholder feedback on development, implementation, and analysis of evaluation efforts is recommended.

Los Angeles County	Quarter 1 MindLAMP (Jan–Mar 2023)	Quarter 1 Headspace (Jan–Mar 2023)	Quarter 1 iPrevail (Jan–Mar 2023)
	team sharing learnings from other (non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts.	• Increase marketing and outreach efforts for the California Lifeline Program to address the digital divide. • The collaborative would benefit from the Help@Hand evaluation team sharing learnings from other (governmental, non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts.	
Cross County/City Sharing Across Year 5	• Los Angeles County has consistently 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.	• Los Angeles County has consistently 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.	• Development and dissemination of evaluation summaries and reports subsequent to approval.

*Los Angeles County's Help@Hand project ended in February 2023.

Marin County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Position in recruitment	• Camille Stone	• Camille Stone	• Camille Stone
Implementation Site	• Marin County – TBD	• Marin County – TBD	• Marin County – TBD	• Marin County
Team Composition	• Mario Garcia, Prevention and Outreach supervisor - started 9/6/22 • Rosa Palmerin, Peer Counselor I - started 10/31/22	• Mario Garcia, Prevention and Outreach supervisor - started 9/6/22 • Rosa Palmerin, Peer Counselor I - started 10/31/22 • Camille Stone, Program Coordinator – started 4/17/23	• Mario Garcia, Prevention and Outreach supervisor • Rosa Palmerin, Peer Counselor • Camille Stone, Program Coordinator	• Mario Garcia, Prevention and Outreach supervisor • Rosa Palmerin, Peer Counselor • Camille Stone, Program Coordinator
Core Audiences	• Isolated older adults	• Isolated older adults	• Older Adults	• Older Adults
Products in Use/Planned	• Not planning to implement further technology products at this point.	• Not planning to implement further technology products at this point.	• Not planning to implement further technology products at this point.	• Not planning to implement further technology products at this point.
Implementation Approach	• Implementation for final year is to provide one-time grants to fund time-limited creative projects that support Older Adult Mental Health. o Grant proposal(s) must incorporate a digital component used to increase access to wellness supports. o This digital approach must have an emphasis on supporting digital literacy to promote access for older adults in the community who may otherwise not have access. • *NEW* Peer counselor to provide onsite, in person digital learning workshops at two peer led community organizations utilizing lessons learned from pilot, help@hand collaborative resources/ sharepoint, and tablet devices. Plan is for this to begin in May of 2023 through December 2023.	• Implementation for final year is to provide one-time grants to fund time-limited creative projects that support Older Adult Mental Health. o *NEW* 7 grants have been selected and will run from July 1, 2023 – Dec 8, 2023. $300,000 has been dedicated to these grants o Grant proposal(s) must incorporate a digital component used to increase access to wellness supports. o This digital approach must have an emphasis on supporting digital literacy to promote access for older adults in the community who may otherwise not have access. • Peer counselor to provide onsite, in person digital learning workshops and drop in sessions at two peer led community organizations utilizing lessons learned from pilot and help@hand collaborative resources/sharepoint. Sessions will be starting at the beginning of July and go through December 2023	• Implementation for final year is to provide one-time grants to fund digital literacy for older adults that supports their mental health. o *New* Grant contracts are in place for 7 grantees. Oversight, data collection and progress monitoring of grants is ongoing. • The Peer Counselor is embedded at two community sites providing group and individual digital literacy sessions to impact the mental wellness of older adults. The workshops build on the foundation set by the pilot and the collaborative.	• Implementation for final year is to provide one-time grants to fund digital literacy for older adults that supports their mental health. o Peer and grantees completed final sessions between October and December o December was largely focused on finalizing and evaluating the impact of the program
Other Unique Qualities	• N/A	• N/A	• N/A	• N/A
Milestones	• Advisory Committee Meeting 01/18/23 - The new Marin County Help@Hand team presented their grant program plans to the Advisory Committee in January 2023. The plan to offer these types of grants was supported by the Advisory Committee members as a broad approach to bring digital literacy across the county. The program grant projects are currently anticipated to launch in July 2023 and is expected to end in December 2023. Additionally, the county will recruit a new Tech Lead (Program Coordinator) to resume the project coordination and to replace the one that transitioned off the project in early 2022.	• The Peer program has finalized its syllabus and will begin sessions at the end of July. The RFP for the sub grant went live at the beginning of May with applications due June 1st. Eight organizations applied. All of the applications were about providing digital literacy training to support the older adults of Marin county. After taking in advice from the selection committee it was decided to use the $300,000 to support seven organizations. The projects should run from July 2023 to December 8, 2023.	• The Peer counselor has been running both group workshops and individualized sessions. She has completed 50 sessions and will continue through December. • County contracts have been established with all of the grantees. Grantees have submitted 2 monthly grant reports. Over 1000 individuals have been served. • Data from the monthly grant reports has been collated for ongoing progress monitoring. Data has been sent to UCI to set the frame for the final report.	• Both the Peer and the Grantees completed their programming in December. • Several grantees will continue to offer digital literacy programming • Data was collected on all grantees. o Older adults were served nearly 1,500 times (duplicated count) • o Over 700 sessions o Over 1,000 hours of services o Participants experienced a significant increase in their comfort with technology after the digital literacy sessions.

Marin County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
		• An evaluation plan has been put into place with input from UCI, EY, the Peer, the supervisor, and the Program Coordinator. Peer workshop attendees and drop ins will complete a short survey and grantees will submit a monthly survey and end of the year grant summary. The Program Coordinator is also expected to do ongoing site visits at least monthly.	• The Program Coordinator has been doing site visits including a collaborative grant meeting in September for grantees to network and learn from each other's success.	o Grantees reported a 160% increase in the percent of people who said they were somewhat or very comfortable in their use of technology. Before the sessions 41-60% of participants felt somewhat or very comfortable with technology. After services, that percentage rose a full quintile to 61-80%.
Lessons Learned Across Year 5	• There is a need for digital literacy in the older adult population. Working with partners that already have connections within that community has helped expand the reach tremendously. • Older adults have unique learning requirements. Digital Literacy pedagogy should center these needs. • Community partners were able to reach a deep and broad group of participants. • Program outcomes can be largely impacted by a couple of community partners individual theory of change.			
Recommendations Across Year 5	• N/A			
Cross County/City Sharing Across Year 5	• Survey alignment particularly in demographics came from LA county. • Unpacking different protocols for device sharing • Reviewing procedures on how to soft land projects so vulnerable populations continue to receive support. • Worked with EY on final communication collateral. • Got new ideas and inspiration from the in person and virtual collaborative meetings. • Worked with EY and UCI to create final evaluation report			

Mono County	Quarter 1 (Jan–Mar 2023)
Tech Lead(s)	• Lauren Plum
Implementation Site	• Implemented county-wide (only have one primary site that serves the whole county)
Team Composition	• Staff Services Analyst
Core Audience	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large number of myStrength licenses)
Products in Use/Planned	• myStrength
Implementation Approach	• myStrength was incorporated into one-on-one supervision meetings with Wellness Center Associates (typically weekly meetings) where supervisors inquired about enrollment and interest in myStrength and promotion at weekly wellness programs. • Wellness center associates encouraged to set one-on-one meetings with interested parties to review benefits of the app and help with enrollment if needed. Language changed to include background information on the program and what happens with survey feedback. Participants encouraged to look for a survey via email 3-5 days after enrollment. • Promotion: Facebook ads, 2nd mailer distributed January 2023 to all mono county residents. • Events: January Socials • Follow up discussion at Behavioral Health Advisory Board • No advertising after 2.28.23 due to access ending 3/31/23.
Other Unique Qualities	• Walker wellness associate continued to be on medical leave through end of January 2023. • Updated promotional ads to reflect winter seasion and limited time offer (offer expires March 2023). • Programming and events severely impacted by winter weather. Mono County declared a state of emergency 3/1/23 due to significant winter storms impacting roads, utilities, stability of structures. Numerous winter storm alerts from January 2023-March 2023. Therefore, in-person promotion of myStrength was also impacted as was any in person assistance with registration.
Milestones	• Over 100 enrollees. • Access to myStrength will cease 3/31/23.
Lessons Learned Across Year 5	• Pivot to virtual programming faster. • Could have done a promotional video of myStrength registration and utilization.
Recommendations Across Year 5	
Cross County/City Sharing Across Year 5	

*Mono Countys Help@Hand project ended in February 2023.

Monterey County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard
Implementation Site	• Monterey County (virtual; throughout)	• Monterey County (virtual; throughout)	• Monterey County (virtual; throughout)	• Monterey County (virtual; throughout)
Team Composition	• Wesley Schweikhard – Tech Lead (management analyst) • Shannon Castro – Supervisor/Admin Support (management analyst) • Jon Drake – Executive leadership (Assistant Bureau Chief) • Phillip Sherwood – Clinical SME (Behavioral HealtH Services Manager) • Isaias Bettencourt – IT/Data Support (Business Technology Analyst) • Janet Barajas-IT/Data Support (Quality Improvement Manager)	• Wesley Schweikhard – Tech Lead (management analyst) • Shannon Castro – Supervisor/Admin Support (management analyst) • Jon Drake – Executive leadership (Assistant Bureau Chief) • Phillip Sherwood – Clinical SME (Behavioral HealtH Services Manager) • Isaias Bettencourt – IT/Data Support (Business Technology Analyst) • Janet Barajas-IT/Data Support (Quality Improvement Manager) • Dana Edgull – Prevention Services Manager	• Wesley Schweikhard – Tech Lead (management analyst) • Shannon Castro – Supervisor/Admin Support (management analyst) • Jon Drake – Executive leadership (Assistant Bureau Chief) • Phillip Sherwood – Clinical SME (Behavioral HealtH Services Manager) • Isaias Bettencourt – IT/Data Support (Business Technology Analyst) • Janet Barajas-IT/Data Support (Quality Improvement Manager)	• Wesley Schweikhard – Tech Lead (management analyst) • Shannon Castro – Supervisor/Admin Support (management analyst) • Jon Drake – Executive leadership (Assistant Bureau Chief) • Phillip Sherwood – Clinical SME (Behavioral HealtH Services Manager) • Isaias Bettencourt – IT/Data Support (Business Technology Analyst) • Janet Barajas-IT/Data Support (Quality Improvement Manager)
Core Audiences	• All county population ages 16+	• All county population ages 16+	• All county population ages 16+	• All county population ages 16+
Products in Use/Planned	• WellScreen Monterey (custom tool)	• WellScreen Monterey (custom tool)	• WellScreen Monterey (custom tool)	• WellScreen Monterey (custom tool)
Implementation Approach	• In Q1 we had our product still available for public use. Marketing activities occurred to varying degrees. I (Wes) was out on family leave for much half of this period. Planned activities to finalize and execute agreements to initiate additional marketing activities did not occur while I was on leave.	• In Q2, continued implementation. Expanded marketing activities to include more digital advertising on google and social media, (inside) bus advertisement, sponsored content in local newspaper and news website. • Print materials were created and tablets programmed and delivered. Distribution of these will occur in Q3.	• Continued implementation with the the screener being available to the public and maintaining planned marketing activities listed in Q2. • Web-enabled tablets were distributed to community health workers who conduct community outreach and education activities in the community. Print materials were distributed to public health clinics.	• Continued implementation with screener being available to public. Marketing activities scaled down to Google Ads only, beginning Oct. 15. • CredibleMind added functionality to update providers listed on WellScreen resources page. Includes updated links to United Way's 211 resouce webpages. • Purchased 3 additional tablets with remaining funds set aside for Jaguar. • Your Social Marketer printed and distributed WellScreen instructional materials and posters for primary care clinics throughout the county (up to 50 sites received materials). • Evaluation completed.
Other Unique Qualities	• Major considerations for our tool are to: -Make this tool fluid in Spanish -Get devices into the locations and hands of individuals with limited access to the internet		• Monterey, CM and CalMHSA team presented on WellScreen at the NACCHO conference in Denver. MHSOAC staff, CA county leadership and national audience members were present. • We began engaging United Way of Monterey County (UWMC) to leverage their information database on service providers in Monterey County, and create a plan to establish links from the WellScreen results to resource information that is maintained by UWMC.	
Milestones	• Continued adoption/use of our tool in the community even when marketing activities were light. • Presentation to local Behavioral Health Commission on the product	• Contract executed with additional marketing firm (Your Social Marketer) • Change order finalized with Ku Collective to add marketing activities to their portfolio • Tablet configured and delivered • Print materials created and delivered	• The evaluation period ended with the end of the FY in June. Therefore, the final assessment of client data is now being conducted in Q3.	• All MHSA INN funded implementation and evaluation activities were completed as project termed out 12/31/2023. • A new Participation Agreement between MCBH and CalMHSA was created, and subcontracts between CalMHSA and CredibleMind and Jaguar were created, to sustain WellScreen under MHSA PEI funding.

Monterey County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Lessons Learned Across Year 5	• Everything takes longer than you think! It would have been helpful to initiate marketing planning much earlier in the process			
Recommendations Across Year 5	• Marketing and device distribution should be considered alongside the creation of use case scenarios when planning for a technology tool rollout (and custom product development specifically).			
Cross County/City Sharing Across Year 5				

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS
Implementation Sites	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – Open-to- Public County Clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics. • Man Therapy: Riverside County Community. • Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff & Consumers (TAY, Adults, Older Adults) • LaClave: RUHS Behavioral health/Riverside Community	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – Open-to- Public County Clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics. • Man Therapy: Riverside County Community. • Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff & Consumers (TAY, Adults, Older Adults) • LaClave: RUHS Behavioral health/Riverside Community	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – Open-to- Public County Clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics. • Man Therapy: Riverside County Community. • Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff & Consumers (TAY, Adults, Older Adults) • LaClave: RUHS Behavioral health/Riverside Community	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – Open-to- Public County Clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics. • Man Therapy: Riverside County Community. • Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff & Consumers (TAY, Adults, Older Adults) • LaClave: RUHS Behavioral health/Riverside Community • "Learn & Earn" Digital Literacy Training sessions
Team Composition	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • Shannon McCleerey-Hooper, Peer Support Services Deputy Director • David Schoelen, MHSA Administrator **Whole Person Health Score- Social Determinants of Health** • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • Shannon McCleerey-Hooper, Peer Support Services Deputy Director • David Schoelen, MHSA Administrator **Whole Person Health Score- Social Determinants of Health** • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • Shannon McCleerey-Hooper, Peer Support Services Deputy Director • David Schoelen, MHSA Administrator **Whole Person Health Score- Social Determinants of Health** • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • Shannon McCleerey-Hooper, Peer Support Services Deputy Director • David Schoelen, MHSA Administrator **Whole Person Health Score- Social Determinants of Health** • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	MHSA Innovation Lead/Social Svcs Planner/ Cultural Competency • Leah Newell • Consulting Cultural Outreach & Education Workforce **Peer Support Svcs. Manager** • Kristen Duffy **Senior Peer** • Melissa Vasquez **Peers:** • Chris Galindo • Gail Leavitt • Marisela Gil • Victoria Rodriguez • Ilene Galvan • Katie Vazquez • Carter Lorne • Juan Koontz • Arthur Gutierrez • Lisabeth Black **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists:** • Josephine Perez, Senior Clinical Therapist • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Support** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price • Rachel Postovoit	**MHSA Innovation Lead/Social Svcs Planner/ Cultural Competency** • Leah Newell • Consulting Cultural Outreach & Education Workforce **Peer Support Svcs. Manager** • Kristen Duffy **Senior Peer** • Melissa Vasquez **Peers:** • Chris Galindo • Gail Leavitt • Marisela Gil • Victoria Rodriguez • Ilene Galvan • Katie Vazquez • Carter Lorne • Juan Koontz • Arthur Gutierrez • Lisabeth Black **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists:** • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Support** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price Rachel Postovoit	**MHSA Innovation Lead/Social Svcs Planner/ Cultural Competency** • Leah Newell • Consulting Cultural Outreach & Education Workforce **Peer Support Svcs. Manager** • Kristen Duffy **Senior Peer** • Melissa Vasquez **Peers:** • Chris Galindo • Marisela Gil • Victoria Rodriguez • Ilene Galvan • Katie Vazquez • Carter Lorne • Juan Koontz • Lisabeth Black **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists:** • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Support** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price Rachel Postovoit	**MHSA Innovation Lead/Social Svcs Planner/ Cultural Competency** • Leah Newell • Consulting Cultural Outreach & Education Workforce **Peer Support Svcs. Manager** • Kristen Duffy **Senior Peer** • Melissa Vasquez **Peers:** • Chris Galindo • Marisela Gil • Victoria Rodriguez • Ilene Galvan • Katie Vazquez • Carter Lorne • Juan Koontz • Lisabeth Black **Social Media/Marketing & Communications:** • Andrea Putnam **Clinical Therapists:** • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Support** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price Rachel Postovoit
Core Audiences	• **Early Detection: TAY** • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses)	• **Early Detection: TAY** • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses)	• **Early Detection: TAY** • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses)	• **Early Detection: TAY** • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses)

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	• **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.	• **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.	• **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.	• 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	• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award. • Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link. • Deaf and Hard of Hearing Needs Assessment Survey – it is online to collect feedback from our DHoH community members on their mental health needs. • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds. • Recovery Record Mobile App Pilot that serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • The Whole Person Health Score Assessment is been created in the Qualtrics platform environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource	• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award. • Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. 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	Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Partnership with LaClave is in planning stage. LaClave is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope individuals will be able to detect serious mental illness earlier.	Socioeconomics, Ownership and Nutrition and Lifestyle). • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Partnership with Dr. Steven Lopez from LaClave. LaClave is a guide to the symptoms of serious mental illness. It utilizes cultural marks to teach psychosis literacy to the Hispanic and Latinx community.	Lifestyle). • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Partnership with Dr. Steven Lopez from LaClave. LaClave is a guide to the symptoms of serious mental illness. It utilizes cultural marks to teach psychosis literacy to the Hispanic and Latinx community.	• Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Partnership with Dr. Steven Lopez from La CLAve. LaClave is a guide to the symptoms of serious mental illness. It utilizes cultural marks to teach psychosis literacy to the Hispanic and Latinx community. • "Learn & Earn" Digital Literacy Trainings to consumers is been launched to promote the WPHS Assessment survey and myHealthPointe (consumer portal to their electronic health records portal).
Implementation Approach	• Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants is ongoing. • Recovery Record –Pilot implementation with Eating Disorder Champions is Live! • Whole Person Health Score –Live! • Man Therapy Marketing Campaign – Live! • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Train-the-Trainer registrations are live for Mid-County, Western and Desert county regions. • La, CLAve presentations with Dr. Lopez are LIVE! La CLAve Facilitators Training are in planning phase. Brand Discovery sessions for integration within the TakemyHand app are in planning phase.	• Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants is ongoing. • Recovery Record –Pilot implementation with Eating Disorder Champions is Live. • Whole Person Health Score Assessment distributions via email and text is Live. • Man Therapy Marketing Campaign and outreach activities are live. • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Train-the-Trainer registrations are completed for Mid-County, Western and Desert county regions. Appy Hours workshop sessions are being promoted in the various county regions. • La CLAve Facilitators Training are in implementation phase; one facilitator training completed. Design sessions for integration within the TakemyHand app are in implementation phase.	• Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants completed with 100 participants enrolled. • Recovery Record –Pilot implementation with Eating Disorder Champions is Live. Enrollment extended to contracting agencies. • Whole Person Health Score Assessment distributions via email and text is Live. BH Adult survey QR codes live in swags (tissues, lip balm and bookmarks). • Man Therapy Marketing Campaign and outreach activities are live. Outdoor print and digital billboards phase II planning completed. • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Consumer "Appy Hours" sessions implemented and 20 sessions completed during this quarter period (Age Groups: 14 Adult, 3 TAY & 3 Older Adult). • La CLAve Facilitators Training are in implementation phase; four facilitator training completed. Design and testing sessions for integration within	• Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants completed with 100 participants enrolled. • Recovery Record –Pilot implementation with Eating Disorder Champions is Live. Enrollment extended to contracting agencies. • Whole Person Health Score Assessment distributions via email and text is Live. BH Adult survey QR codes live in swags (tissues, lip balm and bookmarks). • Man Therapy Marketing Campaign and outreach activities are live. Outdoor print and digital billboards phase II planning completed. • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Consumer "Appy Hours" sessions implemented and 20 sessions completed during this quarter period (Age Groups: 14 Adult, 3 TAY & 3 Older Adult). • La CLAve Facilitators Training are in implementation phase; four facilitator training completed. Billboards, kiosk ads went live countywide. The

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			the TakemyHand app were completed during this quarter.	integration within the TakemyHand app was launched and promoted in Univision TV, radio and digital media. • "Learn & Earn" Digital Literacy Trainings to consumers is been launched to promote the WPHS Assessment survey and myHealthPointe (consumer portal to their electronic health records portal).
Other Unique 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, Josephine • Adult System of Care Committee – Chris • Behavioral Health Commission – Martha, Melissa, Josephine • Children's Committee – Victoria • Cultural Competency Reducing Disparities Committee –Gail, Josephine or Kayla or Martha. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings – Josephine or Kayla • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla or Josephine • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail, Mary • TAY Collaborative meetings –Desert -TBD • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings -Western – Gail • Housing Committee – Melissa • Veterans Committee – Chris • Criminal Justice Committee – Mary • The Community Advocacy for Gender and Sexuality Issues (CAGSI)– Chris • LGBTQIAN+ Task Force – Dylan • Wellness and Disability Equity Alliance (WADE) Subcommittee –Martha or Melissa • African American Family Wellness Advisory Group (AAFWAG) – Melissa • Asian American Task Force – Martha or Josephine • Deaf and Hard of Hearing subcommittee – Rachel – Josephine or Kayla • Middle Eastern and North African Task Force (MENA) - Josephine • Hispanic, Latinx committee (HISLA) - Mary	**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 • Adult System of Care Committee – Chris • Behavioral Health Commission – Martha, Melissa • Children's Committee – Victoria • Cultural Competency Reducing Disparities Committee –Gail, Kayla or Martha. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings –Kayla • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail, Mary • TAY Collaborative meetings –Desert -TBD • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings -Western – Gail • Housing Committee – Melissa • Veterans Committee – Chris • Criminal Justice Committee – Mary • The Community Advocacy for Gender and Sexuality Issues (CAGSI)– Chris • LGBTQIAN+ Task Force – Dylan • Wellness and Disability Equity Alliance (WADE) Subcommittee –Martha or Melissa • African American Family Wellness Advisory Group (AAFWAG) – Melissa • Asian American Task Force – Martha • Deaf and Hard of Hearing subcommittee – Kayla • Middle Eastern and North African Task Force (MENA) - 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Milestones	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities

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	Population: Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Kiosks have been installed in waiting areas throughout the county to engage the community, introduce the technology, serve as an access point, and collect surveys. • Amendment executed for Phase 2 • Phase II implementation started with four kiosks installations completed (Riverside three iPad, 1 55" kiosk, Corona 1 55" kiosk). The total number of kiosks to be installed in phase II is 26 (25 new sites and 1 replacement for a vandalized kiosk in Hemet clinic). • Site locations identified and quotes requests are in process. • Contract amendment is in process to include new identified clinic sites. • Distribute/Track devices data activation. • Track check-in and checkout phone/iPad/tablets devices. • Peer team identified the following apps to be no longer free of charge: Headspace- first 7 days free then $12.99 a month, Wysa – first 3 days free then $7.99 a month/ $49.99 a yr. / $99.99 a lifetime, BAMBU - first 7 days free then it is $8.99 a month or $ 52.90 a year; Puramente - first 10 free days then it is $2.99 a month or $29.99 a year; ANA - $13.99 a year or $8.49 a month right until 03/10/2023; Intellect - Free 7 days then $41.99 a year; Field Guide - doesn't work, seems like the app is broke (January 2023). • The configuration of phones was modified to remove wellness apps that were no longer free of charge (IT contractor) • New free apps were installed on the android phone devices: "Ansiedad y Estres ", myHP version 2, mindLAMP –IT contractor (1/18/2023). • Develop plan to distribute remaining Verizon devices • Add 2 kiosks for medical clinics with a different Kiosk Landing page. **Deaf and Hard of Hearing Community Needs Assessment** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our	**Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Installed 2 iPad Pro size kiosks for medical clinics with a different kiosk landing page: https://thrive.ruhealth.org/#/home • Phase II implementation continues with other behavioral clinic sites and Molina site in the desert region. • Contract amendment is in process as sites are approved for installation. • Distribute/Track devices data activation. • Track check-in and checkout phone/iPad/tablets devices. • Develop plan to distribute remaining Verizon devices – Plan to distribute devices with staff who completed the Painted Brain DMHL workshop (if interest arise). **Deaf and Hard of Hearing Community Needs Assessment** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our DHoH community members on their mental health needs. • Hosted in-person survey event at CODIE 4/11-12 • Promoted survey at May 11 and 18 RUHS events • Hosted a booth at CODIE event May 20 • Created a generic version of the survey that other counties can use • Executed agreement for 20 additional hours of support from Red Pepper. • 42 surveys completed overall. **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. • Help@Hand clinical therapist provides support for crisis chat coverage (ongoing). • TakemyHand Peer Chat Operation Oversight (ongoing). • Recovery Language Training. • TakemyHand Peer Chat Coverage (ongoing). • Update TmH Peer Chat Operator Manual (as needed).	**Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Phase II implementation continues with other behavioral clinic sites and Molina site in the desert region. • Contract amendments are ongoing as sites are approved for installation. • Distribute/Track devices data activation. • Track check-in and checkout phone/iPad/tablets devices. • Develop plan to distribute remaining Verizon devices – Plan to distribute devices with staff who completed the Painted Brain DMHL workshop/"Appy Hour" groups (if interest arise). • YTEC Kiosk on-site training: Riverside. (Peer Team). Good resource for families. Wants more infographics to distribute. Kiosk is a landscape type. **Deaf and Hard of Hearing Community Needs Assessment** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our DHoH community members on their mental health needs. • 42 surveys completed overall. • Modified survey to ensure gift cards are only sent to Riverside County residents • Sent September open dates needed for QR code: o Supported the Sept 10 Pride Event o Sept 15 Deaf Festival Day o Sept 21 CSDR event o Sept 22 CODIE Open House **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. • Help@Hand clinical therapist provides support for crisis chat coverage (ongoing). • TakemyHand Peer Chat Operation Oversight (ongoing). • Recovery Language Training. • TakemyHand Peer Chat Coverage (ongoing).	**Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Phase II implementation continues with other behavioral clinic sites and Telecare contractor agency with 10 Urgent Care facilities across the county in all geographic regions (Mid-County, Western and Desert). • A Large Peerless 55" kiosk will be installed in the Blind Support Services office in Riverside City. • 64 Kiosks have been installed in waiting areas throughout Riverside County and serve as points of service navigation and education. At the kiosk, the user can find a link to the MHSA plan and how to provide feedback. THE KIOSK EXPERIENCE (https://riversidehelpathand.org/) is a great way to locate useful resources and support at your fingertips. You can find Kiosks locations on the kiosk map locator on the Help@Hand Riverside webpage. Ten more kiosks are in the process of production and installation. The plan is to complete deployment of 75-kiosk total by February 2024. Community members can locate a kiosk via this kiosk map locator: https://arcg.is/0qnOuj. In addition, the Help@Hand Innovation Program collaborated closely with RivCo ONE, a countywide initiative for Integrated Service Delivery, coordinated by Dr. Kumar, Chief Health Information Officer to develop and design a special kiosk landing web page (https://thrive.ruhealth.org/#/home) that is being utilized in the two kiosks delivered and installed in the Jurupa Health Care Clinic. Funding, knowledge and technical expertise from the Help@Hand Innovation program were critical components to the launch of the RivCo ONE Integrated Service Delivery initiative. The specially designed kiosk-landing page provides links with access to Programs and Services (IConnect), Epic my Chart, Other Department and Programs, and Check-In appointments for medical patients. • Charging Stations. As part of supporting successful utilization of the kiosk technology, due to consumers' frequent need to unplug the kiosks so they can charge their phone devices, the Help@Hand program deployed charging stations in some of the clinic sites countywide. This implementation was a solution approach to the frequent unplug or kiosks at some high traffic clinic sites. The charging station has the TakemyHand™ branding and QR Code so individuals visiting the clinic lobby can quickly connect to a TakemyHand™ live Peer for emotional chat support. In addition, in a most recent deployment phase, the charging stations have both, TakemyHand™ and La CLAve branding.

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	DHoH community members on their mental health needs. • Survey was brought down due to a cyber bot attack. During the first week of January 2023, the BOT was able to complete over 2,500 surveys. Our team was very glad that we did not enable the automatic distribution of incentives (Rewards Genius). Our distribution of survey incentives is manual, Gloria from our partner CODIE, reviews recipient email and verifies it is a CODIE member. She then notifies our team for an e-gift card incentive distribution. • Planning/Implementation collaboration meetings with Red Pepper Consulting team member for modification and security setup settings to prevent another cyber BOT attack. • Published updated surveys with a new link • Completed security updates and testing for the pre-survey and full survey • Gloria, Advocate Lead from CODIE and Rachel from the DHoH Committee Liaison presented at a statewide collaboration call on lessons learned during their participation with Help@ Hand Riverside innovation program. After this presentation, other collaborative counties took interest in the ability to utilize Riverside's DHoH Needs Assessment Survey to adapt it for their DHoH communities. • Executed agreement for six additional hours of support from Red Pepper. • Plan for hosting an in-person survey event at CODIE (4/11, 4/12). **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. • Help@Hand clinical therapist provided support for crisis chat coverage (ongoing). • TakemyHand Peer Chat Operation Oversight (ongoing). • Recovery Language Training. • TakemyHand Peer Chat Coverage (ongoing). • Update TmH Peer Chat Operator Manual (as needed). • Terms of Service Video went live. The H@H Team in collaboration with Dreamsyte completed the TakemyHand Terms of Service video. Script was reviewed and approved, the Peer team originated some of the key creatives of the video	• Spanish version of the Terms of Service Video went live. The H@H Team in collaboration with Dreamsyte completed the TakemyHand Terms of Service video. Tech Lead and Dreamsyte worked on the professional development of the Spanish version video. Video is live and posted in the https://tomamimano.co/ website. • The ASL versions of the Terms of Service video are in planning phase. • SOW to contract with Sorenson is work in progress. • TakemyHand Resources Updates (English/Spanish) –Peer Team. • Message creation for social media posts (H@H Team)-ongoing. • Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram). • TakemyHand mobile IOs app was submitted to Apple Developer (second time). • App Store approved the TakemyHand app. • Trademark/Service mark approved - TakemyHand™ • TakemyHand T-shirts distributed at homeless event in Hemet. • The five new Peer team members had a Peer video created and these new Peer videos were integrated in the after chat hours chatBOT story (Takemyhand.co). • Snapchat ads are being tested to increase chats. We did not see improvement in the number of chats coming from this source. • TakemyHand ASL video chat Pilot – Planning activities. • Maria Martha interviewed by Univision en Español on TakemyHand. • Hosted booth at various May is Mental Health events. • Onboarding 6 new Peers • TakemyHand presentations – 6 • Created QR code for downloading app on phone • Processing with chat operators after difficult chats, provide trainings for managing mental health of operators • Provide resources for both staff and chat participants (as needed) **TakemyHand San Francisco:** • San Francisco decided not to proceed with this project due to internal challenges getting it approved.	• Update TmH Peer Chat Operator Manual (as needed). • SOW to contract with Sorenson is work in progress. • TakemyHand Resources Updates (English/Spanish) –Peer Team. • Message creation for social media posts (H@H Team)-ongoing. • Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram). • TakemyHand T-shirts distributed at "Appy Hour" group sessions countywide. • TakemyHand ASL video chat Pilot – Planning activities. • Hosted booth at various Outreach community events. • TakemyHand presentations – ongoing • Processing with chat operators after difficult chats; provide trainings for managing mental health of operators. • Provide resources for both staff and chat participants (as needed). • Added a large billboard on 60 freeway • Team created t-shirt with wellness design and message for the unhoused. • Rural zip code outreach with digital and physical marketing. • Approved new billboard ads with ASL logo. • Approved expansion of billboards. • Release Android app version - Pending • Add ASL to Terms of Service videos - WIP • Senior Peer Melissa trained two deaf Peer members to use the video chat feature to pilot chat support for the deaf and HoH. • Clinical perspective observation: Some chat consumers find it comforting to have chat operator acknowledge they remember chatting with them before. It may be worth disclosing a protocol to navigate such circumstances from people who are regularly visiting and accessing support. • Clinical perspective observation: Chat operators benefit from regularly scheduled group debrief meetings where they can discuss together approaches to common struggles, receive clinical advice, mindset shifts and emotional support for their own self-care. • Art Works Introductions. Meeting staff and learning from art works as a resource for consumers. **A4i** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers	La CLAve teaches about detecting the signs of a serious mental illness to motivate community to seek early treatment. Blind Services Resource Center received one charging station. These kiosks are approved to be delivery in Riverside Community College campuses (5), Norco campus (1) and La Sierra University Riverside campus (5). • Contract amendments are ongoing as sites are approved for installation. • Distribute/Track devices data activation. • Track check-in and checkout phone/iPad/tablets devices. • Thirty Android Tablets were distributed to the Peer Support Resource facilities (Western, Mid-County and Desert). These tablets will be a resource for consumer group sessions to continue the training with consumers on the utilization of wellness apps. • The Android version of the TakemyHand™ app will get pushed to the android devices. These devices will be deployed to clinic sites so staff can have on hand as a resource for consumers during a group session or for individual intervention sessions. • Ten iPad tablets were configured for easy access to the kiosk website to offer to clinics that will participate in the implementation of Whole Person Health Care assessment/screening workflow. Corona Wellness Behavioral Health Clinic and Banning Mental Health clinics were identified as the clinic sites that will serve as a model for this WPHS Screening workflow implementation. • Signed the sixth amendment to place last order of kiosks for the H@H program. **Deaf and Hard of Hearing Community Needs Assessment** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our DHoH community members on their mental health needs. • Surveys completed overall is 46. • Modified survey to ensure gift cards are only sent to Riverside County residents • Modified survey QR code in Qualtrics to be an available in clinic during clinic hours M-Th. 8-5 to allow Gloria in CODIE's office to have members take the survey during business hours and not just during outreach events. • Ten ASL digital literacy videos are available at the 64 kiosks (soon to be 75 kiosks) countywide. In 2021, in partnership with Sorenson and The Center

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	and Tech Lead and Dreamsyte worked on the professional development of the video. • Video is live and posted in the www.takemyhand.co website. • The Spanish and ASL versions of the Terms of Service video are in planning phase. • TakemyHand Resources Updates (English/Spanish) –Peer Team. • New Digital Peer Billboards live – January 2023. • New PRINT Billboards LIVE – January 2023. • TakeMyHand Marketing messages completed and provided to Dreamsyte –Buses Ads, Teacher outreach and LGBTQ+ family support. • Message creation for social media posts (H@H Team). • Valentine's Day images created for Social Media posts • Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram). • TakemyHand mobile app icon was designed and completed (H@H Team/Dreamsyte). • TakemyHand mobile IOs app was submitted to Apple Developer. • Publishing of the app was not approved. • The following revisions to the app were requested: Required users to review terms of service and submit a video demonstrating that our chat operators are able to ban trolls. • Modification to on boarded mobile app screens were completed to include the terms of service mobile app onboarding screen. • Modification to onboard mobile screen was completed to include one screen in Spanish language to inform app users that the chat service is also offered in Spanish. • Video was recorded and uploaded in Vimeo demonstrating how to Ban trolls. • Working on a new service line for ASL that will utilize video and ASL trained Peer support. • Met with video vendor to see a demo with Gloria and Rachel, our DHoH collaborators. • Planning the creation of marketing material specific to target DHoH audiences. • Plan the update terms of service to cover video chats. **TakemyHand San Francisco:** • MOU approved (1/29/2023) • Waiting on San Francisco legal Counsel approval	**A4i** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more. • Overall total of 50 care team members on boarded to date. • Overall total of 87 participants on boarded to date. • Engaged in supporting participants connected through the peer resource center and provided wellness check in calls. • Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Updating Participant training documentation (as needed/ongoing). • Continue to onboard new Clinicians and Care Team and build relationship with them. • Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team. • A4i workflow for Peers – Updated - Peer Team. • A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team. • A4i Tech Support (ongoing) -Peer Team. • A4i Post of the Day (ongoing) -Peer Team. • A4i Newsfeed Monitoring (ongoing) H@H Team. • A4i Caseload tracking (ongoing) -Peer Team. • A4i Onboarding of new participants (ongoing) -Peer Team. • A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team. • Administer A4i Tech Survey (Peer Team). • A4i Phone Processing and Updates (Peer Team). • A4i Checklist Documents (Peer Team). • A4i Peer Workflow Documents (Peer Team). • A4i Reminder Infographics (Peer Team). • A4i Consumer Recruitment Flyer (Peer Team). • A4i Review PP (Peer Team). • A4i x Riverside x CalMHSA meetings (H@H Team). • Support A4i Survey measure administration (Peer Team)	• App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more. • Overall 50 care team members on boarded to date from 12 different clinic sites countywide. • Overall 100 participants on boarded to date. • Engaged in supporting participants connected through the peer resource center and provided wellness check in calls. • Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Updating Participant training documentation (as needed/ongoing). • Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team. • A4i workflow for Peers – Maintained - Peer Team. • A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team. • A4i Tech Support (ongoing) -Peer Team. • A4i Post of the Day (ongoing) -Peer Team. • A4i Newsfeed Monitoring (ongoing) H@H Team. • A4i Caseload tracking (ongoing) -Peer Team. • A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team. • A4i Phone Processing and Updates (Peer Team). • A4i Checklist Documents (Peer Team). • A4i Peer Workflow Documents (Peer Team). • A4i Reminder Infographics (Peer Team). • A4i x Riverside x CalMHSA meetings (H@H Team). • Support A4i Survey measure administration (Peer Team) • Distribute/Track A4i e-gift card incentives (H@H Team) • Adding new resources from to A4i -upcoming • Bugs -no mood reminders showing 3.4 0.5 instead of 0.0/0.0 like the others on clinical portal -currently being worked on, will update when fixed. • New Digital therapeutics Certificates for 18 care team members during this quarter– planning distribution. • Update all A4i materials (Yuni and Peer Team) • Plan and held graduation ceremonies for A4i	on Deafness Inland Empire, known as CODIE. Ten Digital Health Literacy videos were produced and adapted to ASL and with the expansion of kiosks deployment, this ASL educational resource has expanded as well. **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. • TakemyHand ™ ASL video chat Pilot –went LIVE in December 2023. • Add ASL to Terms of Service videos – completed • Senior Peer Melissa trained two deaf Peer members to use the video chat feature to pilot chat support for the deaf and HoH. • TakemyHand ™ infographic created and flyers distributed to the CODIE's office. • TakemyHand ™ swags distributed to the CODIE's office to promote the ASL video chat pilot. • Wellness Check- in quiz in TakemyHand – Work in Progress. • Help@Hand clinical therapist provides support for crisis chat coverage (ongoing). • TakemyHand Peer Chat Operation Oversight (ongoing). • Recovery Language Training (ongoing). • TakemyHand Peer Chat Coverage (ongoing). • Update TmH Peer Chat Operator Manual (as needed). • SOW to contract with Sorenson completed. • TakemyHand ™ Terms of Services video with ASL video integration was completed and posted in the English and Spanish landing TakemyHand ™ websites. • TakemyHand ™ Resources Updates (English/Spanish) –Peer Team. • Message creation for social media posts (H@H Team)-ongoing. • Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram). • TakemyHand ™ T-shirts distributed at "Learn & Earn" digital literacy group sessions countywide. • Hosted booth at various Outreach community events. • TakemyHand presentations – ongoing • Processing with chat operators after difficult chats; provide trainings for managing mental health of operators.

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	A4i **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more. • From January to March 2023 – 10 new care team members on boarded. • From January to March 2023 – 16 new participants on boarded. • A4i Vendor published newsletter spotlighting Help@Hand Riverside Staff & Care Team Members. A4i Vendor issued Digital Therapeutics Certificates to Help@Hand Staff and Care Team Members (2/1/23). • SAPT Meeting Presentation with PSS Chris Galindo & Senior CT Josephine Perez (2/22/23). • Second A4i Newsletter sent out to RUHS managers and administrators (3/8/23). • Created Updated Newsletter for Care Team to receive updates, information and tips. • Engaged in supporting participants connected through the peer resource center and provided wellness check in calls. • Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program. • H@H clinicians are implemented as assigned clinician for Peer Resource Center participants (not otherwise connected to a clinic in the system) - which involves following case and providing case management services. • Interviewed and celebrated participants graduating from the A4i Pilot and several of the participants chose to continue using the A4i app to support their wellness. 1/26/23 A4i Graduation Celebration Q's: When you meet with each of the participants who are ending their A4i participation, would you ask the following questions? 1) How has reporting their sleep, mood, goals, and meds been helpful in managing their symptoms? 2) How has the A4i helped the individual to make	• Distribute/Track A4i e-gift card incentives (H@H Team) • Feature Development Updates. The @mention feature – WIP - currently being tested • Adding new resources from to A4i -upcoming • Bugs -no mood reminders showing 3.4 0.5 instead of 0.0/0.0 like the others on clinical portal -currently being worked on, will update when fixed. • Fixed allowing hashtags • Fixed the error that is not letting images be posted • 31 potential candidates to be contacted • New Digital therapeutics Certificates – Set for July • Update all A4i materials (Yuni and Peer Team) • A4i participant being triggered about post not being approved and discontinuing because of phone call to discuss issue. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • On boarded two new PSRC's and have H@H CT as primary clinical care team member for participants • Assess potential participant's fit for program including interviews and documentation research **Recovery Record App for Eating Disorders** **Target Area:** Improve Outcomes for High-Risk Populations **Population:** Consumers receiving Eating Disorder Treatment • The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • On boarded 17 participants. • On boarded 36 Care Team Providers. • Presented to a large number of clinical practitioners • Spotlight report on Riverside's collaboration with Sacramento County is completed. • Collaborate with team to strategize best practices for marketing and utilizing resource • Created Newsletters for Care Team providing updates, invitations to continue participating, and tips for utilizing resource in sessions • Presentations on resource • Onboarding & Training of new Care Team Members (ongoing). • Created infographic for consumers • Authored Spotlight highlighting collaboration with other county • Updated onboarding documents	participants who completed program • A4i posted a news story about the importance of peer support as digital health champions: Igniting Engagement: Peer Support Workers as Digital Health Champions – Memotext • Started planning of hosting A4i to record panel discussion and interview recording of staff and participants Nov 15. **Recovery Record App for Eating Disorders** **Target Area:** Improve Outcomes for High-Risk Populations **Population:** Consumers receiving Eating Disorder Treatment • The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • On boarded 17 participants. • On boarded 36 Care Team Providers. • 2nd. Newsletters for Care Team providing updates, invitations to continue participating, and tips for utilizing resource in sessions sent out. • Presentations on resource. • Onboarding & Training of new Care Team Members (ongoing). • Brought on peer to support in managing tracking of project • Coordinate distribution of devices for care team and consumers • Maintain/update workflow for managing tracking of project • Created a RUHS Welcome Packet to email to new clinicians. Packet includes all Newsletters, Recovery Record flyer pdf, "how to" directions for supporting clients with retrieving their e-gift card incentive, initial measurement survey, 3-month measurement survey , and 6-month measurement survey, "What's Next?' Recipe" pdf. This recipe is a systematic infographic for clinicians to better understand what order the pilot process takes place. This helps them to navigate through all the new information they receive as well as stay organized in knowing what to expect next. • Created tracking sheet to follow when incentives have been sent and when they were due. • Milestone/lesson learned: Created external spreadsheet to track clinicians added to the pilot program, as it was discovered that the Recovery Record dashboard was deleting inactive participants, and did not have a historical account	• Provide resources for both staff and chat participants (as needed). • Added large billboards with approved ASL chat icon at the mayor Riverside county freeways countywide. • Team created t-shirt with wellness design and message for the consumers and the unhoused. Distribution started with "Learn & Earn" training sessions. • Stigma Reduction Backpacks are being distributed countywide during the "Learn & Earn" digital literacy activities. • Rural zip code outreach with digital and physical marketing • Added ads for Brothers of the Desert Corporation. • Coordination of message creation for social media posts (H@H Team). • Collaborated with local Community Colleges for integration and use of chat within the college Health Services Department (Clinician). • Processing with chat operators after difficult chats, provide trainings for managing mental health of operators (Clinician). • Provide resources for both staff and chat participants as needed (Clinician). • Coordinated t-shirt inspiration design selections (Clinician). • Submitted a proposal to Deputy Director of Quality Management for expansion of TmH program to include Chat operators stationed at Community Colleges for enhanced access to consumers and community support (Clinician). • Presented ways to utilize TakemyHand at RCC Career Center workshop: Self Care for Job Seekers (Clinician). • Promoted TmH at RCC Mental Health Awareness event, RCC and MVC Suicidal Awareness event (Clinician). **A4i** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more. • Overall, there is 50 care team members on boarded to date from 12 different clinic sites countywide.

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	lifestyle changes, such as finding options for homelessness, options to take their meds (injections vs pills)? 3) Did the A4i help them stay in communication with their care team? Participant 1 Answers: Yes, it helped me. I remembered to take my meds. Yes, I used the files. It was more for coping skills and information on other stuff. It worked for me. I liked the references. The dashboard makes you realize that it is not just you. I used to send him messages. Then we would talk about it. He would bring up my post, and so we would talk. 2/23/23 A4i Graduation Celebration Q's: When you meet with each of the participants who are ending their A4i participation, would you ask the following questions? 1) How has reporting their sleep, mood, goals, and meds been helpful in managing their symptoms? 2) How has the A4i helped the individual to make lifestyle changes, such as finding options for homelessness, options to take their meds (injections vs pills)? 3) Did the A4i help them stay in communication with their care team? Participant 1 Answers: Yes I am fine at this time Yes, we talked about the app. I liked this program. It helped me a lot. I would not always use it, sometimes lazy, but on Saturday/Sunday, I would click through and see that I need to do something. I would say there do need to be more options in Spanish. Sometimes Spanish speakers do not ask for help. I think this would be good for them. Participant 2 Answers: Yes, I noticed I felt at peace. I was able to speak up more and actually talk about what was going on for me. That was a big change. I actually used recourses. Yes. • Updated Tech survey to better capture participants' best fit for app utilization. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Updating Participant training documentation (as needed/ongoing).	• Brought on peer to support in managing tracking of project • Coordinated distribution of devices for care team and consumers • Created workflow for managing tracking of project **Man Therapy for Suicide Prevention** **Target Area:** Suicide Prevention among men **Population:** White Male over 45 • Collaborated with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • Man Therapy presentations – 6 • Ambassadors Training • Weekly stakeholder meetings • Approved plan 2 of the marketing plan. • Held a meeting with one of the members of the executive team and the county marketing team due to concerns about the printed marketing creatives. Thomas, from Man Therapy presented about the evidence based research approach and their previous successes with engaging man on the content of their website. • Eliminated some of the creatives for posters, wallet cards, coasters, coolies, stickers and t-shirts. • Sunline bus ads went live. • Presentations & Training for incorporating Man Therapy in a clinical lens (ongoing). • Created QR code for easy access to 20point Head Inspection (assessment) • There has been a consistent increase in self-assessments completed on the Man Therapy website for Riverside county: o April 2023 –20-Point Head Inspections completed in Riverside County -265. o May 2023 –20-Point Head Inspections completed in Riverside County -281. o June 2023 –20-Point Head Inspections completed in Riverside County -530. **La CLAve** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • La CLAve is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier. • Hosted May 25 information session to recruit participants for facilitator training.	of clinicians added. Once H@H was able to request this information, we were able to have a better sense of what the numbers meant on the dashboard. • 25 consumers enrolled • 54 clinicians enrolled o 16 clinicians have been linked to a consumer and are actively in UCI H@H evaluation **Man Therapy for Suicide Prevention** **Target Area:** Suicide Prevention among men **Population:** White Male over 45 • Collaborated with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • Man Therapy presentations – ongoing. • Meetings with vendor • Approved plan 2 of the marketing plan. • Presentations & Training for incorporating Man Therapy in a clinical lens (ongoing). • Promote Man therapy and the 20-point Head Inspection (assessment) in community outreach activities countywide. • Participated in translating the Man Therapy creatives to Spanish language. • Approved expanded budget and marketing plan for billboards • Approved locations for billboards • With the support of digital add advertisement, there has been a consistent increase in self-assessments completed on the Man Therapy website for Riverside county: o July 2023 –20-Point Head Inspections completed in Riverside County -13. *The pause on digital ads affected this number. o August 2023 –20-Point Head Inspections completed in Riverside County -607. o September 2023 –20-Point Head Inspections completed in Riverside County -763. **La CLAve** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • La CLAve is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier. • La CLAve is promoted on ongoing basis during the community outreach events.	• Overall 102 participants on boarded to date. • Engaged in supporting participants connected through the peer resource center and provided wellness check in calls. • Attend diversion Court to support participant (Peer) • Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Updating Participant training documentation (as needed/ongoing). • Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team. • A4i workflow for Peers – Maintained - Peer Team. • A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team. • A4i Tech Support (ongoing) -Peer Team. • A4i Post of the Day (ongoing) -Peer Team. • A4i Newsfeed Monitoring (ongoing) H@H Team. • Create Kindness Wednesday posts (Peer Team). • Create Nature Thursday posts (Peer Team). • A4i Caseload tracking (ongoing) -Peer Team. • A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team. • A4i Phone Processing and Updates (Peer Team). • A4i Checklist Documents (Peer Team). • A4i Peer Workflow Documents (Peer Team). • A4i Reminder Infographics (Peer Team). • A4i x Riverside x CalMHSA meetings (H@H Team). • Support A4i Survey measure administration (Peer Team) • Distribute/Track A4i e-gift card incentives (H@H Team) • Adding new resources from to A4i -upcoming • New Digital therapeutics Certificates for 18 care team members during this quarter– planning distribution. • Update all A4i materials (Yuni and Peer Team) • Plan and held graduation ceremonies for A4i participants who completed program • UCI provided Preliminary Provider Interviews Outcome Report • County Evaluation Team and A4i collaborated in providing app outcome data report for the HEARTS23 Showcase event. • H@H team, county marketing and A4i team worked on the planning of the HEARTS23 A4i/RUHS BH showcase event. • Dr. Stephen Schueller was our HEARTS23 Keynote Speaker.

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	• Continue to onboard new Clinicians and Care Team and build relationship with them. • Reviewed data for feedback in awarding a Digital Health Literacy Certificate for Care Team members. • Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team. • A4i workflow for Peers – Updated - Peer Team. • Two Participants from the A4i pilot have now been connected to services --Peer Team. • A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team. • A4i Tech Support (ongoing) -Peer Team. • A4i Post of the Day (ongoing) -Peer Team. • A4i Newsfeed Monitoring (ongoing) H@H Team. • A4i Caseload tracking (ongoing) -Peer Team. • A4i Onboarding of new participants (ongoing) -Peer Team. • A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team. • Administer A4i Tech Survey (Peer Team). • A4i Phone Processing and Updates (Peer Team). • A4i Checklist Documents (Peer Team). • A4i Peer Workflow Documents (Peer Team). • A4i Reminder Infographics (Peer Team). • A4i Consumer Recruitment Flyer (Peer Team). • A4i Review PP (Peer Team). • A4i x Riverside x CalMHSA meetings (H@H Team). • Support A4i Survey measure administration (Peer Team) • Distribute/Track A4i e-gift card incentives (H@H Team) • A4i Evaluation Measures report completed (Evaluation Team) • Help@Hand and Evaluation Managers were guest speakers at the DEI Grand Rounds meeting. Presentation Title: App4Independence (A4i) Mobile App Pilot – A Digital Support Path for Emotional Wellness. • Digital Therapeutics Certificates received from A4i. Care team members and Help@Hand team champions received a digital therapeutics certificate from A4i (2/15/2023). Learn more at: https://www.a4i.me/a4i-care-team-champion-certificate/ • Spotlight: Meet the people behind our Help@Hand Pilot. Learn more at: https://www.a4i.me/2023/02/01/helpathand_pilot_team/ • Created an infographic for UCI story • Provided Peer stories for UCI to include in their report	• Defined SOW for Dreamsyte to integrate content in the TakemyHand app • Added SOW for La CLAve to provide facilitator training • Executed agreement to additional SOW for Dreamsyte • Dr. Lopez presented at the Jefferson Wellness clinic • La CLAve outreach Help@Hand booth during May is Mental Health events. • One facilitator training completed. • Planning/Implementation collaboration meetings with La CLAve team. • Work with Dreamsyte to integrate La CLAve content within TakemyHand app is in progress. • La CLAve meetings/pitch • La CLAve presentations - 6 • Create 100 copies of the La CLAve movie for RUHS-BH clinics. • Started distribution on La CLAve movies for the Desert and Older Adult clinics. • Marketing in presentations • Participate in collaborative meetings and suggest ways peers can have a role in project (hiring people who have firsthand experience and can speak to the need for this support) • EVALUATION: The riverside evaluation team designed/completed the following: o La CLAVE Facilitator Training Post Survey o La CLAVE Post Survey Summary Report o LaCLAve Post Survey_ENGLISH_Fillable o LaCLAve Post Survey_Spanish_Fillable **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations **Population:** FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65. • The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle).	• Four facilitator training completed. • Planning/Implementation collaboration meetings with La CLAve team. • Work with Dreamsyte to integrate La CLAve content within TakemyHand app is in progress-ongoing. • La CLAve meetings/pitch • La CLAve presentations – ongoing. • La CLAve DVDs movie is distributed to the RUHS-BH clinics and community organizations who participate in the facilitator training. • EVALUATION: The riverside evaluation team designed/completed the following: o Collected La CLAVE Facilitator Training Post Survey **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations **Population:** FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65. • The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • There has been no change on the distribution of the surveys for any of the three funnels (BH, Community Health and Outreach & Navigation). • Testing WPHS Adolescent version started. • County marketing team created WPHS Flyer and it has been approved for use. • Carasoft/Accenture/CalMHSA/UCI implementation meetings (H@H Team). • Distributed survey at one BH pilot clinic • Adolescent Qualtrics/Integration with myAvatar completed. • County marketing team approved project logo that can be used in creating swag materials • Swags (Bookmarks, tissues, lip balm) including the Adult WPHS QR code were ordered to promote during outreach activities. • Provide trainings and presentations including	• A Health Empowered by A4i Riverside's Transformative Showcase -HEARTS A4i Showcase event completed in November 15, 2023. The purpose was to explore how A4i is revolutionizing healthcare at RUHS-BH. The event was designed to inform, engage, and inspire healthcare professionals, consumers, and digital health enthusiasts on lessons learned, consumer and system outcomes and to show how A4i is leading the way in healthcare innovation, scaling peer support, and enhancing the overall healthcare experience of individuals living with a serious mental health condition. Consumer and care team panels were part of the programming. Videos with real life testimonies of how A4i has impacted the life of pilot participants were also a key component of HEARTS A4i Transformational Showcase. You can see some of the HEARTS A4i videos at https://vimeo.com/showcase/10798859. • H@H Peer and clinician met with the A4i team to share strategies and training materials on Peer Care Team implementation workflows. • Updating Participant training documentation to include clinical voice- (as needed/ongoing). • Analyzed data and developed list for Care Team member Digital Therapeutic Certificate Master List. • Created final A4i Newsletter with updates. • Participated in coordination and presentation of Care Team Panel at HEARTS Showcase (Clinical, Peer, Admin, A4i, Evaluation, and UCI). • A4i graduation ceremonies continued during this quarter and we continued getting amazing testimonies from our A4i pilot participants. There will be 15 to 16 graduation ceremonies completed by February 2024. • Two Participants from the A4i pilot were connected to clinic services. • Speaker on key learnings (Senior Peer) • Peer team members, clinician and staff care team members participated in HEARTS23 staff panel. • HEARTS23 Showcase event - coordinated the preparation of video testimonies with the marketing team. • HEARTS23 Showcase event –coordinated with care team members to select participants for consumer panel. • HEARTS23 Showcase event – prepare communication materials for countywide promotion (team and A4i). **Recovery Record App for Eating Disorders** **Target Area:** Improve Outcomes for High-Risk Populations **Population:** Consumers receiving Eating Disorder Treatment

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	Recovery Record App for Eating Disorders **Target Area**: Improve Outcomes for High-Risk Populations **Population:** Consumers receiving Eating Disorder Treatment The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. Pilot Proposal planning: Wrote consent form for proposal package. • Implemented edits and feedback. • Drafted workflow for pilot. • Co-facilitated in demo training. • Review user guide. • Created templates for training guides including Canva and Articulate materials. • Created a client persona to familiarize with dashboard and app. • Received BH director approval for pilot proposal • Contract executed • Completed training for ED champions • On boarded three new providers and participants week of 2/13 • Executed UCI SOW for the project • On boarded first RR Care Team Provider for youth participant (1/23/23). • RUHS/Sacramento ED Program Conversation Meeting (2/2/23). • Onboarding training with RR (Elissa) (2/14/23). • On boarded first RR Care Team Provider for adult participant (from Temecula Adult Clinic) (3/14/23). • From January 2023 to March 2023 – nine care team providers were on boarded. • From January 2023 to March 2023 – nine participants were on boarded. • Successful start to the pilot! Trainings and dashboard implementations have taken place. **Man Therapy for Suicide Prevention** **Target Area**: Suicide Prevention among men **Population:** White Male over 45 • Collaborated with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • Approved plan 1 of the marketing plan. • Resources for the Riverside region added to the Man Therapy website.	• Outreach & Navigation Respondent Funnel – 11,320 distributed, 251 completed. • Community Health Respondent Funnel – 438 distributed, 14 completed. • Behavioral Health Respondent Funnel – 75 distributed, four completed. • Testing WPHS Adolescent version started. • County marketing team created WPHS Flyer and it has been approved for use. • Carasoft/Accenture/CalMHSA/UCI implementation meetings (H@H Team). • Distributed survey at one BH pilot clinic • Integration with myAvatar completed • Created dashboard workflow to case managers. • Clinical documentation will be in myAvatar • Updated kiosk page to include access to the WPHS. • Included a QR code image. • Presented to Clinic Managers at QIC meeting. • Plan to expand survey distribution in other BH clinics. • Collaborate with marketing strategy teams and clinicians for changes (ongoing). • Provide trainings and presentations including ways to utilize this resource. • Created a flyer for clinical and consumer use that offers easy access and information to WPHS. • Learn more about WPHS: https://www.youtube.com/watch?v=ykZvI3BBv08 **Painted Brain- Digital Mental Health Literacy** **Target Area:** Improve Service Access to Underserved Communities. **Population:** FSP, TAY, Adults over the age of 65 • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Created PP for Painted Brain pitch • Planning/Implementation collaboration meetings with Painted Brain team. • Virtual train-the-trainer workshops completed for all Riverside geographic regions (Western, Desert and Mid-County). • EVALUATION: The evaluation team completed a staff satisfaction survey report. • Complete four adult Appy Hour sessions per region – planning.	ways to utilize this resource. • Connected with juvenile detention treatment center and discussed potential for integrating as part of assessment for families as well as youth. Discussed potential need for changing wording of questions referring to what they do for work/school. • Created bookmark infographics as swag, selected swag lip balm/ sunscreen combo, and tissues. • Learn more about WPHS: https://www.youtube.com/watch?v=ykZvI3BBv08 • 39 surveys completed **Painted Brain- Digital Mental Health Literacy** **Target Area:** Improve Service Access to Underserved Communities. **Population:** FSP, TAY, Adults over the age of 65 • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Painted Brain engagement invitation during various meeting including Managers/Administrators Meeting • Countywide email promoting "Appy" Hour sessions. • Monitoring the Excel tracking sheet for when clinics sign-up for Appy hour and assigning a peer to support hat group. • Support with setting up room and folders, passing out phones and helping with handing out shirts. • Peer team supported PB with the app SuperBetter. Created emails and help consumers get verifications codes in their emails to use the app. • Planning/Implementation collaboration meetings with Painted Brain team. • Completed 20 Appy Hour group sessions (14 Adult, 3 TAY, 3 Older Adult) • EVALUATION: The evaluation team collecting "Appy" Hour satisfaction survey report. **Outreach Activities & Swags Promotional Distribution** • Morongo TANF Native Community Members: Morongo • Rural Zip Code Outreach: Perris • Child Support Backpack event: Riverside, Community Members	• The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • On boarded 26 participants. • On boarded 50 Care Team Providers. • Collaborate with team to strategize best practices for marketing and utilizing resource. • Created Newsletters for Care Team providing updates, invitations to continue participating, and tips for utilizing resource in sessions • Presentations on resource. • Onboarding & Training of new Care Team Members (ongoing). • Created infographic for consumers. • Updated onboarding documents. • Brought on peer to support in managing tracking of project. • Coordinated distribution of devices for care team and consumers. • Created workflow for managing tracking of project. • Troubleshooting and problem solving with missing data from vendor dashboard- found solutions. • Re-sent invitation links for care team members added to dashboard but had not yet clicked to register, in attempt to capture more utilization data. • Created infographic designed to inform and remind care team members process for pilot such as gathering measurement surveys, linking a client, utilizing the app and H@H support. **Man Therapy for Suicide Prevention** **Target Area:** Suicide Prevention among men **Population:** White Male over 45 • Collaborated with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • The number of Man Therapy head inspections completed for 2023 is 9,534. • Paid Google Ad performance shows 14,655 head inspections completed for Year 2023. Paid Google ads were not run for the month of July. Thus, google adds performance is for 11 months. • For California statewide, there are 16,033 head inspections completed in 2023. • Participated in the Man Therapy Partner Summit -November 21- Riverside shared a lifesaving testimony. • Man Therapy presentations – ongoing. • Meetings with vendor • Approved plan 2 of the marketing plan.

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	• Held a meeting with the PEI Manager to discuss collaborating on the outreach effort and utilize the Suicide Prevention Coalition logo in the swags materials. Thus, the marketing strategy will be taking a co-branding approach. • Held a meeting with the County marketing team due to concerns about the campaign. The executive director of marketing was consulted on any concerns with the man therapy marketing campaign. Thomas, from Man Therapy presented about the evidence based research approach and their previous successes with engaging man on the content of their website. • Chose posters, wallet cards, coasters, coolies, stickers and t-shirts. • Approved billboard ads and swag materials. • Approved Phase 2 marketing plan. • Quality Improvement Committee (QIC) Meeting Presentation (2/1/23). • Paid Social went live (2/1/23). • Meta Social went live (2/17/23). • Radio advertisements launched (2/20/23). • Radio Marketing Tactical Breakdown: Broadcast Radio – we are running on the local sports station in Riverside, CA – Fox Sports 1350: https://foxsportsradio1350.iheart.com/ Streaming Audio – Format: Audio commercial deployed to those who are listening to streaming radio on the iHeartRadio app listening to the formats that we have selected, and they are physically sitting inside of Riverside Country, CA. (Formats – Rock, Country, Sports, News Talk, Alt). Note that the commercials will run primarily on iHeartRadio, but we also can tap into other unsold inventory on competing platforms like Apple Music, Pandora, etc. as long as they are tuning into the same formats and sitting in the geo. Streaming Audio – Audience: Audio commercial deployed to those who are listening to streaming radio on the iHeartRadio app and physically sitting inside of Riverside Country, CA. They are targeted based on past behavior using 1st & 3rd party data to show they are: Male iHeart Display: display banners that will appear on the iHeartRadio app and websites for local iHeart radio stations in Riverside County, CA iHeart Audience Display: Banner ads displayed across a network of tens of thousands of websites and apps deployed to those that are men, farmers, sports fans, blue collar works,	• Complete three TAY sessions per region- planning. • Complete six older adult sessions per region – planning. **Outreach Activities & Swags Promotional Distribution** • Department of Child Support Service • Scott Turf Outreach Temecula • The safety leader at Scott Turf started a wellness resource library with the HelpatHand swags and flyer resources we distributed to her. • Peace for Chaos Blythe, Ca • Palm Desert May is MH Month - May 3rd • Latino Commission-1st Annual Mental Health Walk -Coachella May is MH Month - May 6th • Menifee May is MH Month (county) - May 11th • Riverside May is MH Month (county) -May 18th • CODIE in-person event April 11-12. • CODIE Deaf Wellness Day - May 20th • NICC 2023- 2023 National Innovative Communities Conference • Outreach Event Perris - Spring into Action -Apr.6 • Second Annual Inter-Tribal Wellness and Recovery Gathering Campout. • AAPI Neurodiversity Awareness • Autism Acceptance Walk • May the 4th Be with You-Children Event • Mental Health Collaborative Meeting • AAPI Heritage Month • Deaf & Hard of Hearing-MH Event • MHSA Public Hearing-Hemet • Summer Solstice 2023 – Hemet • MHSA Public Hearing-Moreno Valley • MHSA Public Hearing-Rancho Mirage • IEHP Meet & Greet **Other Administrative Activities** • Tech Lead presented at society of Digital Mental Health June 2023	• Outreach: Rural zip code outreach Banning/Beaumont • Rural zip code Outreach Idyllwild • Movies under the stars: Nuevo • Inland Empire Disabilities Expo: Riverside County • Student Health Resource Fair Riverside City College • Learn4Life Back to School • Moreno Valley College-Suicide Prevention Month • Annual Mead Valley/Good Hope Town Hall • Riverside's IE PRIDE • Deaf Festival: Riverside • Peer member created a new tracking sheet for outreach efforts in rural areas. **Other Administrative Activities** • Peer Supervisor and Senior Peer interviewed five candidates to fill one open Peer Support specialist position. • Peer created presentation with all HelpatHand programs being offered (TakemyHand, Man Therapy, and La CLAve). • One of the Peer team member supports Spanish translations and have earned membership in the county Spanish translations committee. • Peer team met with supervisor of CBAT and got some questions answered about how CBAT respond to crisis calls. • September edition of the Help@Hand newsletter went out to the department. • Support on free gaming brochures, Free MH apps (English/Spanish).	• Presentations & Training for incorporating Man Therapy in a clinical lens (ongoing). • Promote Man therapy and the 18-point Head Inspection (assessment) in community outreach activities countywide. • Billboards went live county wide in English and Spanish. The selection of billboards included veteran's billboards. • With the support of digital add advertisement, there has been a consistent increase in self-assessments completed on the Man Therapy website for Riverside county. • Carter, Peer received training as Man Therapy Ambassador and has done presentations at the Veteran's Suicide Outreach meeting. • Chris and Peer team have done presentation at Morongo Indian Reservation. • Presentations & Training for incorporating Man Therapy in a clinical lens (ongoing). • Created QR code for easy access to 18-point Head Inspection (assessment) **La CLAve** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • La CLAve is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier. • Interview segments by Univision for TV, Radio, and online advertising and feature presentations. • Production of La CLAve .30-second commercial stories started and one story went live. • La CLAve is promoted on ongoing basis during at community outreach events. • Billboards, kiosk ads and Google ads invited users to visit UseLaCLAve.com to learn the signs of serious mental illness. For 2023, there were a total of 17,074 UseLaClave.com website visitors and 52,953 website visits. This was a 27% and 30% increase in website traffic in comparison to 2022. • In December 2023, Google ads were also run to direct users to Tomamimano.co and TakemyHand.co to learn la CLAve. There were 636 visitor visiting the "Learn La CLAve" and "Aprende La CLAve"page and 1,519 visits. • Four facilitator training completed. Conduct a hybrid in-person/virtual facilitator training class in January. Overall, five facilitator trainings will be completed for the project.

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	suffer from depression, etc. and sitting inside of Riverside County, CA – based off 1st & 3rd party data • Desert Leadership Team Meeting Presentation (2/21/23). • Adult System of Care Meeting Presentation (2/23/23). • BH Veterans Committee Meeting Presentation (3/1/23). • Help@Hand Collaboration Meeting Presentation (3/7/23). • Partners against Crime Presentation (3/9/23). • Man Therapy billboards were installed throughout Riverside County (3/9/23, 3/10/23, 3/13/23). • Provided feedback for suggested marketing and outreach. • Collaborated on product and outreach implementations, including reaching out to local Police Department connections in order to arrange presentation of information. • Sunline: awaiting contract, boards and shelter creative production ready and waiting for media placement contract • Collateral: final orders being placed with approved quantities and budgets **La CLAve** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • La CLAve is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier. • LaClave contract signed (2/9/23). • La Clave Kick-Off Meeting with Drs. Lopez & Kopelowicz (2/14/23). • La Clave Kick-Off Meeting with Help@Hand Team (2/21/23). • La Clave In-Person Event Presentation with H@H, Evaluation, Peace From Chaos, First Episode Psychosis, MHSA to review program materials and discuss project objectives (3/6/23). • Met with David Schoelen from BH MHSA. David suggested a public La Clave event at Rustin (3/9/23). • La Clave Public May event is in planning process. • La CLAve website published the announcement of the collaboration with Help@Hand Riverside (3/22/23). • La CLAve outreach Help@Hand booth during Peace From Chaos Event in Blythe, CA (3/25/23).			• Planning/Implementation collaboration meetings with La CLAve team. • Work with Dreamsyte to integrate La CLAve content within TakemyHand™ app is completed. • La Clave mobile app quiz –work in progress. • La CLAve meetings/pitch • La CLAve presentations – ongoing. • La CLAve DVDs movie is distributed to the RUHS-BH clinics and community organizations who participate in the facilitator training. • EVALUATION: Collecting La CLAVE Facilitator Training Post Surveys- work in progress. • Participate in collaborative meetings and suggest ways peers can have a role in project (hiring people who have firsthand experience and can speak to the need for this support) **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations **Population:** FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65. • The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • A new cohort was created within the Qualtrics platform: RivCoONE. The four funnels are: 1) Behavioral Health, 2) Community Health (Medical Center), 3) Outreach & Navigation (Medical Center) and 4) RivCoONE. • Behavioral Health cohort. At the end of this Quarter, there were 135 WPHS surveys completed. On January 27th, the number of WPHS surveys completed is 542. An incentive of $60 e-gift card is offered to consumers/family members/caregivers for taking the WPHS survey. The incentive and promotion department wide has helped with the increase of data records being collected. • Medical Center cohort (Community Health and Outreach & Navigation) has 296 surveys completed. • RivCoONE cohort has 326 surveys completed. • The WPHS Adolescent version is live. • Swags (Bookmarks, tissues, lip balm) including the

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	• Facilitator training is in planning process. • Planning/Implementation collaboration meetings with La CLAve team. • Defined SOW for Dreamsyte to integrate content with TakemyHand app **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations **Population:** FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65. • The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • Lessons learned from the cyber BOT attacked on the DHoH Qualtrics Survey were share with Carasoft/Accenture team and similar security settings were applied in the WPHS survey. • Spanish translations were provided throughout the Qualtrics survey development. • Went live with the WPHS Automated distribution of the survey (2/15/2023). Distribution List for Jurupa Valley was filtered to select patients who had taken the whole person health score in July/August 2022 (860 patients). This was further filtered down to select patients who did not have an appointment scheduled (~450 patients). 200 of those patients were randomly selected for initial distribution on 2/15. The preference is to send via text; if they do not have a phone number, then email (all contacts had phone numbers). • A second distribution list will took place also in February 2023 to the remaining patients in this initial distribution. • Created User Guide for WPHS Behavioral Health Clinicians for Phase 1 pilot. • Created flyer for WPHS marketing. • Presented WPHS launch information to Behavioral Health Clinic for Phase 1 pilot. • Troubleshooting phase of testing the WPHS			Adult WPHS QR code were distributed to promote WPHS in some clinics. • Provide trainings and presentations including ways to utilize this resource. • Offered Peer-led introduction class on using the WPHS. • WPHS swags (bookmarks, tissues, lip balm/sunscreen) were distributed to some clinics to support promotion of WPHS. • Department wide emails were sent to communicate staff members about their ability to promote the WPHS. User guides were provided including "WPHS Overview and Guide for the Clinical Perspective" and a Flyer for clinics to display in their lobbies. • Consumers/Family members and caregivers can take the survey from any of the kiosks place in lobby or by scanning the QR Code available in the kiosk or flyer provided. • Requests for $60 e-gift card incentives are made by RUHS-BH staff members department wide. • Our Executive Assistant is charge of distributing the incentives and overtime has been approved to keep up with requests. • Transition Age Group (TAY) WPHS survey QR Code was released to utilize only during the "Learn & Earn" digital literacy group sessions. • Parent consent form was created to utilize with the TAY WPHS Survey. • WPHS TAY version bookmarks were designed (English/Spanish) and print orders were placed to have available during the "Learn & Earn" learning sessions. • Created WPHS presentation for consumers attending Digital Literacy workshops. Updated infographics • Created WPHS USER GUIDE for consumers to take with them after workshops. • Created WPHS Overview and Guide for Clinical Perspective- training material as a means to educate staff • Collaborated in creating marketing materials and presentations to Spanish (PowerPoints, and bookmarks) • Provided Train-the-Trainer for Peer team to be ready to provide workshop presentations • Collaborate with marketing strategy teams and clinicians for changes (ongoing). • Provide trainings and presentations to RUHS staff including ways to utilize this resource • Created a flyer for clinical and consumer use that offers easy access and information to WPHS • Duplicated materials to be consistent with Adolescent version of assessment • Learn more about WPHS: https://www.youtube.com/watch?v=ykZvl3BBv08

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	survey, providing feedback to programmers. • Offer clinical perspective and feedback for survey and overall project. • Provided suggestions for enhancing overall project in Attend WPHS Governance meetings, office hour meetings, and sync meetings. • Testing WPHS survey. • Completed validation testing. • Completed phase 1 MVP. • Executed UCI SOW for the project. • Created marketing and education material. • Sent out survey to RUHS-BH distribution list. • Carasoft/Accenture/CalMHSA/UCI implementation meetings (H@H Team). • Learn more about WPHS: https://www.youtube.com/watch?v=ykZvI3BBv08 **Painted Brain- Digital Mental Health Literacy** **Target Area:** Improve Service Access to Underserved Communities. **Population:** FSP, TAY, Adults over the age of 65 • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Created PP for Painted Brain pitch • Planning/Implementation collaboration meetings with Painted Brain team. • Contract executed • Staff survey completed • 1-page summary of services and flyer completed • Identified apps to be trained at in-person training events • Communication plan for clinic staff identified • Presented to clinic managers/supervisors • Staff survey sent out • Schedule virtual train-the-trainer events and in-person training sessions. **Outreach Activities & Swags Promotional Distribution** • Hemet concert association –TakemyHand Infographics and outreach cards (1/29/2023). • Project Connect Resource Fair in Coachella (2/2023) • Coachella Valley Homeless and MH Resource Fair (2/16/2023).			**Painted Brain- Digital Mental Health Literacy** **Target Area:** Improve Service Access to Underserved Communities. **Population:** FSP, TAY, Adults over the age of 65 • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Painted Brain engagement invitation during various meeting including Managers/Administrators Meeting • Countywide email promoting "Appy" Hour sessions. • Monitoring the Excel tracking sheet for when clinics sign-up for Appy hour and assigning a peer to support hat group. • Support with setting up room and folders, passing out phones and helping with handing out shirts. • Peer team supported PB with the app SuperBetter. Created emails and help consumers get verifications codes in their emails to use the app. • Planning/Implementation collaboration meetings with Painted Brain team. • Collaborate with team to strategize best practices for marketing and utilizing resource • Completed 39 Appy Hour group sessions • Evaluation: The evaluation team completed the outcome report for "Appy" Hour satisfaction surveys. There were a total of 39 Appy Hour workshops conducted, from August 22nd, 2023 to November 1st, 2023, with a total of 447 consumers attending. The majority of participants were from the Mid-County region (44.3%, n = 198), followed by the Western region (44.1%, n = 197), and the Desert region (11.6%, n = 52), respectively. A total of 443 post-satisfaction surveys were collected (a 99.1% submission rate) from all of the Appy Hour workshops completed Countywide. Overall, there were a total of 39 Appy Hour workshops completed Countywide, where 24 were App workshops, and 15 were Internet Safety workshops. The "Don't Panic" wellness app was the most widely chosen workshop by clinics and consumers (a total of 12 workshops were completed, with 2 offered in Spanish), and the "Online Safety and Privacy" topic was the second most popular workshop topic that was chosen by clinics and consumers (a total of 9 workshops were completed). For more details, refer to the outcome report in the UCI evaluation report.

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	• TakemyHand Outreach Business cards are distributed regularly to community members. • Outreach Swags Distributed to Parent Center, Hemet, CA for further distribution to these three high schools sites (2/2/2023): • Tahquitz High School- 4425 Titan Trail, Hemet, CA 92545 • West Valley High School- 3401 Mustang Way, Hemet, CA 92545 • Hemet High School- 41701 Stetson Ave, Hemet, CA 92544 • Presentation w/Partners against Domestic Violence -Virtual TmH presentation (3/9/2023). • Victor Community in-service –TakemyHand and La CLAve In-service (3/21/2023). • Peace from Chaos Blythe, CA -Man Therapy, La CLAve, TakemyHand (3/25/2023). • Department of Child Support Service -H@H program promotion (3/28/2023). • Child Protective Services (CPS) Blythe events- Man Therapy, La CLAve, TakemyHand (2/7/2023, 3/28/2023). • Blythe Outreach Department of Public Social Services, District Attorney, City Hall, Superior Court -Man Therapy, La CLAve, TakemyHand (3/28/2023). • Ca Mentor Program- TakemyHand & LaCLAve promotion (3/31/2023). • 32nd Annual Migrant education Health Resource Fair, Mecca CA (3/31/2023). • Man therapy cards- Corona Wellness clinic (3/16/2023). • Vets TakemyHand infographics & Man Therapy outreach cards (3/16/2023). • TakemyHand In-Service, Perris, CA (3/16/2023). • First Episode Psychosis Program (3/27/2023). • TakemyHand In-Service, San Jacinto, CA (3/28/2023). **Other Administrative & Digital Literacy Activities** • Peer Meeting and Training. • CalMHSA Project Management Implementations and collaboration Meetings. • Peer Team check-in Meetings. • Free Apps Brochure – English/Spanish Updates (as needed) – Peer Team. • MyHealthPointe Portal (Peer Team). • The PeRL –update resources (Peer Team). • HelpatHand Quarterly Newsletter (Peer Team). • Shadow Peer Support Service at Corona Wellness Center.			**"Learn & Earn" Digital Literacy Training Activities** • Train in myHealthPointe. • Set up test client accounts in EHR. • Test myHealthPointe app. • Create user guides. • Create presentations to super users. • Be trained on WPHS to do consumer group sessions across the department. • Translated training materials in Spanish (bilingual team members: Mary, Victoria, Ilene, Juan, Martha). • Facilitate Spanish trainings (Mary/Juan) • Reach out to A4i participants to invite them to participate in the "Learn & Earn" training activities. • MyHP Account activation readiness (team). • "Reduce Stigma" backpack build • Tracking sheets for collecting participants rosters (T-shirt size, MR#, email address, myHP account activation). • Create myHP training presentation. • Support consumers that attending "Learn and Earn" in getting their incentives. • Support planning of training sessions with printing materials, food BPO, orders/pick up, set up, clean up, "Reduce Stigma" backpacks, etc. **Outreach Activities & Swags Promotional Distribution** TakemyHand™, Man Therapy and La CLAve swags and program infographics/flyers were distributed among different cities countywide (Cathedral City, Coachella, Indio, Hemet, Moreno Valley, Rancho Mirage, Riverside, Sacramento, Temecula and Mead Valley) at the following events. • NAMI Walk San Jacinto • 2nd. Annual Suicide Prevention Coalition conference • 2023 Halloween Book or Treat • 2nd Annual Suicide Prevention Coalition • Autism Acceptance Walk Cathedral City • Children's Clinic-Myers • Coachella Annual Veterans Day Pancake Breakfast • CODIE • Get Psyched, World mental Health Day, Moreno Valley Community College • Crossword Church • Family Fun Night • Fishing Derby • In-Reach Event • Longest Night • Morongo Tribal TANF • Recovery Happens • RUHS BH • Veterans Community Outreach Team (VCOT)

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	• Taking vehicle for maintenance (as needed) (H&H Team). • Vehicle miles logs (H&H Team). • Tracking/Review and Approval of program invoices. • Collaborate with CalMHSA Project implementation manager on SOW and contract negotiations. • Collaborate with CalMHSA Project implementation manager on Budget tracking. • Collaborate with MHSA Innovations Lead to complete state MHSA innovation report update for Help@Hand INN program (March, 2023)			• Victor community Service Program Presentation • Vision y Compromiso • Wellness Center • Breakfast with Santa **Upcoming Events** • Riverside Lunar Festival **Other Administrative Activities** • Maria Martha has been awarded the countywide Innovation award. • Work/Review Help@Hand budget forecast (Jeff, Leah, Maria Martha) • Review/Approve vendor invoices (ongoing). • Identify/Discuss UCI Spot Articles. Man Therapy, TakemyHand and La CLAVE. • Transition plan discussions for all the innovative initiatives. • For WPHS, CalMHSA will continue to hold the contract until then end of June. Jeff will be following up to notify Carahsoft RUHS will become the customer at the end of June and year 3 funding will need to be determined by Dr. Kumar. • Second Peer interviews were completed to fill one open Peer Support specialist position. Candidate selected and HR onboarding is in process. • Last Edition of the Help@Hand newsletter – Work in Progress • 2023 Impact reports – Work in Progress • Free gaming brochures is finalized. Printing order pending. • Tango Rewards Redemption Training to support all initiatives (Peer Team). • Design QR code fliers for TakemyHand, La CLAve and Man Therapy. • Order QR code stands to promote TakemyHand, La CLAve and Man Therapy.
Lessons Learned Across Year 5	**A4i** • Collaboration between the peer team and clinical therapist when recruiting new A4i participants produced high recruitment results for participants and care team members. • One new participant expressed feeling anxious about missing an appointment when the peers would set up a time to call (i.e. 12:30pm) and would not call until 5 or 15 minutes later. The peers had been responding to anyone having difficulty with this and say that peers try and make the appointment as best they can and sometimes it will be a little after the set time. The Help@Hand clinician worked with the peer team to shift the way they set up the times, so that participants knew what to expect and did not have to experience worry that their symptoms of schizophrenia had again caused them to miss an appointment and would not have to internalize a feeling of being unorganized and potentially losing important aspects of their care support. Instead, the clinician suggested they give peers a window of time, so that there are clear expectations. The peers have started to offer time slots and clarify that they will call any time between, for example, 12:15pm and 12:30pm. • Feedback for participants led to follow up and use of La CLAve to provide schizophrenia support and education content for Spanish-speaking individuals and family members. • A4i device activations incomplete: Philip provided info to Verizon business customer service. • A4i device activations require multiple restarts for them to work in Rustin building. We no longer can rely on leaving parking lot to get tower to relay signal to phone • Philip at Verizon can do activations with ICCID in two days. • A4i profile training and app uploads went well due (Trained 9 peers and Josie, Exec Assistant). • Trained five peers on A4i dashboard process prior to onboarding date. This made onboarding faster. • A4i peers can update phone apps, update google profiles, and perform voicemail setups (*86 with consumers).			

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- A4i onboarding can be done in as little as 3-7 days due to all peers cross-trained.
- A4i devices are sent immediately for activation once all updates are performed. This allows unscheduled onboarding requests to be filled.
- A4i Onboarding – Roll with resistance, it is not going to go perfect.
- Keep organized calendar
- When in doubt about post get guidance from peers or Mel
- I learned that when I am assigned as the A4i POD, it is easier to create posts prior to my assigned date and have them scheduled at least one day in advance so therefore I do not need to worry if content is ready to go or posting last minute and I can focus on approving posts and checking in with my participants.
- Challenging A4i completion celebration when both consumers didn't show up
- Participant suffering from social anxiety is now willing to participate a panel discussion about the A4i program
- Participants very talkative & asked a lot of questions
- Great turn out with 4 participants and their families
- Small turn out two people showed on one of the graduations.
- Will need more support than previous clinics- PSS Bryan from clinic not available.
- Eight consumers signed up. Many questions. Staff is supportive. Want lots of information regarding other H@H programs.
- Tech savvy consumers. Karrene CPSS is great. Large conference room with attentive staff.
- Supported A4i participant and mother at court with SPSS Family Advocate staff member Angie R
- Temecula needs more hands on with A4i- PSS Bryan unavailable. Some phones do not have current updates. Coordinated with Jaguar and A4i to troubleshoot updates.
- Consumers need more hands on support.
- Preparing the A4i welcome folders were easier as a team.
- Learned to double check collected A4i documents once finished onboarding process.
- Learned to roll with resistance, its okay if we make mistakes, just keep going - pivot find solution.
- HEARTS23 -We needed a bigger room with a better set-up than what we had. Also having a lot of the Peers support with set up and clean up was a huge help. I wish I had more time to speak on what the Peers did in with this project. I feel like so much was left out or I forgot to mention. This was an amazing thing to be a part of.
- HEARTS23 -Having the team member that has supported the participant say a meaning speech about them.
- HEARTS23 -Do an introductory speech
- HEARTS23 - I enjoyed it. It was amazing to see consumers talk about A4i. Also to meet Amos, Dr. Kidd & Wenjia (Mary).
- HEARTS23 -Nice to see everyone that has been a part of A4i and see the difference it has made in the lives of participants confirms the difference we are making (Ilene).
- Court supporting an A4i participant is very rewarding for Mary.
- A4i Re instate. Participant was very excited to come back on board.
- Participant Diversion Court. I was able to be part of his journey to get his cases dismissed and participant was granted MH court. Spoke with Public Defender, Rachelle (Mary).

Phone Devices

- Resetting phones was the best approach to protect participant information; however, these created kiosk configuration issues.
- Resetting a phone for another participant requires extensive testing and coordination with IT and device management software to establish a clear process.
- SIM cards going bad. This is another aspect of support issues that can arise when loaning devices. Discussed that many newer phones no longer have a physical SIM card.

Man Therapy

- Presenting at various behavioral health commissions and committees provided support for Man Therapy and requests for more presentations.
- Fit the presentation to the organization
- Altering pitch to women for men in life
- Have alternative ways of showing videos
- Creatives with explicit themes and messages were excluded from distribution.
- T-shirt is a strong incentive for participation
- Need to have creatives for baseball and soccer to reach our Californians and Hispanic/Latinx community.
- We have gotten great feedback about Man Therapy. Ida Bach, Behavioral Health Services Supervisor for Older Adults in Lake Elsinore & Temecula, talked about Man Therapy and the technology provided for our RUHS-BH. She wrote, "I was reluctant at first to join in a county group to be oriented with the MT (Man Therapy) website; but I kept an open mind. The resources given to individuals after the head check—provides individuals options for online therapy and a plethora of technology based support. The A4i and other progressive technology based helping websites, apps, AI, VR etc. are giving options for many individuals."
- There was high interest on Man Therapy at the Morongo TANF event. They wants us to collaborate with other tribe committees.
- Presented Man Therapy to Veterans Community Outreach Team (VCOT) digitally through teams meeting. Learned to double check PowerPoint before meeting and when slides are missing I can still go over the information without the slide.
- Man Therapy to Veterans Community Outreach Team virtually through teams meeting. Learned to double-check PowerPoint presentations before meeting. Slides were missing. I can still go over the information without the slide (Carter).

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- How to pitch Man Therapy, Consumer interaction, set up/tear down our booths and how to display the swag (Robert).
- Man Therapy website acquaintance/navigation (Robert).

Recovery Record

- Requested bi-monthly meeting with RR Vendor in order to resolve reporting, dashboard, and evaluation issues.
- Help@Hand Recovery Record team invited to join RUHS-Behavioral Health ED Program and Sacramento ED Program Conversation Meeting (2/2/23)
- Onboarding clinicians goes smoothly when app representative is part of the process. The app representative sets up the initial access and the Help@Hand clinicians onboard as a follow up to ensure understanding of the app, program, dashboard, and how to gain support when needed.
- Clinical teams respond to in-person reminders for registering by attending regular meetings, as well as respond to personalized emails asking if they need any support or have further questions.
- Clinical teams need reminders for process after onboarding their first participant because it does not happen often enough for it to be committed to memory.
- The clinicians need a welcome packet to have everything they need to know about the pilot part of the innovation program -all in one place and to know where they can go for questions.
- Many clinics have indicted interest in joining the pilot, but have reported being confused about whether they could join if they are not currently seeing any client with eating disorder. One clinician reported that she remembered hearing about the announcement and invitation to join, however she assumed it was only for clinicians who were "experts and specialists" in working with eating disorders. After clarification, she joined the pilot due to a peer support specialist arranging for me (H@H clinician) to present the pitch to their clinic.
- App data file was delayed and it caused delays in producing outcome summary report and contract renewal process within the county.

Deaf and Hard of Hearing Qualtrics Needs Assessment Survey

- Survey was brought down due to a cyber bot attack. During the first week of January 2023, the BOT was able to complete over 2,500 surveys. Our team was very glad that we did not enable the automatic distribution of incentives (Rewards Genius). Our distribution of survey incentives is manual, Gloria from our partner CODIE, reviews recipient email and verifies it is a CODIE member. She then notifies our team for an e-gift card incentive distribution.
- It took a very long time to complete
- The interpreting style (English vs ASL) varied from interpreter to interpreter making it hard to follow.
- The captions did not always match the interpreter
- Questions appeared to be written for a hearing person instead of meeting the deaf people where they are
- Question format varied and sometimes was just a single word/sign that was difficult to put into context and understand
- Felt like she had to do a lot to extrapolate the information, which could lead to people understanding the survey questions differently, which could impact the validity of the survey.
- In mental health, deaf clinicians have their own terminology or vernacular; their own way of voicing our opinions. Within the deaf community, this is expressed differently than the way hearing people have expressed it before. Otherwise, there are complete parts of concepts being lost; complete concepts themselves being lost.
- Finding that many of the participants that intended to complete the survey from the events last month have not completed it. Gloria has their email address and will follow up with them and direct them to the CODIE website to complete the survey since the QR code survey is now locked down.

Whole Person Health Score

- It is difficult to influence projects that are led by other departments to meet BH and H@H needs.
- Feedback for improvement on the current questions layout was provided to the WPHS team.

TakemyHand

- Onboarding 6 new Peers – exciting but very challenging to onboard this many staff at one time.
- Troubleshooting glitches in LiveChat app
- Recovery Language - learning to incorporate recovery language in both my professional and personal life.
- Ethical Principles – It is not our intention, but how it is perceived.
- The Peer Way – Not in fix it mode, but supporting the feelings.
- Comfortability on Chat – Believing in myself that I have the answers.
- Don't over think responses
- Having the Athena out when I am chatting.
- Taking my time to respond thoughtfully and authentically, I do not feel so rushed to respond.
- Knowing when I am being high jacked or triggered and allowing myself to be ok with transferring to another Peer or ask Kayla for help.
- Lesson learned to reinforce the current process in place to transfer the client to another Peer Operator or to use a canned response when a conversation is making the Peer Operator uncomfortable and banning that use if the behavior continues.
- Need more staff in outreach activities. More than 1000 people in attendance in the Child Support Backpack event: Riverside.
- Senior Peer went to CODIE office to train Gloria and Alana - I would have the training away from Gloria's work site and have a better understanding of how to work the snapcall.
- Senior Peer continued training for Gloria and Alana - they were about 45 min late miscommunication with interpreters. Gloria forgot equipment. Try to work on communicating better.
- An 80 yr. old consumer logged in TMH chat requesting a callback. She needed support and resources. After the experience, the learning was that it is good to have all resources readily available to provide right away.

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- Scheduling Resource fairs. Coordinating with team as to who is registering and getting the info to rest of team and ensuring coverage.
- Learned about implementing Recovery language and open-ended questions without diving too deep into particular topics within the chat (Robert).
- Watched and provided feedback within active chats further study into the handbook (Robert).
- Learned set up of the Take my hand table and swag. Take my hand pitch and consumer interaction (Robert).
- Learning and becoming familiar with chatting on Live Chat (Robert).

La Clave

- Not for Spanish or Latinx only
- Having Dr. Lopez present in person at clinics helped get staff more excited about putting up a La CLAve banner.
- Facilitated La Clave Training with RUHS-BH staff and community members, had challenges redirecting group and learned ways to better time manage.
- Peer team members and staff members who completed La CLAve facilitator training and who are bilingual were selected to participate in the .30-second TV commercials with NBC/Univision.

Painted Brain

- Having good communication skills and asking clarifying questions so that things are not misunderstood
- Being patient but also advocating for our system of care
- DMHL curriculum is more extensive than expected and 1.5 hours may not be enough time to train a new DMHL Facilitator, but it helps staff feel more confident using technology and being able to help others.
- Collaborate with team to strategize best practices for marketing and utilizing resource
- Online signup forms are difficult for users to use and they end of needing to work with a point contact for scheduling instead
- Communication with Painted Brain and clinics has been challenging.
- Run out of funds for e-card incentives; so, this created extra emails of consumers and staff asking for a status update on the distribution of their e-gift card. Incentives delayed.
- Appy Hour session observation: More engagement with participants is needed. The peer team assisted participants with phone.
- Older adults want regular gift cards instead of electronic ones.
- Appy Hour session observation: More preparation on the PB team is needed. WIFI access denied-used the Peer team MIFI. HDMI cables needed.
- Appy Hour session observation: PB team reading from presentation.
- Appy Hour session observation: At one of the clinic sites, we experienced that the AC broken, No TV in room w AC. Space was too small for 18 people.
- Class had three staff scrambled to get four more consumers.
- Staff told non-list members to come to Appy Hour. Checked in confirmed participants and then checked in waitlist members for a class 15.
- We learned to be patient with one participant in particular as she continued to lose her place and continue to ask questions to H@H Peer assisting the PB presenter. Consumer then claimed we kicked her out even though she completed class.
- Forgot the phone devices.
- In one of the first "Appy" Hour sessions, we arrived after most of the participants had arrived. It would have been helpful if we arrived before them so we could get them to sign in while walking in; and give us the opportunity to give the folders with all the information. This way we are not scrambling to pass things around.
- The facilitator was great. She read off the PowerPoint and it was easy for the participants to follow along.
- Our group was in Spanish. I supported a participant with the Don't Panic or No Haga Panica app. luckily; I spoke enough Spanish to support the participant.
- It was challenging to support consumers in large groups (18 participants in total). Luckily, there were three HelpatHand Peers to support some of the large groups.
- Overall, the participants gave positive feedback on the surveys. However, we only received 17 surveys back. Perhaps in the future we can give instructions prior to the participants leaving. This way we do not forget to collect any surveys.
- The experience with the Spanish group was very positive. The participants seemed engaged in the materials.
- At first, there was miss communication among the various entities. Yazmin Velasco, the host at Tay Stepping Stones, informed us that she did not know there was an Appy Hour scheduled. Yazmin said Painted Brain was supposed to confirm with her about hosting an Appy Hour this week but she never heard back from them. The Peer team member apologized for the miscommunication, but she said she would scramble to find families and take care of it. She said, "Let's do this!". Yazmin stated most of her families speak Spanish but she is willing to translate and support.
- Had challenges with organization and communication with Painted Brain with preparation of equipment needed to present.
- Corrections for inaccurate Painted Brain Spanish translations needed.

Help@Hand

- Have back up plan for presentation
- Have all 3 programs ready to go in presentation form
- Presented the H@H program to our Mental Health Urgent Care staff - lesson learned I would run through my presentation to make sure the video features are working correctly.
- Held individual 1:1 sessions with Peers on team. Support individual Peers with professional and personal goals as well as give feedback to any challenges they might be having.
- H@H Peer Meeting and Training. Create an agenda and one hour training session for ongoing professional development
- Sacramento Conference re: Closure of Help@Hand projects. Brainstorming discussing suggestions for continuing projects. Networking and developing contacts for additional support.
- ASIST Training. Learned the PAL model. I will be implementing this model with the peer way to help me support our consumers (Carter).

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- Learned the depths and reaches of which this program and use of technology actually reached and impacted (Robert).
- Found education opportunities and corrections for communication resources (Robert).
- Developed stronger connections between each other within the workspace. Go over near future agenda. Pitch ideas and concerns (Robert).

Outreach Activities & Swags Promotional Distribution

- Take the dolly to carry the e-z ups; those are too heavy for one person
- Delegating team members to load/unload to set-up and load/unload to clean-up so that tasks are divided evenly and fair.
- Be knowledgeable in all programs H@H offers.
- Adding program infographics and outreach cards to folder made handouts easy to distribute.
- Inland Empire Disabilities Expo: Ontario. Parking was gifted however, city employee said we needed to pay-I parked on street.
- The team continues to cultivate new network contacts such as Native American Student Programs at UCR and Morongo Fire Social Services.
- Deaf Festival. Very nice event & public was very nice. Translators where very polite. Parking was a bit difficult.
- Went to Idyllwild to do rural outreach presenting Takemyhand, Man therapy and La Clave distributed infographics and swag to schools, restaurants, coffee shops and public library. Learned to organize swag based on the locations we are preforming outreach.
- Learned about Family Pact coverage for community screenings. Presented Man Therapy.
- BHC- Housing Committee Meeting. Learned that community members rarely attend but it is necessary for them to attend, as they are public meetings.
- H@H presentation to Morongo TANF team - They had a power outage so we took print out of Power Point presentation, the three slide per page was too small and we were not able to show videos. They wanted to know the data for Native using the chat. David Jones sent an email stating, "Staff could not stop talking about how valuable you're programming is and how personable all of you were."
- Attendees at Moreno Valley College "Get Psych" event were 150. Gave out swag and brochures for all three programs.
- Victor Community Outreach event. It was nice to see so many CT willing to learn about it. Lesson learned for me person work on my power point. We had technical issues.
- NAMI Walk in San Jacinto-Community Members- It was different. I was expecting a different outcome. People did not not want to engage as in other events (Mary).
- Breakfast with Santa event. It was nice to see the community really wanting our information (Mary).
- Learned about the scope and importance of community outreach.
- Free art classes to help people express themselves and maintain emotional wellness.
- Learned how to appropriately approach unhoused individuals (Robert).

Kiosks/Phone Devices

- YTEC Kiosk on site training: Riverside. (Peer Team). Good resource for families. Supervisor wants more infographics to dsitribute. Kiosk is a landscape type.
- Updating phone devices that have been in storage is time consuming. We do not have staff resources to keep up with getting ready these devices for distribution to clinics. Solution approach: Jaguar will update devices that have been in storage and devices that were returned for re-use.

Appy Hour- Painted Brain

- Two staff and 22 consumers attended. Facilitator did not redirect well during orientation, which resulted in an hour-long intro. Class went over by 10 minutes despite facilitator rushed the workshop. Facilitator arrived minutes before class start (10/31)
- Indio is perfect example of how peers, community members and hybrid Spanish/English class can be done! Indio Peers were engaged, helped during setup, translated and have a superb rapport with their consumers.
- Indio Appy Hour. It was so nice to see how the peers engaged with consumers. My favorite of all time.
- I was not satisfied with PB services. Only Teanna was in meeting. She provided spreadsheet with material but not all material was there. In addition, I never saw the final draft of Nepanikar in Spanish (Mary).
- Set up, created emails, educated consumers on how to create email and how to check and send emails. Supported Painted Brain with Do not Panic App (Ilene).
- Learned about Family Pact coverage for community screenings (Ilene).

Digital Literacy Training

- This was a little challenging for me because some of the language for training materials kept changing so I had to go back and change it (Mary).
- I think we are not prepare. It was a large group. Staff did not respect the ending time (Mary).
- I presented and half of the consumers where not on boarded so they went to another room. I really think we need to not worry about consumers not being on boarded (Mary).
- Spanish session. I think it went well. Consumers where receptive. We do not need a 3rd training person (Mary).
- Learn the setup, sign in, app experience, consumer contact and pack up.
- How to successfully create a functional spreadsheet that the team can utilize. EXCEL readiness for the future (Robert).
- Learn how to put together our new swag bags (Robert).
- Learned how to navigate Excel at an even deeper level (Robert).
- Learned how to be of support and no DO it for a consumer. Consumer Face-to- Face interaction. Activation of MyHP profile. Send incentive and notify consumer of incentive being completed and sent (Robert).
- Learned how to engage with audience (Robert).
- Presentation familiarity. Strengthen my confidence in what I am presenting (Robert).
- Learned to log in to MyHP on dummy test consumer and log in on staff and send credentials for consumer activation.

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Recommendations Across Year 5	**Deaf and Hard of Hearing H@H Collaboration Partners** • Have questions designed by deaf people • Use a consistent style of sign language • Format the survey using 'deaf gloss' so the question and interpreter better match. That way it can be expressed from a deaf person, instead of being in an English grammatical format that the deaf people were trying to follow or fit into. • Meet the deaf people where they are instead of making them adapt to our way of communication Recommendation to use ASL experts or professors take the survey script/questions and re-express them in the appropriate way for the deaf. **TakemyHand** • RCC Self Care for Job Seekers presentation: Peer shared my experience using TakemyHand for a job interview prior to my hire at RUHS. Advised we can do mock interviews for students. **Painted Brain** • Some FAQs were created to inform on qualification to attend an "Appy" Hour group session: • Can relatives of consumers attend, and if so, are they eligible for the $50 gift card? Yes, as long as they are accompanied by the consumer. The Caregiver/relative will get one $50 incentive and the consumer will get a $50 incentive. • If someone attends more than one presentation, can they only receive one $50 gift card? If the session is a different topic, yes, they can get two different $50 e-gift card incentives. • Who is doing the session? Painted Brain staff and one Peer from our HelpatHand program will assist with phone devices, and support the consumers with gift-card distribution and technical support. • Is the "Appy Hour" session for Children/Family programs? Yes, Youth 16 and above are welcome to participate.			
Cross County/City Sharing Across Year 5	• Updated Free Apps Brochure (English/Spanish) shared with the collaborative. **Deaf and Hard of Hearing Survey** • Shared survey and videos with Santa Barbara who is interested in using some of the questions **La CLAve** • Met with Santa Barbara to share learnings about La CLAve implementation. Santa Barbara is interested in La CLAve program.			

San Francisco County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Teresa Yu (SFDPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)	• Teresa Yu (SFDPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)	• Monica Martinez (MHASF)	• Monica Martinez (MHASF)
Implementation Site	• San Francisco County - Mental Health Association of San Francisco (MHASF)	• San Francisco County - Mental Health Association of San Francisco (MHASF)	• San Francisco County - Mental Health Association of San Francisco (MHASF)	• San Francisco County - Mental Health Association of San Francisco (MHASF)
Team Composition	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • Andrea Rico (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • Andrea Rico (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)	• Monica Martinez (MHASF) • Jasmine Gabb (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)	• Monica Martinez (MHASF) • Jasmine Gabb (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)
Core Audiences	• The target audience for MHASF's Digital Literacy Education programs, Take My Hand and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• The target audience for MHASF's Digital Literacy Education programs, Take My Hand and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• The target audience for MHASF's Digital Literacy Education programs and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• The target audience for MHASF's Digital Literacy Education programs and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.
Products in Use/Planned	• Take My Hand will be offering a chat service accessed via a standalone website. The chat service will be powered by LiveChat, and the website is run on the Content Management System called Pirahna. • Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger). • The TAMHS team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the TAMHS team can provide assistance in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants.	• Take My Hand will be offering a chat service accessed via a standalone website. The chat service will be powered by LiveChat, and the website is run on the Content Management System called Pirahna. • Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger). • The TAMHS team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the TAMHS team can aid in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants.	• Take My Hand pilot has been cancelled. Tech@Hand is now requiring participants to utilize a similar chat service, except through MHASF's Warmline. • Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 20 9th Generation iPads and accessories (case and charger). • The Tech@Hand team has installed Scalefusion on each iPad, to manage the entire fleet of devices. With the use of Scalefusion, the TAMHS team can aid in finding a lost iPad, send notifications to participants about program updates, and provide virtual assistance to participants. • Useful apps for participants pre-downloaded on tablets, as opposed to the Samsung devices in Cohort 1. • The Digital Literacy Assessment is given to participants through NorthStar and offers the Tech@Hand team a more objective viewpoint of someone's technological literacy.	• Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 20 9th Generation iPads and accessories (case and charger). • The Tech@Hand team has installed Scalefusion on each iPad, to manage the entire fleet of devices. With the use of Scalefusion, the TAMHS team can aid in finding a lost iPad, send notifications to participants about program updates, and provide virtual assistance to participants. • Useful apps for participants pre-downloaded on tablets, as opposed to the Samsung devices in Cohort 1. • The Digital Literacy Assessment is given to participants through NorthStar and offers the Tech@Hand team a more objective viewpoint of someone's technological literacy.
Implementation Approach	• Tech@Hand: During the first stage of the project, MHASF staff were focused on participant and agency outreach to distribute tablets through tabling, emailing, and community partnerships. Devices were distributed as participants completed program enrollment. During the second stage of the project, MHASF was focused on relationship building and digital skills development. In the third stage of the project, MHASF will process the returns of tablets and prepare for its second cohort of tablet borrowers.	• Tech@Hand: MHASF is currently wrapping up its first Cohort (Cohort #1). MHASF will process the returns of tablets and prepare for its second cohort of tablet borrowers in July 2023.	• Tech@Hand: MHASF is admist the distribution stage of our device borrowing and distribution program. We held the first half of orientation with 11 participants and are holding the second half towards the end of September. After conducting outreach to the Saint James Infirmary Navigation Center, all twenty iPads are being assigned to participants at the site. Our orientations are held on site at the Navigation center. We are simultaneously building a relationship with LYRIC, a youth-focused LGBTQ+ center to host community	• Tech@Hand: Our relationship with St James Infirmary Navigation Center has strengthened since our initial Orientations in August - September 2023. Our staff are on-site regularly, at least two days a week, to ensure relationships are built with staff and in-person tech support for participants. For Cohort 3 of tablet distribution, in collaboration with LYRIC, our timeline was pushed back, and orientation will be held in the last two weeks of January. There was major difference in recruitment strategies for LYRIC compared to St James. After consistently being on-

San Francisco County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	• TakeMyHand: Not applicable, as program is still seeking county approvals.		workshops in October on financial literacy and basic needs resources. We also plan to recruit 20 youth from LYRIC for Cohort 3 of our tablet distribution program, beginning in November 2023.	site at LYRIC and relationship building with staff and youth, we successfully recruited 20 youth applicants to begin this month.
Other Unique Qualities	• Tech@Hand is managing a variety of communications with program participants. Tech@Hand has had over 650 contacts with participants since the start of the program. The top "types" of communication are: **Type of contact** / **% of overall calls** Check in 32% Other 18% Technology support 16% Emotional support 12% Appointment scheduling 10% Feedback 9% Navigating the internet 2% Navigating healthcare 1% • Note that conversations can be wide ranging, and one contact can address multiple topics. The data represents contacts from April 2022 (start of the program) through March 2023. • We have also been tracking usage of our tablets in aggregate. Below we show a table that outlines the number of tablets that have logged in, within a given time frame. This data is collected weekly from September 2022 – March 2023. **Time frame** / **#** Within the last week 13 1 week to 1 month 7 1-2 months 4 2+ months 44 • MHASF also notes caller concerns, so that we can continuously improve our services. The top caller concerns for the TAMHS program, from April 2022 – March 2023 is below. **Concern** / **%** Mental Health 7% LGBTQ+ 6% Mood 5% Alcohol & Drug Use 5% Isolation 4% Housing Concerns 4% Self-esteem 4% Trauma 4% Addiction 3% Relationships 3% Employment 3%	• Tech@Hand is managing a variety of communications with program participants. Tech@Hand had 338 contacts with participants from April to June 2023. **Type of contact** / **% of overall calls** Check in 25% Emotional Support 17% Appointment Scheduling 14% Technology Support 14% Feedback 13% None of the above 9% Exit Interview 3% Navigating the internet 3% Navigating healthcare 2% Survey completion 1% • Note that conversations can be wide ranging, and one contact can address multiple topics. The data represents contacts from April 2023 (start of the program) through June 2023. • We have also been tracking usage of our tablets in aggregate. Below we show a table that outlines the number of tablets that have logged in, within a given time frame. This data is collected weekly from April –June 2023. **Time frame** / **#** Within the last week 6 1 week to 1 month 6 1 to 2 months 5 2+ months 51 • MHASF also notes caller concerns, so that we can continuously improve our services. The top caller concerns for the TAMHS program, from April 2023-June 2023 is below. **Concern** / **%** Anxiety & Panic 7% Mental Health 6% Mood 6% Trauma 5% LGBTQ+ 4% Depression 4% Employment 4% Financial Concerns 4% Isolation 4% Housing Concerns 3% Relationships 3%	• Tech@Hand has closed out Cohort 1, and has just recently launched the Cohort 2. We have distributed over half of our tablets, and plan on distributing the rest within the next week. The demographic data of Cohort 2 applicants is as follows: **Gender Identity** / **% of overall** Non-Binary 16.67% Pangender 5.56% Trans Woman 66.67% Trans Man 11.10% • Total number of applicants that identify as trans or gender non-conforming: 100% **Sexual Orientation** / **% of overall** Bisexual 22.22% Heterosexual/Straight 33.33% Pansexual 11.12% Queer 11.11% Other 22.22% **Age** / **% of overall** 25-59 years old 94.44% Decline to state 5.56% • As a note, for Cohort 2, we decided to focus our outreach tactics specifically towards the trans population. As mentioned earlier, for Cohort 3, we have already gotten connected to a handful of youth orgs and will be focusing more heavily on the TAY population. **Race/ Ethnicity** / **% of overall** American Indian or Alaska Native 14.29% Asian 4.76% Black or African American 19.05% Latino or Hispanic 19.05% Native Hawaiian or Other Pacific Islander 9.52% White/ Caucasian 23.81% Decline to State 9.52% **Housing Status** / **% of overall** I have previously experienced being unhoused 5.56% Yes 94.44%	• Tech@Hand is beginning the closeout of Cohort 2, and is launching Cohort 3 on January 23rd. Cohort 3 will also be twenty participants, but is mainly focused on youth. • The following data reported is related to contacts made between Digital Peer Navigators and Cohort 2 Participants. • Since the beginning of cohort 2, our Digital Peer Navigators have made 252 contacts between October and December 2023. Our most frequent types of contacts are as follows: **Type** / **#** / **%** Check in 157 41.1% Technology support 49 12.83% Emotional support 33 8.63% Appointment scheduling 123 32.2% Feedback 20 5.23% • Folks who stayed consistent in their participation did so because of our in-person presence at St James, as many participants needed support and motivation to continue in the program. Knowing that someone would show up and visit them even if they did not respond to a text for appointment scheduling allowed them to know it is okay to make mistakes and that our team will still be here for you. The need for consistent check-ins and appointment scheduling is reflected in our data above. • When providing tech support, our top concerns were related to solving life problems while using technology, using technology and apps, and working with others online. **Tech Support Topic** / **Count** Solving life problems using technology 39 Using technology and apps 39 Working with others online 17 • MHASF also notes caller concerns, so that we can continuously improve our services. The top caller concerns for the TAMHS program, from Oct 2023-Dec 2023 are below.

San Francisco County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
			• Co Note: This data is for applicants during recruitment, which is still in progress. Demographics for participants accepted to the program may change demographics. • Colllaborating with the Navigation Cetner allows us to target some of the most vulnerable members of the trans community.	**Emotional Support Topic** — **Count** Anxiety & Panic — 15 Depression — 13 Education — 20 Employment — 28 Financial Concerns — 20 Housing Concerns — 29 Isolation — 12 LGBTQ+ — 27 Medication — 14 Mental Health — 34 Mood — 27 Physical Health — 11 Relationships — 23 Self-esteem — 14
Milestones	• 63/65 tablets have been distributed. • MHASF was approved to launch a 2nd cohort of tablet borrowers, with 15 tablets.		• 11/20 iPads have been distributed. • The first orientation was completed, with the second orientation planned for the week of 9/25/23. • MHASF has already started prepping for the transition from Cohort 2 to Cohort 3 (estimated start time is set for November 2023). • Workshops in the community have been launched, with 4 workshops already created. We have already completed 2 workshops with great success and will be hosting our next workshop in October 2023.	• Workshops with Conard House and St. James Infirmary were successful. We hosted workshops to help folks get connected to basic needs resources online. The St. James workshop had to switch to 1:1 sessions due to rain and lack of a place to host a group.
Lessons Learned Across Year 5	**Tech@Hand** • Your data collection needs may change as your program matures: Early on, MHASF opted to use the Maryland Department of Labor framework to capture digital skills our participants were interested in learning. The framework is an excellent way of thinking about digital skills at a high level (e.g., finding knowledge online, using digital tools safely). However, once the building is near complete and the program begins to work with participants, it may be helpful to use a framework that outline specific skills, such as the Seattle Digital Equity Initiative's Digital Skills Framework. MHASF evaluated both frameworks and opted to stay with the Maryland Department of Labor for consistency purposes. However, we will be better defining and clarifying the specific skills within the Maryland Department of Labor framework to ensure we are collecting the data we need for continuous improvement. • Connect with similar programs as early as possible: Early in a project it is easy to focus internally only. Remember to also build connections with other community partners who can share resources and insights. For example, MHASF will be using its budget surplus to produce a joint community event with an organization offering similar services. By collaborating, you can expand the scope and impact of your programs. By collaborating early on, these networks can already be pre-built, saving you valuable time when trying to stand up a new initiative. • Develop a method to capture community insights as early as possible: As your program matures there will be more questions trying to understand what's happening in the community. How many folks became responsive after the gift card incentive? How many tablets are lost/stolen, versus missing? When using a CRM, data is captured in each individual call note. It is important to develop a method to collect new data based on developments in the community. This can be a spreadsheet you are updating, or it can be new fields in your CRM. • Outreach Methods: In Cohort 1, we distributed devices through a variety of outreach methods, including online advertisements, social media, and in-person recruitment at events. However, it became quickly evident that collaborating with community-based organizations is the most effective tactic in recruiting participants. For Cohort 2 and 3, we have focused all our outreach methods either through our community-based partners, or through connections made with other MHASF programs. As we continue to solidify this process, the time it will take to conduct outreach for Cohort 3 is projected to be significantly faster. • Orientation / Tablet Distribution: In Cohort 1, the Tech@Hand team discussed the efficacy of disparate distribution, and decided for Cohort 2, that we would host an in-person orientation. After hosting the first orientation we gained some insights. First, it seems most effective to host the orientation on-site, so as to make distribution as low-effort as possible for participants. Secondly, in-person services seem to be greatly preferred by the participants as opposed to a digital alternative. • Digital Literacy Workshops: Tech@Hand has expanded its scope of work by hosting digital literacy workshops at other community-based organizations. We have hosted 2 workshops (Google Suite Fundamentals and Resume Building), have recently built out 2 more workshops (Zoom Basics and Microsoft Calendar Essentials), and compiled a list of other workshop options for community-based organizations to choose from. This also helps us solidify our relationships with these organizations, with the intention of making collaboration for tech distribution easier in the future. • Improvements: We made changes to the program based on Cohort 1 satisfaction survey recommendations. The most common suggestion was higher quality tablets, which prompted the jump from Samsung A7 tablets to 9th Generation iPads. The next suggestion was more consistent support from the Tech@Hand team. At the start of Cohort 1, the Tech@Hand team had 0 Digital Peer Navigators on staff. Currently the Tech@Hand Team has 2 full-time DPN's, and a new Program Coordinator. Through these program changes, we hope that the consistency in communication at the start of Cohort 2 will drive an increase in overall engagement within the program.			

San Francisco County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	• Case Managers: We are collaborating more heavily with case managers to have another form of contact in case we cannot reach a participant. • Customer Service Management: MHASF is switching CRM's sometime before the end of 2023. Switching over to Salesforce will allow us to collect more information about participant interactions and program efforts, with greater ease and more organization. • Outreach and Orientation Sessions: For cohort 2, we conducted outreach be staying on-site at St. James Infirmary to find folks who are a good fit for the program. We filled out an intake form for those found to be a good fit. Once we found twenty folks, we scheduled a one-day orientation session for everyone. During the day of orientation, only a few people showed up to attend. After having smaller orientation sessions over the next few weeks and distributing all the devices, we learned that folks who are living in a shelter space can have unpredictable schedules and may need support and being reminded about an event and attending it. We learned that it is best to expect attrition, to be flexible, and not to expect all our devices to be distributed at once. • Digital Literacy Workshops: Our staff conducted outreach with community-based organizations to discuss our offerings, and to ask what kinds of workshops they are looking for. We presented a "menu" (offerings that are within our scope) to see what need was most pressing for their population. Both Conard House and LYRIC identified that their folks have a hard to finding ways for their basic needs to get met, as often these resources are listed online, and it is difficult to tell if they are open, who to call to apply for a service, etc. We then designed our Finding Basic Needs Workshop to meet this need. We learned it is best to ask orgs what needs they have that aren't met, rather than designing content and hoping someone needs that topic. • Improvements: When we host workshops with different orgs, they are always incentivized. Folks will receive a gift card after attending and taking our post-workshop survey. In the past, folks would have to wait up to two weeks to receive the gift card as the purchase of the gift cards by our organization is made after the workshop happens. Relatedly, these gift cards are sent out over email, which is not the most accessible dissemination. Often, participants have difficulty locating or using the card in-store. Going forward, we are ordering physical gift cards to hand out in-person during the day of the workshop. Participants will complete the survey with us and will be handed a card before they leave for the day. We are happy to have this aspect of our work more accessible. We implemented this method during our last Finding Basic Needs Workshop at St. James. • Customer Service Management: MHASF is still switching to Salesforce. Switching over to Salesforce will allow us to collect more information about participant interactions and program efforts, with greater ease and more organization **TakeMyHand** • Celebrate the small wins! After 2.5 years waiting for government approval, it's understandable to be discouraged at moments. However, by celebrating the small wins including meetings scheduled and incremental approvals, you can continue to stay excited about the possibilities about the project and look forward to its eventual launch. • The TakeMyHand pilot has been indefinitely paused. The Tech@Hand team has accounted for this shift in program change and is now outsourcing this service to our MHASF's Warmline. We now require participants in our tablet distribution program to use the WL chat service at least once during the duration of the program. **MHASF had some key learnings regarding purchasing tablets. We evaluated 3 options: signing up on a contract, prepaid devices, and paying for service monthly (without a contract).** • Signing up on a Contract: Purchasing tablets on a contract basis provided cost savings in theory, but when tablets were lost, we ended up spending money on cancellation fees that we wouldn't have otherwise. Also, the timeline of a contract (usually 24 months) doesn't neatly align with program timelines, which causes additional administrative challenges when managing the contract. • Prepaid Devices: Purchasing T-Mobile Prepaid was not possible with an SMB plan. The benefits of prepaid is that if a device was lost, it would be easy to end service, consequently saving money. However, prepaid is incompatible with an SMB plan, meaning that each device would have to be opened as a separate account, potentially causing additional administrative challenges to manage the fleet of 20+ devices. Our partners at Scalefusion, our fleet management software provider, expressed concern in regard to the feasibility of using their services if we did not have an SMB account. Furthermore, because of the nature of prepaid (sold individually, to consumers), it was difficult to connect with a consistent sales representative. T-Mobile's prepaid contact center did outbound calls only, making it difficult to consistently stay in touch with one representative who was familiar with our case. • Purchasing devices upfront: The "ideal case" scenario ended up being purchasing the devices outright while paying for services monthly. This gives us the flexibility of prepaid services (e.g., being able to shut off services if someone drops out of the program), while also providing the device management benefits of being attached to an SMB account (e.g., easily compatible with Scalefusion, streamlined billing). • Tablet Downloads Adjustment: MHASF was unexpectedly hit with around $500 of app download payments. After investigating, we learned that when a tablet is on a contract, app downloads are charged to the account on file. Unfortunately, the only way to disable this is to disable app downloads altogether. During Cohort 1, MHASF sent out a message to all participants letting them know of the change before disabling app downloads on our devices.			
Recommendations Across Year 5	• Utilize a CRM from the beginning of your project, which will in turn make switching data collection frameworks easier when the time comes. • Understand the various data collection frameworks in the field of digital equity as soon as you can, ideally at the start of your project. • Join spaces where you can connect with similar programs. MHASF has gotten tremendous value out of attending the Help@hand Tech Lead meeting, the San Francisco Tech Council's Access Working Group, and the National Digital Inclusion Alliance's healthcare working group. • Pay upfront for devices to avoid the challenges of a contract, but also ensure your devices are connected to an SMB plan for streamlined operations. • Disable app downloads on your plan, to avoid surprise billing. • The excitement expressed by the Navigation Center (and the staff members passionate about the Tech@Hand Project), shows just how necessary programs like these are for the community. • In-person orientation came with its many challenges, especially in regard to scheduling with community-based organizations. In the future, the Tech@Hand team will focus on hosting these orientations within these community-based spaces, as opposed to renting out a space. With this said, the connection and rapport we were able to make with participants was well worth it, and we plan on continuing in-person orientation sessions for Cohort 3. • Attending in-person events, while not ideal for recruitment for tablet loaning, has allowed us to get connected to a wider variety of community-based organizations. • Ensuring quality of partnership compatibility between our needs and what the host organization needs is key. We are excited to launch Cohort 3 with a new organization that addresses the basic needs of youth on-site. HYPE Center and LYRIC offers housing support, a drop in free closet and hygiene center, and space to do laundry, showers, food, a computer lab, and a kitchen space. HYPE Center also has a therapy clinic and free legal support services on-site. Working with a drop-in center with referral orgs working within the space allows us to holistically support our participants while focusing on their digital literacy goals.			

San Francisco County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Cross County/City Sharing Across Year 5	• MHASF received help from the University of California at Irvine in designing its satisfaction survey • MHASF was also able to share outreach and engagement best practices with RUHS at a Help@Hand Tech Lead meeting. The Riverside team provided helpful insights on tabling and providing swag, in order to reach its target demographic (TAY). • MHASF received help from the University of California at Irvine in designing its satisfaction survey.			

Santa Barbara County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Maria Arteaga • Maribel Landeros	• Maria Arteaga • Maribel Landeros	• Maria Arteaga • Maribel Landeros	• Maria Arteaga • Maribel Landeros
Implementation Sites	• Santa Barbara County- Psychiatric Health Facility • BeWell Clinics – staff presentations, to assist them in providing content information available for their consumers and consumer's families • Canvassing throughout the County of Santa Barbara • Events – outreach events	• Santa Barbara County- Psychiatric Health Facility • RLCs – THMA/Helping Hands of Lompoc, Santa Barbara Mental Wellness Center • SB County Housing Authority – Family and Senior housing complexes in Santa Maria and Lompoc. • BeWell Clinics – staff presentations, to assist them in providing content information available for their consumers and consumer's families • Canvassing throughout the County of Santa Barbara • Events/outreach events	• Santa Barbara County- Psychiatric Health Facility • RLCs – THMA/Helping Hands of Lompoc, Santa Barbara Mental Wellness Center • SB County Housing Authority – Family and Senior housing complexes in Santa Maria, Santa Ynez and Lompoc • Mommy Connecting to Wellness Pilot Project – training and implementation in Santa Maria • Events/outreach events	• Santa Barbara County- Psychiatric Health Facility • Santa Maria Bonita School District – Families and Youth • Santa Barbara Department of Behavioral Wellness, Adult Santa Maria Clinic • RLCs – Santa Barbara Mental Wellness Center • Righetti High School • Good Samaritan Shelter in Santa Maria • Events/outreach events
Team Composition	• Help@Hand Team - Peer Recovery Assistants 2FT-1 EXH (Down 1 PRA staff in early Jan.) - Outreach Coordinator-on leave - Program Coordinator - Peer Empowerment Manager - BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership	• Help@Hand Team - Peer Recovery Assistants 3FT (New staff started in April) - Outreach Coordinator-on leave - Program Coordinator - Health Equity Services Manager - BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership	• Help@Hand Team - Peer Recovery Assistants started the quarter with 3FTE, 2 FTE at the end of the quarter - Outreach Coordinator- 1 FTE- returned in Aug. - Program Coordinator - Health Equity Services Manager	• Help@Hand Team - Peer Recovery Assistants 2 FTE - Outreach Coordinator – 1FTE - Program Coordinator - Health Equity Services Manager
Core Audiences	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara) • MCW Project, momthers with children ages 0-2 in the Santa Maria area, who were monolingual Spanish speakers or monolingual English speakers interested in learning about technology to improve their overall health.	• General population in Santa Barbara County
Products in Use/Planned	• Headspace • Wellness App Brochure • Tablets • 8 Dimensions of Wellness Curriculum-integrated into technology presentations • Trac Phones	• Headspace • Wellness App Brochure • Tablets • 8 Dimensions of Wellness Curriculum-integrated into technology presentations • Trac Phones	• Headspace • Wellness App Brochure • Tablets • 8 Dimensions of Wellness Curriculum-integrated into technology presentations • Trac Phones	• Wellness App Brochure • Tablets • 8 Dimensions of Wellness Curriculum intergrated into technology presentations.
Implementation Approach	• Social Media postings by Uptown Studios • Presence in community events to assist directly with enrollment and share BWell resources • Community contact, via canvassing, events, workshops has continued to increase better understanding of the benefits of Headspace	• Social Media postings by Uptown Studios • Presence in community events to assist directly with enrollment and share BWell resources • Community contact, via canvassing, events, workshops has continued to increase better understanding of the benefits of Headspace	• Presence in community events to assist directly with enrollment and share BWell resources • Community contact, through workshops and CBO partnerships such as Housing Authority of SB County, Santa Maria Bonita School District, SB County Promotores Network, Allan Hancock College (Santa Maria and Lompoc sites), participating in Coalitions that are county wide and serve a diverse population. • MCW – contracting Promotores via CalMHSA, to recruit, facilitate and provide one-to-one support and weekly check-ins to support with Headspace and other apps/technology. • MCW – contracted with Dr. Dulce Lopez PsyD to	• Presence in community events to assist directly with technology and share BWell resources • Community contact, through workshops and CBO partnerships such as Housing Authority of SB County, Santa Maria Bonita School District, participating in Coalitions that are county wide and serve a diverse population.

Santa Barbara County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
			provide basic psycho eduation on anxiety, depression and post-partum depression. • MCW-developing partnerships with other CBO to provide tablets or Chromebooks, increase access to technology and allow for participants to utilize Headspace, other wellness apps and find resources as needed.	
Other Unique Qualities	• Community events/outreach - Allan Hancock College – Student orientation events in both Santa Maria and Lompoc campuses - NAACP organized – Black History Month events, Lompoc and Santa Barbara 3 events - Carpinteria Children's Project – Parent event - Alpha Resource Center and MICOP – Child Development Health Fair - Canvassing in Santa Barbara, small business owners, downtown, SB Funkzone (wineries, small restaurants, local artist shops, surf shops, alternative wellness stores, restaurants. Westside neighborhoodof SB (mom and pop shops, local deli's, cornerstores, health clinics, food markets, laundromats, etc.) Provided printed materials, flyers and brochures at locations and events listed above	• Community events/outreach - - Goleta Unified School District – Health Fair for children and families - Route 1 Farmer's Market – Vandenberg Village - Cottage Hospital Mental Health Fair – for hospital staff and community - Dia del Campesino – Migrant farmworkers and families - Senior Health Fair – Seniors and caregivers - Righetti High School – High School Students and staff - Tobacco Prevention Summit – Community Based Organizations including school staff, local government representatives, law enforcement and other county departments - SAVIE Health Clinic – community event - House of Pride and Equity – LGBTQ and community at large - St. George Zumbathon – community - Juneteenth celebration – community - Canvassing in Santa Barbara, small business owners, SB Upper State St. small restaurants, local artist shops, wellness stores. Provided printed materials, flyers and brochures at locations and events listed above	• Community events/outreach - Allan Hancock College – Student orientation events in both Santa Maria and Lompoc campuses - Promotores Core Training -event in Santa Barbara, county wide Promotores, peers, adults, youth and seniors - Lemon Festival in Goleta – community event, all populations - Labor Day Picnic – Santa Maria, all populations - Santa Maria Bonita School District – Culture Celebration, all populations, particularly youth and families, Spanish/English/Mixteco Provided printed materials, flyers and brochures at locations and events listed above	• Community events/outreach - Out of the Darkness Walk – Suicide prevention - Dia de Los Muertos Celebration - Vet's Stand Down - SB County Fire Safe Council Event - Righetti High School Provided printed materials, flyers and brochures at locations and events listed above - Planning for Dad Connecting to Wellness – began planning meetings to launch Dad Connecting to Wellness in the next quarter. - Developed final activities for the remainder of the project. Resource Fairs, Speaker's Bureau trainings, develop final materials to share within the department and other Peers at the end of the project.
Milestones	• Uptown Studios, continues to post regularly on Behavioral Wellness social media pages, in both English and Spanish. • Continued increase enrollment in Headspace. • Additional Digital Health Literacy PowerPoint presentations, translated into Spanish. • Continued to develop pilot project focusing on maternal health with integrating mental wellness and technology for mothers with children 0-2 years old. This is aiming at "Mommy" understanding the importance of mental wellness as part of whole person care approach and connecting to Wellness-introducing "Wellness Recovery Action Plan" as a new life skill, technology products and local community inperosn and online resources	• Continued increase enrollment in Headspace, reached 2520 members as of June 30th. • Additional Digital Health Literacy PowerPoint presentations, translated into Spanish and Pre and Post Evaluation Surveys developed in both English and Spanish for each of the 8 Dimensions of Wellness workshops (General and 8 individual presentaitons) • Finalized pilot project, Mommy Connecting to Wellness focusing on maternal health, integrating mental wellness and technology for mothers with children 0-2 years old. This is aiming at "Mommy" understanding the importance of mental wellness as part of whole person care approach. Psycho education workshop to discuss anxiety, depression and postpartum depression signs and symptoms, as well as tools for selfhelp activities. 8 Dimensions of Wellness series and mindfulness	• Continued enrollment in Headspace through the end of September, reached 2560 members at end of program. • MCW Project was implemented, 19 particpants completed the 6 week workshops, receiving education, access to technology, increase understanding and utilization of online apps and resources. Utilized Headspace to increase, resiliency, improve their overall wellbeing as well as their children's wellbeing. Utilizing 8 Dimensions of Wellness and Apps as main curriculum, CBO participation included technology device distribution and education on On-line Safety. ADP under Behavioral Wellness also provided resources and education. Participants were provided meals during trainings, weekly incentives to address and increase self-care and an incentive of their choice at the end of the project. Example of incentives selected were,	• Attended the in-person conference hosted and presented by CalMHSA. Very useful in planning for project closeout. This will support our final project closure materials for both community and partners. • Community-based organizations want to train on digital wellness and the 8 Dimension of Wellness. • Received positive feedback from participants of the Help@Hand project assisted them on their overall wellness.

Santa Barbara County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
		activities utilizing Headspace. Participants will receive a free device along with Online Safety and Zoom/Telehealth workshops. Weekly one to one support from Promotores, local community resources and referrals as needed.	strollers, wagons, crib, high-chair, sound machines, clothing, diapers, wipes.	
Lessons Learned Across Year 5	• In order to continue this project the project needs to be fully staff to get to all of the regions of the county. This quarter we were down to two full time staff, while at the same time our team was called to support Behavioral Wellness Department in supporting a North and South County Disaster Recovery Centers, after county experienced a natural disaster (flooding). • Need to continue canvassing to be able to have the one to one contact with business owners, schools, local CBOs to answer questions and build relationships. • Social media presence continues to increase, tagging, sharing, making a difference in building a stronger presence. Tech Leads provided support to review for culturally and linguistically appropriately content. • Community members continue to express concern about membership ending Sept. of 2023. • Giveaways are very useful in outreach events, creates interest and community approaches easier. • As Staff assisted with the MHSA Community Program Planning Process with stakeholders the need for more education around "mental health" was identified. Participants shared that this is a new concept as this was not something that was familiar to them or spoken about in their home country. When participants hear the term "salud mental" it was noticeable that they don't understand what that refers to. Participants shared that they need educational workshops for the community who speak a language other than English. • Through community contact, we have learned that early on in this project, CBOs and public heard about Headspace, understood that the county had free licenses but did not understand what Headspace actually had to offer. Most said they thought it was meditating only and did not know how it differed from apps they were already using. Through the many staffing changes and being understaffed, messaging was not constant or expanded to provide a better understanding of the content which could have led to an increased number of licenses being issued. • Need to increase an anti-stigma campaign around mental health in order for community to self-identify and recognize the need for self-care and increase help seeking behaviors, as well as accept support like utilizing applications such as Headspace. • Help@Hand team members received comments such as "thank you for being out here for us," during tabling events. Community members shared the importance of being present as a County Department- Behavioral Wellness, to show community that they are important and to have that connection. • Non-English speaking community members, struggled to understand what mental wellness meant…through outreach events, staff was able to interact and ask community how they felt their mental wellness was as they introduced Headspace. Spanish speakers as well as Mixteco community members did not understand the concept of mental wellness, as they would respond with "I don't know" or "what are you referring to?" • Headspace enrollment was a challenge…closing out the memberships in September, rather then at the end of the calendar year slowed down the enrollment process this quarter. It was difficlut to motivate community to enroll for only a few weeks/days due to the challenging and lengthy enrollment process too many steps. • Important to have a transition plan for staff as the project ends, to be able to provide certainty, stability so that all staff will feel comfortable staying with the project until the end/final closure. • Dad Connecting to Wellness – we will be doing Pre-Surveys in a group format prior to the start of the series to make sure all participants complete surveys in a timely manner. Should facilitate the survey process, remove barriers and confirm pre work is done. • Important to provide choice for incentives, respectful, dignifying way. • Providing dinner removes barriers to starting on time or attending the sessions and being able to focus as workshops are in the evening. • Childcare would have also made it easier for participant, it is a need for families. **Mommy Connecting to Wellness** • Direct contact with Promotoras was crucial in being able to adjust, adapt, follow up with surveys and address challenges as they came up. • Population of mothers that responded to the MCW Project invitation for the English group, preferred English but did have the ability to speak Spanish. Those that participated in the Spanish group, were Spanish speaking. However about half of the participants also spoke Mixteco. • Transportation barriers, some of the participants did not have transportation after the workshops but the participants supported eachother and provided rides, in the Spanish group. The English group did not have this barrier. • Childcare was also a big need for participants, some participants had their spouse and other children wait for them outside in their car each night of the workshop. • Difficulty with surveys, this process was a challenge even for those that were technologically savvy. Receiving multiple surveys, Headspace, UCI was also confusing at the start of the project. • Participants in both groups, expressed interest in an ongoing support group. • Participants expressed the importance of learning how mental health impacts the different areas of life. • Social media needs to increase – English speaking participants shared learning about this project from Facebook, where promotores shared the recruitment flyers. Participants also shared the social media posts as well.			
Recommendations Across Year 5	• Continue to increase social media presence in both English and Spanish and include mental health education, signs, symptoms, resources, options…begin to expand on the "mental health" terminology utilizing social media and print and radio for non-english speakers. • A creation of a community outreach team comprised of Peers is needed in order to connect and build trust within the community. Having this bridge-building program will help individuals be referred/provided a warm hand-off to the access team and/or to community resources. This would increase awareness and access to resources and services as well as a tool to reduce stigma. • Develop an outreach and community education campaign that is inclusive of all community members, utilizing signs on public transportation, CBOs, all Hospitals in the county, radio and other media…to reduce stigma, increase understanding of wellness, mental health and share the BWell Access Line or another resource number to community. • Support groups for mothers to learn about wellness, mental health, self-care in an open and nurtuging environment are needed.			

Santa Barbara County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	• Creation of a community outreach team comprised of Peers is needed in order to connect and build trust within the community. Having this bridge-building program will help individuals be referred/provided a warm hand-off to the access team and/or to community resources. This would increase awareness and access to resources • Increase the use of social media to promote education, workshops, resources and opportunities such as the MCW project. • Continued direct contact with community is important to build trust and begin normalizing the conversations about mental health to decrease stigma. • Seniors continue to need support, develop easy to read and see, simple wording step-by-step tipsheets for technology support. Password safety, how to scan QR codes, etc.			
Cross County/City Sharing Across Year 5	• Through EY's collaboration meetings and UCI feedback from learnings from other county partners, we received feedback on experiences that other counties had in working with Promotores. This allowed us to have open and clear conversations with Health Linkages/Promotores so they can develop a clear, specific, and detailed SOW so that expectations are understood by all involved. • Help@Hand Collaboration meetings were informative and useful in their new format, we get to exchange information. Seeing some of the success that other counties are having is inspirational. Through collaboration meetings, EY and UCI meetings, the importance of having the direct connection and communication with Promotoras was crucial in making sure we could continue to make adjustments to the project as needed.			

Tehama County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator
Implementation Site	• STANS Wellness & Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)	• STANS Wellness & Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)	• STANS Wellness & Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)	• STANS Wellness & Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)
Team Composition	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator • Fernando Villegas, Health Educator • Ron Culver, Peer Supervisor	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator • Fernando Villegas, Health Educator • Ron Culver, Peer Supervisor	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator • Fernando Villegas, Health Educator • Ron Culver, Peer Supervisor	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator • Fernando Villegas, Health Educator • Ron Culver, Peer • Supervisor James, Juli, Linda, Mike, & Wendy - Peers
Core Audiences	• Individuals who are Isolated • Individuals who are experiencing homelessness • Individuals who are current TCHSA-BH clients	• Individuals who are Isolated • Individuals who are experiencing homelessness • Individuals who are current TCHSA-BH clients	• Individuals who are Isolated • Individuals who are experiencing homelessness Individuals who are current TCHSA-BH clients	• Individuals who are current TCHSA-BH clients
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Approach	• Engage Peers with the app and have them introduce the app to Pilot participants. • Have Peers and UCI conduct Interviews and Surveys as appropriate.	• Engage Peers with the app and have them introduce the app to Pilot participants. • Have Peers and UCI conduct Interviews and Surveys as appropriate.	• Engage Peers with the app and have them introduce the app to Pilot participants. • Have Peers and UCI conduct Interviews and Surveys as appropriate.	• Engage Peers with the app and have them introduce the app to Pilot participants. • Have Peers and UCI conduct Interviews and Surveys as appropriate.
Other Unique Qualities	• Ongoing Digital Literacy Training with & by Peers and Pilot participants.	• Ongoing Digital Literacy Training with & by Peers and Pilot participants.	• Ongoing Digital Literacy Training with & by Peers and Pilot participants.	• Ongoing Digital Literacy Training with & by Peers and Pilot participants.
Milestones	• Ordered 10 laptops and a charging cart through CalMHSA to be used in the pilot program (and beyond) for digital literacy training, and ongoing applications concerning digital mental health approaches.	• CalMHSA addressing the contract with myStrength for a proposed restart of the Pilot in August 2023.	• Tehama developing referral letter to be distributed to TCHSA Clinicians and Case Managers. UCI review surveys and interviews to be used with paricipants. CalMHSA addressing access codes to be used by participants with myStrength.	• Peers engaged with client referrals to enroll participants into myStrength. UCI – surveys, questionaires, and interviews; data collection. CalMHSA support implementation and end of project documentation requirements.
Lessons Learned Across Year 5				
Recommendations Across Year 5				
Cross County/City Sharing Across Year 5				

Tri-City County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Paulina Ale • Rachel Straight • Amanda Colt	• Paulina Ale • Rachel Straight • Amanda Colt
Implementation Sites	• Virtual due to Covid-19 limitations • Local senior centers • Social Media	• Virtual due to Covid-19 limitations • Local senior centers • Social Media	• Virtual due to Covid-19 limitations • Local senior centers • Social Media	• Virtual due to Covid-19 limitations • Local senior centers • Social Media
Team Composition	• MHSA Manager • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• MHSA Manager • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• WET Superviosr • MHSA-Inn Program Coordinator • Clinical Wellness Advocate • EY Consultant • Painted Brain Consultant • Help@Hand Evaluation Team • Uptown Studios • Jaguar (Technology)	• WET Superviosr • MHSA-Inn Program Coordinator • Clinical Wellness Advocate • EY Consultant • Painted Brain Consultant • Help@Hand Evaluation Team • Uptown Studios • Jaguar (Technology)
Core Audiences	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers • Community Members	• Older Adults (60+) • TAY (18-25) • Monolingual Spanish Speakers • Community Members	• Older Adults (60+) • TAY (18-25) • Monolingual Spanish Speakers • Community Members
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Approach	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.
Other Unique Qualities	• Having a hard time engaging older adults. They do not seem to be to keen on technology no matter the benefits or even incentives.		• Tabling oppurtunities have picked up with school being back in session.	• Tabling events seem to garner an increase in individuals registering for myStrength. Being able to speak to our target audiences in person allows for follow-up questions and the opportunity to take a flyer on the go to register later.
Milestones	• Attended 3 tabling events in the community and shared information about myStrength with our priority populations.	• Posted for a Peer Support position to assist with outreach and participant recruiment for Help@ Hand	• Hired our Peer support specialist to assist with the close out of this project.	• Peer Support Specialist has assisted at tabling events by providing one on one support to individ-uals signing up for myStrength. Attended 8 tabling events in the community to promote myStrength to our priority populations.
Lessons Learned Across Year 5	• Seniors appreciate the one on one support and guidance when downloading and accessing the myStrength app. • We learned that in person interaction/engagement helped increase signups for myStrength. We also learned that sending participants emails to fill out documents and pre and post surveys was a challenge.			
Recommendations Across Year 5	• Ensure peer support is available as needed to help seniors with DHL and downloading/accessing the app.			
Cross County/City Sharing Across Year 5	• Reached out to City of Berkely to get a better understanding of how they shared their access codes with the community.			

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CONNECTING PEOPLE
WITH CARE

ORANGE COUNTY HEALTH CARE AGENCY: INN TECH SUITE (HELP@HAND) FINAL REPORT

Mental Health Technology Solutions
April 2018 – April 2023
Submitted April 2023

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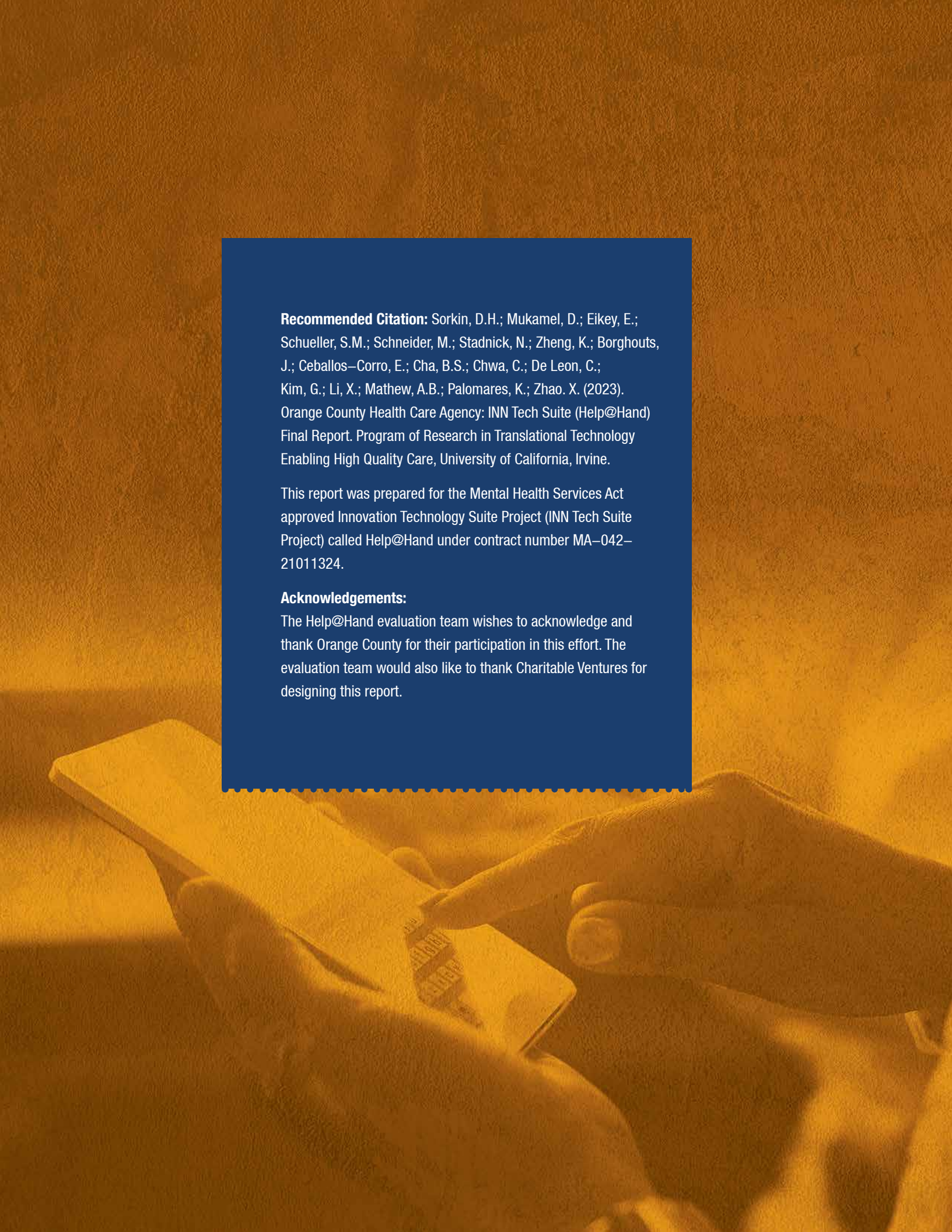
University of California, Irvine



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Acknowledgements:
The Help@Hand evaluation team wishes to acknowledge and thank Orange County for their participation in this effort. The evaluation team would also like to thank Charitable Ventures for designing this report.

TABLE OF CONTENTS

The Orange County Health Care Agency (OCHCA) was approved to join the Help@Hand program in April 2018 and the program concluded in April 2023. OCHCA's Help@Hand program aimed to increase access to mental health services to underserved residents and introduce a new approach to the county mental health system.

This report presents program activities, evaluation findings, and learnings from April 2018 through April 2023.

PROGRAM ACTIVITIES

OCHCA's Help@Hand program included offering Mindstrong[1] to eligible county residents, providing digital literacy education to community members, planning two needs assessments, and planning a pilot of decision support dashboards.

Mindstrong Implementation
OCHCA launched Mindstrong with eligible psychiatry patients in a local healthcare system in May 2020. The county expanded the program by making it available to all Orange County residents through Mental Health America[2] and other departments in the local healthcare system in 2022.

Digital Literacy
Peers led digital literacy workshops in the community and created an information booklet aimed at building digital literacy skills and integrating technology to support mental health and wellness.

Needs Assessments
The county planned needs assessments with community college students and OCHCA behavioral health clients. However, the county paused the needs assessments in 2021 to focus on other county activities.

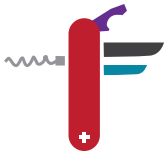
Decision Support Dashboards
OCHCA partnered with the Help@Hand evaluation team to serve as a pilot site for decision support dashboards, but discontinued it in 2020 to focus on other program activities.

EVALUATION

OCHCA's Mindstrong implementation evaluation involved a provider and a consumer evaluation. Key findings included:

Over 75% of providers felt that Mindstrong's care model was a significant innovation that may benefit patients

Providers reported challenges with program enrollment, rapport with Mindstrong therapists, and technology



About 90% of providers indicated that Mindstrong was a useful resource for their patients

[1] Mindstrong provides a digital phenotyping, artificial intelligence (AI) enabled, telemedicine network for outpatient management of behavioral health disorders that reduces resource utilization, increases access, and improves patient outcomes by diagnosing behavioral comorbidities early, detecting relapse early, and intervening early.
[2] Mental Heatlh America is a national website that offers various mental health screeners, educational materials, and behavioral health resources.

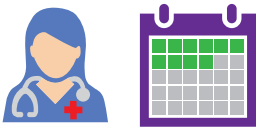
Over 70% of consumers had taken part in a therapy session and/or had sent patient messages through the app

Over 90% of consumers were satisfied with the sessions with their Mindstrong therapist

Consumers felt accepted by Mindstrong (77%) and felt that their Mindstrong therapist was on their side (81%)

Consumers experienced feeling better about taking care of their mental health (67%)

Common reasons to not use Mindstrong included being busy and/or thinking it would take up too much time



The most common reasons consumers stopped using Mindstrong were a bad experience with a provider and difficulties making an appointment

Consumers who had more therapy sessions had more improvement in their mental health than those who had fewer therapy sessions

Consumers experienced improvements in mental health symptoms and stigma. Their DSM, depression, and anxiety scores reduced by 1.9, 2.6, and 2.8 points, respectively. Their stigma scores improved by 0.3 points over time

Mindstrong consumers had more frequent and longer healthcare visits than comparison patients, but were less likely to visit the emergency department or be hospitalized due to a mental health diagnosis

Consumers who rated Mindstrong higher on perceived usefulness were more likely to continue using Mindstrong

Consumers who scored high on loneliness were less likely to continue using Mindstrong

Consumers' engagement with biomarkers did not predict improvement in their mental health

LEARNINGS

Many learnings emerged throughout OCHCA's Help@Hand program. Key learnings related to program planning and execution, working with partners, consumer recruitment and engagement, the eligibility and consent process, digital literacy training, consumer experience, evaluation, and learning collaboration with other counties/cities. These learnings are presented on page 36.

FUTURE DIRECTIONS

The Mindstrong program ended in March 2023. OCHCA will continue to provide digital literacy education to community members. The county will carry forward learnings from Help@Hand and apply them to other county projects.

help @ hand™ Evaluation

PRIORITY ISSUE

In Fall 2017, the Orange County Health Care Agency (OCHCA) met with stakeholders to identify behavioral health needs and gaps. Stakeholders identified the following needs and gaps: lack of comprehensive case management, lack of family support services, challenges with system navigation, and a need for mental health stigma reduction and linguistic competence.

A comprehensive needs assessment conducted by CalOptima[3] of its members in 2017 had similar findings. The assessment found the following key factors impacted access to and use of mental health services: challenges navigating the public mental health system, lack of understanding about available county behavioral health services, and discomfort with discussing personal problems.

OCHCA aimed to develop a large-scale approach for outreach, engagement, system navigation, and service delivery that addressed these needs and gaps.

PROGRAM DESCRIPTION

Help@Hand is a five-year statewide demonstration project funded by Prop 63 (now known as the Mental Health Services Act). It is designed to bring a set (or "suite") of mental health digital therapeutics into the public mental health system of care. Help@Hand intends to understand how digital therapeutics fit within the public mental health system of care and leads innovation efforts by integrating Peers[4] throughout the program.

OCHCA was approved to join the Help@Hand program in April 2018 and their program concluded in April 2023. OCHCA's Help@Hand program's goal and learning objectives are shown below.

Orange County's Help@Hand Program

Goal: Increase access to mental health services to underserved groups and introduce a new approach to the county mental health system.

Learning Objectives:

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

[3] CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors, and people with disabilities through four major programs: Medi-Cal, One Care, OneCare Connect and PACE. CalOptima is the largest health insurer in Orange County.

[4] 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.

OCHCA conducted the following activities to accomplish their goal:

- Offered Mindstrong, a mental health app that provided virtual therapy services, to eligible county residents between May 2020 and March 2023
- Hosted digital literacy workshops and developed a workbook to supplement the workshops
- Began to plan needs assessments with community members and behavioral health clients
- Began to plan a pilot of decision support dashboards

ABOUT THIS REPORT

This report presents OCHCA's Help@Hand program, evaluation findings, and learnings from April 2018 through April 2023. It is organized as follows:

- **Summary of Activities:** Reports program activities and milestones
- **Evaluation:** Presents evaluation activities and findings
- **Learnings:** Describes lessons learned from the program
- **Future Directions:** Discusses the future of the program

PARTICIPATION IN THE HELP@HAND COLLABORATIVE

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved twelve counties and two cities across California to participate in Help@Hand. These counties/cities included: City of Berkeley, Kern County, Los Angeles County, Marin County, Modoc County, Mono County, Monterey County, Orange County, Riverside County, San Francisco County, San Mateo County, Santa Barbara County, Tehama County, and Tri-City.

In 2017, the approved counties/cities formed the Help@Hand Collaborative to develop a shared learning experience that expanded technology options, accelerated learning, and improved cost sharing. OCHCA joined the Help@Hand Collaborative in April 2018.

CalMHSA provided administrative oversight and program management for the Help@Hand Collaborative. In October 2019, CalMHSA contracted with Cambria Solutions,[5] a consulting firm that specialized in implementing innovative and transformative solutions within government agencies, to provide a dedicated program management team for OCHCA's Help@Hand program. Cambria Solutions developed processes, managed program meetings, developed communication materials for consumers and stakeholders, and identified issues and risks. In April 2021, OCHCA established a direct contract between the county and Cambria Solutions. In addition, OCHCA established a direct contract between the county and the University of California, Irvine to conduct their formative evaluation. In December 2021, OCHCA separated from the Help@Hand Collaborative to focus on their local Help@Hand program.

PROGRAM DESCRIPTION

OCHCA's Help@Hand program offered Mindstrong to eligible county residents, provided digital literacy education to community members, planned two needs assessments, and planned a pilot of decision support dashboards.

Mindstrong Implementation

Exploring Technologies

The Help@Hand Collaborative[6] identified three focus areas at the beginning of the program: (1) Peer chat and digital therapeutics; (2) virtual evidence-based therapy utilizing an avatar; and (3) digital phenotyping using passive data for early detection and intervention. A Request for Statement of Qualifications (RFSQ) process identified five qualified vendors in 2017. Vendors conducted demonstrations of their products to the Help@Hand Collaborative. The Collaborative selected 7Cups and Mindstrong as the initial Help@Hand technologies based on their qualifications, demonstrations, and testing by end-users and staff.

In early 2018, OCHCA gathered community feedback on 7Cups and Mindstrong through focus groups and stakeholder meetings. After the contract with 7Cups was terminated by the Help@Hand Collaborative in August 2019, OCHCA focused their program on implementing Mindstrong within the county.

Implementation Planning

OCHCA initially planned to launch Mindstrong with transitional age youth engaged in the Program for Assertive Community Treatment (PACT)[7] and individuals over the age of 13 engaged in the crisis services continuum.

[5] Cambria Solutions was acquired by Ernst & Young LLP in 2022.

[6] The Help@Hand Collaborative is comprised of counties and cities across California that are participating in Help@Hand. Counties/cities participating in the Collaborative develop a shared learning experience that expands technology options, accelerates learning, and improves cost sharing.

[7] PACT provides field-based outpatient services for transitional age youth and adults living with a serious emotional disturbance (SED) or serious mental illness (SMI).

PACT providers attended introductory sessions to learn about Mindstrong. However, initial feedback indicated that Mindstrong was not a good fit because the county's Electronic Health Record (EHR) system was not set up to implement a program like Mindstrong. OCHCA explored alternative implementation sites outside of the county system and decided to focus their Mindstrong implementation on psychiatry patients at a local healthcare system.

OCHCA began planning their Mindstrong implementation at the local healthcare system in June 2019. Considerable work was done with Mindstrong and the local healthcare system to develop the referral process, incorporate the county-required informed consent, and establish a data sharing model.

LifeLine Phone Testing

In early 2020, OCHCA and the Help@Hand evaluation team developed a plan to test whether the Mindstrong app was compatible with phones provided through the California LifeLine Program. The California LifeLine Program provides discounted home phone and cell phone services to eligible households.

The plan was presented to Orange County stakeholders but it did not receive full stakeholder support. Since Mindstrong had already conducted similar testing with LifeLine phones, Mindstrong provided a list of compatible phones to OCHCA. The county updated the Mindstrong program's eligibility criteria to include the approved phones.

Implementation Launch

In May 2020, OCHCA launched Mindstrong at the local healthcare system. The launch began with only two psychiatry providers referring eligible patients. Eligible patients included patients who were over the age of 18, did not have an active psychotherapist, met the clinical eligibility criteria[8], and had access to their own compatible smartphone.

In September 2020, OCHCA, Mindstrong, and the local healthcare system trained psychiatry resident providers[9] on Mindstrong and the referral process. After receiving the training, resident providers began to refer patients to Mindstrong. The OCHCA program team repeated the training when new residents joined the local healthcare system in 2021.

OCHCA developed a "project playbook" that included lessons learned from the Mindstrong implementation to inform future projects. The "project playbook" was updated throughout the implementation. OCHCA documented their experience and early lessons learned from planning and launching the Mindstrong implementation in **Appendix B**.

Implementation Expansion

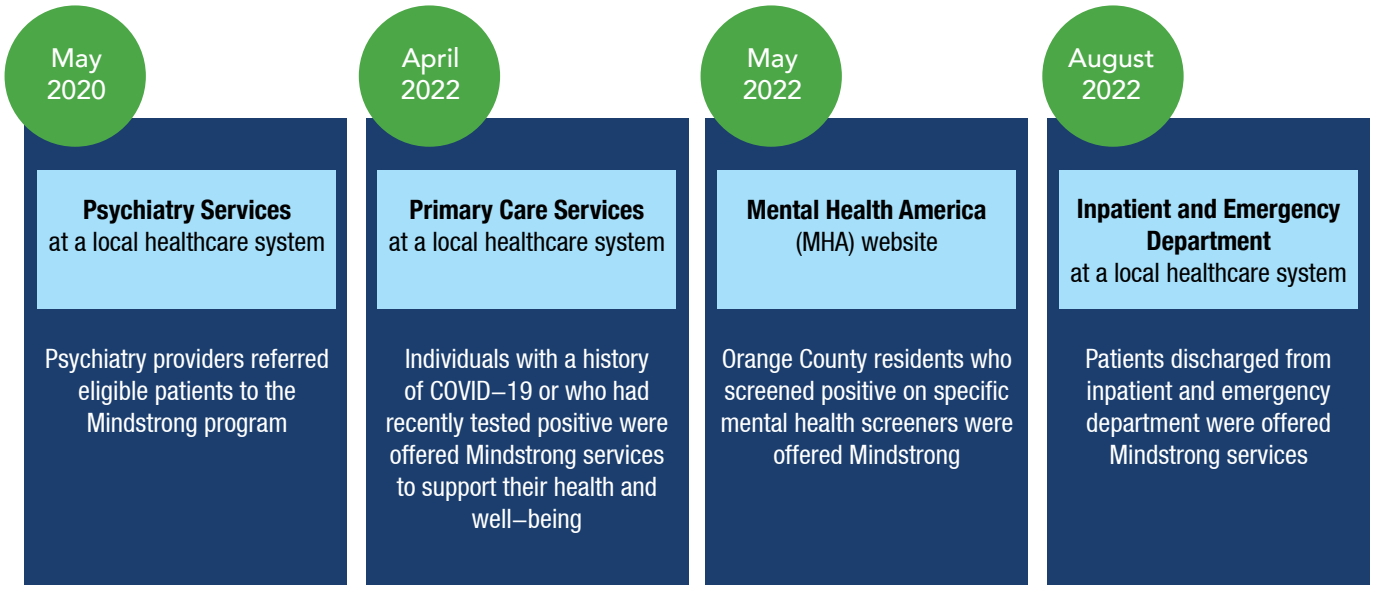
In 2021, OCHCA began discussions to broaden their marketing approach to reach more Orange County residents. The county developed outreach strategies and communication templates to connect with potential partners. OCHCA held presentations with various departments in the local healthcare system, Mental Health America (MHA), community colleges, and federally qualified health centers (FQHCs) to explore potential partnerships.

[8] The clinical eligibility criteria included diagnosis of major depressive disorder, bipolar disorder, schizophrenia, or schizoaffective disorder. In January 2021, the criteria was updated to include post-traumatic stress disorder and obsessive-compulsive disorder.

[9] Resident psychiatry providers are medical school graduates that are participating in a post-graduate training program. Residents provide care under the supervision of senior psychiatry providers.

In 2022, OCHCA expanded the Mindstrong program to more Orange County residents as shown in **Figure 1** below.

Figure 1. OCHCA's Mindstrong Program Expansion



OCHCA initially engaged with community colleges in 2019, but plans were paused in 2020 to focus on the implementation at the local healthcare system. OCHCA reconnected with community colleges in September 2021. Although interest remained high, community colleges required a Memorandum of Understanding between the county and participating community colleges. This created a significant barrier due to the limited time remaining on the Help@Hand program and staffing constraints within the county and colleges.

In March 2022, OCHCA met with FQHCs to discuss offering Mindstrong services to their patients. FQHCs determined that Mindstrong was not an appropriate fit due to the time-limited nature of this program and long-term therapy needs within FQHCs.

Mindstrong Transition

OCHCA's Mindstrong program ended in March 2023. The county discontinued new enrollments in December 2022. In January 2023, Mindstrong announced that the company had been acquired and would discontinue all clinical services on March 10, 2023. OCHCA communicated with consumers to inform and help transition them to other forms of care.

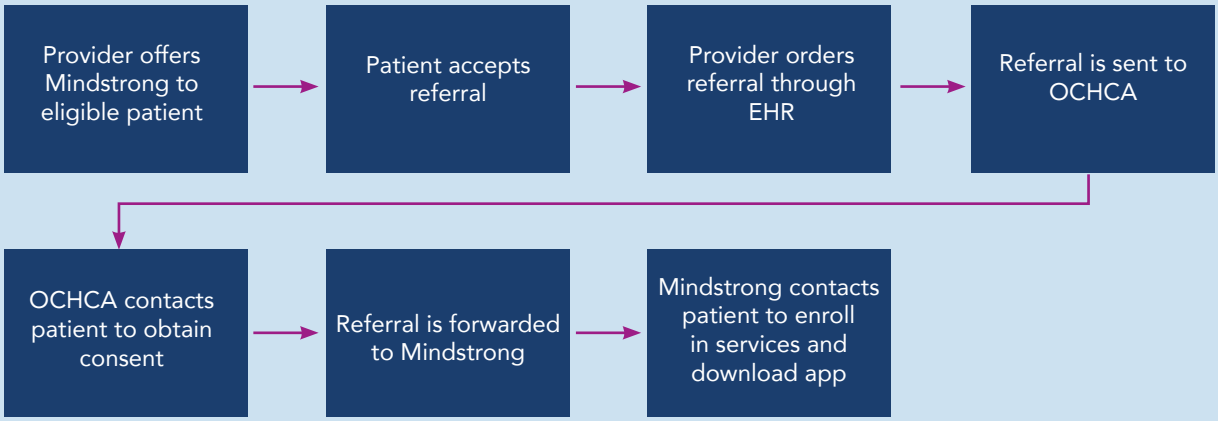
Processes Developed for OCHCA's Mindstrong Program

OCHCA developed the following key processes over time for their Mindstrong program.

Referral process at the local healthcare system

The county utilized a case-by-case referral to enroll patients in the Mindstrong program. The local healthcare system modified their EHR system to automate referrals. The referral process is displayed in **Figure 2**.

Figure 2. Referral Process at the Local Healthcare System



Recruitment materials

OCHCA created provider flyers and consumer postcards to inform and recruit providers and consumers for the program. Providers and consumers could also reference the materials as reminders of the processes for OCHCA's Mindstrong program. The provider flyer shared information on the Mindstrong program, eligibility criteria, and referral process. The consumer postcards provided consumers with information on the program and what to expect from the enrollment process. OCHCA obtained feedback on the postcard and flyers from Peers, the local healthcare system, and the Mindstrong team. **Figures 3** and **4** display the provider flyer and consumer postcard.

Figure 3. Provider Flyers for OCHCA's Mindstrong Program

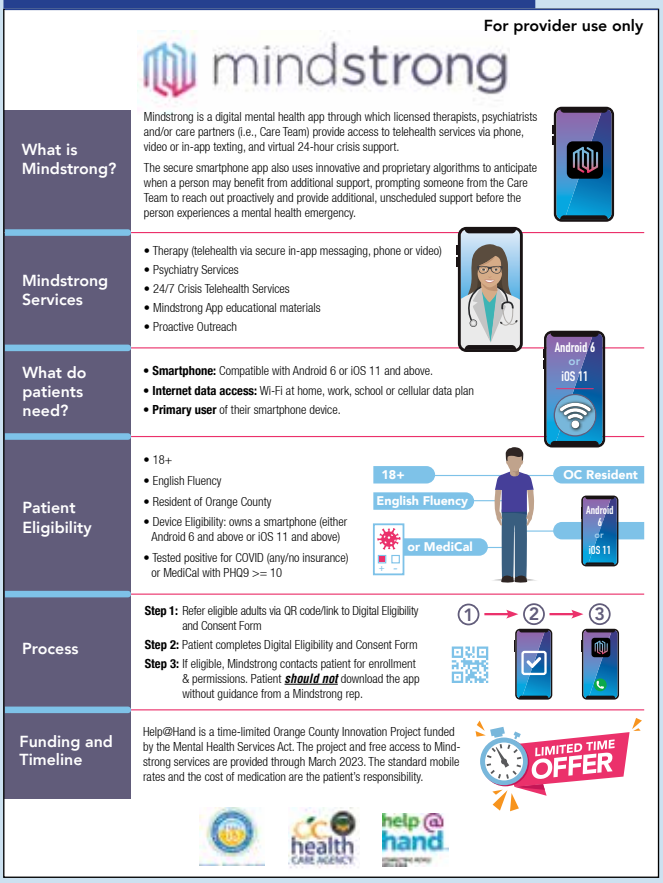


Figure 4. Consumer Postcards for OCHCA's Mindstrong Program

Informed consent

OCHCA obtained informed consent from all Mindstrong consumers to make them aware of the services offered, the duration of services, and security and privacy features related to the Mindstrong application. OCHCA's Peers reviewed the informed consent language to confirm that it was clear and understandable.

Initially, OCHCA planned to collect informed consent in person, but had to shift to a remote consent process to comply with COVID-19 safety measures. OCHCA created an online version of the informed consent form and prepared for Peers to contact referred patients. This involved procuring smartphones, obtaining secure emails, and signing business associate agreements (BAAs). After patients were referred, OCHCA's Peers contacted patients referred to the program and shared a link to the consent form via text message. Peers guided patients through the online form, confirmed eligibility, and obtained consent.

In Fall 2021, OCHCA began to modify their informed consent process to give consumers the ability to provide consent at their convenience through an automated process. The content from the original consent form was converted into a script and made into a series of short, informational videos. Peers spent many hours reviewing the voice and tone of the videos and testing the automated process. OCHCA consulted with program partners to identify appropriate eligibility questions and mental health screeners that would confirm consumers' eligibility. The county also generated a list of resources to provide consumers, particularly those ineligible for the Mindstrong program. OCHCA launched this new process in January 2022. **Appendix D** provides detailed information on the transition to the digital eligibility and consent process.

Data sharing model

OCHCA, Mindstrong, and the Help@Hand evaluation team held extensive conversations to understand the data that Mindstrong collected and what could be shared with OCHCA and the Help@Hand evaluation team for the evaluation. OCHCA and the evaluation team developed three broad areas to explore (see page 18) and worked with Mindstrong to identify the app data that could address these areas. In May 2021, Mindstrong and the Help@Hand evaluation team established a data use agreement (DUA) outlining the Mindstrong data that would be transferred to the Help@Hand evaluation team. Partners also collaborated to determine the method and frequency of data sharing. They also clarified the necessary personal identifiers required for Mindstrong enrollment that ensured consumer privacy. Data sharing began in August 2021. OCHCA facilitated several discussions between partners to understand the adoption and use of Mindstrong.

Expansion site referrals

In 2022, OCHCA updated the consumer flyer to include a QR code that linked to the digital eligibility and consent form. Updated flyers were provided to all implementation sites and direct links to the form were incorporated into the MHA website. Interested consumers could scan the QR code or click on the link to confirm their eligibility and provide consent for the Mindstrong program.

Digital Literacy

Digital literacy was an important component of OCHCA's Help@Hand program. Peers across the Help@Hand Collaborative identified the need to empower California communities to make informed decision about how they interact with technology.

The Help@Hand Collaborative held community sessions in eleven counties to better understand the local community needs around the use of technology to support well-being. A community session was held in Orange County in June 2019. The Help@Hand Collaborative created a digital literacy video series and curriculum to address common topics identified through the work sessions. Curriculum topics included understanding and managing digital identity and dealing with cyberbullying.

In April 2022, OCHCA's Peers kicked off a series of digital literacy workshops in the community using the digital literacy curriculum developed by the Help@Hand Collaborative. Peers created an information workbook aimed at building digital literacy skills and integrating technology to support mental health and wellness to supplement the curriculum. Excerpts from the workbook are displayed in **Figure 5**.

Figure 5. OCHCA's Digital Literacy Workbook

In late 2022, OCHCA developed promotional materials for digital literacy workshops and expanded the frequency of workshops offered to the community at the Recovery Education Institute (REI), wellness centers, club houses, and other locations throughout the county.

Appendix E presents additional information on OCHCA's Peer-led digital literacy efforts.

Needs Assessments

In addition to their Mindstrong program and digital literacy efforts, OCHCA partnered with the Help@Hand evaluation team to plan needs assessments with community college students and OCHCA Behavioral Health Services (BHS) clients.[10]

OCHCA and the Help@Hand evaluation team began to develop a survey to understand the unmet mental health needs of community college students and how apps may address these needs. The survey was to be distributed to students during an in-person event in May 2020, but the event and needs assessment were cancelled due to COVID-19.

A separate needs assessment was developed to learn about the experiences and challenges of BHS clients with telehealth services during COVID-19. OCHCA and the Help@Hand evaluation team developed a survey to identify current access to technology, general technology use, and use of technology to support mental health among BHS clients. Two versions of the survey were created: 1) a survey for clients over the age of 13; and 2) a survey for parents of clients under the age of 13. The needs assessment was paused in 2021 due to conflicting priorities within the county that emerged as a result of needing to attend to the COVID-19 crisis.

Decision Support Dashboards

In 2019, OCHCA partnered with the Help@Hand evaluation team to serve as a pilot site for decision support dashboards. Decision support dashboards were part of a larger effort to create a data repository for the overall Help@Hand program. The data repository was intended to be a large database infrastructure that would allow for the collection, storage, and management of datasets for data analysis, sharing, and reporting. The data repository would be utilized to develop decision support dashboards meant to support counties/cities with program planning activities and monitoring.

OCHCA and the Help@Hand evaluation team engaged in extensive discussions to understand OCHCA's dashboard-related needs and requirements. The Help@Hand evaluation team responded to OCHCA's Security Requirement Questionnaire to prepare for the data transfer from OCHCA to the Help@Hand data repository. This effort was discontinued in 2020 to allow OCHCA to focus on other program activities.

PROGRAM CHANGES

Over the course of their five years of participation, OCHCA's Help@Hand program pivoted and changed to adapt to internal and external factors. The following changes were made:

- **Program Components:** OCHCA initially planned to implement all five components of the Help@Hand program (e.g., peer chat and digital therapeutics, virtual evidence-based therapy utilizing avatar, digital phenotyping using data for early detection and intervention, community engagement and outreach, and outcome evaluation). Since OCHCA focused their program on implementing Mindstrong, they did not implement those components not in Mindstrong (e.g., peer chat and digital therapeutics or virtual evidence-based therapy utilizing an avatar).
- **Core audience:** OCHCA intended to make apps available to all county residents who owned a smartphone, tablet, computer or had access to computer devices (e.g., libraries, kiosks, etc.). Due to the nature of the Mindstrong program, individuals needed to have access to their own smartphone and had to meet clinical criteria. Those who did not have access to their own smartphone or did not meet the criteria were not eligible to participate.

[10] Behavioral Health Services (BHS) clients include children, youth, and adults that receive mental health services through OCHCA.

- **Implementation Site:** OCHCA initially planned to launch Mindstrong with transitional age youth engaged in the Program for Assertive Community Treatment (PACT) and individuals engaged in the crisis continuum, but OCHCA later determined that Mindstrong was not a good fit within these programs. In May 2020, OCHCA launched Mindstrong at a local healthcare system.
- **Timeline:** OCHCA intended to make apps available to county residents in February 2018 but did not launch Mindstrong until May 2020. This delay was due to the innovative nature of this program.
- **Informed Consent:** Incorporating the OCHCA informed consent into the Mindstrong referral process required much planning and considerations. OCHCA planned to collect informed consent in-person at the local healthcare system. However, due to COVID-19 restrictions, the county shifted to a remote consenting process.
- **LifeLine Phone Testing:** The county developed a plan to test Mindstrong's compatibility with phones provided by the California LifeLine program. However, this effort was discontinued because the plan did not receive stakeholder support.
- **Planned Activities:** Some activities that were initially planned did not occur. For example, the county planned to implement 7Cups, but this work did not occur because 7Cups' contract was terminated by the Help@Hand Collaborative. Needs assessments and decision support dashboards pilot were discontinued to focus on other program activities.

TIMELINE

The timeline below includes activities, events, and milestones that occurred throughout OCHCA's Help@Hand program.

Year 1 (April 27, 2018 – April 26, 2019)

OCHCA's Help@Hand program was approved on April 27, 2018

Mindstrong Implementation

- *Exploring Technologies:* Considered implementing 7Cups and Mindstrong throughout the county
- *Exploring Technologies:* Conducted focus groups with the Wellness Center Central and the Orange County Recovery and Education Institute (REI) to obtain feedback about perceptions of 7Cups
- *Exploring Technologies:* Completed series of onboarding events with Mindstrong and introductory sessions with providers to prepare for a tentative Mindstrong launch with transitional age youth in the Program for Assertive Community Treatment (PACT) and individuals 13+ engaged in the crisis services continuum

Decision Support Dashboards

- Held ongoing discussions with Help@Hand evaluation team about the data transfer from OCHCA to the Evaluation Data Repository
- Help@Hand evaluation team responded to OCHCA's Security Requirement Questionnaire as a first step in preparing for the data transfer of EHR and claims data from OCHCA to the Evaluation Data Repository

Year 2 (April 27, 2019 – April 26, 2020)

Mindstrong Implementation

- *Exploring Technologies:* Discontinued 7Cups implementation planning after 7Cups received 30–day notice of termination of contract in August 2019
- Shifted Mindstrong implementation site to a local healthcare system with psychiatry patients
- Began planning a tentative Mindstrong soft launch in community colleges for Fall 2020

- Developed several iterations of the informed consent process and held extensive conversations involving the program team, county compliance, Peers, local healthcare system, Mindstrong, and video production company
- Began creating a plan to test the compatibility of Mindstrong with California LifeLine phones

Digital Literacy

- Held Orange County Mental Health Services Act (MHSA) Steering Committee and Community Work Sessions to better understand the local community needs about how to effectively use digital devices in June 2019

Needs Assessments

- Began planning needs assessment with college students, but later discontinued due to COVID–19

Decision Support Dashboards

- Discontinued data repository efforts to focus on other program activities

Year 3 (April 27, 2020 – April 26, 2021)

Mindstrong Implementation

- Launched Mindstrong with psychiatry patients in a local healthcare system on May 14, 2020
- Expanded Mindstrong implementation to allow more clinicians to refer patients to Mindstrong on September 16, 2020
- Streamlined Mindstrong referral process using an EHR referral order
- Updated the clinical eligibility criteria to include post–traumatic stress disorder (PTSD) and obsessive–compulsive disorder (OCD)
- Peers began to support the informed consent process
- Developed digital consent videos to automate OCHCA informed consent process
- Created eligibility and referral guide for providers to assist with referral process and outreach materials (e.g., postcards) for providers to share Mindstrong information with consumers
- Held discussions on how to move to a broader marketing approach rather than a case–by–case referral and the feasibility of expanding Mindstrong to different core populations and programs
- Shared proposal for LifeLine Phone Testing with community stakeholders

Needs Assessments

- Began planning needs assessment with county behavioral health clients, but was later paused due to conflicting priorities within the county

Year 4 (April 27, 2021 – April 26, 2022)

Mindstrong Implementation

- Trained new referring psychiatry providers joining the local healthcare system
- Established a data sharing model between Mindstrong and the Help@Hand evaluation team
- Engaged with vendor (Qualtrics/Walker) to build the digital consent process, add a scheduling feature (e.g., Acuity), and add eligibility questions
- Deployed the digital eligibility and consent process with consumers at the local healthcare system
- Continued discussions on expansion to community colleges in 2021 and reestablished contact with community college stakeholders
- Developed outreach strategies and communication templates to engage a broader population (e.g., college students; adults who tested positive for COVID–19)

- Expanded the Mindstrong program to primary care services at the local healthcare system in April 2022
- Met with a regional FQHC about providing Mindstrong to the FQHC's patients
- Began discussions with MHA to offer Mindstrong to eligible individuals

Digital Literacy

- Developed and enhanced digital literacy content for community members and consumers (e.g., how to vet apps, use QR codes, cyberbullying, etc.)
- Identified outreach strategies and locations for digital literacy content
- Peers led "Managing your Digital Presence" workshop at the Annual Meeting of the Minds Conference

OCHCA separated from the Help@Hand Collaborative to focus on their local implementation in December 2021

Year 5 (April 27, 2022 – April 26, 2023)

Mindstrong Implementation

- Expanded the Mindstrong program to eligible adults referred from Mental Health America's web–based mental health support site in May 2022
- Expanded the Mindstrong program to eligible adults discharged from inpatient and emergency department at the local healthcare system in August 2022
- Facilitated discussions between program partners (OCHCA, Mindstrong, Help@Hand evaluation, local healthcare system) to understand the adoption and use of Mindstrong
- Planned for end of program (e.g., stopped new enrollments, identified transition plan)
- On January 31, 2023, Mindstrong announced that the company had been acquired and clinical services for all clients would end on March 10, 2023
- Notified Mindstrong consumers that clinical services were ending and provided additional resources for continued support

Digital Literacy

- Developed promotional outreach materials for digital literacy workshops
- Developed supporting materials (e.g., workbook) to facilitate learning at the digital literacy workshops
- Expanded frequency of digital literacy workshops and outreach efforts to community members (e.g., wellness centers, REI, etc.)

OCHCA's Help@Hand program ended on April 26, 2023

OCHCA worked with the Help@Hand evaluation team to evaluate their Mindstrong implementation. There were no formal evaluation activities associated with the digital literacy, needs assessments, and data support dashboard efforts.

EVALUATION OVERVIEW OF OCHCA'S MINDSTRONG IMPLEMENTATION

OCHCA's primary areas of exploration guided the evaluation of their Mindstrong implementation. The primary areas of exploration evolved over the course of the program and were adapted to the following:

- **Contextual Factors:** What factors make a setting ready for a product like Mindstrong, and influence providers/consumers to use it over time?
- **Service Delivery:** How is Mindstrong used? How do providers view Mindstrong?
- **Potential Benefits:** What are the potential benefits of using Mindstrong? What do providers perceive as the potential benefits of Mindstrong?

EVALUATION METHODOLOGY

OCHCA's evaluation of their Mindstrong implementation consisted of a **provider evaluation** and a **consumer evaluation**. It included multiple data sources to understand the provider and consumer perspectives as described below.[11]

The Provider Evaluation assessed the beliefs, practices, and structures that might impact the implementation of OCHCA's Mindstrong program.

Provider Surveys and Interviews: Providers referring patients to OCHCA's Mindstrong program were invited to complete bi-annual surveys and annual interviews with the Help@Hand evaluation team. This report presents survey and interview data collected between June 2020 and December 2022.

The Consumer Evaluation examined the factors influencing consumers to adopt, use, or abandon Mindstrong. It also provided insight into the consumer experience.

App Data: Mindstrong collected app enrollment, activity, engagement, and survey data and shared it with the Help@Hand evaluation team. This report presents data collected between May 2020 and March 2023.

Electronic Medical Record (EMR) Data: Health-related data documented by the healthcare system was collected from patients who participated in OCHCA's Mindstrong program and compared to those in the healthcare system who did not participate in the program. This report presents data collected between May 2020 and March 2023.

Consumer Surveys: All consumers participating in OCHCA's Mindstrong program were invited to complete surveys online or over the phone with the Help@Hand evaluation team. This report presents data collected between October 2020 and January 2023.

[11] This report uses the icons for the provider surveys and interviews, app data, electronic medical record data, and consumer surveys to indicate the data source for each finding in this section.

CULTURAL COMPETENCE AND STAKEHOLDER CONTRIBUTION IN THE EVALUATION

Peers and other stakeholders ensured that OCHCA's evaluation of their Mindstrong implementation was culturally competent and contributed in the following ways:

Participation in the statewide Help@Hand evaluation advisory board: An advisory board was convened early in the program to provide critical guidance and insight on the Help@Hand Collaborative evaluation.[12] To ensure a culturally competent evaluation, the board included a diverse team of stakeholders, such as program leaders; decisionmakers with practical experience in community, county/city, and large-scale evaluation efforts; behavioral health/social scientists; Peers with lived experience; consumer and family members who received mental health services; and people representing diverse communities (e.g., LGBTQ and racial/ethnic diversity). The board was initiated in 2018 and dismissed in 2022 due to financial restrictions.

Participation in a workgroup to conceptualize and measure mental health stigma: One of the shared learning objectives of the overall Help@Hand Collaborative was to reduce stigma associated with mental illness by promoting mental wellness. Evaluating this outcome required measuring mental health stigma prior to and after the implementation of the Help@Hand program. The Help@Hand evaluation team reviewed the literature and identified more than 400 measures of mental health stigma. In 2020, a workgroup of 11 Peer and academic experts was convened to recommend appropriate mental health stigma measures for the Help@Hand evaluation.

Peer review of evaluation instruments: Consumers completed surveys as part of OCHCA's Mindstrong program evaluation. Prior to beginning data collection, Peers reviewed and provided feedback on surveys that were developed by the Help@Hand evaluation team to ensure that survey wording was appropriate.

Stakeholder involvement: Evaluation findings were shared with Orange County's stakeholders during stakeholder meetings to inform and gather feedback on the program and the evaluation.

[12] The Help@Hand Collaborative is comprised of counties and cities across California that are participating in Help@Hand. Counties/cities participating in the Collaborative develop a shared learning experience that expands technology options, accelerates learnings, and improves cost sharing. The Collaborative evaluation provides feedback and learnings from all counties/cities participating in Help@Hand.

PROVIDER EVALUATION FINDINGS

Bi-annual surveys and annual interviews were conducted with psychiatry providers at the local healthcare system who referred their patients to the Mindstrong program between June 2020 and December 2022. The provider evaluation was designed to understand providers' perspectives on the contextual factors, service delivery, and potential benefits of OCHCA's Mindstrong implementation.

This section presents data from the second survey and the annual interview conducted in 2020, 2021, and 2022.

KEY FINDINGS

Over 75% of providers felt that Mindstrong's care model was a significant innovation that may benefit patients

Providers reported challenges with program enrollment, rapport with Mindstrong therapists, and technology

About 90% of providers indicated that Mindstrong was a useful resource for their patients

PROVIDER DEMOGRAPHICS

Respondents varied across surveys and interviews, but tended to be female, Asian American/Pacific Islander, and were most often either a 3rd or 4th year resident.[13]

	2022 N=16 (72% response rate)	2021[14] N=21 (87% response rate)	2022 N=13 (81% response rate)
Gender	**56%** Female **44%** Male	**67%** Female **33%** Male	**62%** Female **31%** Male **8%** I prefer not to answer
Race/Ethnicity	**56%** Asian American/ Pacific Islander **38%** White **6%** Multiracial	**62%** Asian American/ Pacific Islander **24%** White **5%** Hispanic or Latino **10%** I prefer not to answer	**54%** Asian American/ Pacific Islander **31%** White **8%** Hispanic or Latino **8%** I prefer not to answer
Role	**6%** 1st year resident **31%** 2nd year resident **31%** 3rd year resident **31%** 5th year resident	**33%** 2nd year resident **29%** 3rd year resident **38%** 4th year resident	**46%** 3rd year resident **54%** 4th year resident

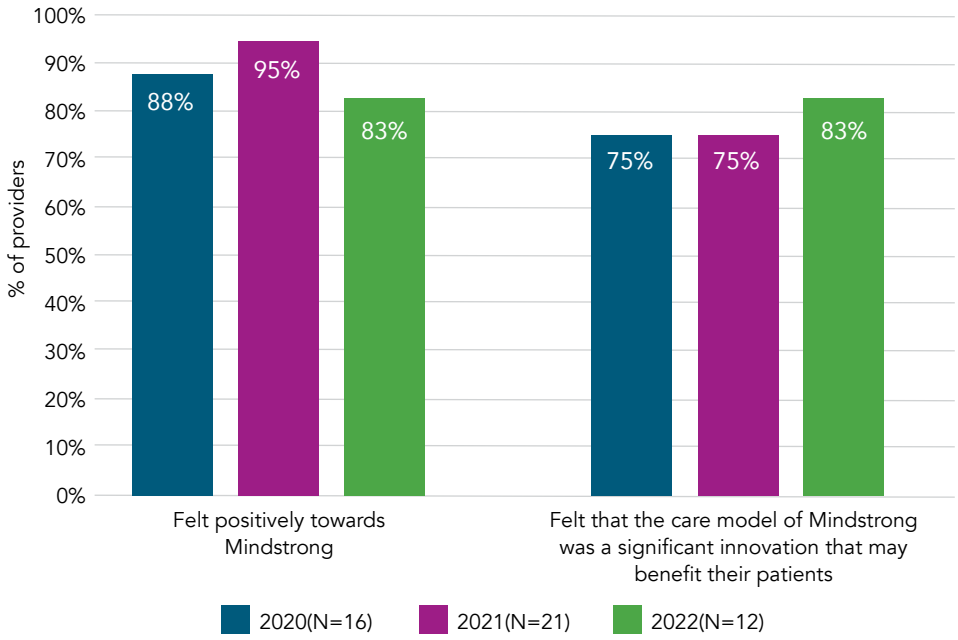
[13] Resident psychiatry providers are medical school graduates that are participating in a post-graduate training program. Residents provide care under the supervision of senior psychiatry providers.
[14] There were errors in 2021 provider race/ethnicity and role demographics in the previous report. The demographics presented here have been updated.

AREA OF EXPLORATION #1: CONTEXTUAL FACTORS

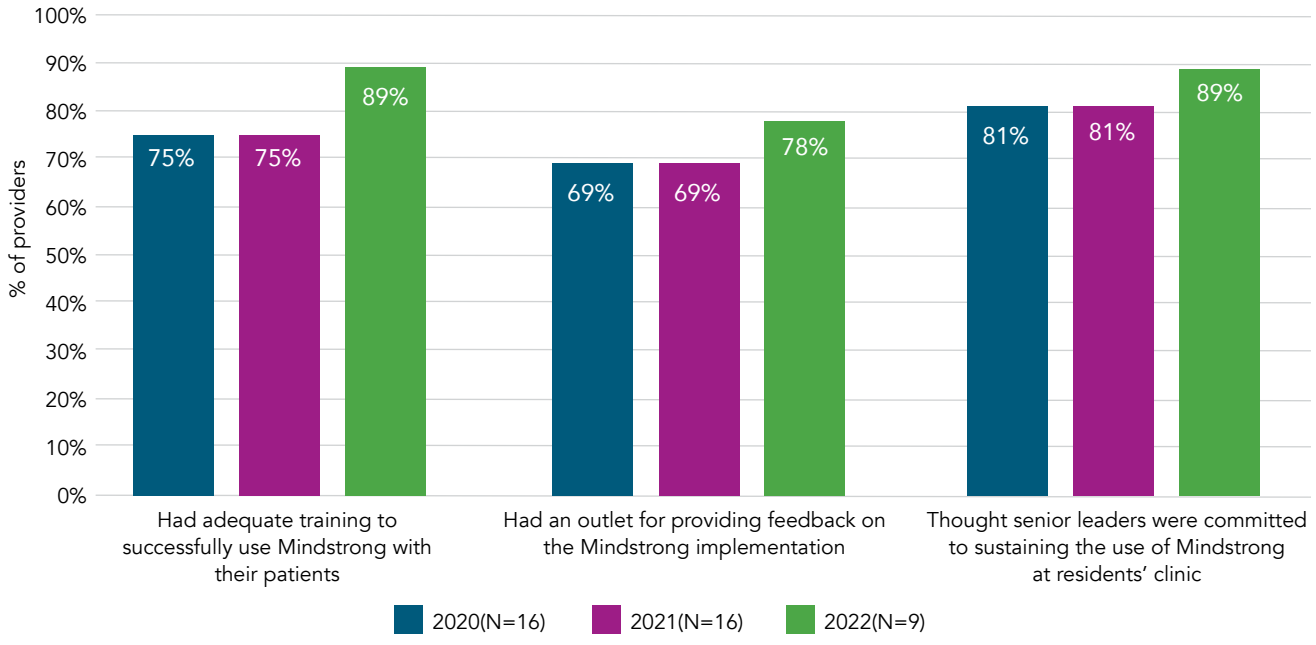
What factors make a setting ready for a product like Mindstrong, and influence providers to use it over time?

Provider Attitudes Toward Mindstrong

Providers had positive feelings toward Mindstrong. Over the years, the majority of provider respondents indicated feeling positively towards Mindstrong. Specifically, the innovation of the Mindstrong care model was perceived as likely to benefit their patients, with over 75% of respondents in each year reporting this sentiment.



Providers also felt their clinics were ready for Mindstrong implementation. The positive perception of training, feedback, and sustainability were highest in the third year of implementation, which may in part indicate that clinic environments grew in readiness over the years. Over 80% of providers in each year agreed that the Mindstrong implementation would be sustainable long-term.



Referring Patients to Mindstrong

Multiple factors facilitated providers' patient referrals to Mindstrong. In the surveys, providers reported several factors that facilitated their referrals, including patients' motivation to seek help, their ability to access therapy services virtually and in a timely manner, and that there were no financial costs for patients to participate. Providers also noted that the COVID-19 pandemic impacted availability of services.

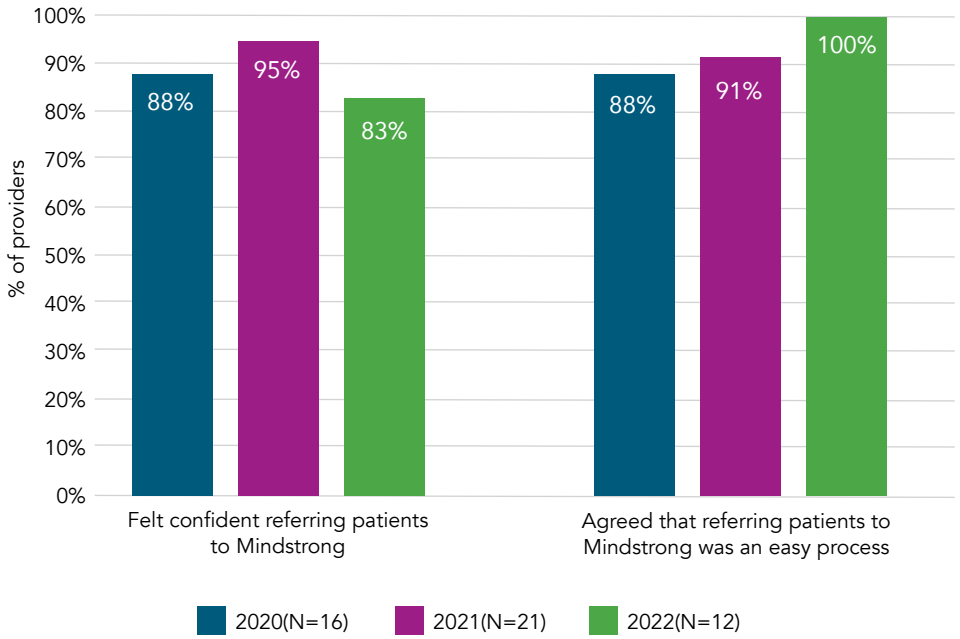
Patients were motivated to start therapy but had difficulty finding someone that was accepting patients, especially given the COVID-19 pandemic

Patients could conveniently participate in therapy virtually

Patients had timely access to therapy services

Patients did not have to pay for services

Providers reported high levels of confidence referring patients to Mindstrong. Over 80% of provider respondents over all three years reported they felt confident in making referrals to Mindstrong. An even higher percentage perceived that it was easy to make Mindstrong referrals.



AREA OF EXPLORATION #2: SERVICE DELIVERY

How do providers view Mindstrong?

Challenges Reported by Providers

Although the overall experience with Mindstrong was positive, providers reported several barriers. Challenges below are those reported by providers in the surveys. Providers did not have first-hand experience with the consumer-facing side of the application, so challenges reported by providers are largely based on patient feedback to providers.

Enrollment Barriers	Rapport Barriers
Patients were not contacted, or had a delay in contact, after being referred to Mindstrong	Mindstrong only offered brief therapy sessions
Patients were contacted but did not receive a message with callback information	Mindstrong therapists rotated between sessions
Enrollment process was too difficult for some patients	Mindstrong therapists frequently canceled sessions

Providers also reported enrollment and rapport barriers in the interviews.

"A lot of patients, you know, I've placed the referral and then they've said they were never contacted and, you know, they likely just didn't answer the phone. They got a call from an unknown number."

"So, a couple of patients would tell me that they start to develop some rapport with the therapist. But then that person had to leave and then they had to find someone to fill in."

Some providers commented on barriers related to technology.

"So, we have lots of elderly patients who are just like, 'Yeah, I mean, I can't do that.' Even if they get referred, they're like, 'I don't know how to use my smartphone. I don't know how to use zoom. I don't know how to figure it out.'"

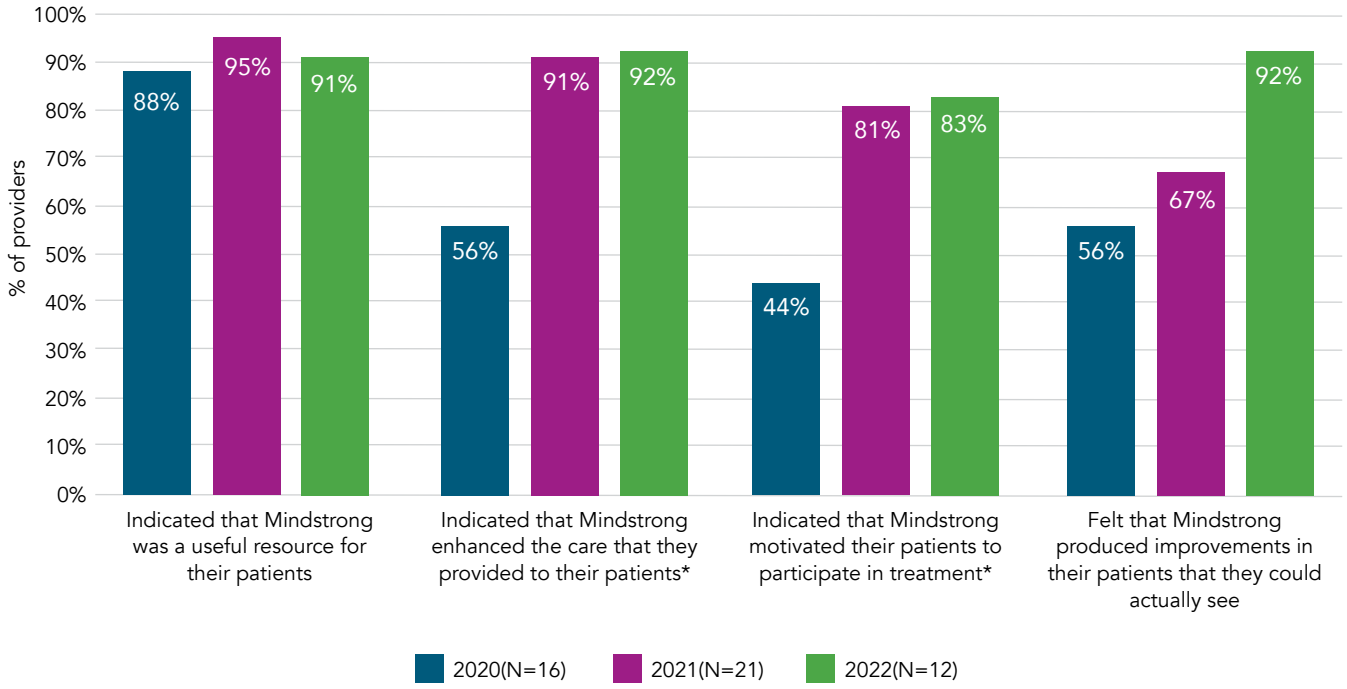
"Some had technical difficulties pretty frequently."

AREA OF EXPLORATION #3: POTENTIAL BENEFITS

What do providers perceive as the potential benefits of Mindstrong?

Mindstrong Benefits

Providers reported several perceived benefits of Mindstrong that motivated their referrals. Approximately 90% of providers in each year indicated that Mindstrong was a useful resource for their patients. In addition, providers' perception that Mindstrong enhanced their patient care, motivated patients to participate in treatment, and produced discernible patient improvements generally increased over the course of the Mindstrong implementation.



*There was a statistically significant increase in 2021 compared to 2020 with alpha = .05

CONSUMER EVALUATION FINDINGS

The consumer evaluation examined the consumer experience related to contextual factors, service delivery, and potential benefits of OCHCA's Mindstrong implementation.[15]

Providers referred **839 psychiatry patients** (e.g., individuals who received medical treatment at the local healthcare system) to OCHCA's Mindstrong program. A total of **377 consumers** (e.g., patients that enrolled in the Mindstrong program) enrolled.

839
Patients Referred
to OCHCA's Mindstrong program
by local healthcare system

377
Consumers Enrolled
in OCHCA's Mindstrong program

This section includes:

- **App data** on the use of Mindstrong and surveys completed within the Mindstrong app by the 377 psychiatry patients at the local healthcare system who used Mindstrong between May 2020 and March 2023.

- **Electronic Medical Record (EMR) data** on emergency department visits and hospitalizations at the local healthcare system of the 368 patients who used Mindstrong[16] between May 2020 and March 2023 compared to 368 patients who did not use Mindstrong.[17]

Patients are referred to as **Mindstrong consumers** and **comparison patients** depending on their use of Mindstrong

Mindstrong Consumers (N=368)
Patients at the local healthcare system that were enrolled in OCHCA's Mindstrong program.

Comparison Patients (N=368)
A sample of patients at the local healthcare system that were not enrolled in OCHCA's Mindstrong program.

- **Survey data** from 108 patients referred to Mindstrong by the local healthcare system who completed surveys outside of the Mindstrong app between October 2020 and January 2023. The surveys examined their decision to use (or not use) Mindstrong and their experience with Mindstrong.

Survey respondents are categorized as **users** and **non-users** depending on their participation in the program

Users (N=96)
Survey respondents who stated they downloaded Mindstrong. Users completed an initial survey and follow-up surveys.[18]

Non-Users (N=12)
Survey respondents who stated they did not download Mindstrong. Non-users completed a one-time survey.[19]

[15] The consumer evaluation assessed the experience of psychiatry patients at the local healthcare system. It did not include the Mindstrong expansion sites (e.g., inpatient, emergency department, and primary care services at the local healthcare system, Mental Health America website) due to low referral numbers, limited consumer contact information, and the limited time remaining on the program at the time of expansion.

[16] A total of 368 patients instead of 377 patients were included because it was not possible to find unique comparison patients for 9 of the 377 Mindstrong consumers.

[17] Patients in the comparison sample were selected on three inclusion criteria: 1) a patient's age, gender, and at least two behavioral health diagnoses (or one diagnosis if the Mindstrong consumer only had one diagnosis) matched with those of Mindstrong consumers; 2) the patient saw a mental health provider at the local healthcare system between May 14, 2020 and March 10, 2023; and 3) the patient was not enrolled in Mindstrong.

[18] Users completed an initial survey (e.g., Initial Survey (N = 96)) and five follow-up surveys (e.g., Follow-Up Survey 1 (N = 55), 2 (N = 45), 3 (N = 31), 4 (N = 19), 5 (N = 9)). Follow-up Surveys were completed 3, 6, 12, 18, and 24 months after completing the Initial Survey, respectively.

[19] Non-users completed a one-time survey (e.g., One-Time Survey (N = 12)).

KEY FINDINGS

Over 70% of consumers had taken part in a therapy session and/or had sent patient messages through the app

Over 90% of consumers were satisfied with the sessions with their Mindstrong therapist

Consumers felt accepted by Mindstrong (77%) and felt that their Mindstrong therapist was on their side (81%)

Consumers experienced feeling better about taking care of their mental health (67%)

Common reasons to not use Mindstrong included being busy and/or thinking it would take up too much time

The most common reasons consumers stopped using Mindstrong were a bad experience with a provider and difficulties making an appointment

Consumers who had more therapy sessions had more improvement in their mental health than those who had fewer therapy sessions

Consumers experienced improvements in mental health symptoms and stigma. Their DSM, depression, and anxiety scores reduced by 1.9, 2.6, and 2.8 points, respectively. Their stigma scores improved by 0.3 points over time.

Mindstrong consumers had more frequent and longer healthcare visits than comparison patients, but were less likely to visit the emergency department or be hospitalized due to a mental health diagnosis

Consumers who rated Mindstrong higher on perceived usefulness were more likely to continue using Mindstrong

Consumers who scored high on loneliness were less likely to continue using Mindstrong

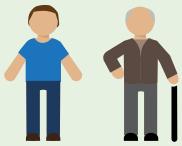
Consumers' engagement with biomarkers did not predict improvement in their mental health

CONSUMER DEMOGRAPHICS

Age, Gender, Ethnicity, and Education

Similar to app data demographics, the majority of both Mindstrong consumers and comparison patients were female and between 26-59 years old.[20]

The demographics of survey respondents were also female, but slightly younger (e.g., a higher percentage in the 18-25 age category). Most survey respondents identified as White (53%) and the majority had an Associates, Bachelors, or graduate degree.

	Mindstrong Consumers (App Data, N=377)	Mindstrong Consumers (EMR Data, N=368)	Comparison Patients (EMR Data, N=368)	Subset of Mindstrong Consumers (Survey Users and Non-Users, N=108)
Gender 	**64%** Female **32%** Male **4%** Another Gender or Missing Data	**68%** Female **32%** Male	**68%** Female **32%** Male	**69%** Female **25%** Male **6%** Transgender Man/Woman or Missing Data
Age 	**14%** 18-25 years **70%** 26-59 years **17%** 60+ years	**17%** 18-25 years **66%** 26-59 years **17%** 60+ years	**22%** 18-25 years **61%** 26-59 years **17%** 60+ years	**24%** 18-25 years **57%** 26-59 years **13%** 60+ years **6%** Missing Data
Ethnicity 	Data Not Collected	Data Not Collected	Data Not Collected	**53%** Non-Hispanic White **21%** Hispanic/ Latino/a/x **8%** Asian **18%** Missing Data
Highest Education Level 	Data Not Collected	Data Not Collected	Data Not Collected	**11%** High school **29%** Some college **44%** Associates, Bachelors, or Graduate Degree **16%** Missing Data

[20] There was no statistically significant difference in the age and gender distribution between the 368 Mindstrong consumers and 368 comparison patients.

Mental Health

On average, EMR data showed that Mindstrong consumers (N = 368) had 3.7 mental health diagnoses (SD =2.5) and comparison patients (N = 368) had 2.9 mental health diagnoses (SD = 2.1) (p<0.001). Mindstrong consumers were significantly more likely to have anxiety, recurrent depressive disorders, and bipolar disorder diagnoses than comparison patients (p<0.05). Comparison patients were significantly more likely to have substance use related disorders than Mindstrong consumers (p<0.05).

	Mindstrong Consumers (EMR Data, N=368)	Consumer Patients (EMR Data, N=368)
Mental Health Diagnosis	**89%** Anxiety **20%** Recurrent Depressive Disorders **17%** Substance Use Related Disorders **16%** Bipolar **11%** Eating and Sleeping Disorders **8%** Personality Disorders **8%** Schizophrenia and Related Psychotic Disorders	**82%** Anxiety **12%** Recurrent Depressive Disorders **26%** Substance Use Related Disorders **8%** Bipolar **11%** Eating and Sleeping Disorders **5%** Personality Disorders **6%** Schizophrenia and Related Psychotic Disorders

Data from the initial surveys showed that 40% of Mindstrong users felt ashamed for having a mental illness and 40% felt inferior to others without a mental illness.

	40% felt ashamed for having a mental illness **40%** felt inferior to others without a mental illness

AREA OF EXPLORATION #1: CONTEXTUAL FACTORS

What factors make a setting ready for a product like Mindstrong, and influence consumers to use it over time?

Key Factors Considered When Deciding to Use Mental Health Technology

Consumer survey data found privacy, price, and the effect on their device to be key factors that users considered in mental health technology. (Initial Survey, N = 84)[21]

89%

Personal information is kept private

76%

The app is free

61%

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

Five non-users (42%) were eligible for Mindstrong, but chose not to sign up for the program. Seven non-users (58%) had started the onboarding process, but never downloaded the app on their phone. **The three most common reasons that non-users did not sign up for or download Mindstrong were because they were busy, had other strategies in place to support their mental health, and didn't think Mindstrong would be useful. (One-Time Survey, N=12)**

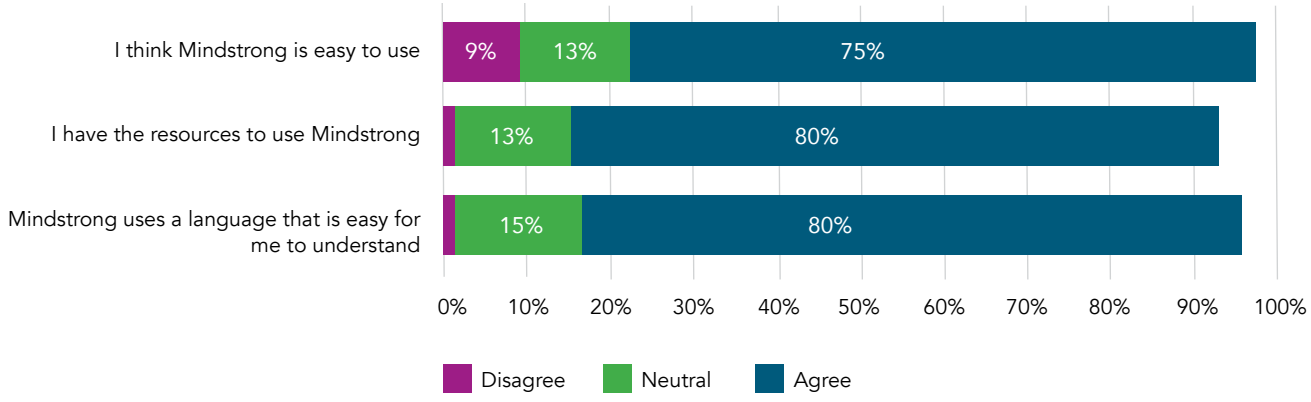
Busy / no time

Use of other strategies to support mental health

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

Ease of Using Mindstrong

The majority of users (the subset of Mindstrong consumers who completed consumer surveys) thought Mindstrong was easy to use (75%), had the resources to use Mindstrong (80%), and felt Mindstrong used a language that was easy to understand (80%). (Follow-up Survey 1, N = 55)



[21] Sections that compare findings from the initial, follow-up, and one-time surveys will refer to these as Initial Survey, Follow-Up Survey 1-5, and One-Time Survey and only include data from those survey respondents.

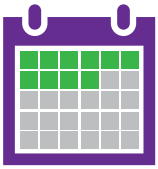
Challenges Experienced by Consumers

Users who continued to use Mindstrong shared the following most common challenges they experienced. Similar challenges were found across Follow-up Surveys.

Said they experienced difficulties using Mindstrong

Did not understand biomarkers

Had a bad experience with Mindstrong providers



Had difficulties making an appointment for a therapy session / felt they had too little time during therapy session

Users shared the following most common reasons for no longer using Mindstrong. Similar reasons were given across Follow-up Surveys.

Felt Mindstrong was not useful

Said they experienced difficulties using Mindstrong

Did not understand biomarkers

Had difficulties making an appointment for a therapy session / felt they had too little time during therapy session

Had a bad experience with Mindstrong providers

Said they wanted to use traditional mental health services

AREA OF EXPLORATION #2: SERVICE DELIVERY

How is Mindstrong used?

Mindstrong Enrollment and Activity (as of 1/31/2023)

The table below defines the terms used in this section.

	Definitions
Consumers discharged	Consumers who formally requested to be released from Mindstrong services
Stayed enrolled	Consumers who stayed enrolled in the Mindstrong program
Active users	Consumers that had at least one meaningful app activity
Therapy session	A therapy session that consumers had with a licensed Mindstrong therapist (these included chat, phone, and video sessions)
Patient message	Consumers could send patient messages to connect with their care team
Urgent session	Consumers could request an urgent session through the Mindstrong app to meet with a Mindstrong therapist
Crisis Assessment Team (CAT)	The CAT consisted of licensed professionals trained to serve individuals that were experiencing a behavioral health crisis. Clinicians performed evaluations and risk assessments to link individuals to an appropriate level of care.

App data indicated the majority of consumers had taken part in a therapy session, and/or had sent patient messages through the Mindstrong app. A small subset of consumers made an urgent session request after hours.

377
Consumers Enrolled in OCHCA's Mindstrong Program

43
Consumers Discharged from OCHCA's Mindstrong Program

509
Average Number of Days Consumers Stayed Enrolled in OCHCA's Mindstrong Program

308
Average Number of Days Consumers Were Active in OCHCA's Mindstrong Program

75%
of consumers had at least one **therapy session**; each consumer had an average of **14.3 therapy sessions**

74%
of consumers had Phone Therapy Sessions with a Mindstrong Clinical Specialist

14%
of consumers had Chat Therapy Sessions with a Mindstrong Clinical Specialist

11%
of consumers had Video Therapy Sessions with a Mindstrong Clinical Specialist

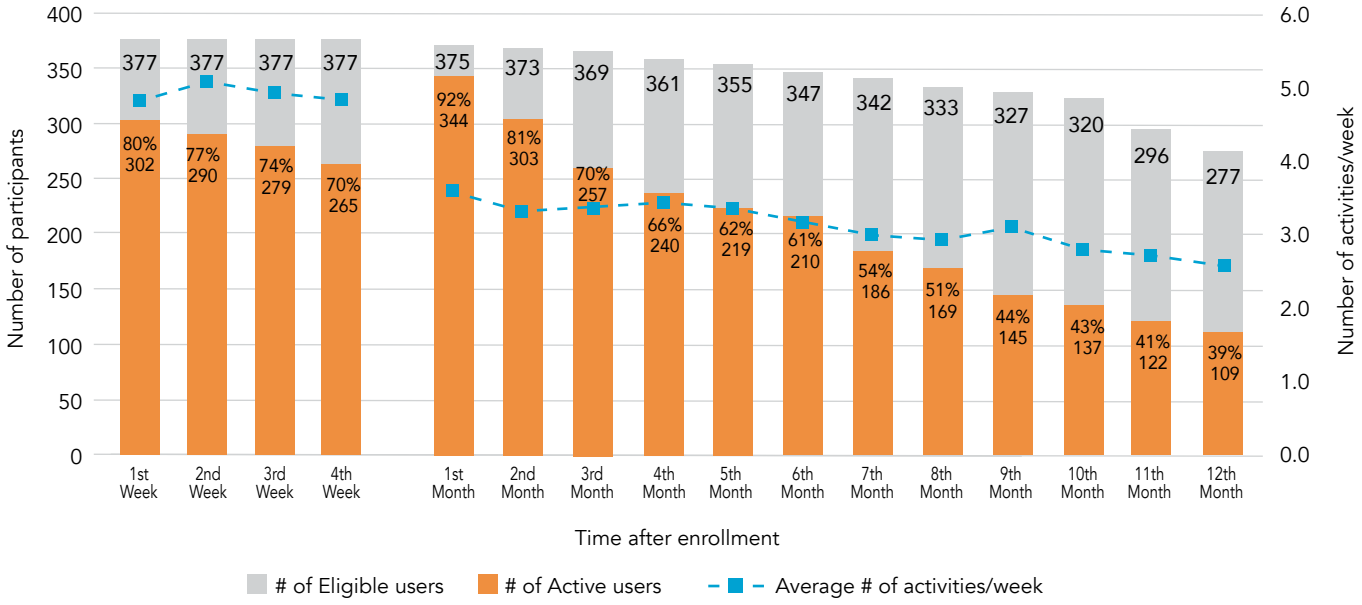
86%
of consumers had sent a **patient message**

11%
of consumers made an **urgent session request** after hours and/or the weekend

CAT 9
referrals were made to the **Crisis Assessment Team (CAT)**

Mindstrong App Engagement

App data showed that the percentage of active users decreased over time, but engagement remained largely stable among consumers engaged with Mindstrong. Consumers were most active in the first month of enrollment, with 92% of eligible users remaining active in the first month. After the first month, the total number of active users declined. Potentially, consumers were more active in the beginning of enrollment to explore the app. After the first month, the number of activities remained largely stable, and active users completed on average between 2.5 and 3.5 activities per week. (N=377)[22]



Almost all consumers used Mindstrong for more than a day (92%) and a majority used Mindstrong for more than 30 days (85%).

92%
used Mindstrong for more than a day (N=377)

323 Days
Average length of time on app among the 347 consumers who used Mindstrong for more than a day (SD = 236 days)

112 Days
Average number of unique days among the 347 consumers who used Mindstrong for more than a day (SD = 120 days)

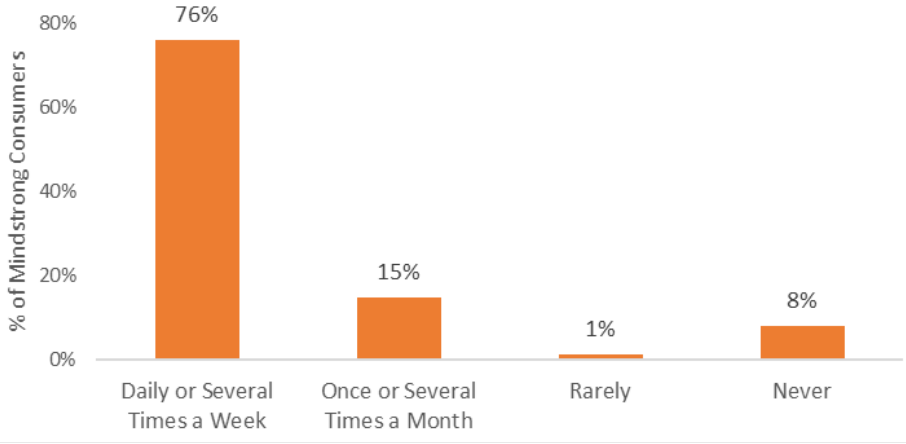
85%
used Mindstrong for more than 30 days (N=377)

349 Days
Average length of time on app among the 320 consumers who used Mindstrong for more than 30 days (SD = 227 days)

121 Days
Average number of unique days among the 320 consumers who used Mindstrong for more than 30 days (SD = 121 days)

[22] App activities are defined as 1) viewing biomarkers, 2) taking part in therapy sessions, 3) completing surveys, 4) sending patient messages, and 5) taking part in care partner sessions.

The majority of all consumers enrolled in OCHCA's Mindstrong program (76%) interacted with Mindstrong daily or several times a week. (N=377)



Predictors of Mindstrong App Engagement

People who thought Mindstrong would be useful when they first started using it[23] tended to use the app longer. Those who were lonelier at the beginning of the program tended not to use the app long. (Initial Survey of those consumers who downloaded Mindstrong, N=84)[24]

The More Useful consumers thought Mindstrong would be at the start of the program → **More** likely to use Mindstrong longer

Lonelier consumers at the start of the program → **Less** likely to use Mindstrong longer

Confidence in Using Technology[25] → **Not related** to how long consumers used Mindstrong

Privacy Concerns[26] → **Not Related** to how long consumers used Mindstrong

Confidence in using technology and privacy concerns were not related to length of time on the app. Various factors may impact adoption and engagement of mental health apps, such as experience using technology and privacy concerns (Balaskas et al, 2022). Overall, consumers were confident using technology. While privacy was important to consumers (see page 29), this may not have been a significant concern impacting Mindstrong use. (Initial Survey of those consumers who downloaded Mindstrong, N=84)

[23] Consumers were asked to rate 3 statements related to Mindstrong's usefulness (e.g. 'I believe Mindstrong will be useful in my daily life') on a 5-point Likert scale ranging from Strongly disagree (1) to Strongly agree (5). The survey items were based on the Unified Theory of Acceptance and Use of Technology questionnaire, which is used to evaluate technology acceptance and adoption. The ratings were combined as a single mean usefulness score that could range from 1-5.

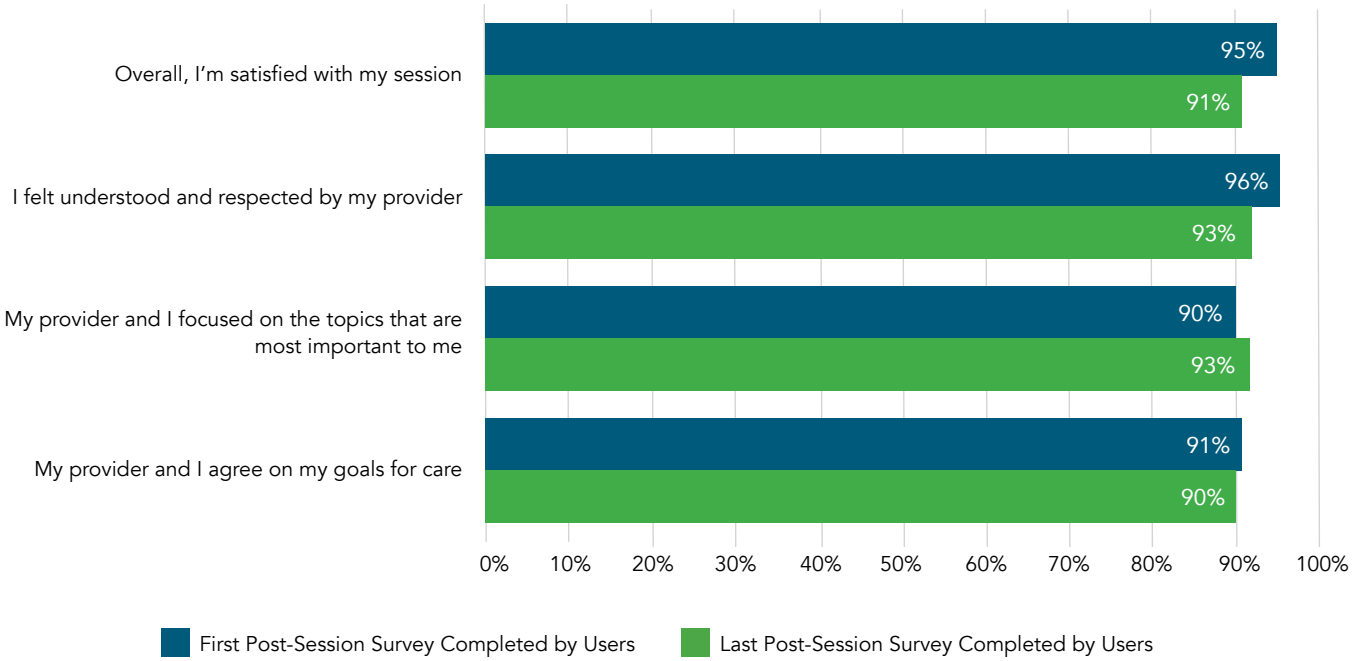
[24] The cox proportional hazard model was used to estimate the likelihood of leaving Mindstrong. Analysis indicated that lower perceived usefulness and higher loneliness both increased the likelihood of leaving Mindstrong early. (The coefficient for perceived usefulness=0.57, p-value <0.01, and the coefficient for loneliness = 1.80, p-value=0.04, where the coefficient represents the likelihood of leaving Mindstrong early and a coefficient > 1 indicated a higher likelihood of leaving Mindstrong early.) Other variables were examined and determined not to be significant, including stigma scores, the therapeutic alliance with their psychiatrist at the local healthcare system, DSM-5 scores, digital literacy, privacy concerns, access to care, mental health detection, interest in using mental health technology, and the onboarding experience with Mindstrong.

[25] Consumers were asked to rate one statement related to digital literacy ('I am confident using technology to look up information') taken from the Mental Health Literacy Scale on a 5-point Likert scale ranging from Strongly disagree (1) to Strongly agree (5).

[26] Participants were asked to rate one statement related to privacy ('I feel that as a result of my using technology, others know more about me than I am comfortable with') taken from the Scale on Mobile Users' Information Privacy Concerns on a 5-point Likert scale ranging from Strongly disagree (1) to Strongly agree (5).

Satisfaction with Sessions

App data showed that satisfaction was high both on the first and last in-app survey (e.g., the surveys consumers completed after their first and last session with a provider, respectively) consumers completed (N = 167), indicating a consistently positive experience over time.[27] Over 90% of consumers were satisfied with their session with a provider and had positive sentiments toward the provider they saw.



A majority of users felt their Mindstrong therapist was on their side and found talking with a Mindstrong therapist useful. 77% felt Mindstrong accepted them no matter how they responded. (Follow-Up Survey 1, N = 55)

81%

Agreed their **Mindstrong therapist was on their side** and tried to help them

71%

Found talking with a **Mindstrong therapist very or extremely useful**; this was rated as **the most useful Mindstrong feature**

77%

Felt accepted by Mindstrong no matter how they responded

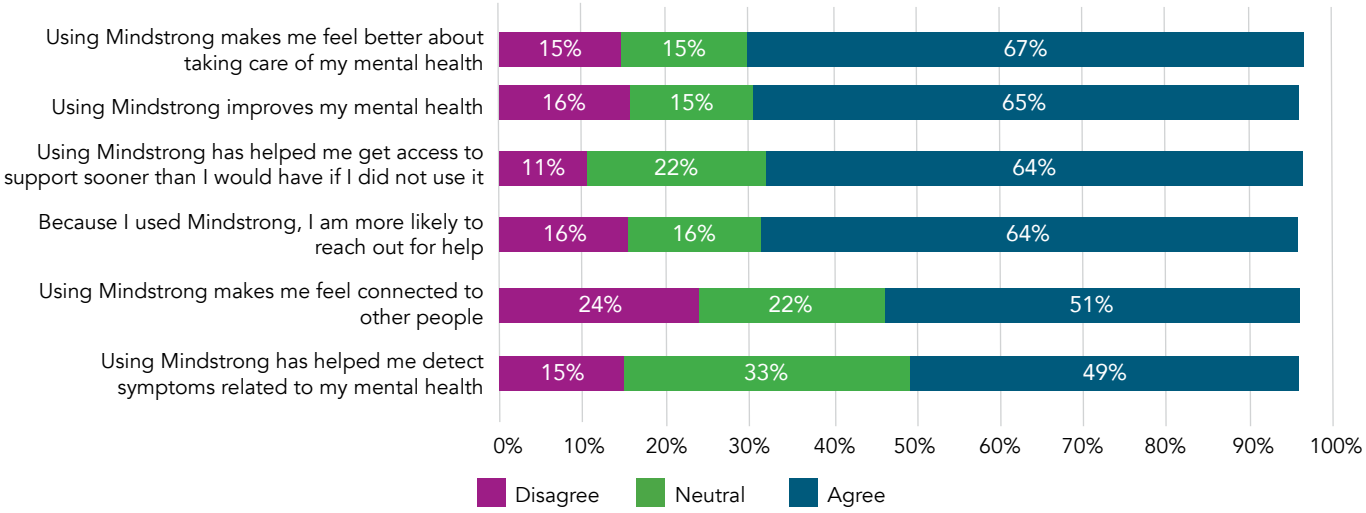
[27] The average time between the first and last post-session survey that consumers completed was 240 days.

AREA OF EXPLORATION #3: POTENTIAL BENEFITS

What are the potential benefits of using Mindstrong?

Perceived Benefits of Mindstrong among Consumers

The majority felt using Mindstrong made them feel better about taking care of their mental health (67%) and improved their mental health (65%). (Follow-Up Survey 1, N=55)



Changes in Mental and Physical Health Symptoms

Mental health symptoms improved over time among Mindstrong consumers who took a mental health assessment at least twice.[28, 29]

Mental Health Symptoms

Improved

-1.9

DSM-5 scores were reduced by 1.9 points over time, on average. This indicates that mental health symptoms improved for consumers. **(N=164, p=0.05)[30]**

Number of Unhealthy Days

Improved

-1.3

The number of unhealthy days was reduced by 1.3 days, on average. This indicates that consumers had more healthy days. **(N=126, p=0.01)[31]**

Depression and Anxiety Symptoms

Improved

-2.6 and -2.8

Depression and Anxiety symptoms were reduced by 2.6 and 2.8 points, respectively, over time, on average. This indicates depression and anxiety symptoms improved for consumers. **(N=97, p=0.01; N=104, p<0.01)[32]**

General Health

Not changed

0

General Health did not change over time, on average. **(N=126; p=0.84)[33]**

[28] Of the 377 Mindstrong consumers, 236 took at least one mental health assessment twice in the Mindstrong app. The average time between the first and last assessment that consumers completed was 192 days.

[29] Paired t-tests were used to determine whether the means were significantly different between the first and last scores (alpha=0.05).

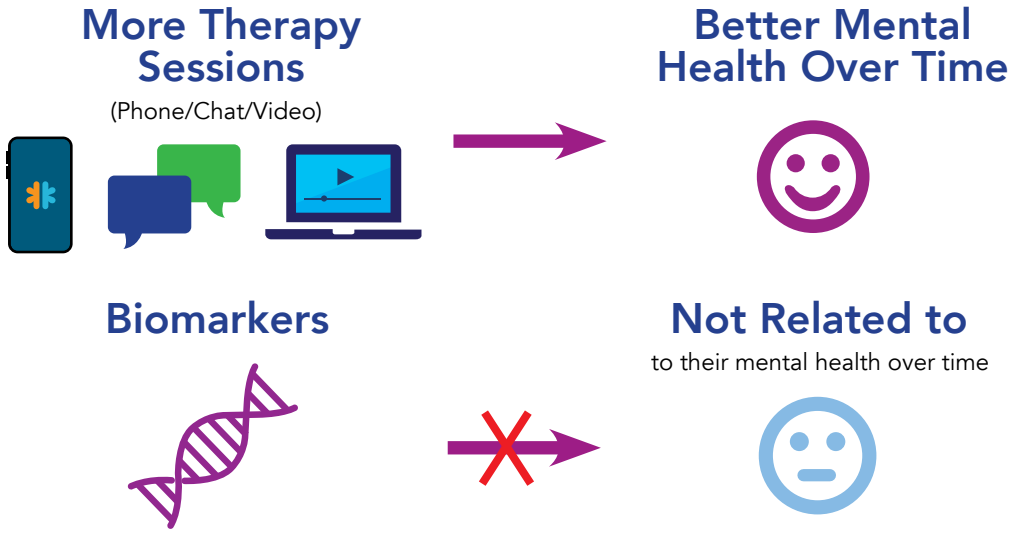
[30] Mental health symptoms were measured using the DSM-5 Cross-Cutting Symptom Measure, a self-rated measure that assesses symptoms across psychiatric diagnoses. A higher score indicates more severe symptoms.

[31] Consumers were asked to report the number of unhealthy days they experienced.

[32] Depression was measured by 8 items (e.g., I felt worthless; I felt I had nothing to look forward to; I felt helpless; I felt sad; I felt like a failure; I felt depressed; I felt unhappy; I felt hopeless) with total scores ranging from 8 to 40. Anxiety was measured by 7 items (e.g., In the past SEVEN days, I felt fearful; I felt anxious; I felt worried; I found it hard to focus on anything other than my anxiety; I felt nervous; I felt uneasy; I felt tense) with total scores ranging from 7 to 35.

[33] Consumers were asked to rate their general health on a scale ranging from 1 to 5.

Among Mindstrong consumers who completed at least one DSM-5 survey in the app, those who had more therapy sessions with a Mindstrong Clinical Specialist had a significantly better improvement in their mental health (e.g., DSM-5 scores) over time, compared to those who had less therapy sessions. Biomarker engagement did not predict significantly better improvement in mental health over time. **(N=258)**[34]



Changes in Access to Appropriate Levels of Support and Care

Mindstrong consumers had significantly more healthcare visits[35] within the healthcare system than comparison patients. Those using Mindstrong stayed longer for each healthcare visit ($p < 0.05$).[36]

	Mindstrong Consumers (N=368)	Comparison Patients (N=368)
Average Number of Healthcare visits	27.8 visits (SD = 32.7 visits)	15.1 visits (SD = 27.1 visits)
Average Number of Minutes for Each Healthcare Visit	33.6 minutes (SD = 8.6 minutes)	28.4 minutes (SD = 13.4 minutes)
Average Number of Behavioral Health Visits[37]	14.2 visits (SD = 11.9 visits)	4.6 visits (SD = 13.5 visits)

[34] A multilevel regression model was used. The model controlled for the number of days since the first survey, age, and gender. (b = -0.2, p= .01)

[35] Healthcare visits included office visits, telemedicine, nurse only visits, urgent care, and hospital encounters. It did not include emergency department visits or hospitalization via the emergency department.

[36] T-tests were used to determine if the means were significantly different between Mindstrong consumers and comparison patients (alpha=0.05).

[37] Behavioral health visits followed the ICD-10 classification for mental and behavioral health disorders by the World Health Organization (e.g., ICD-10 codes with visit diagnosis beginning with F). These included F10-F19: Substance Use Related Disorders; F20-F29: schizophrenia and related psychotic disorders; F30-F39: major mood disorders; F40-F49: anxiety, stress-related, dissociative, and somatoform disorders; F50-F59: eating and sleep disorders, and sexual dysfunction; F60-F69: personality disorders; F70-F79: intellectual disability; F80-F89: specific learning disability and autisms spectrum disorders; F90-F99: ADHD, conduct disorders, childhood anxiety disorders, and tic disorders.

Although Mindstrong consumers had more healthcare visits, they had significantly fewer emergency department (ED) visits and were less likely to have behavioral health related ED visits and hospitalizations compared comparison patients ($p < 0.05$).[38]

	Mindstrong Consumers (N=368)		Comparison Patients (N=368)	
	Average Number	Percent of Consumers	Average Number	Percent of Patients
 **ED Visits[39]**	0.5+ (SD = 2.0 visits)	21.5%	1.2+ (SD = 4.9 visits)	27.2%
 **Hospitalizations**	0.2 (SD = 0.8 visits)	11.4%	0.2 (SD = 0.6 visits)	16.3%
 **Behavioral Health Related ED Visits and Hospitalizations[40]**	0.1 (SD = 0.6 visits)	8.7%+	0.2 (SD = 0.8 visits)	14.4%+

+: Statistically different at the 5% level

[38] T-tests were used to determine if the means were significantly different between Mindstrong consumers and comparison patients. Chi-square tests were used to determine if the distributions were different between the Mindstrong consumers and comparison patients. (alpha=0.05).

[39] ED visits included visits to the ED that did not result in a hospitalization.

[40] Behavioral health related ED visits and hospitalizations were combined for this analysis due to small sample sizes.

Changes in Mental Health Stigma

Mindstrong consumers felt less mental health stigma as they used the app over time. Specifically, consumers felt less internalized stigma related to feeling alienation (e.g., feelings of embarrassment or shame), and more personal resilience (e.g., willingness to ask for help and having fewer symptoms interfere with life). There were no changes in internalized sigma related to social withdrawal (e.g., avoiding social situations). (Initial Survey and Follow-Up Surveys 1-5 of those consumers who downloaded Mindstrong and completed at least two surveys, N=68)[41]

Internalized Stigma: Alienation

Improved

-0.3

Stigma alienation scores were reduced by 0.3 points over time, on average. This indicates less stigma.
(p=0.03)[42]

Internalized Stigma: Social withdrawal

Not changed

-0.1

Social withdrawal stigma scores were reduced by 0.1 points over time, on average. However, this did not indicate a statistically significant change.
(p=0.3)[43]

Resilience: Willingness to ask for help

Improved

0.3

Willingness to ask for help improved by 0.3 points over time, on average. This indicates an improvement.
(p<0.01)[44]

Resilience: Not dominated by symptoms

Improved

0.3

Not dominated by symptoms improved by 0.3 points over time, on average. This indicates an improvement.
(p<0.02)[45]

Changes in Purpose, Belonging, and Social Connectedness

There was no change in loneliness over time. (Initial Survey and Follow-Up Surveys 1-5 of those consumers who downloaded Mindstrong and completed at least two surveys, N=68)[46,47]

Loneliness

Not changed

0.1

Loneliness scores were reduced by 0.1 points over time, on average. However, this change was not statistically significant.
(p=0.4)

[41] Paired t-tests were used to determine if the means were significantly different between the score on the first survey and the last survey. (alpha=0.05)

[42] Internalized stigma related to alienation reflected the average scores of six items: 1) I feel out of place in the world because I have a mental illness; 2) Having a mental illness has spoiled my life; 3) People without mental illness could not possibly understand me; 4) I am embarrassed or ashamed that I have a mental illness;5) I am disappointed in myself for having a mental illness; and 6) I feel inferior to others who don't have a mental illness.

[43] Internalized stigma related to social withdrawal reflected the average scores of six items: 1) I don't talk about myself much because I don't want to burden others with my mental illness; 2) I don't socialize as much as I used to because my mental illness might make me look or behave "weird"; 3) Negative stereotypes about mental illness keep me isolated from the "normal" world; 4) I stay away from social situations in order to protect my family or friends from embarrassment; 5) Being around people who don't have a mental illness makes me feel out of place or inadequate; and 6) I avoid getting close to people who don't have a mental illness to avoid rejection.

[44] Resilience related to willingness to ask for help reflected the average scores of three items: 1) I know when to ask for help; 2) I am willing to ask for help; and 3) I ask for help when I need it.

[45] Resilience related to not being dominated by symptoms reflected the average scores of three items: 1) Coping with my mental illness is no longer the main focus of my life; 2) My symptoms interfere less and less with my life; and 3) My symptoms seem to be a problem for shorter periods of time each time they occur.

[46] Loneliness related to the average score of three questions: 1) How often do you feel that you lack companionship?; 2) How often do you feel left out?; and 3) How often do you feel isolated from others?

[47] Paired t-tests were used to determine whether the means were significantly different between the first and last loneliness scores. (alpha=0.05)

Listed below are the key learning that were identified across Orange County's participation in Help@hand. This list is not meant to be comprehensive, but rather highlights important learnings that might be useful for other's planning on implementing digital mental health products into their systems of care.

Program Planning and Execution

- **Identify key collaborators and involve them at all stages.** Building a digital system of care requires input, guidance, and sign-off from key collaborators involved in the program management, implementation, and evaluation of the program. These collaborators include, but are not limited to, providers and staff, Peers, potential consumers and/or patients, county leadership, information technology security and privacy, compliance, and if necessary, City Attorney.
- **Obtain leadership support.** Implementing changes meant to transform the system requires support, communication, and guidance from leadership, as decisions made on such programs can impact other programs across the county system.
- **Include staff with clinical experience as part of the implementation team.** Apps with clinical integration require implementation staff with clinical experience.
- **Allocate sufficient staffing resources.** The staff time required to implement the program was higher than anticipated. While the county identified opportunities to expand the program's reach, activities were limited by staffing resources.
- **Consider the trade-offs between building a product versus adopting an existing product.** Even turn-key products require many resources to implement. In some cases, it may be more efficient build a product with the required functionality instead of adopting an existing product and molding it to fit the county and consumers' needs.
- **Make critical program elements a priority throughout implementation.** Consumer safety, privacy, and product quality are critical program elements that should remain an ongoing priority throughout implementation. These elements can also guide the implementation plan and launch date.
- **Consider whether the technology is a good fit for your audience.** When selecting a technology product, consider what the product was meant to do and who it was meant to serve. Identify whether your population has the skills and resources necessary to use the product.
- **Establish effective communication and decision-making processes.** It is important to identify strategies for effective communication and decision-making processes across the entire system. Maintain transparent communication throughout the implementation with all identified partners and collaborators.
- **Create clear processes to prevent program delays.** Establish clear processes with task lists and defined start and end dates. Assign these tasks to the appropriate people who are resourced to accomplish them. Identify potential bottlenecks and resolve them to prevent delays and misunderstandings.
- **Tailor training materials to fit the audience.** The content, format, and length of information will differ based on the training audience (e.g., referring providers, potential partners, or new program staff).
- **Allow for the opportunity to course-correct and shift when needed.** Specific elements, such as digital consent, website development, and vendor security requirements, require collaboration with program partners and may create unanticipated issues or delays.

Working with Partners

- **Consult with key players early on.** Contracting with technology vendors and private entities required special considerations around contract language and payment structures. Internal subject matter experts (e.g., county counsel) was needed to be involved early in the vetting process.
- **Partner with a vendor specializing in organizational change management (OCM).** Implementing technology and making it fit within the current county space is a challenge. Contracting with a vendor specializing in OCM helped the county adapt to this change.
- **Maintain communication with all program partners.** Communicate regularly with program partners to ensure information, messaging, and shared vision is accurate.
- **Define terms frequently.** Partners may not have a shared definition of terms (e.g., serious mental illness, Peers). Define terms constantly, especially early on, to develop a shared understanding.
- **Be informed on changes to digital products.** Digital solutions are frequently updated. Updates may cause misalignment within previously established processes. It is important to regularly communicate and understand product changes that may impact implementation.
- **Develop a shared tracking system for referral and enrollment data across partners.** A consistent data tracking process can ensure alignment of referral and enrollment data (e.g., documentation of all referrals and enrollments between partners). Maintaining a shared database would have been helpful.
- **Grant access to protected health information (PHI)/personal identifying information (PII) to boost productivity.** It was difficult for partners to identify and resolve issues around referral and enrollment data when they were unable to access PHI/PII to address specific issues. Establishing a Business Associate Agreement to allow certain partners to access PHI/PII would have supported data review and analysis.
- **Consider the possibility of the technology vendor being acquired.** When establishing vendor contracts, specify what should happen if a vendor is to be acquired or go out of business (e.g., specify who owns and manages the data, and what support will be provided during the transition).
- **Discuss the program timeline, duration, and staffing resources, as these may impact partnerships.** Organizations may not be able to implement the program within the given timeframe or may be hesitant to offer clients a resource that will later be discontinued. Even when interest in the program is high, lack of staffing resources can prevent the partnership from moving forward.

Consumer Recruitment and Engagement

- **Incorporate a variety of communication strategies.** Consumers' communication preferences will vary. Some may prefer to receive information via email, text messaging, phone calls, dashboards, etc. Developing a communication plan that supports a variety of strategies may increase engagement.
- **Provide consumers and referring providers easy access to program information.** Consumers and providers benefit from having access to materials (e.g., postcards and flyers) that share information about the program. These materials need to be tailored for each implementation site to ensure accurate information.
- **Consider potential challenges with recruiting on third party sites.** The layout and visibility of the program on the Mental Health America site may have impacted consumer interest. Also, consumers may have been inadvertently disqualified if they did not respond to specific screening questions (e.g., age).
- **Track the referral source to shed light on effective outreach strategies.** Appropriate tracking may help identify the most effective outreach strategies when there are different ways for consumers to enroll in the program.
- **Keep the onboarding process as simple as possible for the consumer.** Lengthy referral, eligibility and consent processes with multiple steps and hand-offs between different parties created opportunities for consumers to discontinue the enrollment process.

- **Incorporate Peer feedback when developing program content.** Program content should be developed with Peers to prevent issues that may create a disconnect with the consumer (e.g., confusing process, unclear terminology, trigger words, etc.).

Eligibility and Consent Process

- **Consider challenges associated with an automated digital eligibility and consent process.** The shift from the phone consent to the automated digital consent process created new challenges. The digital eligibility and consent process allowed consumers to fill out a form multiple times or alter their responses. This may have allowed ineligible consumers to access services.
- **Provide access to live support.** While some consumers appreciate the ability to complete the digital process at their convenience, others may prefer to speak with a Peer. Consumers should have the ability to request live support during the process.
- **Allocate time to test and update processes.** Developing a digital consenting process requires thorough testing and updates to internal processes before launching with consumers.
- **Determine the minimal level of consumer information to be collected that is necessary for the program.** Less information was collected from consumers referred through the automated digital eligibility and consent process compared to the case-by-case referrals.

Digital Literacy Training

- **Provide digital literacy training as part of technology programs.** Digital literacy needs to be addressed to ensure that consumers can use the technology. Community partners and participants can provide useful feedback on the community's technology-related needs.
- **Consider the audience when developing materials and promoting workshops.** When developing materials or marketing digital literacy sessions, the needs of the audience should be considered to determine the best methods (e.g., physical materials, digital materials, location, etc.).
- **Allocate sufficient time to build a digital literacy curriculum.** Peers recognized that creating digital literacy resources to address the community's needs required extensive time and effort. The audience's background, location, attendance expectations, and resources impacted the curriculum.
- **Determine deadlines and requirements to host digital literacy workshops at community centers.** Community centers have deadlines and requirements to promote and host digital literacy workshops. Communicate with community centers in advance to ensure that workshops are added to event calendars and schedules.

Consumer and Provider Experiences

- **Consider reasons for not using Mindstrong.** Common reasons for deciding not to use Mindstrong included being too busy and/or thinking it would take up too much time. Future programs should clarify to consumers the anticipated time commitment, and offer support and suggestions for more easily integrating mental health support into their daily lives.
- **App engagement stayed stable over time.** Though the number of active users declined over time, those who remained engaged with Mindstrong continued to complete 2.5-3.5 activities per week, on average.
- **Consumers valued the ability to speak to a therapist.** The majority of consumers found connecting (e.g. chatting) with a Mindstrong therapist to be very or extremely useful, and rated this feature the highest among the Mindstrong features.

- **Consider challenges when offering digital tools.** Challenges included technical issues, bad experiences with Mindstrong providers, and/or sessions being unavailable or too short. For some consumers, these challenges were sufficient reasons to stop using Mindstrong.
- **Providers felt prepared and knowledgeable about Mindstrong.** Providers felt that they had supervisory support for Mindstrong, that there was sufficient provider training, and that they could readily provide feedback regarding the implementation.
- **Over the course of implementation, providers generally increased in the perceived benefits of referring patients to Mindstrong.** Providers were most likely to indicate that they felt Mindstrong enhanced patient care, motivated patents to participate in treatment, and produced discernible patient improvements in the last year of implementation.
- **Providers referred patients to Mindstrong due to the cost, convenience, and timely access to services.** Reasons for referring patients to Mindstrong remained consistent throughout the implementation.
- **Providers identified areas for improvement.** Providers reported that some patients wanted longer sessions and improved communication during the enrollment process and throughout receiving services (e.g., follow-up after sessions). Some patients also informed providers that they had significant gaps in their therapy due to frequent therapist turnover.
- **Mindstrong consumers experienced improved mental health symptoms over time.** Mindstrong consumers who completed mental health surveys repeatedly within the app evidence a significant improvement in mental health symptoms, anxiety, depression, and healthy days over time.
- **Mindstrong consumers experienced improvements in mental health stigma over time.** Mindstrong consumers who completed mental health surveys showed that Mindstrong consumers felt less stigma as they used the app over time.
- **Mindstrong consumers showed a different pattern in healthcare utilization from comparison patients.** Data extracted from electronic medical records comparing Mindstrong participants to a comparison sample of similar patients indicated that during the same period of time, Mindstrong participants had more frequent and longer healthcare visits (e.g. well checks, office visits, urgent care) than the comparison sample. However, on average Mindstrong participants visited the Emergency Department less frequently and were less likely to be hospitalized due to a mental health diagnosis than comparison patients.
- **Perceived usefulness of Mindstrong and loneliness predicted continued use.** Consumer survey data showed that those who scored Mindstrong higher on perceived usefulness were more likely to continue using Mindstrong over time, while consumers who scored higher on loneliness were less likely to continue using Mindstrong.
- **There were specific activities within Mindstrong that contributed to improved mental health symptoms.** The more therapy sessions Mindstrong consumers engaged in, the better their mental health symptoms. There was no effect of engagement with Mindstrong's biomarker information on mental health outcomes over time.

Evaluation

- **Discuss key data elements to be collected at the beginning of the program.** Vendors may not provide key data elements in the appropriate format if they are not discussed ahead of time.
- **Build in time when planning to use evaluation findings to make data-driven decisions.** Timing of the evaluation was dependent on multiple factors. It took time to establish data use agreements, identify needs, reach required enrollments for data sharing, and interpret preliminary data analysis.
- **Reflect on milestones, lessons learned, and recommendations throughout the program.** Documenting this information on a quarterly basis helped identify successes and areas for improvement.

Learning Collaboration with other Counties/Cities Implementing Help@Hand

- **Prior to engaging with other Counties/Cities in a collaborative effort, establish expectations around shared objectives, program management, spending/finances, and expected deadlines and deliverables.** Decisions to work in parallel versus in partnership need to be negotiated prior to initiating any shared programmatic decisions.
- **Maintain ongoing communication.** When working within a multi-county/city collaborative, regular communication and coordination is important, especially in the beginning. Ongoing meetings and post-meeting summaries were especially helpful in keeping collaborators informed.
- **Allow time for collaborators to reach common ground.** Counties/cities are familiar with their own processes and requirements. It takes time to understand others' processes and establish a common vision and goal for the program.

FUTURE DIRECTIONS FOR OCHCA'S HELP@HAND PROGRAM

Although the Mindstrong program ended in March 2023, the county will continue the digital literacy component of the program and carry forward lessons learned from the Help@Hand program to other county projects.

Mindstrong

In January 2023, Mindstrong announced that the company had been acquired and clinical services for all consumers would end on March 10, 2023. OCHCA communicated with consumers to inform and help transition them to other forms of care.

OCHCA's Mindstrong program ended in March 2023. While Mindstrong was generally well received by consumers, low enrollment rates and the company's closure influenced the county's decision to discontinue the program. The low uptake was in part due to the county's implementation approach at the local healthcare system (e.g., providers referring individual patients instead of broader marketing approach). OCHCA considered moving to a broader marketing approach with community colleges, but time and resource constraints within the county impacted their ability to implement Mindstrong in community colleges.

Digital Literacy

Digital literacy was an important part of OCHCA's Help@Hand program. In June 2019, stakeholders provided feedback on the community's needs around the use of technology. OCHCA's Peers used this feedback to develop digital literacy materials and delivered trainings to community members.

OCHCA will continue digital literacy trainings as part of the Multi-County Psychiatric Advance Directives (PAD) Innovation Project. Part of this project involves creating a digital cloud-based platform to store PADs. OCHCA will continue digital literacy trainings in the Program for Assertive Community Treatment (PACT) to equip consumers with the skills needed to access and store PADs on the cloud-based platform.

Lessons Learned

OCHCA's initial goal for Help@Hand was to use technology to support mental health. Through this experience, the county discovered invaluable learnings about the process of integrating technology into the public behavioral health system and working within a multi-county collaborative. OCHCA will carry forward these lessons learned and apply them to other county projects.

DISSEMINATION OF RESULTS

OCHCA conducted presentations with community stakeholders throughout the Help@Hand program to keep them informed about the program. The county plans to host a community presentation to disseminate the results of the Help@Hand program to stakeholders. Presentation materials will be emailed to the Orange County Mental Health Services Act (MHSA) distribution list.

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OCHCA completed the following tables describing their program information, accomplishments, lessons learned, and recommendations during the reporting period.

September 2018 – December 2019

Orange County	Quarter 1 (Sept 2018 – Feb 2019)	Quarter 2 (March 2019 – May 2019)	Quarter 3 (Jun 2019 – Sept 2019)	Quarter 4 (Oct 2019 – Dec 2019)
Tech Lead(s)	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Implementation Site	• CYBH PACT • County/City Crisis Assessment Teams	• CYBH PACT • County/City Crisis Assessment Teams	• Large medical center	• Large medical center • OC Community Colleges (initial communications begun to explore interest and feasibility of being implementation site)
Team Composition	• Peer Lead, 2 Peers, 2 staff to facilitate community feedback meetings	• Peer Lead, 2 Peers at 7 Cups, 2 staff to facilitate community feedback meetings	• Peer Lead, 2 Peers, IT, Compliance, Contracts, PIO, Cambria (3.5 FTE) to support Mindstrong launch	• Peer Lead, 2 Peers, Compliance, PIO, AQIS, Cambria (3.5 FTE) to support Mindstrong Launch
Core Audiences	Mindstrong: • Transitional age youth (ages 13-25) engaged in the Program for Assertive Community Treatment (PACT) • Individuals 13+ engaged in the crisis services continuum • Additional programs to be added later (Full Service Partnerships, Recovery Centers, etc.) 7 Cups: • To be determined	Mindstrong: • Transitional age youth (ages 13-25) engaged in PACT • Individuals 13+ engaged in the crisis services continuum • Additional programs to be added later (Full Service Partnerships, Recovery Centers, etc.) 7 Cups: • To be determined	Mindstrong: • Adults 18+ • Severe mental illness diagnosis • English speaking • Individuals who own a smartphone with unlimited data, talk and text o May be expended depending on research on Lifeline phones and Mindstrong data usage 7 Cups: • To be determined	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder o Anxiety disorders, substance use disorders or other co-occurring diagnoses are ok o May have a history of psychiatric hospitalization and/or 1+ crisis evaluations within last 12 months • Device eligibility: owns a smartphone with unlimited data, talk and text o May be expended depending on research on Lifeline phones and Mindstrong data usage
Products in Use/Planned	• Mindstrong: Health, Health Services and Care (Planned) • 7 Cups (Planned; contingent upon addressing issues identified during soft launch)	• Mindstrong: Health, Health Services and Care (Planned) • 7 Cups – Growth Paths only (Planned) • 7 Cups (Planned; contingent upon addressing issues identified during soft launch)	• Mindstrong Crisis Prevention Services (Planned) • 7 Cups—Growth Paths only (Planned)	• Mindstrong Crisis Prevention Services (Planned)
Implementation Approach	• Mindstrong (not in use yet) • 7 Cups (not in use yet)	• Mindstrong (not in use yet) • 7 Cups (not in use yet)	• Mindstrong (not in use yet) • 7 Cups (not in use yet)	• Mindstrong (not in use yet)
Other Unique Qualities	• Serving individuals regardless of insurance type/status	• Serving individuals regardless of insurance type/status	• Serving individuals regardless of insurance type/status • Began discussions on how to meaningfully address informed consent	• Serving individuals regardless of insurance type/status • Creating plan to pilot/test Lifeline phones • Extensive conversations and iterative refinement around informed consent process involving project team, compliance, peers, large medical center, Mindstrong and video production company; including digitization of consent form and creating companion video/audio

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Orange County	Quarter 1 (Sept 2018 – Feb 2019)	Quarter 2 (March 2019 – May 2019)	Quarter 3 (Jun 2019 – Sept 2019)	Quarter 4 (Oct 2019 – Dec 2019)
Milestones	Mindstrong: • PACT: Pre-implementation; tentative MS launch date in April • Crisis services continuum pre-implementation	Mindstrong: • PACT: Pre-implementation; tentative MS launch date in Spring 2020 • Crisis services continuum pre-implementation	Mindstrong: • Tentative pilot launch date in January 2020 • (Pending guidance from Manatt and County/City Counsel on FDA)	Mindstrong: • Tentative pilot launch at large medical center in Spring 2020 (pending finalized informed consent form/process & referral) • Implementation planning for Community Colleges, with preliminary soft pilot launch in Fall 2020
Lessons Learned	• Shared vision and support from executive leadership • Prioritize system prep, program prep and implementation planning over launching • Involve tech experts in the planning, development and management at the overall collaborative and local level • Communication w/vendors, checking in to ensure information, messaging, and shared vision is accurate • Tech vendors should be held to equitable standards • Create a checklist of pre-launch activities (i.e., coordinate meetings w/Compliance, IT, County/City Counsel, QI) • Ability to course correct, shift/change when needed • Frequently define terms, especially in the beginning, to ensure shared understanding • Collaborate/communicate with the program managers and staff in programs where app will be launched • Obtain feedback from clinicians/peers early on to assess interest/readiness to use the app services • Continually manage expectations at all levels (i.e., community, programs, vendors) • Risk and Liability workgroup, legal counsel, and crisis response protocols are critical elements to the project • Acknowledge challenges such as managing details with a small team and creating an environment where Counties/Cities and vendors can openly discuss challenges, concerns and issues • Shared messaging that the Help@Hand project is not about implementing apps, it's about developing a sustainable digital mental health system of care for CA (i.e., infrastructure building) • Apps that involve clinical integration require implementation support staff with clinical experience • With an ever expanding team, needed to identify strategies for effective communication and decision-making process			
Recommendations	• Flow of communication (i.e., within/between/among CalMHSA, Counties/Cities, vendors) • Plans and frequency of coordinated calls between Counties/Cities • Status update following the Cambria meetings • Systematic process for testing/vetting apps, including user safety • Process for procuring and demoing new apps/vendors, as well as for adding new components to the Suite • Planning, development and implementation process be streamlined and sustainable in the future (e.g., security vetting, compliance, etc.) • Meaning for Counties/Cities to collaborate • Consider risk and liability as part of County/City planning and readiness • Clinical integration should be the primary focus when planning launch of mental health treatment-focused apps and should include implementation staff with clinical experience • Before engaging program implementation partners, prepare an effective work plan that prioritizes necessary/required preconditions to have in place prior to launch (i.e., roadmap of involved parties and logical order/priorities for IT, data sharing, Compliance, clinical integration, etc.) • Consider use of DARCI model as a strategy for effective and expedited communication and decision-making • Existing Tech is not necessarily geared with the County/City mental health plan consumer in mind so when exploring and procuring technology, be very clear in including the type of tech the core audience will likely have access to, as well as language capabilities (should be included in RFA language, criteria)			

January 2020 – December 2020

Orange County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Implementation Site	• Large medical center • OC Community Colleges (initial communications begun to explore interest and feasibility of being implementation sites)	• Large medical center • Community Colleges implementation delayed • Re-started conversations with County-operated programs (PACT, esp. CYBH) about MS implementation	• Large medical center • Continued conversations with County-operated programs (Adult Mental Health) about feasibility of MS implementation • Explored opportunities for MS expansion	• Large medical center • Determined County-operated programs (Adult Mental Health) may not be feasible at this time • Re-started internal discussions about feasibility of MS implementation in Community Colleges • Explored opportunities for MS expansion
Team Composition	• Peer Lead, 2 Peers, Compliance, PIO, AQIS, Cambria (3.5 FTE) to support Mindstrong Launch	• Peer Lead, 2 Peers, Compliance, PIO, AQIS, Cambria (2.5 FTE) to support Mindstrong Launch; 2 HCA INN Staff to support Informed Consent process; re-initiation of discussions with County managers to determine interest in MS (modified model) for their programs	• Peer Lead, 2 Peers, Compliance, Cambria (2.5 FTE) to support Mindstrong implementation; 2 HCA INN Staff to support Informed Consent process • Engaged new vendor, Charitable Ventures for marketing collateral and website	• Peer Lead, 2 Peers, Compliance, 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
Core Audiences	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder • Anxiety disorders, substance use disorders or other co-occurring diagnoses are ok • May have a history of psychiatric hospitalization and/or 1+ crisis evaluations within last 12 months • Device eligibility: owns a smartphone with unlimited data, talk and text • May be expanded depending on research on Lifeline phones and Mindstrong data usage	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder • Anxiety disorders, substance use disorders or other co-occurring diagnoses are ok • May have a history of psychiatric hospitalization and/or 1+ crisis evaluations within last 12 months • Device eligibility: owns a smartphone with unlimited data, talk and text • May be expanded depending on research on Lifeline phones and Mindstrong data usage	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder • Co-occurring anxiety disorders, substance use disorders or other secondary diagnoses are ok as long as a qualifying diagnosis is present • Use of 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 • Does not currently have a psychotherapist Exclusion Criteria: • 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 May be expanded depending on research on Lifeline phones and Mindstrong data usage	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 • Use of 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 Mindstrong is continuing to explore the expansion of qualifying diagnoses
Products in Use/Planned	• Mindstrong Crisis Prevention Services (Planned)	• Mindstrong Crisis Prevention Services (In Use as part of soft launch)	• Mindstrong Crisis Prevention Services (In Use as part of soft launch)	• Mindstrong Health
Implementation Approach	• Mindstrong (Not in use yet)	• Mindstrong launched May 14, 2020	• Expanded Mindstrong referring providers at the large medical center to include residents • Revisited Mindstrong eligibility criteria to ensure appropriate referrals (i.e., clarified qualifying diagnoses; defined psychotherapist/psychotherapy)	• Started discussions on how to move to a broader marketing approach rather than a case by case referral • Developed digital consent videos to automate HCA informed consent process

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Orange County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
			• Updated HCA Informed Consent document to address Apple/Android privacy alerts • Continued discussions on clarity of continuity of care • Increased emphasis on sustainability planning • UCI Evaluation initiated interviews with referring providers and shared results recommendations with HCA • Several provider recommendations were implemented to improve and streamline the referral process • Established necessary activities to allow Peers to conduct outreach to complete consumer informed consent (smartphone, BAA's, secure emails, FTP site) • Conducted provider training to support full deployment to large medical center • OC Peer developed Mindstrong consumer information sheet	• Created an eligibility and referral guide to help providers with referral process • Created physical outreach materials (postcard) to be used when referring providers want to share Mindstrong information with consumers • UCI Evaluation 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 and development of outreach materials (brochures, flyers, MS video, FAQs)
Other Unique Qualities	• Serving individuals regardless of insurance type/status • Creating plan to pilot/test Lifeline phones • Extensive conversations and iterative refinement around informed consent process involving project team, compliance, Peers, large medical center, Mindstrong and video production company; including digitization of consent form and creating companion video/audio	• Proposal for Mobile Innovation and Lifeline Testing going through community planning	• Continuous assessment and adjustment of the rapid deployment response	• Evaluated referral flow and numbers and adjusted the process for improvements • Started discussions on feasibility of expanding Mindstrong to different target populations and programs
Milestones	Mindstrong: • Tentative pilot launch at large medical center in Spring 2020 (depending on impact of COVID-19 public health emergency response) • Implementation planning for Community Colleges, with preliminary soft pilot launch in Fall 2020 (possibly sooner in response to increased need for telehealth support due to impact of COVID-19 on school closures)	• Launched Mindstrong with large medical center Outpatient Psychiatry on 5/14/2020 • As of June 30, 2020 (end of Q2) large medical center Psychiatry referral statistics indicate: o 2 Referring providers o 16 consumers referred o 10 completed Mindstrong enrollments o 4 consumers could not be contacted by HCA-INN to complete Informed consent. o 2 consumers in-process	• Fully launched at large medical center on 9/16/2020 • Streamlined Mindstrong training referral process using an Epic referral order • Contracted with marketing vendor (through CalMHSA) to convert informed consent into video format, convert trifold brochures into webpages and update OC Help@Hand webpages • Referral Statistics provided below table	• Trained Peers in referral/consent process • Began process for converting informed consent into digital format
Lessons Learned	• Communication with vendors, checking in to ensure information, terminology, messaging, and shared vision is accurate and determine appropriate data sharing is transparent • Risk, liability, legal counsel, and crisis response protocols are critical elements to the project and must remain an ongoing priority throughout implementation • Consumers and providers need easy access to County-specific and Help@Hand project information to learn about the product and what to expect • Identify and maintain strategies for effective, transparent communication and decision-making throughout implementation			
Recommendations	• Collaborate and prepare early with key stakeholders to support alignment in approaches, definitions, terminology, etc. and continuously revisit throughout implementation or when considering program expansion • Involve various subject matter experts (compliance, legal, fiscal, contracts, etc.) to support all stages of project implementation • Develop a streamlined process for training providers and project staff about the product to support consistency in communication about the product and with eligible consumers • Maintain ongoing and transparent communication between all project partners • Determine data access and ownership prior to execution of contracts • Actively engage Peers in all project activities • Maintain adaptable strategies and workplans; anticipate shifts and be flexible and prepared for changes • To the extent possible, maintain consistency in project staff for historical knowledge and continuity • Utilize parallel workstreams to more efficiently accomplish project activities			

January 2021 – December 2021

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.
Core Audiences	• 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

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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 core 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 core audience (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	• 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 core 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.			

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Orange County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Recommendations	• 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	• 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			

January 2022 – December 2022

Orange County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Team Composition	• Cambria (2.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (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 • Mental Health America to support expansion of MS using their External web-based mental health support site	• Cambria (2.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent • HCA Compliance for consultation, as needed • Charitable Ventures to support marketing collateral and website updates • Mental Health America (MHA) to support expansion of MS using their External web-based mental health support site	• Cambria (2.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent • HCA Compliance for consultation, as needed • Charitable Ventures to support marketing collateral and website updates • Mental Health America (MHA) to support expansion of MS using their External web-based mental health support site	• EY (formerly Cambria; 3.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent • HCA Compliance for consultation, as needed • Charitable Ventures to support marketing collateral and website updates • Mental Health America (MHA) to support expansion of MS using their External web-based mental health support site
Core Audiences	• No changes to the diagnosis or exclusion criteria • Expansion to include adults (18 and older) who tested positive for COVID (any/no insurance) or MediCal with PHQ9 >= 10 and a score of 9+ on Kessler 6 [Regional medical centers] • Potential expansion to include adults (18 and older) who screened positive for Depression, PTSD, Post-partum depression, and Anxiety) [Web based mental health support site]	• No changes to the diagnosis or exclusion criteria • Expansion to adults (18 and older) who tested positive for COVID (any/no insurance) or MediCal with PHQ9 >= 10 and a score of 9+ on Kessler 6 [Regional medical centers] • Expansion to adults (18 and older) who screened positive for Depression, PTSD, Post-partum depression, and Anxiety) [Web based mental health support site]	• No changes to the diagnosis or exclusion criteria • Continued expansion from previous quarters • Expansion to adults (18 and older) from the same large medical center discharged from inpatient and emergency department	• No changes to the diagnosis or exclusion criteria • Continued implementation with identified partners from previous quarters
Products in Use/Planned	• Mindstrong Health	• Mindstrong Health	• Mindstrong Health	• Mindstrong Health
Implementation Site	• Large medical center (i.e. Outpatient Psychiatry) • Regional medical centers (i.e. Primary Healthcare Centers) • Web based mental health support site	• Large medical center (i.e. Outpatient Psychiatry) • Regional medical centers (i.e. Primary Healthcare Centers) • Web based mental health support site	• Large medical center o Outpatient Psychiatry o Inpatient o Emergency Department o Regional medical centers (Primary Healthcare Centers) • Web based mental health support site	• Large medical center o Outpatient Psychiatry o Inpatient o Emergency Department o Regional medical centers (Primary Healthcare Centers) • Web based mental health support site
Implementation Approach	• Continued work with (Qualtrics/Walker) to finish building the digital consent process to include a Kessler 6 threshold and a digital consent process without the Kessler 6 threshold • Continued conversations with Primary Care physicians on expanding to adults who have tested positive for COVID-19 • Started conversations with Mental Health America (MHA) about expanding to adults who use the web based mental health support site and screen for mental health	• Initiated discussions between project partners (Mindstrong, HCA, UCI Evaluation) regarding understanding the impact of Mindstrong service on consumers. • Analyzed referral data sent from all referring sources (MHA, Primary Healthcare Centers, Outpatient Psychiatry, etc.). • Analyzed digital eligibility and consent data from Qualtrics. • Using analytical data, reviewed and revised HCA outreach content on the MHA resource page to increase referrals. • Expanded scope of Digital Literacy content from information sharing to interactive activities that	• Developed workbook for Digital Literacy workshops • Expanded frequency of Digital Literacy workshops and outreach efforts to community members (e.g., wellness centers, REI, etc.) • Began preliminary evaluation of Mindstrong adoption and use • Modified digital consent processes to support more accurate data collection (i.e., clarification question to clarify origin of referral)	• Expanded frequency of Digital Literacy workshops and outreach efforts to community members (e.g., wellness centers, REI, etc.) • Continued evaluation of Mindstrong adoption and use • Began planning for end of project (i.e., stopped new enrollments, identified transition plan)

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Orange County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
		promote consumers' independent search for information within the digital space (e.g., how to vet apps, use QR codes, etc).		
Other Unique Qualities	• Trained new HCA support staff to support the digital consent process • Developed multiple workflows associated with each implementation site and core audience • Trained OCHCA staff on process workflows and potential scenarios • Continuously improved processes to track referrals received via physical and electronic channels, and data shared between project partners (Mindstrong, HCA, UCI Evaluation) • Leveraged web-based platforms (Lucidchart) to create process workflows and facilitate team collaboration • Utilized automated data reports that can be downloaded from Qualtrics for reconciliation and consumer data sharing	• HCA staff training for back-up protocols to ensure task continuity. • Developed Digital Literacy content and identified outreach strategies and locations. • Facilitated the ongoing information exchange of data for maximum analysis outcomes for project partners (Mindstrong, HCA, UCI Evaluation). • Improved processes to track digital referrals and consents.	• Continued facilitation of data exchange for maximum analysis outcomes. • Expanded outreach strategies and locations for Digital Literacy. • Improved processes to track and analyze digital referrals and consents.	• Continued development of project playbook (formerly Supplemental Document) to inform future projects of general and specific lessons learned • Began planning of close-out processes in anticipation of project conclusion at the end of Q1 2023
Milestones	• Built a scheduling feature (i.e., Acuity) in the Healthcare (HCA) digital consent survey • Identified strategies to address the issue of duplicate eligibility and consent entries within Qualtrics • Created two Digital Eligibility and Consent processes which includes a Kessler 6 threshold and one without • Deployed the Digital Eligibility and Consent process with large and regional medical centers • Collaborated with MHA to identify specific criteria/parameters and offer Mindstrong to eligible adults seeking mental health resources through the web based mental health support site • Updated and distributed existing materials to include the digital eligibility and consenting link • Created and distributed site-based provider informational materials • Initiated expansion discussion to regional Federally Qualified Health Centers	• Completed two digital consent processes: one with a Kessler 6 threshold and one without, to support the implementation plan at specific sites • Launched MS expansion at Primary Care site • Launched MS expansion to eligible consumers screened and referred through MHA's website	• Launched MS expansion to eligible consumers being discharged from inpatient and emergency department of large medical center. • Began Digital Literacy workshops.	• Developed promotional outreach materials for Digital Literacy workshops (swag) • Finalized and printed workbook for Digital Literacy workshops • Began planning for end of project • Reviewed preliminary data of consumer adoption and use from evaluation team
Lessons Learned	• Different implementation sites require specific tailored information or materials for consumers to access the Mindstrong Digital Eligibility and Consent form • Different referral approaches (e.g. virtual vs. in-person) require their own methods of communicating and distributing Mindstrong outreach materials to eligible consumers • Using a digital, easy to understand process for eligibility and consent still requires access to live support • There are a variety of ways a consumer can access the Digital Eligibility and Referral process and without appropriate tracking it is difficult to identify the most effective outreach approach (QR code vs. link) • Different levels of information are gathered from the consumer at the various points of entry • In a digital space consumers have the ability to fill out a form more than once or change their responses. This creates multiple versions of a consent form and may allow ineligible consumers to continue access to services. • Lengthy referral, eligibility, and consenting processes impact consumer engagement and may result in incomplete or abandonment consents. • Layout and visibility of service offer on 3rd party site (MHA) is not generating consumer interest. • 3rd party (MHA) eligibility process integration may result in otherwise eligible consumers being disqualified for eligibility. • There are multiple points where the consumers may abandon the referral, eligibility, and consent process prior to completion.			

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Orange County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
	• Content design, without review by those with first-hand experience as a consumer, may create a disconnect with the consumers (e.g. confusing process, unclear terminology, trigger words, etc.) • When marketing digital literacy sessions, it is not always clear what outreach methods and materials are best (digital, physical, location, etc.) • Developing curriculum requires taking a variety of factors into account: audience background and needs, expectations of attendance, location, and available resources. • Expansion to additional referral sites impacted process-data gathering logistics. • Consumer engagement drops with lengthy periods between hand-offs (referral to consent and consent to enrollment). • Community centers have specific deadlines and requirements for promoting and hosting Digital Literacy workshops. • Data tracking is challenging between multiple partners managing their own systems. • Issues may arise with promotional outreach materials • Third party evaluations were delayed due to multiple factors (e.g., reaching optimal enrollment numbers for analyses, establishing data use agreements, identifying needs and interpreting preliminary data analysis). • Workarounds to support limitations of who accesses PHI/PII can impact productivity and delay identification of issues and concerns in data collection processes. • Digital solutions are frequently changed and updated for improvement (e.g., eligibility prerequisites, enrollment processes), which may cause misalignment within previously established processes (e.g., consumer referrals, eligibility screener)			
Recommendations	• Develop materials best suited for the core audience • Create multiple options to reach core audience (website, postcards, web-based messaging) • Utilize a digital scheduling platform (Acuity) that allows consumers access to live support • Identify methods to track and report referral sources • Design processes that keep the consumer experience in mind • Work with the digital platform specialists (Qualtrics) to identify strategies that prevent an individual from completing duplicate forms, changing answers, or accessing services when they are not eligible. • Ensure consumer experience is as quick and easy as possible by eliminating redundancy and unnecessary questions/processes. • Review messaging and layout with Peers and collaborate with partnering organization to achieve optimal visibility. • Carefully review MHA eligibility process/screener to ensure consumers are not inadvertently disqualified. • Regularly review data to understand where consumers "fall out" of the process and mitigate (through adjusting language, removing or rewording questions/steps, removed eligibility thresholds, etc.), • In addition to reviewing referral, eligibility, and consenting language with Peers, ensure that the Peers review the process (beginning to end) themselves to identify areas for improvement. • Collaborate with wellness center and Recovery Education Institute staff to understand consumer needs and best outreach strategies regarding digital literacy efforts. • Consult with those who work directly with the consumers to understand specific timing, context, and audience needs. • Adjust the referral process to include required questions that allow for more accurate reporting • Monitor the data of the hand-off process (e.g., average time between hand-offs) and communicate with vendor to address issues. • Start communications regarding events at community centers well in advance to be included in event calendars and schedules for consumer visibility and awareness. • Discuss and maintain a consistent data tracking process to minimize potential issues; establish process to ensure alignment of referral and enrollment data (e.g., assure consumer hand-off is acknowledged and documented between Mindstrong and HCA). Consider a shared database between partnering entities where possible. • Conduct preliminary research of available vendors to understand industry standards. Request sample products to verify quality. Test functionality of products before public distribution. • Build in adequate time when planning for data-driven decisions, when possible. • Extend access (BAA) to key team members to support data review and analysis. • Include product updates as standing agenda item to regularly communicate and understand changes that may impact implementation.			
Cross County/City Sharing				

January 2023 – March 2023

Orange County	Quarter 1 (Jan – Mar 2023)
Tech Lead(s)	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Implementation Site	• Large medical center o Outpatient Psychiatry o Inpatient o Emergency Department o Regional medical centers (Primary Healthcare Centers) • Web based mental health support site
Team Composition	• EY (formerly Cambria; 3.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent • HCA Compliance for consultation, as needed • Charitable Ventures to support marketing collateral and website updates • Mental Health America (MHA) to support close-out from their External web-based mental health support site
Core Audiences	• No changes to the diagnosis or exclusion criteria • Began offboarding consumers from technology services
Products in Use/Planned	• Mindstrong Health
Implementation Approach	• Continued planning for end of project o Aligned close-out communication efforts (message content, alternative support resources and communication channels) to consumers o Started discussions to clarify data required for post close-out evaluation • Expanded frequency of Digital Literacy workshops and outreach efforts to community members (e.g., wellness centers, REI, etc.) • Established close-out processes and responsibilities to ensure clients have additional resources for continued support if needed • Planned close-out early because it involves multiple work streams (e.g., referral, collateral) and other activities with all stakeholders involved
Other Unique Qualities	• Continued development of project playbook (formerly Supplemental Document) to inform future projects of general and specific lessons learned • Revised Digital Literacy workbook
Milestones	• Completed referral process close-out • Commensed close-out communication to consumers (established messages, identified alternative support resources and defined communication channels) • Developed additional promotional outreach materials for Digital Literacy workshops (swag) • Finalized and printed revised workbook for Digital Literacy workshops
Lessons Learned	• County may not receive data in appropriate format from the vendor if key data points and associated tracking methods are not discussed ahead of time
Recommendations	• Define key data points and understand how the vendor tracks them before the start of the project
Cross County/City Sharing	• Digital literacy efforts expanded beyond H@H project to other efforts within the county system

SPOTLIGHT: ORANGE COUNTY

Orange County Health Care Agency's Mindstrong Implementation

Since their approval to join the Help@Hand Program in 2018, Drs. Flor Yousefian Tehrani, MHSA Innovation Projects Program Manager, and Sharon Ishikawa, MHSA Coordinator, have been systematically following and maintaining an organizational change management plan to guide Orange County Health Care Agency's (HCA) implementation of Mindstrong. In June 2020, Mindstrong officially enrolled its first member from Orange County as part of this program.

Along the road to implementing their plan, Orange County has learned a number of lessons. Below Dr. Sharon Ishikawa highlighted three major lessons learned. Appendix B on page 79 provides more detailed lessons learned.

Lesson #1: *It takes a village to make changes to a County/City Behavioral Health System*

Building a digital system of care within a County/City Behavioral Health System requires the input, guidance, and sign-off of many people both within the system and across the diverse team of people designed to support project management, implementation, and evaluation. Orange County's village included:

- **Project Leadership (Tech Leads, Behavioral Health Director, and, as needed, Directors from Behavioral Health and different systems of care)** was responsible for local stewardship and decision-making, especially on clinical integration, risk management, privacy concerns, prioritization of efforts and use of funds.

- **Project Team (Orange County staff)** was responsible for executing different aspects of the project (i.e., informed consent, etc.).
- **Project Management Vendor (Cambria Solutions, Inc.)** was responsible for developing the business processes, managing the project meetings, developing collateral materials and project information for consumers and stakeholders, and identifying issues and risks.
- **HCA's Help@Hand Peers** were responsible for providing insight and feedback on business processes, collateral materials, and information developed for consumers. They will consent referred consumers as soon as all equipment and access/permissions related to personal health information (PHI) and personal identifiable information (PII) are in place.
- **HCA's Compliance** was responsible for providing guidance, input, and direction on informed consent, business associate agreement (BAA), privacy and security issues, and business process.
- **HCA's Public Information Officer (PIO)** was responsible for reviewing public-facing documents, collateral materials, and the Informed Consent website.
- **HCA's Information Technology (IT) Security** was responsible for vetting IT security of the Mindstrong platform, as well as providing solutions and ideas for technical issues such as capturing informed consent records that contain PHI/PII.
- **HCA's AQIS (Authority and Quality Improvement Services)** offered guidance on HCA's grievance policy, which was used to inform the development of CalMHSA's Help@Hand grievance policy.
- **HCA's Purchasing** was responsible for assisting with review of scope of work (SOWs) and procurement of services and vendors.
- **HCA's Peer Employee Advisory Committee (PEACe)** provided feedback and insight in selecting an appropriate voiceover for the Mindstrong video.
- **HCA's Chief Information Officer (CIO)** was responsible for guidance and direction on technical solutions.
- **Providers (local healthcare system)** were responsible for referring eligible consumers and helping to coordinate the business process integration into their systems and processes.
- **Mindstrong** was responsible for the technology and corresponding support services delivered to consumers, providing technical assistance for the process development, and ensuring implementation works with the application/services and the business model.
- **Outside Vendors** supported services such as video production, web design, etc.

As a village, the group worked collaboratively on a number of vital areas and issues. For example, early discussion and engagement with the local healthcare system Project Sponsor was critical in getting them to pilot Mindstrong and be an advocate for the implementation. Also, multiple parties, including project leadership from HCA, HCA Compliance, HCA IT, Cambria, local healthcare system, and Mindstrong, conferred to develop the rapid deployment process of referral, informed consent, and enrollment. Another noteworthy example of collaboration was engaging HCA Compliance and HCA IT to brainstorm and address informed consent issues, such as content, process, and technology-based solutions. The team also spent much time crafting language that was easy to understand for the target audience.

Lesson #2: *"Perfection is the enemy of progress." -Winston Churchill*

It is important to figure out the best time to launch. Launching too soon or too early may jeopardize overall implementation because critical issues are not identified and/or do not have an appropriate level of contingency planning. Alternatively, there are always issues or barriers that can impede progress, and a perfect or flawless implementation plan is not achievable. To balance these, it is critical that Counties identify their core values and use those to guide the decision to launch a product. Orange County's core values included:

- **Consumer safety, privacy, and product quality were top priority.**
- **A hierarchy of safety and privacy** that consisted of: 1) Compliance/IT work to identify risks/potential risks; 2) eliminate known risks; 3) guard against unknown risks; and 4) advise users of identified risks so they can make an informed choice about whether to use.
- Ensure **product quality** by fully understanding the product, evaluating evidence of potential impact, and working closely with Mindstrong and the evaluator to identify appropriate metrics.

One example of demonstrating these principles was implementing a modified informed consent process, which allowed immediate implementation while the team continued to develop a long-term informed consent process. Originally, the team planned for Help@Hand Peers to consent a referred consumer in-person following their appointment. However, the plan was interrupted due to COVID-19. A modified informed consent process was developed, which involved the HCA team calling consumers to review a brief "Introducing Mindstrong" video and informed consent form before referring them to Mindstrong. This process helped to protect consumer safety by explaining services, the timeframe, and costs. The video was recommended by an HCA peer and communicates standard information. It also provides an opportunity for the team to answer any questions. The multi-modal delivery of information (visual, audio, written) helped ensure consumers received information in a mode that worked best for them.

Another example is that the pilot process soft-launched with two providers to gauge and understand process impacts and make necessary adjustments before opening up referral process to all local healthcare system providers.

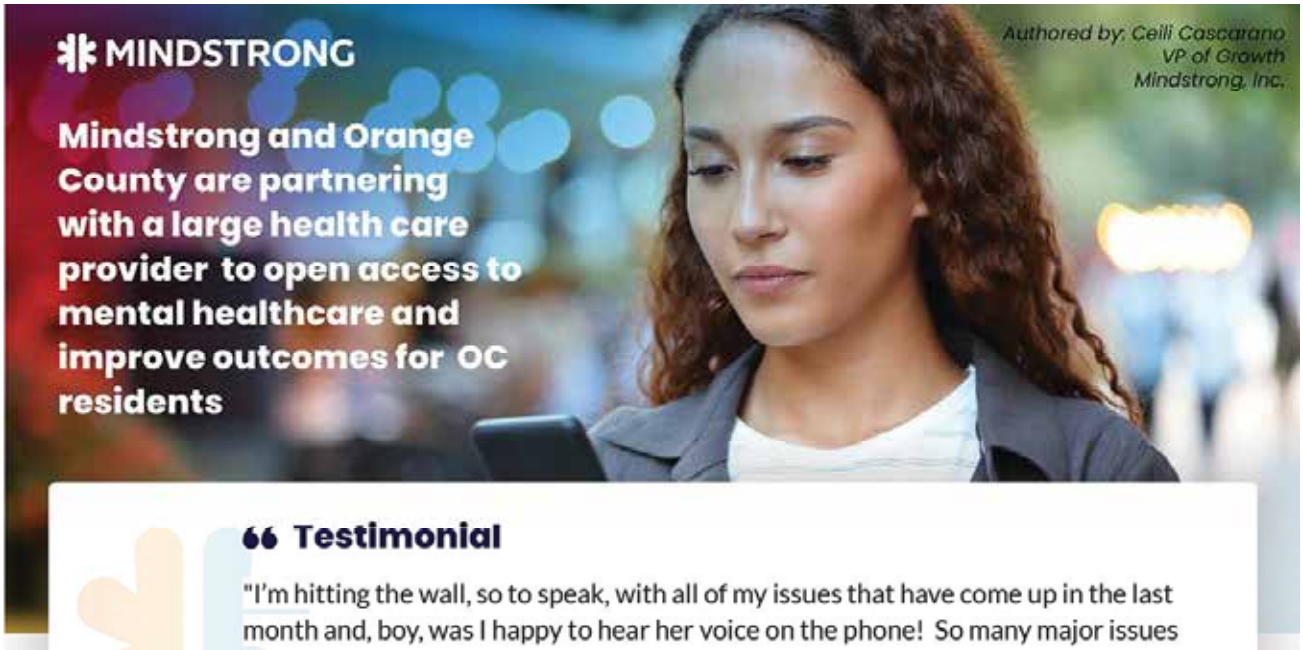
Lesson #3: *The journey is as important as the destination*

The learnings that have been extracted to date have been critical for building the foundation for continual organizational change for Orange County HCA. These deep learnings required time, patience, and a commitment to adhere to a general path and process, while maintaining flexibility to accommodate and address barriers as they arose. Ultimately, established processes to support the Mindstrong implementation will live beyond the lifetime of any single product and the Help@Hand project period by moving Orange County HCA closer to building a framework for a sustainable digital mental health system of care.

Examples of the types of processes addressed include:

#	Description	Contributors (in alphabetical order)[4]
1	Vet the safety and functionality of the vendor as well as tech–nology used (or being considered) to support implementation (i.e., Qualtrics,secure file transfer protocol, secure email, etc.) or privacy issues of methods (i.e., phones to call referred consumers – privacy of vmail/texting, etc.)	Cambria Project Team, Help@Hand Peers, Project Team, **HCA Compliance, HCA Leadership**, local healthcare system, Mindstrong Important to note that while this activity is specific to Quarter 2, one of OC's first activities nearly two years ago was to have IT conduct a robust Information/Data Security vetting when Mindstrong was initially identified as a vendor
2	Engage stakeholders for outreach material support and digital literacy training support	**CalMHSA**, HCA Leadership, HCA Project Team, **Help@ Hand Peers**
3	Develop targeted Mindstrong outreach materials (materials tailored for providers and consumers)	**Cambria Project Team**, HCA Leadership, HCA Project Team, Help@Hand Peers, Mindstrong, **Outside Vendors**, PEACe, local healthcare system
4	Develop an informed consent document that describes Mind–strong services and standardizes information reviewed with consumers. The document explains Mindstrong services, care coordination, data collection, privacy, security, crisis response, and consumer participation in the project (i.e., duration, cost, etc.)	Cambria Project Team, **HCA Compliance, HCA Lead-ership, Help@Hand Peers**, Mindstrong, PEACe, local healthcare system
5	Develop an introduction to Mindstrong video to ensure review of product description and privacy (including, but not limited to, content, phrasing, actor selected for voice over, etc.)	**Cambria Project Team**, HCA Compliance, HCA Leadership, HCA Project Team, **Help@Hand Peers**, Mindstrong, **Out-side Vendors**, PEACe
6	Conduct change readiness assessment of programs/partners	**Cambria Project Team**, HCA Leadership, HCA Project Team
7	Consult with stakeholder groups for compliance review and crisis response	CalMHSA, Cambria Project Team, **HCA Leadership**, **HCA Compliance**, HCA Project Team, Mindstrong
8	Plan sustainability beyond the project period if implementation is successful	AQIS, Cambria Project Team, **HCA Leadership**, HCA Project Team, HCA IT, Help@Hand Peers, Mindstrong, Help@Hand Evaluation, local healthcare system
9	Twice weekly (15–30 mins) touchpoint calls with HCA Tech Leads for decision making (esp. when COVID–19 dramatically decreased their availability for Help@Hand project)	**Cambria Project Lead**, HCA Tech Leads
10	Daily working meetings for Cambria project team to discuss project activity updates, scheduling, issue review and resolu–tion, project documentation update, risk analysis	**Cambria Project Team**
11	Weekly planning meetings with Cambria project, HCA project team and Help@Hand peers to plan ahead for the following week	**Cambria Project Team**, HCA Leadership, HCA Project Team, Help@Hand Peers
12	Regular project status meetings with partnering organizations, vendors, the Help@Hand Collaborative, and local project team	**Cambria Project Team**, HCA Leadership, HCA Project Team, Help@Hand Peers, Mindstrong, Help@Hand Evaluation, local healthcare system
13	Document of meeting minutes, decisions, accomplishments, issues, risks and mitigation strategies for tracking and monitoring implementation status and maintaining records for current and future project decision-making	**Cambria Project Team**, HCA Project Team, Mindstrong, Help@Hand Evaluation, local healthcare system

[4] Bolded contributors were the lead for the corresponding category.



Testimonial

"I'm hitting the wall, so to speak, with all of my issues that have come up in the last month and, boy, was I happy to hear her voice on the phone! So many major issues have come all at once and it is really putting my antidepressants to the test. I truly appreciated hearing her voice and getting [my therapist's] feedback on these issues....and she was there to tell me I have every right to feel stretched thin. I needed her yesterday and she was right there having my back! "

— *Mindstrong Member, Orange County, CA*

Mindstrong is a mental health app for Orange County residents that combines proven science, state-of-the-art technology, and dedicated care teams to deliver outstanding experiences and outcomes for members in need.

4,500+ Sessions Completed
Therapy Sessions

100% Training in Cultural Competence
100% of clinicians trained in culturally responsible care

High Satisfaction
4.72 out of 5 post session rating

44% Diverse Clinical Team
Clinical team that identifies as non-white

Mindstrong App & Platform

24/7 access
In addition to personalized care plans and scheduled sessions, member can always contact us.

Overlooked populations
Specialize in overlooked and underserved communities and help members living with serious mental illness find care

Measurement-based, continuous care
Our care team blends therapy, case management, medication management and psychosocial resources, all delivered through innovative formats and mediums.

State-of-the art technology
The Mindstrong app calculates a running, "Biomarker" score based on the member's natural phone interactions.

Targeted clinical interventions
Expert clinicians intervene at the right time with evidence-based interventions, to provide personalized support and therapy.

SPOTLIGHT

Orange County: Developing a Digital Informed Consent Process

Author: Flor Yousefian Tehrani, Psy.D., MFT,
Orange County Health Care Agency

In recent years, mental healthcare has been slowly moving into a digital space. However, with the onset of COVID-19, health care systems responded to the need for a rapid transition to telehealth and other digital healthcare solutions. Orange County's participation in the Help@Hand Innovation Project (OC H@H) provided a unique and timely opportunity to implement Mindstrong Telehealth Services. The transition to technology also allowed Orange County to transform its traditional informed consent process into a modern and efficient digital format.

Obtaining Informed Consent: Necessary Steps

The purpose of the OC H@H/Mindstrong Informed Consent is to ensure the consumer understands the Mindstrong services offered through the H@H project, is aware of the time-limited nature of the project and acknowledges the security and privacy features related to their interactions within the Mindstrong application.

A crucial aspect in the development of the OC H@H/Mindstrong Informed Consent was tailoring the language and content to the target audience. The OC H@H Peers assisted in identifying topics to include and clarifying services and technology features.

What is Informed Consent?

Informed consent is the principle that healthcare consumers should have sufficient information before making decisions about their care, treatment, and/or involvement in services. Informed consent requires that appropriate and clear information has been shared with the consumer in a way that allows them to form a judgement based on how their decision will affect them. Finally, the consumer must be able to freely exercise their decision without undue influence. Ultimately, informed consent is designed to protect consumers and build trust between the provider and the consumer by honoring the consumer's right and ability to make their own decisions. It is also important to keep in mind that informed consent is often required in order to be in compliance with county/city regulations.

Citation: https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html

Digital Evolution

The initial plan for the consenting process included H@H Peers meeting with potential participants directly after provider referral – a live and in-person handoff at the clinic to support the consumer in making an informed decision. Just before project rollout, public health orders and safety measures put in place due to COVID-19, removed the ability to meet the potential participants in person. The first effort to go digital started with placing the PDF of the Informed Consent online. When HCA received a referral from the provider, a H@H Peer called a potential participant, and initiated the process by sending an SMS text message containing an access link to this document. The H@H Peer would then guide the potential participant through the document, answer any questions, and conclude with obtaining verbal consent.

The next evolution in the digital consent process was automation. OC H@H wanted to give the potential participants the ability to complete the process at their convenience and provide a more engaging platform with a variety of ways to receive information (text, audio, or video) that would support, guide, and motivate them through informed consent completion. Potential participants now have the choice to read text, watch a series of short videos, or engage with a H@H Peer at a time convenient for them, to review and provide their informed consent. During the development of this new automated process, the OC H@H team identified the following key elements:

- include questions in advance of the digital consent process to screen for eligibility
- a series of short videos would be easier to navigate and follow the information
- simple and accessible language should be used to accommodate a broad audience
- animation would be more engaging and remain relevant longer than live action
- a friendly and approachable "look and feel" of the video and voiceover are critical to communicating the right message
- requiring participants to acknowledge understanding after each video would support individuals in being better informed
- including an Acuity scheduler in each stage of the consenting process would allow individuals access to a H@H Peer with questions or concerns at their time and date of choice

This ability to access the automated digital consent process included postcards that a provider shares with the consumer. These postcards, aside from providing necessary at-a-glance information about the services and the process, also contain a QR code. When the potential participant scans the QR code with their smartphone, they are taken to the automated digital eligibility and consent process.

Once again, the OC H@H Peer contributions were essential to the success of the project. They were part of the creation and review process throughout the evolution of the informed consent. For example, they reviewed and edited the postcards for clarity and comprehension of language and visual appeal. The Peers helped convert the informed consent text into a simple and accessible video script language. Their knowledge and experience guided the voice and tone of the videos: they spent countless hours reviewing the script content and listening to a variety of voiceovers. In addition, they tested and navigated the automated process to provide recommendations for an optimal consumer experience.

Challenges & Concerns

The entire process of developing, approving, and implementing the digital informed consent process surfaced multiple challenges and concerns, each of which were addressed. One of the biggest concerns was that the digital/automated informed consent process meant removing the immediate person-to-person connection between an OC H@H Peer and the potential participant. To mitigate this, OC H@H ensured the option to request a Peer to reach out to them during business hours was just a click away.

Additionally, the ability for a potential participant to fill out the same digital eligibility and consent form multiple times was raised as a potential problem. In a manual process where an individual can fill out a form one time, those answers and consent are registered as complete and final. However, because the digital process allows for multiple entries by the same individual, it was not immediately clear how to mark an entry as 'correct and final'. In response, the OC H@H team made adjustments to the process back-end database to allow only one entry per person based on unique identifiers in order to avoid duplicate entries, as well eliminate an individual's ability to give different answers to the same questions potentially causing confusion in the participant's eligibility.

Additionally, in order to manage the outreach workload, OC H@H made staffing adjustments to ensure the OC H@H team members were cross-trained on specific duties and responsibilities. A set of frequently asked questions were developed to ensure consistency and continuity for the potential participant.

As the project continues to evolve and the number of Orange County consumers of Mindstrong increases, having a digital informed consent process has the potential to ease staffing needs while reaching an even greater number of people in the County.

Sharing

In a prime example of knowledge sharing between counties in the Help@Hand project, Riverside County reached out to Orange County with the hopes of learning more about Orange County's informed consent process, and how to apply any learnings to their own work around improving the informed consent process in Riverside. Orange County shared valuable learnings such as those mentioned above, as well as ways to further improve the informed consent process, including a shift to a digital informed consent. Riverside County then created their own informed consent process, with the work expedited and efforts reduced based on the insight and lessons learned from Orange County.

SPOTLIGHT

OC Help@Hand Peers

Orange County's Peers have been an integral part of the OC Help@Hand team since the beginning of project. Peers have contributed to the project in meaningful ways, including the development of digital literacy resources and supporting the implementation of Mindstrong in the county.

OC Help@Hand Peers developed digital literacy workshops and curated digital literacy educational and communication materials.

There are many digital technologies available to support mental health and wellness, but familiarity and comfort with technology will impact the likelihood of community members' use of such resources. An important component of OC Help@Hand is to increase the digital literacy capacity within the community. However, due to the COVID-19 pandemic digital literacy efforts were refocused.

"Even though it was hard to go out and engage the community, to share information, or to teach skills, we also know that the last two and a half years have been a really tough time for a lot of people in the community, so the need was even greater."
– Min Suh, OC Help@Hand Peer Lead

OCHCA was excited to resume their outreach efforts and engage the community in 2022. Peers utilized a digital literacy curriculum covering several topics, such as understanding and managing digital identity and footprint and dealing with cyberbullying. Peers kicked off a series of digital literacy workshops in April 2022. OC Help@Hand Peers Jackie Salagubang and Maria Gonzalez led the "Managing your Digital Presence" workshop at the Orange County Annual Meeting of the Minds Conference, and later led a second workshop, "Understanding and Managing Cyberbullying." A third workshop focusing on digital footprint/identity will be held later this year.

To the right: *Flyer developed to market digital literacy workshop*
Source: *Pacific Clinics Advancing Behavior Health Care Recovery Education Institute (N.D.) Retrieved from http://www.pcrei.org/*

Above: *OC Help@Hand Peers Jackie and Maria leading digital literacy workshops*
Source: *Orange County Health Care Agency*

Peers began developing an informative booklet aimed at building digital literacy skills and integrating technology to support mental health and wellness. The workbook includes QR codes to various resources, such as the One Mind PsyberGuide website. On this website, community members can browse through expert reviews of digital mental health technologies and select one that is right for them. Once the workbook is finalized, Peers will develop a workshop covering similar topics. Peers will also deliver a collage activity driven workshop to introduce digital literacy in a more visual way. Digital literacy events have been promoted through local organizations and Peers will continue to engage with community members at upcoming community events.

OC Help@Hand Peers have continued to support the Mindstrong implementation

Earlier this year, OCHCA automated their digital informed consent process and Peers played an instrumental role reviewing and testing the form and workflow. Prior to the launch of the digital consent process, Peers were tasked with calling and consenting consumers into the Mindstrong program. Now that the county has launched the automated digital consent process, Peers have been able to focus their time on developing digital literacy content. Daniel Gibbs, an OC Help@Hand Peer, continues to call consumers to enroll them into the Mindstrong program.

This year, OCHCA began to offer Mindstrong as a resource on Mental Health America's (MHA) web based mental health support site. Peers reviewed and provided meaningful feedback on the wording and tone of the program description on the MHA site to make sure that it was clear, appropriate, and relevant to potential consumers.

"For those who don't go through digital consent, I reach out to them and make sure their questions are answered."
– Daniel Gibbs,
OC Help@Hand Peer

OC Help@Hand Peers provide invaluable support and an important perspective

"Having Peers roll out these workshops has been important because they're able to connect well with other Peers, and it really helps establish trust with the community. We're all also very familiar with these places including the staff and members. We are actually, in many ways, part of that same community that we're outreaching to."
– Min Suh, OC Help@Hand Peer Lead

"We identify ourselves as Peer Specialists, but we have done the vast majority of our direct services in different organizations, so we all have our expertise with the community that we serve and the county clinics that we used to work with."
– Jackie Salagubang,
OC Help@Hand Peer

"It gives the digital literacy program more validity and credibility because we're endorsing it, we're talking about it, and we've been in some of the places they have been or are."
– Daniel Gibbs,
OC Help@Hand Peer

Tech for your Well-Being: Your Feedback

Meeting Date: June 24, 2019

Orange County

MHSA Stakeholder Meeting

CalMHSA
California Mental Health Services Authority

California Mental Health Services Authority
www.calmhsa.org

help @ hand™ Evaluation

OC health CARE AGENCY

The Help@Hand Project is funded by the Orange County Health Care Agency (OCHCA), Mental Health and Recovery Services, Innovation Projects, Mental Health Services Act/Prop 63. This report was prepared by the authors at the University of California, Irvine on behalf of OCHCA. It does not represent the views of OCHCA or its staff except to the extent, if any, that it has been accepted by OCHCA as a work product of the Help@Hand evaluation.

For questions or feedback, please contact:
evalHelpatHand@hs.uci.edu

Help@Hand Collaboration Impact Report

Eating Disorder Mobile App

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Recovery Record

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What is Recovery Record?

Recovery Record is an mobile app that is a leading global product for eating disorder management. The mobile app features include check-ins, CBT self-monitoring, DBT and ACT skills, outcome tracking, meal monitoring, clinical goal review, and motivation enhancement.

Learn more at
www.recoveryrecord.com

Help@Hand Target Area & Population

Improve Outcomes for High Risk Populations and enhance support services for our eating disorder Consumers

Digital Innovation – Pilot Implementation Strategy

The utilization of the mobile app was enbedded within the County Eating Disorder (ED) Program in close collaboration with Novahn Xayarath, Eating Disorder Program Manager and the Eating Disorder Champions.

Help@Hand Clinical Staff Team
Peer Team Member
RUHS-BH Evaluation Unit
University of California Irvine, H@H Evaluation
Help@Hand Tech Lead

Timeline

FY 2019–2020

Peer Team explored and tested over 200 different mobile apps with the intention of identifying suitable mobile apps to address the needs of our Help@Hand populations of focus including the eating disorder consumers. After various meetings with vendor, the team decided to invite Recovery Record to participate in the statewide collaboration vendor selection meeting to get vetted and get approved as an app vendor for the collaborative.

FY 2021–2022

- Digital Behavioral Health Questionnaire v2.4 (Risk Assessment Only).
- HIPPA Compliant & security.
- Pilot Implementation Planning.
- Pilot Proposal completed.
- Participation consents created.
- Pilot Evaluation Plan developed
- Executive Team approved pilot.
- Contract with vendor executed.
- Vendor Training.
- UCI Providers Evaluation Planning & Contract.
- Testing of app and custom training materials developed.

FY 2022–2023

- Training and onboarding of ED Champions.
- H@H joined the ED Program and ED Champions in a ED Program conversation with Sacramento County to share Technology Enhanced Best Practices for Eating Disorders Treatment (Feb. 2023).
- App Data discussions with vendor.
- Recovery Record Pilot expanded to contracting providers: Victor Community Support Services (VCSS) and Wylie Center Organization providers.

Sacramento County

The Help@Hand team joined Janine Moore, Deputy Director - Children's and Transitional Age Youth Programs, Novahn Xayarath, ED Program Manager and ED Champions in an ED Program conversation with Sacramento County to share Technology Enhanced Best Practices for Eating Disorders Treatment with the Recovery Record App.

04

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Communication Strategies Infographics

05

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Communication Strategies

Recovery Record Newsletters

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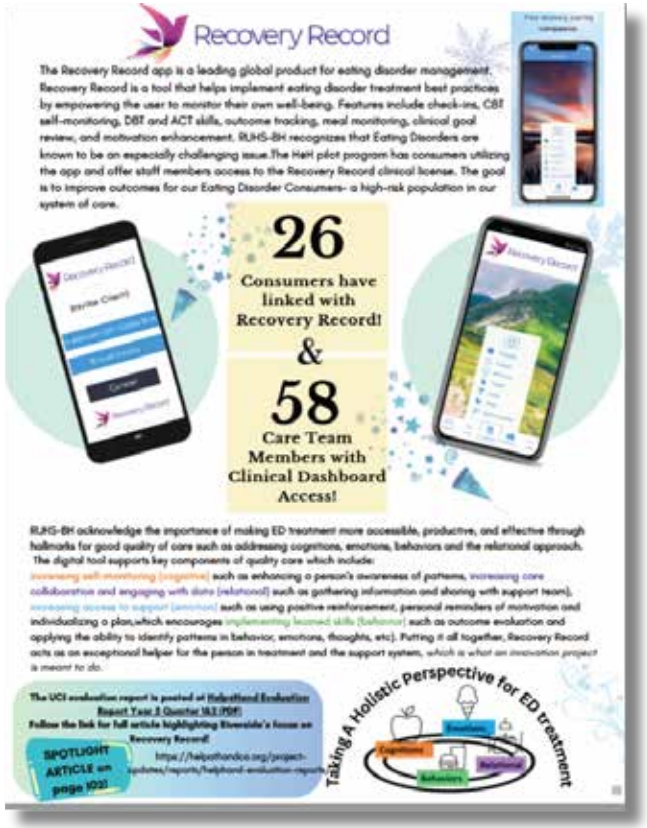
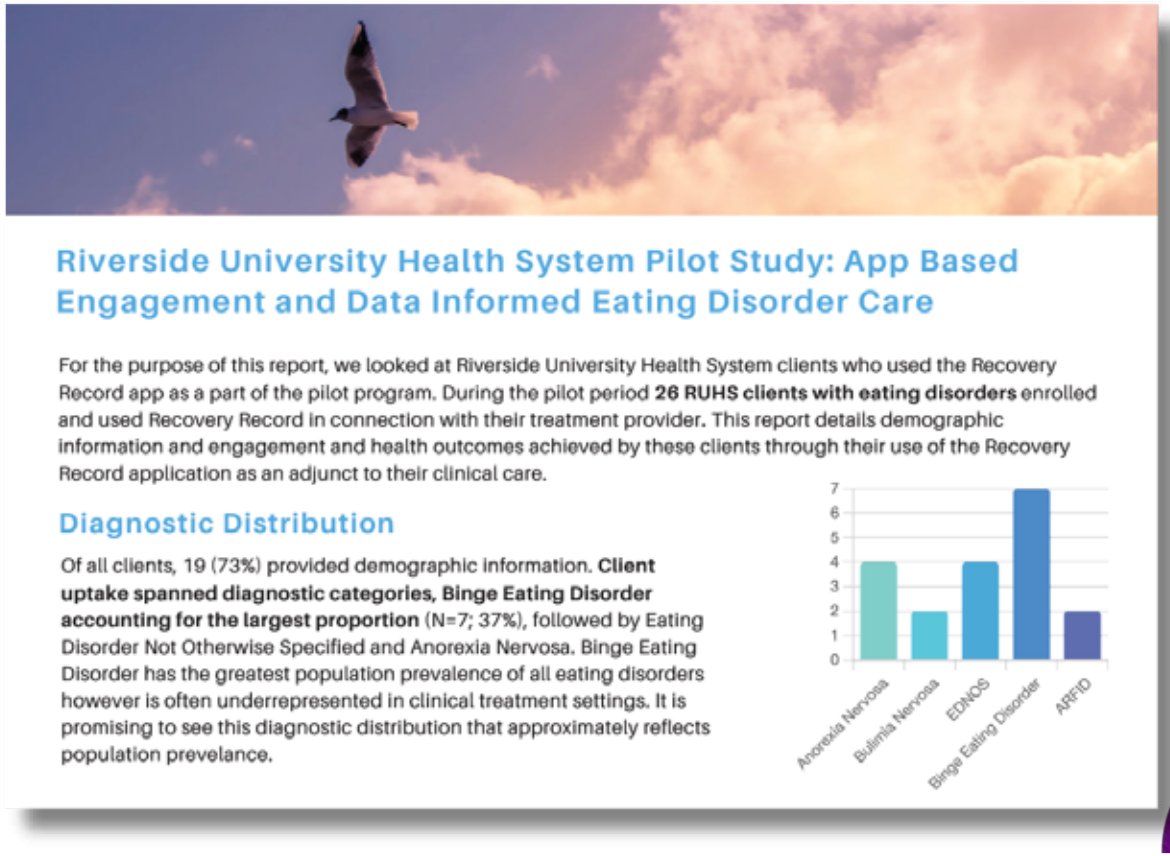
Communication Strategies

Recovery Record Newsletters - December 2023

07



Recovery Record Vendor Outcome Report



Riverside University Health System Pilot Study: App Based Engagement and Data Informed Eating Disorder Care

For the purpose of this report, we looked at Riverside University Health System clients who used the Recovery Record app as a part of the pilot program. During the pilot period **26 RUHS clients with eating disorders** enrolled and used Recovery Record in connection with their treatment provider. This report details demographic information and engagement and health outcomes achieved by these clients through their use of the Recovery Record application as an adjunct to their clinical care.

Diagnostic Distribution

Of all clients, 19 (73%) provided demographic information. **Client uptake spanned diagnostic categories, Binge Eating Disorder accounting for the largest proportion** (N=7; 37%), followed by Eating Disorder Not Otherwise Specified and Anorexia Nervosa. Binge Eating Disorder has the greatest population prevalence of all eating disorders however is often underrepresented in clinical treatment settings. It is promising to see this diagnostic distribution that approximately reflects population prevelance.

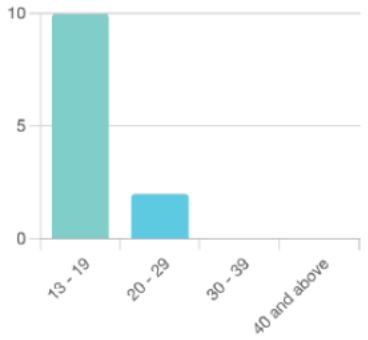
08

Recovery Record Vendor Outcome Report

09

Age and Gender Distribution

Of clients who provided their gender information, 91.3% identified as female and 8.7% as male. **The average age was 16.8, (range 13 - 24).** The majority **(83%) of clients were under age 19.** Clients in all age categories engaged meaningfully with the application.



Client Uptake and Engagement

In the pilot, **23 members actively utilized Recovery Record with a participating provider.** RUHS clients using Recovery Record in their care collectively logged **5,276 CBT-self monitoring entries.** They achieved a high and sustained level of engagement, completing **203 total entries per client, on average.**

In the pilot, how many therapeutic logs entries have been completed in-app?

5,276

Average App-Based Log Entries Per Client **203**

Recovery Record Vendor Outcome Report

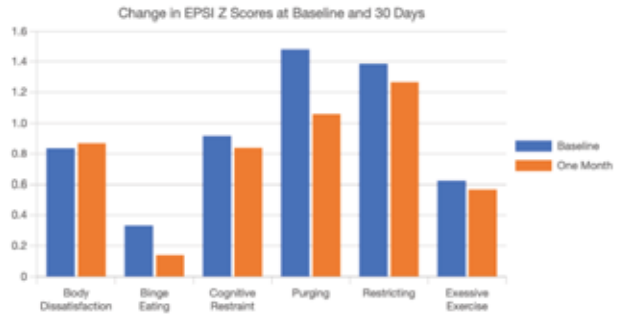
10

Clinical Outcomes

Clients are asked to complete an Eating Pathology Symptoms Inventory (EPSI) questionnaire upon provider link and one month later. Baseline and follow-up outcome data were provided by 13 clients, representing 50% of a possible 23 clients. With such a small sample, we were unable to power diagnosis-level analyses, however the below clinical outcomes for these members provides insight into how Recovery Record is supporting quality of care and recovery progress.

All Clients

On average, clients experienced significant improvement in Purging, Binge Eating, Restricting, Cognitive Restraint (persistent thoughts about restrictive eating) and Excessive Exercise per scales of the Eating Pathology Symptoms Inventory (EPSI). These are the key target symptom areas for individuals with eating disorders. There was a slight directional increase in Body Dissatisfaction, which often sees a decline as clients reduce restrictive behaviors or gain weight in treatment.



Recovery Record Vendor Outcome Report

Outcome Informed Care Delivered by RUHS Clinicians

Health outcome data collected in-app are made available to providers treating participating clients in real time. Given the dynamic nature of eating disorder progression and recovery, these data in addition to nuanced daily meal, symptom, thought and trigger data, are fundamental to the delivery of proactive and effective treatment.

Expansion for Greater Impact

Recovery Record has a great many new capabilities to elevate the standard of care and support clinicians by offloading manual tasks and streamlining workflows. In 2024, we will complete refresher training for all clinicians and support access to Recovery Record's new Family Based Treatment app, to support an even greater impact.

11

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For Your Attention

January 2023

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Riverside University HEALTH SYSTEM Behavioral Health

Painted Brain

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Help@Hand
Digital Mental Health Literacy Project
"Appy Hour" Workshops
Summary Report

Workshops Overview

RUHS-Behavioral Health- Help@Hand Program, in partnership with CalMHSA, implemented the use of digital mental health therapeutics to support overall mental wellness. Multiple strategies and products were utilized over the course of RUHS-BH **Help@Hand Innovation** implementation. One strategy involved training the RUHS-BH staff in digital literacy in order to empower staff to increase the use of digital mental health therapeutics with the consumers they serve. The goal in the staff training was to increase staff confidence when using technology based mental health supports. RUHS-Behavioral Health partnered with Painted Brain, a leader in Peer-driven digital literacy training, to first provide a digital literacy training to RUHS-BH staff and then provide educational workshops on digital mental health topics to RUHS-BH consumers.

The Painted Brain's Digital Health Literacy Training is a course developed to increase digital literacy among mental health consumers. More specifically, the Digital Health Literacy Training highlights how mental health support applications (Apps) and technology such as smartphones, laptops, tables, iPads, and other devices can support overall mental wellness by using Apps on electronic devices. The implementation of this training was a collaborative effort between Painted Brain trainers and RUHS BH Peer Support Specialist staff; in which they combined efforts to conduct multiple workshops across Riverside County. The workshops called "Appy Hour" were held at County clinic locations and County Peer Support and Recovery Centers. Outreach and recruitment efforts were used to encourage consumers to attend the scheduled workshops. RUHS-BH Help@Hand Peer Support staff selected several mental wellness Apps to be a focus for the Appy Hour workshops. In addition a couple of workshops were focused solely on using the Internet safely for privacy and avoidance of scams. The goal was to increase consumers knowledge, confidence and skills when using online or phone Apps focused on mental wellness.

Each workshop was designed to engage consumers and encourage them to:

- Be Empowered through the use of digital wellness applications.
- Gain hands-on learning on how to best use these digital wellness tools.
- Learn how the app can be integrated into their daily lives.
- Learn how to protect themselves while browsing online and avoid digital phishing and scams.
- Experience a fun and collaborative learning environment.

Additionally, from each wellness app, the goals were for consumers to learn about:

- What a Wellness App is
- What the benefits of a Wellness App are
- Why should consumers use a Wellness App
- What are the user tools within the Wellness App

Painted Brain was contracted by the Help@Hand Innovation to provide a total of 39 Appy Hour workshops Countywide. At the end of each workshop, incentives were also given to all of the consumers who attended, participated, and completed the workshops. Each clinic that participated had the options to choose the workshop and following topics to be offered for their consumers:

- **Don't Panic Wellness App**
- **PTSD Wellness App**
- **Super Better Wellness App**
- **Anti Phishing and Anti Scamming** (*Internet Safety*)
- **Online Safety and Privacy** (*Internet Safety*)

There were a total of 39 Appy Hour workshops conducted, from August 22nd, 2023 to November 1st, 2023, with a total of 447 consumers attending. The majority of participants were from the Mid-County region (44.3%, n = 198), followed by the Western region (44.1%, n = 197), and the Desert region (11.6%, n = 52), respectively. A total of 443 post-satisfaction surveys were collected (a 99.1% submission rate) from all of the Appy Hour workshops completed Countywide.

Appy Hour Workshops Mental Wellness Apps Summaries

Don't Panic

Offered in English/Spanish

This app includes a number of tools that assist in connecting with one's thoughts and feelings, managing mood swings, and recognize indicators of sadness and anxiety. Learn to cope with extreme emotions in addition to ways to manage suicidal thoughts.

PTSD Coach

Offered in English/Spanish

This app offers knowledge about PTSD, details on professional care, a PTSD self-assessment tool, opportunities to connect with support, and tools that can help to cope with the demands of daily life.

SuperBetter

Offered in English

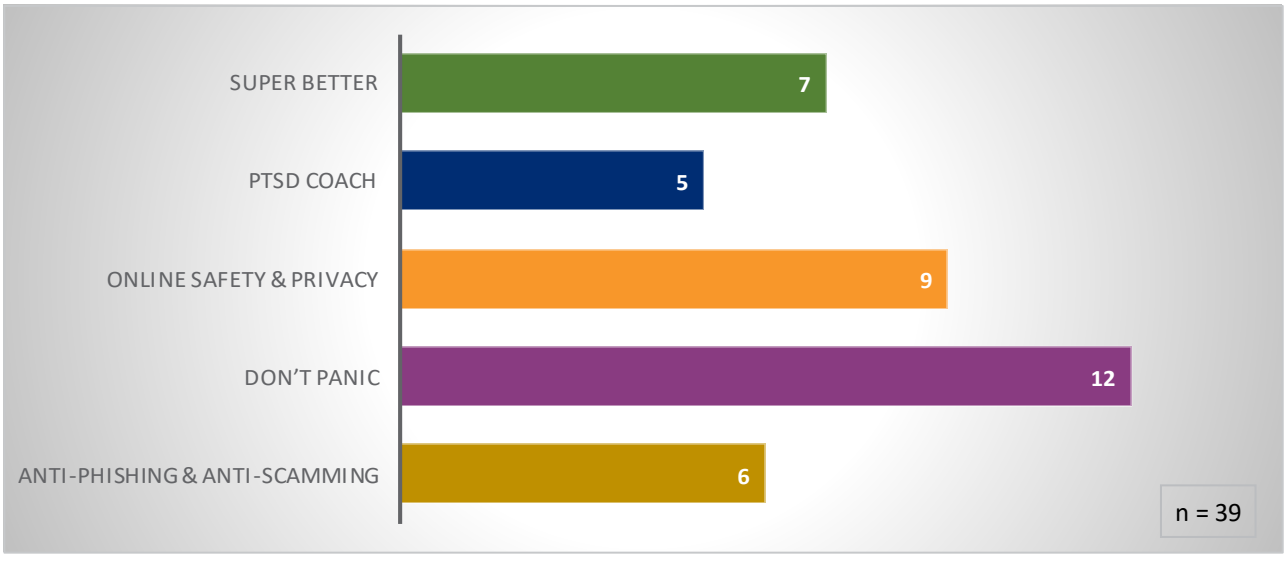
This app incorporates gaming to overcome hurdles in many aspects of life. As they strive for epic victories, players can adopt a secret identity, activate power-ups, battle opponents, accomplish objectives, and check-in with allies.

In addition to the 3 wellness apps , there were also 2 workshops offered that covered Internet safety, which include:

- **Anti Phishing and Anti Scamming**, where consumers can learn about what phishing and scamming are, the different types of electronic scams, types of phishing attacks, and to learn how to avoid them.
- **Online Safety and Privacy**, where consumers can learn about online safety, how to identify "bad actors", privacy and privacy settings, and how to enable multi-factor authentication.

Workshops Completion by Topic

The graph below summarizes the Appy Hour workshops completion by topic. Overall, there were a total of 39 Appy Hour workshops completed Countywide, where 24 were App workshops, and 15 were Internet Safety workshops. The "Don't Panic" wellness app was the most widely chosen workshop by clinics and consumers (a total of 12 workshops were completed, with 2 offered in Spanish), and the "Online Safety and Privacy" topic was the second most popular workshop topic that was chosen by clinics and consumers (a total of 9 workshops were completed).



List of Appy Hour Workshops Completed Countywide

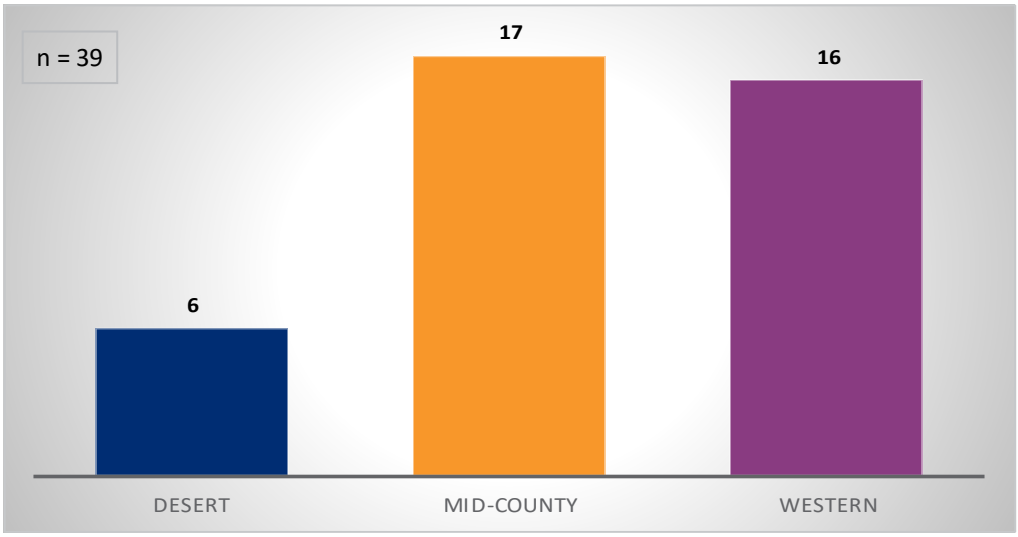
The table below shows the list of all **39** Appy Hour workshops completed Countywide. Of these, *24* of the workshops were for wellness apps, and *15* workshops were for Internet Safety. A total of **447** consumers attended the workshops Countywide. Of these, *269* consumers attended the workshops for the wellness apps, and *178* consumers attended the workshops for Internet Safety.

Workshop No.	Date	Region	Number of Attendees	Type of Topic	Topic
1	08/22/23	Western	12	Non-App	Online Safety & Privacy
2	08/22/23	Western	15	App	Super Better
3	08/23/23	Western	18	App	Don't Panic
4	08/23/23	Western	6	Non-App	Anti-Phishing & Anti-Scamming
5	08/29/23	Western	14	App	Don't Panic
6	08/29/23	Western	10	App	Super Better
7	08/30/23	Western	19	Non-App	Anti-Phishing & Anti-Scamming
8	08/30/23	Western	17	App	Super Better
9	09/05/23	Mid-County	9	App	Don't Panic
10	09/05/23	Western	8	App	Don't Panic
11	09/06/23	Mid-County	10	App	Super Better
12	09/06/23	Mid-County	9	App	Don't Panic
13	09/12/23	Mid-County	14	App	Don't Panic
14	09/12/23	Mid-County	8	App	Super Better
15	09/13/23	Western	7	App	Super Better
16	09/13/23	Mid-County	14	App	PTSD Coach
17	09/19/23	Mid-County	12	App	Don't Panic
18	09/19/23	Western	8	Non-App	Anti-Phishing & Anti-Scamming
19	09/20/23	Mid-County	8	App	Don't Panic (Spanish)
20	09/20/23	Mid-County	9	App	PTSD Coach
21	10/03/23	Desert	12	Non-App	Online Safety & Privacy
22	10/03/23	Mid-County	7	Non-App	Online Safety & Privacy
23	10/04/23	Desert	11	App	PTSD Coach
24	10/04/23	Desert	7	App	Don't Panic
25	10/10/23	Mid-County	16	Non-App	Anti-Phishing & Anti-Scamming
26	10/11/23	Western	13	App	PTSD Coach
27	10/17/23	Mid-County	9	App	Super Better
28	10/17/23	Mid-County	16	App	PTSD Coach
29	10/18/23	Desert	5	App	Don't Panic
30	10/18/23	Western	14	Non-App	Online Safety & Privacy
31	10/24/23	Mid-County	10	Non-App	Online Safety & Privacy
32	10/24/23	Mid-County	13	Non-App	Anti-Phishing & Anti-Scamming
33	10/25/23	Western	12	App	Don't Panic
34	10/25/23	Desert	11	Non-App	Anti-Phishing & Anti-Scamming
35	10/31/23	Mid-County	14	App	Don't Panic (Spanish)
36	10/31/23	Mid-County	19	Non-App	Online Safety & Privacy
37	11/01/23	Western	11	Non-App	Online Safety & Privacy
38	11/01/23	Western	14	Non-App	Online Safety & Privacy (Spanish)
39	11/01/23	Desert	6	Non-App	Online Safety & Privacy
	Total Attendees:		**447**		

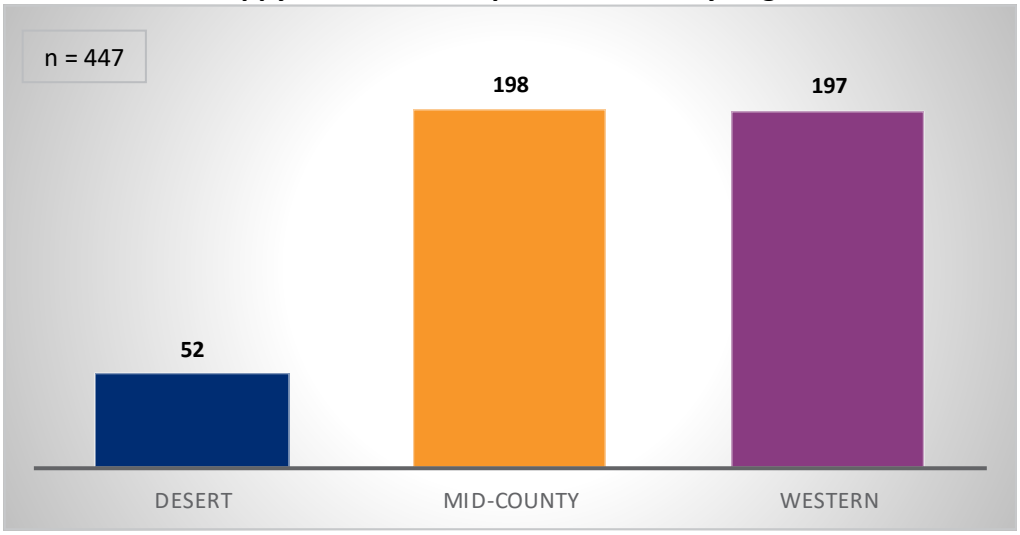
Appy Hour Workshops Completion and Attendance by Region

The following graphs show the completion and attendance of Appy Hour Workshops by region. Of the 39 Appy Hour workshops completed, the majority were completed in Mid-County region, followed by Western region, and Desert region, respectively. A total of 447 consumers attended the workshops Countywide.

Appy Hour Workshops Completion by Region



Appy Hour Workshops Attendance by Region



Post-Satisfaction Surveys Submissions

There were a total of **443** post-satisfaction surveys collected from all the Appy Hour workshops, from 447 consumers attending the workshops (**99.1%** submission rate). The summary for workshops completion, attendance, and surveys collection for each type of workshops and the overall completion are as follows:

App Workshops Completion:
Workshops Completed: **24**
Number of Attendees: **269**
Number of Surveys Collected: **266**

Internet Safety Workshops Completion:
Workshops Completed: **15**
Number of Attendees: **178**
Number of Surveys Collected: **177**

Overall Completion (App and Safety):
Total Workshops Completed: **39**
Total Number of Attendees: **447**
Total Number of Surveys Collected: **443**

Post-Satisfaction Surveys Summary

At the end of each Appy Hour workshop, staff asked all consumers to complete post-satisfaction surveys. The post-satisfaction survey is meant to gather participants' feedback on their overall satisfaction with the Appy Hour workshops, the workshops' contents, the engagement with workshop trainers, and to get the consumers' feedback on whether the consumers would recommend workshops to other people. On the post-satisfaction survey form, consumers were also asked to provide any feedback on the things they liked or learned from the Appy Hour workshops, as well as to provide any feedback on things they did not like about the workshops.

There are two different types of post-satisfaction surveys distributed at the end of the workshops, based on the type of topic attended by consumers: Wellness App surveys and Internet Safety surveys. Each type of survey was analyzed separately.

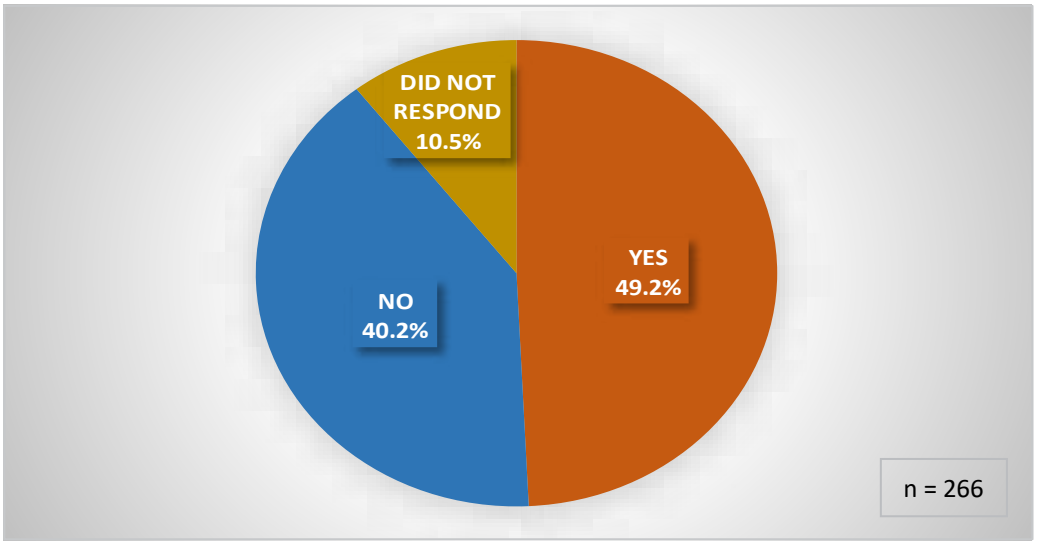
Appy Hour Post-Satisfaction Survey Summary: Wellness App Series

A total of 24 App workshops were completed Countywide, with 269 consumers attending. Of these, a total of 266 post-satisfaction surveys were collected. There are 3 wellness Apps that were offered to the county clinics and their consumers for the Appy Hour Workshops, and consumers could choose which one to attend. The wellness apps offered to consumers include the following:

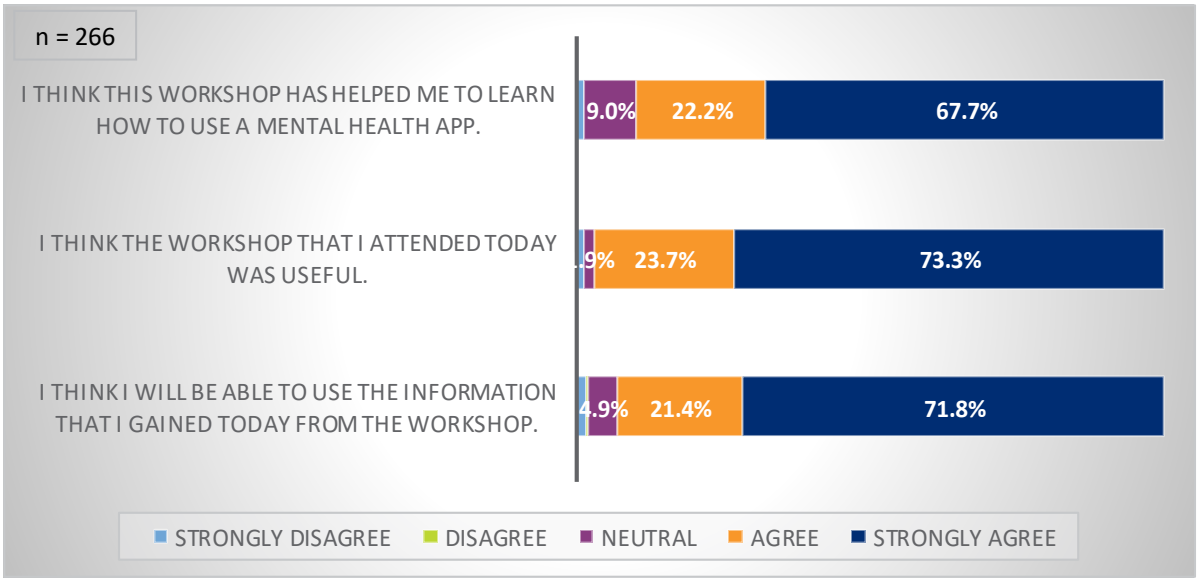
Don't Panic **PTSD Coach** **Super Better**

Consumers' experience with using a Mental Health/Wellness App prior to attending the Appy Hour workshop was gathered on the post-satisfaction survey. Based on the survey responses, 49.2% of the consumers indicated they had used a mental wellness App prior to attending the workshop (i.e. responded "Yes", n = 131), while 40.2% (n = 107) responded "No", and 10.5% (n = 28) chose not to respond to this question.

Have you ever used a Mental Health application prior to this workshop?



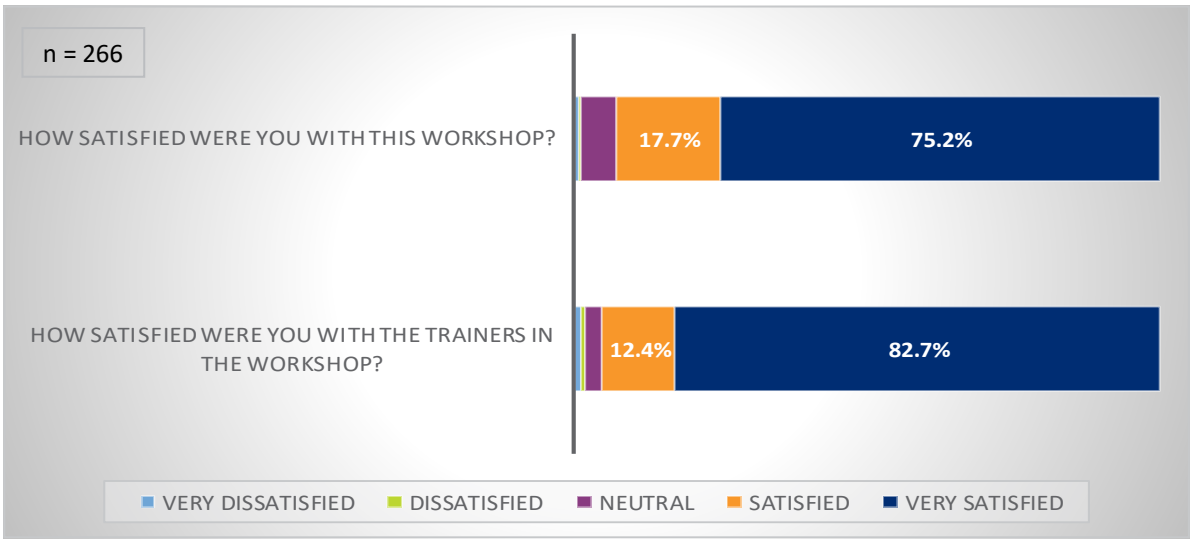
Feedback of App Workshops



Consumers' feedback on the Appy Hour (app series) workshops are summarized below:

- **89.9%** (n = 239) consumers "Agreed" or "Strongly Agreed" that *the workshop has helped them to learn how to use a mental health app*.
- **97.0%** (n = 258) consumers "Agreed" or "Strongly Agreed" that *the workshop they attended today was useful*.
- **93.2%** (n = 248) consumers "Agreed" or "Strongly Agreed" that *they would be able to use the information that they gained today from the workshop*.

Feedback on Appy Hour (App) Workshops and Trainers



Overall, consumers' satisfaction with the app workshops and the workshop trainers are summarized below:

- **92.8%** (n = 247) of the consumers felt "Satisfied" or "Very Satisfied" with the Appy Hour (app series) Workshops.
- **95.1%** (n = 253) of the consumers felt "Satisfied" or "Very Satisfied" with the Appy Hour (app series) Workshops Trainers.

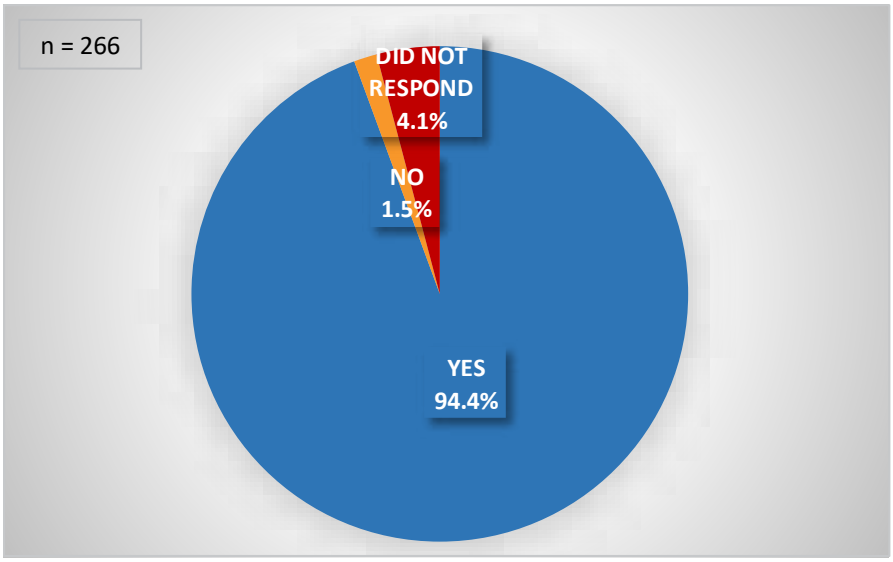
Workshop Recommendation and Future Wellness App Use

On the post-satisfaction surveys, consumers were also asked if they would recommend Appy Hour (app series) workshops to other people, and if they would use a Mental Health app similar to the one they learned in the workshop, and their responses are summarized below:

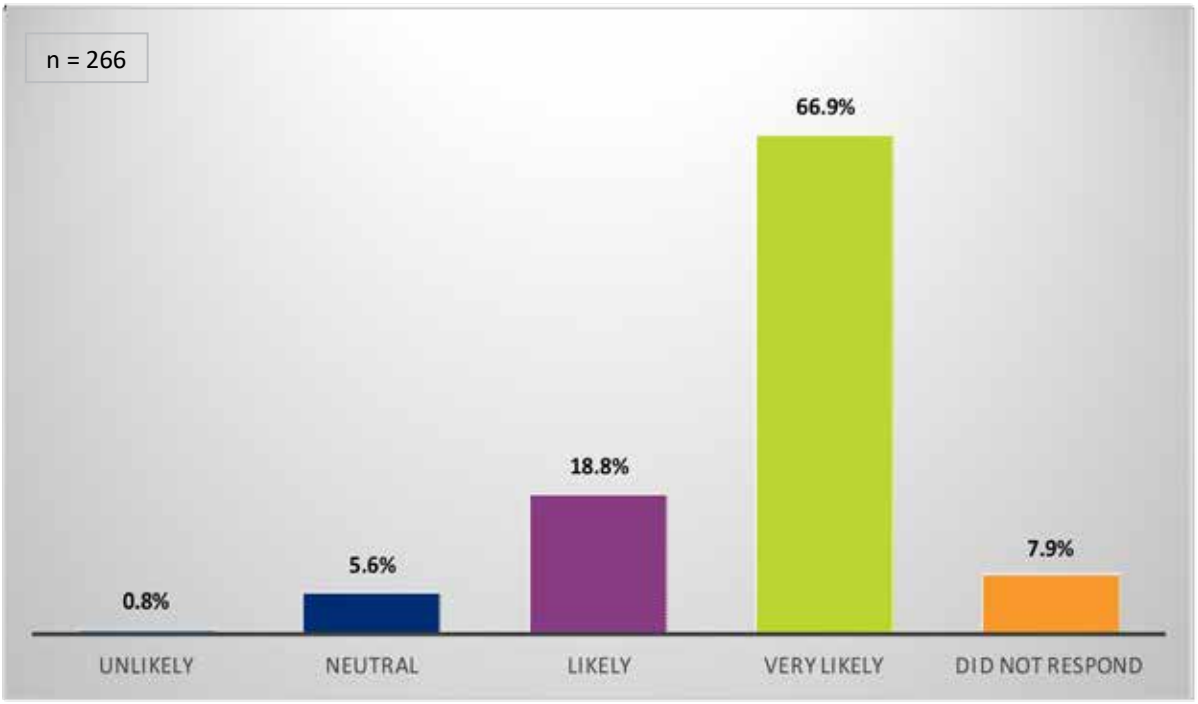
- **94.4%** (n = 251) responded "Yes", that *they would recommend this type of workshops to other people*.
- After completing workshops, **85.7%** of the consumers (n = 228) indicated *they are "Likely" or "Very Likely" to use a Mental Health app similar to the one they learned*. It is also noted that 11 consumers (4.1%) left this question unanswered.

The consumer responses for these questions are shown on the following graphs below:

Would you recommend attending a workshop similar to this to other people?



How likely are you to use a Mental Health app similar to the one you learned today?



Consumers' Feedback on from Appy Hour Workshops (App Series)

Consumers were given spaces on the post-satisfaction surveys to write comments about things they "Liked" or "Learned", as well as things that they "Did Not Like" from the Appy Hour (app series) workshops, and some of their comments are shown below and on the following page.

Things I liked/learned in the Appy Hour Workshop were:

"That I have help for my anxiety at my finger tips."
"I liked how open it was; no wrong answer or question just open and comfortable."
"Everything…Thank you.."
"This application has many benefits and I am going to share it with friends and family"
"That there's app that will help mental health."
"I learn about mental health and applications and how to use and manage mental health"
"That I can work on my mental health in a fun way and at my comfort of my own home."
"How organized, structured and how well explained everything was."
"How comforting it was and informative."
"I liked that this is going to help a lot of people.."
"I enjoyed the presenters."
"The apps have helped me when I am alone."
"How to cope with anxiety and panic attacks."
"I like that you can contact some one who can help you with what ever is troubling you."
"I now have an application that can help support my struggles."
"I learned that the PTSD app is for everyone not just people with PTSD."
"I liked that we have options to help us heal."
"I learned about another avenue to work on our mental wellness."
"How to cope with PTSD."
"I learned I can play games on the app to help with my mental health."
"Learning new coping skills to use app when overwhelmed."
"The presentation was thorough."
"Everything from the don't panic has really help a lot with my mental health and with my daughter."
"The best atmosphere! Love u all."
"Helpful app and very nice staff."
"I enjoy new resources to help me cope with mental health."
"Knowing that there is an app that is accessible when I am feeling mentally emotion and overwhelmed."
"The information was presented clearly and easy to understand."
"That I can journal about my problems, and I can reach a chat room when things are caving in and when clinic is closed."
"That I can use this app to help with my wellness, and I learned how to use the app I never knew how to use."
"That there are multiple mental health apps out there to explore."
"It's one of the best apps that I liked for mental health."
"The instructor was very informative and explained thoroughly."
"The fact that I finally found an app for mental health."
"Learn the applications and improve my mental health."
"Coping skills and options to get help over the phone."
"Easy to learn & feel safe, and stay positive. Able to track your mood which is helpful. This app is brilliant. Also, a lot of resources for immediate help in crisis."
"I enjoyed learning about the "Don't Panic" app. It will be very useful."
"I learned about an app with a unique approach to mental wellness."
"I learned a lot about the Super Better app."
"I learned how to use technology and how to use applications."
"I learned the importance of documenting emotions with the app."
"Learned there is extra help online by coming and being informed."
"That PTSD is real and I need this app."
"The app is useful with good tips and ways to use skills in daily life."

Consumers' Feedback on from Appy Hour Workshops (App Series—*continued*)

Things I did not like from the Appy Hour Workshop were:

"That it was a lot of information."
"The actual room itself is hot and we were too close together."
"That I am a slow learner."
"I am not doing okay today so checking in and being asked questions was too embarrassing for me."
"I can't think of anything."
"I didn't have the option to buy the phone."
"I did not like the app."
"I had accessibility problems that were frustrating for me with the workshop."
"I have no complaints."
"I have to wait to download."
"This app is not created for a schizophrenia person."
"Late start and workshop length."
"I liked everything but parking is terrible."
"My lack of ability to focus."
"Not available in Spanish."
"Not very interactive. People were not super engaged."
"Nothing, it was a good experience!"
"The packet was not in order. But amazing video!"
"Peers were struggling to help others and for some of the workers setup I actually had to help."
"People were talking out of turn sometimes."
"Room was crowded and hot."
"Didn't like sitting still."
"Some features of the app was non-understandable."
"I think going through app with instruction would help as I know there are lots I still need to look into."
"Time went by quickly."
"Too long but the people made it better."
"Unfortunately my phone is to outdated to carry such an app."
"Wish there was more of them."
"There was trouble getting the gift card."
"The room was too cold for me."

Appy Hour Post-Satisfaction Survey Summary: Internet Safety Series

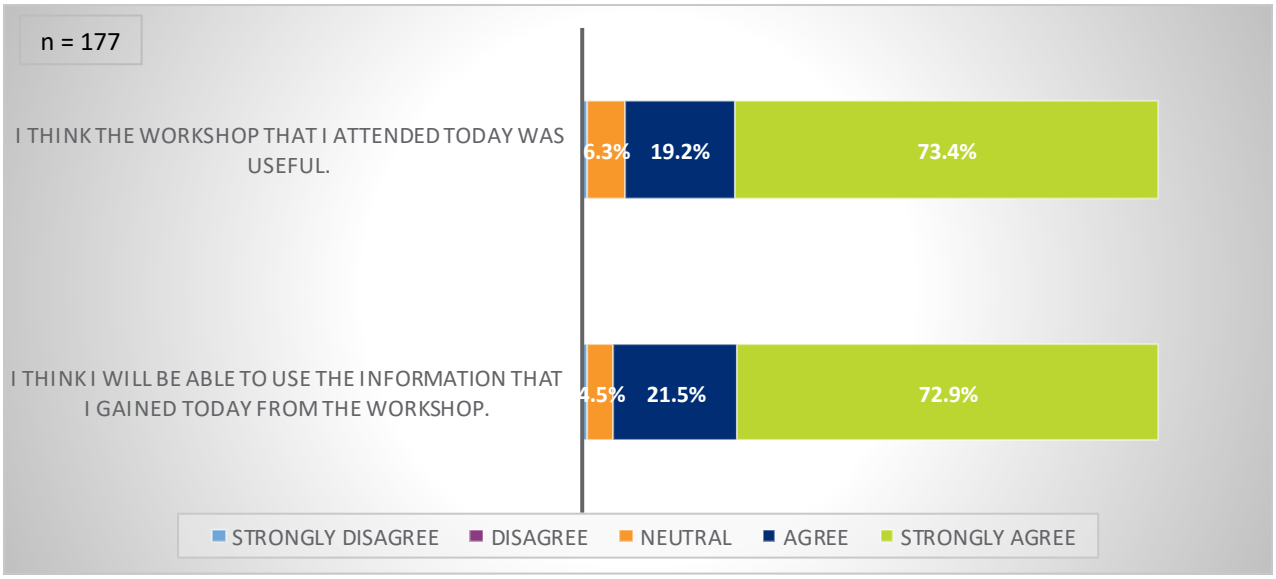
A total of 15 Internet Safety workshops were completed Countywide, with 178 consumers attending. Of these, a total of 177 post-satisfaction surveys were collected. Two topics were introduced for this workshop series, and the clinics' consumers could select which topic to attend including:

- **Online Safety and Privacy**
- **Anti-Phishing and Anti-Scamming**

Feedback of Internet Safety Workshops

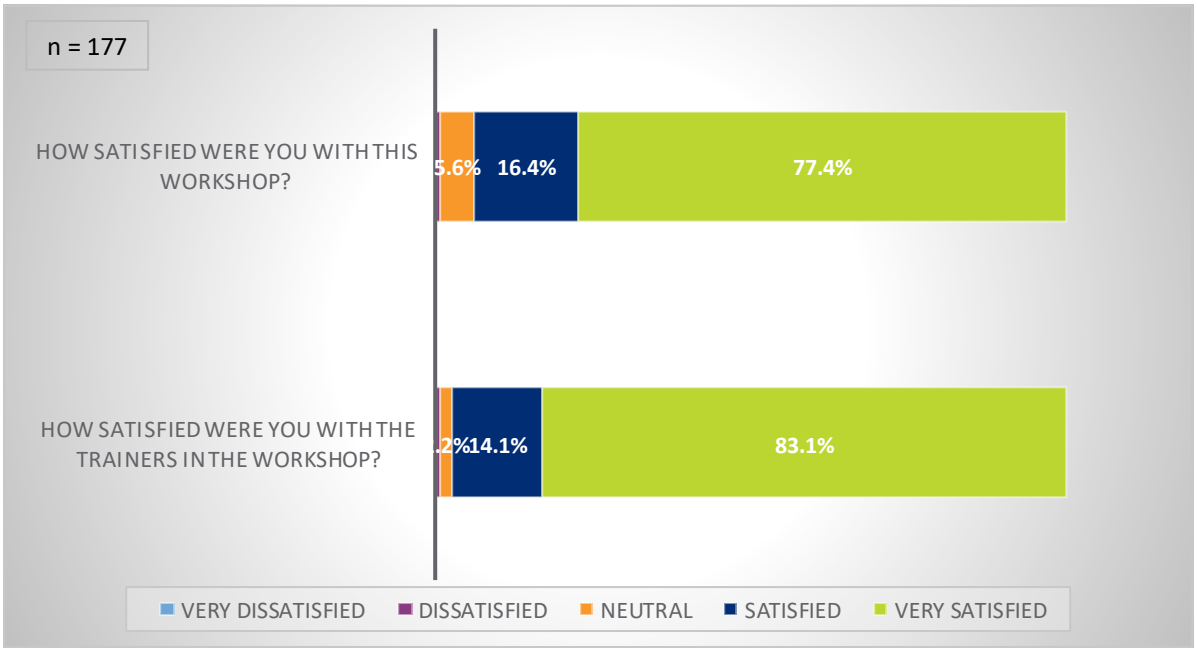
Consumers were asked their opinions about the usefulness of the workshops and whether they gained any useful information from the workshops, the results are summarized below:

Usefulness of Workshops and Information Gained from Workshops



- **92.6%** (n = 164) consumers "Agreed" or "Strongly Agreed" that *the non-app series workshops that they attended today was useful.*
- **92.4%** (n = 167) consumers "Agreed" or "Strongly Agreed" that *they would be able to use the information that they gained today from the non-app series workshops.*

Feedback on Appy Hour (Internet Safety) Workshops and Trainers



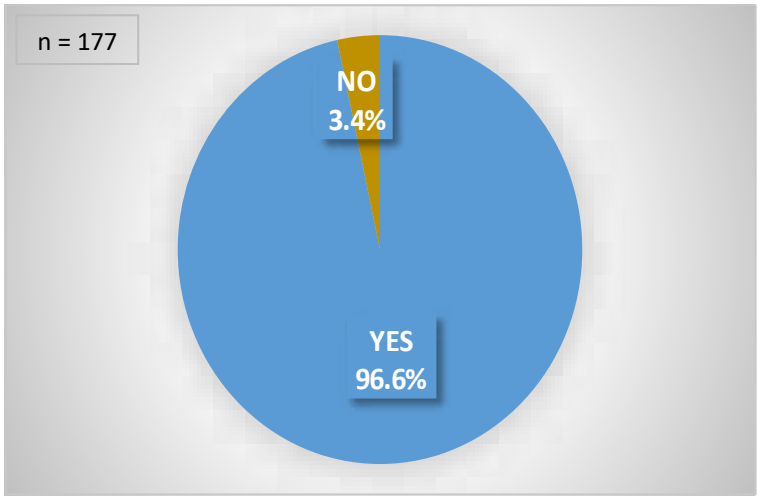
Overall, consumers' satisfaction with the Appy Hour Internet Safety Workshops and the workshop trainers can be summarized below:

- **93.8%** of the consumers felt "Satisfied" or "Very Satisfied" with the Appy Hour (Internet Safety series) workshops that they attended today.
- **97.2%** of the consumers felt "Satisfied" or "Very Satisfied" with the App Hour (Internet Safety series) workshops Trainers.

Internet Safety Workshops Recommendation

Consumers were also asked if they would recommend the Internet Safety workshops to other people, and **96.6%** (n = 171) responded "Yes", that they would recommend this type of workshops to other people.

Would you recommend attending a workshop similar to this to other people?



Consumers' Feedback on from Appy Hour Workshops (Internet Safety Series)

Consumers were given spaces on the post-satisfaction surveys to write their comments about things they "Liked" or "Learned", as well as things that they "Did Not Like" from the Appy Hour (Internet Safety series) workshops, and some of their comments are shown below and on the following page.

Things I liked/learned in the Appy Hour Workshop were:

"I liked the 2 ways of authentication."
"I learned a lot of things about today's technology."
"A sense of empowerment."
"I learned about my need to take care of my information."
"I learned about the types of scams."
"I liked all the information spoken/taught by peer support."
"Although I came in late, I learned a lot!"
"I learned to be cautious on the internet."
"Reminder to be aware of random websites, emails, texts, phone calls."
"Learned not to trust scammers and be careful with certain websites."
"Everything!!! How informative and how accurate everything was."
"I learned about fraud protection."
"I liked learning about the general awareness of scammers methods."
"How informative and well-presented the lesson was."
"How to check what apps are using in your phone or have access to."
"How to make my information more secure on my phone."
"How to manage privacy settings on my phone."
"How to protect myself and account from scammers."
"I enjoyed the subject matter overall."
"I learn how to use my phone better and erase some apps that I don't need and avoid to give personal information to anyone, avoid being scammed."
"I like how detailed the conversations were. A lot of information was given I definitely learned a lot."
"I liked the trainers' patience."
"I learned about what you let apps have permission to."
"I learned more information, terminology, slides for visual learners, clarity, where to report abuses. Great!"
"That I wasn't alone in my feeling on scams."
"The difference between anti phishing and anti scamming."
"The different types of fraud that happen on the internet."
"The experiences that other people shared."
"The warmness in the room. People shared and respected everyone's opinion."
"Today's class made the more aware of online scams, and how to best stop them."
"Useful ways to protect your information online."
"Very informative, learned that there are scammers everywhere."
"Very organized content, presenter was professional and gave us opportunity to share. The videos were good."
"Learned about word search, and the information/topic/tips to protect myself.
"Safety navigating the internet avoid certain negative coaches."
"That instructors, are very knowledgeable and they know how their workshop works. Thank you!"
"That a lot of apps are tracking my location and have access to my microphone, and I didn't notice it until today in this class."
"Everything was very understandable."
"It was very informative; I still think there is more to know and understand of being aware of internet fraud and fraud all around."

Consumers' Feedback on from Appy Hour Workshops (Internet Safety Series—*cont'd*)

Things I did not like from the Appy Hour Workshop were:

"It was a little boring (repetitive!)"
"Although I did a lot I did struggle to understand some things because I'm not tech savvy."
"I think everything was better informed. There was nothing I didn't like. More workshops to teach us more information about technology. Thank you!"
"It was kind of hot."
"It was really crowded."
"It wasn't anything about the section I didn't like, I liked the class."
"Need a break for bathroom in the middle of class."
"Nothing, I like everything I learned."
"Time was too short."
"Nothing, It was very well done."
"That it did not go in depth on how those settings are used maliciously."
"The language of computer that I don't know."
"The undoing of different apps."
"There wasn't anything concerning."
"Trainer needed to be a little more informative about this appy hour workshop."
"We had no example to view visually on a device. I would like to see a live demonstration of how to apply."
"I wish there was lunch."
"Class was not long enough."
"Didn't understand or answer questions."
"There were disruptive clients."
"Nothing, it was very useful."

LA CLAVE

La CLAve Collaboration

2023 Report

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La CLAve

La CLAve is a tool to learn the signs of a serious mental illness.

The mission is to inform and motivate the Latinx community to seek early treatment for serious mental illness.

The overall goal is to reduce the time it takes people with serious mental illness to obtain treatment. Knowing the symptoms will help people recognize them promptly and not dismiss them as ongoing life problems. This should help people get care for their loved ones as quickly as possible.

UseLaCLAve.com

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Collaboration Timeline

Kick Off Meeting, Hybrid Information Meeting & Community Outreach

February 14, 2023
Kick-Off Meeting

May 2023
May is Mental Health Month

May 25, 2023
Virtual & In-Person Event

June 2023
La CLAve Retractable Banners and Movie DVDs distributed in OP Clinics and Community Organizations.

Facilitator Trainings &

June 5, 2023
Facilitator Training # 1

July 10, 2023
Facilitator Training # 2

July 31, 2023
Facilitator Training # 3

August 28, 2023
Facilitator Training # 4

La CLAve Integration with TakemyHand

August 30, 2023
La CLAve integration in the TakemyHand™ iPhone Mobile app.

Billboards & Kiosk Adds

November 1, 2023
Billboards went Live countywide

November 14, 2023
Kiosks ads in the three county regions

Univision/NBC TV Campaign Google Ads

December 11, 2023
Google Adds went Live

December 20, 2023
First Univision/NBC Interview Segment went Live in Despierta Palm Springs News

December 25, 2023
First .30 second commercial went Live - UNIVISIÓN, NBC, UNIMAS, La Suavecita 94.7 & FUEGO 10.5.

LA CLAVE

Hybrid Information Meeting & Community Outreach

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Four La CLAve Facilitator Trainings Completed

Four la CLAve facilitator trainings were completed. Aside from RUHS Staff members, other members from community organizations such Vision y Compromiso, JFK Foundation Organization, Affordable Counseling Services, NAMI Temecula and Peace from Chaos complete facilitator trainings.

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La CLAve Integration with TakemyHand

Learning la CLAve is integrated with the TakemyHand.co and TomamiMano.co.

This allows the Riverside community to learn the signs of a serious mental illness in an interactive digital format. In addition, if further support is needed, there is access to a Peer Chat Operator via TakemyHand Live Peer Chat to provide connection to care and resources.

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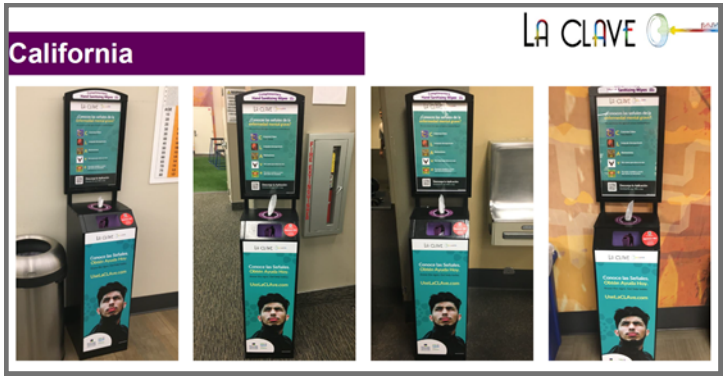
Billboards & Kiosk Adds

Print Billboards and Kiosk Ads were placed in the three County Geographic Regions



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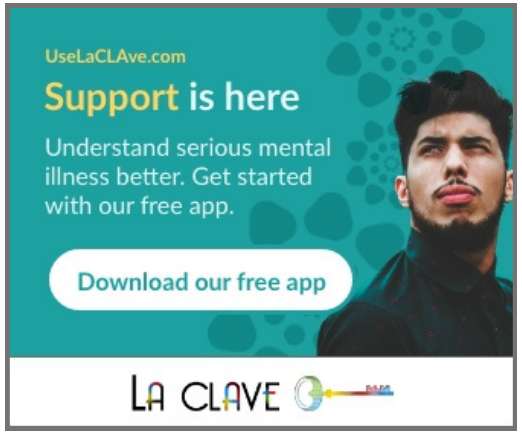
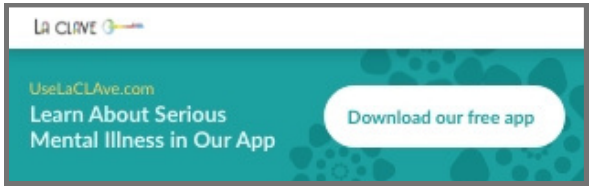
LA CLAVE

Paid Google Search Ads





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Univision/NBC TV Campaign

Dr. Steven Lopez and Maria Martha Moreno, were interviewed by Univision Despierta Palm Springs to talk about La CLAve integration in TomamiMano.co. The goal is to encourage the community to visit TomamiMano.co and learn about la CLAve so they can learn the signs of a serious mental illness and, if needed, seek early treatment.

Univision en Español and NBC Palm Springs reached out to collaborate with Dr. Steven Lopez and Help@Hand on promoting La CLAve in the Desert region as to educate and help reduce stigma in the desert community which has a large percentage of Spanish speaking residents.

Marisela Gil, Medi-Cal Certified Peer Support Specialist is taking part of a .30 second La CLAve commercial that is being featuring in UNIVISION, MYTV, UNIMAS, and on TikTok, YouTube, CTV/OTT, and Geo- Video Pre-Roll

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RIVERSIDE

LA CLAVE

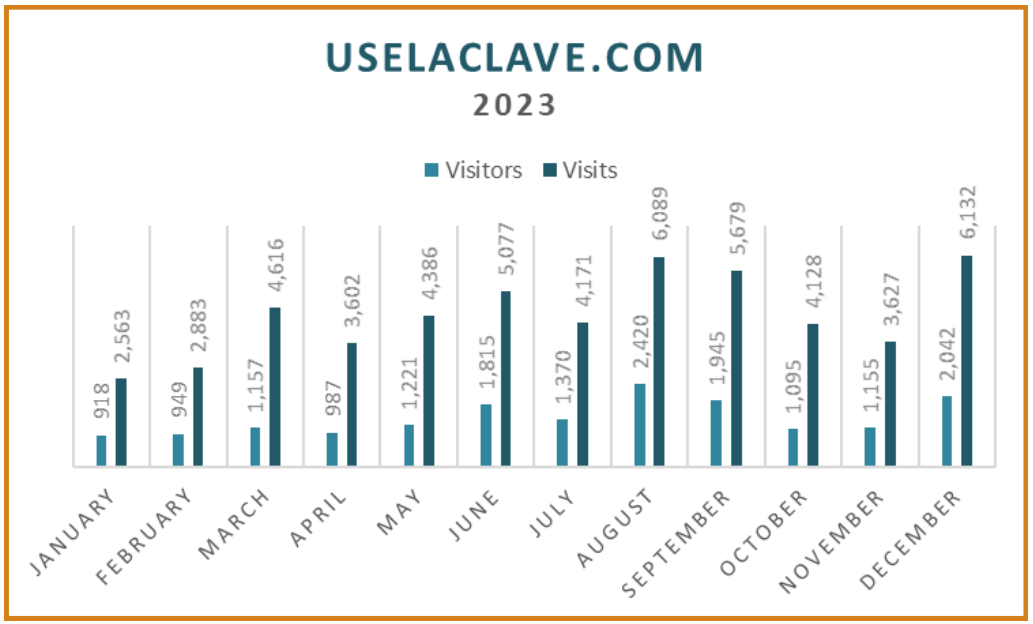
2023

Total Visitors 17,074

27%

Total Visits 52,953

30%



2022

Total Visitors 12,550
Total Visits 37,643

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Nov/Dec 2023

Total Visitors 645

***Billboards and Marketing Campaign started in November 2023 to invite community to Learn La CLAve within TakemyHand.co™

Total Visits 1,519

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LA CLAVE

Thank You

For Your Attention

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MAN THERAPY

2023 Impact Report

Help@Hand, Riverside University Health System
Riverside County, California

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CalMHSA
California Mental Health Services Authority

Help@Hand California
Riverside University Health System-Behavioral Health
California Mental Health Services Authority

Man Therapy Goals

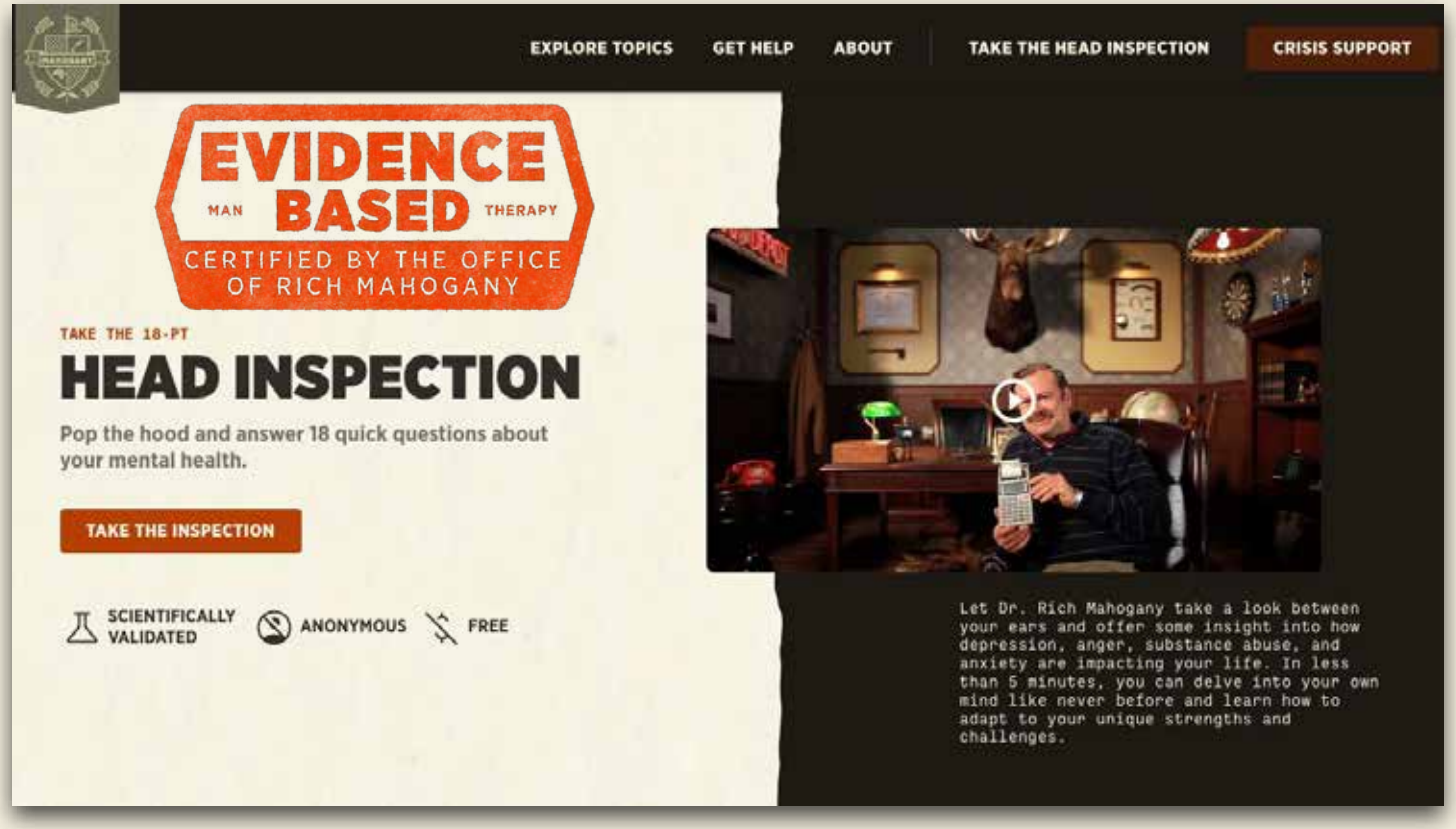
Shrink Stigma

Increase Help-seeking Behavior

Reduce depression and suicidal ideation

Man Therapy is an evidence-based tool

Published results from a **4 year CDC-funded research study in the state of Michigan** by the University of Maryland-Baltimore found that after completing Man Therapy's mental health screening and experience:



Links to published research studies are available here: https://mantherapy.org/about

Men improved on measures of **depression** and **suicidal ideation**

Man Therapy improves rates of engaging in **formal help seeking**

Reduced overall days of poor mental health.
Improved perceived problem solving and treatment motivation.

Man Therapy Impact Model

Man Therapy Campaign

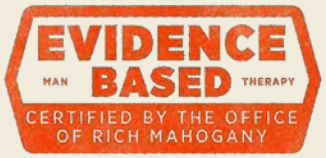
Drive community awareness, action and outreach with branded marketing assets

Man Therapy Website Experience + Head Inspection

Users take a mental health screening, access psychoeducational tools, connect with national and local resources, and navigate to care

Website Impact Data Measurement

Confidential, aggregate user engagement data at the state and community level



2023 Riverside County, CA Communications & Impact Plan

Riverside County Media Strategy, Tactics, and Timing

All tactics targeted to Riverside County ONLY focusing primarily on working age men.

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RIVERSIDE

Awareness

Stigma busting impressions, priming action

Radio:
Launched: February 20

Signage & Billboards:
Installed: March 9
Upgraded: October 1

Sunline Bus Ads:
Installed: April 10

Partner Network:
Printed Collateral + Swag

Consideration

Priming action, generate an action response

Paid Social

Launched: March 3

Key metrics: targeted impression

Conversion

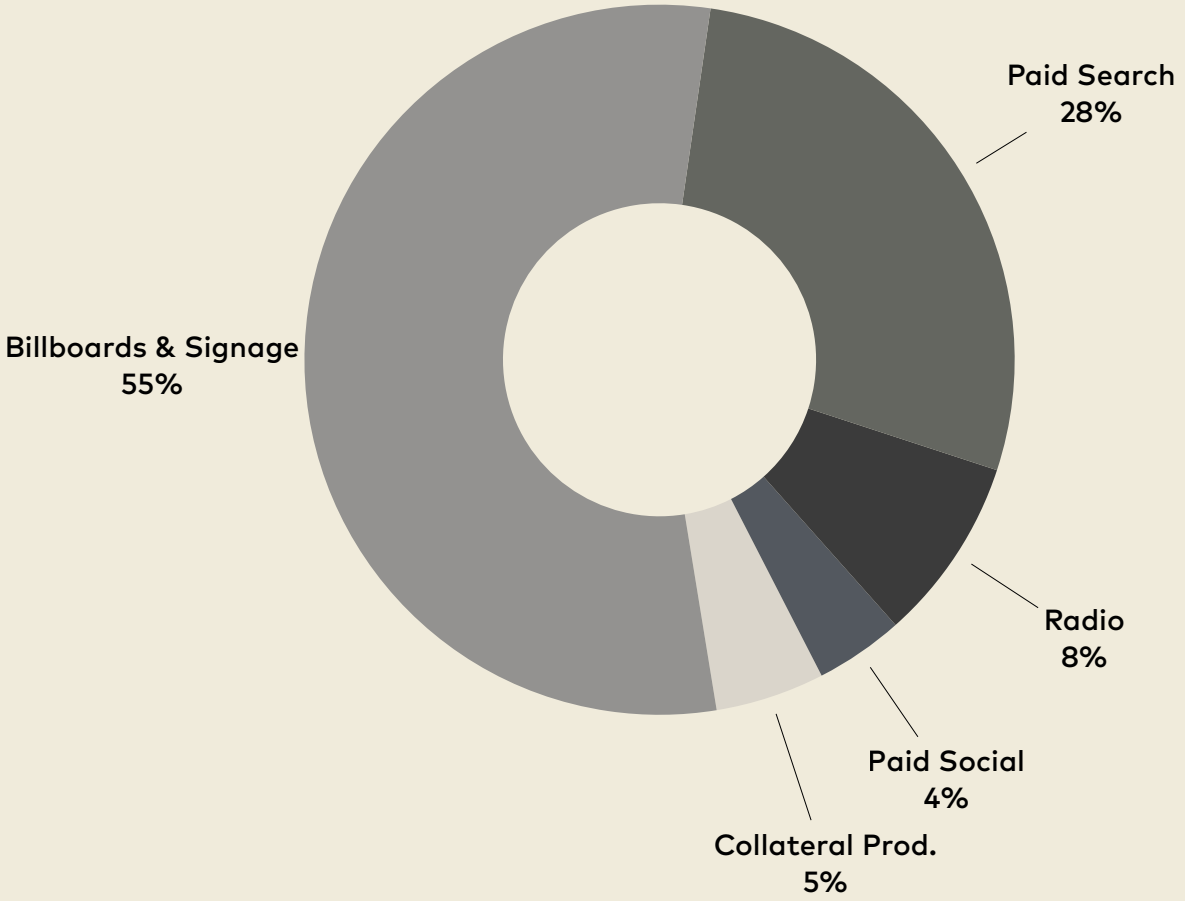
Get men to complete mental health assessments

Google Adwords

Launched: January 9th
Upgraded: October 1

Key metrics: clicks, website engagement, Head Inspection Completion

Media Allocation



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RIVERSIDE

Messaging & Creative Highlights


GET SOME
WORK GLOVES
FOR YOUR FEELINGS.
MAN THERAPY
Riverside
University
HEALTH SYSTEM
Behavioral Health
help@hand
RIVERSIDE
mantherapy.org
Therapy. The way a man does it.
LAMAR


A mustache is not a place to hide your emotions.
Riverside University HEALTH SYSTEM Behavioral Health
mantherapy.org
LAMAR


GIVE YOURSELF PERMISSION TO
SPEAK FREELY.
Riverside University HEALTH SYSTEM Behavioral Health
mantherapy.org
Therapy. The way a man does it.
LAMAR


You can't fix your mental health with duct tape.
Riverside University HEALTH SYSTEM Behavioral Health
mantherapy.org
LAMAR


Un bigote no es un lugar para ocultar tus emociones.
Riverside University HEALTH SYSTEM Behavioral Health
mantherapy.org
LAMAR

Sunline Bus Board

Radio Spots + Digital Display

Relaxation Tapes:

Sadness, depression…believe it or not, men feel these things, too. That's why there's mantherapy.org—a place where men can deal with life's issues using tools like manly relaxation tapes. I recommend Great American Football Tackles. [SFX of hard-hitting tackles.] V8 Engines. [SFX of muscle car engines revving.] And my personal favorite, Bowling Strikes. [SFX of a bowling strike.]

Mantherapy.org. Therapy, the way a man does it.

Brought to you by our friends at Riverside University Health System Behavioral Health, Help@Hand Program

Aro-MAN-therapy

Sometimes men feel angry, or overwhelmed. So at mantherapy.org, men can deal with life's issues using tools like AroMANtherapy. Dim the lights, make yourself comfortable, and heat up some essential oils—like the ones that emanate from a skillet of sizzling bacon. [SFX of sizzling bacon.] Now, take a deep breath.

[Dr. Mahogany audibly inhales, then let's out a long, relaxing breath.]

Mantherapy.org. Therapy, the way a man does it.

Brought to you by our friends at Riverside University Health System Behavioral Health, Help@Hand Program

Collateral + Swag

Business Cards

Posters

T-shirts + Stickers

Koozies

Paid Social


Man Therapy
Sponsored
Even the manliest men struggle with life's issues. Take the 20-point head inspection to get your brain box running tip-top. Brought to you by our friends at RUHS-BH Help@Hand.
MEDITATION
Whether pausing to listen as your bacon sizzles before breakfast, or studying the holes in your skivvies while on the john, taking a minute to meditate can help you reduce stress, control your thoughts, and bring peace to your mind.
Worst case, it's an excuse for a quick power nap.
mantherapy.org
Take the Head Inspection
Man Therapy is a place w...
Learn more
Like
Comment
Share

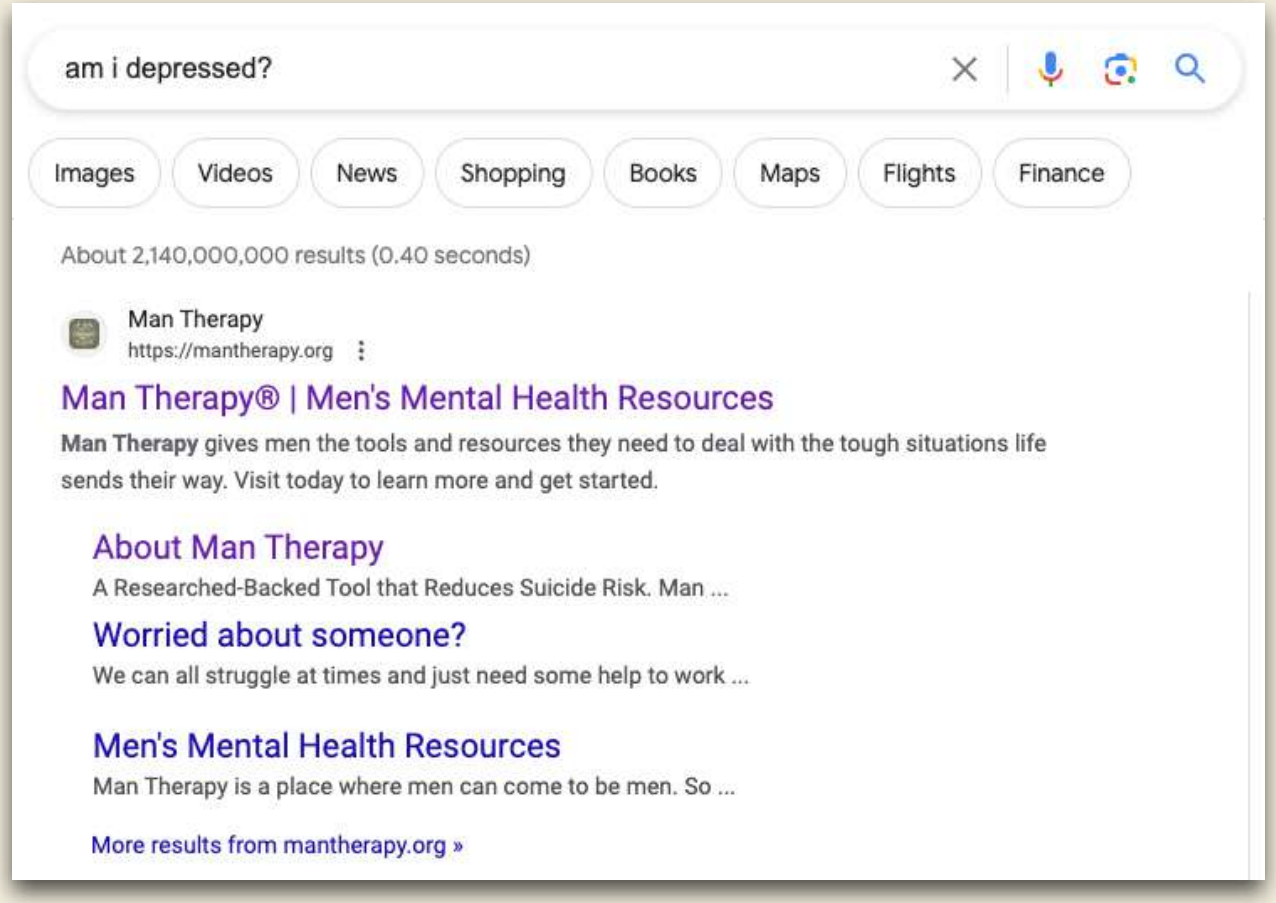

Man Therapy
Sponsored
Even the manliest men struggle with life's issues. Take the 20-point head inspection to get your brain box running tip-top. Brought to you by our friends at RUHS-BH Help@Hand.
SOMETIMES YOU'VE GOT TO CLEAN YOUR
MENTAL GUTTERS
mantherapy.org
Take the Head Inspection
Man Therapy is a place w...
Learn more
Like
Comment
Share


Man Therapy
Sponsored
Even the manliest men struggle with life's issues. Take the 20-point head inspection to get your brain box running tip-top. ...See more
SOMETIMES
LIFE GETS TOUGHER
THAN OLD BEEF JERKY
mantherapy.org
Take the Head Inspection
Man Therapy is a place w...
Learn more
Like
Comment
Share


Man Therapy
Sponsored
Keep your mind top of mind. Take the 20-point head inspection and make sure you're not about to drop the ball. Brought to you by our friends at RUHS-BH Help@Hand.
IF THE DOGHOUSE
IS NOW YOUR REGULAR HOUSE.
MAN THERAPY
mantherapy.org
Take the Head Inspection
Man Therapy is a place w...
Learn more
Like
Comment
Share


Man Therapy
Sponsored
Keep your mind top of mind. Take the 20-point head inspection and make sure you're not about to drop the ball. Brought to you by our friends at RUHS-BH Help@Hand.
MAN THERAPY
WHEN YOUR GRILL'S FULL
AND YOU'RE LOW ON PROPANE.
mantherapy.org
Take the Head Inspection
Man Therapy is a place w...
Learn more
Like
Comment
Share

Paid Search


am i depressed?
Images
Videos
News
Shopping
Books
Maps
Flights
Finance
About 2,140,000,000 results (0.40 seconds)
Man Therapy
https://mantherapy.org
Man Therapy® | Men's Mental Health Resources
Man Therapy gives men the tools and resources they need to deal with the tough situations life sends their way. Visit today to learn more and get started.
About Man Therapy
A Researched-Backed Tool that Reduces Suicide Risk. Man ...
Worried about someone?
We can all struggle at times and just need some help to work ...
Men's Mental Health Resources
Man Therapy is a place where men can come to be men. So ...
More results from mantherapy.org »

2023 Impact Performance

January - December

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RIVERSIDE

RIVERSIDE COUNTY, CALIFORNIA

Key Performance metrics: 2022 v. 2023

Riverside County / Paid Social Campaign Results

Working age men within Riverside County who saw or engaged with Man Therapy on Facebook or Instagram
January - December 2023

2,085,005
Impressions

11,926
User Clicks

8,610
Total Users

179
Completed Head Inspections

Impressions are the key performance metric for this tactic to drive awareness among working aged men in Riverside County

Riverside County / Paid Search Keyword Campaign Results

Users within Riverside County who searched on Google for mental health keywords and clicked on Man Therapy
January - December 2023

324k
Impressions

45,057
User Clicks

13.88%
Click Thru Rate

4x
the national healthcare benchmark

National Average Click Thru Rate Benchmark: **3.17%**

National Healthcare Average Click Thru Rate Benchmark: **3.27%**

33,165
Total Users

14,655
Completed Head Inspections

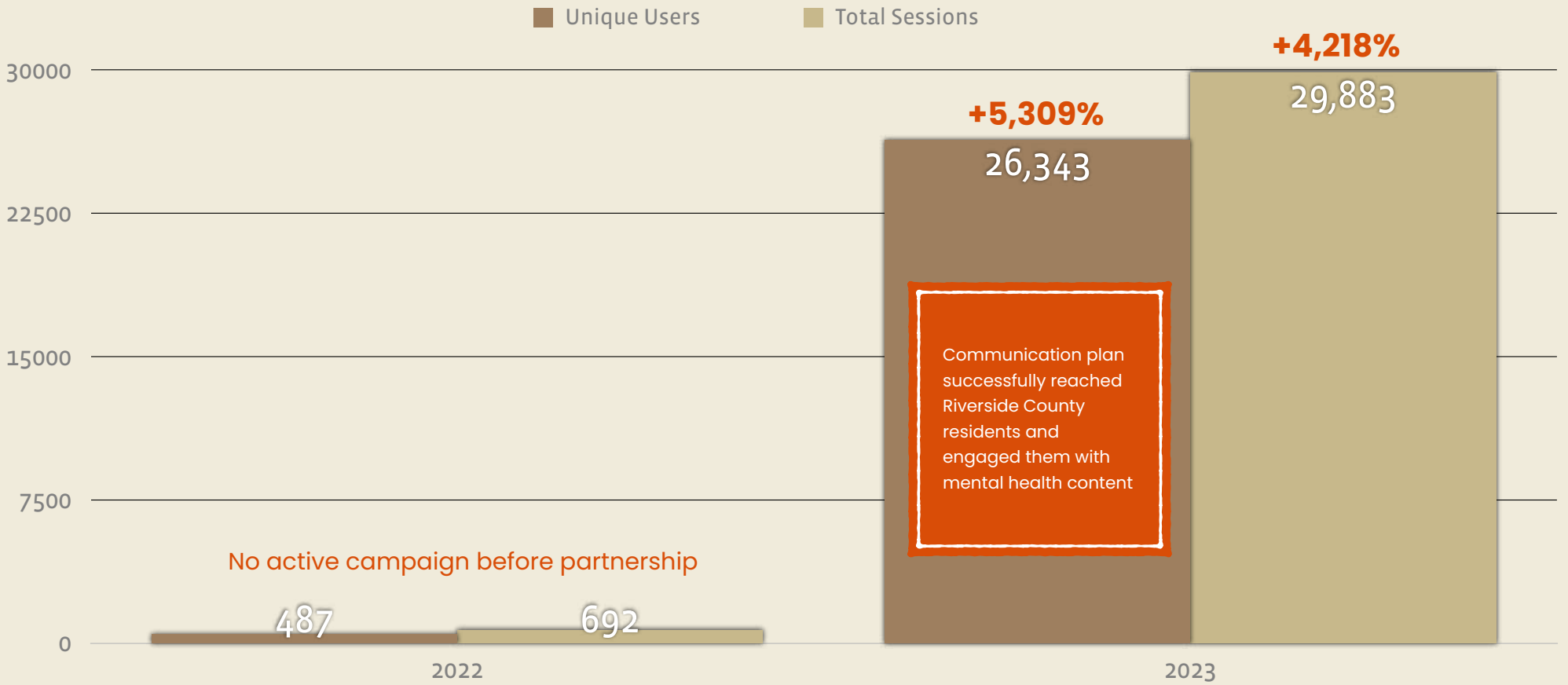
$1.54
Cost per Click

41%
Lower than the national benchmark

The average cost-per-click for the health and medical industry is in the mid-range at **$2.62** per click

Riverside County ManTherapy.org Users & Sessions

of Riverside County users that visited ManTherapy.org and their number of sessions



Google Analytics geographically modeled data: represents a significant sample of users in Riverside County but **not fully representative** due to data privacy, user settings, and IP accuracy

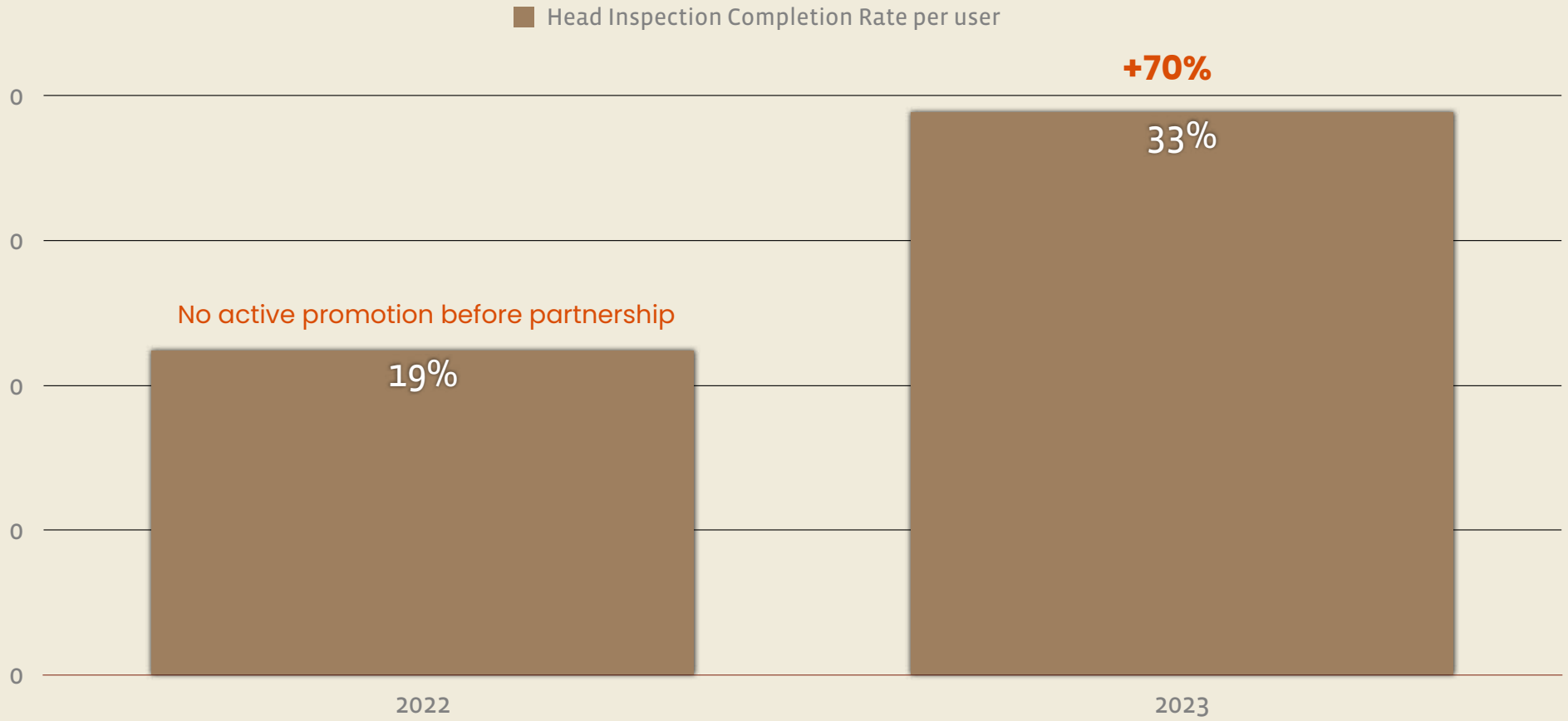
Riverside County Head Inspections Completed

of Riverside County users that visited ManTherapy.org and completed the mental health assessment

Google Analytics geographically modeled data: represents a significant sample of users in Riverside County but **not fully representative** due to data privacy, user settings, and IP accuracy

Riverside County Head Inspections Conversion Rate

Percentage of users visiting ManTherapy.org that complete the mental health assessment



Google Analytics geographically modeled data: represents a significant sample of users in Riverside County but **not fully representative** due to data privacy, user settings, and IP accuracy

STATE OF CALIFORNIA

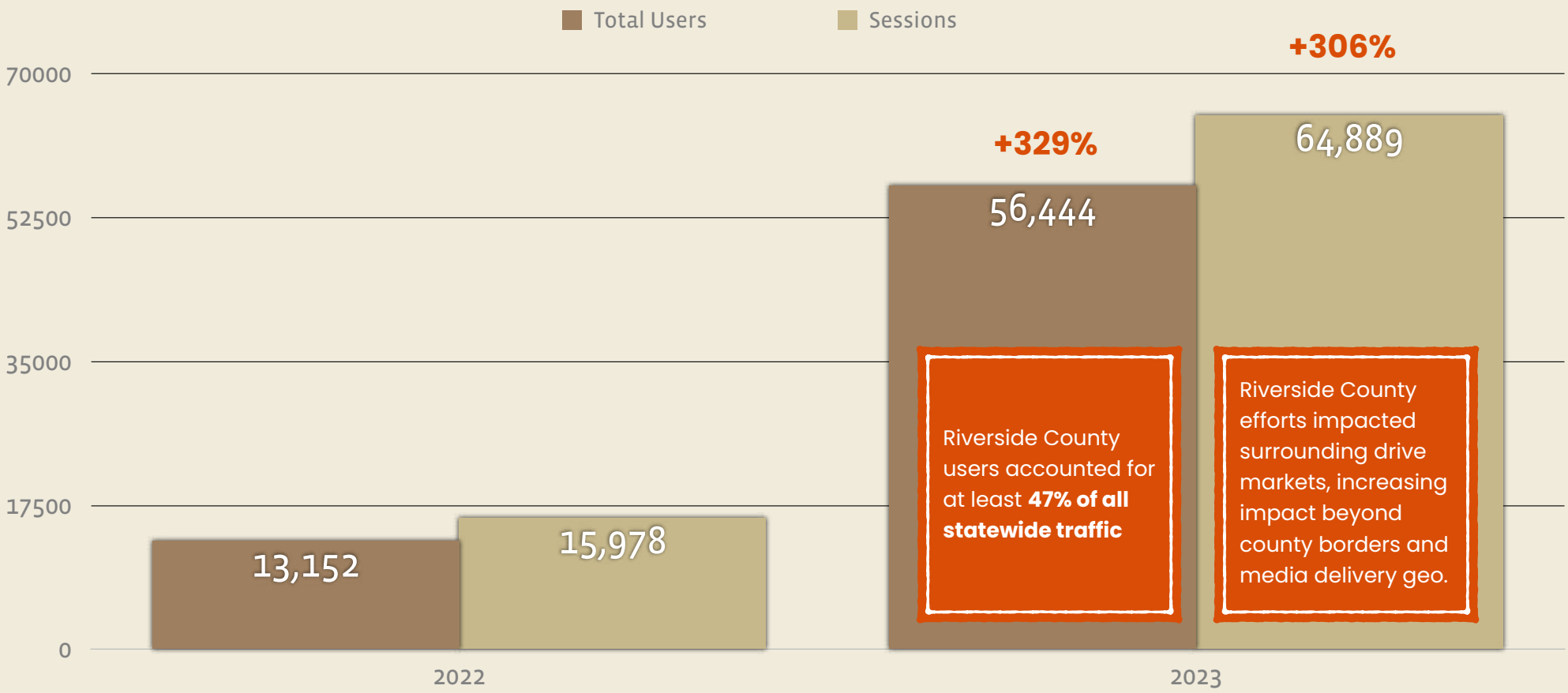
Impact beyond Riverside County

Communications plan and media **delivered in Riverside County ONLY**

Key Performance metrics: 2022 v. 2023

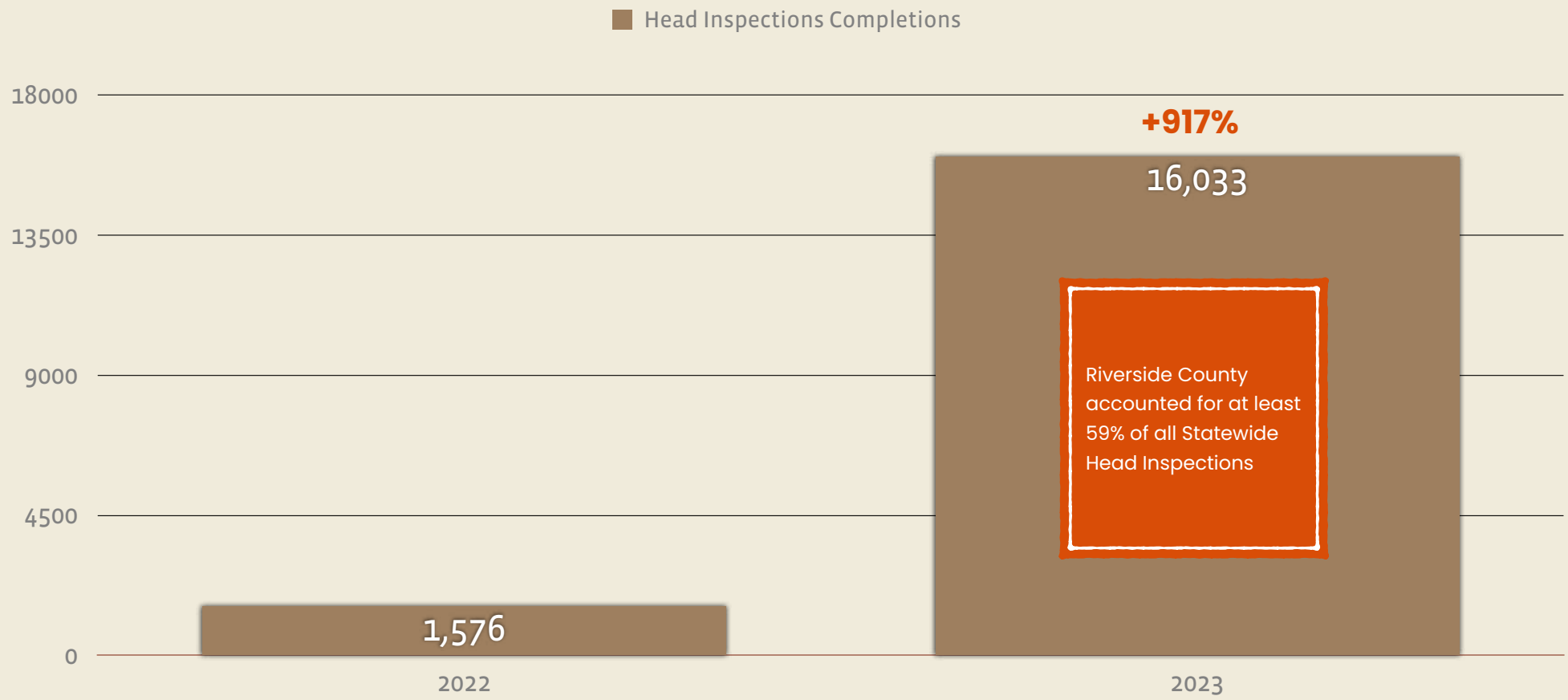
Total California ManTherapy.org Users & Sessions

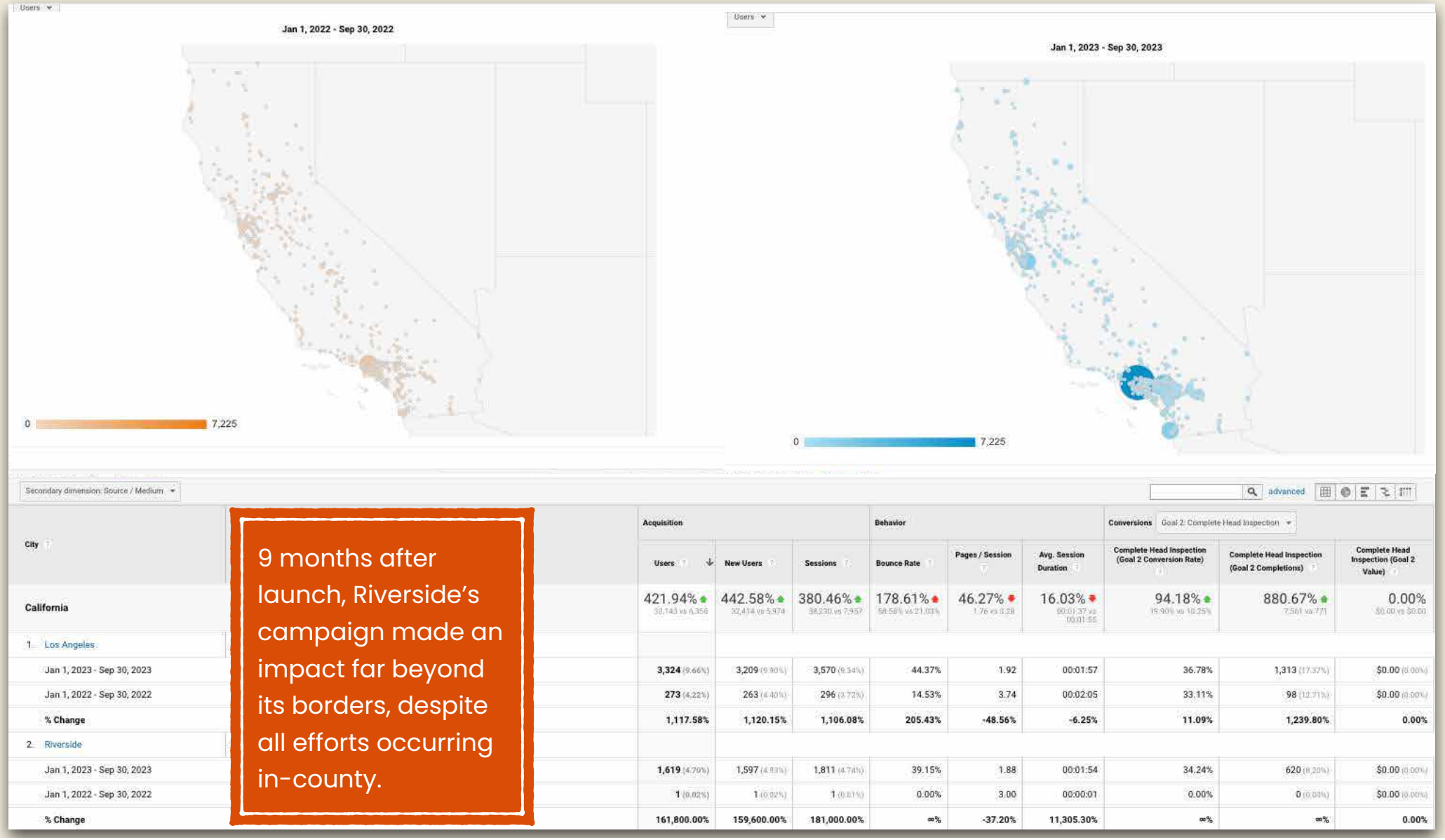
of California users that visited ManTherapy.org and their number of sessions



Total California Head Inspections Completed

of California users that visited ManTherapy.org and completed the mental health assessment





Secondary dimension: Source / Medium

advanced

City	Acquisition			Behavior			Conversions Goal 2: Complete Head Inspection		
	Users	New Users	Sessions	Bounce Rate	Pages / Session	Avg. Session Duration	Complete Head Inspection (Goal 2 Conversion Rate)	Complete Head Inspection (Goal 2 Completions)	Complete Head Inspection (Goal 2 Value)
California	421.94% (32,143 vs 6,356)	442.58% (32,414 vs 5,974)	380.46% (38,230 vs 7,957)	178.61% (58.58% vs 21.00%)	46.27% (1.76 vs 3.28)	16.03% (00:01:37 vs 00:01:55)	94.18% (19.90% vs 10.25%)	880.67% (7,561 vs 771)	0.00% ($0.00 vs $0.00)
1. Los Angeles									
Jan 1, 2023 - Sep 30, 2023	**3,324** (9.66%)	3,209 (9.90%)	3,570 (9.34%)	44.37%	1.92	00:01:57	36.78%	1,313 (17.37%)	$0.00 (0.00%)
Jan 1, 2022 - Sep 30, 2022	**273** (4.22%)	263 (4.40%)	296 (3.72%)	14.53%	3.74	00:02:05	33.11%	98 (12.71%)	$0.00 (0.00%)
% Change	**1,117.58%**	**1,120.15%**	**1,106.08%**	**205.43%**	**-48.56%**	**-6.25%**	**11.09%**	**1,239.80%**	**0.00%**
2. Riverside									
Jan 1, 2023 - Sep 30, 2023	**1,619** (4.70%)	1,597 (4.93%)	1,811 (4.74%)	39.15%	1.88	00:01:54	34.24%	620 (8.20%)	$0.00 (0.00%)
Jan 1, 2022 - Sep 30, 2022	**1** (0.02%)	1 (0.02%)	1 (0.01%)	0.00%	3.00	00:00:01	0.00%	0 (0.00%)	$0.00 (0.00%)
% Change	**161,800.00%**	**159,600.00%**	**181,000.00%**	**∞%**	**-37.20%**	**11,305.30%**	**∞%**	**∞%**	**0.00%**

9 months after launch, Riverside's campaign made an impact far beyond its borders, despite all efforts occurring in-county.

Mental Health Resource Views & Crisis Actions

California analytics data: January 1, 2023 - September 30, 2023

127

Red Phone Crisis Clicks

747%
year-over-year increase

31% of statewide Crisis clicks were Riverside County Users

2,249

Unique Gentlemental Health Resources Viewed

21%
year-over-year increase

2,948

Unique Mental Health Resources Viewed

22%
year-over-year increase

1,672

Unique Testimonial Videos Viewed

-24%
year-over-year decrease

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RIVERSIDE

2023 Riverside County Key Highlights

Help@Hand California / Riverside University Health System

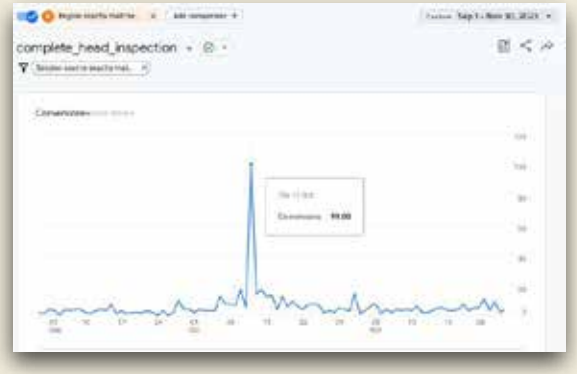
5x'ed State Head Inspections in Riverside County alone

2022 California HI	**1,576**
2023 Riverside HI	**9,534**
2023 California HI	**16,033**

January 2023 - December 2023

Event + Swag + QR code

99 Head Inspections Completed at one in-person event.



Powerful Testimony

First-hand, life altering Man Therapy experience was shared directly with an in-person team.

Thank you!

Thomas@gritdigitalhealth.com

Appendix

Paid Media Performance
Website Metrics

ManTherapy.org Riverside County Website Metrics

California analytics data: *January 1, 2023 - **September 30, 2023***

Riverside County

***County level dashboard metrics only available through September 30th: Google sunsetted Universal Analytics requiring a shift to their replacement platform, Google Analytics 4 which our geographic segmentation is currently incompatible with. The above represents a core sample of county-level data as available from Google through September 30th, 2023.*

ManTherapy.org Riverside County Website Metrics

California analytics data: *January 1, 2023 - **September 30, 2023***

Western Region

***County level dashboard metrics only available through September 30th: Google sunsetted Universal Analytics requiring a shift to their replacement platform, Google Analytics 4 which our geographic segmentation is currently incompatible with. The above represents a core sample of county-level data as available from Google through September 30th, 2023.*

ManTherapy.org Riverside County Website Metrics

California analytics data: *January 1, 2023 - **September 30, 2023***

Mid-County Region

***County level dashboard metrics only available through September 30th: Google sunsetted Universal Analytics requiring a shift to their replacement platform, Google Analytics 4 which our geographic segmentation is currently incompatible with. The above represents a core sample of county-level data as available from Google through September 30th, 2023.*

ManTherapy.org Riverside County Website Metrics

Riverside County analytics data: *January 1, 2023 - **September 30, 2023***

Desert Region

***County level dashboard metrics only available through September 30th: Google sunsetted Universal Analytics requiring a shift to their replacement platform, Google Analytics 4 which our geographic segmentation is currently incompatible with. The above represents a core sample of county-level data as available from Google through September 30th, 2023.*

ManTherapy.org California Website Metrics

California analytics data: January 1, 2023 - **September 30, 2023**

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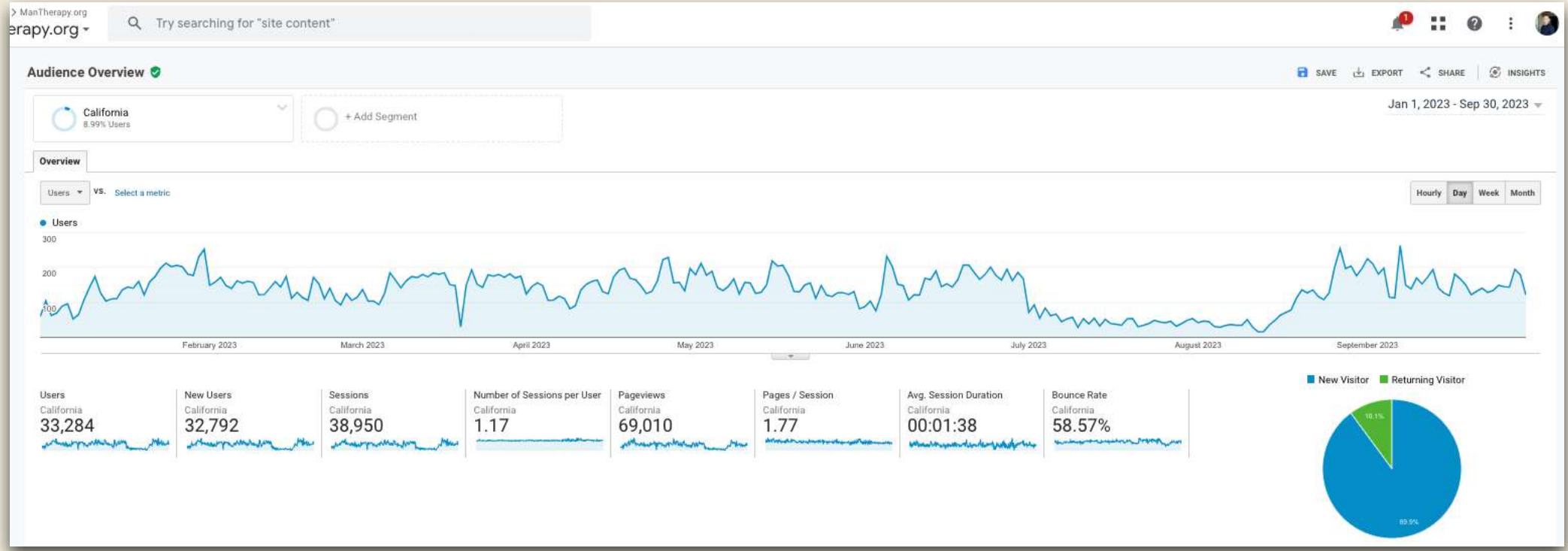
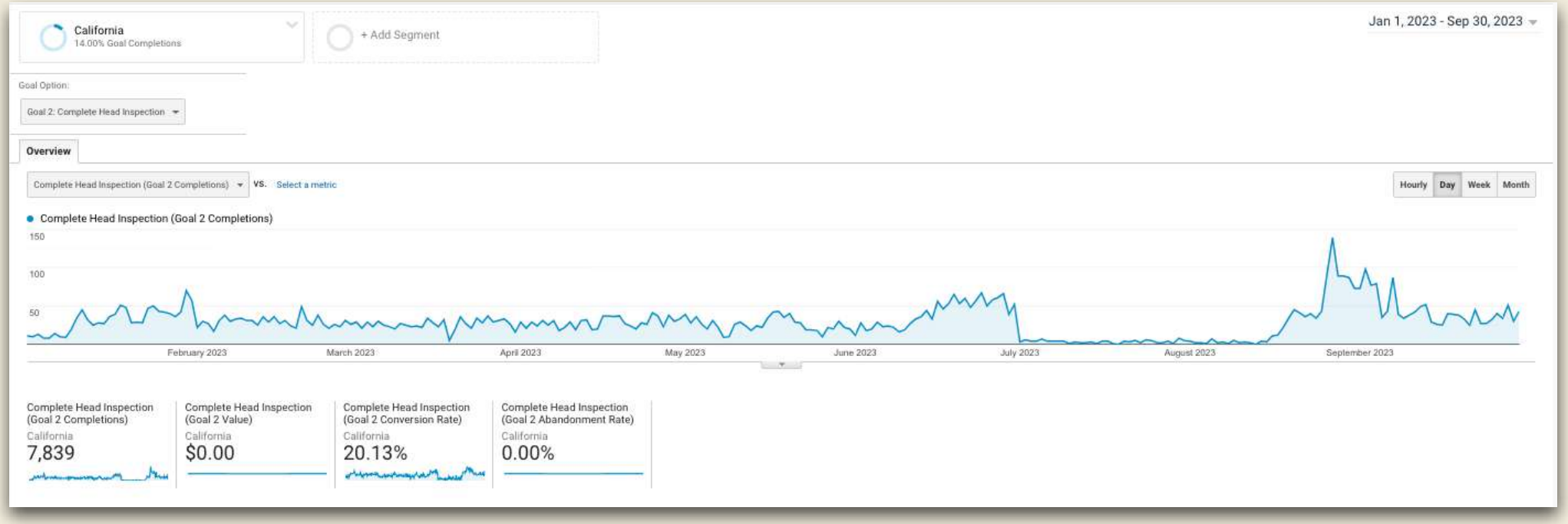
RIVERSIDE



ManTherapy.org California Website Metrics

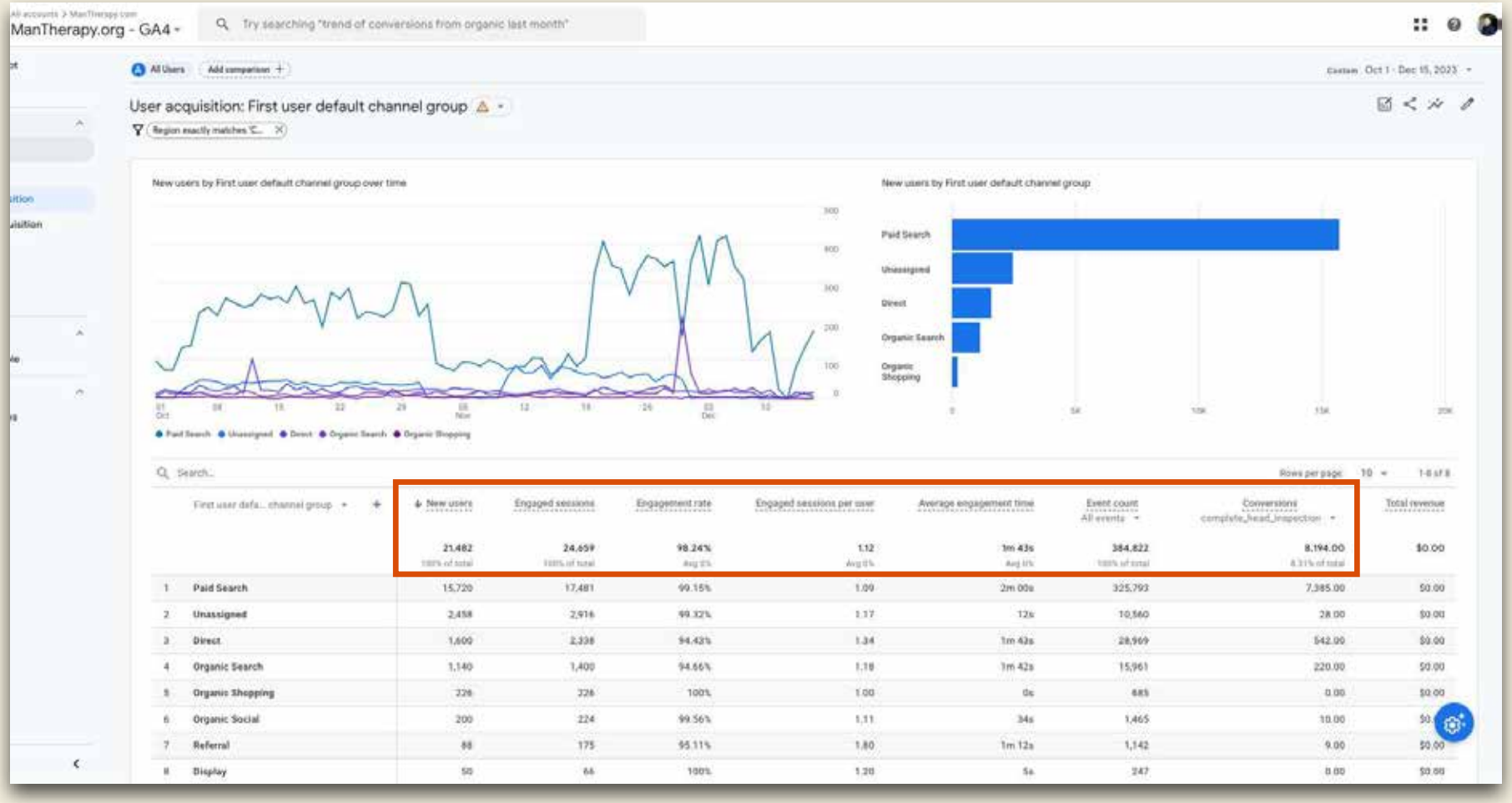
Head Inspections Completed

California analytics data: January 1, 2023 - **September 30, 2023**



ManTherapy.org California Website Metrics

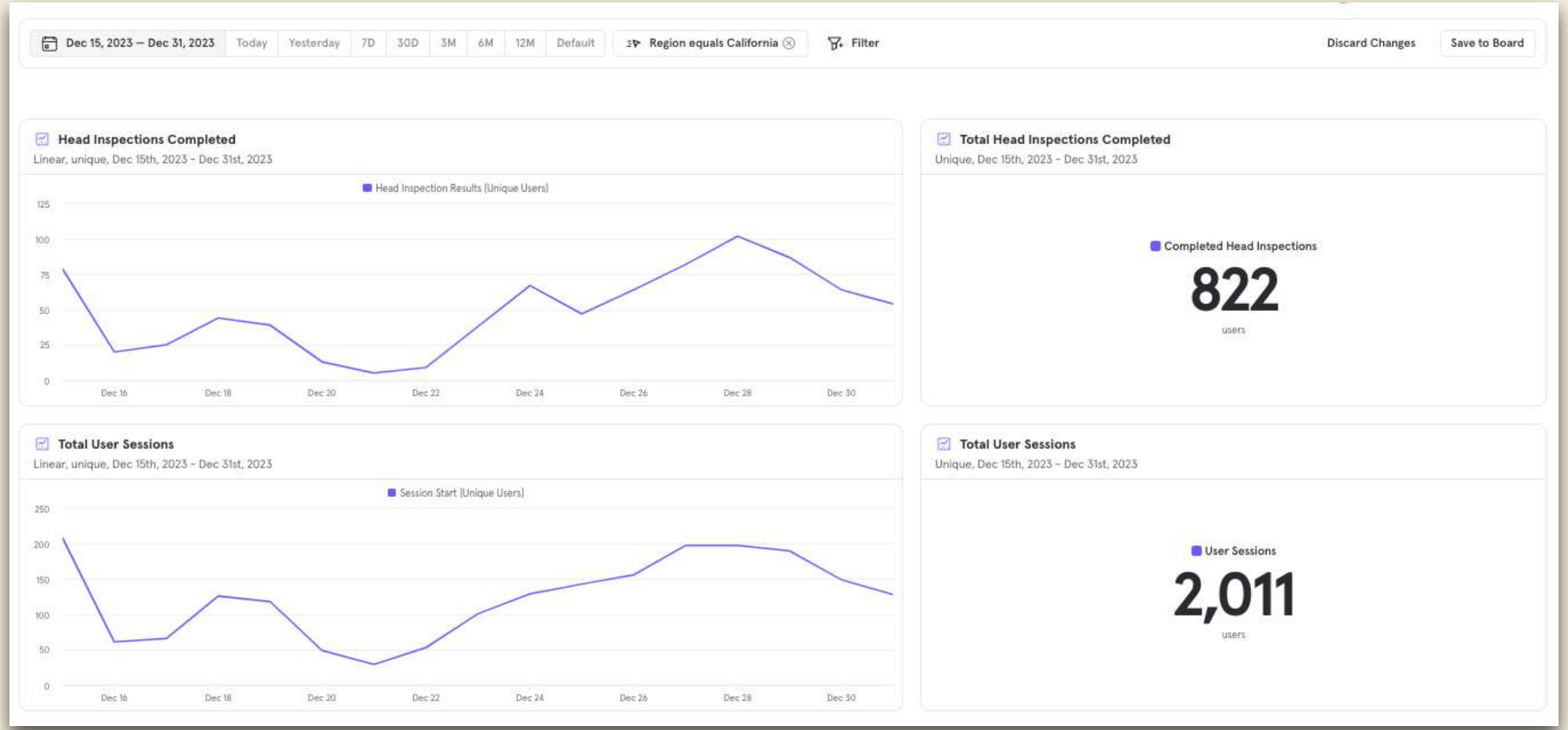
California Google Analytics 4 data: October 1, 2023 - December 15, 2023



	First user default channel group	New users	Engaged sessions	Engagement rate	Engaged sessions per user	Average engagement time	Event count All events	Conversions complete_head_inspection	Total revenue
		21,482	24,659	98.24%	1.12	1m 43s	384,822	8,194.00	$0.00
1	Paid Search	15,720	17,481	99.15%	1.09	2m 00s	325,793	7,385.00	$0.00
2	Unassigned	2,458	2,916	99.32%	1.17	12s	10,560	28.00	$0.00
3	Direct	1,600	2,338	94.43%	1.34	1m 42s	28,969	542.00	$0.00
4	Organic Search	1,140	1,400	94.66%	1.18	1m 42s	15,961	220.00	$0.00
5	Organic Shopping	226	226	100%	1.00	0s	685	0.00	$0.00
6	Organic Social	200	224	99.56%	1.11	34s	1,465	10.00	$0.00
7	Referral	88	175	95.11%	1.80	1m 12s	1,142	9.00	$0.00
8	Display	50	66	100%	1.20	5s	247	0.00	$0.00

ManTherapy.org California Website Metrics

California Mixpanel analytics data: December 15, 2023 - December 30, 2023



Paid Search / Google Adwords Performance

California analytics data: January 1, 2023 - December 30, 2023

	Impressions	Clicks	Cost Per Click	Click thru Rate	Users	Head Inspections Completed
January 2023	27,707	2,807	$1.66	10.13%	2,043	674
February 2023	26,123	2,708	$1.66	10.37%	1,924	658
March 2023	26,527	2,665	$1.35	10.05%	1,808	591
April 2023	30,265	2,793	$1.43	9.23%	1,958	666
May 2023	27,065	2,535	$1.54	9.37%	1,872	597
June 2023	23,527	2,700	$1.32	11.48%	2,379	1,077
July 2023	0	0	$0.00	0.00%	0	0
August 2023	14,672	2,247	$1.08	15.31%	1,766	860
September 2023	22,056	3,046	$0.78	13.81%	2,414	1,239
October 2023	47,729	9,424	$1.39	19.74%	6,888	3,434
November 2023	41,989	7,568	$1.83	18.02%	5,424	2,579
December 2023	36,934	6,564	$2.14	17.77%	4,689	2,280
TOTAL	**324,594**	**45,057**	**$1.54**	**13.88%**	**33,165**	**14,655**

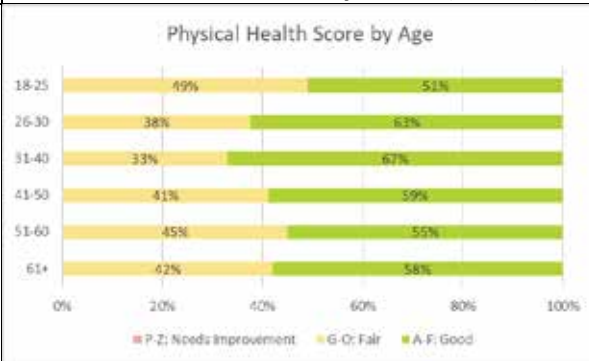
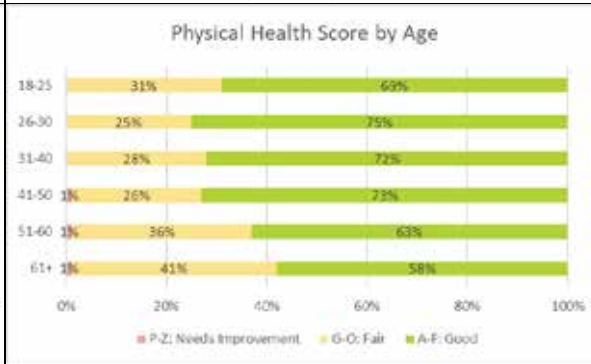
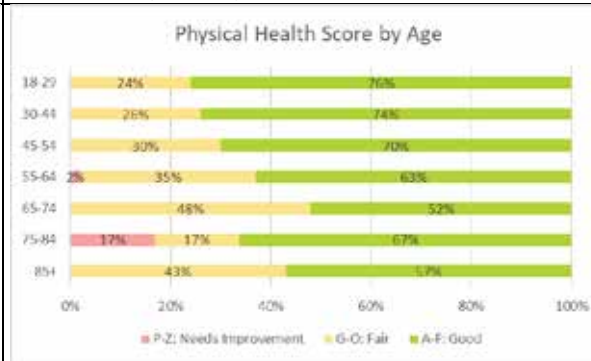
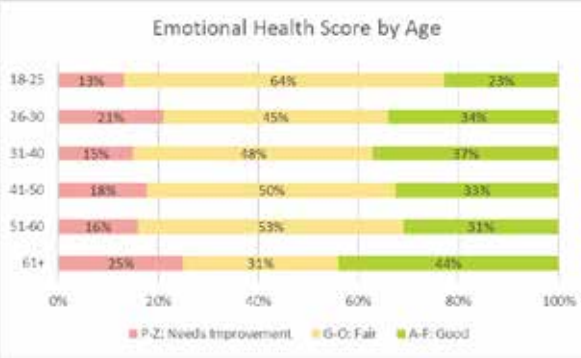
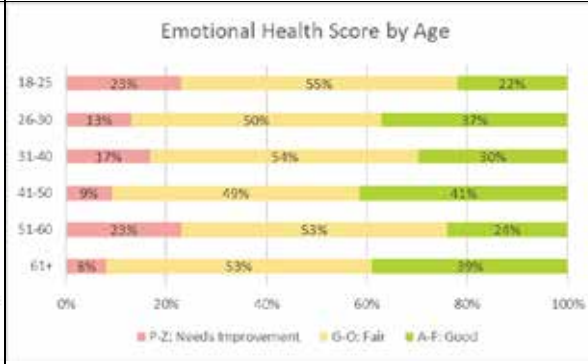
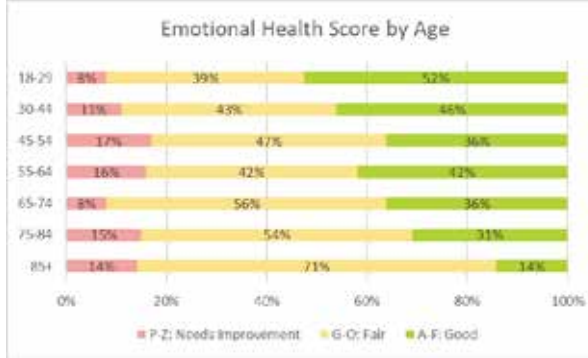
Thank you!

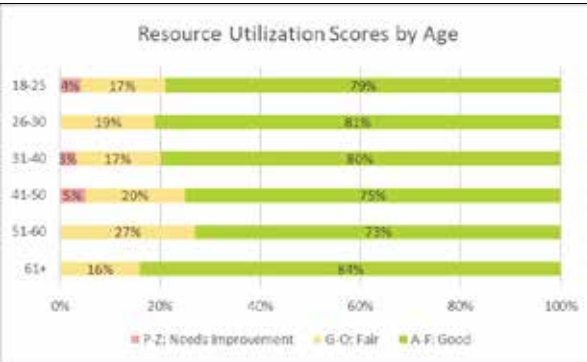
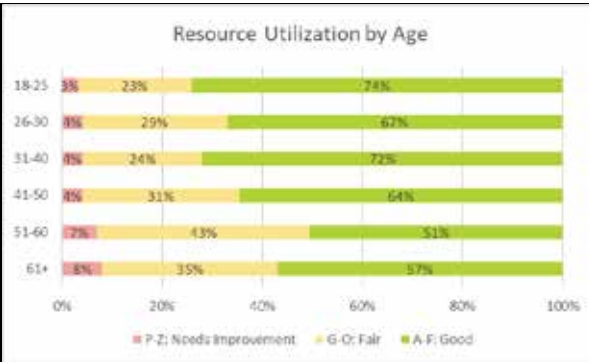
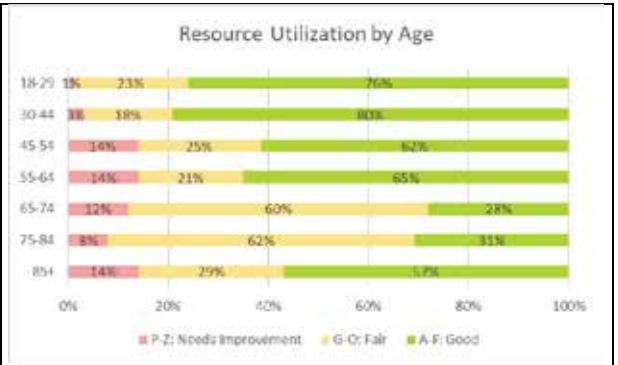
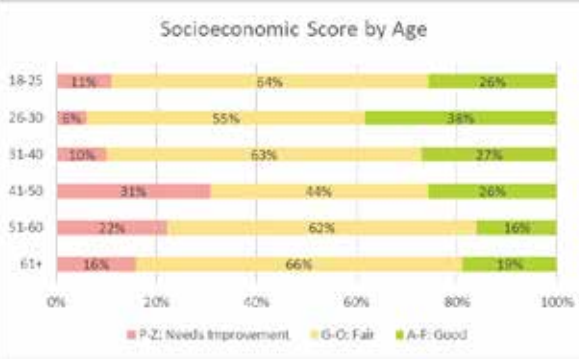
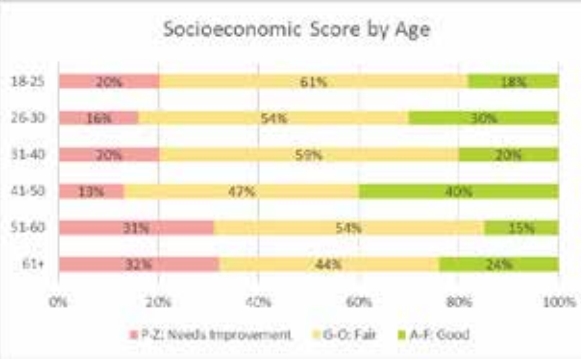
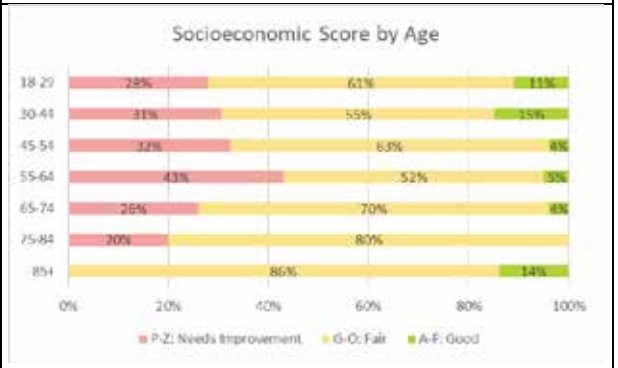
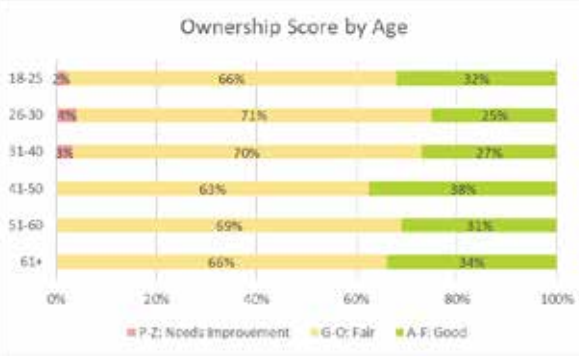
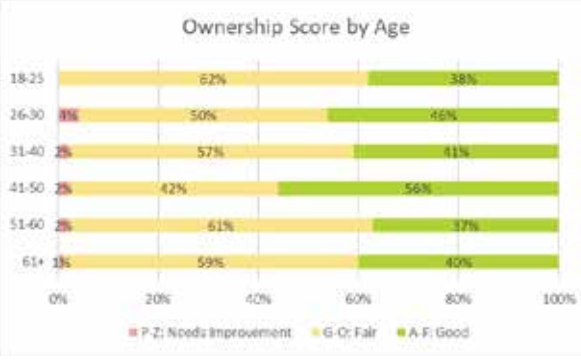
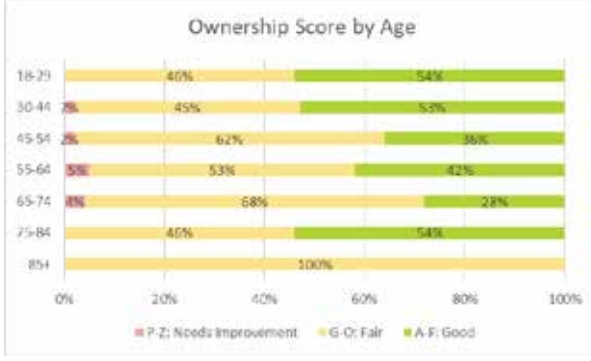
Thomas@gritdigitalhealth.com

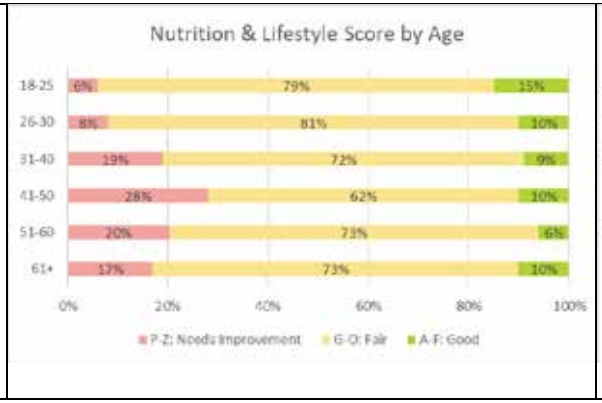
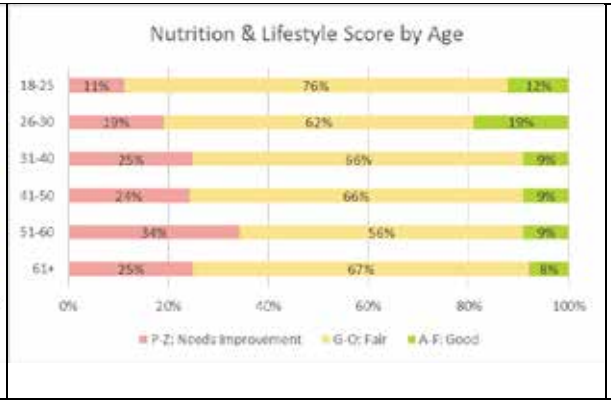
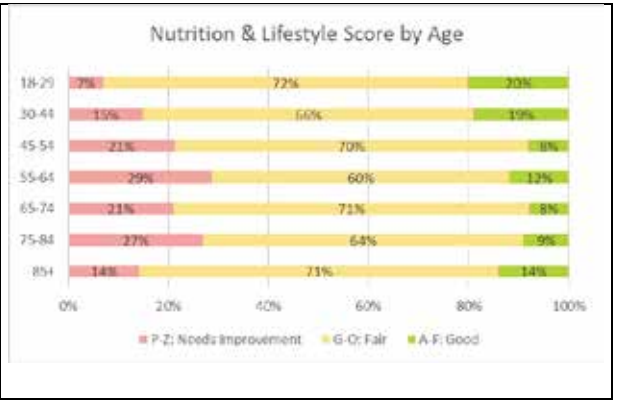
Whole Person Health Score (WPHS) Scores by Demographics

The following presents an in-depth look at the variation in WPHS domain scores (physical health, emotional health, resource utilization, socioeconomics, ownership, nutrition and lifestyle) across different departments (Medical Center and Community Clinics, Behavioral Health, and RivCoONE) by age, race, gender, and ethnicity. The information was shared by RUHS and represents WPHS response data collected from January 2023-January 2024.

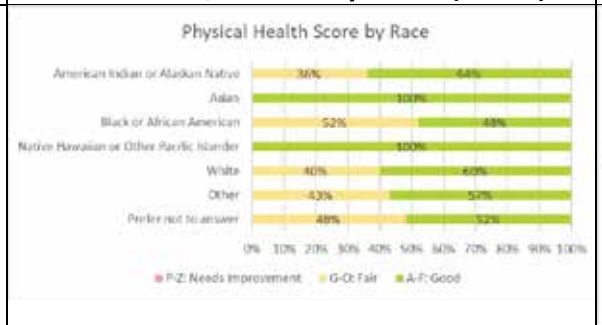
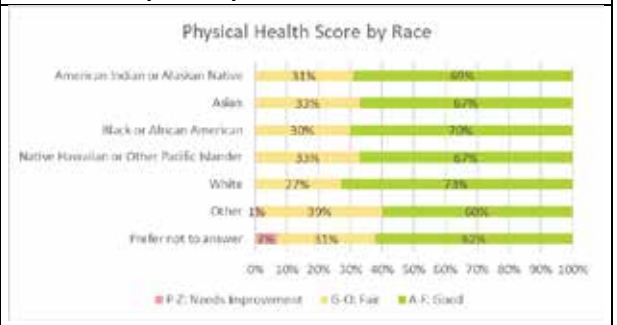
Domain score distributions by age across each department.

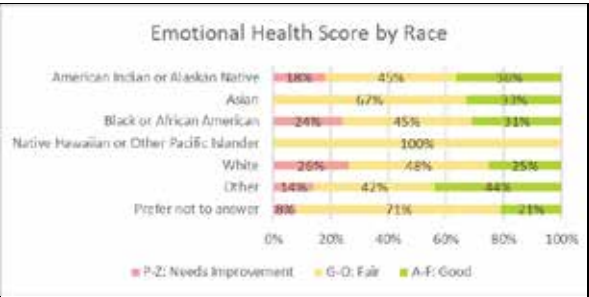
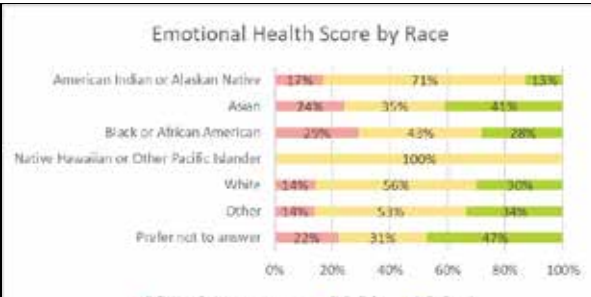
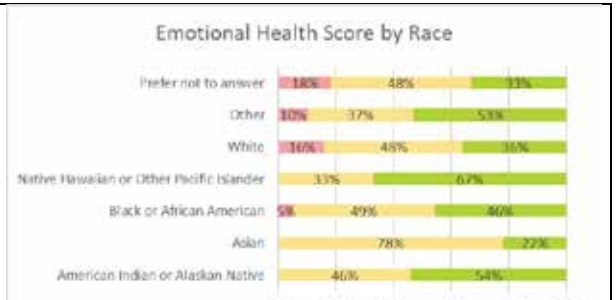
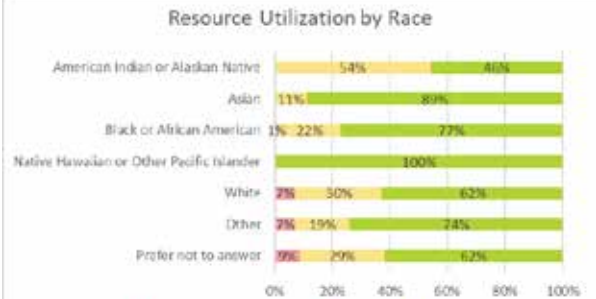
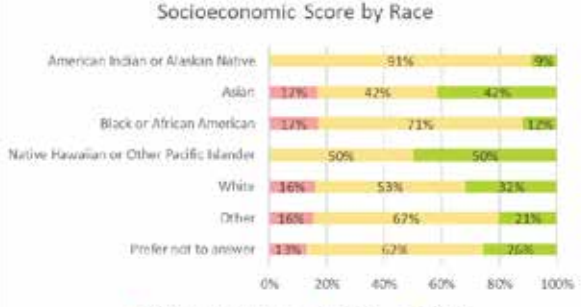
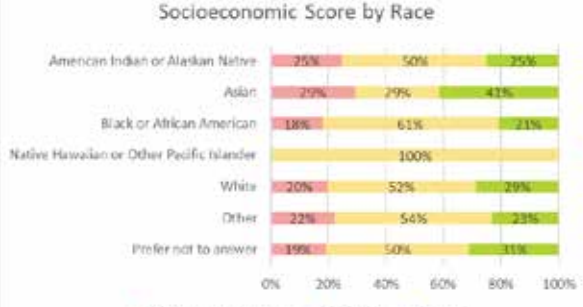
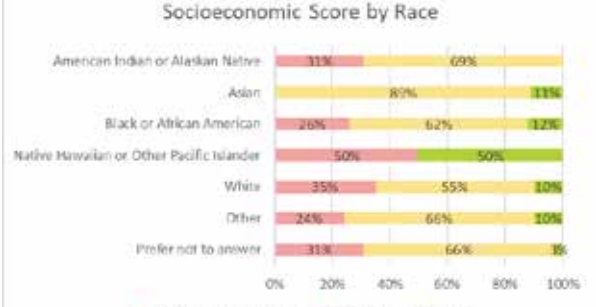
	Medical Center/Community Clinics (N=301)	Behavioral Health (N=629)	RivCoONE (N=496)
Physical Health Score			
Emotional Health Score			

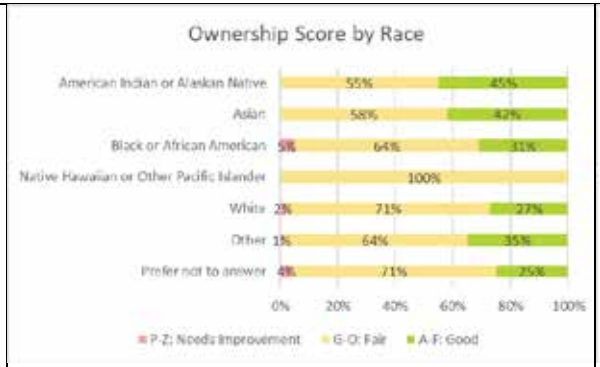
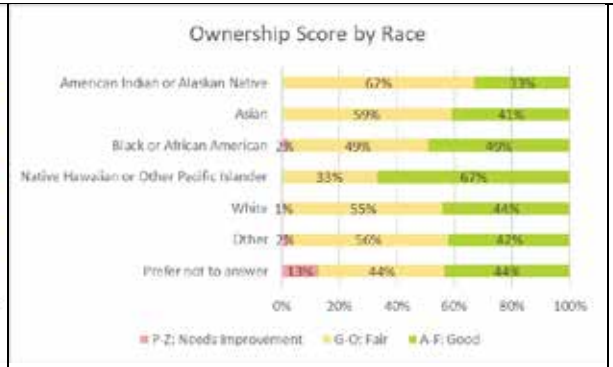
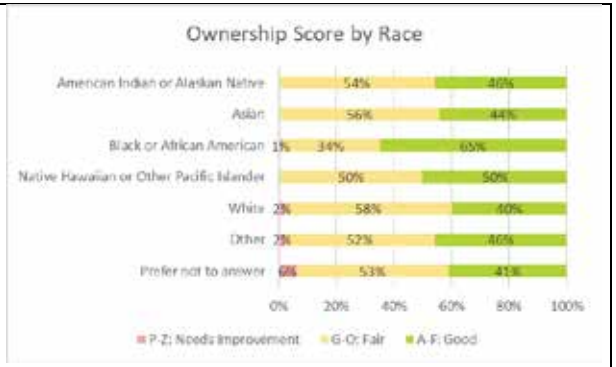
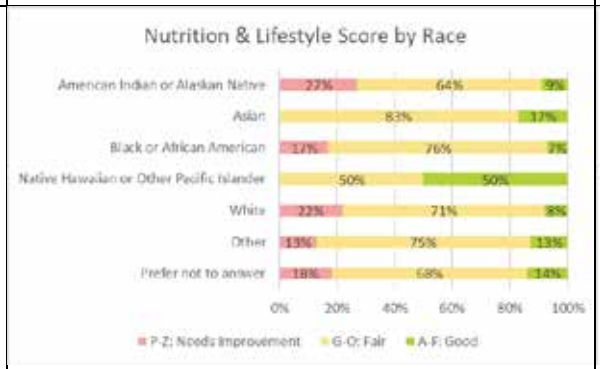
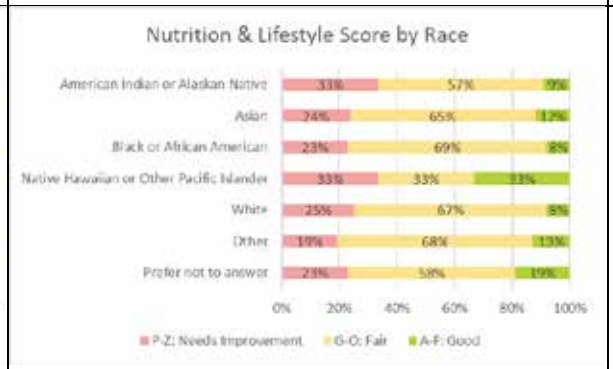
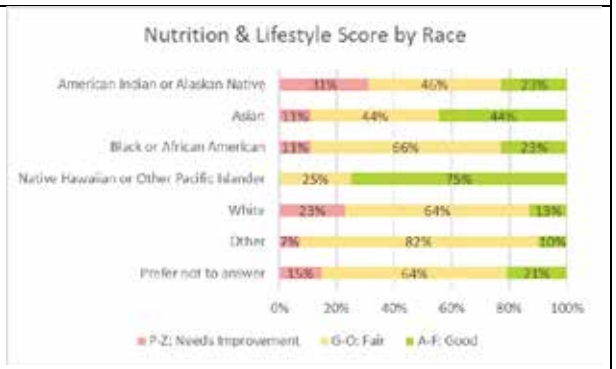
Resource Utilization Score			
Socioeconomics Score			
Ownership Score			

Nutrition and Lifestyle Score			

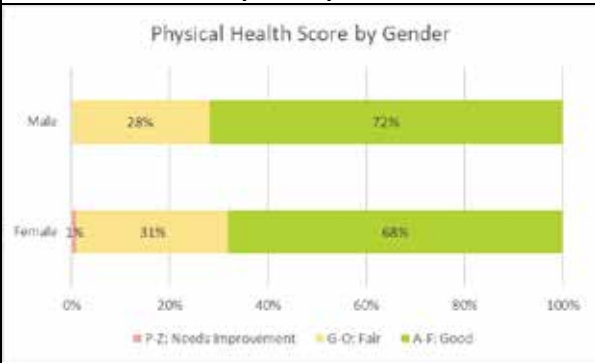
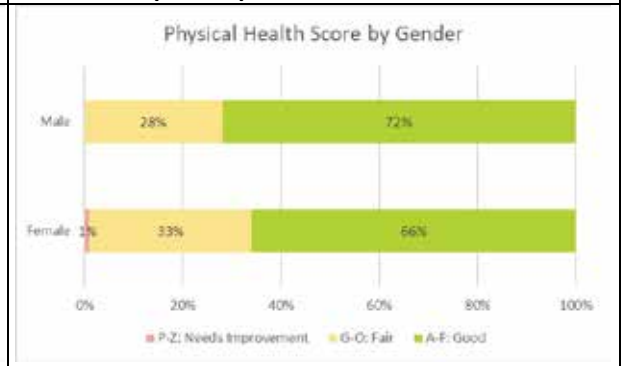
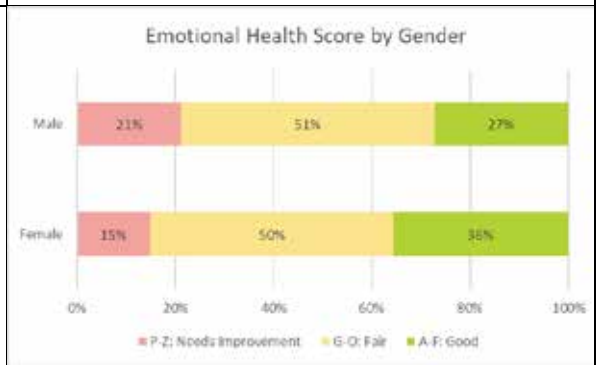
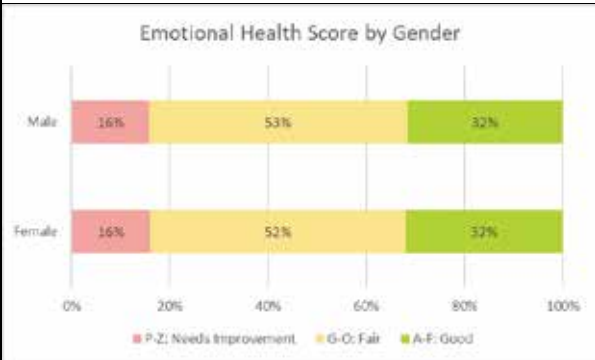
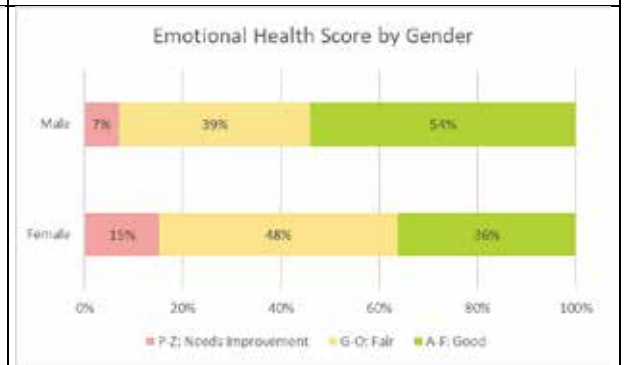
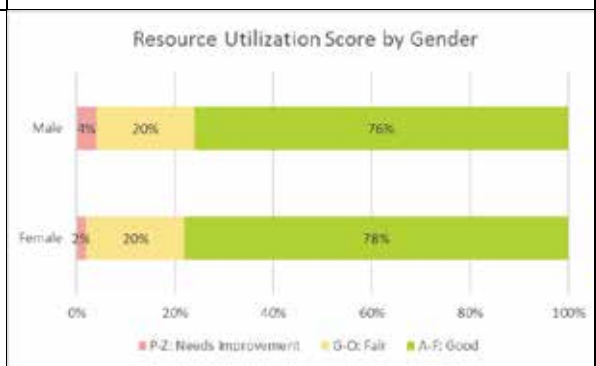
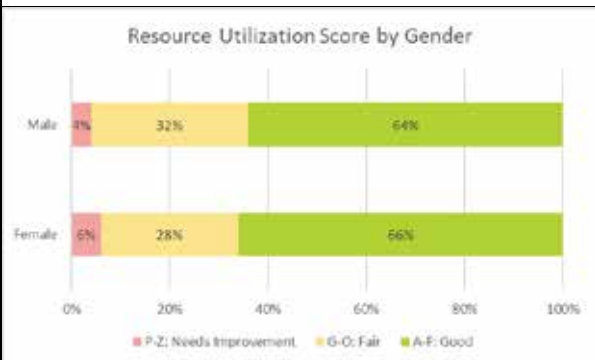
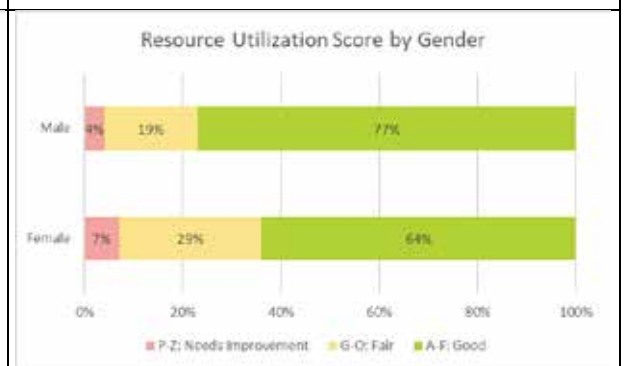
Domain score distributions by race across each department.

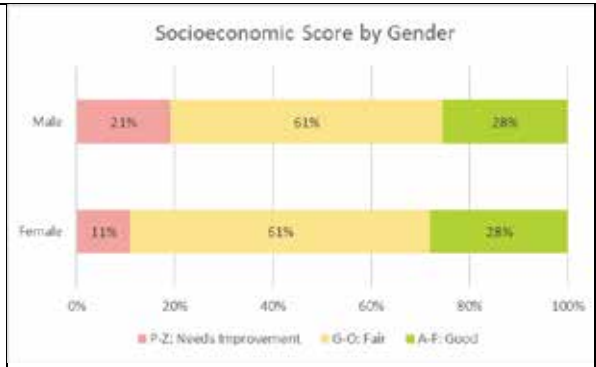
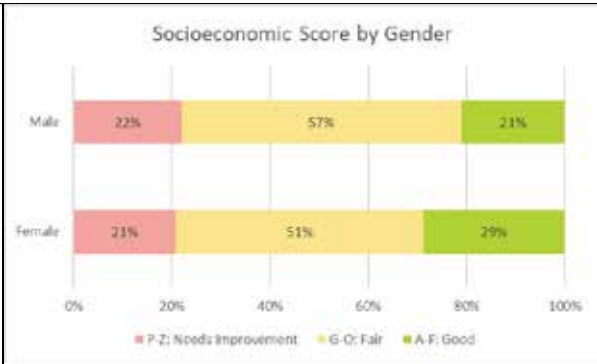
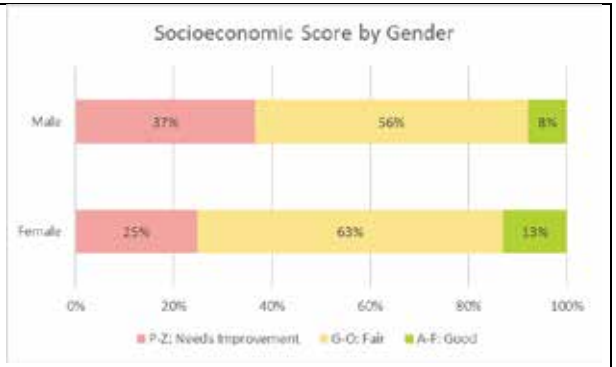
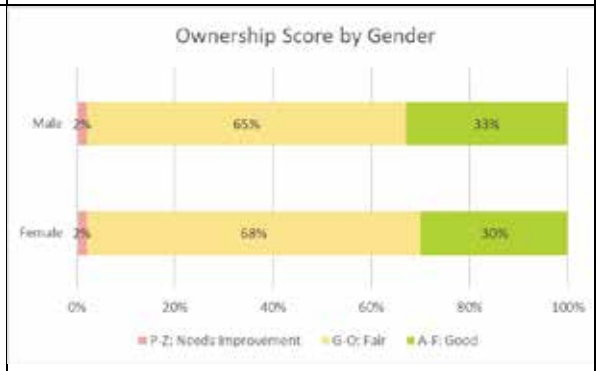
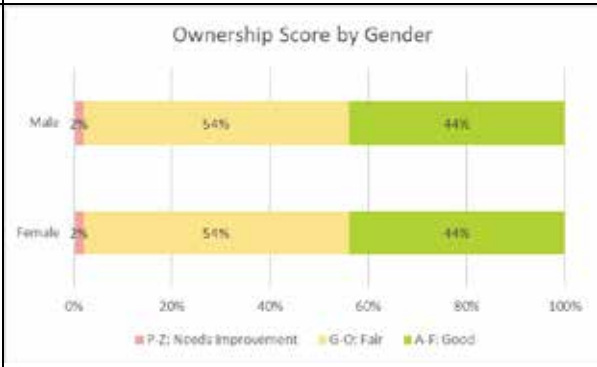
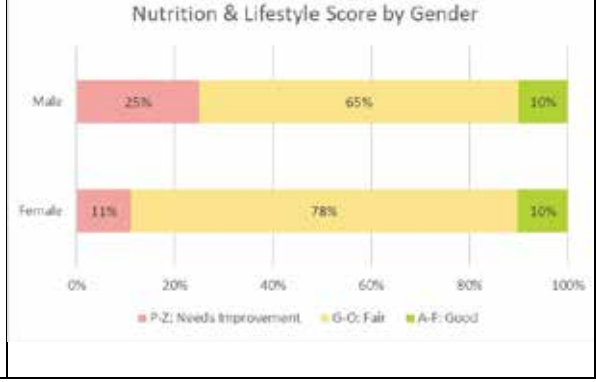
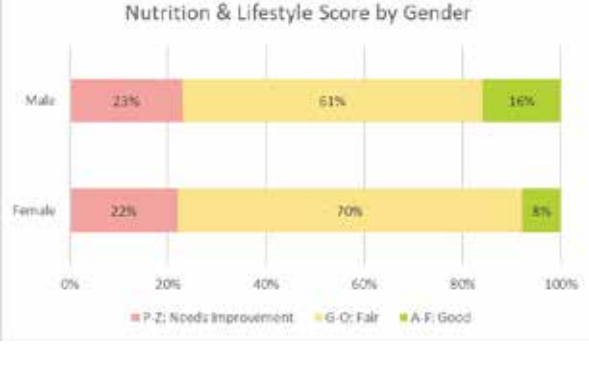
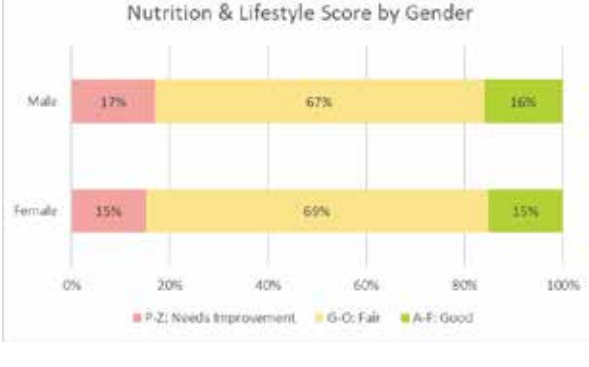
	Medical Center/Community Clinics (N=301)	**Behavioral Health (N=629)**	**RivCoONE (N=496)**
Physical Health Score			

Emotional Health Score			
Resource Utilization Score			
Socioeconomics Score			

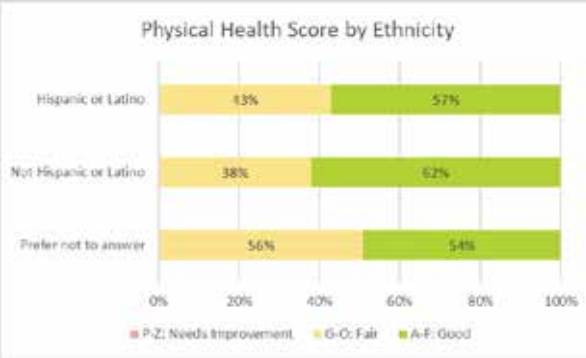
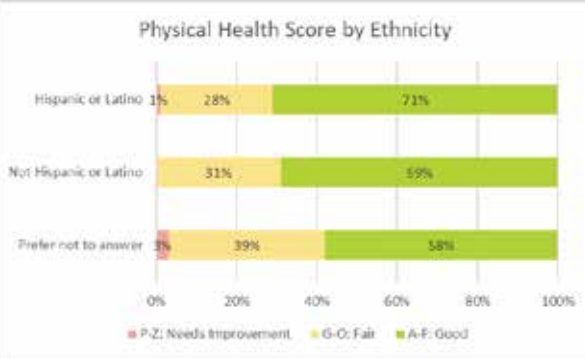
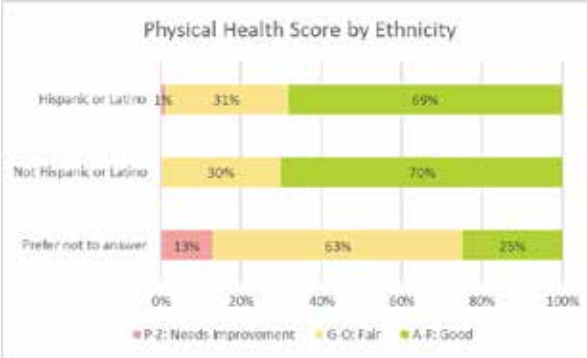
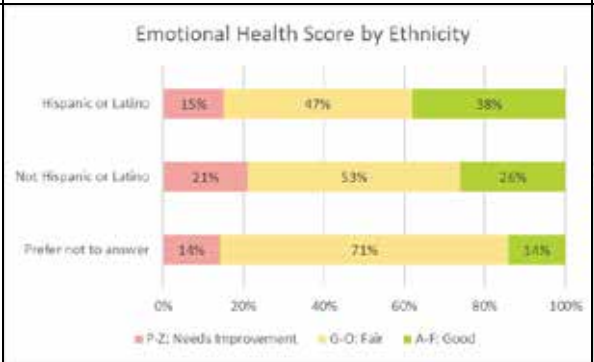
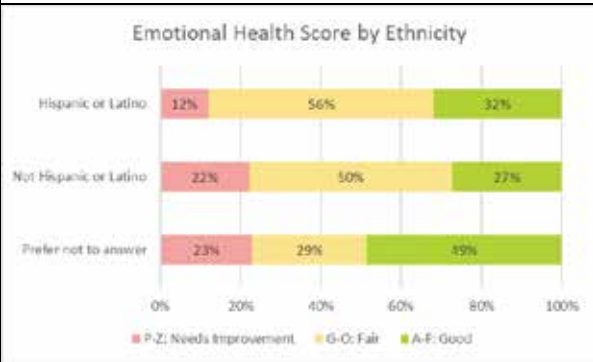
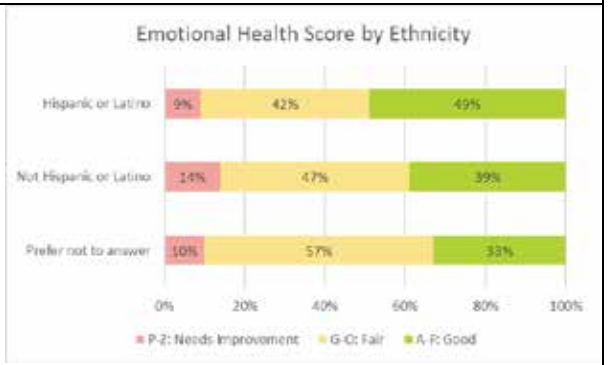
Ownership Score			
Nutrition and Lifestyle Score			

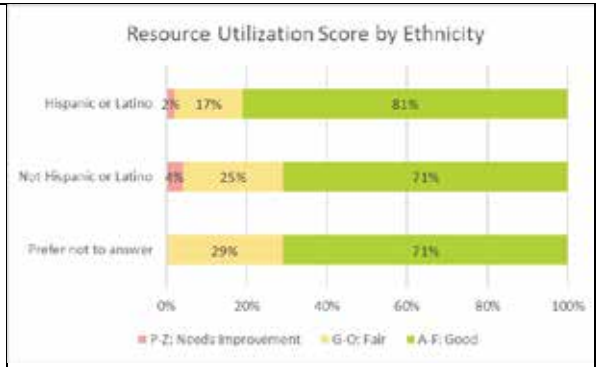
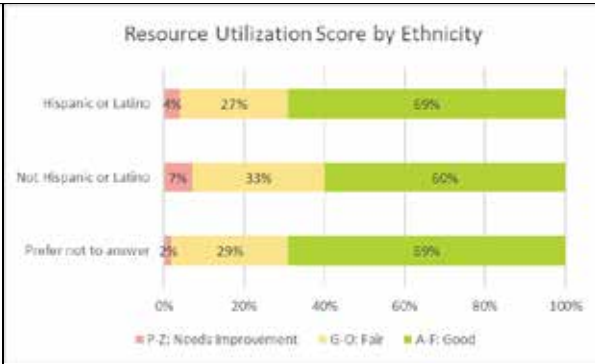
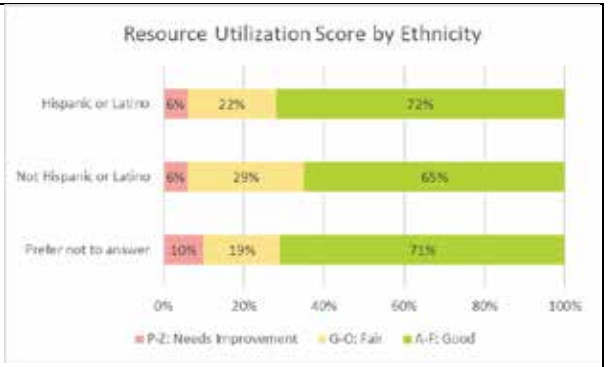
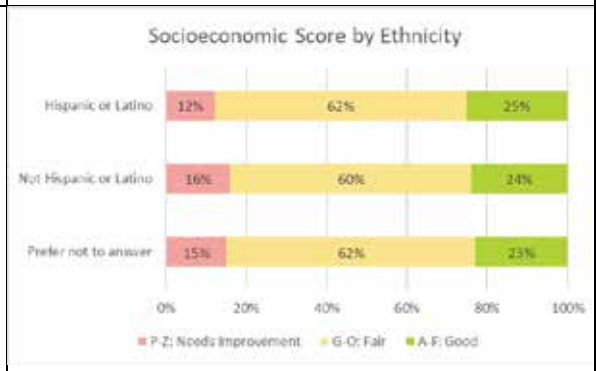
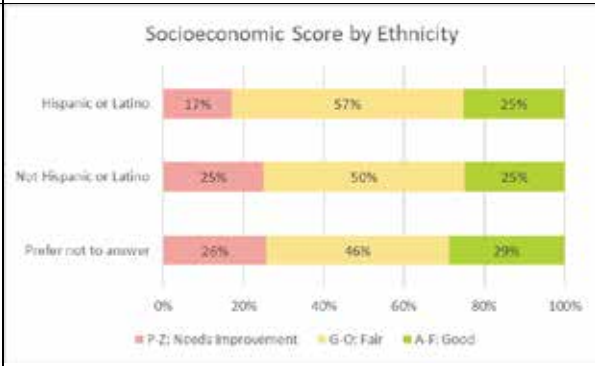
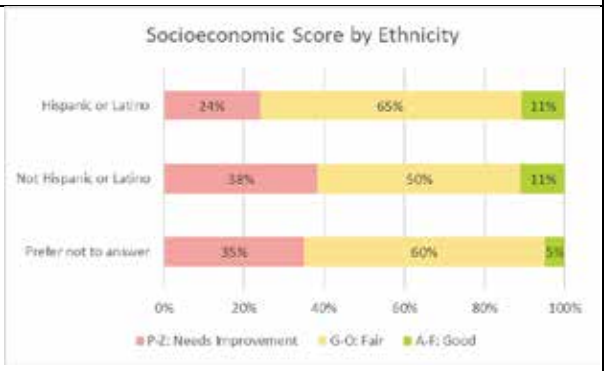
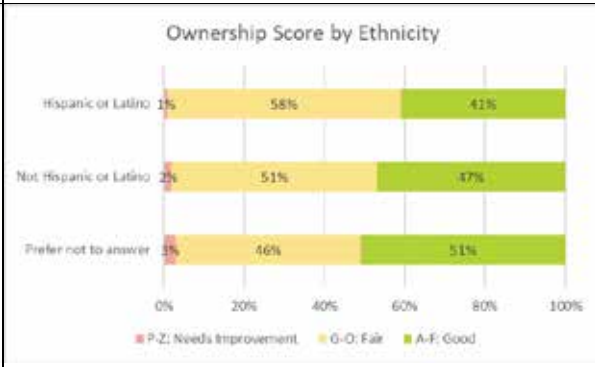
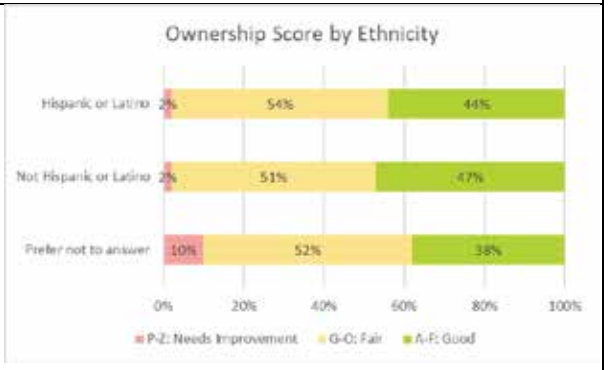
Domain score distributions by gender across each department. To ensure participant confidentiality, the "other" group was removed due to small response rate.

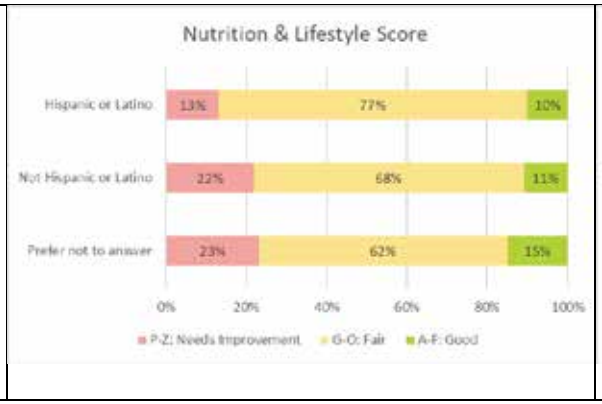
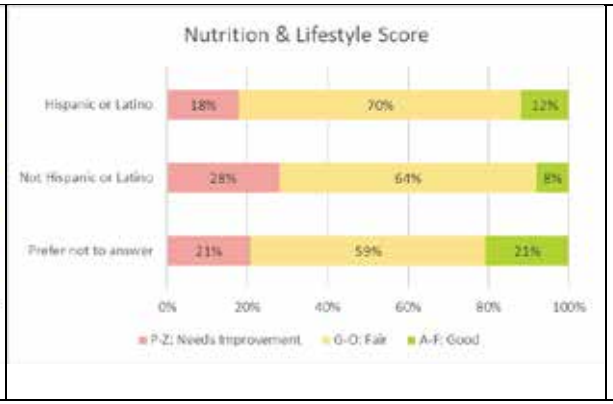
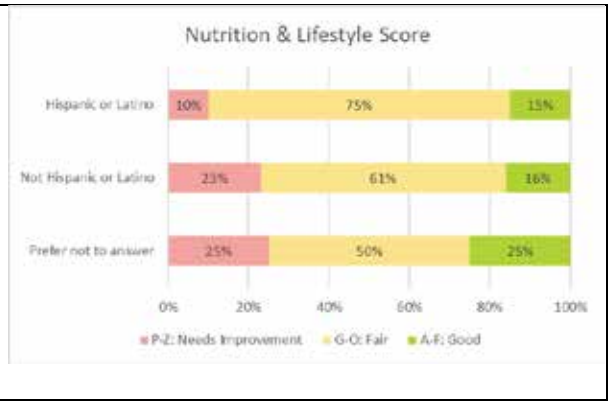
	Medical Center/Community Clinics (N=301)	Behavioral Health (N=629)	RivCoONE (N=496)
Physical Health Score			
Emotional Health Score			
Resource Utilization Score			

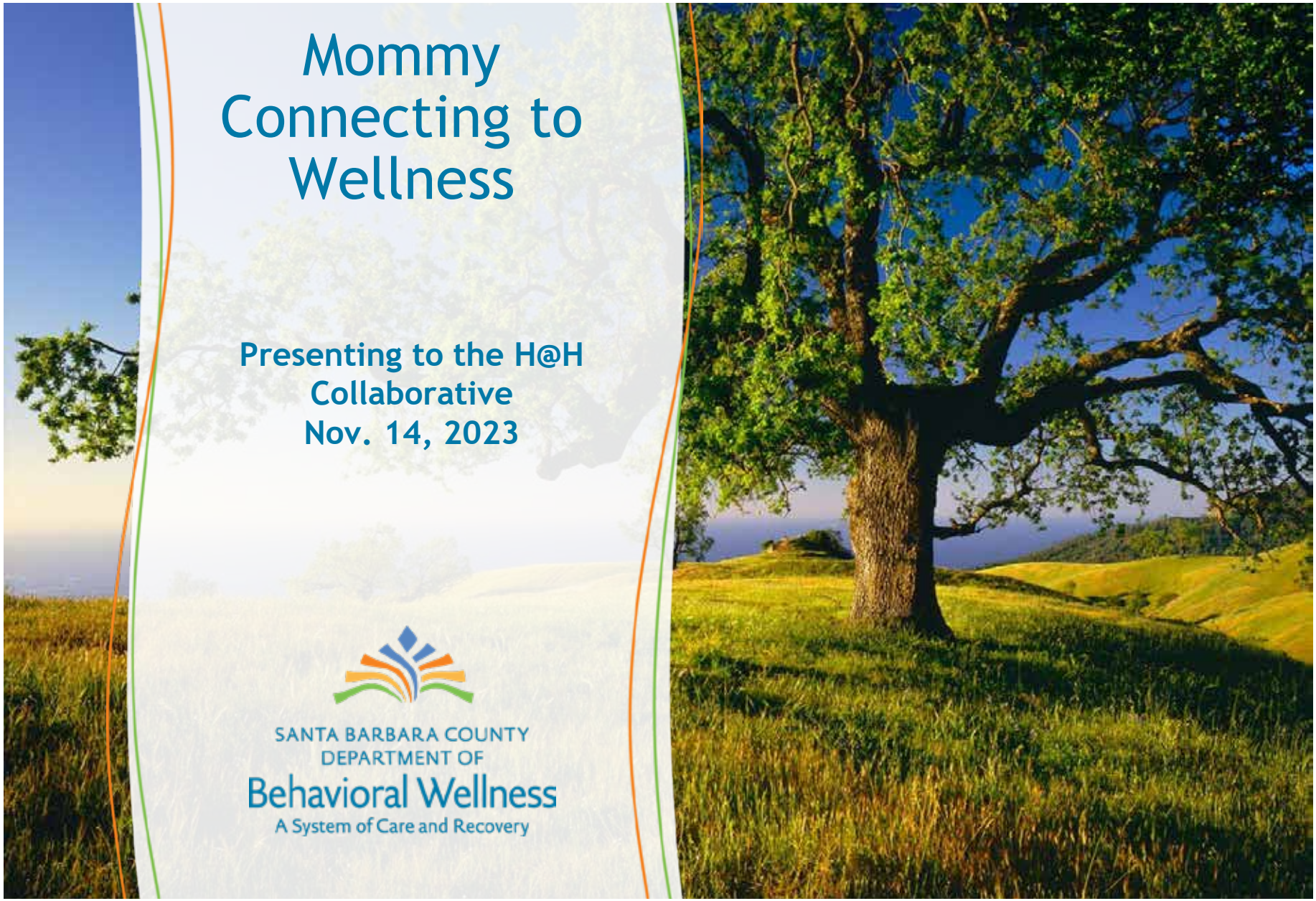
Socioeconomics Score			
Ownership Score			
Nutrition and Lifestyle Score			

Domain score distributions by ethnicity across each department.

	Medical Center/Community Clinics (N=301)	Behavioral Health (N=629)	RivCoONE (N=496)
Physical Health Score			
Emotional Health Score			

Resource Utilization Score			
Socioeconomics Score			
Ownership Score			

Nutrition and Lifestyle Score			


Mommy Connecting to Wellness
Presenting to the H@H Collaborative
Nov. 14, 2023
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Program Summary

Target Population: 20 - 24 new English and Spanish-speaking individuals

Format: Hybrid to include in-person weekly group sessions and technology support

Technology Leveraged: Headspace, English and Spanish content

Curriculum: Psychoeducation on depression/post-partum depression and anxiety; 8-dimensions of wellness

At a Glance

- 6-week Program
- 20-24 new mothers
- One Spanish- & One English language cohort
- Hybrid
- Devices provided by partner
- Evidence-based modules/lessons such as the 8-dimensions of wellness and psychoeducation approaches
- Headspace
- Digital Literacy Support

Through weekly group sessions and one-to-one support from individual promotoras and Santa Barbara team members, program participants increased their ability to securely navigate the internet, access supportive services/resources, leverage Telehealth appointments, resources and stay connected to their local community

Logic Model Overview: Mommy Connecting to Wellness

INPUTS

- H@H Funds
- Santa Barbara staff time and expertise
- Promotoras and presenters
- Food/dinner
- Partnering agencies
- Technology/tablets and remote access
- Spaces for meeting/venue
- Headspace App and other mental wellness apps
- Incentives (weekly and final)
- Training materials/manuals

ACTIVITIES

Stakeholder meetings/involvement to validate the need for this project	Program curriculum development based on 8-dimensions of wellness	CalMHSA contracting vehicle to bring the promotoras onboard
Coordinated the development of an evaluation approach (with support from UCI	Recruited and trained promotoras	Facilitated linguistically and culturally appropriate in-person workshops
Supported participants with technology needs and training	One-on-one support to help bridge gaps/challenges of each individual	Supportive environment/ placing participants needs first

DIRECT PRODUCTS

- The Mommy Connecting to Wellness Curriculum in English and Spanish
- Partnerships with several organizations including resources providing tablets/computers to participants
- Evaluation tool and report, including lessons learned
- Handouts and resources (apps) to support each of the 8-dimension of wellness classes; online safety handouts

OUTPUTS

- Number of individuals reached
- Numbers of families reached
- Numbers of tablets distributed
- Numbers of Promotoras trained
- Number of organizations involved
- Number of mental wellness apps (ex. Headspace) downloaded

OUTCOMES

- Increased knowledge & access to culturally relevant mental wellness resources
- Increased social connection and empowerment
- Increased awareness of county services and resources for new mothers
- Increased awareness of stress-reducing strategies, including available online tools and applications
- Acceptance / reduced stigma about mental wellness challenges (ex. post partum depression)
- Growth in the utilization of technology (reduction of digital divide) ex. access to email, having a tablet, using internet safely

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Mommy Connecting to Wellness Objectives

Help@Hand Program Learning Objectives:

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

Santa Barbara Project objectives:

- Provide access to technology (Learning Objective #4)
- Increase knowledge about technology, telehealth, wellness apps (Learning Objective #1, #2, #4)
- Improve mental health (Learning Objective #1, #2, #3, #4; also number #5 as part of the program evaluation)
- Decrease stigma around post-partum depression (Learning Objective #2)
- Provide resources and referrals (Learning Objective #3)
- Develop a wellness action plan (Learning Objective #1, #3, #4)

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UCI Findings Summary

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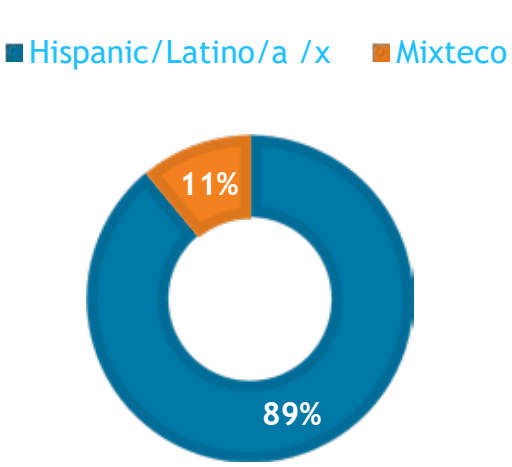
Mommy Connecting to Wellness Survey Findings: Demographics



A total of 18 participants completed survey 1 and Survey 2

- 89% Identified as Hispanic/Latino/a/x
- 11% Identified as Mixteco

*It is important to note that Mixteco isn't related to Spanish, so there may have been some discrepancies when participants selected their responses in the surveys

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Mommy Connecting to Wellness Survey Findings

Headspace

- Out of 16 participants that reported using Headspace, (81%) reported they used it frequently (daily or several times a week).
- When asked if using Headspace helped participants feel more confident seeking mental health and wellness services such as therapy or counseling, (93%) agreed it did.
- (93%) Of participants found Headspace easy to use.

Digital Literacy

- (94%) of participants felt confident using technology to look up information
- Majority of the participants (83%) felt they were comfortable using technology to find resources to support their child/children
- More than half (67%) of participants were concerned about their security as a result of using technology

Mental Health

- Survey one revealed that (44%) of participants had moderate or severe psychological distress, survey two revealed that the level of distress dropped to (22%)
- Survey one revealed that (50%) of participants experienced loneliness, following survey two it dropped to (11%)
- There was no statistical difference between the first and second survey in internalized stigma mental illness (ismi), perceived stigma, help seeking stigma, and stigma resistance

Mommy Connecting to Wellness Survey Findings

In survey 2 participants were asked if there was anything else they would like to share with us.

- What parts of the program were most beneficial to them
- What improvements they would like to see
- Their overall experience participating in this program

Here is what the participants said:

"En el programa aprendí mucho en convivir y sobre todo que me escuchen mis opciones y conocer personas que tienen el mismo pensamiento es bueno."

"In the program I learned a lot about living together and above all being listened to my options and meeting people who have the same thinking is good."

"Que lo extendieran también para mujeres embarazadas. Que haya más clases sobretodo para recibir más información. Que Headspace siga siendo gratis."

" That they extend it to pregnant women as well. That there are more classes, especially to receive more information. Keep Headspace Free."

"Se me iso muy importante las ocho dimensiones de nuestras vidas que debemos de tener alineados ya de otra para estar bien y la importancia de reconocerlas en nosotras mismas."

"It seemed very important to me the eight dimensions of our lives that we must have aligned with each other in order to be well and the importance of recognizing them in ourselves."

Promotora Survey Findings

The promotoras were surveyed at two-time points

- First survey was distributed in the beginning of the program
- Second survey was distributed 6 weeks later when the program concluded

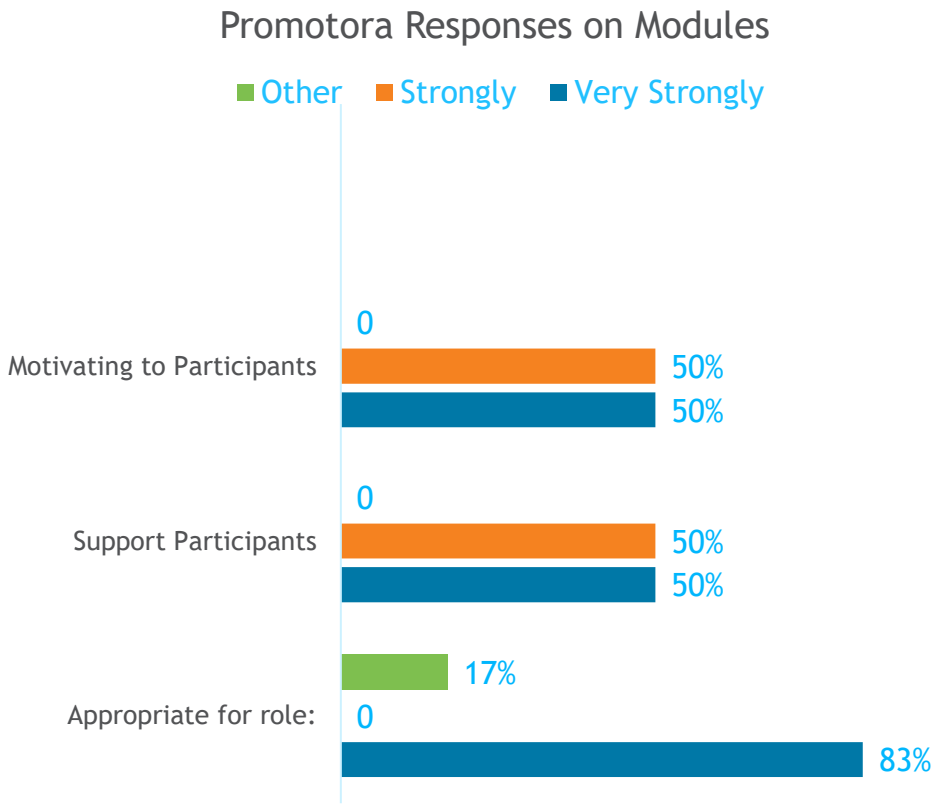
Both surveys had a completion rate of 100%

Headspace Feedback

- Over half of the promotoras (75%) had very strong positive impressions towards Headspace and felt Headspace was very useful Santa Barbara County.
- When the promotoras were asked how sure they felt that the participants could find information on Headspace, (50%) felt very strongly that they could.
- When asked if using Headspace has motivated clients/participants to participate in wellness activities, (42%) agreed while (58%) strongly agreed.
- The promotoras were asked what features of Headspace they enjoyed using themselves and with participants. Most responded that they enjoyed the breathing exercises, mediation, and relaxation.

It is important to note that some of the English features for Headspace were not available in Spanish

Promotora Survey Results: Focus on Program Modules



- (83%) Of the promotoras felt very strongly towards the modules and found them appropriate for their role.
- When asked if the modules have improved the support they provide to the participants, (50%) agreed and (50%) felt very strongly.
- Promotoras found the modules motivating participants to engage in wellness activities (50% agreed and 50% strongly agreed).
- The promotoras were asked what features of the modules they enjoyed using themselves and with participants, most responded that they enjoyed the relaxation exercises from the modules.

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Promotora Focus Group Findings

Cultural backgrounds: Traditional gender roles in the community were identified as potential barriers to implementation.

Transportation: No buses/other modes of transportation were easily accessible for the Mothers, they expressed that they felt rushed/scrambled to find transportation.

Childcare: Mothers often struggled to find someone to care for their children.

Language: The language in the surveys was also a barrier, specifically the Spanish translation.

Digital Literacy: Mothers had some difficulty navigating on the devices, and some of the mothers didn't have a valid email address.

Content: Mothers enjoyed the weekly content that the modules provided (e.g., wellness, mediation), they integrated what they gained from into their personal life.

Mental Health: Mothers expressed how the program allowed them to open up and speak up about their mental well-being.

8 Dimensions of Wellness: Mothers expressed how much they learned from the eight dimensions of wellness and how important the information was.

Rapport Building: Promotoras noted how important building trust was with the mothers.

Resources: Headspace being a free resource for the mothers was very helpful because resources can be scarce due to financial burdens.

Focus Group Takeaways

The overall program was viewed positively by the mothers and promotoras.

Mothers expressed how this program allowed them to open up and speak about their feelings.

The content from the eight dimensions of wellness and modules was integrated into the daily lives of the mothers.

Mothers and promotoras expressed the need of Mental Health support in this population, they hope programs like this continue in the future.

The program surfaced that cultural differences still exist.

Translation in applications still continue to be a barrier, resulting in limited content.

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8 Dimensions of Wellness Assessment

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8 Dimensions of Wellness Workshop

In addition to psychoeducation and Headspace presentations, the mothers were also provided with a workshop series on the 8 Dimensions of Wellness.

Pre/post data was collected and assessed as an aggregate.

Pre-Workshop Questionnaire

Fill this section out **before** the workshop presentation. Please rate the extent to which you agree with the following statements using the scale below:

Please read each statement and respond accordingly:					
I know the difference between mindfulness and wellness.					
I have heard of Emotional Wellness.					
I can identify at least one activity that I am doing to support my Emotional Wellness.					
I can identify at least one wellness application that supports my Emotional Wellness.					
I am knowledgeable of the benefits of using wellness applications.					
I would utilize wellness applications.					

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8 Dimensions of Wellness Workshop

- Workshop data was assessed as an aggregate. There was a 34.65% increase in average understanding when assessing the workshop series as a whole.

- Example assessment items included:
  - *"I have heard of [8 Dimension] Wellness"* (39.94% Increase in average after presentation)

  - *"I can identify at least one wellness application that I can use to support my [8 Dimension] Wellness"* (45.32% Increase in average after presentation)

  - *"I am knowledgeable of the benefits of using wellness applications"* (34.45% Increase in average after presentation)

In Their Words

Lead Promotora, Martha D. Jimenez Villagrana, shares her experience with the program

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About Martha

Martha is an experienced Promotora in the county of Santa Barbara. She has 20 years of experience supporting the Spanish and Mixteco communities of Santa Maria. Martha also leveraged her lived experiences as a mother, client and resident of Santa Barbara, to support program participants.

Project Photos

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Thank you

&
Questions

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Logic Model: Mommy Connecting to Wellness

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OUTCOMES

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- Increased awareness of stress-reducing strategies, including available online tools and applications
- Acceptance / reduced stigma about mental wellness challenges (ex. post partum depression)
- Growth in the utilization of technology (reduction of digital divide) ex. access to email, having a tablet, using internet safely

11/13/2023

Program Summary

Project Overview

- 20-24 new mothers participated in a 6-week program that provided linguistically and culturally appropriate information to support mental wellness.
- The program leveraged evidence-based modules/lessons such as the 8-dimensions of wellness and psychoeducation approaches targeted to this audience. In-person learnings were supplemented by the use of Headspace.
- Participants received tablets/devices and digital literacy training to support the use of devices.
- Through weekly group sessions and one-to-one support from individual promotoras and Santa Barbara team members, program participants increased their ability to securely navigate the internet, access supportive services/resources, leverage Telehealth appointments, resources and stay connected to their local community.

Target Population: 20 - 24 new English and Spanish-speaking individuals

Format: Hybrid to include in-person weekly group sessions and technology support

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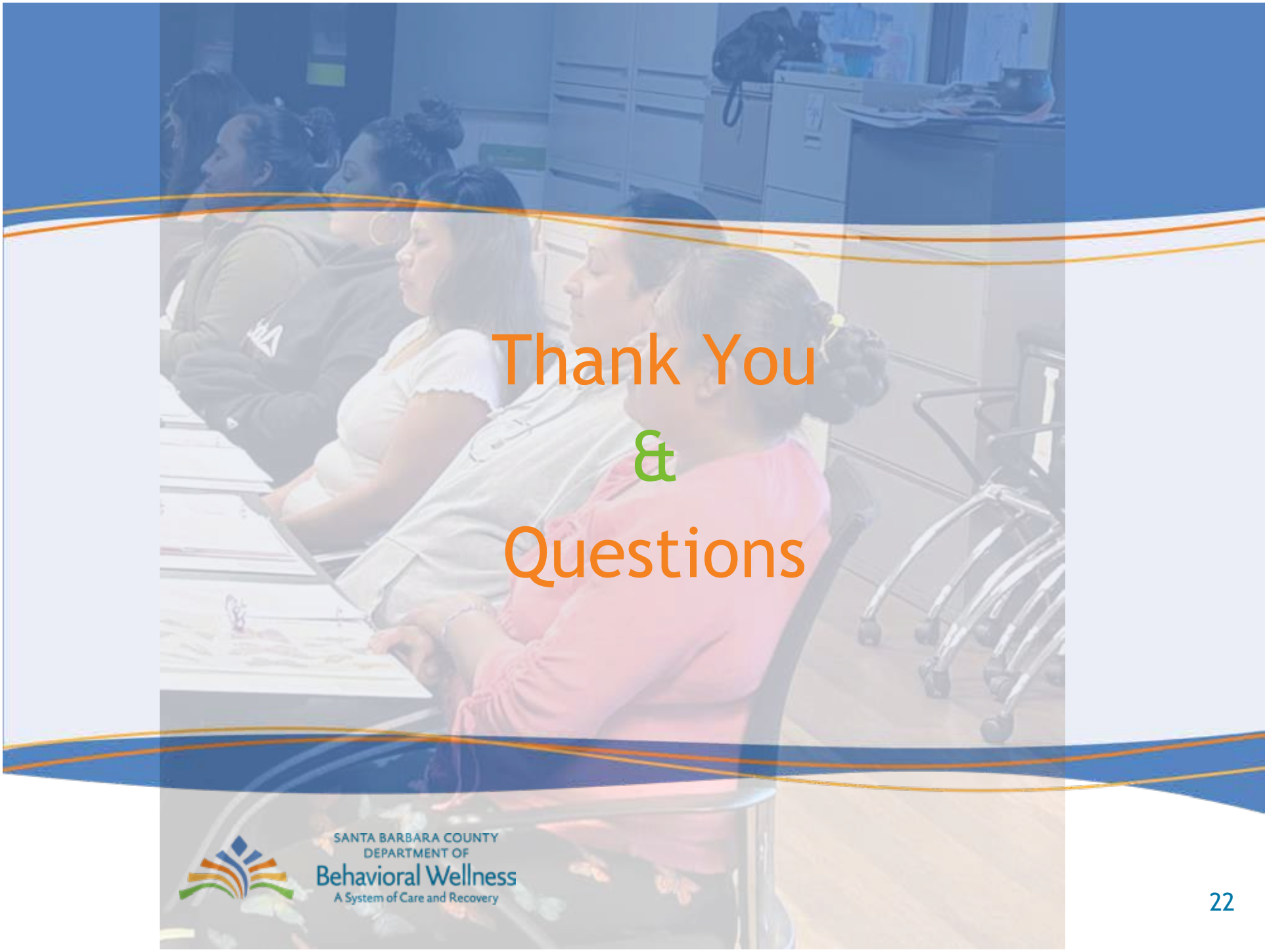
Thank You
&
Questions
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Help@Hand: WellScreen Monterey Evaluation Final Report

Prepared for Monterey County Behavioral Health, Monterey, CA.

December 2023

Health Research for Action
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Funded under a Subcontract from CredibleMind, Inc.

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Table of Contents

Executive summary

Introduction
This report provides a mixed methods evaluation of Monterey County's behavioral health initiative to develop and implement Help@Hand (https://www.calmhsa.org/help-hand/) in Monterey County, CA. The purpose of the Help@Hand interactive, technology-based mental health demonstration project is to increase access to mental health care and promote early detection of mental health symptoms. Monterey County's Help@Hand demonstration project (2021-2023) is called WellScreen Monterey (https://wellscreenmonterey.crediblemind.com/). The WellScreen Monterey planning and development phase was from 2021-2022. The WellScreen Monterey website launched in November 2022.

University of California, Berkeley's Health Research for Action served as the local external evaluator for the Help@Hand Monterey County initiative, working closely with Monterey County Behavioral Health (MCBH), California Mental Health Services Authority (CalMHSA), and CredibleMind, Inc. on this Monterey County Help@Hand evaluation. This report summarizes the evaluation of the WellScreen Monterey website implementation and includes the following data sources, described below:

1) MCBH ACCESS program's de-identified data from the electronic health record (EHR) system (Avatar) to examine trends in the program's triage, assessment/evaluation, linkage/brokerage, and mental health services use before and following the launch of WellScreen Monterey;
2) The de-identified WellScreen Monterey user data set (dashboard, website data) to assess user demographic and behavioral health characteristics, how users learned about WellScreen Monterey, pages and links viewed by the users, and user satisfaction with the resources.
3) Key informant interviews that explored the process for the planning and development phases, the launch of WellScreen Monterey, what worked well, what were the challenges, and suggestions for the next steps.
4) Community member interviews that explored community perceptions of WellScreen Monterey website overall, its self-screening/assessment process, results page, resources page and information about how to access resources, and discussed community preferences for outreach and communication.

Data Sources and Key Findings
1) MCBH EHR data comparing pre-implementation to post-implementation data

MCBH EHR data from before and after the implementation date were analyzed using autoregressive integrated moving average (ARIMA) modeling to detect any deviations from predicted month-to-month trends based on EHR data from July 1, 2018 to November 15, 2022, in comparison to data from November 16, 2022 to June 30, 2023. This ARIMA technique allowed us to use the pre-post EHR utilization data to model the complex patterns of data occurring across time prior to the implementation of WellScreen Monterey. We then compared the predicted course of the time series from the pre-implementation period with the actual post-implementation course of the time series, assuming different potential impact patterns.

We had several findings of interest using this ARIMA model that are suggestive of an association of changes with the implementation of the WellScreen Monterey as follows:

Service Provision Impacts

- Triage: There was a statistically significant, but short-lived rise in the proportion of services devoted to triage (90% confidence).
- Assessment/Evaluation: There was a statistically significant, but short-lived drop in the proportion of services devoted to assessment and evaluation (94% confidence).
- Linkage/Brokerage: There was a slight reduction in the proportion of services in the linkage/brokerage category (with approximately 90% confidence).
- High-Risk Clients There was a statistically significant rise in the proportion of services devoted to assessment and evaluation of high-risk clients (95% confidence).
- Prescribing and Non-prescribing providers: There was an increase in the proportion of licensed prescribing providers who provided services and a decrease in the proportion of unlicensed non-prescribing providers who provided services (95% confidence).

Average Cost per Patient

- Triage: There was a statistically significant, but slowly decaying decrease in the average cost of triage services (95% confidence).
- Assessment/Evaluation: There was a statistically significant, but slowly decaying decrease in the average cost of assessment and evaluation (95% confidence).
- Linkage/Brokerage: There was a statistically significant, but slowly decaying decrease in the average cost of linkage/brokerage services (95% confidence)
- All Services: There was a statistically significant, but short-lived decrease in the average cost of services when all services are included (95% confidence).

However, some expected or hoped for changes were not seen in either descriptive analysis of EHR data or by using the ARIMA modeling to look at change over time.

Referrals to Beacon/Carelon

- There was not a statistically significant change in referrals to Beacon/Carelon (95% confidence).

Non-billable Services

- There was not a statistically significant impact of the implementation on the proportion of non-billable services (95% confidence).

Additionally, other descriptive changes of potential interest include the following changes that may be of note:

Race Distribution

By race, the proportion of clients identifying as White showed a decrease from 33.2% in the pre-launch period to 28.8% in the post-launch period. The percentages for clients of "Other Race" and "Black/African-American" increased slightly, while "Asian," and other race categories experienced relatively minor fluctuations. Nevertheless, the change in Race distribution between pre-post-launch periods was statistically significant ($p<0.001$) in a bivariate/descriptive analysis..

Hispanic Ethnicity Distribution

The percentage of Hispanic clients remained relatively stable, slightly decreasing from 53.4% pre-launch period to 52.1% post-launch period. The pre-post-launch period change in Hispanic ethnic origin distribution was small but statistically significant ($p<0.001$).

Source of Health Insurance
Overall, there were increases in client proportions covered by Medi-Cal and Medicare Part B insurance sources, while Self Pay and Private Insurance proportions decreased from pre- to post-intervention. The change in the insurance status distribution from pre- to post-intervention period was significant ($p<0.001$).

2) WellScreen Monterey user data set (dashboard, website data)

We also examined WellScreen Monterey website/application utilization data and metadata on use from CredibleMind. Data on WellScreen Monterey website events covered dates from the launch of the website on November 15, 2023, to July 31, 2023, and assessment data covered dates from the website launch to September 6, 2023.

Young User Pool
Many of those coming to the WellScreen Monterey website were under age 16 (though were not able to use the screeners). Nearly half of users were under the age of 18 (48.7%), followed by people between the ages of 18 and 34 years. There was a small percentage of users over the age of 65 utilizing the WellScreen tool, which could be due to older groups tending to have less digital literacy compared to younger groups.

Low Usage by Spanish-speakers
Based on the WellScreen Monterey website/platform data from CredibleMind, there were very few Spanish language users. However, CredibleMind noted there would be no way of knowing if people have set a browser to auto-translate websites into Spanish.

Most effective marketing approach
Multivariate regression models identified Google paid ads and referrals as the most effective marketing approaches to persuade individuals in Monterey County to complete mental health assessments.

Reaching the target audience for MCBH
Many WellScreen Monterey website users were from outside of Monterey County. Based on the Credible Mind Dashboard Data, 2,877 users were from within Monterey County. Our analysis of website data identified 552 potential new clients for MCBH. These were individuals who lived in Monterey County, had moderate-to-severe mental health conditions, were covered by Medi-Cal, and reported they were not currently being treated by MCBH.

3) Key informant interviews of planning and launch processes

We conducted interviews with 14 key stakeholders involved in the planning and launch phases of the Help@Hand project from Monterey County Behavioral Health, other community service agencies in Monterey County, and the Help@Hand Technology Development Partner. Interviews were conducted from May 26, 2023, to August 23, 2023.

Most key informants celebrated planning and launch successes. Some of these include: collaboration between teams working on the Help@Hand project, engagement and collaboration with community partners, intentional and extensive reviews and assessments, responsiveness to feedback, outreach efforts, transparent communication, adherence to timelines, and trust-building with community partners.

Many key informants also reflected on planning and launch challenges, such as staffing shortages, the need for better outreach to Spanish-speaking communities, time frame delays for the website launch and marketing/outreach due to administrative or COVID-19 factors, communication difficulty between different service agencies and organizations or with community partners, and recruitment of users.

Key informants shared suggestions for improvements, for example, representatives from each team working on the Help@Hand project could improve collaboration, add community outreach by radio or in churches and local markets, and improve resource-sharing between agencies in the community and then sync these resources with WellScreen Monterey.

4) Community member interviews about WellScreen Monterey website

Two focus groups were conducted from August 8, 2023, to September 9, 2023. There were seven participants in the English language focus group. There were two participants in the Spanish language focus group. Participants in both focus groups shared details about WellScreen Monterey website functionality and ease of use.

Overall, focus group participants found the self-assessment, resources, and results as well as the English and Spanish language options on the WellScreen Monterey website to be very helpful. Many participants shared that the website was useful and effective for receiving mental health information and resources. Most participants found the website to be organized, easy to understand, and detailed. Some participants explained that the website was a convenient, private, and time-efficient method of gaining access to curated resources. Some participants complimented the photographs and animations on the website.

Some focus group participants commented on challenges of the website which included the long length of the self-assessment, reintroduction of trauma due to some of the questions in the assessment, and long wait times for the chats or phone lines that were linked as resources.

Several focus group participants discussed suggestions for improvements to the website, for example, more attention to the framing of questions to make the self-assessment more user friendly, reduction in the length of the assessment, and inclusion of additional resources available in Monterey County on the website.

Conclusion and Recommendations

The Help@Hand Monterey County initiative was a success in a number of ways. Overall, the project outcomes exceeded Monterey County Behavioral Health's expectations. During the course of a year, over 30,000 people visited the WellScreen Monterey website which greatly exceeded the last reported fiscal year's service count (F.Y. 2021-22, n=13,150). The project also highlighted a large need for more behavioral health resources among youth – nearly half of users who accessed the screener were 18 and under. As a result, MCBH is continuing the Innovative Project beyond the end of their involvement in the Help@Hand program using Prevention and Early Intervention funds at least until June 30, 2025. The principal reason for this is to continue to improve access and engagement to a free mental health resource that is available for community members in English and Spanish.

As documented under *Data Sources and Key Findings*, there were observable differences in impacts on service provision and average cost per patient that occurred after launch of the website in November 2022. In particular, a higher proportion of services were devoted to triage

and a lower proportion of services were devoted to assessment and evaluation. One of MCBH's concerns at the beginning of the project was that the amount of time being devoted to assessment and evaluation was impacting productivity and efficiency of service delivery in the county, and this reduction in the proportion of time devoted to assessment and evaluation is a positive outcome.

Another observable difference is that the average cost per patient for all services decreased. While this is promising, this study design did not allow us to make a clear linkage or conclusion of causality. While this finding from the time series analysis suggests that WellScreen Monterey was likely one reason that these changes in service delivery and average cost occurred, there were other differences in which the project implementation may have had a clearer impact.

Overall, collaboration between teams on the Help@Hand project as well as with community partners including communities of color, outreach and communication efforts, and use of feedback-response cycles were strengths for the Help@Hand initiative. Recommendations include appointing a representative from each team to improve communication channels, increasing county staff working on the initiative, and engaging in more community-based outreach at local community gathering places.

Higher percentages of people of color suggested a positive effect of the implementation - this positive impact included a shift to more Medi-Cal recipients as MCBH had hoped. On the other hand, direction of change for triage was not consistent with expectations and no changes could be detected from the EHR data on Beacon referrals or on non-billable services. It is possible that this is due to either the low use noted for actually reading resources from the web platform, or the possible missing connections between the screening data from the website and the MCBH intake/triage processes.

Strengths of the WellScreen Monterey website include the calm, informative website design, straightforward assessment experiences, and functional, effective results page. Recommendations include having additional Monterey County specific resources, reducing the length of the assessment(s), and adjusting the user interface to improve ease of use. From the WellScreen Monterey site assessment data we identified 552 individuals who lived in Monterey County, were moderate-to-severe acuity for at least one or multiple (comorbidities) of the following conditions, were covered by Medi-Cal, and were not currently being treated by MCBH: Anxiety (354), Depression (367), PTSD (163), Bipolar (238), Eating Disorder (284), Substance Abuse Any (233) and Psychosis (26). In this initial period, several people brought in their screening results from Wellscreen Monterey site to ACCESS program visits, as indicated by the *Alias 10* field. As more people access Wellscreen Monterey site and this process becomes integrated in the ACCESS clinic workflow, there will be more linkages of screening results.

In conclusion, the key recommendation is the need for more seamless transfer of website screening data for people seeking services at MCBH. Interoperability of data across apps, devices, and EHRs is a persisting issue in the U.S. and there was no difference here from many other experiences in pre-screening of people on devices/internet who then seek services. However, the addition of tablets during intake that can go onto the WellScreen Monterey website to retrieve user data during that initial patient-provider process seems very valuable to pursue in the future. Having data called in through a RESTful API or other HIPAA-protected process for transfer of data could be a new pathway for importing screening data if MCBH chooses to work on that linkage. Automatically transmitting assessment information between WellScreen Monterey site and Avatar in an interoperable format (e.g., results can be added in a usable data format that can be accessed within the EHR) is an important suggestion.

Introduction and background

Monterey County Behavioral Health (MCBH) and California Mental Health Services Authority (CalMHSA) are leading a Help@Hand Monterey County initiative in the development and implementation of an interactive technological, evidence-based Help@Hand virtual mental health screening app/tool, accessible through a website or smartphone, to expand the capacity and reach of MCBH to county residents in need of behavioral health services or seeking information and resources about mental health and wellbeing. The purpose of Help@Hand is to increase access to mental health care and support, and to promote early detection of mental health symptoms.

MCBH and CalMHSA collaborated with CredibleMind, Inc., a company that provides wellness-oriented digital platforms to support health organizations with client engagement, communication, and outreach, on this innovative county behavioral health initiative to develop and implement Help@Hand in Monterey County. University of California, Berkeley's Health Research for Action served as the external evaluator for the Help@Hand Monterey County initiative and worked closely with MCBH, CalMHSA, and CredibleMind, Inc. on this Monterey County Help@Hand evaluation.

The Help@Hand interactive technology-based mental health demonstration project in Monterey County is called "WellScreen Monterey" (https://wellscreenmonterey.crediblemind.com/) and is intended to increase the capacity and reach of the MCBH ACCESS program and behavioral health programs across Monterey County as well as to facilitate their screening and referral services. The WellScreen Monterey planning and development phase was from 2021-2022. The WellScreen Monterey website then launched in November 2022.

MCBH serves people of all ages in need across Monterey County, starting at pregnancy/early childhood services and going through senior years. MCBH works with children, youth, adults, and families to be able to screen for a broad array of mental health disorders, and to refer individuals to the appropriate levels of care within the local mental health services system or to the appropriate self-care resources for mental health and well-being. The WellScreen Monterey screening app/tool is intended to be easily accessible to individuals of age 16 years old and older seeking mental health services, as well as family, friends, or caregivers supporting individuals experiencing symptoms of mental health disorder(s). The app/tool maintains confidentiality standards, screens for a broad range of mental health conditions, and categorizes assessments as ranging from no risk/low risk to severe risk.

The development of the evidence-based Help@Hand screening app/tool, WellScreen Monterey, included using existing, previously validated instruments for mental health screening (e.g., depression, anxiety, etc.), many of which had existing Spanish translations. Where that was not the case, they contracted with Spanish translation agencies and supervised the translation of the English version of the validated instruments into Spanish language. CredibleMind, Inc. developed the screening app/tool following validity checks and item-response theory. CredibleMind, Inc. also completed a community needs assessment and conducted usability testing during the developmental phase to collect input from local providers, clients, and community members.

The purpose of this evaluation was to assess the impact of the Help@Hand screening app/tool, WellScreen Monterey, on MCBH ACCESS program's screening and referral services. The evaluation plan consisted of process evaluation, outcome evaluation, economic evaluation, assessment of general functionality and ease of use of the tool, and impact evaluation pertaining to the development and implementation of WellScreen Monterey. The launch of WellScreen Monterey was in November 2022.

Evaluation plan components include:

1. Conduct process evaluation to establish a baseline evaluation and identify potential cost-effective and improvement areas via provider interviews and community member focus groups.
2. Conduct an outcome evaluation of the application to assess efficiency and accuracy of referral connections, in collaboration with a cohort of County staff, community-based service providers, and other key informants.
3. Conduct an economic evaluation to assess the cost associated with self-assessments pre-post implementation of the mental health screening application and comparing cost of existing in- person screening to the virtual approach of the screening application.
4. Conduct general functionality and ease-of-use study through web analytics, web-based self-administered surveys, community focus groups and user testing with those using the application to determine usefulness of application for connecting targeted audience to resources.
5. Conduct impact evaluation of application with participating agencies/clinics as well as a cohort of community members
6. Work collaboratively with CalMHSA and Monterey County to modify and refine the mental health screening application after input from the evaluation has been received.

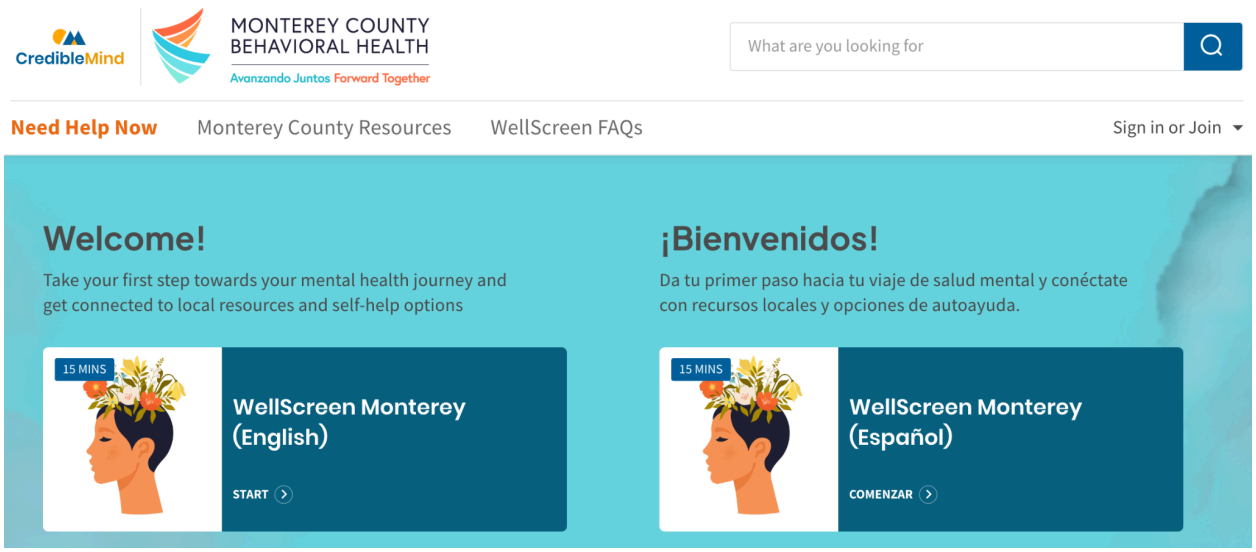
Please see Appendix A for Methodology details.

A key part of the evaluation report focuses on quantitative evaluation components of MCBH ACCESS program's de-identified data from the electronic health record (EHR) system (Avatar) and examined trends in the program's assessment/evaluation, linkage/brokerage, and mental health services and costs before and following the launch of WellScreen Monterey. Post-only de-identified WellScreen Monterey user data set (dashboard, website data) and the user demographic and behavioral health characteristics, how users learned about WellScreen Monterey, and the pages and links viewed by the users and their satisfaction with them were also examined.

The qualitative evaluation components with key informant interviews explored the process for the planning and developments phase, the launch of WellScreen Monterey, what worked well, what were the challenges, and suggestions for the next steps. The qualitative community member interviews explored community perceptions of the WellScreen Monterey website overall, its self-screening/assessment process and results page, its resources page and

information about how to access resources, and community preferences for outreach and communication.

Process and impact of Help@Hand's WellScreen Monterey from planning to launch



This section reports on the key evaluation findings of the Help@Hand's behavioral health, innovative technology initiative, WellScreen Monterey, from the planning phase to the launch phase, and examined the process, outcome, economic, and impact evaluation components. These findings compare the Monterey County Behavioral Health ACCESS program's client demographic characteristics, screening services (triage, assessment/evaluation), referral services (linkage/brokerage), and mental health services (mental health counseling services) during pre-intervention and post-intervention periods of WellScreen Monterey. This section also reported on the successes, challenges, and suggestions for improvement during the planning and launch/intervention periods of WellScreen Monterey.

Pre-post-launch phase evaluation

Impact Assessment for WellScreen Monterey using data from MCBH Electronic Health Record System (Avatar)

To determine the impact of the WellScreen Monterey application, we applied interrupted time-series analysis (ITSA). The "interruption" in ITSA refers to a policy or program change that has a well-defined time of onset.[1] This approach was taken because we have no formal comparison group data, such as another County Behavioral Health organization that did not implement a similar website but was otherwise similar. The lack of comparison group data is a common occurrence in applied evaluation research and the particular ITSA method used here is designed to address the lack of a comparison group.

Since the population is the unit of interest (the population of individuals using various services at Monterey County Behavioral Health), and the interruption has a well-defined time of onset (we

know the exact date that the WellScreen Monterey tool became available), we are able to model the time series prior to the implementation of the website in a statistically rigorous manner using the autoregressive integrated moving average (ARIMA) technique.[1] The ARIMA technique allows us to model the complex patterns of data occurring across time prior to the implementation of WellScreen Monterey. We then compare the predicted course of the time series with the actual post-implementation course of the time series, assuming different potential impact patterns (4 different patterns, including a pulse (an immediate pulse that then immediately returns to normal), decay (an immediate change that then decays over time back to normal), a step (an immediate change that is sustained), or smooth (a slower change that is sustained)). To the extent that the actual course of the time series differs from the predicted course of the time series, assuming any of the potential impact patterns, the well-defined interruption is likely the cause of the difference, assuming no other changes occurred at the same time. Thus, we expected a smooth pattern. Nevertheless, we examined all possible patterns for purposes of completeness.

In the current case, the evaluation is of the implementation of the website and accompanying dissemination strategy. Note that it is entirely possible that some proportion of any increase in the demand for MCBH services due to the implementation of the website and accompanying dissemination strategy may come from individuals exposed to the advertising for the website but who never used the website.

ARIMA requires us to have approximately 50 observations prior to the website introduction.[1] We obtained MCBH monthly electronic health record (EHR) data from July 2018 to July 2023 showing client services delivered over the pre-post time period. The WellScreen Monterey website was implemented November 15, 2022. Thus we have 52 months of client level data prior to implementation of the WellScreen Monterey website, and 8 months of client level data after the implementation of the website.

We examined the following outcomes using the MCBH monthly data:

I. *Service Provision*
   1. Mental Health Counseling (individual counseling, group rehabilitation counseling; in-person or telemedicine)
   2. Linkage/Brokerage Services (grouping: linkage/brokerage; in-person or telemedicine)
   3. Assessment/Evaluation (grouping: assessment and evaluation; in-person or telemedicine)
   4. Triage (grouping: triage assessment; in-person or telemedicine)
   5. Other Mental Health Services (grouping: assessment in lockout facility, case management in lockout facility, collateral, crisis intervention, family therapy, group psychotherapy, individual psychotherapy, psychotherapy, lockout, medication support, mental health rehabilitation, non-billable activity, plan development, telemedicine, other)

II. *Non-Billable Services*

III. *Risk Severity (definition: adults coded as high-severity by clinician)*

IV. *Costs for Service Provision (Inflation-adjusted to constant 2023 dollars)*
   1. Total Cost Per Patient
   2. Total Cost of Mental Health Counseling Per Patient
   3. Total Cost of Linkage/Brokerage Per Patient
   4. Total Cost of Assessment/Evaluation Per Patient
   5. Total Cost of Triage Per Patient

V. *Proportion of Visits Referred to Beacon/Carelon*

VI. *Proportion of Services Delivered by Licensed Prescribing Providers*

VII. *Proportion of Services Delivered by Licensed Non-Prescribing Providers*

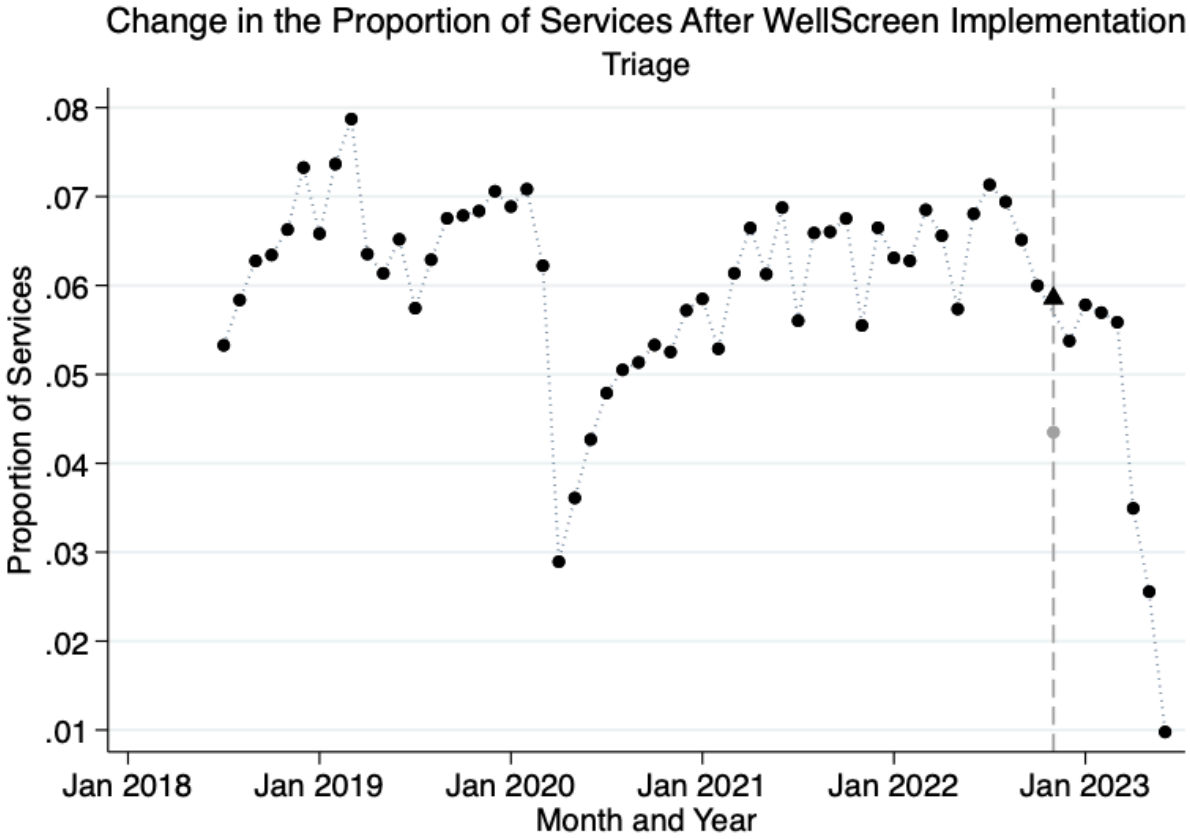
We show figures for results of each of these time series analyses, including the pre-implementation time series (actual time-series data); and the post-implementation time-series, including both the actual time-series data and the values predicted by the model. We also indicate the type of impact found in each case (pulse, decay, step, smooth) and whether there was a statistically significant difference between the actual post-implementation time series and the predicted post-implementation time series.

Triage and assessment/evaluation measures

Service Provision Impacts

There was a statistically significant, but short-lived rise (pulse) in the proportion of services devoted to triage (90% confidence).

FIGURE 1

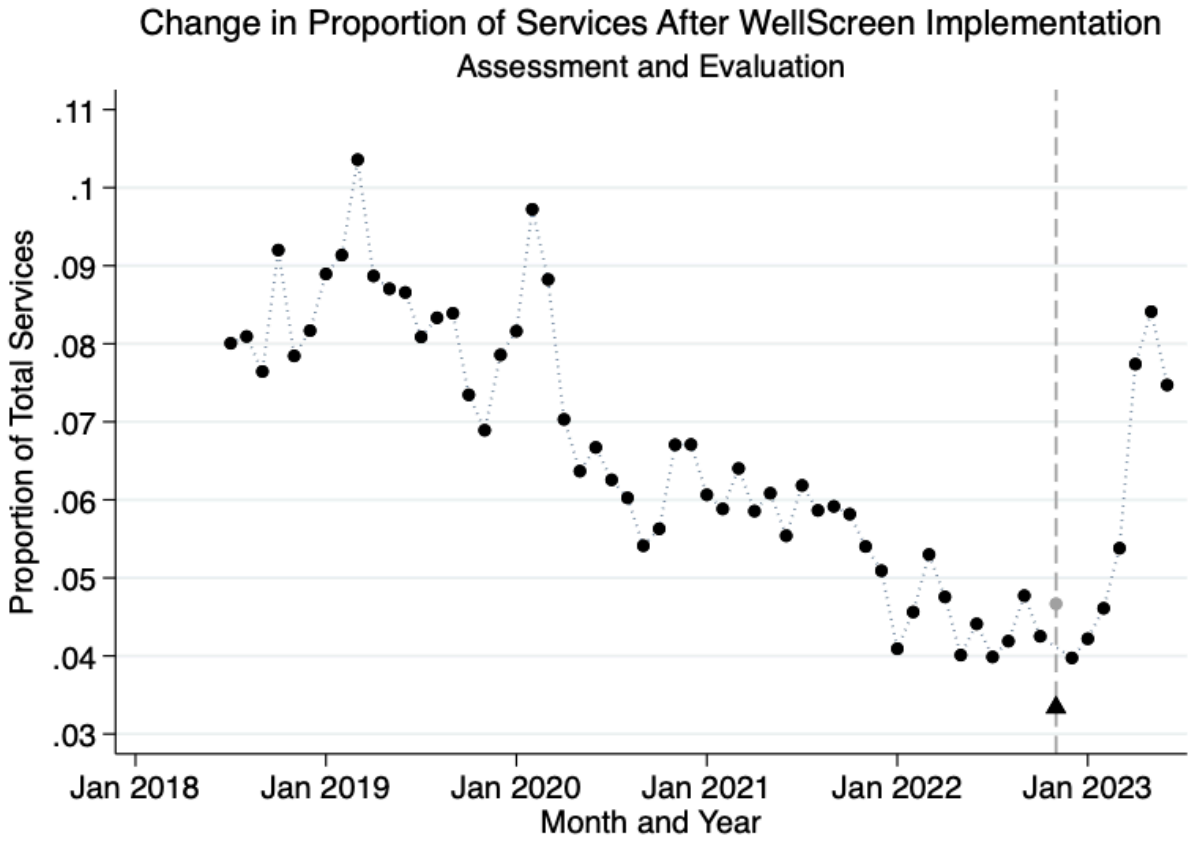


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Service Provision Impacts

There was a statistically significant, but short-lived drop (decay) in the proportion of services devoted to assessment and evaluation (94% confidence).

FIGURE 2



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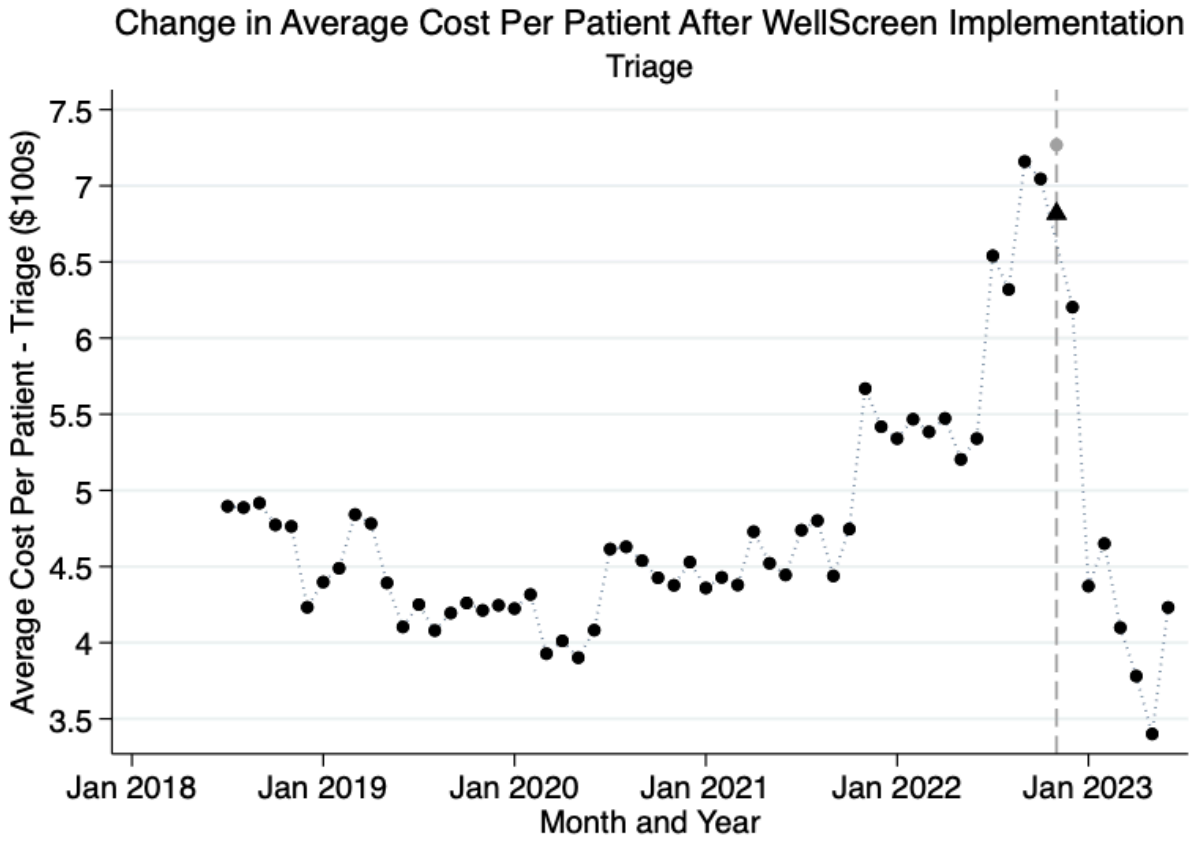
Service Provision Impacts

There was a statistically significant, but slowly decaying, decrease in the average cost of triage services (95% confidence).

FIGURE 3



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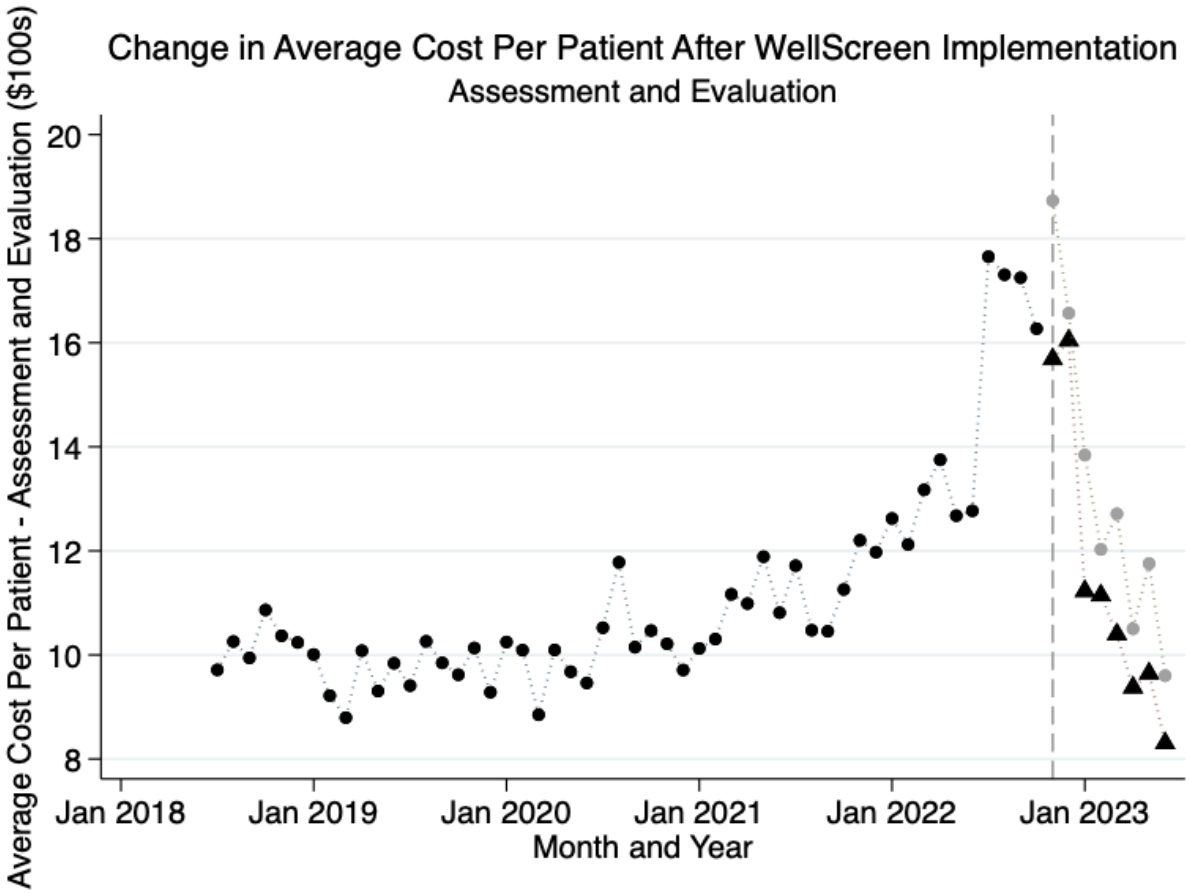
Service Provision Impacts

There was a statistically significant, but decaying decrease in the average cost of assessment and evaluation services (95% confidence).

FIGURE 4



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Interpretation

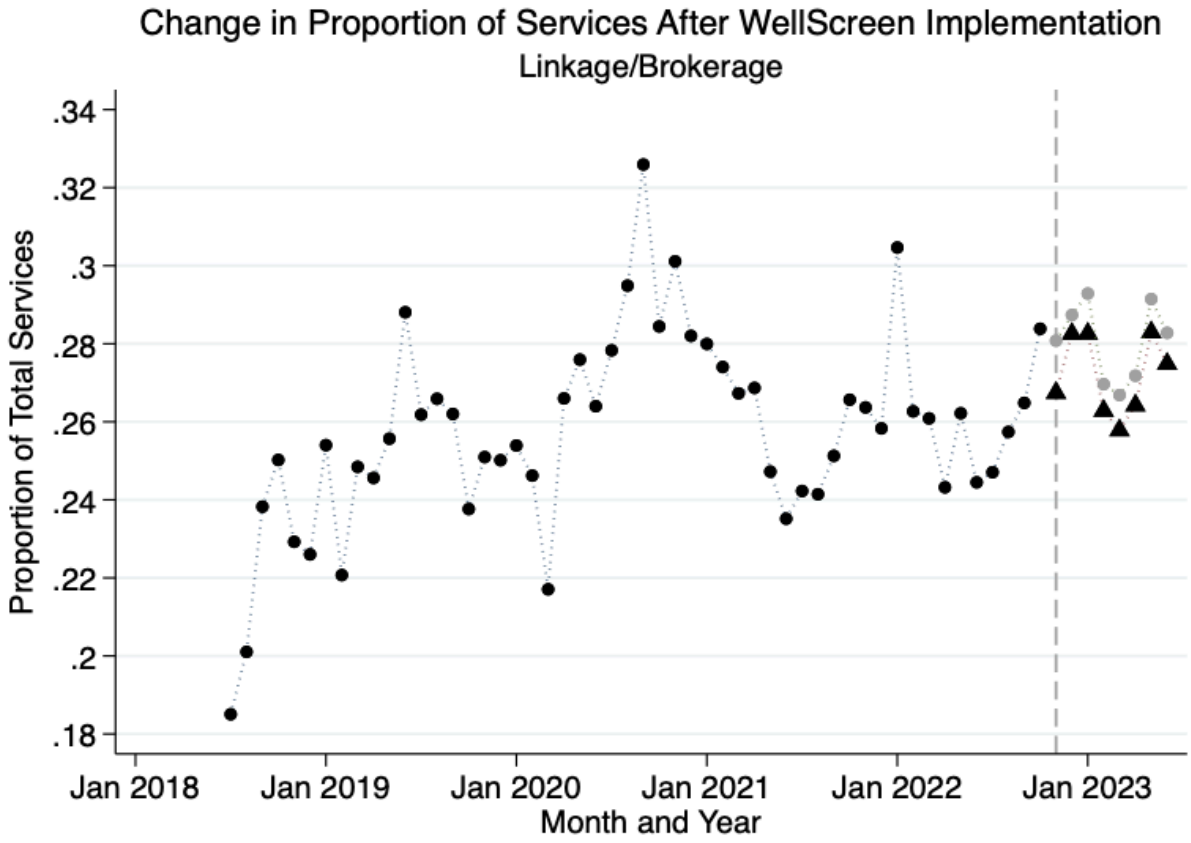
Triage services increased consistent with a corresponding decrease in assessment and evaluation. The costs of triage, and assessment and evaluation, both decreased, likely driven by the increase in efficiency of triage activities.

Linkage/brokerage, referral measures

Service Provision Impacts

There was a smooth reduction in the proportion of services in the linkage/brokerage category (with approximate 90% confidence).

FIGURE 5



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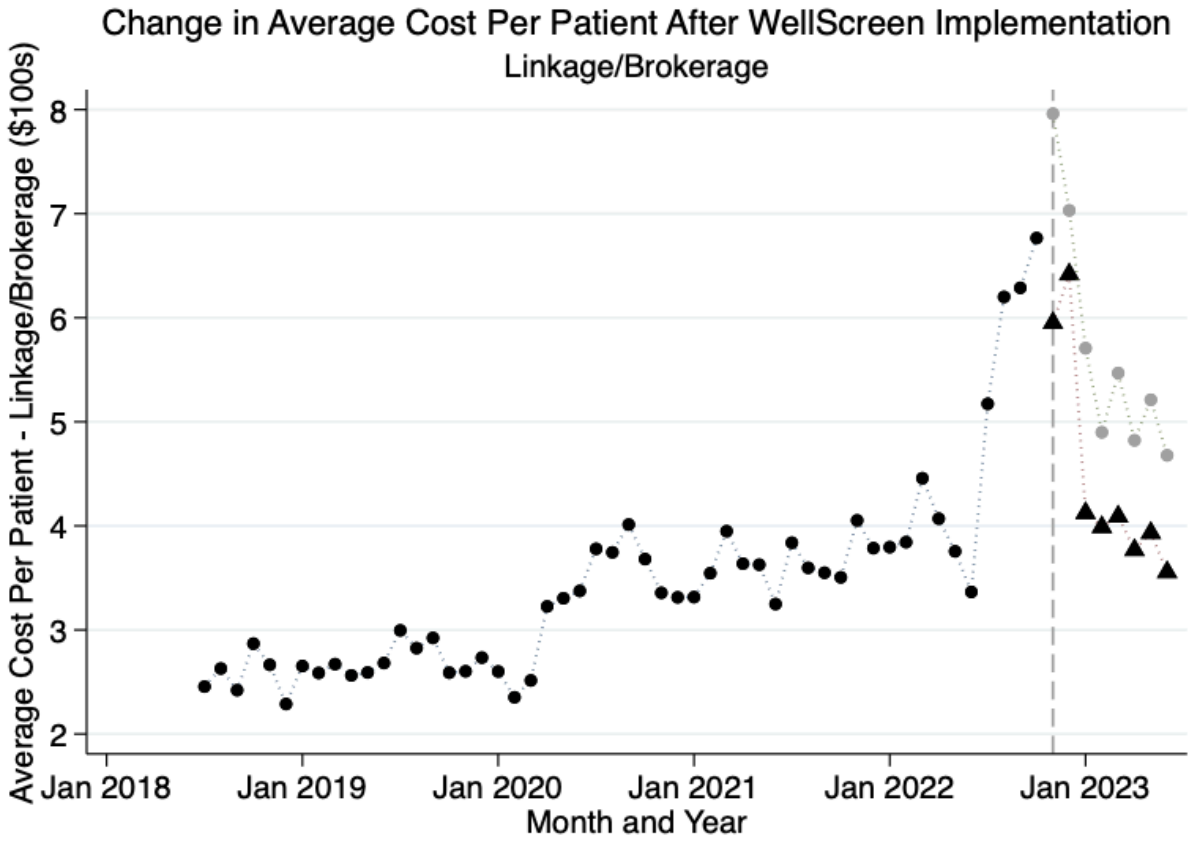
Service Provision Impacts

There was a statistically significant, but slowly decaying decrease in the average cost of linkage/brokerage services (95% confidence).

FIGURE 6



Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

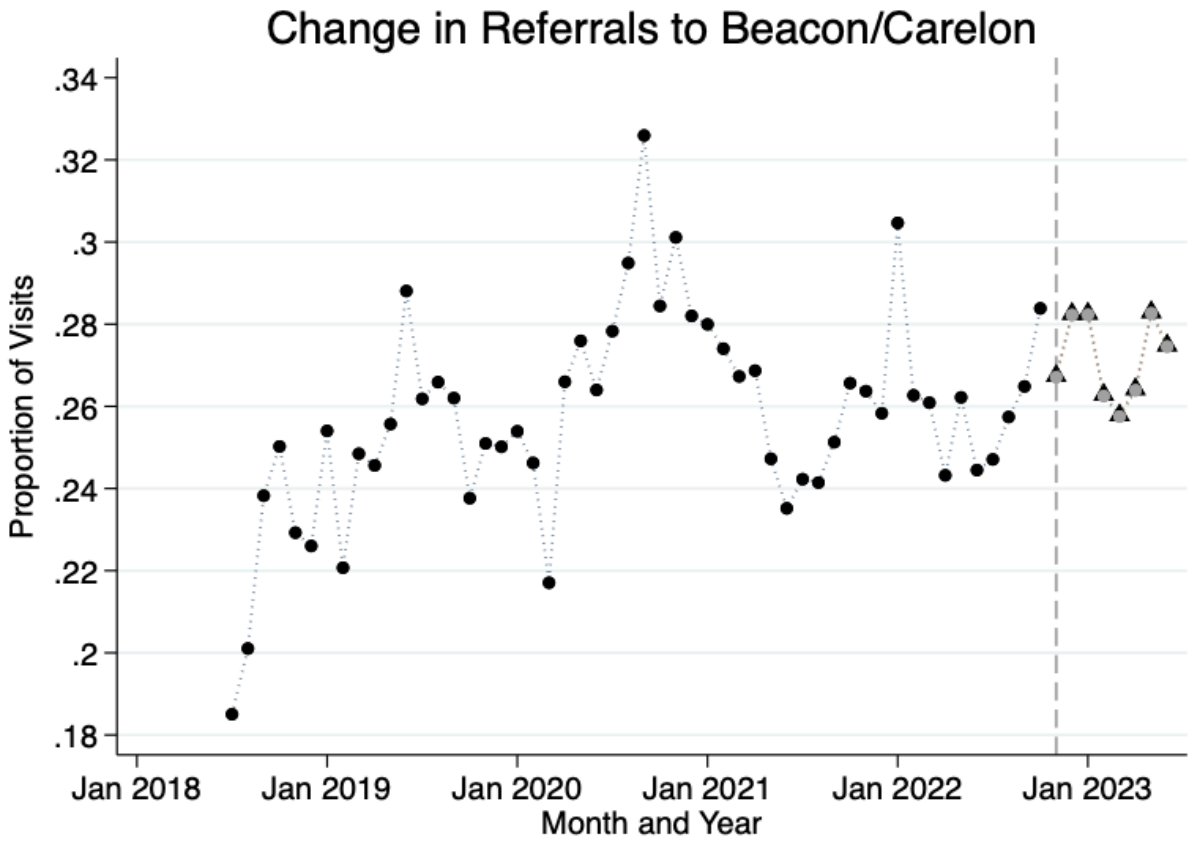
Interpretation

Linkage/brokerage services and costs decreased consistent with the corresponding decrease in assessment and evaluation services and costs.

Service Provision Impacts

There was no statistically significant change in referrals to Beacon/Carelon (95% confidence).

FIGURE 7



Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Interpretation

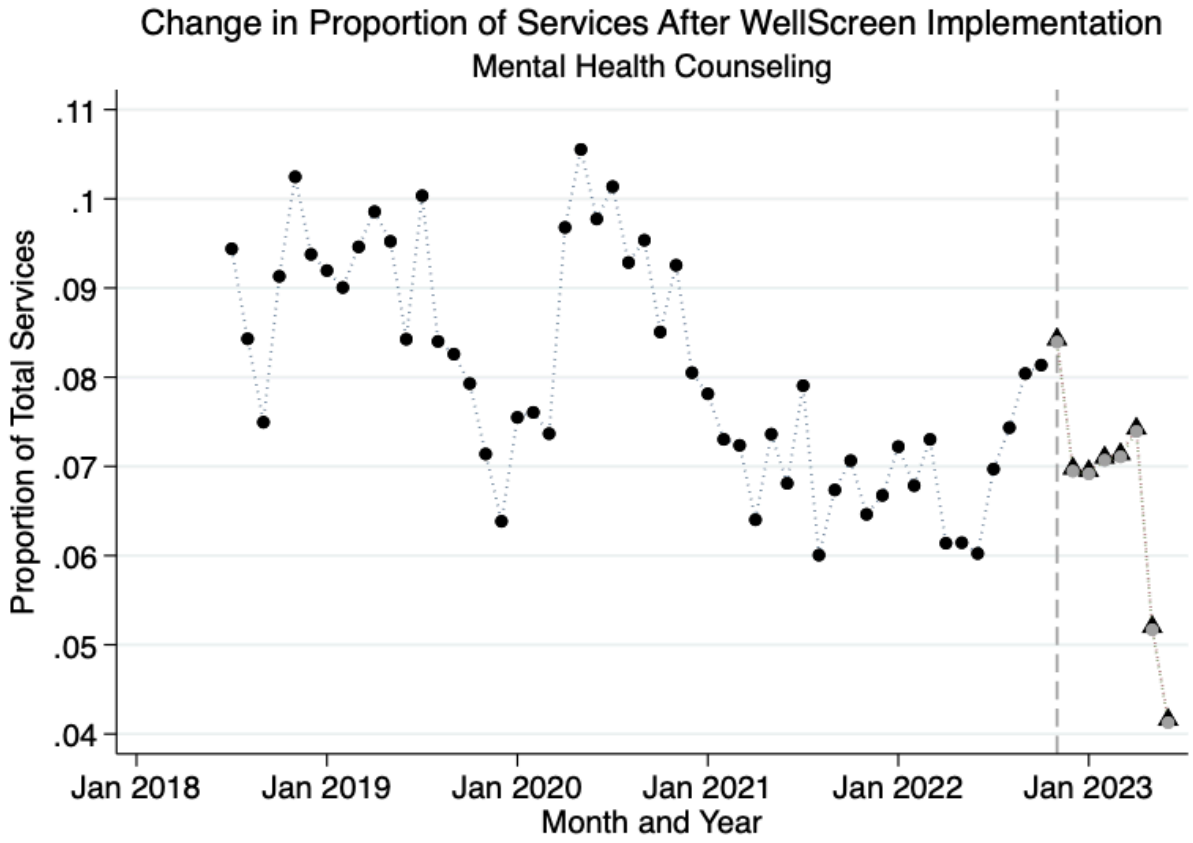
Referrals did not change, which simply means that the proportion of individuals inappropriately seeking care at MCBH rather than Beacon/Carelon did not change.

Mental health counseling services

Service Provision Impacts

There was no statistically significant impact on the proportion of mental health counseling services.

FIGURE 8

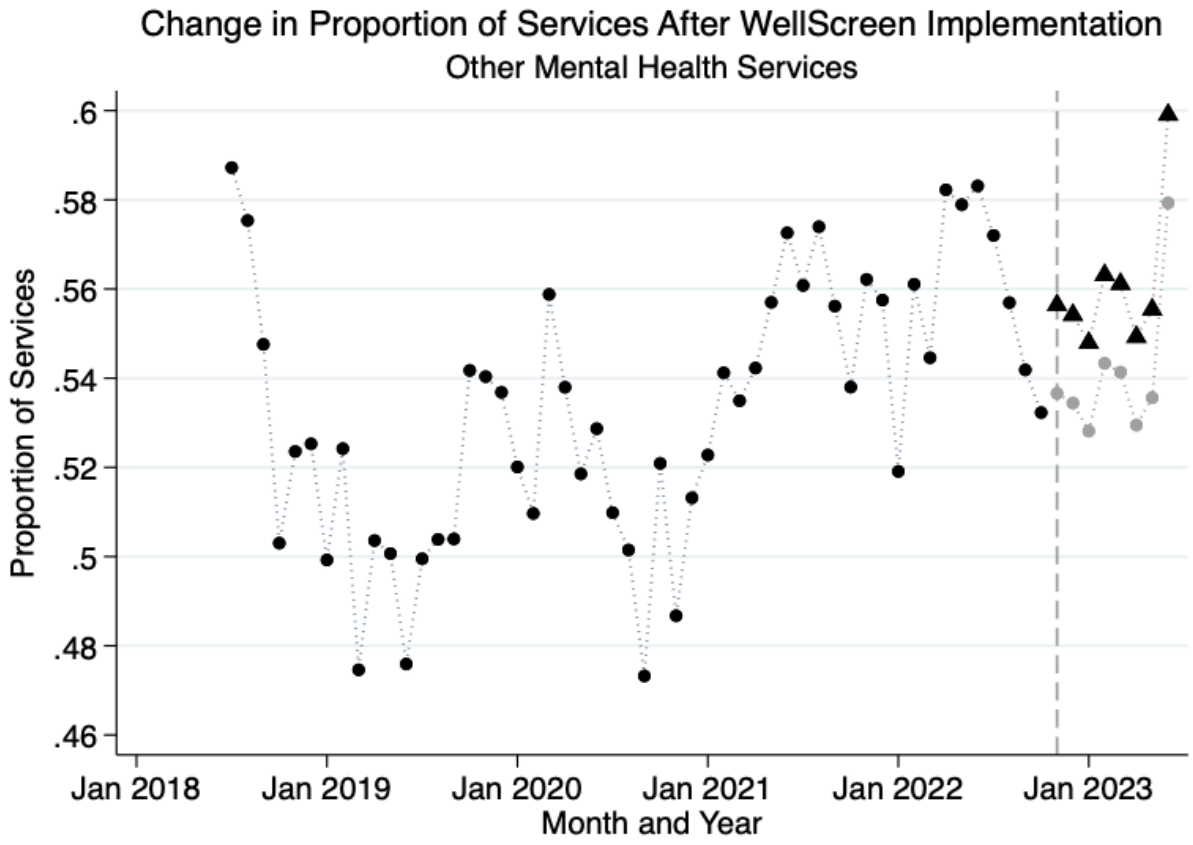


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Service Provision Impacts

There was no statistically significant impact on the proportion of other mental health services.

FIGURE 9

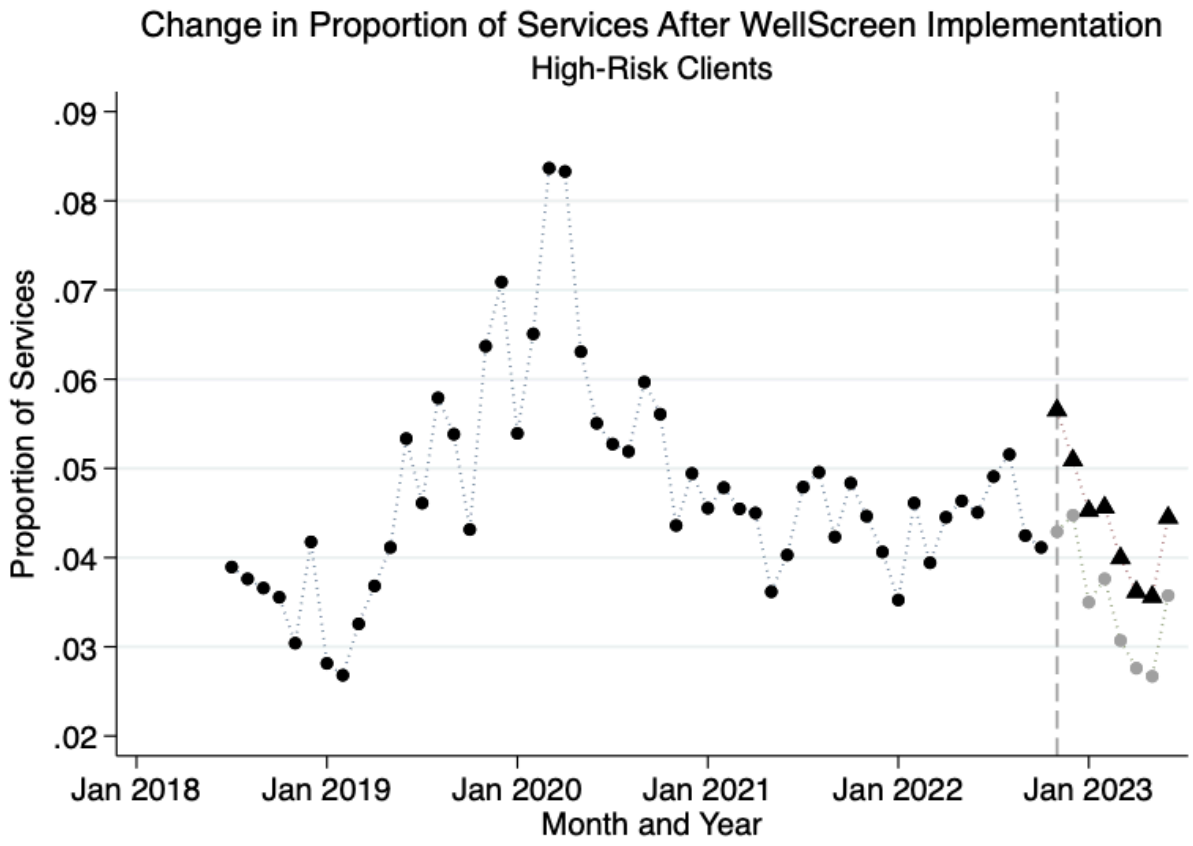


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Service Provision Impacts

There was a statistically significant smooth rise in the proportion of services devoted to high-risk clients (95% confidence).

FIGURE 10

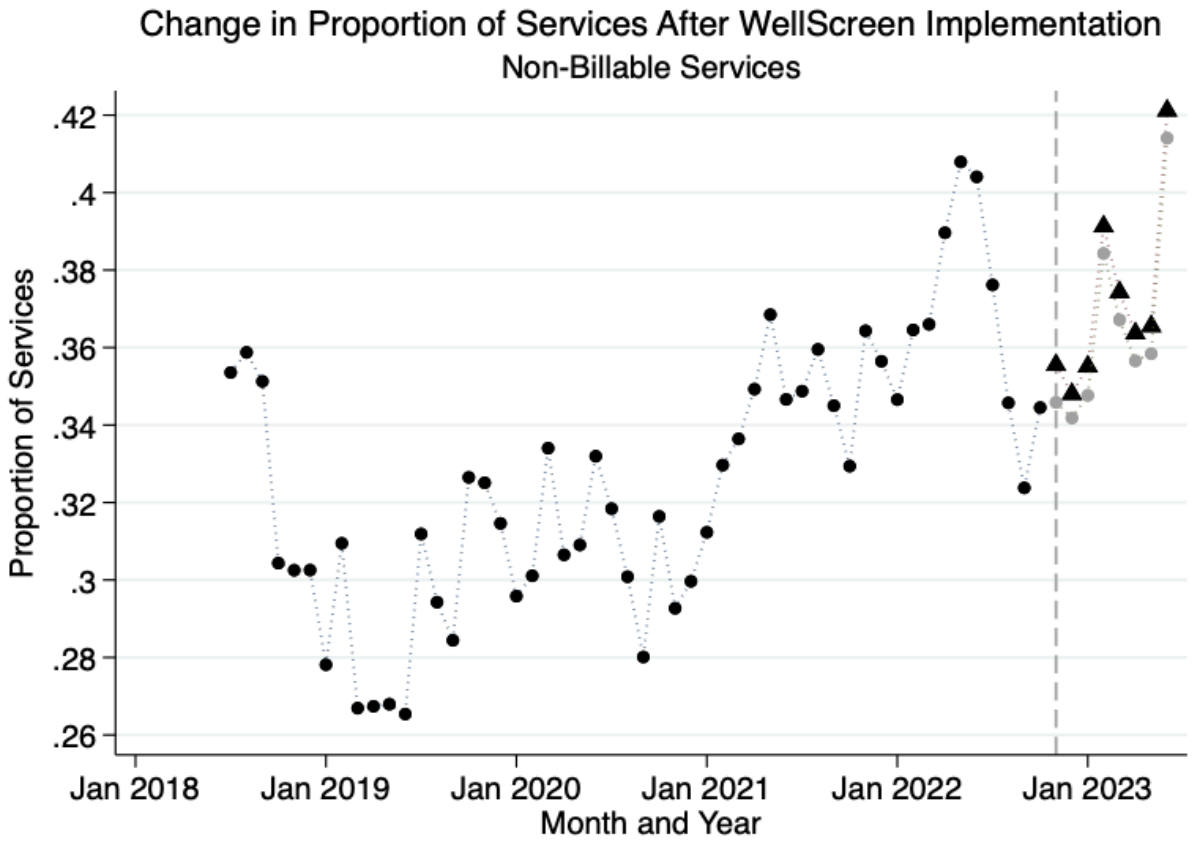


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Service Provision Impacts

There was no statistically significant impact on the proportion of non-billable services.

FIGURE 11

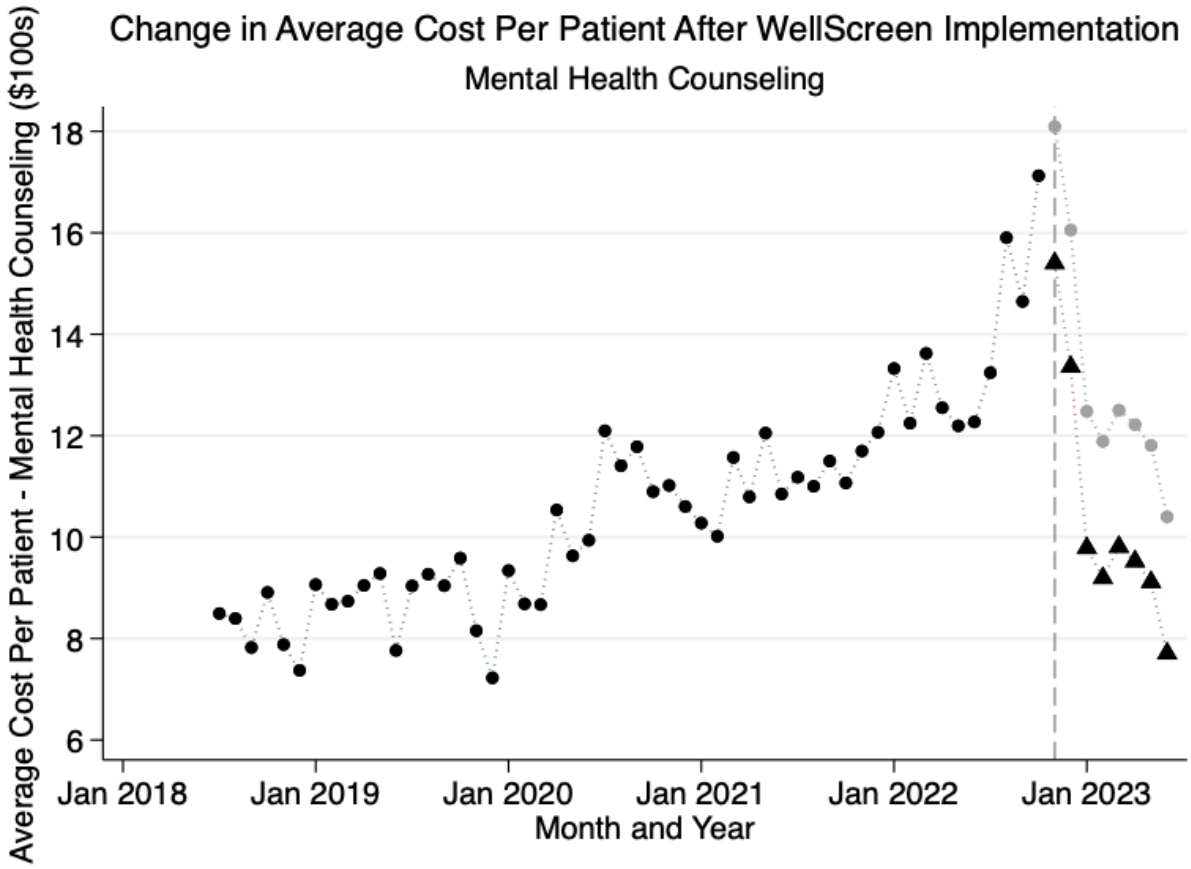


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Service Provision Impacts

There was a statistically significant, but seemingly permanent decrease (step) in the average cost of mental health counseling services (95% confidence).

FIGURE 12

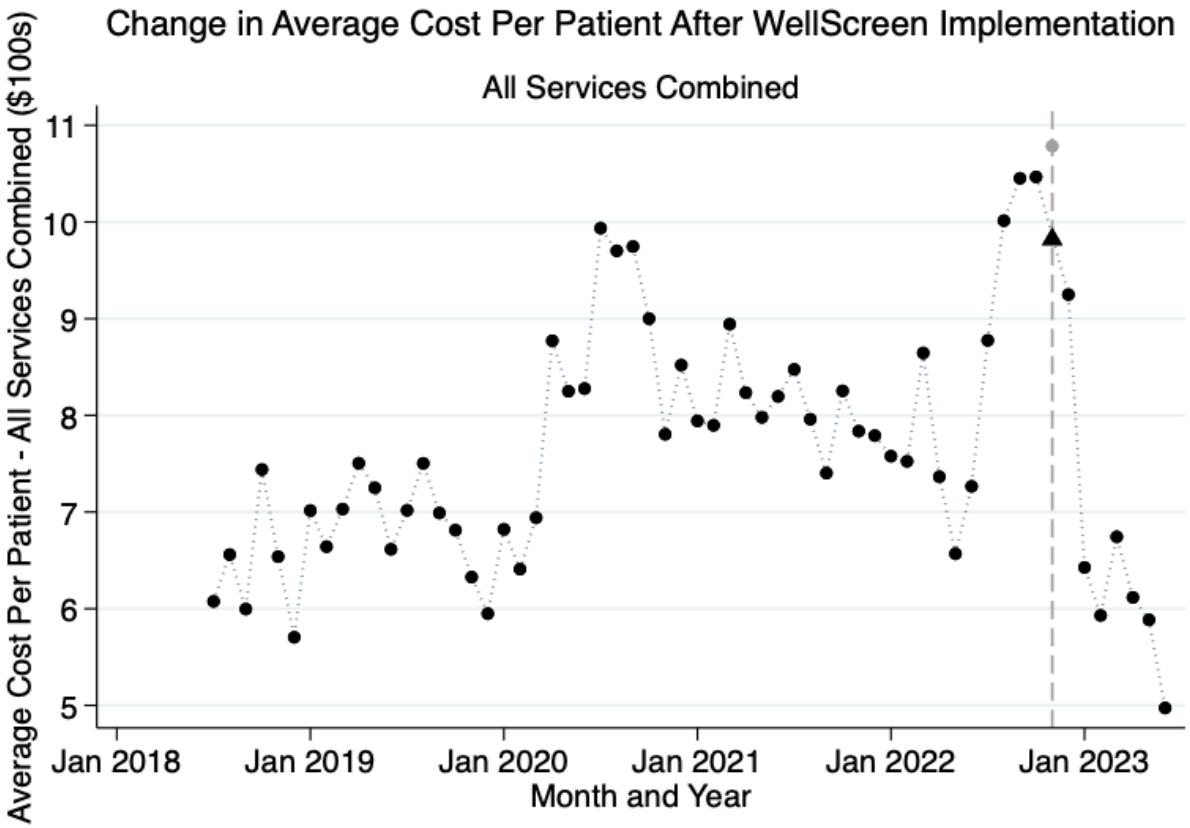


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Service Provision Impacts

There was a statistically significant, but short-lived decrease (decay) in the average cost of services when all services are included (95% confidence).

FIGURE 13

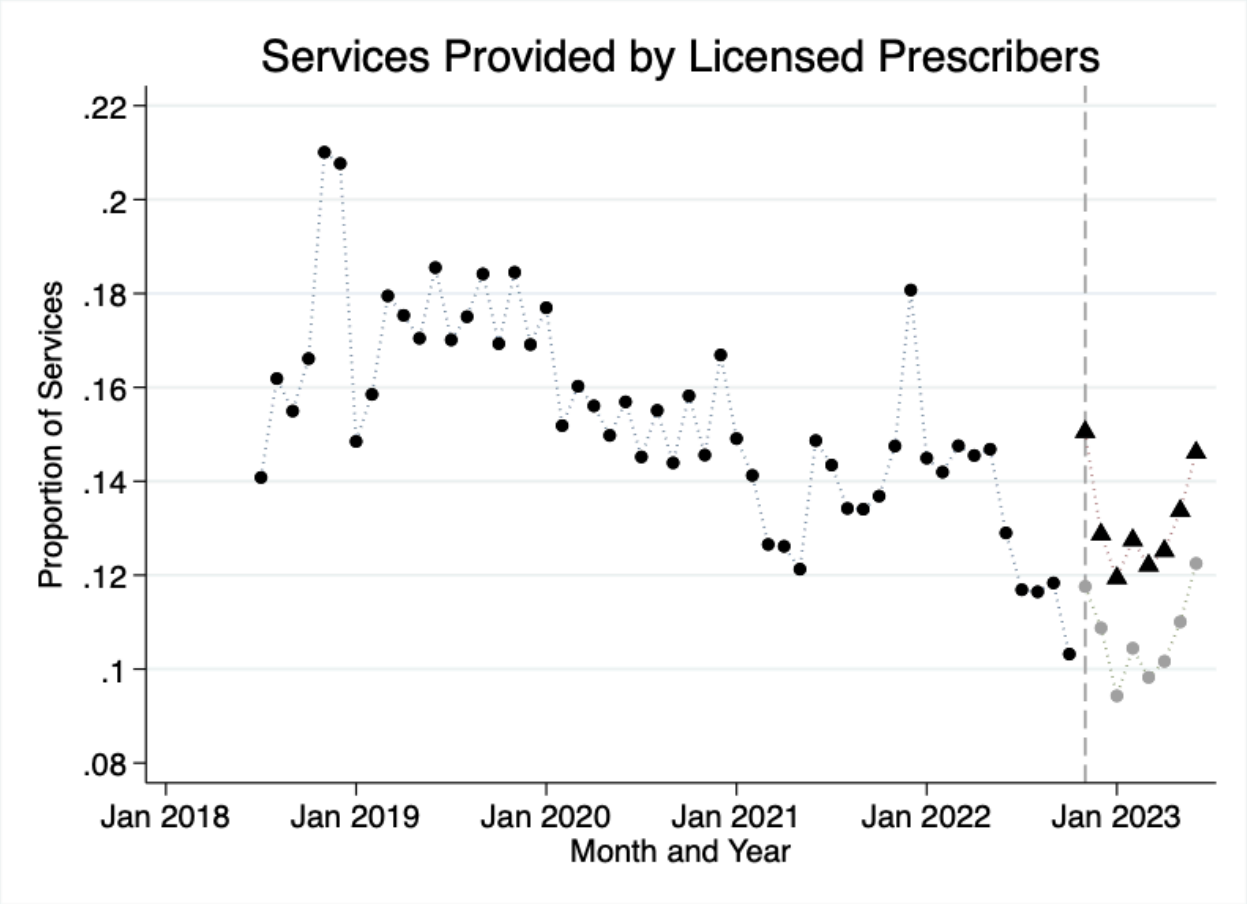


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Impact on Licensed Providers Providing Services by Prescribing Status

There was a statistically significant smooth increase in the proportion of licensed prescribing providers who provided services (95% confidence).

FIGURE 14

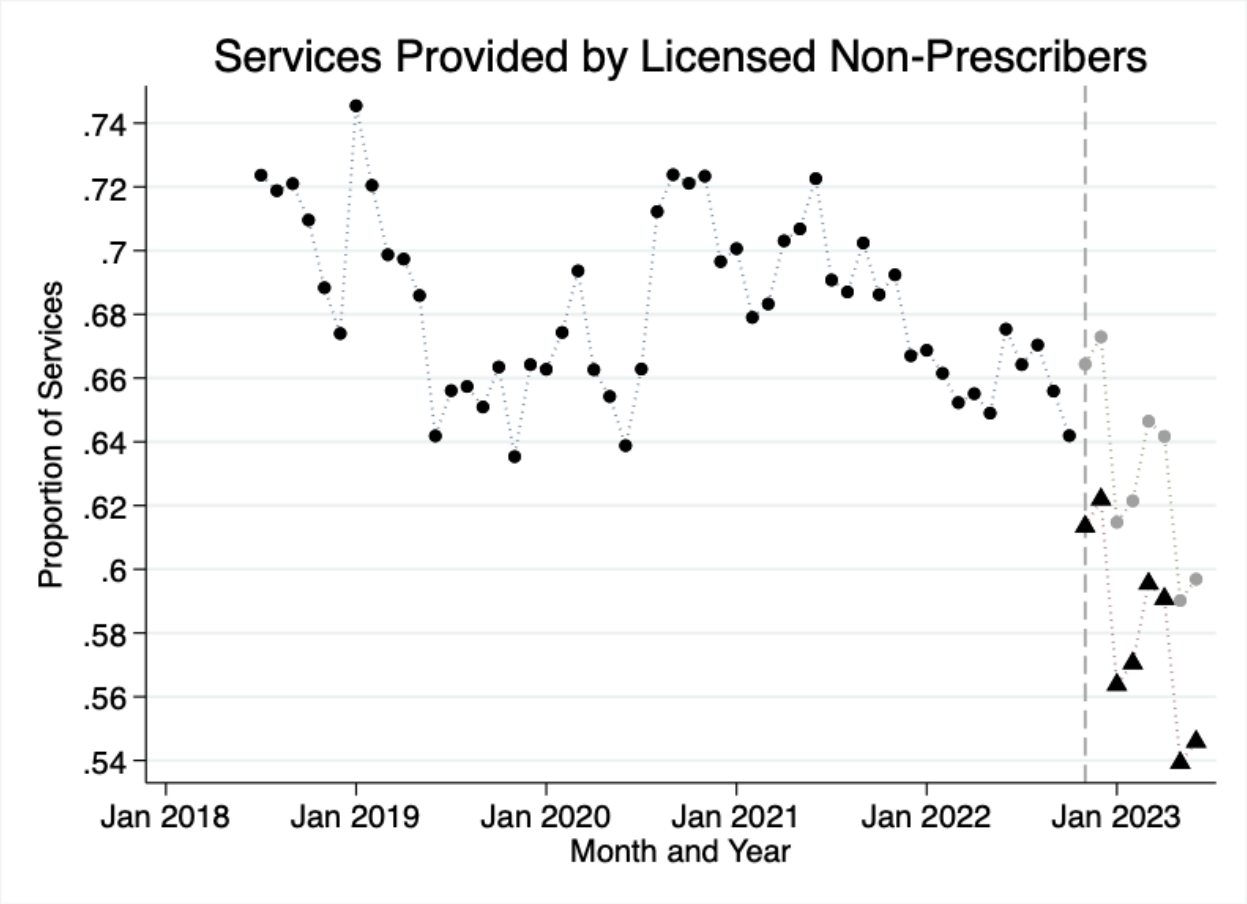


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Impact on Licensed Providers Providing Services by Prescribing Status

There was a statistically significant decrease (step) in the proportion of licensed non-prescribing providers who provided services (95% confidence).

FIGURE 15



Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Interpretation

There was an increase in the proportion of high-risk patients, which is consistent with a change in the mix of providers away from non-prescribing providers and towards prescribing providers. The lack of a change in the mix of services allocated between mental health counseling services, other mental health services, and non-billable services, combined with an overall reduction in the average cost of the services, suggests that prescribing providers were able to efficiently serve these high-risk patients resulting in lower average costs.

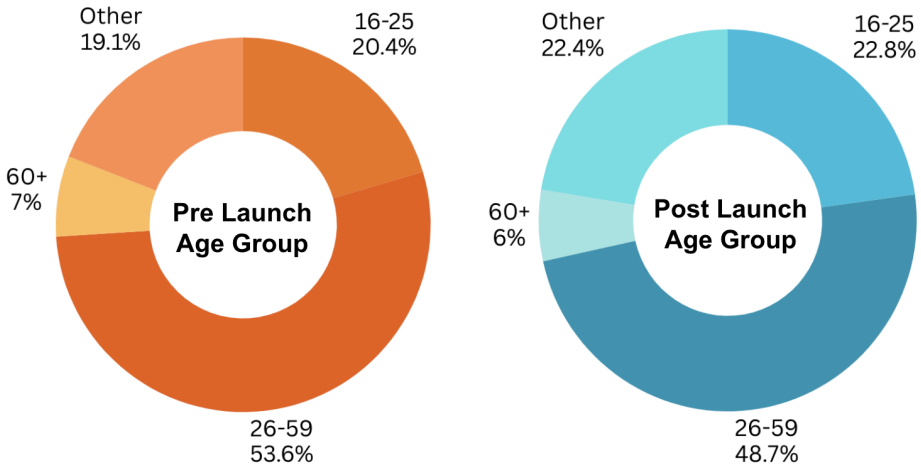
Mental Health Conditions Assessed by Help@Hand and Potential MCBH Clients

The following statistics are based on Help@Hand data from launch to September 7, 2023, and reflect 21,243 users of whom 9,509 lived in Monterey County and 2,228 completed an assessment. Multivariate logistic regression models found that Google paid advertisements and referrals were the most effective marketing strategies to attract Monterey County users (26.4% and 20.4% more effective than simple web search, respectively). Email and social media were no more effective than simple internet searching at bringing in individuals from Monterey County who go on to complete assessments.

Not all assessments were relevant for all individuals. Of the 2,228 individuals in Monterey who completed assessments (some individuals took tests more than once, which we accounted for), only a subset, 552, lived in Monterey County (based on their reported ZIP code), were rated moderate-to-severe for at least one of the following conditions, were covered by Medi-Cal, and were not currently being treated by MCBH: Anxiety (354, 64.1%), Depression (367, 66.4%), PTSD (163, 29.5%), Bipolar (238, 43.1%), Eating Disorder (284, 51.4%), Substance Abuse Any (233, 42.2%) and Psychosis (26, 4.7%).. This represents 552 different individuals when comorbid conditions are taken into account. Percentages do add to more than 100% due to comorbid conditions.

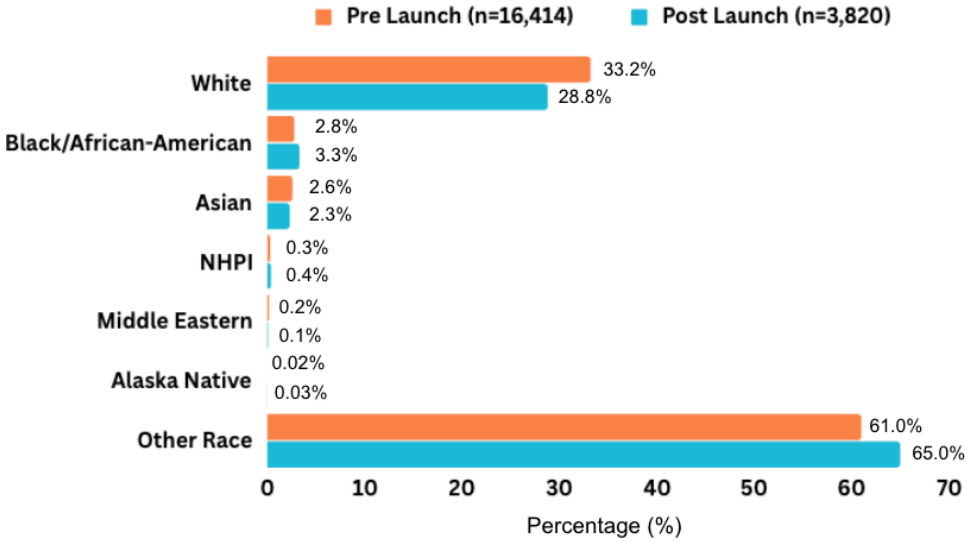
Monterey County Behavioral Health ACCESS Program demographic characteristics

FIGURE 16. Clients by Age Group



The percentage of clients in the 16-25 age category increased from 20.4% in the "pre" period to 22.8% in the "post" period. Conversely, the 26-59 age category experienced a decrease, with the percentage declining from 53.6% to 48.7%. The pre-post changes were not significant (p=0.187).

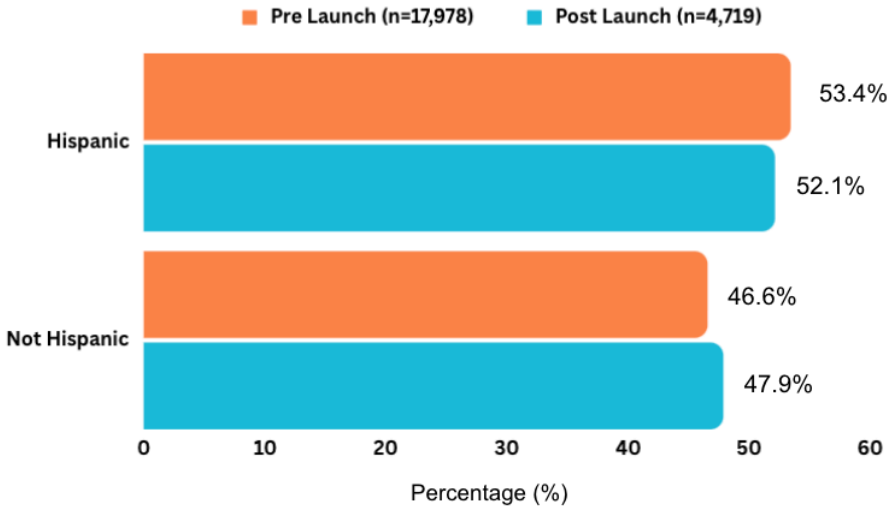
FIGURE 17. Clients by Race



Note: Patients with No Entry responses were removed from this visualization.
(Number of clients with No Entry response - Pre: 3, Post: 1)

By race, the proportion of clients identifying as White showed a decrease from 33.2% in the pre-launch period to 28.8% in the post-launch period. The percentages for clients of "Other Race," "Black/African-American," "Asian," and other categories experienced relatively minor fluctuations. The change in Race distribution between pre-post-launch periods was significant (p<0.001).

FIGURE 18. Clients by Ethnicity



Note: Patients with No Entry responses were removed from this visualization.
(Number of clients with No Entry response - Pre: 7, Post: 3).

The percentage of Hispanic clients remained relatively stable, slightly decreasing from 53.4% pre-launch to 52.1% post-launch. The pre-post-launch period change in ethnic origin distribution was significant ($p<0.001$).

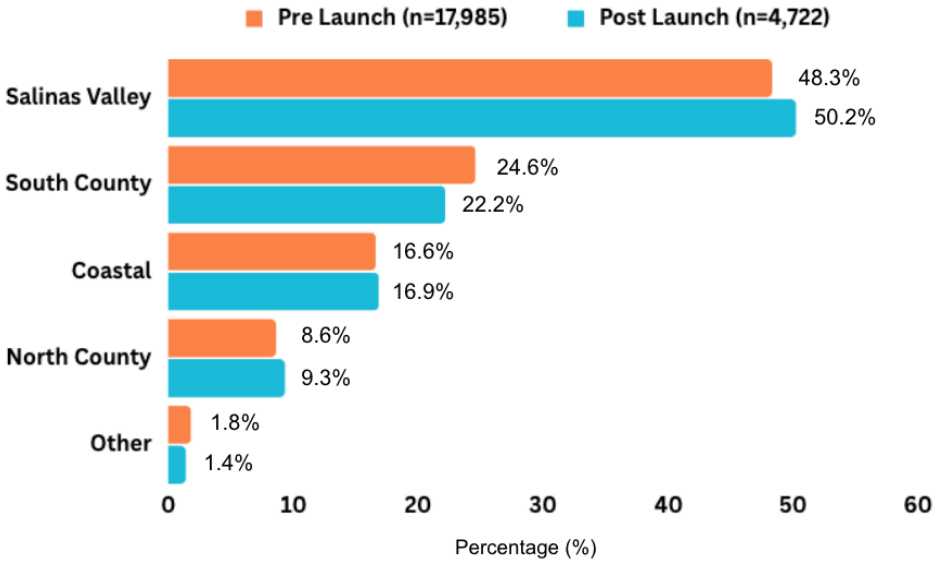
FIGURE 19. Clients by Type of Health Insurance/No Insurance

	Pre Launch (% of clients served)	Post Launch (% of clients served)
Medi-Cal (Medicaid)	73.5%	77.6%
Medicare Part B	5.4%	7.4%
Private Insurance	7.4%	6.6%
Self Pay/Other	13.3%	7.8%
Others	0.4%	0.6%

Data are from MCBH Electronic Health Record System.

The table displays the percentage of clients with different types of insurance coverage (or lack of insurance) in the pre- and post-intervention periods. Overall, there were increases in client proportions covered by Medi-Cal and Medicare Part B, while Self Pay and Private Insurance proportions decreased from pre- to post-intervention. The change in the insurance status distribution between the pre-post-intervention period was significant ($p<0.001$).

FIGURE 20. Clients by Monterey County Regions



The above graph indicates that the proportion of clients from the Salinas Valley Region increased slightly from 48.3% in the pre-intervention period to 50.2% in the post-intervention period, while the South County region experienced a modest decrease from 24.6% in the pre-intervention period to 22.2% in the post-intervention period. The percentages for the Coastal, North County, and Other Regions remained relatively stable between the two time periods. The pre-post-change in the regional distribution was significant ($p<0.001$).

Planning processes

Key informant interviews were conducted with 14 key stakeholders involved in the planning phase of the Help@Hand project and included informants from Monterey County Behavioral Health, other community service agencies in Monterey County, and Help@Hand Technology Development Partner. Interviews were conducted from May 26, 2023, to August 23, 2023. The following qualitative findings are organized into sections (successes, challenges, and suggestions), and then subsections (MCBH Key Informant Perspectives, Non-MCBH Provider Perspectives, or Help@Hand Technology Development Partner Perspectives).

Table 1. Key Informant Interview Participants (n=14)

Key Informant Agency Type (n)	**Job Titles**
Monterey County Behavioral Health (n=4)	Behavioral Health Services Manager, Assistant Bureau Chief, Services Manager II Over Quality Improvement, Management Analyst/Innovations Coordinator
Community Service Agencies in Monterey County (n=5)	Deputy Director, Social Services Manager, Peer Outreach/Advocacy Coordinator, Program Coordinator, CEO/Consultant
Help@Hand Technology Development Partner (n=5)	Customer Success Manager, Director of Content Operations, Research and Aata Coordinator, Chief Technology Officer, Senior Product Advisor

Successes

MCBH Key Informant (KI) Perspectives

“The planning went well and I think we had the right people in place to help support this. In particular, having our ‘ACCESS to Treatment’ managers available for the [planning and] implementation process, because a lot of times, our clients come through our ACCESS [program] doors.” - MCBH Administrator

“In the planning phase, I think what I feel really went well is the [digital technology development] team was very responsive to needing to be flexible and needing to hear from us about our community needs and then making those adjustments [to the design].” - MCBH Administrator

Monterey County Behavioral Health (MCBH) key informants shared that the key facilitators that made the planning phase for WellScreen Monterey digital platform/website successful included: (1) the partnership between the MCBH program managers and the mental health- and wellness-oriented digital technology development organization and evaluators in the planning and design process and the project team’s flexibility and responsiveness to the County stakeholders’ needs and priorities in the planning and design of the WellScreen Monterey website, (2) the community needs assessment which welcomed a variety of stakeholders input and identified the key community preferences for accessing and using the website content and format, (3) the testing and validation of the behavioral health assessment measures and scales

to ensure their accuracy and usability, and (4) the full transparency and open communication of the planning team which cultivated the trust and facilitated the productivity in the planning and design process of the website between CalMHSA, MCBH administrators and providers, the digital technology development team, and the evaluation team.

"I think the [development] team, and really the [state] CalMHSA team, was good in keeping us on track and identifying weaknesses in our approach. So I think that was well done as well." - MCBH Administrator

Most MCBH KI participants shared that the collaboration between MCBH program managers/providers, state of California Help@Hand program (CalMHSA), and the Help@Hand partners (digital technology development and evaluation teams) was successful during the initial planning phase of WellScreen Monterey to facilitate the ongoing progress of this initiative. Half the participants also mentioned that the MCBH partners during the planning phase were very responsive and flexible to the needs of the county behavioral health agencies and community stakeholders. In addition, half of the participants indicated that each of the project collaborators brought the respective skills and capacities needed (e.g., mental health, program management, digital technology development, evaluation) which led to a well-developed initial technology innovation proposal that got awarded, team members being engaging and responsive to each other's feedback in the planning phase, and scope of work activities progressed in a productive manner and being fully executed. Further, one participant indicated that all design and development ideas and decisions were also openly discussed and transparent among all the team members during the planning phase and made the coordinated efforts more integrated and seamless. Another participant also indicated the planning phase process was productive.

"When myself and some other [MCBH] folks doing the work and really understanding the workflow and the needs of our community,…the feedback that we provided led to some adjustments from those initial impressions. And I always felt like that they were very responsive to that and wanted to make it make sense for the work and for the community. So I think that was a huge strength of the process." - MCBH Administrator

"I think [digital technology development team] did a really good job with their focus groups and all of that to kind of get more clinical and peer perspectives on what the tool should screen for." - MCBH Administrator

During the planning phase, the development team conducted a community needs assessment phase that included key informant interviews and focus groups with key stakeholders that included community, clinical, MCBH agency, and external provider perspectives. Half the MCBH participants stated that the key informant interviews from MCBH, other behavioral health serving agencies, and the mental health- and wellness-oriented digital technology development organization, were quite effective to inform the Help@Hand planning phase such as the design of the virtual screening measures and selection of the validated scales. One participant explained that the development team was very responsive to the feedback from Monterey County regarding the needs that the community stakeholders shared and validated scales that the Monterey County clinical team suggested to use in the self-assessment on WellScreen Monterey for the end users.

One participant also found the testing and review of mental health screening measures that occurred during the planning phase of WellScreen Monterey to be comprehensive and helped the accuracy of the assessment screening. Additionally, the participant explained that WellScreen Monterey became a community-facing screening tool to provide resources and

better understanding of mental health needs for individuals, rather than a direct linkage to behavioral health services due to feedback from the MCBH administrative and clinical teams. This adjustment helped ensure WellScreen Monterey would supplement the work of a Monterey County clinical team to make the countywide assessment screening processes more efficient and be able to extend the reach to provide an earlier indication of mental health needs to address.

"I remember [technology development staff] did a really comprehensive dive into vetted assessments to try to use those assessments in the screener tool itself. To pinpoint the mental health issues that may be existing for somebody and for that to be accurately determined by the screening tool. And she did a really comprehensive dive into those various... What's the word? Validated measures." - MCBH Administrator

Non-MCBH Provider Perspectives

Among non-MCBH providers in the community, one participant shared that the planning phase was intentional in welcoming a variety of stakeholder perspectives and feedback, including youth perspectives.

Help@Hand Technology Development Partner Perspectives

Help@Hand technology development partners key informants shared that key facilitators which made the planning phase for WellScreen Monterey digital platform/website successful included: (1) coordination and collaboration between project teams, (2) adherence to project timelines and responsiveness to any delays, (3) clear goals, measures, and outcomes for the project, (4) community needs assessment to gather important guidance and feedback from community members, (5) clinical site visits to engage and discuss with clients on-site at clinics in Monterey County clinics, (6) efficient administrative processes, and (7) marketing preparations and planning.

"We had a very open, [experienced] and informed team. [O]ur project management with [CalMHSA team] went really well. We also spent a lot of time collaboratively thinking about the problem[-solving], and from my perspective, trying to apply technical workflow or a user experience and workflow that would suit the constituents that we were trying to reach" - Help@Hand Technology Development Partner

Half of the Help@Hand technology development partners shared that the coordination between the collaborators Monterey County (MCBH), state of California (CalMHSA), and the technology development team were quite successful throughout the planning phase. Some of these participants commented on the success of the coordination between the various workgroups (e.g., research/evaluation, technology design, marketing) of the development team and MCBH that facilitated the technical development of WellScreen Monterey platform. A participant also mentioned that the CalMHSA was quite an effective mediator and made the joint planning between MCBH and the development team quite productive. Another participant highlighted the productive planning process was due to the abundance of professional experiences and expertise of individuals across the collaborating Help@Hand team of MCBH, CalMHSA, and the partners (development and evaluation teams).

"This is a seven-figure project, and every…deadline was actually met, except, I think we delayed the launch a little bit. But every major deadline along the way was met because there was a clear process in place, review, mock-up review, agile development process with sprints,

and keeping things moving along. So I think, overall, I was very happy with the work of coordinating the original design, developing the product, and also just the flexibility of the team along the way…" - Help@Hand Technology Development Partner

Some participants shared that they stayed on track and met project deadlines throughout the planning phase. Almost every deadline was met due in part to a clearly set process with feasible tasks and associated timelines. For those project deadlines that were delayed, they were in part due to the need to await external feedback before being able to complete the set milestones. Some also mentioned that project management tools they used were quite useful and effective with setting milestones, tasks, and deadlines for the development team.

Some participants detailed that the scope of work parameters were clearly defined and realistic as they pertained to the goals, measures, and outcomes. This made each of the planning stage milestones set quite feasible to accomplish by the deadlines and led to the development team consistently making good progress.

"The most helpful information and also criticism of the system came from providers and community partners. Youth community members had a lot of good insight as well. It seems like the youth are a little more connected or…aware of what's available and what's not. They had some good feedback [about] the general state of mental health in the county." - Help@Hand Technology Development Partner

"Having the opportunity to actually interface with the people that might be impacted or interacting with the project. The final result of the project was really helpful. Going through a formal process of recruitment and interviewing, surveying, extracting our [community assessment] findings from that data reporting back out…that was positive." - Help@Hand Technology Development Partner

Some participants expressed the community needs assessment was quite useful for the planning process as it engaged and sought input from a variety of stakeholders about what they wanted and preferred for a new technology platform for mental health screening and resources. One participant shared that, in particular, mental health providers and community informants provided the most helpful guidance and feedback to the design of the Help@hand platform. In addition, this participant indicated that youth community members contributed very good insight as they were more connected and aware of mental health resources available to them and their general state of mental health. Another participant appreciated the comprehensive nature of the community assessment process which consisted of key informant interviews, focus groups, and surveys with mental health providers, community members, and MCBH partner organizations in the community.

"For validation [of the self-assessment tool] we did do a [MCBH clinic] site visit so that we could compare, so that we could reach people who were physically going into the ACCESS program clinics and then be able to compare the results of their [in-person] triage and intake process and our [virtual] screening process… it was definitely helpful to be there physically and be able to talk to people, explain to them directly what we're doing." - Help@Hand Technology Development Partner

One participant also indicated that the development team conducted MCBH ACCESS program clinical site visits to engage and discuss with actual clients on-site at the Monterey County clinics. During these site visits, the development team was able to compare the in-person triage and intake processes at the clinic to the virtual WellScreen Monterey self-assessment screening

process. This participant also mentioned that it was quite helpful to be able to explain the new WellScreen Monterey website to clients of MCBH directly in the clinic and ask for their input on how to make the online self-assessment and the associated resource linkages easier to use. Most clients they reached out to in-person showed interest in sharing feedback on the usability of the WellScreen Monterey website.

In addition, one development team participant shared that the administrative process for the contracts were well-aligned with the proposed scope of work, and invoices were completed promptly by the accounting teams. Further, one participant commented that contract revisions or contract change requests were completed efficiently on all sides.

"I think what went well is that we were able to [prepare ahead of time to] get everything out there with some ads on the day of launch. And we did the initial ads internally and so we were able to put those together as a team and they did pretty well." - Help@Hand Technology Development Partner

One participant discussed the effectiveness of the preparations for the initial marketing and outreach process for the WellScreen Monterey launch during the planning phase. Discussions with online marketing strategies (e.g., Google, Facebook) and in-the-community outreach strategies (e.g., TV/radio, bus ads, flyers) occurred concurrently during the planning of the WellScreen Monterey launch.

"Google continues to be the best performing tactic based on conversions, and we are defining conversions by anybody who actually completes the survey." - Help@Hand Technology Development Partner

One participant shared that Google has been a very successful avenue for assessment screening completions, while Instagram and Facebook have been successful for overall impressions and views.

Challenges

MCBH Key Informant Perspectives

Monterey County Behavioral Health (MCBH) key informants shared that the key challenges for the planning phase for WellScreen Monterey digital platform/website included: (1) staffing transitions and need for more county staff, (2) earlier planning for marketing, (3) delays and task prioritization that affected timing, and (4) administrative processes and limitations of resources to prepare as well as integration of WellScreen Monterey results with the electronic health records.

"There's just a couple of us, myself included, trying to figure this out before the rubber met the road with CredibleMind. And then even once CredibleMind came on, they had lots of good input. So we're [considering that] would've been great to think about two years ago." - MCBH Administrator

One participant shared that the main challenge to the planning phase of WellScreen Monterey was related to staffing of Monterey County Help@Hand program. Transitions in county leadership and agreements between cross-county partners that varied in involvement affected the timeliness of the guidance from county leads about Help@Hand initiative to the county staff

to work on this initiative and led to some delays during the planning phase. They also indicated that more county staff was needed to carry out the Help@Hand initiative before and after connecting with the development team, as well as more county staff to conduct training sessions before the WellScreen Monterey launch.

Two participants stated that earlier strategizing on marketing, as well as more outreach would be beneficial.

"...we had [another county] in the mix for a while. They were going to partner, they weren't really like an active partner, they're more fiscal…And then COVID hit, put a pause on everything. And then during the RFP process,...having this silent partner really slowed things down. And I feel like it put us into this current relative time crunch to pilot the project." - MCBH Administrator

Two participants discussed the timing challenges during the planning phase of WellScreen Monterey. Delayed start, task prioritization, and proposal and contract set up were aspects that impacted the timing. Determining county partnerships and adapting to COVID-19 also introduced challenges into the planning phase. One participant shared that ideally, the evaluation of WellScreen Monterey could be over three years rather than ten months.

"The failure to launch the project was more of an internal ability to provide the resources to get it done. And then the prioritization of those resources, there's always something that seems to come up that seems to be more important. And it wasn't until we finally prioritized this than other projects that it kind of shook everything loose and now we're going." -MCBH Administrator

Two participants described challenges from administrative processes including ability to provide resources during the planning phase to prepare for the launch phase, and limitations where the WellScreen Monterey assessment screening results could not be automatically entered into the electronic health records.

Non-MCBH Provider Perspectives

Non-Monterey County Behavioral Health (Non-MCBH) key informants shared that the key challenges for the planning phase for WellScreen Monterey digital platform/website included: (1) not reading the focus population due to education and language barriers, (2) need for more staff such as someone who had experience with being on air, and (3) timing challenges due to meeting coordination, budget discussions, and staffing.

"I just worry that [WellScreen Monterey website] might be a little bit too sophisticated for some people and actually very kind of middle class centric. What we have here is a giant population of people who do not have a bachelor's degree and who are working in the fields and who are typically Spanish speakers." - Non-MCBH Provider

One participant shared concerns that WellScreen Monterey is not reaching the focus population since many do not have college degrees and typically speak Spanish. Another participant discussed challenges of staffing, where a person could not be identified to do an on-air advertisement interview with a local radio station.

"There's one other component that we have everything set for, but it's just a matter of time and resource for the team, for the Monterey County team." - Non-MCBH Provider

Two participants spoke about timing challenges, related to coordination of meetings, budget discussions, staffing. Difficulties finding meeting times that worked for everyone, as well as discussions about budget which introduced some delays. Additionally, due to lack of staff, there were delays in collecting advertisements and distributing in the communities.

Help@Hand Technology Development Partner Perspectives

Help@Hand technology development partners' key informants shared that the key challenges for the planning phase for WellScreen Monterey digital platform/website included: (1) collaboration challenges that could benefit from a designated representative from each team to improve communication, (2) need for more feedback especially from MCBH clinics on design of the website before launch, (3) challenges with recruitment for feedback from Monterey County communities, and (4) communication between teams and stakeholders as well as administrative challenges such as goals that were not as clear.

"One challenge…was that our main point of contact for [Monterey County] was not a clinical person. So when it got to determine…fit in the clinical workflow, we had to communicate,...get those people on the phone, or not on the phone. In meetings or through email…It definitely was a little more back and forth, not having a direct contact who was a clinician or a part of the clinical processes." -Help@Hand Technology Development Partner

Three participants discussed challenges related to team collaboration during the planning phase. Two participants shared that having a designated county representative would be helpful for the planning process. One participant commented that it was challenging to involve the large number of agencies and organizations that were part of the desired reach of WellScreen Monterey.

"There's so many different agencies and organizations we wanted to [reach]...the 800 number that people call, the actual MCBH clinics, making sure they were involved early on. We did an okay job at it, but it was a bit of a challenge because they're busy and they're seeing clients, and we had to come and intrude a bit." -Help@Hand Technology Development Partner

One participant shared that they would've liked to see more feedback on the design process prior to launching the website. Another participant discussed challenges with ensuring MCBH clinics were involved early on. Many of the clinics were so busy serving clients.

"Because [technology development partner] is completely virtual…and we don't live in Monterey County…[or] worked with Monterey County before, we didn't necessarily have the direct connections to the people that we needed to talk to…it was really on us from afar and virtually to do a lot of the recruitment [and create linkages] ourselves." -Help@Hand Technology Development Partner

Two participants brought up difficulties when recruiting and creating linkages. One participant described difficulty from usability recruitment and another participant discussed difficulties making direct connections and linkages with Monterey County. Everything was done through CredibleMinds from afar. The participant stated it would have been helpful to have a researcher reach out to the most visited clinics in the county.

"Some of the requirements from the statement of work were designed and developed at such an earlier date that there were some shifts and changes. And, while we were able to make some modifications along the way through mutual agreement, it was a little challenging to understand

how to best suit [MCBH] based on what they had originally decided to position themselves to do. And then, what they might've wanted to do at the time we started to do our design work." -Help@Hand Technology Development Partner

One participant discussed timeline delays due to challenges with stakeholder communication; This resulted in the launch being delayed and not having enough time to fix website design before the launch. Another participant discussed challenges from requests and requirements made by Monterey County throughout the design process.

Two participants expressed administrative challenges. One participant discussed the challenges of understanding triage, specifically what happens when a person seeks services at clinics that have high demand and limited capacity and access Medi-Cal recipients but refer others out, and the difference between walk-in clients, and other clients. One participant shared that the goals were loosely defined, leading partners to create parameters.

Suggestions

MCBH Key Informant Perspectives

"Again, making sure that our Hispanic community have that resource, [WellScreen Monterey]. Sometimes it could be a QR code at their church or at our local carnicerías, or meat markets, where people go and are familiar with and not just a website that sometimes our families don't know how to navigate or our community doesn't know how to navigate…having more outreach efforts would still be beneficial for people to know about this tool." - MCBH Administrator

One participant suggested public announcements such as radio advertisements and QR codes in churches or local carnicerías (meat markets) would be helpful to reach Spanish-speaking communities and to reach people and families who may not be as familiar with navigating online resources.

Help@Hand Technology Development Partner Perspectives

One participant suggested having a clinician as a co-lead, and another participant suggested having a person dedicated as county-lead of WellScreen Monterey.

Launch processes

Key informant interviews were conducted with 14 key stakeholders involved in the launch phase of the Help@Hand project and included informants from Monterey County Behavioral Health, other community service agencies in Monterey County, and Help@Hand Technology Development Partner. Interviews were conducted from May 26, 2023 to August 23, 2023. The following qualitative findings are organized into sections (successes, challenges, and suggestions), and then subsections (MCBH Key Informant Perspectives, Non-MCBH Provider Perspectives, or Help@Hand Technology Development Partner Perspectives).

Successes

MCBH Key Informant Perspectives

Monterey County Behavioral Health (MCBH) key informants shared that the key facilitators that made the launch phase for WellScreen Monterey digital platform/website successful included: (1) beta testing and gradual launch of WellScreen Monterey, (2) trust building between the community and the website, and (3) administrative success of no fiscal impacts from workflow changes in the MCBH ACCESS program.

"...This is a community facing screener…being on the ground for them and seeing that A, what our workflow is and B, what the waiting room or lobby experience for a client looks like. I think that was a good way to see things firsthand. I also think that helped." - MCBH Administrator

One participant shared successes from beta testing and the soft launch for WellScreen. Beta testing of the screener allowed CredibleMind to understand the workflow within MCBH ACCESS. Including a soft launch portion for WellScreen's launch allowed for an opportunity to hear community feedback and see how the community utilized the screener.

"The trust in the community [and] in our services in the community is a big part of why we're able to deliver services robustly in South Monterey County. It's taken years of us being present in South Monterey County to develop a relationship with the community…And a lot of why people continue to come through our doors is because they have heard that it's safe to do so. So they've heard from their neighbors, their family members, their church congregants, those types of things like these are good people and it's a safe place to go." - MCBH Administrator

One success for WellScreen is the trust between the community and the website. One participant explained how building trust between community members and MCBH ACCESS is what allows MCBH ACCESS to deliver its services so robustly in Monterey County. Currently, mostly younger users are accessing WellScreen Monterey.

"We had set up a process for if somebody were to self-identify in our offices, like, "Hey, I did this screener." We have a workflow in place for that…we have the ability to view those results and then utilize those results…So I don't know what the data says in terms of how many people in the community are going to the website and doing the screener, but we haven't seen it to the extent that I thought we would in our clinic sites." - MCBH Administrator

With the launch of WellScreen, some administrative successes include the integration of WellScreen results into MCBH ACCESS workflow and no negative fiscal impacts on programs. One participant shared that MCBH ACCESS has a system in place for clients who bring in WellScreen results. Additionally, since the launch of WellScreen, there have been no fiscal impacts on the program of workflow within MCBH Access.

Help@Hand Technology Development Partner Perspectives

Help@Hand technology development partners key informants shared that the key facilitators that made the launch phase for WellScreen Monterey digital platform/website successful included: (1) collaborations, training, and coordination between teams working on the launch, (2) product positioning and technical details of WellScreen Monterey website, (3) gradual launch of WellScreen Monterey, (4) sufficient funding and marketing.

"It was actually a very smooth release, and it worked out really well. I think that, what went well was that we were technically ready. And, we had product positioning ready and workflow, and we were also pretty well-trained and coordinated with the [MCBH] team. And so, all of those areas went really well." -Help@Hand Technology Development Partner

Two participants discussed success in collaboration between all teams (county, state of California, technology development partner, and evaluator). One participant shared about satisfaction with the number of people taking the assessment and using the website during the early launch period. Moving forward, the county team is considering which aspect to prioritize first: website traffic, or the number of people who complete the assessment. One participant discussed the success of the technical side and product positioning of the website, as well as the training and coordination between teams throughout launch.

"I think the soft launch was…good…there was a little bit time to work out some kinks before there were too many eyes on it or before it got into too many public hands, there were things that it could live and exist and breathe a little bit and people could provide some feedback of those who were seeing it as before we really pushed it in a big way through marketing and things like that." -Help@Hand Technology Development Partner

One participant shared the positive impacts of having a soft launch for the WellScreen website. The soft launch allowed feedback opportunities and time to make improvements before reaching a wider audience.

"On the financial side, I think, it was coordinated through, from [development] side, our executive sponsor and so forth. And then, the piece where the financial money came in was through CalMHSA. And, Help at Hand was administering that. And then, also through Monterey County. And so, we had a couple of individuals at Monterey County that were responsible for the financing." -Help@Hand Technology Development Partner

Another success in the launch was the admin access portal and funding. One participant thought the project was financially well funded. Another participant noted that the financial side was coordinated through CredibleMinds and the executive sponsors. The funding came from CalMHSA which was administered through Help@Hand.

"Bringing on [marketing] was a success. It took a while. It took probably longer than it should have to go through all of the marketing things that Monterey wanted to do. And it was mostly on Monterey to figure out what's in the budget 'cause they wanted the word to get out…" -Help@Hand Technology Development Partner

The introduction of the marketing team aided in the launch of WellScreen. Two participants discussed how onboarding the Ku Collective took longer than expected and occurred after the launch of WellScreen. The onboarding process had discussions surrounding marketing ideas and budget details. Some marketing ideas include radio, bus, and TV ads.

Challenges

MCBH Key Informant Perspectives

Monterey County Behavioral Health (MCBH) key informants shared that the key challenges for the launch phase for WellScreen Monterey digital platform/website included: (1) need for more training and engagement with WellScreen Monterey website from providers, need for more bilingual staff in the county particularly staff who speak Indigenous languages, (2) trust building between the community and the website especially among older populations and

Spanish-speaking communities, (3) time delays and administrative challenges from the need for more staffing, allocation of all the funding granted, and marketing contracts.

"An outstanding one is having all of our community providers fully aware of the tool. I think some more could be done there so they're all aware of it to use it as they wish or recommend it or just be aware in case somebody comes in with a results code…right now, we haven't heard anything from people, other agencies [if people have come in with a results code]. I just think that engagement across all the providers, I think that would be good." - MCBH Administrator

"There's a huge need in being able to speak Spanish and we're seeing an increased need to be able to speak Indigenous languages, particularly Triqui and…Indigenous languages from the state of Oaxaca, which we don't have the capacity to, and it's very hard to find good translation services for those languages as well. So that's an internal challenge that we have." - MCBH Administrator

One challenge discussed was the lack of training and engagement with the website from the providers. One participant shared that clinics are unable to adapt their workflows to integrate the new screening code due to a lack of training. Two participants also discussed the need for more bilingual staff in the county, especially those who speak Indigenous languages; There is currently miscommunication or lack of communication between clinical staff and community members. One participant shared that all teams collaborating on WellScreen Monterey are engaged in mitigating these challenges.

"There's a lot of undocumented folks out in South Monterey County, a lot of people that don't necessarily feel comfortable interacting with government agencies, which we are. And so it's taken a lot of time to really embed in a way that fosters trust. And so a lot of people come through the doors because they are seeking those individuals that they've heard are trustworthy." - MCBH Administrator

"A website might not have that level of trust for the older than the younger. So I don't mean older, but if younger people are interacting with the website, then those that are 30 plus or whatever the number is, they may be continuing to want to seek a person that they have heard is trustworthy or an agency that has actual human beings working there that they can trust." - MCBH Administrator

One participant discussed challenges interfacing with older populations and Spanish-speaking communities. They explained the technological difficulties the website may impose on older populations and those who are not as familiar with technology. Additionally, they explained the importance of building trust within Spanish-speaking communities. Building trust between WellScreen and older and Spanish-speaking communities will help to increase the usage of the screener.

"On the [MCBH] team at least, we are getting Q of I. …a lot of our clinical lead. They are so strapped for time as well because we just have a lot of vacancies and I feel like they're putting out fires a lot too with their jobs. So I think that's a barrier to get all of the people in the room that should be there and put their brains into it." - MCBH Administrator

"The timing lined up with CalAIM implementation across the state and with our county. And the CalAIM implementation includes a screening tool, adult and youth screening tool, which makes the determination of level of care." - MCBH Administrator

Two participants discussed the difficulty with the timing of the launch. One participant shared how there are not enough staff, resulting in their clinical leads being strapped for time. Another participant shared that WellScreen Monterey's launch coincided with CalAIM's implementation.

"For the financial, I feel like it's kind of just all green lights with that, just innovation funding…at least at the county, we really feel a lot of pressure to spend innovation dollars. And so yeah, I just feel like it's easy to throw money at things. Because if we don't then we have to give it back to the state…at the end of the calendar year." - MCBH Administrator

"One of the financial goals…around launching the WellScreen was…to eliminate additional assessment time for our clinicians and be able to really use that as a tool to incorporate into their writeup or their assessment. So I don't know if that's been evaluated now,...[if] by having this tool response available to them so that [clinicians] can skip a portion, certain questions from the assessment and just use whatever was entered on the WellScreen." - MCBH Administrator

Administrative challenges discussed include spending budget, lack of staff, and marketing contracts. One participant shared that there is difficulty spending all the funds that were granted. If the funds are not spent, they will have to be returned to the state. Another participant stated that there was a lack of staff and providers on the administrative level. One participant shared that one of the goals of WellScreen was to eliminate additional assessment time done by MCBH clinicians. However, they do not know if this has been evaluated.

Help@Hand Technology Development Partner Perspectives

Help@Hand technology development partners key informants shared that the key challenges for the launch phase for WellScreen Monterey digital platform/website included: (1) integration of WellScreen Monterey with clinics, (2) collaboration between teams due to the amount of stakeholders and perspectives involved, (3) feedback was provided over long periods of time, (4) tight timelines for marketing and launch, and (5) budget considerations for different launch components and where to spend the funding granted.

"We thought that the project would also involve integrating the screener into the regular processes and we'd have tablets in the clinics and people could take it and then their provider would be able to see results and talk about their results alongside with the client. And that just hasn't happened… the whole kind of clinical integration, access integration has been very messy, complicated." -Help@Hand Technology Development Partner

One participant shared that the integration of the screener with clinics was messy and complicated, and did not go according to the original plan; They thought the screener would be integrated into the regular processes and tablets in the clinics–Clients would take the screener at the clinics and providers would see the results alongside the clients. Another participant discussed difficulty in the collaborative process between CredibleMind and Monterey County due to the amount of stakeholders and perspectives that had to be considered. The participant also noted that the county had many goals and gave feedback in pieces over long periods of time. They also suggested having a representative from Monterey County for CredibleMind that has expertise and connections to help better understand where information needs to go within the community.

The participants discussed challenges with the tight timeline for the marketing and launching WellScreen. One participant discussed having to add more scope and time due to having a two part launch and marketing process. They also noted that January was a big month for WellScreen users, but it has gone down since; in June the user activity went back up. Another participant, discussed

how the team was still able to execute and deliver a site that gained good user traction and had a positive impact on specific populations despite the tight timeline.

"...There's been the challenge of figuring out how best to spend some of the marketing budget because you can pay money that's going to get people to come directly to the site and the screener, and that's great, but you can also pay money to get just brand awareness out there. So if, in the future, someone needs a screener, they know it's there. And that's much harder to measure the impact." -Help@Hand Technology Development Partner

The participants shared challenges with figuring out how to spend and divide the marketing budget for the two-part launch. One participant discussed how the two-part launch was not a part of the original contract, the budget had to be figured out as they went on with the planning process of WellScreen. Another participant stated how it was difficult to balance the budget while deciding the best advertising methods when targeting different communities. Two participants discussed the difficulties when keeping track of how much money was being spent, and how to spend the money on efforts that will have the biggest impact on the launch. One participant noted that although there were budgeting difficulties, the administrative side of the project went well.

Suggestions

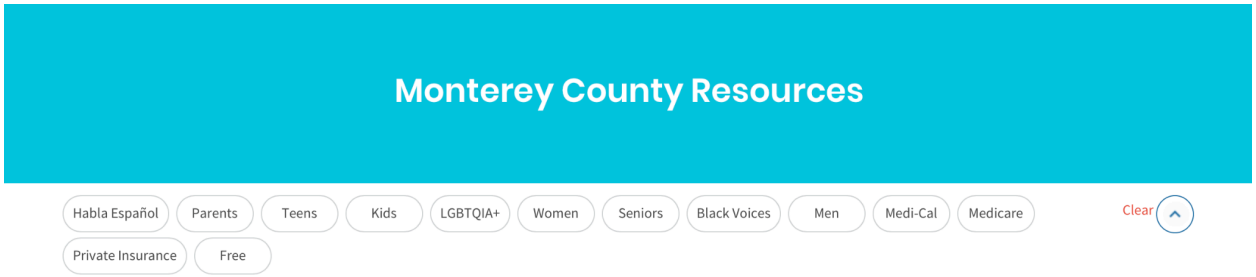
MCBH Key Informant Perspectives

Suggestions from MCBH key informants included more training and engagement with the WellScreen Monterey website from providers, more bilingual staff in the county particularly staff who speak Indigenous languages, increased trust building between the community and the website especially among older populations and Spanish-speaking communities, and more efficient budget and funding decisions and administrative processes.

Help@Hand Technology Development Partner Perspectives

Suggestions from Help@Hand technology development partners key informants included integration of WellScreen Monterey with clinics, improved collaboration between teams especially with all stakeholders and perspectives involved, sharing feedback in a shorter timeframe to improve timeliness of the launch, and considering budget for different launch components.

WellScreen Monterey website: functionality and ease of use



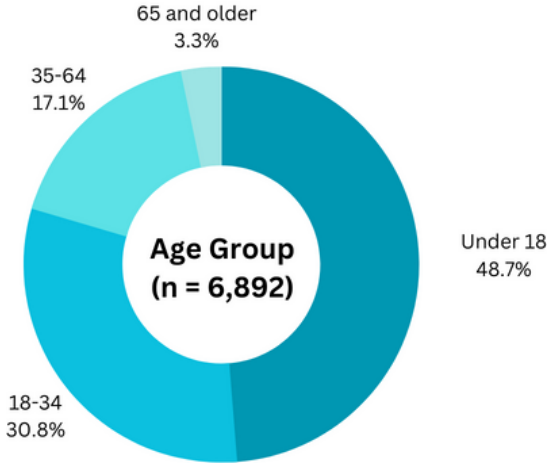
WellScreen Monterey demographic characteristics

These data were gathered from the dashboard which has been built for the screening app/tool, WellScreen Monterey, with the goal of assessing post-implementation usage to better serve providers, clients, and community partners. The WellScreen site was launched on November 15th, 2022, and the visualizations below are from the implementation date until October 24th, 2023. There have been a total of 28,879 users during this period with 35,998 sessions. A user is defined as a unique person, and a new session is counted each time a person interacts with the website (so cumulative visits to the site are counted with each new interaction counting as a new session after 2 hours have passed).

Traffic Changes and Traffic by Source

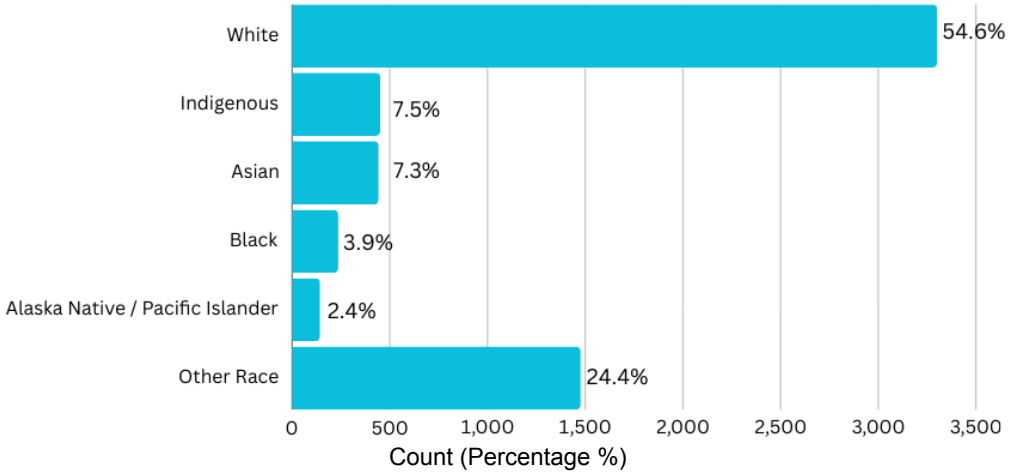
Google Paid ads were the most useful in increasing traffic to the WellScreen tool, as seen with implementation dates of ads and accompanying spikes in usage. Social media was the second most successful source for promoting traffic, with spikes in usage occurring shortly after Facebook and Instagram ads were implemented. Direct/Email methods were next after social media, and usage tended to rise and fall with social media traffic.

FIGURE 21. Mental Health Assessment Users by Age Group



Almost half of users are under the age of 18, followed by people between the ages of 18 and 34 years. There is a small percentage of users over the age of 65 utilizing the WellScreen tool, which could be due to older groups tending to have less digital literacy compared to younger groups.

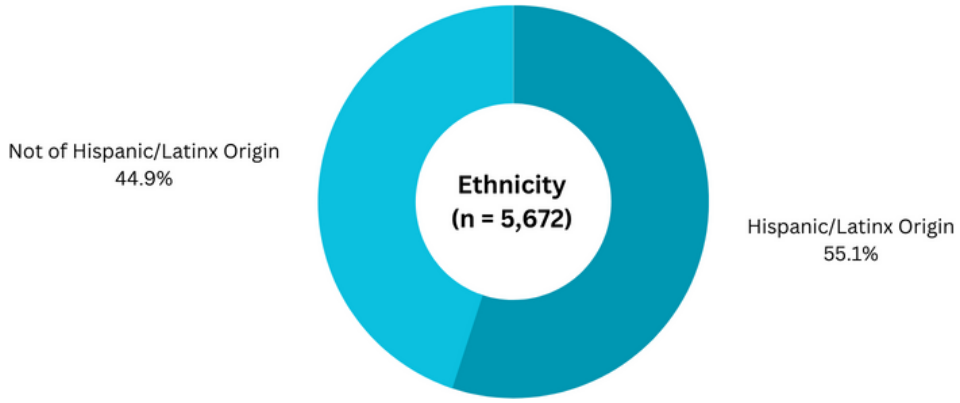
FIGURE 22. Mental Health Assessment Users by Race



Note: All racial groupings are shown as was given by the CredibleMind dashboard and WellScreen tool. Typically Indigenous may be Native American/Alaska Native, but here the pulldown mixed Alaska Native with Pacific Islander.

The majority of users identified as White, followed by “Other Race”. The races that fall into the “Other” category were not listed by the Credible Mind dashboard or WellScreen tool. The Indigenous category is the 3rd most common self-identified race through this tool.

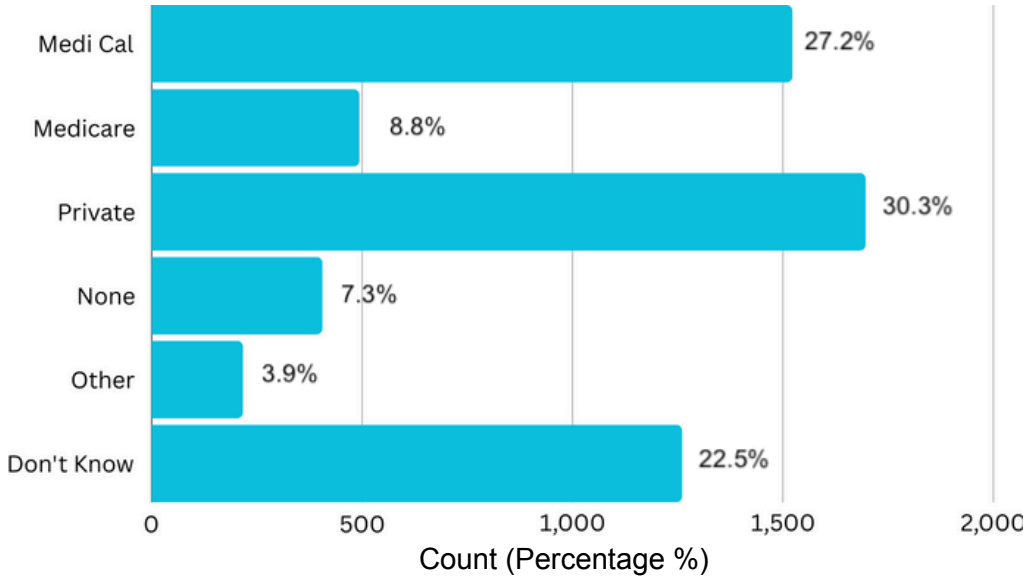
FIGURE 23. Mental Health Assessment Users by Ethnicity



Note: Ethnicity options are shown as given on the WellScreen tool. We do not have a way of disaggregating which groups of hispanics are fluent spanish speakers vs. non-fluent spanish speakers.

The majority of users identified as being from Hispanic/Latinx origin.

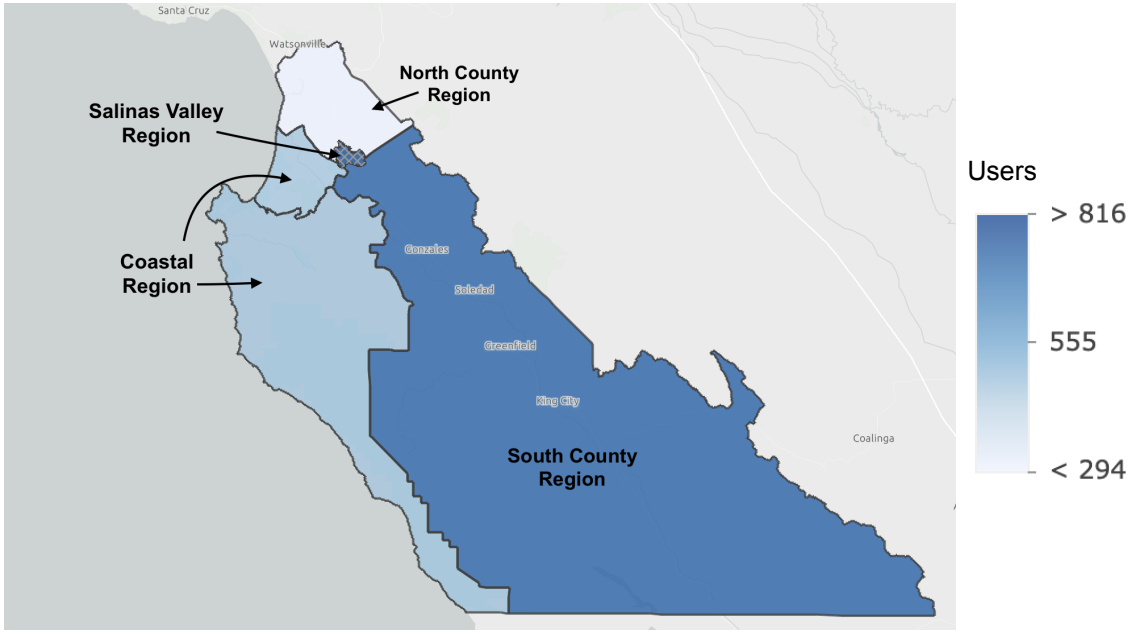
FIGURE 24. Mental Health Assessment Users by Type of Health Insurance/No Insurance



Note: Categories listed as presented on Credible Mind dashboard and WellScreen tool

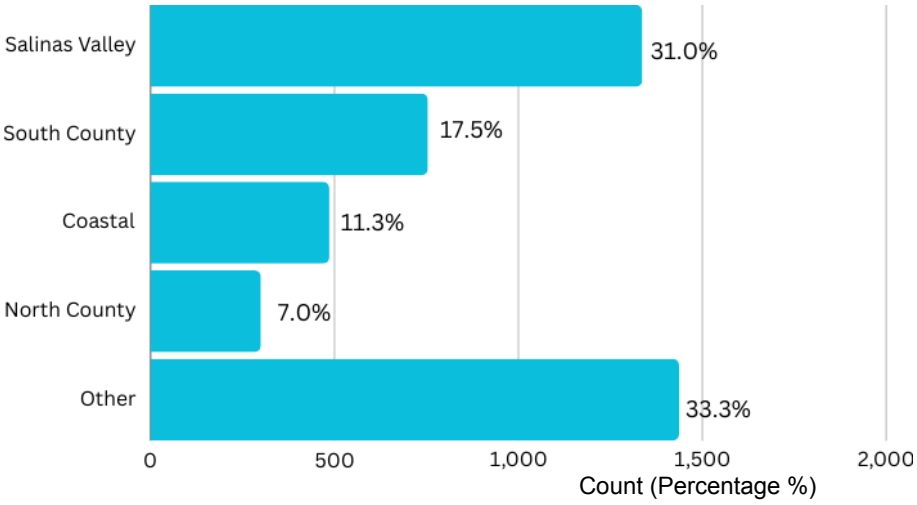
The most common health insurance Help@Hand users had was private insurance followed by Medi-Cal. Another large percentage of users do not know their health insurance which could be due to the large number of younger users who used the tool, who may not know the source of their insurance (if any).

FIGURE 25. Users by Monterey County Regions



Note: These are only the regions within Monterey County. The responses recorded and shown are only from those persons that are 16 years old and older.

FIGURE 26. Users by Region including Other Counties



Note: Other regions are regions that were outside of Monterey County. The largest contributors to “Other” were Santa Cruz County (users = 330), San Benito County (users = 278), and Santa Clara County (users = 267).

The largest region was in the “Other” category which included any users that were outside Monterey zip codes and region breakdowns. The largest contributors to this were Santa Cruz County, San Benito County, and Santa Clara County. The Salinas Valley region was the second most common reported region for users.

Use of Help@Hand has been relatively steady, with a small increase occurring between the launch date of November 14, 2022 to present. The lowest traffic period was in the beginning of January 2023, but this picked back up after the implementation of Facebook Ads on January 11, 2023. Google ads were the most used source of traffic coming to the site, with the peak occurring in June 2023 after implementation of more Google Ads. The second most popular traffic source was from social media, followed by direct email. Those under 18 years of age make up almost half of the age distribution, with quite a lot of users reporting being 15 years or younger according to dashboard data. This indicates great need in this group but also the better digital literacy in younger cohorts of the population.

The greatest self-identified race group served was White, with the majority of users reporting their ethnicity as Hispanic or Latino/a/x origin. Most users identified their primary language as English, with a very small percent reporting a language other than English or Spanish. The most common health insurance type for Help@Hand users was private insurance. Most zip codes for users were within or nearby Monterey County, but there were some zip codes further out like Sutter and Los Angeles County.

Overall

Key informant interviews were conducted with key stakeholders involved in the WellScreen Monterey website of the Help@Hand project and included informants from Monterey County Behavioral Health, other community service agencies in Monterey County, and Help@Hand Technology Development Partner. Key informant interviews were conducted from May 26, 2023 to August 23, 2023. Two focus groups were conducted from August 8, 2023 to September 9, 2023. There were seven participants in the English language focus group. There were two participants in the Spanish language focus group. The following qualitative findings are organized into sections (overall, self-assessment, results, resources, and outreach and communication), and then subsections (content and design, and needs of vulnerable populations) by MCBH Key Informant Perspectives, Non-MCBH Provider Perspectives, Help@Hand Technology Development Partner Perspectives, English Focus Group Perspectives, and Spanish Language Focus Group Perspectives).

Table 2. Community Focus Group Participants

Focus Group Recruitment Source	Setting	Language	# Participants	Date of interviews
MCBH Listserv	Virtual	English	7	08/08/2023
MCBH Listserv	Virtual	Spanish	2	09/09/2023

Content and design

Successes

MCBH Key Informant (KI) Perspectives

“It's a good tool as a starting point to get clients quickly screened,...not necessarily assessed, but as far as their level of need, if it's mild, then they have some resources or some tools that they could use immediately. If it's moderate to severe, then they're prompted with the local

clinics that are available based on their zip code or where they're at that moment. So it gives them an immediate resource based on their needs or level of needs." - MCBH Administrator

"...It's more of a community resource than it is for an informative screener for our work…for that individual being open to conversation or being able to have dialogue around something that they're truly coming in to look into." -MCBH Administrator

The participants discussed their experiences when using WellScreen Monterey. Two participants thought that the screener was easy to complete and navigate, and was reasonable in length. One participant emphasized the need for improvement when connecting clients to resources. Two participants pointed out that the tool is a good starting point for clients looking to get quickly screened and not assessed; It is a good resource to help clients become open to conversations surrounding their specific area of concern.

Non-MCBH Provider Perspectives

"...Love that it's user-friendly. I really appreciate that it explains things without any jargon…it really is straightforward and it has the linkage to resources. I really love that it had places where you can go. You can actually see a description. And just like immediate resources, even just hotlines that you can call directly and immediately get connected with some resources for your results… The summary portion at the end after the tool, after the test, it definitely was enlightening…to see the areas you're doing well and the areas of some concern, and…resources…to help." -Non-MCBH Provider

"The blue is a very welcoming color, a very calming color, so I thought that was good because if someone's in crisis or they're getting to that point, you want them to be calm as possible. The imagery is really nice…This part, where it has little icons, that's nice…it does help catch the eyes more, so people focus more on what's written. Same with above, too." -Non-MCBH Provider

One success from the launch of WellScreen was the positive reactions to the website. Three participants appreciated the website's user-friendliness, particularly favoring its consideration for monolingual Spanish speakers, the assessment question wording, the summary section, and the resources and recommendations. One participant shared the thought process behind the layout of the results and recommendations pages; originally, it was in the format of landing pages, but that decreased the number of people taking the survey.

Help@Hand Technology Development Partner Perspectives

Help@Hand technology development partners key informants shared that key facilitators that made the WellScreen Monterey digital platform/website successful included: (1) layout of the website and flow from home page to assessment to resources, (2) positive user experience, easy-to-understand language level, and simple navigation of the website on different types of devices.

"It's been a really powerful tool…I think someone pointed out that the screener has now served more people than MCBH clinics have in the same time period, way beyond. So we're able to get people to resources that were not before finding them. So I think that's a huge success, and I think we're finding it of value in the community, and the data we're getting back is also of high value as well." -Help@Hand Technology Development Partner

Most participants discussed positive aspects of the layout of the WellScreen website. One participant discussed the importance of considering how the homepage directs users to the screener and resources. Two participants liked the resources that appear after the user completes the assessment. Additionally, two participants discussed the value of the data being reviewed from the activity occurring on WellScreen Monterey. The screener has now served more people than MCBH clinics in the same time span and 90% of users find value in using the tool. Looking at the data, one participant pointed out how analyzing the scores of users from the assessment can point us in a specific direction when looking for resources for community members. Additionally, they pointed out how it is less often that people taking the assessment actually click though the resources that are suggested to them.

"We did, I believe, try to make the reading level low enough so that most people can take the assessment and understand it." -Help@Hand Technology Development Partner

"The user experience, I think it's a pretty simple sort of interface to use. You go on the website,... you either take it or…explore resources or the "need help now" page. But otherwise the screener is the main call to action. I think the workflow could be better, but it isn't terrible. I think it works pretty responsively in mobile and we are actually improving the UX of our assessment questions…we don't have a lot of people falling off once they've started. So to me that kind of is a sign of, it's not that bad of an experience actually taking the assessment…" -Help@Hand Technology Development Partner

Many participants discussed positive user experience from the simplicity of WellScreen. Two participants noted that many people are taking and finishing the assessment. Three participants think that the tool is simple and easy to manage. Another participant discussed the thought process behind the creation of the assessment. The technology development partner tried to make the reading level of the assessment low and used adaptive testing and branching logic to keep the assessment as simple and organized as possible. One participant also pointed out that the screener works well on a mobile device and there are current improvements on the user experience of the assessment questions.

English Language Focus Group Participant Perspectives

"So I found resources slash phone numbers and chat very helpful as well besides the assessment, because assessment, you take it if you need the help, you have time to do it, you think there's an issue, but sometimes in case you need to contact somebody right away, you have all the contact information. So that was helpful for me." - English language focus group participant

Three participants reported accessing the WellScreen Monterey website using a computer, similarly, three participants used a smartphone or mobile device, and two participants did not share any information. About half of the participants' first instinct was to click on the WellScreen Monterey Assessment to learn more about Mental Health Resources. Many focus group participants found the resources and assessment helpful and a good way to seek immediate assistance during a crisis.

Spanish Language Focus Group Participant Perspectives

"[Participants] like it a lot because it is straightforward and [because] it gives you the exact information you need. [And] when you look at it using a computer or a phone, it always has the same outline and [functionalities]" - Spanish language focus group participant

One participant reported accessing the WellScreen Monterey website via in person through a library, and one participant accessed WellScreen Monterey website online via Google searching/advertisement. Both found it to be a useful and effective tool for receiving mental health information and resources. Participants described it as a tool they could use for themselves and others to help them begin their mental health care.

Challenges

Non-MCBH Provider Perspectives

"...I do like this part, too, especially the share your results, because if I did take this…and it was saying, "Maybe you have something serious, like one of the serious mental illnesses," then I would definitely want to share that with my spouse. So sharing the code or copying the results link to let them know…" -Non-MCBH Provider

"I like the way that the results are done because it tells you what you're doing really well at that. Then it shows you what it is that you need to work on and how to work on it, who to go to…" -Non-MCBH Provider

One participant discussed challenges with delays in response time and dealing with the reintroduction of trauma. The participant stated that those using the chat may experience slow response times spending on the time of day they are seeking for help. Additionally, sometimes crisis lines may have delayed response times. The participant also pointed out how the screener may be difficult for some clients to complete because it asks about the trauma they may have experienced.

Help@Hand Technology Development Partner Perspectives

"There was a technical issue where, if you automatically have your site translated… using your browser…the design is a little weird…And so we didn't catch that until maybe a month or so after launch, but we did fix it. So now we can detect if your browser is translating and then switch it to our version of Spanish instead of the browser's attempt at translating the site. But we've gotten, so far, 9 to 10% of users are using the site in Spanish. Fewer are taking the assessment..." -Help@Hand Technology Development Partner

" …We did hope that these screening results would be more used in an intake process. So the user takes the screener, they see the 800 number, they call [MCBH ACCESS], they get an appointment, they show up at a clinic, they give their access code, and the clinician actually uses the results of the screener. That just has not happened very much…there's just workflow that people have been too busy and we haven't had the time to integrate it." -Help@Hand Technology Development Partner

There is difficulty when tracking the effectiveness of user activity on WellScreen due to automatic Google translations, having loose target populations, and lack of clients using results code with ACCESS clinics. Two participants discussed the lack of screener results being used in ACCESS clinics. One participant discussed how some websites are automatically translated to Spanish by Google, without using the toggle design; thus it cannot be tracked by CredibleMind. Another participant expressed how the large and loose population target of WellScreen makes it difficult to track the effectiveness of the website. Narrowing down the target population could aid in making the website more intentional.

Needs of vulnerable populations

MCBH Key Informant (KI) Perspectives

Monterey County Behavioral Health (MCBH) key informants shared that the key challenges for the WellScreen Monterey digital platform/website included: (1) need for adaptations to the website for Spanish-speaking and Indigenous people such as an audio tool for navigating the assessment, (2) language and technology barriers, and (3) measurement of number of Spanish-speaking users.

"Sometimes if [WellScreen Monterey is] not translated into a language that that community speaks, then they can't complete it. If that particular community can only speak it but not write it, that's going to be an issue…so I don't know how some of our communities, especially our Indigenous community, would go about completing that if they don't have either an interpreter available physically completing it with them. We may be missing a chunk of our population." - MCBH Administrator

"If there's a way to create an audio tool so that it prompts them like what to complete, and then once they answer, it'll jot down their response." - MCBH Administrator

Three participants discussed the challenges Latino and Indigenous users face when accessing WellScreen Monterey. One participant shared concerns about the translation of the website for Indigenous speakers, and the adoption of an audio tool to better support this population. If the website was not translated into the language the community speaks, they will not be able to complete the assessment. Another participant commended the design of the website but noted that the website won't be able to reach communities who don't speak Spanish or don't have written languages.

"At least from our metric so far, we do see people who access the Spanish website is very low, a few people. But the people who access the English website, I think more than 40% are either Hispanic or bilingual Spanish speakers." - MCBH Administrator

Two participants expressed that the website has many barriers that make it hard to reach some clients. This includes language barriers, access to digital devices, and incompatibility with users who can only speak but not read Spanish or users who can only speak Indigenous languages. One challenge discussed was the difficulty in measuring the number of Spanish-speaking users. Participation from Spanish-speaking clients may be low because some may be bilingual speakers.

Non-MCBH Provider Perspectives

Non-Monterey County Behavioral Health (Non-MCBH) key informants shared that the key challenges for the WellScreen Monterey digital platform/website included: (1) language needs of Spanish-speaking and Indigenous people when accessing the website, (2) cultural stigma and prejudice around mental health, and (3) need for audio tools, cost and insurance information, and improved front page design.

"For Spanish speakers, again, I feel like it's…potentially too sophisticated. If it could be broken down into very more easier to understand I think would be good…Yes, terminology…Many people that we work with here at the hospital don't even have a basic understanding of that their heart is pumping blood around in their body." -Non-MCBH Provider

A challenge raised by many key informants was increasing access to WellScreen Monterey for Latino and Indigenous individuals by accounting for language needs. One participant expressed concerns surrounding the terminology used on the website. The terminology may be too sophisticated. Some participants expressed mindfulness of language barriers. One participant suggested making the Spanish version more prominent on the website. Another concern was the comfort surrounding having a translator. One participant explained how some people may not be as open to answering questions through a family translator. Lastly, one participant mentioned that it was difficult to find WellScreen when browsing through the Monterey County Behavioral Health website due to the language barrier. The MCBH website does not have a Spanish translation.

"...One of the things that we thought about when creating the campaign and the language around the marketing campaign was that typically, especially in Spanish culture too, there's a stigma against mental health issues or anything, like reaching out for help is something that people have a hard time doing initially. So, getting them to get here in the first place is just such a huge step…" -Non-MCBH Provider

"A lot of people don't even know that there's access services that are available for free, but it's really buried. So, I know your evaluation is on the tool itself, but I think that that just contributes to the difficulty in getting people there." -Non-MCBH Provider

Challenges to the utilization of WellScreen Monterey include the visual format, language, and prejudice pose challenges for Latino/Indigenous clients to access WellScreen. Two participants discussed the challenges for Indigenous speakers (Mixteca and Oaxacan native speakers) and the stigma and prejudice surrounding mental health in Spanish culture. One participant suggested adjusting the visual format of the website. One participant mentioned difficulty accessing WellScreen Monterey directly through the MCBH website, noting that it is hard to find when browsing the MCBH Website.

"Some of my Spanish-speaking monolingual clients are not literate in Spanish. Everything they do is oral, so that might be an issue, too… maybe an option for an audio version." -Non-MCBH Provider

"[Users should be able to] go directly to the resource page without [the share information] popup. Having everything listed, that's awesome. Being able to select by category, that's great, too…On each little thumbnail, [add] the cost of the services, or basically how the person would pay for services…because a lot of the people here are concerned about cost. People who are receiving Medi-Cal are on low income. They're fixed income, people who are undocumented. Most of them have no income, and they need services. We're one of the few resources they can access at this point." -Non-MCBH Provider

Some suggestions for making WellScreen more user-friendly include incorporation of an audio tool, providing cost and insurance information, and improving on front page design. One participant expressed that having an audio version will make the website more accessible to those who may be visually impaired or are non-literate monolingual Spanish speakers. Another participant suggested keeping the terminology used on WellScreen as simple as possible. One participant suggested making improvements to the front page of the website. This includes, providing more context to the purpose of the assessment, moving information regarding the website to the top of the website, and editing the translate buttons to be larger and more apparent.

Help@Hand Technology Development Partner Perspectives

Help@Hand technology development partners key informants shared that the key challenges to reach vulnerable populations regarding the WellScreen Monterey digital platform/website included: (1) budget and language constraints for increasing access to different types of communities, (2) identifying if the Spanish version of the website was being accessed by Spanish-speaking communities or if most users were bilingual and opted for the English-language version of the website, and (3) barriers to access including lack of internet and device access.

"I think that we could have gone a little further perhaps with a larger budget or with technology that may not have been available but might become available…to support other languages. We also could have involved more subject matter experts in that area...I know that there was some intention around that, and some exploration, but it does occur to me that we could have done more." -Help@Hand Technology Development Partner

The participants discussed budget and language constraints when serving Indigenous communities. One participant mentioned that when serving Indigenous communities, the language used should resonate with different types of communities. Another participant shared that although feedback regarding Indigenous Mexican languages was already discussed, CredibleMind only offered resources in Spanish; If the assessment were to be translated to Indigenous languages then that would require a change in the project scope. One participant stated that a larger budget would've allowed for more experts on the subject matter to help mitigate the language barrier. However, there is no cost-effective methodology allowing for Indigenous languages to be translated on WellScreen.

One participant discussed the efforts CredibleMind went through to ensure comfortability for Spanish-language speakers by manually translating everything on WellScreen Monterey to Spanish. Another participant acknowledged the attention to anonymity but was unsure if that factor affected Latino and Indigenous populations.

"55% of people who have taken the screener identified themselves as of Latino or Hispanic origin, but about 10% of people are using the [website] in Spanish. So I think that means…a lot of people they're just used to speaking English,...even though they're of Latino origin... But I think we've also found, with Google especially, it did not seem to reach a Spanish-speaking audience. It's hard to tell about the demographics there. So I think obviously a challenge with all the migrant workers and the other things, a lot of them share phones. They don't necessarily all have smartphones." -Help@Hand Technology Development Partner

The participants discussed the difficulty in identifying whether the Spanish version of the website is being accessed by Spanish-speaking communities. One participant shared that if users click on Spanish ads, they will be directed to the Spanish site. The participant also shared that Salinas is very bilingual compared to other cities in Monterey County and contains the majority of the Latino population. The participant noted that most bilingual users seem comfortable interacting in both English and Spanish versions.

"Some of the more rural populations that may not necessarily have access to internet 24/7, there are some barriers there. I think that's probably one of the biggest things. But [MCBH] is launching the [tablets] in the community so that if people don't have a cell phone or they don't have access, there are opportunities for people to be able to take the assessment on a shared device, which I think is going to be really helpful." -Help@Hand Technology Development Partner

Barriers to assessing WellScreen include the lack of broadband/internet access and lack of phone access 24/7. Two participants discussed the potential for community members to run into internet

access and wifi issues; One of the participants mentioned difficulties with internet access for those living in rural populations. The other participant pointed out the importance of making sure WellScreen is also accessible using cellular reception and not just wifi. Another participant discussed the challenge of reaching migrant families because they usually all share phones and do not all have a smartphone. One participant commented that the introduction of community tablets would increase access and give people the opportunity to take the assessment on a shared device.

Suggestions

MCBH Key Informant (KI) Perspectives

Suggestions for improving Latino and Indigenous Communities' access to WellScreen include creating an audio tool and increasing access to digital devices. One participant discussed the possibility of creating an audio tool that allows users to listen to the assessment and jot down their responses. Another participant suggested partnering with health workers within Latino and Indigenous communities and equipping them with tablets, increasing digital access to WellScreen.

Non-MCBH Provider Perspectives

Some suggestions for improving access to WellScreen Monterey for Latino and Indigenous individuals include providing costs and insurance information for each resource, allowing for direct appointments from WellScreen, providing an audio version of the website, and having more outreach efforts. Two participants suggest making outreach and marketing efforts through social media platforms (Facebook, Instagram, Tiktok, etc)), public service announcements (TV, radio stations, etc), printed collateral, and ads on buses. Some participants suggested improving the WellScreen website to include more information regarding the assessment's purpose, making the Spanish version more prominent, and including an audio option of the website.

Help@Hand Technology Development Partner Perspectives

One participant shared some suggestions that would've helped to improve the productivity of the launch phase for CredibleMind. This includes Monterey County providing richer feedback and perspectives on the website earlier on, Monterey County having more narrow and precise goals, and Monterey County providing a representative from the county. The participant described how having a representative from Monterey County would've helped CredibleMind gain a better understanding of where information needed to be distributed within the community.

Self-Assessment

Content and design

Successes

Non-MCBH Provider Perspectives

"I thought it was a really good website. Great design…When I was taking it, I was thinking, "...What if I were super anxious…?" I thought the way it was laid out, very good, very simple. The results were really good, very clear. Having that contact information also helped."
-Non-MCBH Provider

Four participants described the WellScreen assessment to be easy, straightforward, and easy to complete. They also liked the length of the assessment. Another participant shared that the website has a good design and is a good resource for those questioning their mental health.

English Language Focus Group Participant Perspectives

"I think that the design is really straightforward.....I'm actually using the [MCBH] services myself. And I've taken a lot of assessments online before. And so far this is the most understandable one. I've noticed that any other assessment I take, I'll sit here and spend 5 to 10 minutes wondering what the question exactly means and I think about it too much. But with this one it's really just straight to the point. I can answer it without thinking too hard about it and I find that super helpful." -English Language Focus Group Participant

Most participants found the website pleasant, clean, organized and easy to read and understand. According to many participants, the assessment contains an appropriate amount of necessary information. Several participants found the questions effective and comprehensive. They think the questions are well-crafted, thoughtful, and legible. Although a few participants in the group found the assessment slightly lengthy, according to two participants, the assessment's length is justifiable since diagnosis needs to be given upon learning about all the symptoms a person is experiencing. Both appreciated the multiple choice and lack of open-ended questions which could take longer to answer. Many participants shared that they would recommend the assessment or have family members take the assessment as well. Two other participants shared some concerns with the length of the assessment, stating that someone going through a crisis would not have the capacity to answer all questions effectively.

Spanish Language Focus Group Participant Perspectives

"The questions themselves are short, direct, and easy to understand…It doesn't make [users] read too much or understand everything to do the screening, as it's offering a screening where [people] can diagnose [themselves]." -Spanish Language Focus Group Participant

Many participants found the website's photographs, animations, and Spanish language options especially attractive. Additionally, the participants found the total time spent to complete the self-assessment adequate, even when the assessment took longer due to secondary follow-up questions. According to both participants, the questions are easy to understand and answer; they are relevant for people seeking mental health care.

"It's perfectly fine. I wouldn't improve anything about it. It's direct, it's easy to use. It's not too crowded. I think that when sites have a bunch of text and information, it may be too much for people who are trying to ask for help, especially when it comes to mental health." -Spanish Language Focus Group Participant

"When you are going through a mental crisis, sometimes you don't know if it is temporary or if you should look for a psychiatrist, a psychologist, or a specialist. [The self-assessment allows you to] know if your symptoms are serious because, since one is not a doctor, one can get pre-diagnosed, so to speak." -Spanish Language Focus Group Participant

Both participants explained that when a person is going through a crisis, the number of questions they need to answer and how the questions are framed matters. Additionally, they found that having access to the self-assessment privately is an excellent feature. They found the tool to be convenient, time efficient, and an easier method for sharing the results and

resources with family members for their own use. One participant stated that currently the website:

“It's good, I like it because you can do it for someone else, for example, someone who doesn't know how to use the computer, let's say, my mom. If you are doing this survey about how you are feeling, you can do it privately at home without having to do it in public. I like it because we can have all kinds of mental problems. For example, I have a cousin who is schizophrenic. My sister is bipolar, I suffered from depression, and now anxiety for a while.” -Spanish Language Focus Group Participant

One person reiterated liking the privacy of the websites and its option to allow registered participants to go through the questions for someone else who may not have access or knowledge on how to use a computer.

Challenges

MCBH Key Informant (KI) Perspectives

“...[WellScreen Monterey is] not a diagnostic tool…I've had a few requests to inquire with [technology development partner] to recalibrate those little meters on the results page, which I did. And [technology development partner] basically was like well that's kind of going off of the validated assessment so it is what it is. And I tend to agree with them on that.” - MCBH Administrator

One participant asked about the recalibration of the self-diagnosis results. They shared that people have submitted requests that the online assessment may be too sensitive. Two participants believed that the screener was overly lengthy, noting that individuals completing it tend to respond thoughtfully initially but may become less thoughtful as they progress through it. Another participant suggested having a separate screening for those experiencing substance abuse disorders. They also suggested discontinuing the pop-up option “call behavior health” as the default resource. This resource can ultimately cost the client and clinical staff time and energy when they don’t necessarily always need Monterey County Behavioral Health help. Instead, the participant would like to see a second option if a client gets mild or moderate results.

Help@Hand Technology Development Partner Perspectives

“I can speak to the overall user workflow. The length of the assessment is pretty long…We talked about from a user experience perspective, "Could the length be shortened even more…?" It does use branching logic and things like that to keep it as short as possible…So, I think that, there's some opportunities there.” -Help@Hand Technology Development Partner

Some participants discussed the length and workflow of the WellScreen website. Three participants thought the length of the assessment was very long. Some people will start the assessment and not finish it. One participant added that those who are serious about seeking help will find the assessment length to be manageable. Two participants touched on the workflow of the website and emphasized the importance of constantly tuning the website.

Suggestions

English Language Focus Group Participant Perspectives

One participant suggested that the developers add more animations or something “catchy” to attract new users or continue engaging current users. A few participants suggested shortening the assessments to accommodate people going through mental health crises, since, according to a few participants, the person is not capable of focusing in the same manner. One participant suggested the website contains an introduction message where the person learns about the effectiveness or usability of the website. In terms of the “What are you looking for..?” feature, one found it confusing since the participant was not sure what to ask in the blank.

Spanish Language Focus Group Participant Perspectives

“Once. Rarely, once a year. Sometimes, more than yearly to monthly--". Where it says, "Sometimes. more than yearly to monthly". Sometimes is occasionally. "More than yearly". I think that, if we are referring to the entire year, I would say, "Several times a year", without, "Monthly". It doesn't make sense at all in Spanish.” -Spanish Language Focus Group Participant

“Those parts weren't translated properly, in terms of translating and what they wanted to express. That was translated by a literal translation. It's not translated by the feel of what you wanted it to portray, what you wanted people to feel, or the point, to the point, if that makes sense.” -Spanish Language Focus Group Participant

Some plausible areas for improvement identified included the following, modifying the pronouns by using the word “Usted” since it is a gender-neutral word used for communicating with individuals in a formal manner. One participant suggested performing a secondary revision of the self-assessment questions to identify an appropriate translation since some questions have been translated using a literal translation. Additionally, a participant suggested using words understood by lower grade levels or more common vocabulary among the Monterey County communities since it could be difficult for some people to understand some words.

Needs of vulnerable populations

Help@Hand Technology Development Partner Perspectives

“...Create the linkages so…either [people helping] to translate for [community members] into Spanish or into English or just increasing their familiarity with the tool, so that they can either take [the assessment] on other people's behalf,...or they can just use the site as a way to either upload resources… and/or search for resources that are going to be relevant for that population. [While this is intended as] a community tool, it can be a real help to professionals who are interfacing with people as a way that they can look up information and the resources and local things that are available to the people that they're helping.” -Help@Hand Technology Development Partner

“We have seen that the number of people coming to the site that say that Spanish is their first or primary language or are finish taking the assessment in Spanish is pretty low.” -Help@Hand Technology Development Partner

Two participants discussed the low statistics of Spanish-speakers accessing the website and finishing the assessment. One participant shared that Indigenous and Latino populations currently do not see much benefit from using the WellScreen website. The participant suggested creating linkages within the community through translation, increasing familiarity with the tool, and providing resources that are relevant to Indigenous communities.

Results

Content and design

Successes

MCBH Key Informant (KI) Perspectives

"…it does a good job with…linking the person to the appropriate level of resources…So I think that alone…is good to have to present immediately as soon as somebody's completing that information because sometimes if there's a delay..., then it might never get done later on. So if they're completing the screening now and then they get resources the following day, it might be too late. That person was really interested in getting screened and possibly help at that moment. So I think having that immediate feedback is important." - MCBH Administrator

The way results are reported on WellScreen gives users a good variety of resources depending on their results. Three participants think the description and language used in the results section is good. One participant pointed out that the results are meant to give users psychoeducation by providing descriptions of mental health risks and resources that may help users with self-help or link them to community organizations that could further make a diagnosis or risk determination. One participant liked how resources were suggested based on severity level. Mild results receive self-help resources, Moderate to severe results receive information on a local clinic based on their zip code. Another participant discussed the positive aspects of having a results code; it is a good place to start for a clinical visit.

Non-MCBH Provider Perspectives

Two participants complimented the design and layout of the website and results page. One participant liked how the results page pointed out areas a client is doing well in and areas they need help in. Another participant liked how the results are broken down into smaller sections making it less overwhelming. Additionally, the participant liked the ability to "share results."

Help@Hand Technology Development Partner Perspectives

"If someone records their score and we have a lot of prompts to say… "Remember to keep your results code or copy it or have it emailed to you, have it texted to you." I think that's great to encourage people to retain that information so that they can reference it again later. But again, I think the information can be overwhelming, but it's also about using it as a psychoeducational opportunity as well as a referral and linkage opportunity. So, we don't want to underplay it. So, it's tricky." -Help@Hand Technology Development Partner

There were overall positive reactions surrounding the way results are reported on the WellScreen website. Three participants pointed out positive aspects of the results code. They liked how it allows users to revisit their results at a later time with or without a provider and creating an account. Two participants liked how the results and resources are presented. Two participants discussed how the results may make the user feel like they are being diagnosed and may be overwhelming for some people, but this requires a careful balance of information and support. One participant appreciated how the results table allows people to click and jump through the results. Another participant liked the ability to filter through different county resources on the resources page.

English Language Focus Group Participant Perspectives

“To be honest with you, I was impressed by the results page for so many reasons. First of all, let's say that I'm taking the assessment and I answer all the questions the correct way. It will give you detailed results about each condition. You have something about anxiety, you have something about depression, you have something about mania. So it's very detailed. And for me, maybe because I have a background, I would really like to see details about each one of these conditions. Especially people, who might have more than one case. So it's detailed, I like that.” -English Language Focus Group Participant

“It's a really perfect design because I like the fact that it's visible. It shows... Immediately you get to the page, you see the whole screen and what it's all about. I think for me that's what really caught my attention and what I love about this particular page. And it has so many different icons that you can click on, you have the Planned Parenthood and I think for me having a wide range of options here is just what makes this page perfect.” -English Language Focus Group Participant

Many participants are impressed with the results page and resources given within the results page. They find the results page effective and comprehensive. The results page according to most participants is perfect with only small modifications needed if the resources changed. Seven of eight participants had positive comments, stating that it does not need improvements in the design, content, and features. One participant suggested that more information is needed for the results page to be complete, however, the information given is good. The same participant found the addresses listed on the resource page useful for identifying the locations and distances from the client's home or current location.

Spanish Language Focus Group Participant Perspectives

“What I liked is that at the end of the survey, depending on whether you have private medical insurance, Medi-Cal, or you do not have insurance, it gives you options to seek help” -Spanish Language Focus Group Participant

Focus group participants found the results page particularly useful for identifying ways to improve their mental health. It allowed them to learn about different diagnoses and how to prevent further complications or how to seek immediate assistance for more severe cases. One participant stated using the results page for self-identifying their severity and seeking mental health using the resources page. The same participant found the “For more help” section very helpful. Although one participant was not able to receive care through Monterey County due to health insurance issues, the participant was able to continue to use the website for other family members in their home who qualified for Medi-Cal.

“When I did it, more than anything else, the results they gave me at the time revolved around depression. Depression and anxiety. What I found and what also helped me was, for example, socializing. They told me that depression is also caused by isolation, which happened to all of us with COVID when we were isolated and locked up at home, everything was virtual.” -Spanish Language Focus Group Participant

“The format is great. I like that it has the categories on the top part, including the "Habla Español" one; that's huge for a lot of people. The colors are easy to look at; they're not too flashy but neutral, and the logos are there; everything is correctly laid out. None of it looks pixelated or anything like that.” -Spanish Language Focus Group Participant

Spanish speaking participants found the results page especially helpful for identifying new or different ways to treat mental health symptoms at home and to find different ways to help themselves

in conjunction with professional care as needed. The results page of the Wellscreen Monterey website allowed one participant to approach their mental health treatment plan with deep base knowledge. One participant appreciated the design of the results page because it gives specific results, definitions, and because survey respondents are not obligated to answer questions that do not apply to the person. Both participants liked the design of the resource page. It is visually easy to see and it includes a Spanish language, which is extremely helpful for people who do not speak English.

Challenges

MCBH Key Informant (KI) Perspectives

"One of the challenges…is around that disconnect with our systems where…the client completed it, but unless the client gets a printout or saves their QR code response so that they could look at later or the link to where it sends them the responses,...we won't have that information if the client comes in. Sometimes if our clients have pretty severe symptoms and didn't save the email or the link, it doesn't exist. We can't get to that screening that they completed already." - MCBH Administrator

Two participants discussed the disconnect between agency systems and WellScreen Monterey. Users have not been bringing the codes to the clinics. One participant believes this is due to the lack of printouts and information regarding the WellScreen Monterey code. Additionally, since both WellScreen Monterey and CalAIM are competing in all aspects (length, plan, implementation idea), the implementation of WellScreen is less applicable for MCBH ACCESS usage. Another participant discussed how the lack of WellScreen code usage may be due to the high number of incomplete assessments on WellScreen; if a client took the assessment but didn't save the email of the link then their results wouldn't exist.

Non-MCBH Provider Perspectives

"But I can imagine the anticipation of, oh, what are my results? And just anxiety of it all, like what is it going to... and it's not a diagnosis, but I can understand how some folks may feel like, oh, kind of worried about what is it going to say about me, that type of feeling." -Non-MCBH Provider

"When I got to the [question] about PTSD, like, "Have you experienced some trauma or whatever?" I did select yes. It was really the only question I ever saw with it. But then, at the end, it was like, "Hey, you may have PTSD," which is, I felt, a little too general. I don't know. I feel like if it's going to say, "Maybe there is PTSD,"...if there is PTSD, maybe there should have been more questions about it. I don't know." -Non-MCBH Provider

Four participants discussed the challenges with anticipation and oversimplification of results on the WellScreen website. One participant pointed out how some users may feel anticipation when taking the screen and waiting for their results. Another participant felt that the assessment deduced trauma symptom results based off only one trauma question and the end result was too general. Another challenge discussed were the resources that were not included on the resources page. This included OMNI/Interim and three digit resource numbers. One participant expressed that the current resource and results pages need to be reorganized and the size of resource buttons needs to be resized; The current format of the results page makes it difficult to focus on relevant information and to know what to do next with the results code. There were mixed reactions to the summary/results section. One participant disliked the design. Whereas another participant thought the results page was nice because it reassures the user that there is support. One participant pointed out how online resources

may be accessed more than in-person resources depending on the time of day. The participant also suggested including friendly faces on WellScreen to encourage the youth to seek services.

Help@Hand Technology Development Partner Perspectives

"One of the things someone mentioned in a meeting was it's great that we have a number that you can call, but for some of the younger people who may be coming onto the site and taking it, there may be some hesitation to actually call a phone number. I think younger people tend to feel a little bit more comfortable if someone were to actually call them. So maybe adding in some capability for users to opt into having someone reach out to them might be something that could be helpful, rather than them having to take the action to call the phone number, which for some people could be hard to do that." -Help@Hand Technology Development Partner

One participant discussed the hesitation from youth to reach out for help. One participant pointed out the small number of people signing up for an account on WellScreen Monterey, even though there are many people accessing the website. Additionally, they mentioned how only 60% of users complete the assessment all the way through.

Spanish language focus group

"On the page, maybe give different options, for example, give you the option to enter your health insurance, perhaps with your membership number, and from there immediately redirect you to your provider. For example, provide the option to enter here, for example, I have UnitedHealthcare, and from there, redirect you to the pages. Ideally, they would send you to a psychiatrist or psychologist who is taking new clients. Because that is another obstacle, the problem is that you are unwell, you are anxious, depressed, and it is like a lot of work to still have to seek help." -FG3 - Participant 1

"I think that was a little confusing to me because I didn't know what to do after that. I didn't get it. I thought, "Okay, do I not feel well? Or do I feel well? Is this what I have? But what do I do after this?" -FG 2 - Participant 1

"I like [the resource page] because it also has, for example, Medi-Cal. If you have Medi-Cal, it takes you to the Medi-Cal page. Private medical insurance, it's good, because although maybe there aren't as many options, at least they give you options there." -FG3 - Participant 1

According to one participant, a challenge associated with the results page was the uncertainties about the next course of action. They recommended the website incorporate a section on the results page specifically dedicated to providing a clear set of *"next steps"* and include a description of how the *"results code"* is supposed to be used. One participant never reviewed the resources page because they did not see the tab at the top, it was visually difficult for them to see it. Upon reviewing the information, the participants felt it would have been useful when they were seeking treatment. One participant suggested expanding the website to include more sections or further capabilities to identify if there are any resources for people with other health insurance aside from Medi-Cal.

<u>Suggestions</u>

Non-MCBH Provider Perspectives

"...If you scroll down, areas you're doing well, areas of concern, what to do next, but I think there's just so much going on in that what to do next. It does have to come from here, but it's probably just has to be reorganized so it's very clear." -Non-MCBH Provider

Some suggestions to improve the functionality and ease of use of WellScreen includes adding peer faces to the website, including more resources, and reorganizing the results page to be more clear and simple. One participant shared that adding peer faces to the website may increase the number of youth seeking services. The participant explained that for youth, an in-person connection may be needed as encouragement and support to make the next step towards receiving mental health services. Two other participants suggested adding three-digit resources and OMNI/Interim to the resource page. Another participant recommended reorganizing the results page. This will help the clients know what to do after taking the assessment.

Help@Hand Technology Development Partner Perspectives

"Ways to redesign our assessments broadly and one thing that has come up is having more collapsible sections. So, you might see the condition and your score on it, and then you'd have to press a carrot to open it and close it to see that section, instead of just having right now, again, in that table…Besides that, I'm not sure, because sometimes it's better to just show a lot of information, instead of forcing people to click on a lot of different things, because then the more times the person has to click, sometimes the less that they'll do so." -Help@Hand Technology Development Partner

One participant suggested adding an option for providers to reach out to the user. Another participant shared that the technology development partner had been working on collapsible sections in the website design to make WellScreen Monterey more organized. One participant shared the extensive process that went into deciding what outcomes made it onto the results page. Another participant wanted clinicians' point of view on WellScreen Monterey to learn if it is optimized for them.

Resources

Content and design

Successes

MCBH Key Informant (KI) Perspectives

"…just the community facing availability of individuals being able to look for their own resources and get a sense of their own possible severity of need…this could be complimentary in terms of helping people self-identify their actual severity of need and where is the right door to go to look for the help that they're seeking." - MCBH Administrator

"The work done by [technology development partner] and others to identify the resources that are available to the community at the end of the tool were good. It was pretty exhaustive. They kind of helped us organize our own self, in getting those resources lined up, getting the contact information correct." - MCBH Administrator

One of WellScreen Monterey's successes is its resources (self-help, community resources, psychoeducation) around mental health and wellness. One participant explained that MCBH ACCESS received many referrals who did not meet their level of care. WellScreen directs people toward resources that match their needs. Two participants commented that the website's design and questions are good and easy to navigate.

Challenges

Non-MCBH Provider Perspectives

"There's just so many different reasons why people find themselves needing mental health services. And so I guess that is one of the things that I worry about, that if people take the screening, I'm looking at all of these resources that are up on the website, which are great, but then when people start calling around and trying to get help, they're often told, oh, your insurance won't work here. Or sorry, we have a four-month waitlist." -Non-MCBH Provider

There were challenges associated with accessing mental health providers. A participant mentioned that in cases where clients are referred to their clinic, they would need to reroute them due to the absence of a psychiatrist on site. Another barrier discussed was long wait times and difficulty getting people to the right services, resulting in many people in the county lacking a mental health provider. One participant also pointed out that some people won't have a provider in times of need because many clients typically reach out once they are in a crisis. Another challenge is getting clients to the right resources. One participant explained that a hospital is not a community organization or agency and that people should know when to access hospital services. To address the resources barriers, another participant suggested listing Interim as a top resource since Interim does not require referrals.

Help@Hand Technology Development Partner Perspectives

"A very small percentage of people have clicked on a resource. Part of it, as a team we've talked about maybe people just want to know what's going on with them and they don't really care about anything else. They know what's going on. They can read more about these conditions and…maybe that's all they wanted to do. So yeah, so we're just trying to see now that we're getting more eyes in this more robust marketing space. We'll see if behavior changes or anything like that." -Help@Hand Technology Development Partner

One participant shared that although they have not gotten experience feedback on what users are clicking on, they noted that very few users are utilizing the resources page after taking the assessment. The participant discussed that some users may only be interested in screening their symptoms, thus they are not clicking on the resources available. Additionally, the participant pointed out incorrect information on the WellScreen Website that was discussed during a linkage-feedback commissioners meeting.

<u>Suggestions</u>

MCBH Key Informant (KI) Perspectives

"After the screener, it narrows it down to what might be most appropriate for somebody…So I think this is going to take some pretty constant monitoring in order to ensure that the information is up to date and accurate and that the agencies still exist and that the programs that they're showing on here are applicable to that individual." - MCBH Administrator

In order to maintain the functionality of WellScreen, resources must be updated frequently. One participant discussed how frequent updates to resources will ensure that clients are directed to the correct resources. The outreach manager may be the appropriate person to be responsible for resource monitoring. Additionally, this will also help to narrow down resources based on what results the client gets. The participant also shared suggestions for which resources should be directed at which clients: local resources for users with eating disorders results even if mild,

initially offering local help to clients with moderate results, initially offering self-help resources to clients with mild results, and including Carelon and Interim as a resource for those with Medi-Cal. One participant reported receiving requests to update the sensitivity of the meters on the results page. One participant recommended having a distinct screener for substance use disorder (SUD) and mental health. This may be helpful for those trying to gain a better understanding of SUD. Another participant suggested recalibrating the sensitivity of the meters on the results page.

Help@Hand Technology Development Partner Perspectives

One participant suggested adding the capability to have providers reach out to users about seeking services. Another participant recommended creating an exhaustive list of resources that highlights the most important information first, and if users are interested in psychoeducation, they can find that on another page. Additionally, the participant suggested prioritizing showing local community in-person resources on WellScreen.

English Language Focus Group Participant Perspectives

“Adding more languages. Another thing that may be helpful is adding something on there, some kind of link for those who may need help with reading the website or…pointing them to the nearest office or being able to translate it. I know most computers have something like that, like voice to text nowadays or text to voice. But if there's anything for visually impaired people or maybe taking into consideration colorblind people…Other than that I personally think that the website looks great, I think that it's well put together.” -English Language Focus Group Participant

The participants' suggestions included adding the costs of the services if there is a cost, labeling it as free, or adding the insurance eligibility. Another participant suggested adding the insurance eligibility in the resource page and/or sliding fee scale if available for the services. One participant mentioned adding a Spanish language capability, for the function to be visible since English speakers might be bilingual and could identify better in one of the various languages they speak. Additionally, if the resources listed could have the languages they speak at the location would be beneficial for the person seeking treatment. One participant followed up by suggesting that the website should include a visually impaired or technical assistance feature for people with disabilities. Lastly, one participant suggested the Seaside Village Project be added to the resource page.

Outreach and communication

Successes

MCBH Key Informant (KI) Perspectives

“Digital advertising has gone well and…social media…And…bus ads that have gone out…And then all the stuff that we're trying to do right now with getting tablets out into the world or I guess we've done the advertorials and other stuff. I just don't have the data to show if it's worked or not. Yeah, it's just hard to track. And the print materials are often hard to track. So most of us are on computers all the time, so I think the digital Google ads is pretty good.” - MCBH Administrator

The digital marketing strategies were effective in fostering engagement and interaction on the website. Two participants shared that the current outreach efforts (GoogleAds, Bus ads, TV features, printed collateral) have been good. One participant made the distinction that since bus ads and printed materials are hard to track and most people use computers, digital ads are essential. One participant thought that the teams are very well-engaged and collaborative to better reach county residents.

"More could be done there so [community providers] are all aware of [WellScreen Monterey] to use it as they wish or recommend it or just be aware in case somebody comes in with a results code." - MCBH Administrator

"Part of the process is go on this countywide tour to all these agencies and drop off print materials and have that direct engagement would be good." - MCBH Administrator

"One thing that I was expecting to see that I didn't see would be some pamphlets or posters that we could put in our clinic lobbies…having some more visibility in our clinic sites, in primary care physician clinics, that's where I think that would be helpful in terms of visibility and actually getting the word out that this is something that's available to any community member." - MCBH Administrator

Four participants commented on engagement and outreach between Wellscreen Monterey with users, providers, and agencies. One participant shared that having community providers and agencies familiar with WellScreen one. He is very beneficial. Some concerns that arose included getting input from all providers since everyone's schedules were very busy, as well as getting all providers trained in the purpose and knowledge regarding Wellscreen Monterey. One participant they're giving out printed materials to different providers in agencies would be helpful for direct engagement, and posting pamphlets and posters in clinic lobbies since Wellscreen Monterey would have more visibility among community members in primary care clinic sites. The participant also recommended that better infrastructure for community planning processes would increase the audience of the website. For community residents, outreach is going well and the number of clients coming into clinics is increasing; this is ideal in terms of increasing opportunities for feedback and improvement of the website and resources. For individuals who are already clients, a participant suggested that they should still be made aware of Wellscreen Monterey. One participant shared concerns that some people may not know how to navigate the Internet or a smartphone, or read English or Spanish.

"We got trainings done with our clinical staff, our frontline staff at the desks and everything. We got that completed in time before the launch and we were all eager for it…I feel like that went pretty well of just getting it out there." - MCBH Administrator

One participant discussed the success of clinical staff engagement with WellScreen. The clinical and front desk staff received training and were eager to use the website.

Help@Hand Technology Development Partner Perspectives

"It's really nice to see all of the different types of outreach that we're doing beyond just some of the digital advertising, like Google Ads and Facebook, which I think is going to be really beneficial to reach some of the other community members that may not necessarily have access to a computer or internet. So it's exciting." -Help@Hand Technology Development Partner

“We know Google Ads is going to bring people who want to take the screener, whereas Facebook is going to bring just more curious people. And now we've just started running bus ads and the other things.” -Help@Hand Technology Development Partner

The participants discussed success in outreach and communication through the usage of GoogleAds and printed collateral in both English and Spanish. Four participants explained how using GoogleAds has increased the activity on WellScreen website. Prior marketing efforts through Facebook brought people who were curious about WellScreen, but did not intentionally search for mental health topics related to the county. One participant shared that onboarding the marketing team has expanded the marketing efforts beyond digital platforms. Two participants shared other marketing efforts such as mass emailing community providers and using bus ads. Another participant discussed the county efforts to minimize access and technological barriers to WellScreen through purchasing community tablets.

Challenges

MCBH Key Informant (KI) Perspectives

“In some of our outreach efforts, and peer groups, and some of the community engagement efforts I was surprised at the relatively small number that have been participating. It's really odd to me considering that the number that have been using the tool, or at least accessing the tool, in the thousands, is that's a high number. Yet in our outreach groups, in our peer groups, and all that stuff, it's often less than 10 people. And I don't know how you make that better, but I think that's something that could be improved upon, is the outreach to get the feedback.” - MCBH Administrator

One challenge discussed was the need for more outreach and marketing efforts. One participant mentioned that marketing was not emphasized during the launch phase. Another participant pointed out that there are high numbers of users utilizing the tool yet, in outreach and peer groups, often less than ten people sign up and usually no community members attend.

Non-MCBH Provider Perspectives

“I think the more places we can have it visible, whether it's at bus stops or on buses, or in different local agencies, having a standard flyer that we can all promote at our agencies would be really neat to include.” -Non-MCBH Provider

“I think we should have more public service announcements, I don't see many on TV anymore. I think we need to do more radio ads and utilize Instagram, utilize TikTok, utilize Facebook. Use what we have, media tools out there to get the word out.” -Non-MCBH Provider

“We would love to have them so we can post them up, give them out, all that…Any program or agency that is an entry point to the system should have this information to hand out…If you can send the flyers out by email to the service providers directly, they could make their own copies and everything. It's the people on the ground who are going to be getting the word out for you.” - Non-MCBH Provider

Challenges in communication and outreach include the need for increased marketing efforts in the community using various platforms. Many participants suggested the promotion of public health information through social media platforms (ex.- Facebook, Instagram, Tiktok, etc.). One

participant suggested having more visible marketing efforts through the community through bus promotions, printed collateral for agencies, organizations, community centers, and college campuses to promote, and public service announcements through podcasts, radio stations, and TV ads. Another participant discussed the possibility of putting up community kiosks and computers that would allow those dealing with technological barriers to access WellScreen.

Help@Hand Technology Development Partner Perspectives

"What didn't go well…was knowing who to go to make it known throughout Monterey [County]; there's no general email list of all psychologists…or something so they could know that they could use this with their client." -Help@Hand Technology Development Partner

The participants discussed difficulty with outreach between agencies and the community. One participant expressed wanting to promote the screener through the 800 ACCESS number, but people within the agencies are too busy to create that kind of outreach. Another participant discussed not knowing who to go to when promoting in Monterey County; For instance, there are no generated lists of all the psychologists in the county.

Suggestions

MCBH Key Informant (KI) Perspectives

Three participants shared recommendations for enhancing user-friendliness in WellScreen, including audio capabilities and website format improvements to better streamline and simplify the information pages, along with effective outreach strategies tailored for Spanish-speaking communities and community feedback cycles.

Non-MCBH Provider Perspectives

Four participants discussed the marketing budget and recommendations for community outreach strategies, including the use of printed collateral, public announcements, and enhancing outreach efforts in Spanish-speaking communities. Two participants suggested incorporating an audio option, providing information on cost and insurance types, updating resources continuously, and indicating whether referrals are necessary would contribute to a more user-friendly website.

Help@Hand Technology Development Partner Perspectives

Three participants explained that the adoption of bus ads, posters, and use of audio and video websites were new approaches for increased community outreach. Utilization of Google Ads (Google AdWords) and the introduction of a marketing team was helpful, and recommendations include building brand awareness and setting priorities for marketing goals. Four participants recommended the enhancement of user-friendliness on all formats (laptop, mobile device, etc.) and the utilization of Facebook to promote WellScreen.

English Language Focus Group Participant Perspectives

"Go where people already go, YouTube, Instagram, Pinterest, and TikTok." -Spanish Language Focus Group Participant

“I would say post it on the buses…,[c]ommunity wards, clinics,...doctor clinics. I mean, I do a lot of outreach myself, so I usually go to high traffic areas. Could be bakeries. I don't want to say Starbucks, but a lot of people go there.” -English Language Focus Group Participant

“I agree with everybody with the flyer thing. People can read it everywhere, but having organized seminars in these places, like community centers, maybe churches, schools, and get a laptop with that so people can hear and can experience that…when I see really what it is and when somebody explain to me….So somebody who can guide you verbally, that will be helpful.” -English Language Focus Group Participant

“Have [flyers] at the county offices, like here in Seaside, Salinas. Have somebody with a laptop or a tablet, and have a booth with material when it comes to behavioral health, like a tablecloth. And then have people come over and if they need help finding the resources, have someone who's bilingual, or trilingual, or have access to a language line, and people can come up and say, "Oh, I have a question." They could actually help people find resources that way.” -English Language Focus Group Participant

“I was thinking about something right now, like public libraries, that will be good... People go there, especially to the computers, to look up things, basically. So maybe having something there for them beside the flyers. Could be a bookmark on these public computers for them.” -English Language Focus Group Participant

“I'm telling all of my friends, colleagues here to know about this website, because it's a really great tool that we should all of know and use, basically. And spread the word.” -English Language Focus Group Participant

Most participants suggested posting the WellScreen Monterey resources on bulletin boards in buses, supermarkets, community centers/other locations for the community, doctor clinics, libraries, churches, or any other place where there is a high volume of people or activity. One participant suggested that WellScreen Monterey should work with school therapists from all levels, especially with universities. Alternatively, one participant suggested having live seminars where people can use the tech (provided by staff) to learn and use the WellScreen Monterey services. Additionally, one participant mentioned incentives such as food as a method of attracting people to join seminars or workshops where people can learn about the services. A different participant followed up by suggesting that WellScreen Monterey partners with other organizations in the area that are interested in healthy lifestyles. Alternatively to having seminars, one participant suggested having a booth at different locations within Monterey County where people can learn more about the services through a one-on-one staff-guided introduction to the services on the webpage. A few participants suggested that this information be shared with close friends and family members. One participant who works with volunteers suggested posting the information on websites where low-income and Medi-Cal clients can see the information. Additionally, a participant suggested using apps. Overall, the website is serving focus group users well, most of them had positive comments and were very enthusiastic to share the tools with other people. Many participants have shared or will share the tool with immediate family members.

Spanish Language Focus Group Participant Perspectives

“For me there is no problem, I am used to copying it and putting it here, putting it there, because it is part of my job, it is what I do, I use the computer all day. I have to keep in mind that not everyone has, first, access to the internet, to begin with, access to a computer, access to a

phone with internet. The easier it can be, the better. Especially if most people do not have a computer at home, then use their cell phone as a computer. Make it easier to navigate, make it easier to-- If there's going to be code, copy it somehow. See how to make it more accessible to everyone." -Spanish Language Focus Group Participant

"For example, with my providers I have an account that they make me create…, an account could be created with your name, address, and date of birth. On the page, you enter your health insurance, Medi-Cal, or whatever. From there, with that information, [MCBH] could send the information. Already having an account, they would already have access to the survey, and you could even enter your insurance information, and the member number." -Spanish Language Focus Group Participant

"Maybe at the César Chávez library,...And El Gavilán, too, where you can find more Spanish speakers and babysitters that go there with children after school, they go there with the kids and they can see the flyers there. Maybe you could have-- Not like a workshop, but like an informative timing to inform people of what's out there. "If you're feeling that you don't know what you have, you don't have this. Try this link out. Give it a try and see if you can-- If it's beneficial." -Spanish Language Focus Group Participant

"Sometimes it is good for a pop-up to appear so you can chat. There should be something in Spanish, because it goes, "Pop," that says, "Do you have any questions? Do you need help? Click here." It would be nice if there was a way to chat. I really like to chat." -Spanish Language Focus Group Participant

Focus group participants had many suggestions for disseminating the Wellscreen Monterey website, from making the information easier to understand, to asking healthcare providers to disseminate the information for Monterey County. One participant suggested the information be published via the primary clinics, posted in libraries, have information sessions, and distribute the information via the bilingual radio station. One participant suggested that there is better communication among medical and mental health providers, where they can share the results and relevant information via electronic health systems. Both participants suggested that this information be shared with close friends and family members, libraries, and supermarkets. One participant who works with volunteers suggested posting the information on websites where low-income and Medi-Cal clients can see the information. Additionally, a participant suggested using apps such as "Go where people already go, YouTube, Instagram, Pinterest, and TikTok." (FG3). In terms of usability, one participant suggested the website incorporate a chat feature in Spanish since it is helpful for identifying where to locate certain information.

Needs of vulnerable populations

Non-MCBH Provider Perspectives

"Not everybody has a fast internet connection or any internet connection. Yeah, not something you guys can fix, but maybe make it available on multiple platforms…I don't know if it's something that can be put on our Spanish TV stations, like little public service announcements or it could be made into half an hour, 20 minute segments. I think that would be helpful." -Non-MCBH Provider

"Yeah, on this website. So, once we had launched the campaign, I did provide them with a new banner to add here, which see, here it is. And they did have a banner before that was there, but it's difficult to read, it's difficult. Some of the other things that they have going on, it's hard to see

where you want people to focus. And then, if you were to click on get help, maybe." -Non-MCBH Provider

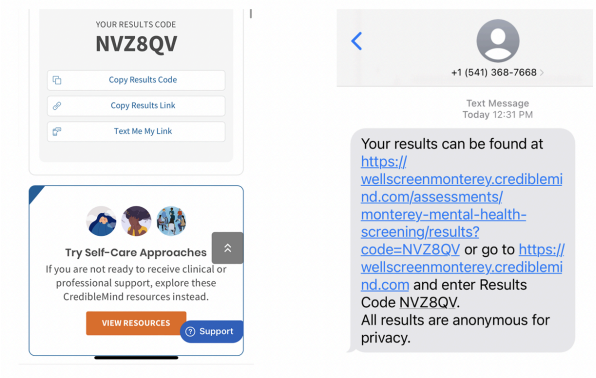
A challenge when increasing access to WellScreen Monterey for Latino and Indigenous individuals is the lack of outreach and marketing on different platforms. One participant suggested making the website announcements available on multiple platforms including Spanish TV stations and service announcements. Another participant suggested creating better banners and ads for the community.

Help@Hand Technology Development Partner Perspectives

"I think it's more about the avenues of marketing and not just the content of it that is going to be really important. Then something we talked about before during the needs assessment process is thinking about the population of monolingual Spanish speakers, you're likely looking at people who have less access to technology, smartphones, internet access, things like that."
-Help@Hand Technology Development Partner

One participant expressed emphasizing marketing WellScreen towards monolingual Spanish speakers since those who speak both English and Spanish face fewer barriers. Additionally, the participant pointed out the importance of considering different marketing avenues since the population of monolingual Spanish speakers may have more barriers when accessing WellScreen. Another participant noted that GoogleAd marketing efforts did not seem to reach the Spanish-speaking communities.

WellScreen Monterey website: linkage/brokerage effectiveness



Key informant interviews were conducted with 14 key stakeholders involved in the WellScreen Monterey website of the Help@Hand project and included informants from Monterey County Behavioral Health, other community service agencies in Monterey County, and Help@Hand Technology Development Partner. Key informant interviews were conducted from May 26, 2023 to August 23, 2023. The following qualitative findings are organized into sections (users and resources, results integration, users/clients and providers, additional resources), and then subsections by MCBH Key Informant Perspectives, Non-MCBH Provider Perspectives, and Help@Hand Technology Development Partner Perspectives.

Users and resources

MCBH Key Informant (KI) Perspectives

"Well, [EHR System] integration doesn't really exist. I mean, we had to sort of land on a manual process, which is what it is. And I think what's also important for me to remember…is that this innovation project is to build this tool that could work in other counties and not all counties use Avatar for their electronic health record system…Manual stuff is easier to translate and do. Or just verbally share the information and then the receiving end looks it up and downloads it without any actual digital transfer of information. I think that's sufficient…" - MCBH Administrator

"I think [the resources are] effective. But right now, it's limited to what's in there and what's been uploaded by us and the [technology development] team. I think hopefully we can get some help from collaborating with United Way and their 2-1-1 database. And just having them be more of an active member to support this where the information is, basically we just have more resources listed and categorized. I think that would be good." - MCBH Administrator

One participant shared that the Avatar portal integration was not implemented and that potentially that may be sufficient since other counties do not use Avatar EHR System. Another participant liked that MCBH, Beacon, and Carelon are listed on the resources page. One participant shared thoughts on the resources that are offered depending on the user's results; People who score mild get coping skills and breathing exercises and those who fall under substance use disorder (SUD) get directed to local SUD services. Two participants think that WellScreen is easy to navigate and is good at linking users to immediate resources.

Help@Hand Technology Development Partner Perspectives

"We know the number of people who've taken the assessments. But we don't really know what they've done beyond that. We don't know if they've booked an appointment or called someone or took some type of action beyond taking the assessment, which in some ways, even just taking the assessment I think is a good step…But I think that is one of the challenges, is not knowing what people are doing after." -Help@Hand Technology Development Partner

"I think the biggest marker of success would be just people going to other agencies because we're trying to reduce the burden on MCBH and MCBH often is filtering people out to other agencies. So, if we can get people to go there by themselves and not have to take that extra step of MCBH, that would be great. So, the only way to know if we're doing that though is tracking. I think that's the tricky part." -Help@Hand Technology Development Partner

"We are finding users…give the assessment 90% plus thumbs up; they love it, but less than 20% of users are actually clicking on a resource,...it means they're happy just to have read their report, and it may be because they were low-risk or moderate-risk for everything…But I think there is still the challenge of how to do a better job of getting users to actually follow through with the resources." -Help@Hand Technology Development Partner

The participants expressed difficulty with gauging the effectiveness of the WellScreen website. One participant discussed that the effectiveness of WellScreen should be based on the amount of people going to other agencies with their results because the goal was to reduce the burden on MCBH. Two participants touched on portions of the website that are not used; One participant shared that the FAQ does not get used. Another participant stated that the users give the assessment a 90% thumbs up but less than 20% have clicked on a resource.

Results integration

MCBH Key Informant (KI) Perspectives

“I don't know how good that is going to be, either now or ever. We don't have any example of somebody bringing the results in. And with all those visits to the site, and people actually took the screening tool, I would've thought just at some point somebody would have said, "Hey, I got this finding and here it is. And I need to talk to somebody."...I don't know if that has been the most effective component of the program.” - MCBH Administrator

The effectiveness of the results code was discussed amongst the participants. One participant thought the results code was reasonable. However, another participant did not know how effective the results are. They have not heard of any clients bringing their results code to a provider. To date, only eight people have brought their results to clinic visits.

Non-MCBH Provider Perspectives

“You know what would be really excellent? Is if a person could do that result code and click to make an appointment with Behavioral Health, if that's what they could do. Straight from that website, straight from that result. Or something that leads them. So there's the phone number…Say if they clicked on it, it would give them appointments.” -Non-MCBH Provider

“And so then a lot of the questions will be answered through their WellScreen. If they have a QR code, the staff at the office would be able to look at and see what's kind of going on. Have a summary of how this person is feeling and experiencing since they got such detail in the WellScreen tool.” -Non-MCBH Provider

One participant expressed how they have no idea how to mitigate the problems surrounding finding a mental health provider in the county; There is a long wait-list to see a mental health provider and many people are in a crisis by the time they seek out a mental health provider. One participant discussed the possibility of sharing the received results from the self-assessment directly with an agency. Another participant pointed out the confidentiality topic concerning user results and questioned if users could opt out of confidentiality. One participant suggests including a button WellScreen that allows the user to send their results directly to a provider. Two participants suggested including action phrases so that users know what to do after receiving their results code.

Help@Hand Technology Development Partner Perspectives

“I think it would also really require more education of these organizations and MCBH professionals, because they're going to be the ones who need to actually request this information and create a language…of, "Hey, this is information that would be helpful for us." [This would help establish that] okay, this is something that we talk about, this is something that we seek out, this is something that we're prepared to receive. I think that would increase the user presenting with that information.” -Help@Hand Technology Development Partner

Three participants discussed the lack of usage with the results code. They had no suggestions on how to increase the amount of people using the code. One participant suggested putting in more marketing efforts to explain the results code to the user, and also educating organizations on the purpose of the code. Another participant pointed out that the usage of the results code may be difficult for clinic admin because of the unusual workflow it introduces.

Users/clients and providers

MCBH Key Informant (KI) Perspectives

"If…there's an area for improvement, it's still just connecting people to the right resource…specifically, there's kind of always a default on the results page to call Behavioral Health Access…there's always the icon to call behavioral health. If it's mild to moderate, maybe don't have that icon there to click…I think that's just important because part of the problem we've had is everybody coming to ACCESS and ACCESS having to then refer out to a lot of different directions and it just eats up their time." - MCBH Administrator

One participant pointed out that even though users are not bringing their results code to their providers, this does not mean that they are not taking the next steps to their wellness. Another participant suggested that MCBH providers ask for the results code in order to promote the usage of the code. Two participants suggested adjusting the resources recommended to users based on their results; One participant suggested those who have mild results to be directed towards self help resources and those who are moderate be directed to local resources; Another participant suggested that those who are moderate or mild not be directed to ACCESS but Carelon/Beacon instead.

"I wonder if, as soon as somebody completes it and…generated a resource of our ACCESS clinic, could WellScreen also send an email to our main access line and be like, "Hey, this person, John Doe, completed this WellScreen and indicated they have moderate symptoms for depression. Can you follow up with them within the next 24 hours?" And include the phone number…I think that's where it would start through our ACCESS entry point." - MCBH Administrator

To improve the connections between providers and users of WellScreen Monterey, one participant suggested including experience surveys for users to fill out. Another participant suggested that the screener be able to generate resources that are sent to ACCESS clinics from WellScreen Monterey when users have completed the WellScreen assessment.

Non-MCBH Provider Perspectives

"So from the provider side, I feel that need to set up for the QR code…Once someone calls and says 'I took the WellScreen,' or their QR code pops up or they give you their QR code. Once the provider gets the QR code, they can look at the results. And again, see what's going on with that person and they can then use what we have, what [is needed] to interface with that person where they're at." -Non-MCBH Provider

"...Providing them with a more clear way of getting in touch with somebody. And like you said, and having a more clear opportunity for providers to reach out to the people who have decided to take this to opt in to help potentially would be, is the missing piece." -Non-MCBH Provider

One participant suggested including information such as referral requirements, cost of service, and Spanish-speaking service availability under each resource to strengthen the connection between users and providers. Another participant pointed out that providers should know what to do if a client walks in with a WellScreen QR code. Another participant suggested creating a form that agencies can fill out when they want to update their agency information. Lastly, a participant expressed wanting a more clear way of allowing providers and services to get in touch with users after completing the questionnaire.

"...For our youth, [providing] in-person connection,...let's say, they click on the OUR GENTE page, our LGBTQ youth support services program and they see a youth who is a peer and like, oh, visit The Epicenter on Thursdays, we have our drop-in hours, and seeing a face like, oh, this person looks like me, or this person may be able to provide that peer-to-peer support, it may be nice to have like a face to...can make it more personal, or personable." -Non-MCBH Provider

One participant suggested including testimonials and photos to encourage people to seek help. Another participant thought the current format of the results page makes it difficult to focus on relevant information. One participant stated that there are many resources on the MCBH website that are updated periodically and that it would be helpful if WellScreen Monterey could link back to that. They also pointed out that the Monterey County website does not include the WellScreen questionnaire.

Help@Hand Technology Development Partner Perspectives

"We've added that in [recently] for people to opt in to maybe be a part of some of those focus groups if they would like, which I know some people have started filling that out, which is great. So maybe we could continue doing things like that, if Monterey would like to speak to individual users." -Help@Hand Technology Development Partner

One participant suggested including options for opting in and out of things such as focus groups, and having someone reach out to users can aid in improving the connection between MCBH, Providers and users of WellScreen Monterey. Another participant suggested providing organizations with flyers and training to educate providers on WellScreen.

"...Even though the Help@Hand project will end, I think they want WellScreen to be intact for beyond that. So probably once a year training. I'm sure there's also a lot of turnover. So there's probably already new people since November who, I don't know if they learn about it during training or if they even know what's going on. So yeah, I'd say maybe once a year or twice a year even. Kind of refresher on it." -Help@Hand Technology Development Partner

"Well, again, it comes a little bit back to the workflow thing still. They need to integrate it in their workflow. If you arrive at the clinic and they're handed an [tablet] and said, "Go do this screener," that's going to make sure that they use it. I think also just general awareness of it…Even things just like little cards or something or flyers in the office, QR code posters that can be in the offices that are, "Scan this to assess your mental health," or things like that." Help@Hand Technology Development Partner

Five participants discussed improved linkages between the user and resources, as well as MCBH. For process improvement and continuation, two participants suggested conducting an annual training about WellScreen Monterey for new hires or as refreshers for providers. One participant explained that this would increase familiarity with the website among providers so that they can help users/clients take the assessment. The participant also suggested that MCBH complete an annual review to ensure that resources are active or updated accordingly. Another participant recommended that providers should be allowed to upload resources or search for resources within the website, as this would enable them to look up information about local organizations. One participant shared that the county may consider an end-user survey of users who registered at the end of the year to assess effects of WellScreen Monterey, including how the user felt when using the website, if the user learned anything new, and if the user used a resource. One participant discussed several approaches to integration and collaboration. They

suggested working with United Way 211 to maintain a database (on what? Check transcript) as well as sharing resources that WellScreen Monterey does not yet have listed. The participant also suggested integrating Wellscreen Monterey results with MCBH Electronic Health Record System, so that results can be automatically uploaded to clinic systems, including MCBH clinics. They commented that the tablets for clients to take the screener, as well as cards, flyers, and QR codes in offices, were helpful to users. The participant also recommended increased follow-up with users who have completed the assessment to ensure that users know what actions they can take after completing the assessment. The participant shared that it would be helpful to highlight resources that are specific to user demographics and to help users under age 16 to access resources. Another participant reiterated that a better online workflow, connecting Wellscreen Monterey with clinics, would build trust and a better connection with community members and would increase the number of people coming in for support.

Additional resources

MCBH Key Informant (KI) Perspectives

"I am pretty sure it's on there, but the Carelon, I think that should be highlighted more just because they're a mild to moderate provider for Medi-Cal people. And so I think making them more prominent would be good. Besides that, it's more niche based on people's needs and demographics. So it's hard to say highlight one over the other." - MCBH Administrator

"That's going to be Monterey County team that's going to have to do [update resources]...Because phone numbers change, and people change, and things change. So yeah, I don't know. Monterey County, what frequency? I would think every six months…putting that on somebody's calendar to make sure it gets done, we haven't done that." - MCBH Administrator

One participant gave suggestions on updating the resources list; The MCBH team should be responsible for updating the resources every six months. Another participant recommended that local resources for users with eating disorders be added to the resources page. Additionally, another participant pointed out that Carelon should be added to WellScreen as well.

Non-MCBH Provider Perspectives

"Listing of the food bank would be good on here for people that are struggling with food insecurity and then also an updated listing of all the places that people could receive a hot meal in our community, in our county. I think the other thing that's missing in terms of mental health for younger people is school districts across our region now have mental health professionals, licensed mental health professionals providing care for students in high schools, in all our comprehensive high schools. And it would be actually really good to list out all of the different schools and how to reach the licensed mental health professional on those school campuses for parents who are having issues with their kids." -Non-MCBH Provider

"Maybe if you have an option for someone who, if they're on low bandwidth or their data plan's pretty low on their phone, maybe just a straight-up list that they can click on if they need that option instead." -Non-MCBH Provider

One participant suggests including DoortoHope, all-inclusive resources, BrilliantMinds, and including testimonials and pictures of peers on WellScreen. Another participant suggested including a list of various resources available at community colleges, school districts, food banks, clubhouses, resource centers, etc. One participant recommended having a cohesive list of all the resources on

WellScreen available in the case that someone loses their internet access and can no longer see the resources online.

Help@Hand Technology Development Partner Perspectives

"There are a lot of resources that we've developed nationally and internationally on our site, and they haven't been necessarily integrated fully. But they haven't been excluded either. There are self-help resources that are videos, and podcasts, and things like that. But, there are some larger virtual agencies that might be important to integrate a little bit more strongly."
-Help@Hand Technology Development Partner

"I think maybe a good idea is to do an annual review to make sure, oh, if there's any new ones or maybe something closed down or to update the information as well. I think we wanted to push put that on Monterey to do the updating and I'm not sure if they've designated someone to do that, but it's definitely a lot to have to go through every year." -Help@Hand Technology Development Partner

One participant expressed that national and international virtual resources should be included on the WellScreen resource page. Another participant advocated for constantly updating information on local resources. One participant shared the idea of highlighting resources from the start of the assessment rather than after you finish the assessment.

Conclusion and recommendations

The Help@Hand Monterey County initiative was a great success in a number of ways. Higher percentages of people of color suggested a positive effect of the implementation - this positive impact included a shift to more Medi-Cal recipients as MCBH had hoped. On the other hand, direction of change for triage was not consistent with expectations and no changes could be detected from the EHR data on Beacon referrals or on non-billable services. It is possible that this is due to either the low use noted for actually reading resources from the web platform, or the connections between the screening data from the website and the MCBH intake/triage processes.

From the WellScreen Monterey site assessment data we identified 552 individuals who lived in Monterey County, were moderate-to-severe acuity for at least one or multiple (comorbidities) of the following conditions, were covered by Medi-Cal, and were not currently being treated by MCBH: Anxiety (354), Depression (367), PTSD (163), Bipolar (238), Eating Disorder (284), Substance Abuse Any (233) and Psychosis (26). In this initial period, several people brought in their screening results from Wellscreen Monterey site to ACCESS program visits, as indicated by the *Alias 10* field. As more people access Wellscreen Monterey site and this screening process becomes integrated in the ACCESS clinic workflow, more people will bring their screening results to ACCESS clinic visits.

Strengths of the planning and launch phases included collaboration between teams working on the Help@Hand project as well as with community agencies and partners, outreach and communication efforts, and feedback-response cycles. In the perspectives of the key informants, the facilitators that brought success in the planning phase include strong partnerships between MCBH program managers and mental health technology development organizations, a well-developed community needs assessment, good testing and validation of behavioral health assessment measures and scales, and transparent and open communication

between the technology development teams in the evaluation team. Challenges in the planning phase include having limited staff when preparing for launch, facing language barriers between clients and providers, and timing issues such as delays in deadlines and coordination between teams. In regards to the launch phase, successes from the key informants' perspectives include having a gradual launch (soft and hard launch), beta testing, building trust between the community and website, collaboration between the teams, and having a good budget. Challenges that were encountered during the launch phase include a lack of integration of screeners within clinics due to lack of training and engagement amongst providers, lack of trust between the older population and using an online platform, timing delays, and administrative challenges.

Strengths of the WellScreen Monterey website include the calm and informative website design, straightforward assessment experiences, and functional access to results as well as effective presentation of the results page. Participants in key informant interviews and focus groups found the website feasibility and ease of use to be a success overall, in the self-assessment, results page, resources page, and for outreach and communication. Key informants discussed successes which include positive user experience, improvements to connecting clients with resources, the use of the website as a starting point, and the thoughtful layout and easy-to-understand content of the website. Focus group participants found the website to be a helpful tool for receiving mental health information and resources, to be effective and comprehensive, and to be well-designed. Key informants commented that challenges include timing delays, linkages of users using results codes at clinics, and disconnect and communication difficulties between agencies. Focus group participants discussed challenges that include needing more information on the results page, improving language access.

From the user's perspectives and experiences to the developer's feedback, in linkage/brokerage, we see the successes and challenges associated with the WellScreen Monterey website implementation. Informants feel a sense of connection and relief by having access to a tool that can guide them through their symptoms and diagnoses. Although much work is needed to create a clear path from the MCBH Assessment to the MCBH providers, users are seeing positive outcomes from using the website for themselves or their family members and friends. At this moment, it is uncertain why users are not leveraging all the website content, however, changes will be implemented to guide the users to find the resources within the website.

The key recommendation is a more seamless transfer of website results data if someone seeks services at MCBH. Interoperability of data across apps, devices, and EHRs is a persisting issue in the U.S. and there was no difference here from many other experiences in pre-screening of people on devices/internet who then seek services. However, the addition of tablets during intake that can go onto the WellScreen Monterey website to retrieve user data during that initial patient-provider process seems very valuable to pursue in the future. Having data called in through a RESTful API or other HIPAA-protected process for transfer of data could be a new pathway for importing the screening data if MCBH chooses to work on that linkage. In the qualitative findings, many participants discussed the benefits of results integration between WellScreen Monterey website and MCBH Avatar system. Automatically transmitting assessment information between WellScreen Monterey site and Avatar in an interoperable format (e.g., results can be added in a usable data format that can be accessed within the EHR) is an important suggestion.

Recommendations for the planning and launch phases are to appoint a representative from each team working on the Help@Hand project to improve communication channels, and to

engage in more community-based outreach at local community gathering places. Suggestions from key informants regarding the planning phase include having public announcements in areas where the communities gather (e.g., meat markets and churches) and having more people in leadership positions (co-lead) to provide more perspectives. Suggestions from the key informants for the launch phase include providing more training and integration within clinics using the screener, having more bilingual providers, building trust among Spanish-speaking and older communities, and receiving more feedback from stakeholders regarding the screening tool.

Recommendations for the WellScreen Monterey website are to include additional Monterey County specific resources, consider the length of the assessment, and make adjustments to the user interface to improve ease of use. Suggestions from participants in key informant interviews and focus groups include having an audio version of the website and additional language translation to better support language needs of different populations, increasing internet and device access, and reducing the reading level of the assessment. Additional suggestions include working inter-agency to update resources listed on WellScreen Monterey, adding information such as distances of locations and costs to the results and resources page, and increasing community-based marketing for better engagement and outreach (clinics, bakeries, churches, schools, county office community events, public libraries, word-of-mouth, and more social media).

Next steps

Summary of learnings and achievement of intended outcomes of the Innovation Project

“That's one thing where we didn't necessarily achieve that outcome….The project has shifted too. From the time we got the plan approved to now, a lot of the world has changed.” - MCBH Administrator

“...Personally, I still think this tool's done a lot of good, because it gets a lot of education out there. A lot of people are using it. It's just…hard to measure.” - MCBH Administrator

WellScreen Monterey has contributed greatly to educating the community. While measuring outcomes has been difficult, e.g. direct linkage is difficult to track, people using WellScreen Monterey to find services may not share their results code, the project has adapted successfully to the changing world with shifting expectations and external challenges such as COVID-19. One additional outcome that may be considered is measuring the preventive effects of WellScreen Monterey.

Continuation of the Innovation Project: plans, funding, stakeholder involvement

“Our public health department [is a] stakeholder in essence too. Our director [has] expressed interest in expanding the scope of [WellScreen Monterey], beyond behavioral health services…[and we will] factor that into our MHSA planning processes, because that's really our opportunity window each year to assess needs, and talk to stakeholders to…let them know what's going on, and then also to invite them to contribute to the decision making.” - MCBH Administrator

“We have a contractual relationship with United Way for other services, but that keeps us close, and so we'll be in touch with them at that level. But then in terms of if we were to look to ever modify the product at all, we can leave room for this in our annual MHSA planning processes” - MCBH Administrator

“We're going to continue [WellScreen Monterey], but likely under PEI funds…at this point we view the tool as developed and now it's just a matter of maintenance…Currently we don't have plans, concrete plans, to really modify significantly the product, we just want to maintain it.” - MCBH Administrator

The Innovation Project continuation plan has been considered throughout the CalMHSA planning process and will continue under funding from CalMHSA for Prevention and Early Intervention Services (PEI). WellScreen Monterey, now fully developed, will require maintenance over time. There are currently no plans to make significant modifications. The county will continue to contract with United Way for different services and may reach out for support in maintaining WellScreen Monterey. County leadership has expressed interest in expanding the scope of WellScreen Monterey beyond behavioral health services.

Dissemination of Innovation Project results from County to stakeholders

“Throughout the process of this, with our annual Innovation Reports, that's always been included in our MHSA annual updates, or three-year plan.” - MCBH Administrator

“There's 15 counties total, so 14 other counties. Then I know [State Admin 1] and I [have] done at least two or three presentations to that group.” - MCBH Administrator

“The…conference presentation [could also be included] as communication to stakeholders.” - MCBH Administrator

“...With the MHSOAC, they've tried a couple iterations of posting all the Innovation Projects, and PEI and CSS. But for Innovation alone, they've done a couple of iterations of trying to create a clearinghouse of information on their website, where you can search, see what's been done. Because a part of this is with Innovation Projects, you don't want to duplicate, and OAC doesn't want people to duplicate what's already been done.” - MCBH Administrator

CalMHSA annual updates will disseminate information and results from the Innovation Project. MCBH will submit the final report to the Mental Health Services Oversight and Accountability Commission (MHSOAC), and MHSOAC will share the results with other counties. Each county may experience different benefits from the projects compared to other counties. The dissemination of it will also include presenting findings to other counties, including conference presentations with stakeholders. MHSOAC also posts all of the Innovation Projects on PEI and other platforms for people to read. The intention is so that other counties do not duplicate what has already been completed. MHSOAC has put efforts to share information, although more frequent updates and consistent information between state and county entities would be helpful. Considering previous evaluations that were not widely disseminated, a suggestion moving forward is to create an executive summary for each evaluation that discusses pieces of the evaluation that can be more easily disseminated and understood.

Appendices

Appendix A: Methodology

Table of Contents

University of California, Berkeley's Health Research for Action served as the local external evaluator for the Help@Hand Monterey County initiative, working closely with Monterey County Behavioral Health (MCBH), California Mental Health Services Authority (CalMHSA), and CredibleMind, Inc. on this Monterey County Help@Hand evaluation. This report summarizes the evaluation of WellScreen Monterey website implementation and includes the following data sources:

1) MCBH ACCESS program's de-identified data from the electronic health record (EHR) system (Avatar) to examine trends in the program's assessment/evaluation, linkage/brokerage, and mental health services before and following the launch of WellScreen Monterey;
2) The de-identified WellScreen Monterey user data set (dashboard, website data) to assess user demographic and behavioral health characteristics, how users learned about WellScreen Monterey, pages and links viewed by the users, and user satisfaction with the resources.
3) Key informant interviews that explored the process for the planning and development phases, the launch of WellScreen Monterey, what worked well, what were the challenges, and suggestions for the next steps.
4) Community member interviews that explored community perceptions of WellScreen Monterey website overall, its self-screening/assessment process, results page, resources page and information about how to access resources, and discussed community preferences for outreach and communication.

Quantitative Methods

Pre-Post Comparison

ARIMA Methods

Dataset
The Electronic Health Record System (Avatar) dataset, de-identified EHR data from MCBH, covers the period from July 1, 2018, to June 30, 2023.

Variables
We re-coded a few variables as follows:

- **Number of Patients**

    - The total number of new clients was calculated by determining the distinct Patient Order Number count in the dataset.
- **Pre-Post Launch Dates**
    - The 'dates of service' designated before 2022-11-15 were classified as *Pre-intervention* and the rest of the data as *Post-intervention* period..
- **Race Value**
    - Asian: This category includes individuals identified as Asian Native, Chinese, Filipino, Japanese, Korean, Laotian, Vietnamese, Other Asian, and Cambodian. There is also a blended category called American Indian/South Asian. This appears to be an error in the system after checking with MCBH but for the purpose of categorizing data, we chose to call this the South Asian category, as it is more likely to represent South Asians as the higher number of people in the county.
    - NHPI - Native Hawaiian/Guamanian/Samoan: This category includes individuals identified as Native Hawaiian, Guamanian, and Samoan.
    - The rest of the categories remain unchanged (Alaska Native, Black/African-American, Hispanic, White, Middle Eastern, and Other Race). Typically American Indian would be grouped with Alaska Native populations as Indigenous people in the US. There did not appear to be a way to disaggregate from another category.
- **Ethnicity**
    - Hispanic: This category includes individuals identified as Cuban, Mexican/Mexican American, Other Hispanic/Latino, and Puerto Rican.
    - The rest of the ethnicity categories remain unchanged (Not Hispanic and Unknown)
- **Primary Language**
    - Other Non-English: This category includes individuals who reported their primary language as Arabic, Farsi, Japanese, Korean, Mandarin, Other Non-English, Portuguese, Samoan, Sign Language, Tagalog, and Vietnamese.
    - English and Spanish categories remain unchanged
    - Unknown: This category includes Unknown / Not Reported or No Entry responses

WellScreen Monterey Website Data Methods

Dataset
De-identified data from WellScreen Monterey user data (dashboard, website data) was examined to assess user demographic and behavioral health characteristics, how users learned about WellScreen Monterey, pages and links viewed by the users, and user satisfaction with the resources.

- Dashboard Data: WellScreen Website Dashboard data were examined from 11/15/22 to 10/23/23.
    - Sample
        - Number of Users: 28,879
        - Number of Sessions: 35,998
    - Variables: We re-coded a few variables as follows:
        - Primary Language:
            - Other Non-English: This category includes individuals who reported their primary language as Indigenous languages (e.g.

Mixteco, Triqui, Chatino), Korean, Tagalog, or was referred to as "Other language" by the Credible Mind dashboard
- English and Spanish categories used their original groupings

- Gender:
  - Other: This category includes individuals who reported their gender as Questioning/Unsure, Transgender, Genderqueer, I prefer not to say, Other gender identity
  - Female and Male categories used their original groupings

- Website Event Data: WellScreen Website Event data were examined from 11/16/22 to 7/31/2023
  - Sample
    - Number of Users: 21,243
    - Number of Website Events: 165,670
  - **Variables**: We re-coded a few variables as follows:
    - **The topic associated with the event**
      - **Addiction and Recovery:** Addiction & Recovery, Alcohol Use, Cannabis, Loved One with Addiction, Gaming for Wellbeing
      - **Anxiety and Stress:** Anxiety, Stress, Ansiedad, Estrés
      - **Mental Health Awareness:** Mental Health, Depresión, Psicosis, Psychosis
      - **Mindfulness and Meditation:** Mindfulness, Mindfulness of the Senses, Body Scan Meditation, Meditation
      - **Mood Disorders:** Depression, Bipolar Disorder, Seasonal Affective Disorder, Postpartum Depression, Depression and Young Adults, Trastorno bipolar
      - **Personal Development:** Personal Development, Leadership, Happiness, Hope, Positive Thinking, Positive Psychology
      - **Relationships and Social Support:** Friendships & Social Support, Romantic Relationships, Loved One with a New Diagnosis, Loss of a Loved One, Grief & Loss
      - **Therapy and Mental Health Support:** Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Therapy & Support Groups, Online Therapy, Mindfulness-Based Stress Reduction
      - **Wellness and Self-Care:** Self-Care, Physical Health, Nutrition, Exercise & Body Movement, Healthy Social Media Use, Sleep, Tai Chi, Yoga
      - **Other Themes:** 12-Step Alternatives, ADHD, Aging & Longevity, Anger Management, Attachment Style, Autism, Body Image, Borderline Personality Disorder, Boundaries, Bullying, Caregiving, Caring for Aging Loved Ones, CBD, Communication Skills, Community Building, Compassion, Compassion-Focused Therapy, Compassionate Behavior, Concentration & Focused Attention, Crianza de hijos, Dance, Death & Dying, Diversity, Equity, and Wellbeing, Doctors & Medication, Domestic Violence, Eating Disorders, Empathy, Enneagram, Fear, Financial Wellness, Flourishing or Languishing, Gratitude, Habilidades de comunicación, Humor, Hypnosis, Incarceration & Reentry, Living with Chronic Pain, Loneliness, Narcisismo, Narcissism, Naturaleza y al aire libre, Nature & The Outdoors, Neuroscience, OCD, Parenting, Personality Types, Relaciones Románticas, Resilience, Resiliencia, Retirement, Salud física, Salud mental,

Schizophrenia, Self-Esteem, Service & Volunteering, Sex & Intimacy, Sexuality, Spirituality, Trastorno bipolar, Trauma, Vulnerability, Work-Life Balance, Working From Home

- **Region**
  - California
  - International
  - Other (Includes all other US States)
  - Not Reported

Impact Assessment for WellScreen Monterey using data from MCBH Electronic Health Record System (Avatar)

To determine the impact of the WellScreen Monterey application, we applied a set of quantitative methods that includes use of interrupted time-series analysis (ITSA). The "interruption" in ITSA refers to a policy or program change that has a well-defined time of onset.[1] This approach was taken because we have no formal comparison group data, such as another County Behavioral Health organization that did not implement a similar website but was otherwise similar. The lack of comparison group data is a common occurrence in applied evaluation research and the particular ITSA method used here is designed to address the lack of a comparison group.

Since the population is the unit of interest (the population of individuals using various services at Monterey County Behavioral Health), and the interruption has a well-defined time of onset (we know the exact date that the WellScreen Monterey tool became available), we are able to model the time series prior to the implementation of the website in a statistically rigorous manner using the autoregressive integrated moving average (ARIMA) technique.[1] The ARIMA technique allows us to model the complex patterns of data occurring across time prior to the implementation of WellScreen Monterey. We then compare the predicted course of the time series with the actual post-implementation course of the time series, assuming different potential impact patterns (4 different patterns, including a pulse (an immediate pulse that then immediately returns to normal), decay (an immediate change that then decays over time back to normal), a step (an immediate change that is sustained), or smooth (a slower change that is sustained)). To the extent that the actual course of the time series differs from the predicted course of the time series, assuming any of the potential impact patterns, the well-defined interruption is likely the cause of the difference, assuming no other changes occurred at the same time.

In the current case, the evaluation is of the implementation of the website and accompanying dissemination strategy. Thus, we expect a smooth pattern. Nevertheless, we examine all possible patterns for purposes of completeness.

ARIMA requires us to have approximately 50 observations prior to the website introduction.[1] We obtained MCBH monthly electronic health record (EHR) data from July 2018 to July 2023 showing client services delivered over the pre-post time period. The WellScreen Monterey website was implemented November 15, 2022. Thus we have 52 months of client level data prior to implementation of the WellScreen Monterey website, and 8 months of client level data after the implementation of the website.

We examined the following outcomes using the MCBH monthly data:

II. Service Provision

6. Mental Health Counseling (individual counseling, group rehabilitation counseling; in-person or telemedicine)
7. Linkage/Brokerage Services (grouping: linkage/brokerage; in-person or telemedicine)
8. Assessment/Evaluation (grouping: assessment and evaluation; in-person or telemedicine)
9. Triage (grouping: triage assessment; in-person or telemedicine)
10. Other Mental Health Services (grouping: assessment in lockout facility, case management in lockout facility, collateral, crisis intervention, family therapy, group psychotherapy, individual psychotherapy, psychotherapy, lockout, medication support, mental health rehabilitation, non-billable activity, plan development, telemedicine, other)

II. *Non-Billable Services*
III. *Risk Severity (definition: adults coded as high-severity by clinician)*
IV. *Costs for Service Provision (Inflation-adjusted to constant 2023 dollars)*

6. Total Cost Per Patient
7. Total Cost of Mental Health Counseling Per Patient
8. Total Cost of Linkage/Brokerage Per Patient
9. Total Cost of Assessment/Evaluation Per Patient
10. Total Cost of Triage Per Patient

V. *Proportion of Visits Referred to Beacon/Carelon*
VI. *Proportion of Services Delivered by Licensed Prescribing Providers*
VII. *Proportion of Services Delivered by Licensed Non-Prescribing Providers*

We show figures for results of each of these time series analyses, including the pre-implementation time series (actual time-series data); and the post-implementation time-series, including both the actual time-series data and the values predicted by the model. We also indicate the type of impact found in each case (pulse, decay, step, smooth) and whether there was a statistically significant difference between the actual post-implementation time series and the predicted post-implementation time series.

Qualitative Methods

The qualitative evaluation in this report focused on the process evaluation and assessment of planning process, launch process, and website functionality and effectiveness. The data collection included 14 key informant interviews with Monterey County Behavioral Health (MCBH) administrators/providers, non-MCBH providers, and technology development partners. We also conducted two community focus groups in English and Spanish languages with 9 participants.

Sampling plan

Inclusion criteria for the key informant interviews included: adults aged 18 years old or older and work as professionals to serve mental health clients and community members in Monterey County. Key informants were chosen from organizational contact lists and word-of-mouth via purposive and snowball sampling. Inclusion criteria for the focus groups with community members included: Spanish-speaking and adults aged 18 years old or older who have used WellScreen Monterey. Community focus group participants were recruited from a contact list generated from an interest survey on WellScreen Monterey website.

Data collection protocol

Qualitative data were collected through virtual semi-structured in-depth individual interviews and focus groups conducted by the evaluation team. The interview instrument included the following domains and indicators: provider experiences with mental health screening and referrals,

barriers, facilitators, and suggestions for improvement with mental health screening and referrals, community mental health needs, overall suggestions with accessing mental health services, perceptions and concerns about the new virtual mental health screening tool. Community focus groups were conducted with youth and adult community members using an interview guide and included the following domains: experiences with mental health screening and referrals, barriers, facilitators, and suggestions for improvement with mental health screening and referrals, community mental health needs, overall experiences and suggestions for improvement with accessing mental health services, preferences for mental health information, perceptions and concerns about the new virtual mental health screening tool. Analyses included in this report were based on de-identified verbatim transcripts provided to HRA by CredibleMind, Inc.

Table 1. Key Informant Interview Participants

Key Informant Agency Type (n=14)	**Job Titles**
Monterey County Behavioral Health (n=4)	Behavioral Health Services Manager, Assistant Bureau Chief, Services Manager II Over Quality Improvement, Management Analyst/Innovations Coordinator
Community Service Agencies in Monterey County (n=5)	Deputy Director, Social Services Manager, Peer Outreach/Advocacy Coordinator, Program Coordinator, CEO/Consultant
Help@Hand Technology Development Partner (n=5)	Customer Success Manager, Director of Content Operations, Research and Aata Coordinator, Chief Technology Officer, Senior Product Advisor

Table 2. Community Focus Group Participants

Focus Group Recruitment Source	**Setting**	**Language**	**# Participants**	**Date of interviews**
MCBH Listserv	Virtual	English	8	08/08/2023
MCBH Listserv	Virtual	Spanish	3	09/09/2023

Data analysis plan

Interview transcripts and notes were compiled and organized by interview type (key informant interviews, community focus groups) for qualitative analysis. The constant comparative method was used as a technique for the qualitative thematic analysis. This method develops codes, examines relationships and interactions across descriptive and thematic codes, and compares the major themes that emerged from the coding categories. Qualitative analysis probed for parallel themes regarding planning process, launch process, and website functionality and effectiveness. The final codebook consisted of descriptive and thematic codes common across the key informant interviews and community focus groups. Four research team members conducted the qualitative analysis and four research team members independently coded and then discussed together the coding for each of the transcripts from the key informant interviews

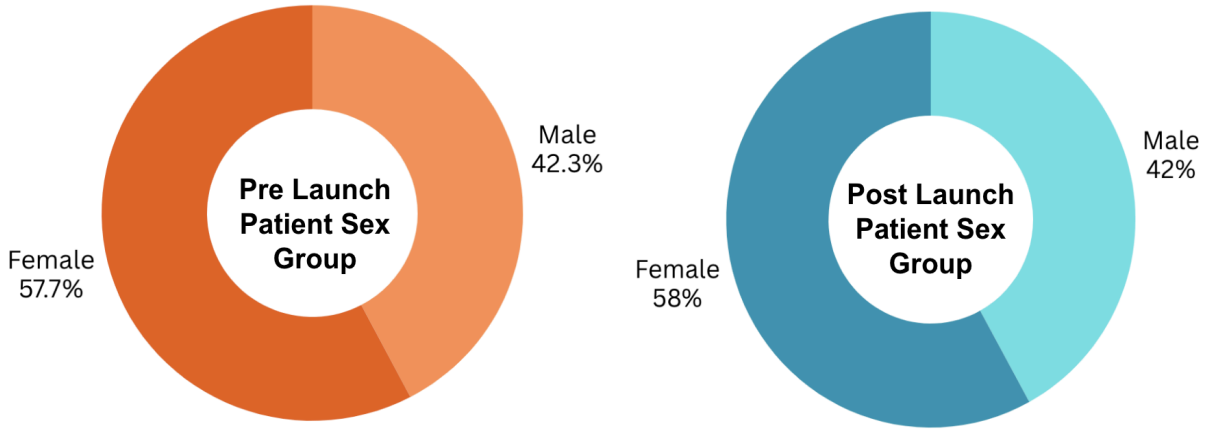
and community focus groups. Inter-rater agreement for the first two key informant interview transcripts and the first focus group interview transcript was determined to ensure consistency in coding. For each interview transcript, if 80% agreement in coding consistency was not reached, the researchers discussed potential issues that arose and reached consensus about these coding issues until consistency was reached. The coding of the transcripts was an iterative process with new codes added as they emerged. The codebook was updated with new codes as each subsequent transcript was coded. Coding consistency was recalibrated as part of this iterative coding process. Code categories were connected and grouped through thematic coding, and as the researchers identified major themes from the codes. The codebook was organized into thematic categories: planning process, launch process, and website functionality and effectiveness; each included subcategories organized by successes, challenges, and suggestions; and themes organized by key informant organizational affiliation (MCBH, Non-MCBH, and Technology Development Partner). Google Workspace software was used for qualitative data analysis.

Appendix B: Tables and figures

Table of Contents

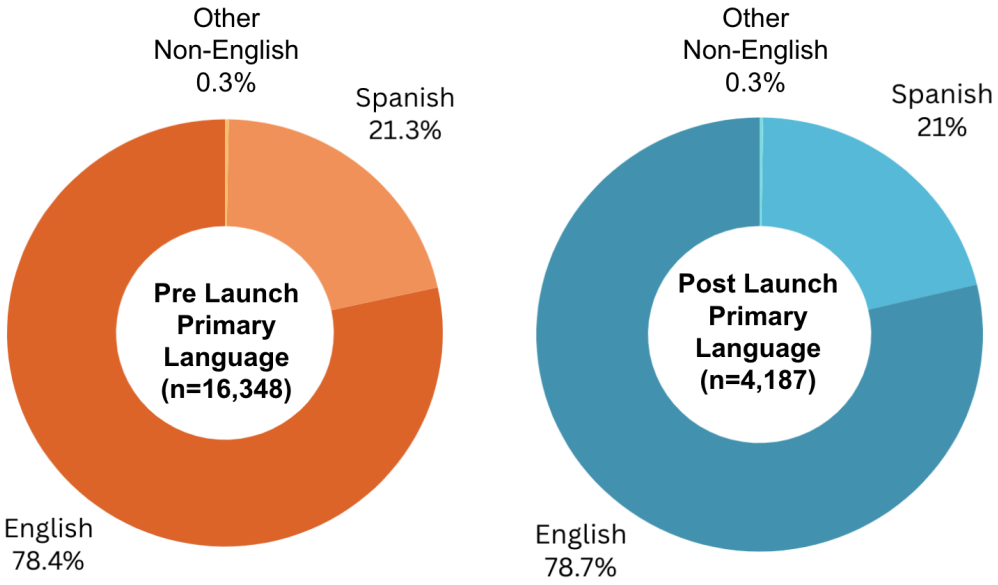
Overview of Monterey County Behavioral Health ACCESS Program Demographic Characteristics

Clients by Sex Group



The proportion of female clients remained relatively stable, slightly increasing from 57.7% in the pre-launch period to 58.0% in the post-launch period. Conversely, the percentage of male clients demonstrated a minor decline. Overall, the client sex group distribution exhibited only subtle shifts between pre-post launch. However, it was statistically significant ($p<0.001$).

Clients by Primary Language



Note: Patients with Unknown responses were removed from this visualization. (Number of clients with Unknown response - Pre: 1637, Post: 535)

Most clients reported English as their primary language, slightly increasing from 78.4% in the pre-launch period to 78.7% in the post-launch period. Conversely, the percentage of clients preferring Spanish decreased slightly, dropping from 21.3% to 21.0%. The proportion of clients with other non-English language preferences remained constant at 0.3% in both periods. Overall, language preferences exhibited minimal changes between the two time periods. However, the pre-post-launch change was significant ($p<0.001$).

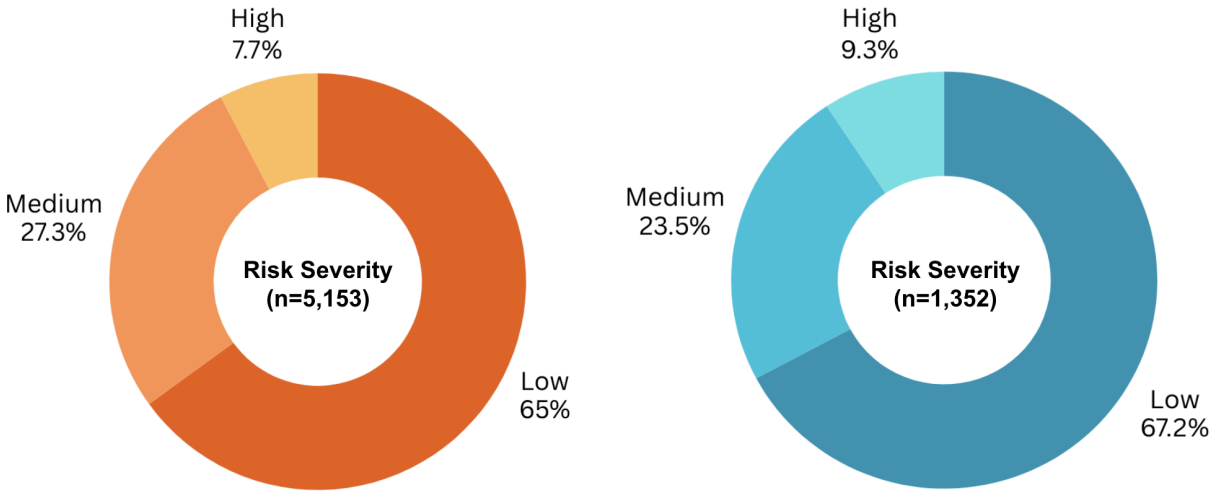
Clients by top 3 Mental Health Diagnosis Codes (exclusive of non-specific Z codes)

	Pre Launch (% of clients)		Post Launch (% of clients)
F30-F39: Mood [affective] disorders	26%	F10-F19: Mental and behavioral disorders due to psychoactive substance use	26%
F40-F48: Neurotic, stress-related and somatoform disorders	24.7%	F30-F39: Mood [affective] disorders	24.7%
F10-F19: Mental and behavioral disorders due to psychoactive substance use	24%	F40-F48: Neurotic, stress-related and somatoform disorders	24.7%

Note: Data are from the MCBH Electronic Health Records. The code is designed to filter rows where any of the three diagnosis codes (prim_combined_icd10_code, sec_combined_icd10_code, and ter_combined_icd10_code) start with "F." If there are multiple occurrences of "F" codes in a row, only the first one encountered will be selected.

The table compares the top 3 mental health diagnosis codes between the pre- and post-launch periods. Notably, the percentage of clients diagnosed with mental health and behavioral disorders due to psychoactive substance use (F10-F19) remained relatively consistent, with a slight increase from 24.0% in the pre-launch period to 26.0% in the post-launch period, while its ranking changed from third to first. Additionally, there was similar stability in the diagnosis of mood affective disorders (F30-F39) and neurotic, stress-related and somatoform disorders (F40-F48) codes, with percentages going down only slightly, even though ranking numbers changed. The pre-post-change in the mental health diagnosis distribution was not significant (p=0.163).

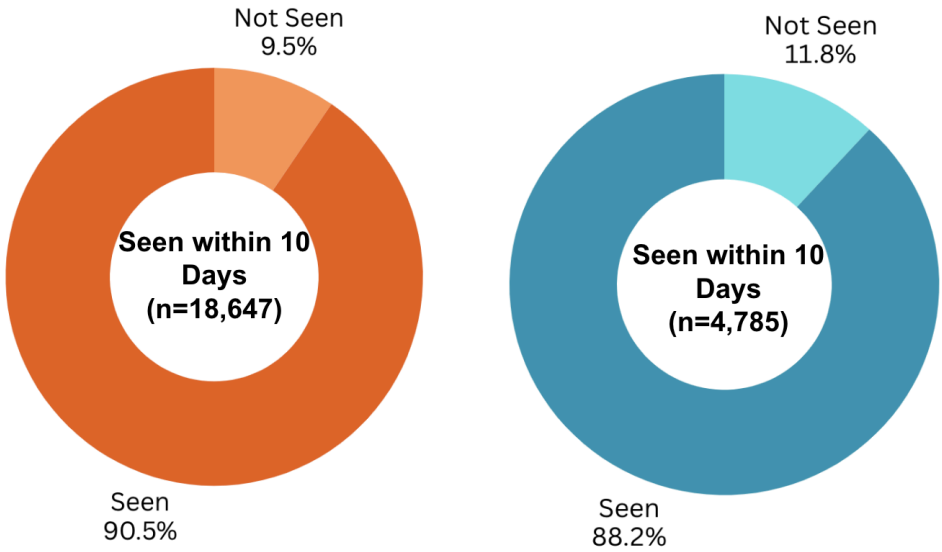
Clients by Risk Severity



Note: Data are from MCBH Electronic Health Records. Missing values were removed from this visualization. (Number of clients with Missing response - Pre: 12,832, Post: 3,370)

The above plot indicates that the percentage of clients with low-risk severity increased slightly from 65.0% in the pre-intervention period to 67.2% in the post-intervention period. Clients with high-risk severity also showed a slight increase, rising from 7.7% in the pre-intervention period to 9.3% in the post-intervention period. Conversely, there was a decrease in the percentage of clients with medium risk severity, dropping from 27.3% to 23.5%. Overall, these changes suggest subtle shifts in the distribution of risk severity levels between the two time periods. The change in the risk severity distribution was significant (p<0.001).

Clients by Seen within 10 days after Referral



The plot indicates a slight increase in the percentage of clients not seen by a behavioral health provider within 10 days after the initial referral, rising from 9.5% in the WellScreen Monterey pre-launch period to 11.8% in the post-launch period. Conversely, the percentage of clients seen decreased from 90.5% (pre-launch) to 88.2% (post-launch). The change was significant ($p<0.001$).

Mental Health Service Type (Total Clients Pre: 17,985 Post: 4,722)

	Pre Launch (n=45,044)			Post Launch (n=9,511)		
	Number of Services	% of Total Service Minutes	% of Clients	Number of Services	% of Total Service Minutes	% of Clients
Triage	13,705	9.2%	23.6%	1,350	6.9%	13.3%
Assessment/Evaluation	14,882	17.7%	14.8%	1,862	17.9%	12.5%
Linkage/Brokerage	58,300	20.9%	25.2%	8,697	24.6%	29.8%
Mental Health Counseling	18,170	15.9%	3.4%	2,080	13.3%	3.7%
Other	120,161	36.3%	33%	17,901	37.3%	40.8%

Note: Data are from MCBH Electronic Health Record System. Case Management Service Type is not included in the above table due to small sample size (Number of Services (Pre-Launch) = 2, Number of Services (Post-Launch) = 0)

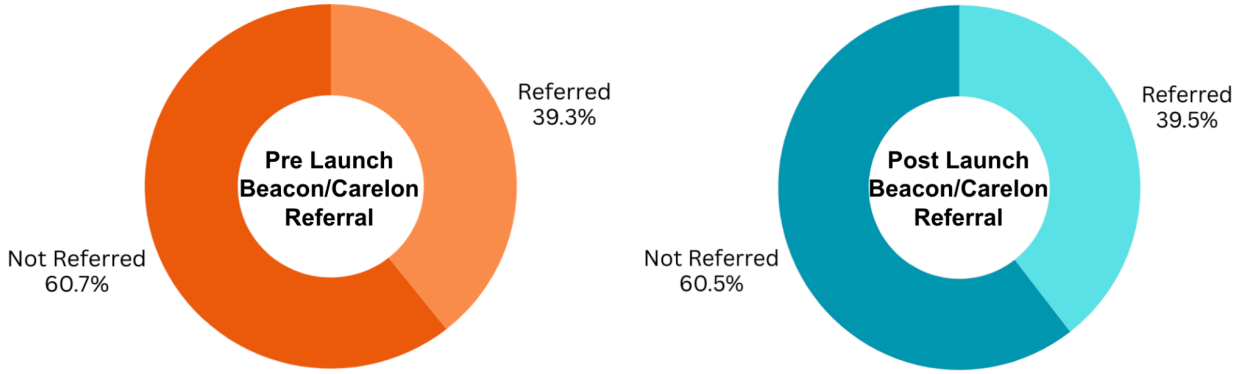
The "Linkage/Brokerage" service category demonstrated a significant increase in the percentage of total service minutes, rising from 20.9% in the pre-launch period to 24.6% in the post-launch period. Moreover, there was a notable uptick in the percentage of clients served for this category, increasing from 25.2% before the launch to 29.8% after the launch. Conversely, the "Assessment/Evaluation" services experienced a slight decline in the percentage of clients served, dropping from 14.8% to 12.5% from the pre-launch period to the post-launch period. The pre-post change in the service type distribution was significant ($p<0.001$).

Overview of Costs

	Overall	Pre Launch	Post Launch
Number of Clients	20,453	17,985	4,722
Total Service Value	$ 58,288,407	$ 51,085,324	$ 7,203,083
Average Service Value per Client	$ 2,850	$ 2,840	$ 1,525

The table provides an overview of client statistics, comparing data from the pre- and post-launch periods. The average service value per client decreased, dropping from $2,840 in the pre-launch period to $1,525 in the post-launch period.

Beacon/Carelon Referral (Data from MCBH Electronic Health Record System)

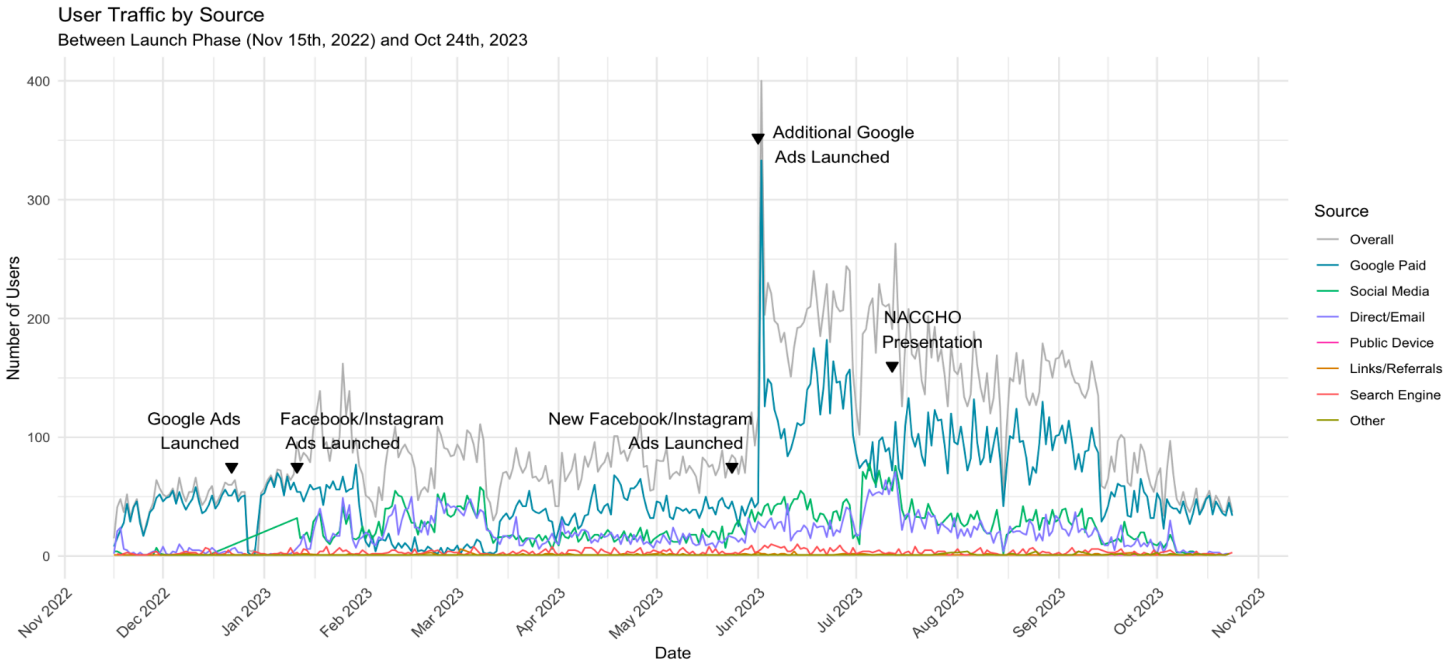


Overall, the distribution of client referrals from Beacon experienced only minor changes between the pre-post launch, which was significant ($p<0.001$).

Overview of WellScreen Monterey Demographic Characteristics

These data were gathered from the dashboard which has been built for the screening app/tool, WellScreen Monterey, with the goal of assessing post-implementation usage to better serve providers, clients, and community partners. The WellScreen site was launched on November 15th, 2022, and the visualizations below are from the implementation date until October 24th, 2023. There have been a total of 28,879 users during this period with 35,998 sessions. A user is defined as a unique person, and a new session is counted each time a person interacts with the website (so cumulative visits to the site are counted with each new interaction counting as a new session after 2 hours have passed).

Traffic Changes and Traffic by Source



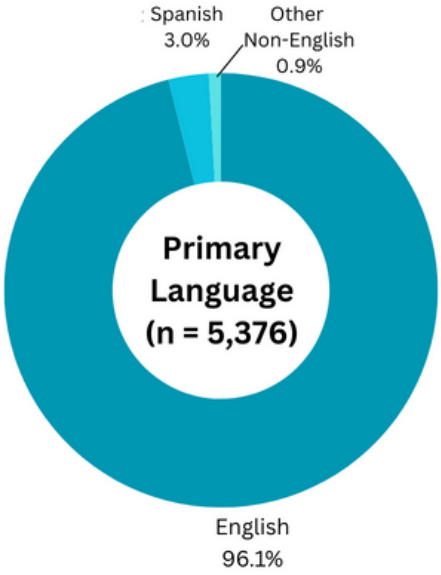
Note: Data are from WellScreen Monterey. A user is defined as a unique person, and a session is the number of times a person interacts with the website, with each new interaction counting as a new section after 2 hours have passed. NACCHO means National Association of County and City Health Officials. Since NACCHO is a national conference, usage may have increased due to increased trial by attendees, but not from actual users.

Google Paid ads were the most useful in increasing traffic to the WellScreen tool, as seen with implementation dates of ads and accompanying spikes in usage. Social media was the second most successful source for promoting traffic, with spikes in usage occurring shortly after Facebook and Instagram ads were implemented. Direct/Email methods were next after social media, and usage tended to rise and fall with social media traffic.

Mental Health Assessment Usage by Groups

Users by Primary Language

- Other Non-English: This category includes individuals who reported their primary language as Indigenous languages (e.g. Mixteco, Triqui, Chatino), Korean, Tagalog, or was referred to as “Other language” by the Credible Mind dashboard
- English and Spanish categories used their original groupings

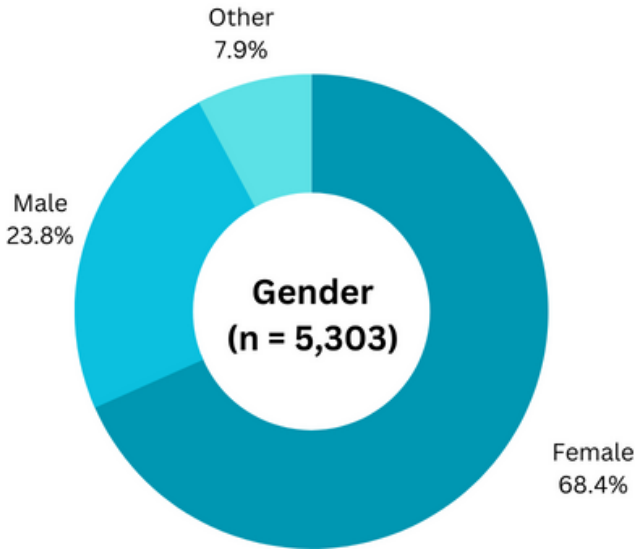


Note: “Other Non-English” languages are listed above

English was the majority of users’ reports of primary language, with not many users identifying Spanish as their primary language. This was quite different from the MCBH pre-post comparison results. However, it is important to note that some users may have their browser automatically translate the WellScreen assessment into Spanish, which would not be picked up by the metadata. This is a limitation of these data percentages.

Users by Gender

- Other: This category includes individuals who reported their gender as Questioning/Unsure, Transgender, Genderqueer, I prefer not to say, Other gender identity
- Female and Male categories used their original groupings



Note: “Other” was grouped based on the gender identities listed above

Users identifying as Female made up the largest percentage of users (68.4%), followed by those identifying as Male (23.8%).

Summary Tables
Source: The WellScreen Monterey assessment data from 11/15/22 to 9/6/2023

	Overall (N=6,327)
Year_month	
2022 November	204 (3.2%)
2022 December	600 (9.5%)
2023 January	719 (11.4%)
2023 February	146 (2.3%)
2023 March	474 (7.5%)
2023 April	691 (10.9%)
2023 May	714 (11.3%)
2023 June	787 (12.4%)
2023 July	916 (14.5%)
2023 August	901 (14.2%)
2023 September	175 (2.8%)
Age	
15 or younger	1,818 (28.7%)
16-17 years old	1,085 (17.1%)
18-20 years old	835 (13.2%)
21-24 years old	586 (9.3%)
25-34 years old	829 (13.1%)
35-44 years old	517 (8.2%)
45-54 years old	238 (3.8%)
55-64 years old	234 (3.7%)
65 or over	185 (2.9%)
Anxiety	
Mild	482 (7.6%)
Minimal	1,542 (24.4%)
Moderate	1,059 (16.7%)
Severe	1,427 (22.6%)
Missing	1,817 (28.7%)
Depression	
Mild	255 (4.0%)
Minimal	1,630 (25.8%)

Moderate	607 (9.6%)
Moderately severe	1,371 (21.7%)
Severe	647 (10.2%)
Missing	1,817 (28.7%)
Are you pregnant or were you pregnant within the last 18 months?	
No	6,016 (95.1%)
Yes	311 (4.9%)
Postpartum_depression	
Not currently pregnant or recently been pregnant	6,022 (95.2%)
None to Mild	42 (0.7%)
Moderate to Severe	263 (4.2%)
PTSD Screener **Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. Have you ever experienced this kind of event?**	
No	2,264 (35.8%)
Yes	2,241 (35.4%)
Missing (Definition)	1,822 (28.8%)
PTSD	
No traumatic event experience	4,074 (64.4%)
None (No PTSD)	140 (2.2%)
Low to Moderate	991 (15.7%)
Moderate to Severe	1,122 (17.7%)
Bipolar	
None to Mild	2,833 (44.8%)
Moderate to Severe	1,677 (26.5%)
Missing	1,817 (28.7%)
Psychosis	
None to Mild	4,295 (67.9%)
Moderate to Severe	214 (3.4%)
Missing	1,818 (28.7%)
Eating_disorders	
None to Mild	2,370 (37.5%)
Moderate to Severe	2,139 (33.8%)
Missing	1,818 (28.7%)
Substance_use_General	
Under 21	3,738 (59.1%)
No use of any substances	1,027 (16.2%)

Use of substances in past 12 months	1,562 (24.7%)
Substance_use_Tobacco	
No use in past 12 mos	5,784 (91.4%)
Low	185 (2.9%)
Moderate	239 (3.8%)
High	119 (1.9%)
Substance_use_Alcohol)	
No use in past 12 mos	5,211 (82.4%)
Low	328 (5.2%)
Moderate	256 (4.0%)
High	532 (8.4%)
Substance_use_Drugs	
No use in past 3 mos	88 (1.4%)
No use in past 12 mos	5,450 (86.1%)
Low	299 (4.7%)
Moderate	123 (1.9%)
High	367 (5.8%)
Substance_use_Prescription_medications	
No use in past 3 mos	123 (1.9%)
No use in past 12 mos	6,082 (96.1%)
Low	44 (0.7%)
Moderate	25 (0.4%)
High	53 (0.8%)
Youth_substance_use_General	
21+	4,408 (69.7%)
Low	930 (14.7%)
Medium	314 (5.0%)
High	675 (10.7%)
Youth_substance_use_Nicotine	
21+ OR No nicotine use	5,821 (92.0%)
No to Low Risk	190 (3.0%)
Some Risk	281 (4.4%)
Missing	35 (0.6%)
genderHelpAtHand	
Female	3,011 (47.6%)
Male	1,060 (16.8%)
Genderqueer	54 (0.9%)
I prefer not to say	202 (3.2%)

Questioning/Unsure	60 (0.9%)
Transgender	65 (1.0%)
Missing	1,875 (29.6%)
Are you of Hispanic, Latino, or of Spanish origin?	
No	2,020 (31.9%)
Yes	2,487 (39.3%)
Missing	1,820 (28.8%)
Race	
Asian	208 (3.3%)
Black	95 (1.5%)
Indigenous/American Indian/Alaska Native	197 (3.1%)
Native Hawaiian or Other Pacific Islander	37 (0.6%)
Multi Race	1,531 (24.2%)
Other Race	3 (0.0%)
Not Reported	2,088 (33.0%)
White	2,164 (34.2%)
Missing	4 (0.1%)
What health insurance do you have?	
Medi-Cal or Medicaid	1,016 (16.1%)
Medicare	236 (3.7%)
More than one type of insurance	2,521 (39.8%)
No insurance	271 (4.3%)
Other	2 (0.0%)
Unsure	761 (12.0%)
Missing	1,520 (24.0%)
What is your language of preference?	
English	4,346 (68.7%)
Indigenous languages (e.g. Mixteco, Triqui, Chatino)	2 (0.0%)
Korean	6 (0.1%)
Spanish	122 (1.9%)
Tagalog	9 (0.1%)
Missing	1,842 (29.1%)
Are you currently receiving treatment or services for mental health or substance use?	
No	3,896 (61.6%)
Yes	606 (9.6%)
Missing	1,825 (28.8%)

Are you currently taking any medications for mental health or substance use?	
No	3,870 (61.2%)
Yes	636 (10.1%)
Missing	1,821 (28.8%)
Are you currently receiving services or have you ever received services from Monterey County Behavioral Health?	
No	4,269 (67.5%)
Yes	228 (3.6%)
Missing	1,830 (28.9%)

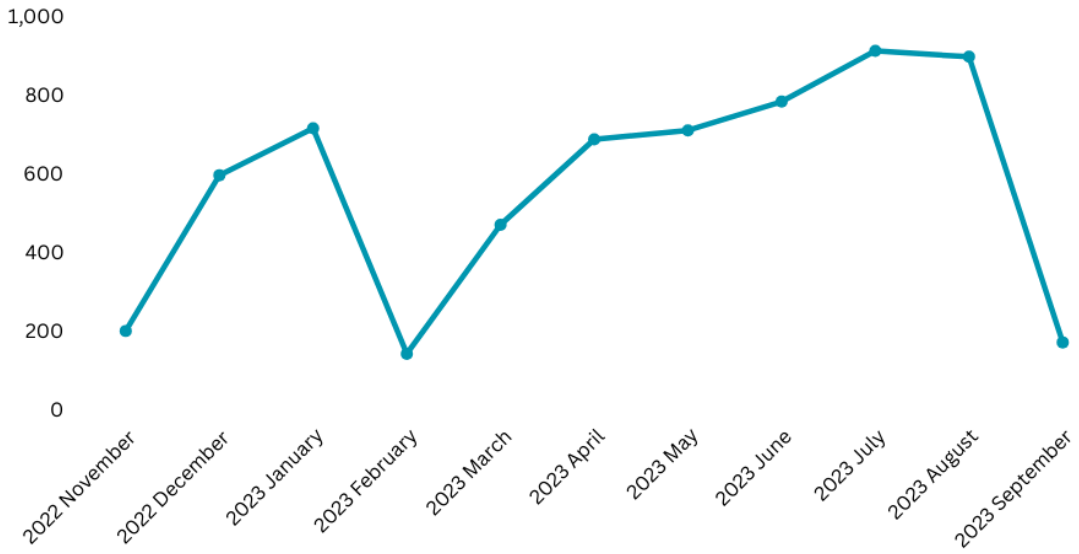
Summary of Assessment Data

1. **Demographic Overview:**
    - The survey included 6,327 completed assessments between 2022 and 2023.
    - Notably, 14.5% of the respondents were from July 2023, followed by 14.2% from August 2023.

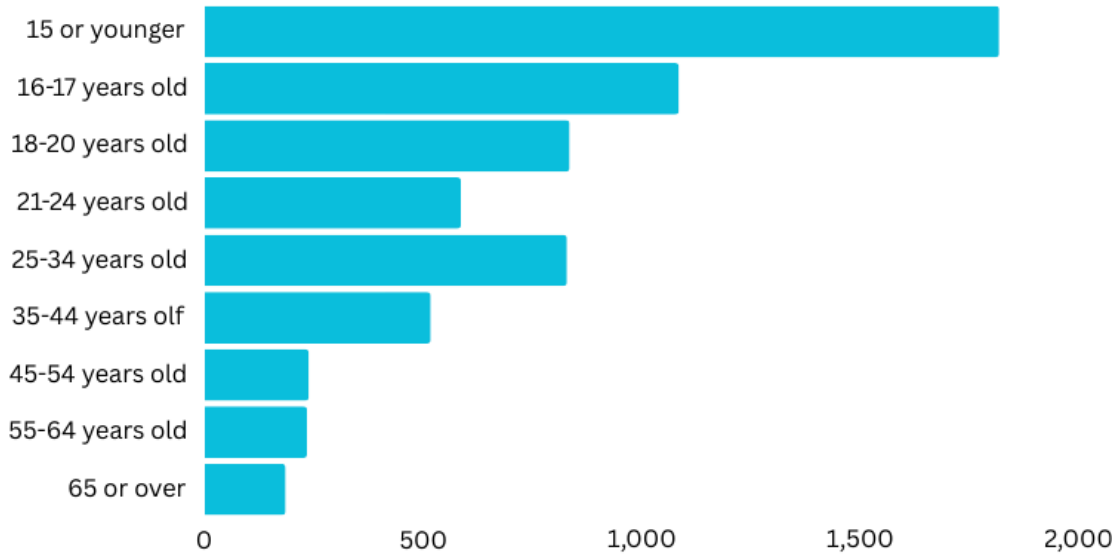
- **Age Distribution:**
    - The age distribution shows a diverse range, with the largest group being 15 or younger (28.7%), followed by 16-17 years old (17.1%).
- **Mental Health Conditions:**
    - Anxiety levels varied, with 31.6% reporting severe anxiety and 23.5% reporting moderate anxiety.
    - Depression levels showed 30.4% experiencing moderately severe depression, while 14.4% reported severe depression.
- **Pregnancy and Postpartum Depression:**
    - A small percentage (4.9%) reported being pregnant or recently pregnant, while 86.2% of this group experienced moderate to severe postpartum depression.
- **Substance Use Patterns:**
    - Among those 21 and older, 59.1% reported no substance use in the past 12 months.
    - Notably, for alcohol, 82.4% reported no use in the past year, while 86.1% reported no drug use in the past 12 months.
- **Gender and Ethnicity:**
    - Gender distribution varied, with 70.8% female and 24.9% male.
    - Almost 55% identified as Hispanic or Latino.
    - More than half (51.1%) identified as White, followed by 36.2% as Multi Race and 4.9% as Asian.
- **Health Insurance and Language Preference:**
    - The majority (96.9%) preferred English as their language, followed by Spanish (2.7%).
    - In terms of health insurance, 52.4% reported having more than one type, while Medi-Cal or Medicaid covered 21.4%.
- **Mental Health Services:**
    - A significant portion (86.5%) were not currently receiving mental health services.
    - Similarly, 85.9% were not taking medications for mental health or substance use.
- **Monterey County Behavioral Health Services:**

- A majority (94.9%) had not received services from Monterey County Behavioral Health.

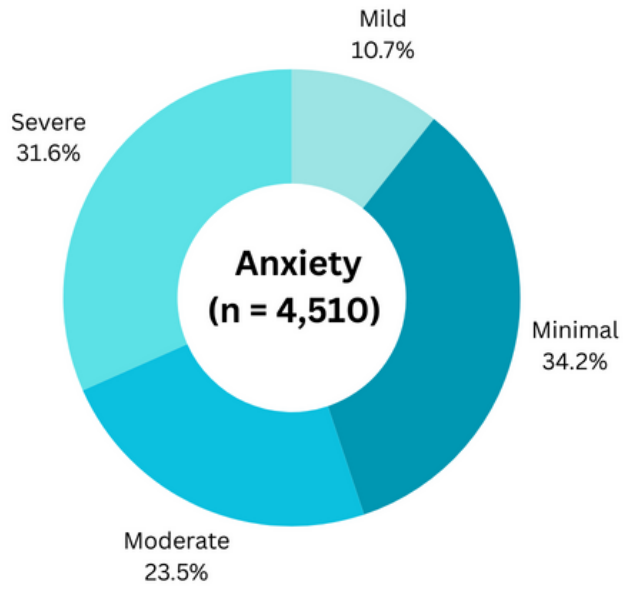
Year-Month Usage



Age Groups

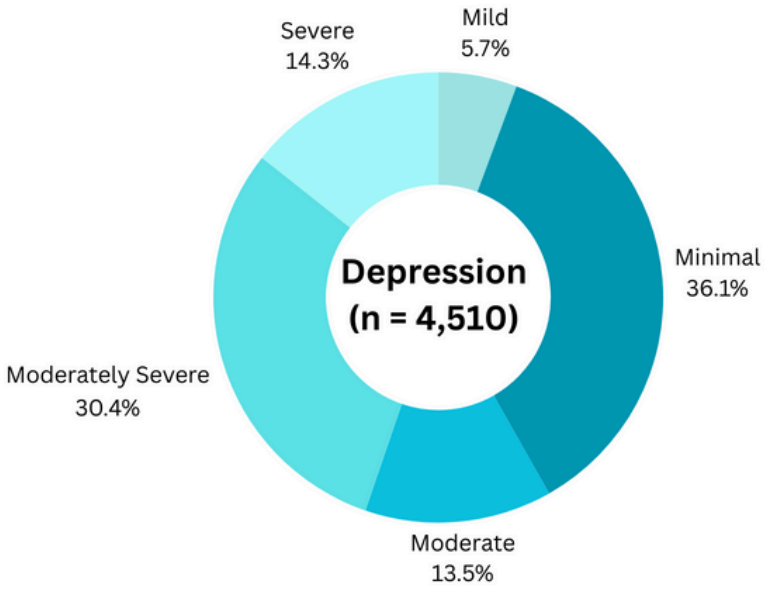


Users by Anxiety



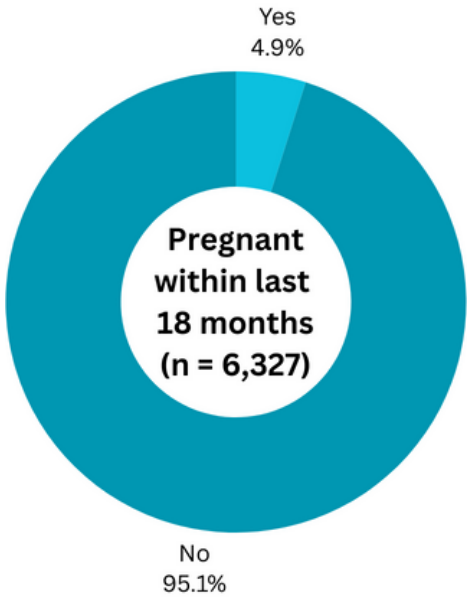
Note: Missing values were removed from this visualization (Number of userss with Missing response - 1,817)

Users by Depression

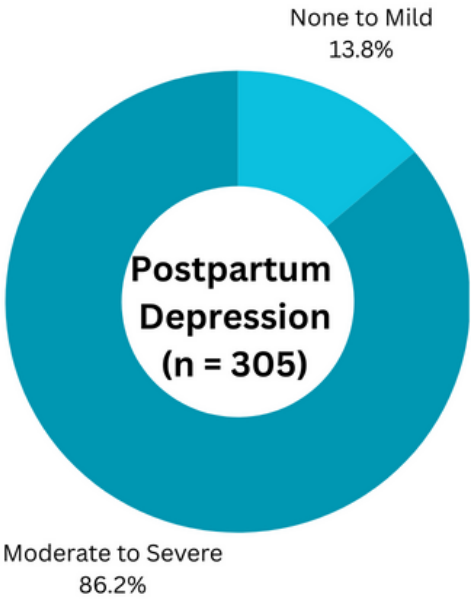


Note: Missing values were removed from this visualization (Number of userss with Missing response - 1,817)

Userss by Pregnancy Status

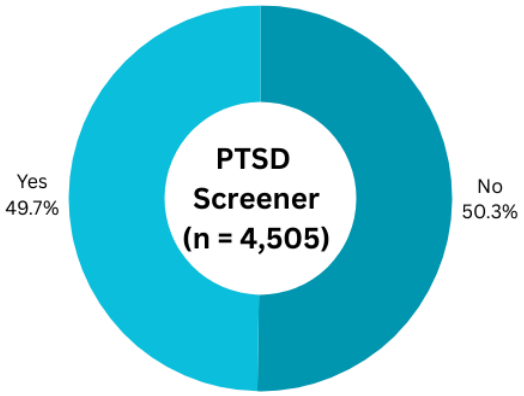


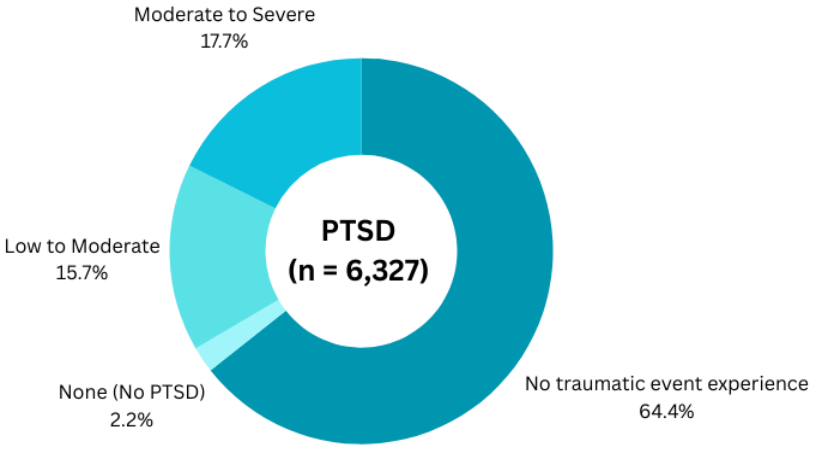
Users by Postpartum Depression



Note: Values indicating no past or recent pregnancy were removed from this visualization (Number of userss with no current or recent pregnancy - 6,022)

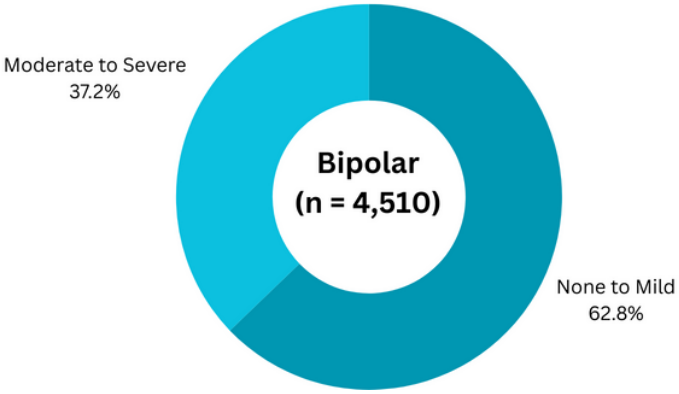
Users by PTSD Severity





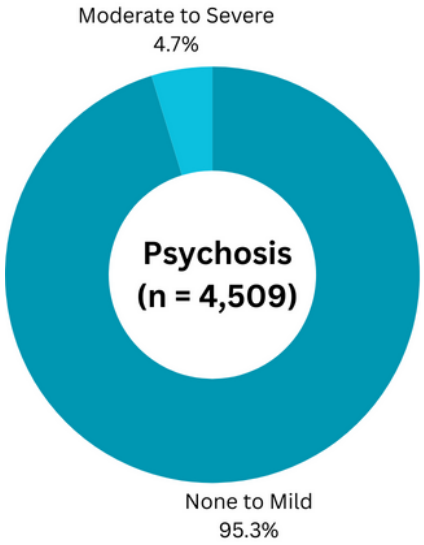
Note: Missing values were removed from the PTSD Screener Visualization (Number of users with Missing response - 1,822)

Users by Bipolar



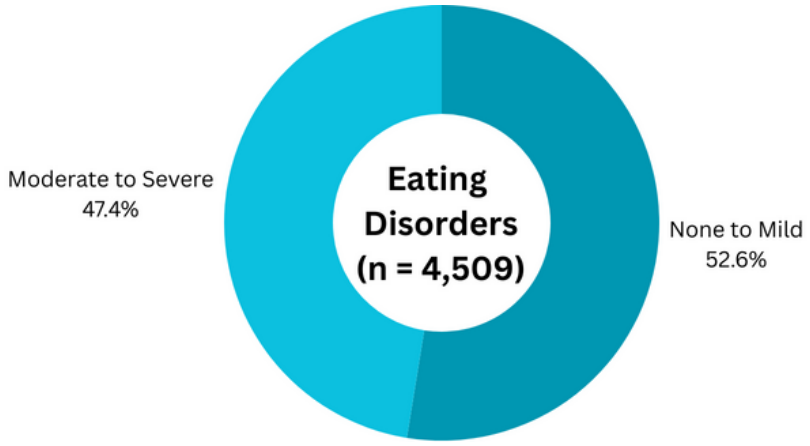
Note: Missing values were removed from the Bipolar Visualization (Number of users with Missing response - 1,817)

Users by Psychosis



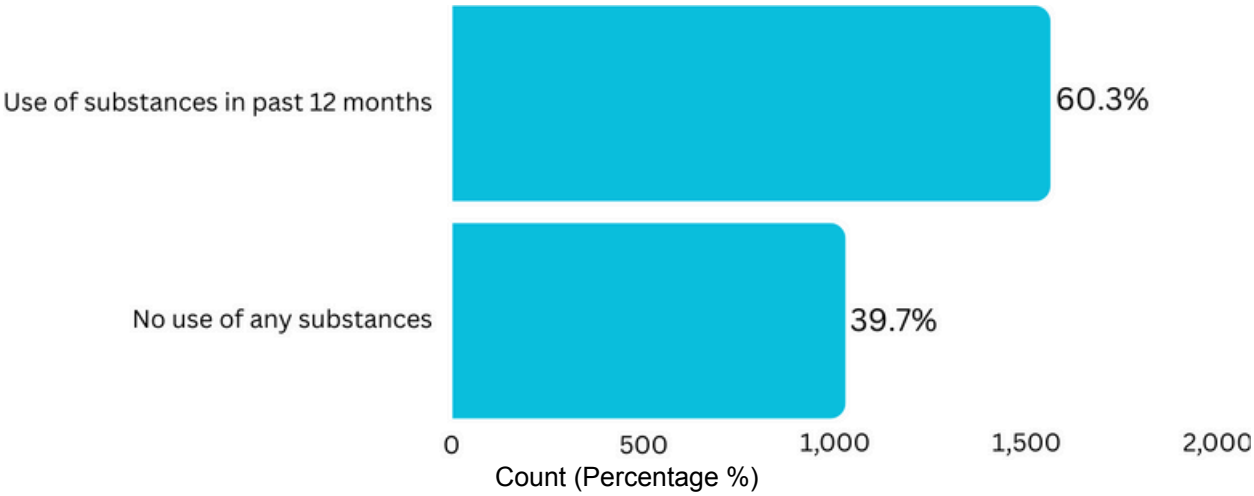
Note: Missing values were removed from the Psychosis Visualization (Number of users with Missing response - 1,818)

Users by Eating Disorder



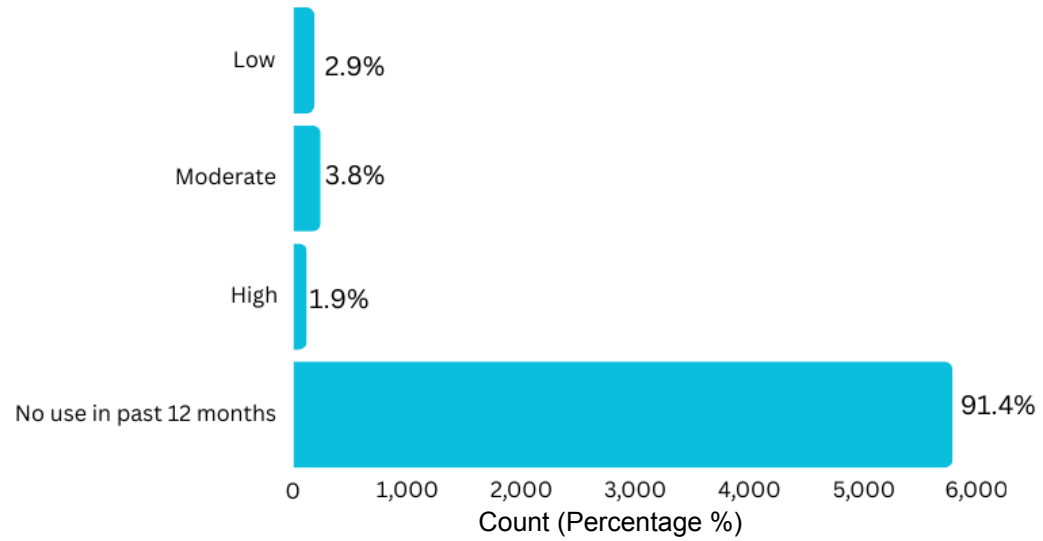
Note: Missing values were removed from the Eating Disorder Visualization (Number of users with Missing response - 1,818)

Users by General Substance Use

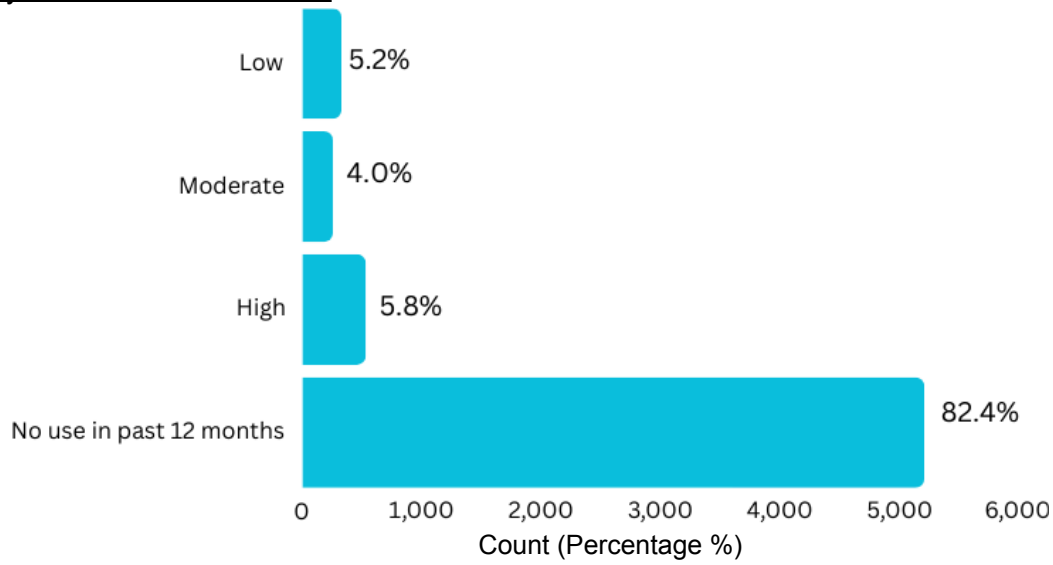


Note: Under 21 responses were removed from the General Substance Use Visualization (Number of users with Under 21 response - 3,738)

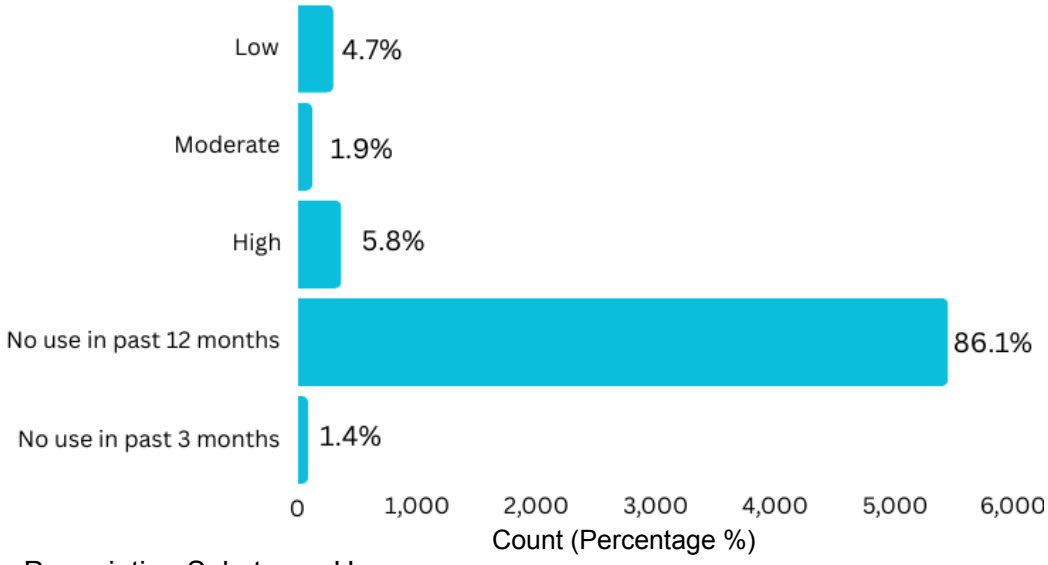
Users by Tobacco Substance Use



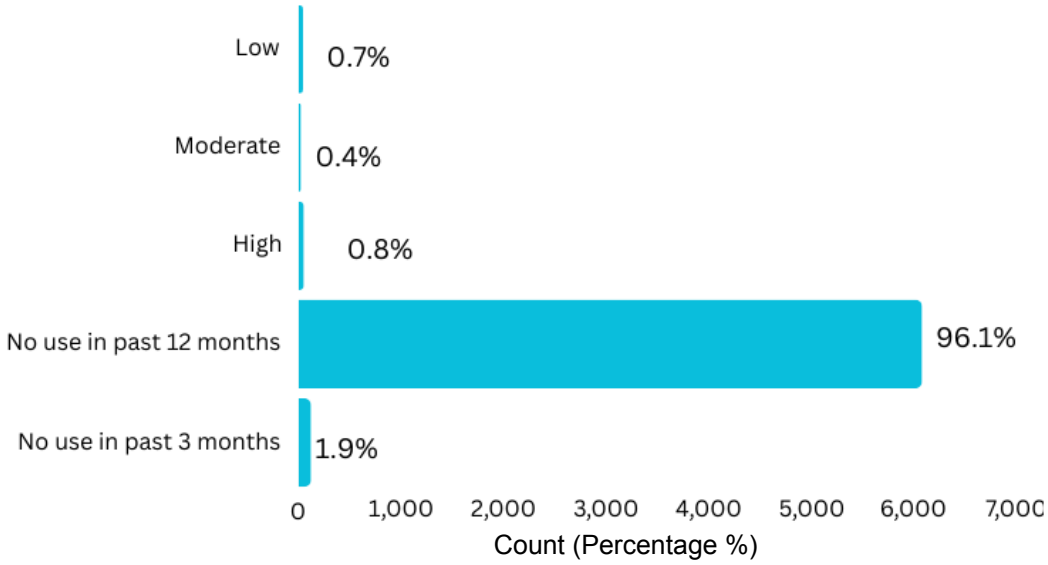
Users by Alcohol Substance Use



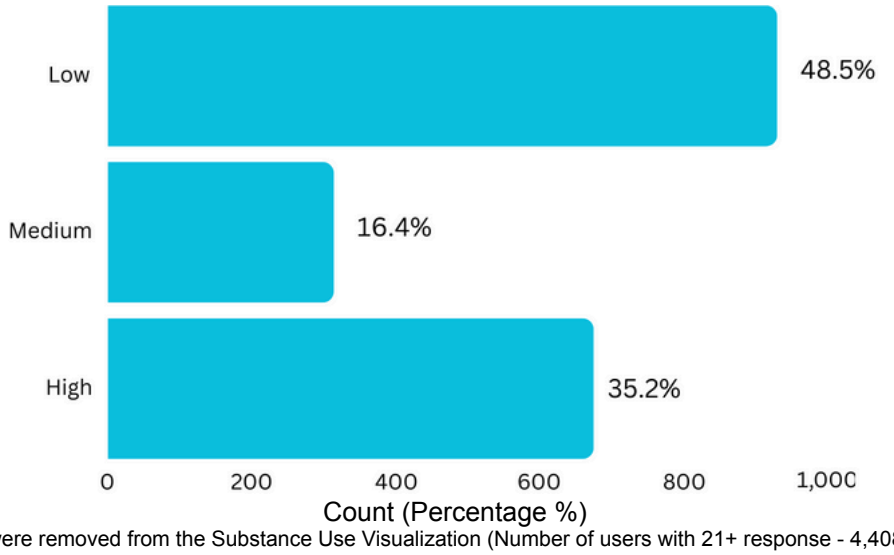
Users by Drug Substance Use



Users by Prescription Substance Use

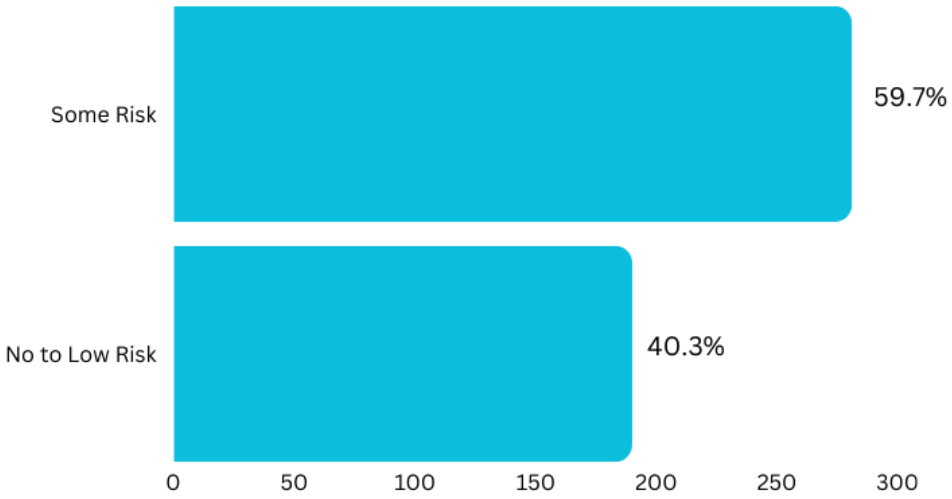


Youth Users by General Substance Use



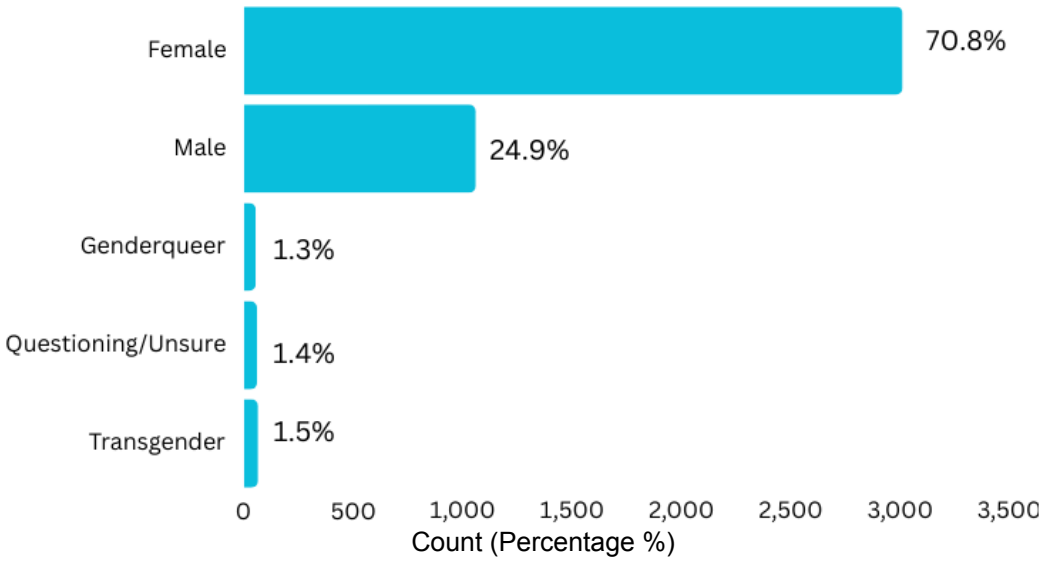
Note: 21+ values were removed from the Substance Use Visualization (Number of users with 21+ response - 4,408)

Youth Users by Nicotine Substance Use



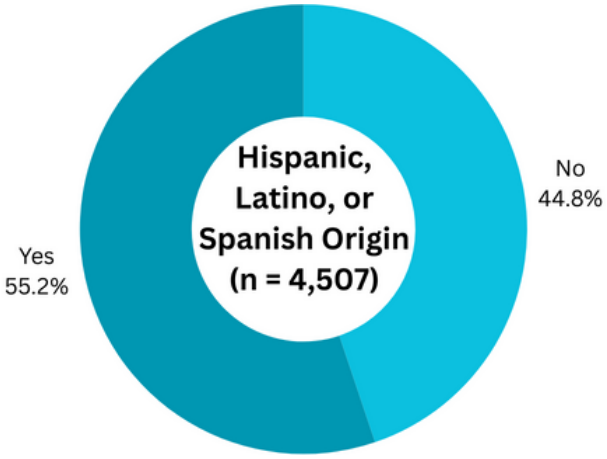
Note: 21+ and missing values were removed from the Nicotine Use Visualization (Number of users with 21+ and Missing response - 5,856)

Users by Gender



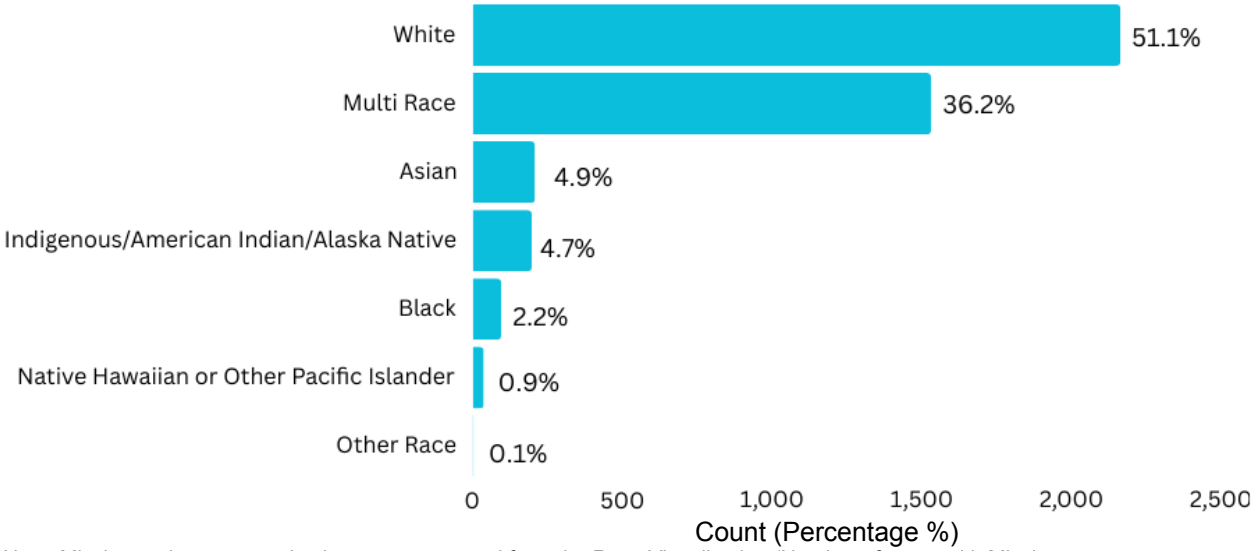
Note: Missing, unknown, and nondisclosed values were removed from the Gender Visualization (Number of users with no response - 2,077)

Users by Hispanic, Latino, or Spanish Origin



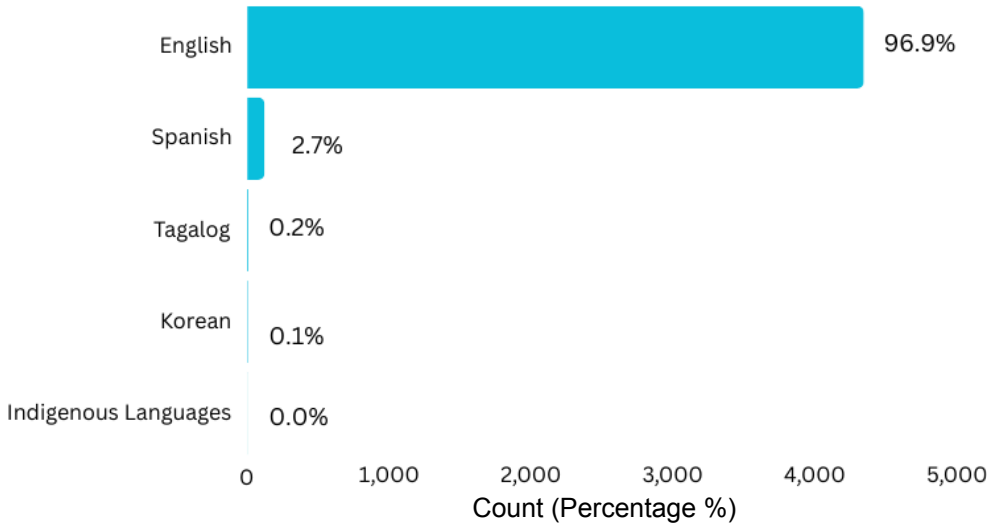
Note: Missing values were removed from the Hispanic, Latino, or Spanish origin Visualization (Number of users with Missing response - 1,820)

Users by Race



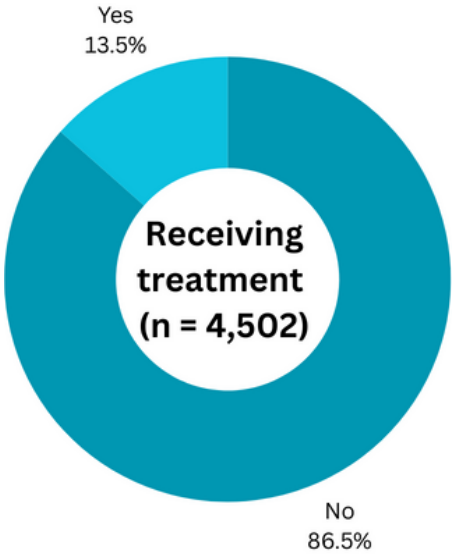
Note: Missing and not reported values were removed from the Race Visualization (Number of users with Missing or non response - 2,092)

Users by Preferred Language



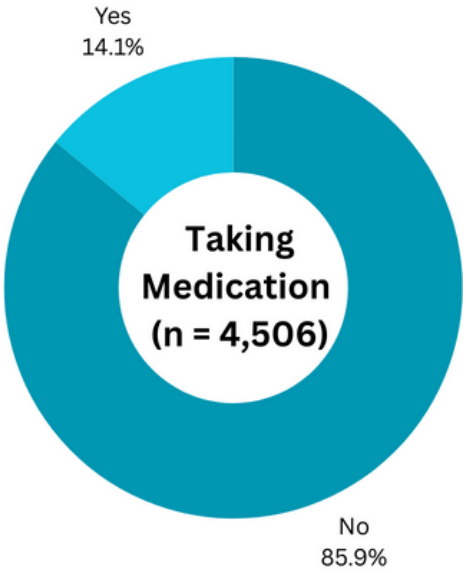
Note: Missing values were removed from the Preferred Language Visualization (Number of users with Missing response - 1,842)

Users Who Are Receiving Treatment for Mental Health or Substance Use



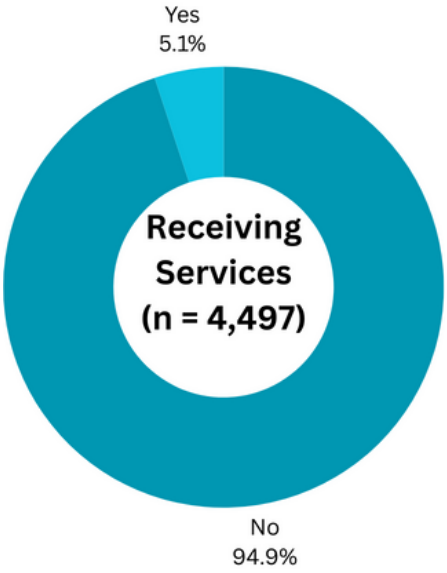
Note: Missing values were removed from the Treatment Visualization (Number of users with Missing response - 1,825)

Users Who Are Taking Medications for Mental Health or Substance Use



Note: Missing values were removed from the Medication Visualization (Number of users with Missing response - 1,821)

Users Who Have Received Services from Monterey County Behavioral Health



Note: Missing values were removed from the Services Visualization (Number of clients with Missing response - 1,830)

Website data
Mental Health Diagnosis
Source: The assessment data from 11/15/22 to 9/6/2023

Multiple response ones

Have you been diagnosed for any of the conditions below by a professional, whether currently or in the past? Please check all that apply.	Counts of Users	Percentage (%)
Anxiety disorder	1,612	17.8%
Depression	1,520	16.8%
Bipolar disorder	202	2.2%
Postpartum or perinatal depression	102	1.1%
Eating disorder	387	4.3%
Personality disorder	109	1.2%
Post-traumatic stress disorder (PTSD)	440	4.9%
Substance use disorder	134	1.5%
Schizophrenia	32	0.4%
I prefer not to say	329	3.6%
None of the above, I've never been diagnosed with a mental health condition	3,634	40.2%
Other mental health condition	541	6.0%

Total Number of Responses (Includes Multiple Responses)	**9,042**	

Social Determinants Challenges
Source: The assessment data from 11/15/22 to 9/6/2023

Are you currently having any significant challenges with the following items? Please check all that apply.	**Counts of Users**	**Percentage (%)**
Housing (homelessness, being able to pay rent, or being able to stay in your current home)	497	5.7%
Physical health (chronic illness, pain, or disability)	805	9.2%
Job/employment (unemployment, finding a job, or keeping a job)	720	8.3%
School (missing school, being late to school, or maintaining good grades)	1,066	12.2%
Food insecurity (being able to pay for food or having access to healthy food options)	527	6.0%
Transportation	316	3.6%
Immigration	64	0.7%
Family instability	822	9.4%
None of the above	2,084	23.9%
Missing	1,818	20.9%
Total Number of Responses (Includes Multiple Responses)	**8,719**	

County Program Status
Source: The assessment data from 11/15/22 to 9/6/2023

Do you receive or are you a client of any of the following services or programs? Please check all that apply.	**Counts of Users**	**Percentage (%)**
Foster care or child welfare services	43	0.7%
The justice system	26	0.4%
CalWORKS	118	1.8%
Cal Fresh	442	6.9%
Other open case with the Department of Social Services	149	2.3%
None of the above	3,855	59.8%
Missing	1,818	28.2%

Total Number of Responses (Includes Multiple Responses)	**6,451**	

Health Insurance Status
Source: The assessment data from 11/15/22 to 9/6/2023

What health insurance do you have? Please check all that apply.	Counts of Users	Percentage (%)
Medi-Cal or Medicaid	1,281	18.5%
Medicare	421	6.1%
Private insurance (either from your job, through Covered California, or as a dependent on someone else's insurance)	1,374	19.9%
No insurance	323	4.7%
Unsure	1,097	15.9%
Other	608	8.8%
Missing	1,818	26.6%
Total Number of Responses (Includes Multiple Responses)	**6,922**	

How Did You Hear About WellScreen
Source: The assessment data from 11/15/22 to 9/6/2023

How did you find out about WellScreen? Please check all that apply.	Counts of Users	Percentage (%)
A provider, counselor, or therapist who works for Monterey County Behavioral Health	51	0.73%
A mental health or substance use provider who does not work for Monterey County Behavioral Health	32	0.46%
Social media	794	11.39%
The Monterey County website	115	1.65%
An advertisement, flyer, or billboard in the community	70	1%
Friend or family member	152	2.18%
My primary care physician or other doctor or nurse	14	0.20%
School or work	45	0.65%
Google search	3137	45.01%
Other	2560	36.73%

Total Number of Responses (Includes Multiple Responses)	6970	

MCBH Practitioner Categories

Num	Category
1	AMFT (Associate MFT)~INACTIVE
2	APCC (Associate PCC)~INACTIVE
3	ASW (Associate Social Worker)~INACTIVE
4	BHA (Behavioral Health Aide)~INACTIVE
5	LCSW~INACTIVE
6	LMFT~INACTIVE
7	LPCC~INACTIVE
8	LPHA
9	LPHA - Intern
10	Licensed Vocational Nurse
11	MFT (Marriage and Family Therapist)~INAC
12	MFT Trainee~INACTIVE
13	MFTI~INACTIVE
14	MHRS or equivalent~INACTIVE
15	MHS (Mental Health Specialist)~INACTIVE
16	MSW Intern~INACTIVE
17	Medical Assistant~INACTIVE
18	Mental Health Rehabilitation Specialist
19	Nurse Practitioner
20	Other Qualified Provider
21	Physician
22	Physician Assistant
23	Psychiatrist~INACTIVE
24	Psychiatry~INACTIVE
25	Psychologist
26	Psychologist (Waivered)~INACTIVE

MDpsy	Categories 1 to 19, excluding 20, 21, and 22 to 26
PhDpsy	Categories 1 to 24, excluding 25 and 26
MApsy	Categories 1 to 3, 5 to 9, 11 to 13, 14 to 16
NPPApsy	Categories 1 to 18, 19 to 20, excluding 21 and 22 to 26
BApsy	Categories 4, 10, 17, 18
HSpsy	Categories 2, 3, 6 to 9, 12 to 16, 19 to 26

	Pre Launch (% of clients served)	Post Launch (% of clients served)
MDpsy	17.2%	12.9%
PhDpsy	3.0%	2.3%
MApsy	60.4%	53.2%
NPPApsy	8.1%	10.2%
BApsy	35.2%	42.1%
HSpsy	0.9%	0.9%

Website Event Data

Summary Table

	Website Events (N=165670)
Year-Month	
2022-11	5946 (3.6%)
2022-12	16753 (10.1%)
2023-01	22824 (13.8%)
2023-02	7091 (4.3%)
2023-03	13515 (8.2%)
2023-04	19210 (11.6%)
2023-05	20164 (12.2%)
2023-06	29479 (17.8%)

2023-07	30688 (18.5%)
If an email campaign, the assigned UTM source.	
adwords	132755 (80.1%)
email	284 (0.2%)
facebook	21485 (13.0%)
Missing	11146 (6.7%)
If an email campaign, the assigned UTM content.	
Anxiety	7616 (4.6%)
Depression	3277 (2.0%)
General	5346 (3.2%)
Postpartum	867 (0.5%)
Substance Use	866 (0.5%)
Missing	147698 (89.2%)
Whether the user is logged in when the event occurred.	
Yes	9553 (5.8%)
No	156117 (94.2%)
The user-selected language	
English	159300 (96.2%)
Spanish	6366 (3.8%)
Missing	4 (0.0%)
Whether the user is on mobile, desktop, or other device.	
Desktop	18701 (11.3%)
Mobile	146965 (88.7%)
Other device	4 (0.0%)
The most common sources of traffic, e.g. Google, Facebook, etc.	
Bing	261 (0.2%)
Direct/Email	14952 (9.0%)
DuckDuckGo	31 (0.0%)
Facebook	12966 (7.8%)
Google Organic	2917 (1.8%)
Google Paid	132755 (80.1%)
Instagram	115 (0.1%)

Linkedin	34 (0.0%)
Links/Referrals	1542 (0.9%)
Other	4 (0.0%)
Twitter	82 (0.0%)
Yahoo	11 (0.0%)
High level categories of traffic	
Direct/Email	14952 (9.0%)
Google Paid	132755 (80.1%)
Links/Referrals	1542 (0.9%)
Other	4 (0.0%)
Search Engine	3220 (1.9%)
Social Media	13197 (8.0%)
The user's region (state), from the IP address.	
California	155757 (94.0%)
International	42 (0.0%)
Other US States	8948 (5.4%)
Not Reported	923 (0.6%)
Found some kind of resource	
Yes	16499 (10.0%)
No	149171 (90.0%)
The topic associated with the event.	
Addiction and Recovery	79 (0.0%)
Anxiety and Stress	8860 (5.3%)
Mental Health Awareness	222 (0.1%)
Mindfulness and Meditation	39 (0.0%)
Mood Disorders	57 (0.0%)
Personal Development	12 (0.0%)
Relationships and Social Support	9 (0.0%)
Therapy and Mental Health Support	16 (0.0%)
Wellness and Self-Care	31 (0.0%)
Other Themes	524 (0.3%)
Missing	155821 (94.1%)
The user selected a client (external) resource or service	

Yes	555 (0.3%)
No	165115 (99.7%)
The user found a resource	
Yes	15104 (9.1%)
No	150566 (90.9%)
The user completed the Wellscreen assessment	
Yes	5319 (3.2%)
No	160351 (96.8%)
The user found something useful	
Yes	15695 (9.5%)
No	149975 (90.5%)
The user played a video or podcast / audio	
Yes	486 (0.3%)
No	165184 (99.7%)
The user read something (article, etc.)	
Yes	90 (0.1%)
No	165580 (99.9%)
The user used the search to find a resource	
Yes	30 (0.0%)
No	165640 (100.0%)
The user registered or signed in to the site	
Yes	656 (0.4%)
No	165014 (99.6%)
The user viewed a list of resources	
Yes	15746 (9.5%)
No	149924 (90.5%)
The user navigated using the navigation menu	
Yes	818 (0.5%)
No	164852 (99.5%)

Summary Website Events Data

- **Website Events Overview:**
  - A total of 165,670 website events were recorded.
  - The data spanned across different months (Nov 2022 to July 2023), with June 2023 having the highest event count (29,479).
- **Traffic Sources:**

    - Most events (80.1%) originated from Google Paid, while Facebook contributed 13.0%.
    - Direct/Email and Search Engine traffic accounted for 9.0% and 1.9%, respectively.
- **User Engagement:**
    - About 5.8% of events occurred when users were logged in, and 96.2% preferred English as their language.
    - Mobile devices were the predominant platform, constituting 88.7% of events.
- **Geographical Distribution:**
    - Most events (94.0%) were from California, with Other US States events comprising only 5.4%.
- **Interaction with Resources:**
    - Users found something useful in 9.5% of the events.
    - During most events (90.9%), users did not register or sign in to the site.
- **User Behavior and Interaction:**
    - Notably, during 9.5% of the events, users navigated using the navigation menu.
    - Only during 0.3% of events were users recorded playing a video or podcast, and during 0.1% of events did users read an article.
- **Wellscreen Assessment:**
    - A relatively small percentage (3.2%) of events recorded users who completed the Wellscreen assessment.
- **Topic Association and Themes:**
    - Anxiety and Stress-related events constituted 5.3%, while other themes collectively formed 0.3%.
    - Most events (94.1%) had no specific topic or theme.

The following models measure the association of marketing modes (compared to simple internet search): Google paid ads, social media ads, e-mail, and referrals. The models look at the primary outcome of interest–a completed mental health assessment.

Outcome Assessment Completed (All Users)

Logistic regression — Number of obs = 21,243; LR chi2(16) = 4154.65; Prob > chi2 = 0.0000; Log likelihood = -8984.6513; Pseudo R2 = 0.1878

outcome_completed_assessment_mx	Odds Ratio	Std. Err.	z	P>|z|	[95% Conf.	Interval]
spanish_mx	.2208677	.0302069	-11.04	0.000	.1689344	.2887662
cellphone_mx	.9509166	.0557529	-0.86	0.391	.8476879	1.066716
email_mx	1.07955	.2112945	0.39	0.696	.7356	1.584323
google_paid_mx	11.66643	2.078244	13.79	0.000	8.228221	16.54131
referrals_mx	4.855779	1.387682	5.53	0.000	2.77334	8.501877
soc_media_mx	.7429618	.1480321	-1.49	0.136	.5027686	1.097905
dec22_mx	1.095655	.0984607	1.02	0.309	.9187148	1.306672
jan23_mx	.925461	.076811	-0.93	0.351	.7865213	1.088945
feb23_mx	.9660268	.1115937	-0.30	0.765	.7703	1.211486
mar23_mx	1.524313	.1395167	4.61	0.000	1.273989	1.823822
apr23_mx	1.556197	.1319238	5.22	0.000	1.31797	1.837484
may23_mx	1.585951	.1342481	5.45	0.000	1.343498	1.872158
jun23_mx	.4203168	.0335156	-10.87	0.000	.3595033	.4914175
jul23_mx	.7536741	.0602111	-3.54	0.000	.6444378	.8814266
Calif_mx	1.416645	.1193182	4.14	0.000	1.201069	1.670915
Monterey_County_mx	.9199631	.0351788	-2.18	0.029	.8535344	.9915619
_cons	.0402197	.0079493	-16.26	0.000	.0273024	.0592485

Note: **_cons** estimates baseline odds.

Outcome Assessment Completed (Monterey Users Only)

Logistic regression — Number of obs = 9,509; LR chi2(14) = 1847.59; Prob > chi2 = 0.0000; Log likelihood = -3838.9648; Pseudo R2 = 0.1940

outcome_completed_assessment_mx	Odds Ratio	Std. Err.	z	P>|z|	[95% Conf.	Interval]
spanish_mx	.2493198	.0467921	-7.40	0.000	.1725854	.3601715
cellphone_mx	.9162604	.0800867	-1.00	0.317	.7720025	1.087475
email_mx	.8050178	.2473758	-0.71	0.480	.4407961	1.470189
google_paid_mx	7.544664	2.120251	7.19	0.000	4.349403	13.0873
referrals_mx	4.793384	1.920762	3.91	0.000	2.185528	10.51303
soc_media_mx	.5866721	.1767784	-1.77	0.077	.3250184	1.058968
dec22_mx	1.060939	.1454686	0.43	0.666	.8109229	1.388038
jan23_mx	.9797968	.1231796	-0.16	0.871	.765814	1.25357
feb23_mx	.8468118	.1462345	-0.96	0.336	.6036627	1.187899
mar23_mx	1.565917	.2125607	3.30	0.001	1.20012	2.043207
apr23_mx	1.427309	.1799524	2.82	0.005	1.114809	1.82741
may23_mx	1.598951	.2068871	3.63	0.000	1.240792	2.060495
jun23_mx	.2810925	.033717	-10.58	0.000	.2222018	.3555911
jul23_mx	.5871701	.070653	-4.42	0.000	.4638105	.7433397
_cons	.0943026	.028375	-7.85	0.000	.052288	.1700766

Note: **_cons** estimates baseline odds.

Among all users, Google paid ads were the most effective, with referrals being effective, but less effective than Google paid ads. Among Monterey users, the findings were the same, however, we cannot measure a statistical difference between the effectiveness of Google paid ads relative to the effectiveness of referrals..

Appendix C: Qualitative interview guides

Table of Contents

KI ID#: _____

WellScreen Monterey Screening Website Post-Implementation
MCBH Key Informant (KI) Interview Guide

Date of interview: _____
Start time: _____ End Time: _____
Interview ID: _____
KI organization and job title: _____

File Name: WellScreen Monterey_KI#_MCBH_Date

INTRODUCTION AND INFORMED CONSENT

My name is [NAME] and I am with UC Berkeley Health Research for Action. I am a member of the evaluation team for the Monterey County Behavioral Health Help@Hand initiative and the WellScreen Monterey website.

WellScreen Monterey (https://wellscreenmonterey.crediblemind.com/) is a new virtual mental health screening website launched by Monterey County Behavioral Health (MCBH) in November 2022. The website allows individuals residing in Monterey County to self-screen themselves for mental health conditions, in the privacy of their own homes or community, and provide individuals information and resources about local mental health services or self-care resources available to them. MCBH has partnered with CredibleMind, Inc., a company that provides a wellness-oriented digital platform, to develop this website as part of the CalMHSA Help@Hand initiative. This website is intended for individuals ages 16 or older or for caregivers supporting those experiencing symptoms of mental health.

The purpose of this interview is to help inform and provide feedback on the planning and implementation of the WellScreen Monterey mental health screening and resources website and to help improve this new website to increase the reach of MCBH to support the growing needs of the Monterey County community.

We have invited you to participate in this interview today because of your MCBH expertise and experiences. We believe you can help share your experiences with the

planning and implementation of WellScreen Monterey, identify some of the challenges and successes MCBH experienced to facilitating the mental health assessment process and linkage to mental health services subsequent to the launch of the WellScreen Monterey website, and give suggestions moving forward for improving WellScreen Monterey outreach and communication to facilitate the mental health assessments and linkage to mental health services for clients across Monterey County.

Do you have any questions about the study before we begin? [If yes, answer questions.]

[Briefly go over the main points of informed consent.]

- Just a reminder, you can refuse to answer any questions and you can discontinue the interview at any time.
- We will make every effort to make sure that your name or other identifying information such as your job title and ethnicity is not associated with anything you say. Your name and other identifying information will not appear on the interview document or any written reports. However, there may be some risk that you could be identified.
- There is no direct benefit to you from taking part in the interview, but you may benefit others in the future.
- The interview will take approximately 45-60 minutes.

Now I would like to begin the interview.

Key informant background
[We will first ask a few questions about your job.]

1. What is your current job title?

2. What are your primary roles and responsibilities at your current position?

Experiences with WellScreen Monterey planning and launch
[Next, we will ask you questions about your perspectives and experiences with the WellScreen Monterey planning and launch.]

3. What are your thoughts about the planning phase for the WellScreen Monterey website?
    a. What went well?
    b. What were the challenges?

4. What do you think of the launch for the WellScreen Monterey website?
    a. For the launch, what went well for that? And what were the challenges?
        i. What are the major financial or administrative facilitators and challenges in supporting the launch of WellScreen Monterey?
        ii. What are the major facilitators and challenges with MCBH interfacing with potential clients directed from WellScreen Monterey?

b. Are there unique challenges (issues) for potential Latino or Indigenous clients to access WellScreen Monterey?

Perceptions about WellScreen Monterey's self-assessment process and linkage to mental health services
[We will next ask you questions about your perspectives about WellScreen Monterey's self-assessment tool and information about the website's mental health resources]

5. What are your thoughts about WellScreen Monterey's self-assessment tool?
    a. What are your thoughts on the user experience for taking the self-assessment tool?
    b. What are your thoughts on how the self-assessment results and the conditions are reported on Wellscreen Monterey?

6. What are your thoughts about the effectiveness of the WellScreen Monterey website (e.g., code for viewing assessment results; Monterey resources page; Avatar portal integration) in linking users to mental health services and self-care resources?
    a. What do you think are some ways that can help get the users to share their WellScreen Monterey assessment results to MCBH providers?
    b. What do you think are some ways that can make it easier for MCBH providers to be able to interface with users of WellScreen Monterey?
    c. What are the most important mental health resources not yet on the WellScreen Monterey website that should be included on the WellScreen Monterey resources page?
    d. Do you have additional suggestions for improving the linkage between users of WellScreen Monterey and MCBH providers?

WellScreen Monterey outreach and communication

7. What did you think of the outreach and communication strategies for WellScreen Monterey?
    a. What went well thus far?
    b. What are some challenges?
    c. What can we do to address these challenges?
    d. Are there additional suggestions you have for improving outreach and communication of the WellScreen Monterey website to county residents?
    e. Are there additional suggestions you have to make it more user friendly?

8. That is all the questions we have. Do you have any other comments you would like to share?

<u>Interview Notes</u>

KI ID#: _____

WellScreen Monterey Screening Website Post-Implementation
Non-MCBH Key Informant (KI) Interview Guide

Date of interview: _____
Start time: _____ End Time: _____
Interview ID: _____
KI organization and job title: _____

File Name: WellScreenMonterey_KI#_NonMCBH_Date

INTRODUCTION AND INFORMED CONSENT

WellScreen Monterey (https://wellscreenmonterey.crediblemind.com/) is a new virtual mental health screening website launched by Monterey County Behavioral Health (MCBH) in November 2022. The website allows individuals residing in Monterey County to self-screen themselves for mental health conditions, in the privacy of their own homes or community, and provide individuals information and resources about local mental health services or self-care resources available to them. MCBH has partnered with CredibleMind, Inc., a company that provides a wellness-oriented digital platform, to develop this website as part of the CalMHSA Help@Hand initiative. This website is intended for individuals ages 16 or older or for caregivers supporting those experiencing symptoms of mental health.

The purpose of this interview is to help inform and provide feedback on the implementation of the WellScreen Monterey mental health screening and resources website and to help improve this new website to increase the reach of MCBH to support the growing needs of the Monterey County community.

We have invited you to participate in this interview today because of your expertise and experiences. We believe you can help share your experiences with the planning and implementation of WellScreen Monterey, identify some of the challenges and successes in facilitating the mental health assessment process and linkage to mental health services for potential clients subsequent to the launch of the new WellScreen Monterey website, and give suggestions moving forward for improving WellScreen Monterey outreach and communication to facilitate the mental health assessments and linkage to mental health services for potential clients across Monterey County.

Do you have any questions about the study before we begin? [If yes, answer questions.]

[Briefly go over the main points of informed consent.]

- Just a reminder, you can refuse to answer any questions and you can discontinue the interview at any time.
- We will make every effort to make sure that your name or other identifying information such as your job title and ethnicity is not associated with anything you

say. Your name and other identifying information will not appear on the interview document or any written reports. However, there may be some risk that you could be identified.
- There is no direct benefit to you from taking part in the interview, but you may benefit others in the future.
- The interview will take approximately 45-60 minutes.

Now I would like to begin the interview.

Key informant background

1. What is your current job title?

2. What are your primary roles and responsibilities at your current position?

Experiences with WellScreen Monterey planning and launch

3. Were you a part of the planning phase for the WellScreen Monterey website? (yes/no) [*If yes, go to 3a. If no, go to 3b.*]
    a. What did you think of the planning phase for the WellScreen Monterey website?
        i. What went well?
        ii. What were the challenges?
    b. How did you first learn about the WellScreen Monterey Website?

4. In general, what do you think of the new WellScreen Monterey website?
    a. What do you like the most about it? And what can be improved?
    b. What are the barriers or limitations of WellScreen Monterey to support potential users to understand mental health symptoms and resources?
    c. What are the major facilitators and challenges with your organization/agency interfacing with potential clients directed from WellScreen Monterey?
    d. What are the challenges for potential Latino or Indigenous clients to access WellScreen Monterey?

Perceptions about WellScreen Monterey's self-assessment process and linkage to mental health services (walk through the self-assessment page by page with the KI for a few minutes)

5. What are your thoughts about WellScreen Monterey's self-assessment tool?
    a. What are your thoughts on the user experience for taking the self-assessment tool?
    b. What are your thoughts on how the self-assessment results and the conditions are reported on Wellscreen Monterey?

6. What are your thoughts about the effectiveness of the WellScreen Monterey website (e.g., results code for viewing the self-assessment results; Monterey

resources page) in linking users to mental health services and self-care resources?

a. What do you think are some ways that can help get the users to share their WellScreen Monterey assessment results to mental health providers?
b. What do you think are some ways that can make it easier for mental health providers to be able to interface with users of WellScreen Monterey?
c. What are the most important mental health resources not yet on the WellScreen Monterey website that should be included on the WellScreen Monterey resources page?
d. Do you have additional suggestions for improving the linkage between users of WellScreen Monterey and mental health providers?

WellScreen Monterey outreach and communication

7. Are there suggestions you have for improving outreach and communication of the WellScreen Monterey website to county residents?
    a. Are there suggestions you have to make the Website more user friendly?

8. What do you think WellScreen Monterey could do to help its users learn more about and access your organization's/agency's services?

9. That is all the questions we have. Do you have any other comments you would like to share?

Interview Notes

KI ID#: _____

WellScreen Monterey Screening Website Post-Implementation
CredibleMind Key Informant (KI) Interview Guide

Date of interview: _____
Start time: _____ End Time: _____
Interview ID: _____
KI organization and job title: _____
(Credible Mind Staff)

File Name: WellScreenMonterey_KI#_CredibleMind_Date

INTRODUCTION AND INFORMED CONSENT

WellScreen Monterey (https://wellscreenmonterey.crediblemind.com/) is a new virtual mental health screening website launched by Monterey County Behavioral Health (MCBH) in November 2022 by your organization, CredibleMind. As you know, the

website allows individuals residing in Monterey County to self-screen themselves in the privacy of their own home or community for mental health conditions and provide individuals information and resources about the local mental health services or self-care resources available to them. This website is intended for individuals 16 or older or for caregivers supporting those experiencing symptoms of mental health.

The purpose of this interview is to help inform and provide feedback on your experiences with the planning and implementation of the WellScreen Monterey mental health screening and resources website and how to continue to improve the website to meet the needs of MCBH and the community.

We have invited you to participate in this interview today because we believe you can help us identify some of the challenges and strategies in the screening and referral processes on the website and its linkages to resources and services as well as provide important recommendations for improving screening assessments and referrals for clients in Monterey County.

Do you have any questions about the study before we begin? [If yes, answer questions.]

[Briefly go over the main points of informed consent.]

- Just a reminder, you can refuse to answer any questions and you can discontinue the interview at any time.
- We will make every effort to make sure that your name or other identifying information such as your job title and ethnicity is not associated with anything you say. Your name and other identifying information will not appear on the interview document or any written reports. However, there may be some risk that you could be identified.
- There is no direct benefit to you from taking part in the interview, but you may benefit others in the future.
- Each interview will take approximately 45-60 minutes.

Now I would like to begin the interview.

Key informant background
[We will first ask a few questions about your job.]

1. What is your current job title and organizational affiliation?

2. What are your primary roles and responsibilities at your current position?

Experiences with WellScreen Monterey planning and launch
[Next, we will ask you questions about your perspectives and experiences with the WellScreen Monterey planning and launch.]

3. What are your thoughts about the planning phase for the WellScreen Monterey website?
    a. What went well?
    b. What were the challenges?

4. What do you think of the launch for the WellScreen Monterey website?
    a. For the launch, what went well for that?
        i. What are the major financial or administrative facilitators in launching WellScreen Monterey?
        ii. What are the major facilitators with MCBH interfacing with potential clients directed from WellScreen Monterey? (After community members that may be potential clients are directed from WellScreen Monterey Assessments, how does MCBH connect with them?)
    b. And what were the challenges?
        i. What are the major financial or administrative challenges in launching WellScreen Monterey?
        ii. What are the major challenges with MCBH interfacing with potential clients directed from WellScreen Monterey? (After community members that may be potential clients are directed from WellScreen Monterey Assessments, how does MCBH connect with them?)
    c. Are there unique challenges (issues) for potential Latino or Indigenous clients to access WellScreen Monterey?

Perceptions about WellScreen Monterey's self-assessment process and linkage to mental health services
[We will next ask you questions about your perspectives about WellScreen Monterey's self-assessment tool and information about the website's mental health resources]

5. What are your thoughts about WellScreen Monterey's self-assessment tool for users?
    a. What are your thoughts on the user experience for taking the self-assessment tool?
    b. What are your thoughts on how the self-assessment results and the conditions are reported on Wellscreen Monterey?

6. What are your thoughts about the effectiveness of the WellScreen Monterey website (e.g., code for viewing assessment results; Monterey resources page; Avatar portal integration) in linking users to mental health services and self-care resources?
    a. What do you think are some ways that can help get the users to share their WellScreen Monterey assessment results to MCBH or other providers? (Why was the rationale behind the design of the codes for viewing the assessment results.)

b. What do you think are some ways that can make it easier for MCBH or other providers to be able to interface with users of WellScreen Monterey?
c. What are the most important mental health resources not yet on the WellScreen Monterey website that should be included on the WellScreen Monterey resources page? (What specific resources on the resources page should be highlighted?)
d. Do you have additional suggestions for improving the linkage between users of WellScreen Monterey and MCBH or non-MCBH providers?

WellScreen Monterey outreach and communication

7. What did you think of the outreach and communication strategies for WellScreen Monterey (e.g., Google, Facebook)?
    a. What went well thus far?
    b. What are some challenges?
    c. What can we do to address these challenges?
    d. Are there additional suggestions you have for improving outreach and communication of the WellScreen Monterey website to county residents?
    e. Are there additional suggestions you have to make it more user friendly?

8. That is all the questions we have. Do you have any other comments you would like to share?

<u>Interview Notes</u>

WellScreen Monterey Screening Website Post-Implementation MCBH English Language Focus Group (FG) Interview Guide

Date of interview: _____
Start time: _____ End Time: _____
# of participants: ____
Language: _____

Introduction and Informed Consent	**Introduction and Informed Consent** (15 minutes)
As participants log into the group video call, greet them. After an initial welcome, the moderator will briefly describe the purpose of the focus group.	*WellScreen Monterey (https://wellscreenmonterey.crediblemind.com/) is a new virtual mental health screening website launched by Monterey County Behavioral Health (MCBH) in November 2022. The website allows individuals residing in Monterey County to self-screen themselves in the privacy of their own home or community for mental health conditions and provide individuals information and resources about the local mental health services or self-care resources available to them. MCBH has partnered with CredibleMind, Inc., a company that provides a wellness-oriented digital platform, to develop this website. This website is intended for individuals 16 or older or for caregivers supporting those experiencing symptoms of mental health.*
[The participant's copy of the consent form was emailed/mailed before the focus group session.] Next, verbal informed consent will be obtained. **Read the consent form out loud.** [The preceding instruction is site-specific, depending on literacy and language anticipated for the group members.]	*The purpose of this interview is to help inform and provide feedback on the implementation of the WellScreen Monterey mental health screening and resources website and to make sure we are meeting the needs of the Monterey community.*
After reading the form, emphasize the following points:	*We have invited you to participate in this interview today because we believe you can help us identify some of the challenges and strengths of this website for mental health screening and referral processes and provide important recommendations for improving screening assessments and referrals for clients in Monterey County.*

At this point, ask participants if they have any questions. Once all questions have been answered, ask the participants to agree to the verbal consent form. Remind the participants that a copy of the consent form for their records was emailed/mailed to them prior to the focus group. Point out that should they have a question at any time following the focus group, they may contact the persons listed on the consent form. After obtaining informed consent, give each participant a participant demographic survey link to complete. Depending on the group participants' characteristics, it may be desirable to have each participant complete the demographic survey as you read it aloud.	*We will be recording the session. We don't want to miss any of your comments. Only members of the evaluation team will have access to the recordings. If anyone is uncomfortable with being recorded, please say so. You are free to turn off your camera or leave the group video call if you would prefer. The recordings will be typed-up (transcribed) without any names or other identifying information and will be kept in a locked cabinet. Once the recordings have been typed-up, they will be destroyed. The typed versions will also be kept in a locked cabinet or password protected online server/computer. In any reports of the findings, we will not use anyone's name. We also ask that each of you keep what others say in this group confidential. Also, please do not identify any of our participants outside of this group. What is said here, should stay here.*
Ground Rules Following the introductions, the moderator will describe what is expected of participants in terms of the group discussions (e.g., the ground rules): **Introduction** Welcome & Thanks for coming General information about focus groups Audio and video recording Housekeeping - bathrooms, food, drinks, break Time - 1 to 1.5 hours **Honest opinion** No right or wrong answers You do not have to answer a question if you don't want to All opinions welcome Anonymity - your first name or an alias Confidentiality Moderator role - make sure everyone gets heard	**Ground Rules** *Before we get into our discussion, let me make a few requests of you. First, speak up so that everyone can hear you and let's try to have just one person speak at a time. Please say exactly what you think. Don't worry about what I think or others in the group might think. There are no right or wrong answers. Everyone's ideas and experiences are important. Everyone does not have to agree; we are interested in hearing all opinions.*

Can talk or respond to others in the room, not only me Speak clearly and loudly enough - hands up signal Speak one at a time Time out signal (when multiple people speak at the same time) - give the floor to person who first had the floor and work around room to all the people that want to speak Questions?	
Introductions To facilitate group interaction, the moderator will ask each participant to introduce him or herself using a name he or she prefers to be called. The moderator will also emphasize that they can use any name they choose (e.g., nickname, alias, initials, etc.). Each participant may choose to leave video off if preferred.	**Introductions** *1. Please tell us your first name or the name you prefer to use. Please also tell us if you know a family member or friend who is feeling healthy and happy and why you think this family member or friend is feeling healthy and happy. (If you do not know anyone, please let us know why you are interested in health and wellness).*
Introduce WellScreen Monterey Website To facilitate group discussion, the moderator will ask the participants to review the WellScreen Monterey website on their own via their device for 5-10 minutes, sharing the main webpage link with them via Chat. The moderator will then take 5-10 minutes to go over step-by-step the major components of the WellScreen Monterey Website and how to navigate them using the Zoom Share Screen option. The moderator will walk through the homepage, the self-assessment screener, the results page with the assessment results summary and details with recommended resources for each condition, and the resources webpage.	**Introduce WellScreen Monterey Website** *Before we discuss the new WellScreen Monterey Website, we want to ask you to please go onto the WellScreen Monterey website (share website homepage link in Chat) to review for 5-10 minutes . After that, we will also use Share Screen and go over the WellScreen Monterey Website together with you for a few minutes.*
Focus Group Questions	**Focus Group Questions** *Next, I would like to ask you a few questions about the WellScreen Monterey Website. (Share home page)*

2. How did you first learn about the WellScreen Monterey Website?

PROMPT: What device did you use to access the Website (e.g., mobile phone, computer)?

3. What do you think of the new WellScreen Monterey website in general?

PROMPT: What was the first thing you saw and clicked on when you got onto the main homepage on the website?

PROMPT: What have you found to be the most helpful or easy to use on the website?

PROMPT: What are the challenges you encountered with using the website?

PROMPT: What can be improved?

4. What are your thoughts about taking the WellScreen Monterey's self-assessment tool? (1st page of self-assessment, select random questions)

PROMPT: What are your thoughts about the design and length of the self-assessment tool?

PROMPT: What are your thoughts about the self-assessment questions? Were there any particular questions or sections you found that were hard to understand or respond to?

PROMPT: What are your thoughts on how the self-assessment results, the summary of the conditions, and the suggested resources are reported on Wellscreen Monterey results page? (go to Results Page and show them the Results Page)

PROMPT: Were the suggested resources easy to browse and understand on the results page?

PROMPT: What can be improved?

5. What are your thoughts about the results code for you or the provider to be able to view the self-assessment results? (Go to results code on results page on a separate tab)

PROMPT: What do you think you or other users can do with the results code on the results page?

PROMPT: What do you think are some ways that can help get you or other users to share their WellScreen Monterey assessment results with mental health providers?

PROMPT: What do you think are some ways that can make it easier for mental health providers to be able to connect with you or other users of WellScreen Monterey?

PROMPT: Do you have additional suggestions for connecting the users of WellScreen Monterey and mental health providers?

6. What are your thoughts about the WellScreen Monterey resources page? (Go to Resources Page)

PROMPT: What are your thoughts about the design and format of the resources page?

PROMPT: What have you found to be most helpful or easy to use on the resources page?

PROMPT: What are the challenges you encountered with browsing through the resources page?

PROMPT: What are the most important resources not yet on the WellScreen Monterey website that should be included on the WellScreen Monterey resources page?

	7. Are there suggestions you have for getting the message out about the new WellScreen Monterey website to county residents that may need it? PROMPT: *What venues should the information about WellScreen Monterey be posted or presented (e.g., Google ads, Bus ads, Grocery Store bulletin board, churches, health clinics,...)?* PROMPT: *How can one make the WellScreen Monterey website more easily available? (e.g., social media, in-person via tablet,...)* *8. Are there suggestions you have to make the information on the Website more user friendly?* PROMPT: *What specific information have you found to be most helpful?* PROMPT: *What information were you not able to find?*
OTHER TOPICS	*9. Is there anything else you would like to talk about?* PROMPT: *Are there additional suggestions you would like to share about your experiences with using the WellScreen Monterey Website?* PROMPT: *Are there any other suggestions you have for improving mental health services in Monterey County that you would like to share?*
Wrap-up	**Wrap-up** *Before we end our group discussion, I'd like to know if there is anything you would like to add. Are there things that we didn't discuss that you think are important for us to know about how [WellScreen Monterey] can better serve your community?*

	Thank you very much for taking the time to talk with us. Your input will be very helpful. Again, if you have questions at any time about this project, please feel free to contact the persons listed on your consent form.

WellScreen Monterey Screening Website Post-Implementation MCBH Spanish Language Focus Group (FG) Interview Guide

Fecha de Entrevista: _____
Hora de Inicio: _____ Hora de Terminar: _____
de participantes: ____
Idioma: _____

Introducción y Consentimiento Informado	**Introducción y Consentimiento Informadot** (15 minutos)
Cuando los participantes inicien sesión en la videollamada grupal, salúdelos. Después de una bienvenida inicial, el moderador describirá brevemente el propósito del grupo focal. [La copia del formulario de consentimiento del participante se envió por correo electrónico/correo postal antes de la sesión del grupo focal.] A continuación, se obtendrá el consentimiento informado verbal. **Lea el formulario de consentimiento en voz alta.** [La instrucción anterior es específica del sitio, dependiendo de la alfabetización y el idioma anticipado para los miembros del grupo.] Después de leer el formulario, enfatice los siguientes puntos:	*WellScreen Monterey (https://wellscreenmonterey.crediblemind.com/) es un nuevo sitio web virtual y evaluación de salud mental lanzado por Monterey County Behavioral Health (MCBH) en noviembre de 2022. El sitio web permite a las personas que residen en el condado de Monterey autoevaluarse en él privacidad de su propio hogar o comunidad para las condiciones de salud mental y proporcionar a las personas información y recursos sobre los servicios locales de salud mental o los recursos de autocuidado disponibles para ellos. MCBH se ha asociado con CredibleMind, Inc., una empresa que proporciona una plataforma digital orientada al bienestar, para desarrollar este sitio web. Este sitio web está destinado a personas mayores de 16 años o para cuidadores que brindan apoyo a quienes experimentan síntomas de salud mental.* *El propósito de esta entrevista es ayudar a informar y proporcionar comentarios sobre la implementación del sitio web de recursos y evaluaciones de salud mental WellScreen Monterey y asegurarnos de que estamos satisfaciendo las necesidades de la comunidad de Monterey.* *Lo hemos invitado a participar en esta entrevista hoy porque creemos que puede ayudarnos a identificar algunos de los desafíos y fortalezas de este sitio web para los procesos de evaluación y referencias de salud mental y brindar recomendaciones importantes para mejorar las evaluaciones y las referencias para clientes en el condado de Monterey.*

En este punto, pregunte a los participantes si tienen alguna pregunta. Una vez que se hayan respondido todas las preguntas, pida a los participantes que acepten el formulario de consentimiento verbal. Recuerde a los participantes que se les envió por correo electrónico/correo postal una copia del formulario de consentimiento para sus registros antes del grupo de enfoque. Indique que si tienen una pregunta en cualquier momento después del grupo de enfoque, pueden comunicarse con las personas que figuran en el formulario de consentimiento. Después de obtener el consentimiento informado, entregue a cada participante un enlace de encuesta demográfica para que lo complete. Dependiendo de las características de los participantes del grupo, puede ser conveniente que cada participante complete la encuesta demográfica mientras la lee en voz alta.	*Estaremos grabando la sesión. No queremos perdernos ninguno de tus comentarios. Solo los miembros del equipo de evaluación tendrán acceso a las grabaciones. Si alguien se siente incómodo con ser grabado, por favor dígalo. Puede apagar su cámara o abandonar la discusión si lo prefiere. Las grabaciones se transcribirán sin ningún nombre u otra información de identificación y se mantendrán en un gabinete cerrado con llave. Las grabaciones serán destruidas. Las versiones transcritas también se mantendrán en un gabinete cerrado con llave o en un servidor/computadora en línea protegido por contraseña. En cualquier reporte, no utilizaremos el nombre de nadie. También pedimos que cada uno de ustedes mantenga confidencial lo que digan los demás en este grupo. Además, no identifique a ninguno de nuestros participantes fuera de este grupo. Lo que se dice aquí, debe quedarse aquí.*
Reglas Después de las presentaciones, el moderador describirá lo que se espera de los participantes en términos de las discusiones grupales (por ejemplo, las reglas básicas): **Introducción** Bienvenido y gracias por venir Información general sobre los grupos focales Grabación de audio y video Limpieza: baños, comida, bebidas, descanso. Tiempo - 1 a 1,5 horas **Opinión honesta** No hay respuestas correctas o incorrectas	**Reglas** *Antes de entrar en nuestra discusión, permítanme hacerles algunas peticiones. Primero, hable para que todos puedan escucharlo e intentemos que solo hable una persona a la vez. Por favor, diga exactamente lo que piensa. No se preocupe por lo que yo pienso o lo que otros en el grupo puedan pensar. No hay respuestas correctas o incorrectas. Las ideas y experiencias de todos son importantes. No todos tienen que estar de acuerdo; nos interesa escuchar todas las opiniones.*

No tienes que responder una pregunta si no quieres Todas las opiniones son bienvenidas Anonimato: su nombre de pila o un alias Confidencialidad Rol de moderador: asegúrese de que todos sean escuchados Puede hablar o responder a otras personas en la habitación, no solo a mí Hable claramente y lo suficientemente alto - señal de manos arriba Hablar uno a la vez Señal de tiempo de espera (cuando varias personas hablan al mismo tiempo): dé la palabra a la persona que primero tuvo la palabra y trabaje alrededor de la sala para todas las personas que quieran hablar ¿Preguntas?	
Introducciones Para facilitar la interacción del grupo, el moderador le pedirá a cada participante que se presente usando el nombre que prefiera que lo llamen. El moderador también enfatizará que puede usar cualquier nombre que elija (por ejemplo, apodo, alias, iniciales, etc.). Cada participante puede optar por dejar el video apagado si lo prefiere.	**Introductions** Moderator shares first - *1. Díganos su nombre o el nombre que prefiere usar. Díganos también si conoce a un familiar o amigo que se sienta saludable y feliz y por qué cree que este familiar o amigo se siente saludable y feliz. (Si no conoce a nadie, háganos saber por qué está interesado en la salud y el bienestar).*
Presentar el sitio web de WellScreen Monterey Para facilitar la discusión grupal, el moderador les pedirá a los participantes que revisen el sitio web de WellScreen Monterey por su cuenta a través de su dispositivo durante 5 a 10 minutos, compartiendo el enlace de la página web principal con ellos a través del chat. Luego, el moderador tomará de 5 a 10 minutos para repasar paso a paso los principales componentes del sitio web de WellScreen Monterey y cómo navegar por ellos usando la opción Zoom Share Screen. El moderador recorrerá la página de inicio, el	**Introduce WellScreen Monterey Website** *Antes de hablar sobre el nuevo sitio web de WellScreen Monterey, queremos pedirle que visite el sitio web de WellScreen Monterey (comparta el enlace de la página de inicio del sitio web en el chat) para revisarlo durante 5 a 10 minutos. Después de eso, también usaremos Share Screen y revisaremos el sitio web de WellScreen Monterey junto con usted durante unos minutos.* **(Put link to website in chat)** **https://wellscreenmonterey.crediblemind.com/**

el autoevaluación, la página de resultados con el resumen de los resultados de la evaluación y los detalles con los recursos recomendados para cada condición, y la página web de recursos.	
Preguntas de el grupo focal	**Preguntas de el grupo focal** *A continuación, me gustaría hacerle algunas preguntas sobre el sitio web de WellScreen Monterey.* **START AT HOME PAGE, Click through options on home page** *2. ¿Cómo se enteró por primera vez del sitio web de WellScreen Monterey?* *AVISO: ¿Qué dispositivo (electronic device) usó para acceder al sitio web (por ejemplo, teléfono móvil, computadora)?* *3. ¿Qué opina del nuevo sitio web de WellScreen Monterey en general?* *AVISO: ¿Qué fue lo primero que vio y en lo que hizo clic cuando visitó la página principal del sitio web?* *AVISO: ¿Qué ha encontrado que es más útil o fácil de usar en el sitio web?* *AVISO: ¿Cuáles son los desafíos que encontró al usar el sitio web?* *PROMPT: ¿Qué se puede mejorar?* *4. ¿Qué piensa acerca de tomar la autoevaluación de WellScreen Monterey?* **(Go to the 1st page of questions on self-assessment, select answers to a few questions and move through a few pages of the self-assessment)**

	AVISO: ¿Qué opina sobre el diseño y la duración del autoevaluación? *AVISO: ¿Qué opina sobre las preguntas de la autoevaluación? ¿Hubo alguna pregunta o sección en particular que encontró que fue difícil de entender o responder?* *AVISO: ¿Qué piensa sobre cómo se informan los resultados de la autoevaluación, el resumen de las condiciones y los recursos sugeridos en la página de resultados de Wellscreen Monterey?* **(Go to results page here, it will also include some resources)** *AVISO: ¿Los recursos sugeridos fueron fáciles de explorar y comprender en la página de resultados?* *PROMPT: ¿Qué se puede mejorar?* *5. ¿Qué opina sobre el código de resultados para que usted o el proveedor puedan ver los resultados de la autoevaluación? (***Go page where you will enter results code, also the home page, scroll down)** *AVISO: ¿Qué cree que usted u otros usuarios pueden hacer con el código (clave) de resultados en la página de resultados?* *AVISO: ¿Cuáles cree que son algunas formas que pueden ayudar a que usted u otros usuarios compartan los resultados de su evaluación WellScreen Monterey con los proveedores de salud mental?* *AVISO: ¿Cuáles cree que son algunas formas que pueden facilitar que los proveedores de salud mental puedan conectarse con usted u otros usuarios de WellScreen Monterey?* *AVISO: ¿Tiene sugerencias adicionales para conectar a los usuarios de WellScreen Monterey y los proveedores de salud mental?*

6. ¿Qué opina sobre la página de recursos de WellScreen Monterey? **(Go to resource page)**

AVISO: ¿Qué piensa sobre el diseño y el formato de la página de recursos?

AVISO: ¿Qué ha encontrado más útil o fácil de usar en la página de recursos?

AVISO: ¿Cuáles son los desafíos que encontró al navegar por la página de recursos?

AVISO: ¿Cuáles son los recursos más importantes que aún no están en el sitio web de WellScreen Monterey y que deberían incluirse en la página de recursos de WellScreen Monterey?

7. ¿Tiene alguna sugerencia para difundir (extender) el mensaje sobre el nuevo sitio web de WellScreen Monterey a los residentes del condado que puedan necesitarlo?

AVISO: ¿En qué lugares se debe publicar o presentar la información sobre WellScreen Monterey (por ejemplo, anuncios de Google, anuncios de autobuses, tablón de anuncios de supermercados, iglesias, clínicas de salud,...)?

AVISO: ¿Cómo se puede hacer que el sitio web de WellScreen Monterey esté más fácilmente disponible? (por ejemplo, redes sociales, en persona a través de una tableta,...)

8. ¿Tiene alguna sugerencia para que la información del sitio web sea más fácil de usar?

AVISO: ¿Qué información específica ha encontrado más útil?

PROMPT: ¿Qué información no pudo encontrar?

OTROS TEMAS	*9. ¿Hay algo más de lo que le gustaría hablar?* *AVISO: ¿Hay sugerencias adicionales que le gustaría compartir sobre sus experiencias con el uso del sitio web de WellScreen Monterey?* *AVISO: ¿Hay alguna otra sugerencia que tenga para mejorar los servicios de salud mental en el condado de Monterey que le gustaría compartir?*
Envolver	**Envolver** *Antes de terminar nuestra discusión grupal, me gustaría saber si hay algo que le gustaría agregar. ¿Hay cosas que no discutimos que cree que es importante que sepamos sobre cómo [WellScreen Monterey] puede servir mejor a su comunidad?* *Muchas gracias por tomarse el tiempo para hablar con nosotros. Su entrada será muy útil. Nuevamente, si tiene preguntas en cualquier momento sobre este proyecto, no dude en comunicarse con [nosotros] las personas que figuran en su formulario de consentimiento.*

Appendix D: Qualitative quotes and summaries

Table of Contents

Planning processes

Successes

MCBH Key Informant Perspectives

"I always have the sense that things were happening, action items were being addressed, feedback was being listened to and responded to. And I think, and this goes back to the strengths of the process." - MCBH Administrator

"The planning phase? Well, I think going way back, I thought the RFP that was developed was well done. That was in consultation with the CalMHSA team. I think we developed pretty good scope of work and some pretty good parameters within the RFP." - MCBH Administrator

Help@Hand Technology Development Partner Perspectives

"And so I think having consistent meetings was great and good to help us move forward and make sure that we were on track." - Help@Hand Technology Development Partner

"We had an abundance of experience and expertise related to planning all the pieces out and making sure that we were meeting our milestones correctly. And we had some regular meetings…Things really went swimmingly, in terms of a large-scale project." - Help@Hand Technology Development Partner

"And so for the most part, every deadline we had planned, we met. The times where we didn't meet our deadline, it was usually due to, we were still waiting for feedback or something from stakeholders." - Help@Hand Development Partner

"I think we had a very intentional needs assessment process that tried its best to involve community members in comprehensive ways. So, we had focused groups, surveys. We had a validation process that happened on the ground. We had one-on-one interviews and that was with people who were just lay people within Monterey County residents, but also with some of the organizations that we thought might be interfacing with the tool once it was created." - Help@Hand Technology Development Partner

Challenges

Non-MCBH Provider Perspectives

“I think it's difficult to get everyone at the table to give their... So, I think just doing the meetings or finding a time where everyone can make it. Of course, those are challenges that can come up along with planning and making sure we get everyone, but I think that was one of the things that I've seen.” -KI 3

Help@Hand Technology Development Partner Perspectives

“I also think that Monterey County Behavioral Health had very loose goals. So, whereas that is a positive in some sense, it is a challenge in others because there is less direction around what exactly we are looking for, striving towards, and having to create those parameters for ourselves.” -Help@Hand Technology Development Partner

“For the design, I think one thing we're kind of dealing with now after launching is we wished there had been a little more feedback on the design. I think it seemed like they were happy that we got something out there and it looks fine, but it definitely, there's some UX UI things that I pointed out before, but we just didn't really have time to fix them.” -Help@Hand Technology Development Partner

“I think one thing that would've helped is if we could have had another researcher. So there were two of us and there are four clinics and so we were only able to be at most two…it still would've been nice to just have a third person be able to get as many people as we could.” Help@Hand Technology Development Partner

“So the usability stuff, that was difficult. Getting names and people, just recruiting people. We got some information from, they do an annual survey and so some of the contacts we received came from that, but we also had to do our own recruiting through Craigslist. It's hard to know if the people that we reached out to would've been interested in something like this or they're just interested in participating in research and getting compensated and all of that.” -Help@Hand Technology Development Partner
“And so for the most part, every deadline we had planned, we met. The times where we didn't meet our deadline, it was usually due to, we were still waiting for feedback or something from stakeholders.” -Help@Hand Technology Development Partner

“I don't think we were too far behind. I think the original launch date was in September maybe. So we were only a couple months delayed, which compared to other delays we had throughout the project, I think that was pretty good.” -Help@Hand Technology Development Partner

Launch Processes

Successes

MCBH Key Informant Perspectives

“So I think that was smart to do a softer launch and then see what the community response would be and how it's utilized or if it's utilized by the community. And then if it is, then what community members are then bringing that to us in Monterey County Behavioral Health to see, to follow-up from after they've been screened.” - MCBH Administrator

“And a website might not have that level of trust for the older than the younger…if younger people are interacting with the website, then those that are 30 plus or whatever the number is,

they may be continuing to wanting to seek a person that they have heard is trustworthy or an agency that has actual human beings working there that they can trust." - MCBH Administrator

"I mean the tool would be a facilitator if people would go through the tool and decide to contact us." - MCBH Administrator

Help@Hand Technology Development Partner Perspectives

"But I would say I was very impressed with how many users and assessment completions we got even during that initial soft launch. From my perspective, I think the Monterey team was really happy with the numbers that we initially got and are continuing to get. …So it's really nice to see how many people are finding the site and taking the assessments." -Help@Hand Technology Development Partner

"I mean, financially, it was well funded, and I think there's been the challenge of figuring out how best to spend some of the marketing budget because you can pay money that's going to get people to come directly to the site and the screener, and that's great, but you can also pay money to get just brand awareness out there. So if, in the future, someone needs a screener, they know it's there." -Help@Hand Technology Development Partner

Challenges

MCBH Key Informant Perspectives

"...I feel like the barriers would again be more on the county side to be sure to adapt their workflows to ask for the results code. Because I know we've tested it a couple times where we call the clinics and say we have a results code and the person on the other line is kind of like, "What? What results code?" So that's not good. So I think just the frequent training of people and reminders…" - MCBH Administrator

"The trust in the community is a big part, or the trust in our services in the community is a big part of why we're able to deliver services robustly in South Monterey County. " - MCBH Administrator

Help@Hand Technology Development Partner Perspectives

"Yeah, I think on Monterey's side, even though it's obviously been an extremely collaborative process with them, I guess the stakeholding, if that can be a word, is a lot more dispersed for them as opposed for us. CredibleMind is a fairly small team and we all have eyes on the project. For them, there's a lot of different people who have different perspectives or might have some weight to play in the different elements of it." -Help@Hand Technology Development Partner

"I think it's similar to just the barriers that have been common throughout this process where the Monterey County representatives don't always have the expertise or connections that are needed to get to the people that we're trying to get to. So, I think we've created a lot of the material that will be helpful, but we really need to have someone from Monterey County know where that information needs to go, where the posters need to be posted, where the business cards need to be populated, things like that." -Help@Hand Technology Development Partner

"I think one thing that we ran into was kind of the idea of a soft launch and phase two launch because Monterey wasn't ready to go out and we didn't have all the marketing stuff yet. And so

yeah, the idea of a two-part launch wasn't part of the original contract. And so it was something that we had to figure out as we went, but it ended up working out okay. I think it's just how do we define the first part and then how do we define the second part. What else?" -Help@Hand Technology Development Partner

"...I think we were a little delayed on possibly legal and insurance reasons, but we were pretty close to our dates, and we were running up against some backend dates, we really wanted to get it into place. So, these are pieces that are around the edges a little bit. And, certainly understandable. So overall, I'd say, it was pretty successful in terms of getting people to the site, and then also spinning up some great Google AdWord outreach and so forth, so that we really had some traffic on the site and some usage. And ultimately, we're helping some specific populations at pretty high volumes in the county. And that felt pretty good to see it utilized as well." -Help@Hand Technology Development Partner

"It's a challenge, but there's only so much money that's available. Obviously, the more money you have, the better, and the more you can spend on a lot of different types of outreach…I think there's been a great budget to work with, but I think it's just figuring out what makes the most sense for targeting different communities and different types of marketing collateral or digital advertising…It was more of just figuring out what makes the most sense with the budget that we do have. You're always going to have to work with the budget, so just making sure that it's all balanced and using the budget in the right way." -Help@Hand Technology Development Partner

"We've had conversations about do we want the number of people coming to the site to increase, or are we really focused…" If they're not taking an assessment, maybe that's not necessarily what we want. Maybe we should be focusing trying to get the people to come to the site and taking the assessment. So there's a balance." -Help@Hand Technology Development Partner

Website

Overall

Non-MCBH Provider Perspectives

"I like the way it was written. I like the types of words used to express what you guys were trying to say. It wasn't using the psychobabble that we have to use for billing. It's more when you're feeling this, how are you feeling this? So I know what it's leading to, but the questions are simple." -Non-MCBH Provider

Help@Hand Technology Development Partner Perspectives

"I think it's pretty simple. It's a question and handful of options, and you just hand-select. I think people are pretty used to taking questionnaires in this type of format, so I don't really see many issues with the way that it's laid out. We did, I believe, try to make the reading level low enough so that most people can take the assessment and understand it." -Help@Hand Technology Development Partner

Challenges

Needs of vulnerable populations

MCBH Key Informant (KI) Perspectives

"...I think the product is done well to be fluent in Spanish and our marketing is equally Spanish as it is English. The Indigenous groups though, I think they'd be restricted. I know to my understanding, they don't necessarily speak Spanish and their languages aren't written languages. So that's definitely a hard-to-reach demographic." - MCBH Administrator

Non-MCBH Provider Perspectives

"I would suggest, maybe,...to have a primarily Spanish version of this website with everything translated, not just the Bienvenidos part there. If you've already completed it… I would make that a little more prominent. Instead of a dropdown menu, maybe buttons so someone can see it clearly and just click there." -Non-MCBH Provider

Help@Hand Technology Development Partner Perspectives

"When we did our assessment, we did get feedback on what about other Indigenous Mexican languages. And basically what we said was, "Well, we have some resources for that population, but the assessment itself won't be in those languages 'cause we're contracted for English and Spanish only". And so if Monterey wanted us to add another language, then we could, it would just be a change in scope." -Help@Hand Technology Development Partner

"I would say, for Latino and Indigenous clients, certainly we did some research into languages beyond Spanish, like Indigenous languages like Triqui and so forth. And, we didn't find a cost-effective methodology for allowing for additional Indigenous languages." -Help@Hand Technology Development Partner

"...We're unsure whether if someone has their browser set to Spanish already. We're not able to tell. If someone has their browser set to Spanish, I believe that any website that they visit that can be translated is automatically translated. So, that means they're still getting an automatic translation experience of our website and not the human translation experience of our website. I do believe that our developers have been doing work to read if someone's browser is set to Spanish to make sure that they see our human-translated version of this website in Spanish. I think that's something we've achieved already, but I'm not 100% sure." -Help@Hand Technology Development Partner

"So, one thing we've noticed is that we've done a lot of work to human translate the website into Spanish, and the homepage has separate buttons for starting the screener in English and Spanish to really overemphasize and encourage that you can access this website in a language that feels more comfortable for you." -Help@Hand Technology Development Partner

"...we've had a lot of conversations about brand awareness and how the more often people are seeing the ads, whether they're digital or in person, they're constantly being reminded that that resource is there. So they may not need it in that moment. So they may not scan the QR code or click on the link, but the more they see it, they will remember that that's a resource for them when they are feeling in need of something like WellScreen." -Help@Hand Technology Development Partner

" I think just continuing to improve on and add some of the physical collateral to different partners and different areas of the community is going to be helpful and beneficial. We have the

bus ads that just started running, and I know we have business cards and rack cards and flyers that Wes just got in the mail. So just making sure that those are being distributed and people are being educated on what WellScreen is and how to talk about it so when they are handing out some of that physical collateral, people know what it's for and how to use it." -Help@Hand Technology Development Partner

"...having non-online opportunities within the county as well can be quite important. I think that, there are many other groups that could be reached, like seniors and people who are a little less likely to be on web tools and a little more likely to just be communicating with agencies at the county, or texting, or things like that." -Help@Hand Technology Development Partner

"So we were able to implement different sort of landing pages, catered to specific needs. So we have an anxiety one, depression, one postpartum depression one. So we could see what's getting the most hits or the most visits. But in terms of adjusting, I think there's still a little bit of learning that we're still doing…" -Help@Hand Technology Development Partner

"I know we've tried to make more amendments to the process on the mobile experience, but from my understanding, I would imagine most people would be taking this on the phone. That hasn't always been our focus, so there's probably some improvements that we could do there." -Help@Hand Technology Development Partner

"I am in favor of constantly tuning. So, I would assume that there's some things that could be done there. And certainly, when you think about a mobile phone experience, or certain experiences, you might give someone an alternative. So you might even consider two workflows. So there's a lot that you could do from a workflow and technology perspective as well, where you would just allow for people to choose into their experience a little bit more." -Help@Hand Technology Development Partner

Self-assessment

Content and design

Successes

Non-MCBH Provider Perspectives

"I believe I saw in there that it was around 50 or so questions, and depending on your response to... I think one of them, if it was related to any traumatic event, then, there would be additional questions. I think it's very thorough. I don't remember it being too long of a process to take, because it was multiple choice, so it was pretty straightforward." -Non-MCBH Provider

Challenges

MCBH Key Informant (KI) Perspectives

"... at what point do you just start answering questions to get done and start... You might start thinking about things very considerably taking your time and how you're going to answer it. And at what point do you start jumping through it quicker so you can get to the end?" -MCBH Administrator

Help@Hand Technology Development Partner Perspectives

“I think it's pretty self-explanatory. I think the only barrier may be just the number of questions. We see there are some people who start the assessment and may not finish it. That could be for a variety of reasons. But I think this day and age, people have short attention spans. So maybe that is a slight barrier. But we've seen a large number of people coming to the site and finishing the assessment, so it doesn't seem like that's that big of an issue for people.” -Help@Hand Technology Development Partner

“I know it can be long, but I think if someone is at a place where they're feeling pretty serious about finding mental health support, then I think it is also a manageable length. It's not excessive and it's not something you're going to have to sit down and take an hour to do, though it might take a person that amount of time if they're really being thoughtful about their answers and they're also not digitally savvy, but otherwise, someone who has digital savvy and is being thoughtful can probably get through it in 20 minutes and some people get through it in less than 10 minutes. So, I think there is a barrier to the length of it, but I think the benefits outweigh that barrier so that people can actually get the information that they need. There's a lot of work done to narrow down and decide what screeners were going to be used, what scales were going to be used, and whether it's comprehensive enough or too short or too long. So, I think we struck the balance that was best for the setting.” -Help@Hand Technology Development Partner

“I can speak to the overall user workflow. The length of the assessment is pretty long. And so, that's something that we were aware of, and we talked about from a user experience perspective, "Could the length be shortened even more than it was?" It does use branching logic and things like that to keep it as short as possible. If you're not a woman, or you're not pregnant, there are certain sections of questions that you don't have to answer. So, I think that, there's some opportunities there.” -Help@Hand Technology Development Partner

Results

Content and design

Successes

MCBH Key Informant (KI) Perspectives

“So if the results are saying you're at higher risk of depressive disorder, then here's what that means and here's the resources that might help you be that self-help, be that psychoeducation or be that linkage to a community organization that could further make that determination or provide some support around that.” - MCBH Administrator

“I like the balance that we were able to come up to…Community resources and availability of those resources change a lot. And so I think for the health of the website and of the screening tool, being able to add accurately and adequately direct somebody to where they can go, especially if they want to follow up with some actual help. So if they're not wanting to just use self-help resources or just learn more about their diagnosis, but where if they want to go to us or go to a community-based organization.” - MCBH Administrator

Help@Hand Technology Development Partner Perspectives

“Well, I was highly involved in the design of it. And so, part of it is trying to step away and say, "Could this have been done differently or better? Or could it be done differently or better over time?" I think the number of resources available within the county and the ability to filter on them is quite impressive. It's a really nice set of resources. And it's really well organized from my perspective. But, it may or may not always be provided to the user at the right time…if there's any way to potentially look at what information is made available to users and try to simplify it down.” -Help@Hand Technology Development Partner

Challenges

MCBH Key Informant (KI) Perspectives

“And so every individual that's coming through our doors…anybody coming into initiating services with us is given this screening tool that the state has implemented, which very quickly scores the client and makes a determination whether or not the assessment should be followed up through the mental health plan, which is us or through the managed care plan, which is not us. So it lined up with something from that was being implemented by the state. And so I think that in some ways made it, the screener a little even less applicable to our workflow. Still a good use of for the community to have something community facing again, that points people on the direction of self-help resources or community resources or just psychoeducation around mental health and wellness. But in terms of our own practical usage of the results of the screening tool made it a little less applicable.” - MCBH Administrator

Non-MCBH Provider Perspectives

“...if you scroll down, areas you're doing well, areas of concern, what to do next, but I think there's just so much going on in that what to do next. It does have to come from here, but it's probably just has to be reorganized so it's very clear.” -Non-MCBH Provider

Help@Hand Technology Development Partner Perspectives

“I think the area, and this is something we're going to do in general at CredibleMind, which will help with this, is the questionnaires themselves are a little old school; the radio buttons and the things could be a little more Typeform-like, if you've ever done a Typeform survey, where things just float up and you answer them and they keep floating. Anyway, I think the UI could be improved there, but I don't think that's been a blockage to it being used.” Help@Hand Technology Development Partner

Suggestions

Non-MCBH Provider Perspectives

“We have so many three letter numbers. Not three, help with three letters or digits… But we're not telling people what these numbers are for…I think that stuff should be also included on here somewhere.” -Non-MCBH Provider

“Yeah. It's hard to say because it's very difficult... I think it might be difficult for our youth, like if they don't have that in-person connection, if they're taking a quiz, and then, seeing the resources, it may take some kind of like, I guess some encouragement to go and make that step, that next step. I think the first step is very difficult to receive mental health services, or to acknowledge that something, we may need some support.” -Non-MCBH Provider

Resources

Content and design

Successes

MCBH Key Informant (KI) Perspectives
"I think the questions, the series, the way it was set up, it was easy to navigate. And I like how, based on the responses, it generated immediate resources for somebody to use…I think it was pretty accessible." - MCBH Administrator

Challenges

Non-MCBH Provider Perspectives

"Well, most people don't have a mental health provider and it's really hard to get one in this county. Actually, in most counties, it's very, very difficult." -Non-MCBH Provider

"Actually, for my program in particular, Interim has a lot of programs, but mine is one of the few that does not require a referral to get in. We have a drop-in component. I think listing us as a resource on that final page that tells you the results, like, "Maybe you have this. This is the number you can call for access. Here are some community resources." I think that might be helpful." -Non-MCBH Provider

"Well, we're a hospital, so I think people know when to access the services. We're not a community provider, we're a hospital, so I don't think there's anything that they could do." -Non-MCBH Provider

Help@Hand Technology Development Partner Perspectives

"...other than that we don't, like some people are clicking on things but we don't really know what. No one has really let us know how the experience has been or if people are using it to look up services and stuff in their community." -Help@Hand Technology Development Partner

Suggestions

MCBH Key Informant (KI) Perspectives

"...I like the balance that we were able to come up to. One of the things that I think is... community resources and availability of those resources changes a lot. And so I think for the health of the website and of the screening tool, being able to add accurately and adequately direct somebody to where they can go, especially if they want to follow up with some actual help." - MCBH Administrator

"... In my view, I don't know if it needs to be improved. I was looking at one thing today though where there was a lot of, it's like 50% of people that have taken it have kind of signified having a mild risk for an eating disorder. I was like, that seems really high. But then again, I don't know. I'd have to look back at the questions. But in America, we're known for eating a lot. So maybe. Again that's the thing where it's like I'm considering myself relatively fit and healthy, but my BMI is above where it should be. So it's like, I don't know. Who am I to challenged the validated

scale? I don't know. If as a group we wanted to say, "Hey let's recalibrate this to push that risk scale up higher so not so many people trigger being at risk for something that they feel are not." Sure, if it's a team decision, but I don't know. Yeah, I just don't know how much weight to put in those critiques." - MCBH Administrator

"It might be interesting to think about do we separate the SUD from the mental health? And I know we're not supposed to do that as we're moving towards more integration between substance use disorder and mental health treatment. But in terms of what somebody might want to get information on. Usually people that are using substances know that they are and they'll know what they're using and they'll know why they're using it. Now, if you were filling this out on behalf of somebody else, maybe that might be helpful for you to get an understanding… But for yourself, you tend to know what your problems are, whether or not you're willing to admit them or not. So it may be worth-" - MCBH Administrator

"What should be there is for Medi-Cal recipients should be what used to be called Beacon Health Strategies, which links to the managed care plan provider network. They're now called Carelon…" - MCBH Administrator

Outreach and communication

MCBH Key Informant (KI) Perspectives

"The Google ads were surprisingly good. And in our last data review, we saw when they were turned down and then they got turned back up. It'll be interesting to hear the reaction of this other level of promotion." -MCBH Administrator

"Well, what I like about our approach is we're asking the experts to come up with their ideas. I'm not. So that's why it's good to talk to the communications and the outreach people. They know how to reach people better than I do. And so I like that part of the project, as we're asking the clinicians for clinician input, and we're asking the marketing people for marketing input. It's important to, not keep everybody in their lane, but listen to those who have the expertise over others." -MCBH Administrator

"It seems like the digital advertising has gone well and I guess the social media. And then that's kind of the extent of what's happened. And there's also the bus ads that have gone out…And then all the stuff that we're trying to do right now with getting tablets out into the world or I guess we've done the advertorials and other stuff. I just don't have the data to show if it's worked or not. Yeah, it's just hard to track…So most of us are on computers all the time, so I think the digital Google ads is pretty good." -MCBH Administrator

"In my view, I think the user consumption of the tool was pretty good. The user count just in that first month and a half was really good." - MCBH Administrator

"Well, part of it is we have the stock pile of print materials that need to go out and dropped off. And so I've been working with our prevention manager and getting input from others on where to drop those off. And I need to come up with basic communication plan for it too and do that like asap. But again, it's hard just because there's so many competing priorities. It's been hard me to get out the door and go do that. But I think that's probably part of the process is go on this countywide tour to all these agencies and drop off print materials and have that direct engagement would be good." - MCBH Administrator

"One thing that I was expecting to see that I didn't see would be some pamphlets or posters that we could put in our clinic lobbies. So again, we're not advertising that somebody do it that's already our client, right? Or somebody that's already come in the door, but that doesn't mean that these individuals don't, shouldn't be made aware that it is available to them or to people that they may know. And so I think having some more visibility in our clinic sites, in primary care physician clinics, that's where I think that would be helpful in terms of visibility and actually getting the word out that this is something that's available to any community member." - MCBH Administrator

Help@Hand Technology Development Partner Perspectives

"...things seem to be going very well with the different marketing that has been going on. It seems to be starting to really take life within the community. A lot of people are using it. A lot of people who go to the site are actually going through the screener. I think it's really successful that we've been able to do marketing in both English and Spanish and use a lot of different avenues to present that information." -Help@Hand Technology Development Partner

Challenges

MCBH Key Informant (KI) Perspectives

"I think possibly not having the marketing dialed in yet, because we're going to do a two-phase approach. And I thought everything was going to be in place to do that… And so when I came back, nothing had happened. I was like, oh, thought we were going to have our hard launch by now. So I think if anything had gone wrong, I think it just would've been the marketing wasn't totally figured out yet." - MCBH Administrator

Needs of vulnerable populations

Help@Hand Technology Development Partner Perspectives

"Also, I think a big thing is about marketing to people who are monolingual Spanish speakers, because at least the data shows, especially from my experience in Monterey County for a couple weeks during the validation process, there are a lot of Hispanic people that speak English there. So, that may be less of a barrier to them." -Help@Hand Technology Development Partner

Users and resources

MCBH Key Informant (KI) Perspectives

"Some people, if this is their early step, they may not be ready to talk to somebody, but they'll go ahead and watch a video to try and help them through what they're dealing with." - MCBH Administrator

Help@Hand Technology Development Partner Perspectives

"We are finding users…give the assessment 90% plus thumbs up; they love it, but less than 20% of users are actually clicking on a resource, I think it's higher in the separate resource area, but coming out of the screener. So it means they're happy just to have read their report, and it may be because they were low-risk or moderate-risk for everything…But I think there is still the

challenge of how to do a better job of getting users to actually follow through with the resources, so not only just click on them but call the phone number or whatever's needed there." -Help@Hand Technology Development Partner

Results integration

MCBH Key Informant (KI) Perspectives

"I don't know if anybody's going to walk in with their code number and say, "Hey, I'm here." We haven't heard it yet. You would think we would've heard it by now." - MCBH Administrator

Help@Hand Technology Development Partner Perspectives

"It would be nice if, I think, the Access Clinics were using the codes that people have a little bit more. I think that's been one of the challenges, is I think we expected that piece of it to go a little bit smoother than I think it has." -Help@Hand Technology Development Partner

"So I think we tell users they could share their results code and that could be a way for whoever they're sharing with to see their results on their own time. So yeah, I think maybe it's a little tool tip help things… we don't really know what people are doing, what their results or what they're doing after. And so for the people who are sharing them, it would be good to hear how that process is and what made them want to share their results." -Help@Hand Technology Development Partner

Users/clients and providers

MCBH Key Informant (KI) Perspectives

"I think if anything, if there's an area for improvement, it's still just connecting people to the right resource. I think that's still something we hopefully can iron out better before the time is up. And specifically, there's kind of always a default on the results page to call Behavioral Health Access… It seems like it's almost like a default thing of just there's always the icon to call behavioral health. If it's mild to moderate, maybe don't have that icon there to click…I think that's just important because part of the problem we've had is everybody coming to Access and Access having to then refer out to a lot of different directions and it just eats up their time and sort of stresses them. And so I feel like somebody goes through this thing and basically nothing comes up is moderate to severe and yet they're told to call Behavioral Health Access. I feel like it'd be nice if that wasn't the case." - MCBH Administrator

"This is just my opinion, but I think if it's indicating anything above moderate, maybe there's a way to have it show the local help. But for where it's mild to or none to mild, maybe it should just show the self-help resources, if that makes sense." - MCBH Administrator

"I think it would be fascinating for some of our user group, if you're able to talk to them, if they have some suggestions about what the experience is like at the end of the survey." - MCBH Administrator

Non-MCBH Provider Perspectives

"...Too many popups at this point. Sorry. I know it's very helpful for you guys, but yeah, I'm thinking about my clients trying to get to something…" -Non-MCBH Provider

“if you scroll down, areas you're doing well, areas of concern, what to do next, but I think there's just so much going on in that what to do next. It does have to come from here, but it's probably just has to be reorganized so it's very clear.” -Non-MCBH Provider

“There's so many resources that are listed on the Monterey County Behavioral Health website. There's so many opportunities where we could continually link back to this that just need to be updated.” -Non-MCBH Provider

Help@Hand Technology Development Partner Perspectives

“I think it would require more of a needs assessment around with those people and determining either what from our results page is the most relevant information to you. How can we get that to you more directly, or again, is it more just about you're happy that we're getting people to your front door and that's it and the results are not as relevant once they get there?” -Help@Hand Technology Development Partner

“We do have that thing that we've added recently for the focus groups, so we've added that in for people to opt in to maybe be a part of some of those focus groups if they would like, which I know some people have started filling that out, which is great. So maybe we could continue doing things like that, if Monterey would like to speak to individual users. We don't want people to like...Yeah, we want people to come to the site and be able to use it anonymously.” -Help@Hand Technology Development Partner

“... outreach is a really big part, certainly in education around the availability of this piece, the potential that someone could come across their doorway or call them and have already been using it. Or, someone could be given access to it on an [tablet] or something like that within that agency area.” -Help@Hand Technology Development Partner

“... I think it's just always about improving user experience as technology modernizes and making sure that we are just staying on top of new capabilities and ways that people use technology.” -Help@Hand Technology Development Partner

Additional resources

MCBH Key Informant (KI) Perspectives

“At the end of the day, end of the year, whatever, that's going to be Monterey County team that's going to have to do that. We talked about that way back when, at the early part of the project…Because phone numbers change, and people change, and things change. So yeah, I don't know. Monterey County, what frequency? I would think every six months. I think that's what we said before. But putting that on somebody's calendar to make sure it gets done, we haven't done that.” - MCBH Administrator

Non-MCBH Provider Perspectives

“...I think just an all-inclusive, not only it meets the needs of mental health services, but it can also help with housing or it could also help with other areas.” -Non-MCBH Provider

“I like the way that the results are done because it tells you what you're doing really well at that. Then it shows you what it is that you need to work on and how to work on it, who to go to. We

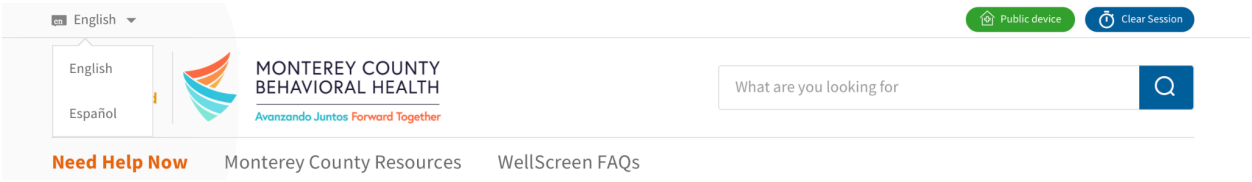
have so many three letter numbers. Not three, help with three letters or digits…But we're not telling people what these numbers are for…I think that stuff should be also included on here somewhere." -Non-MCBH Provider

Appendix E: WellScreen Monterey website photos and marketing materials

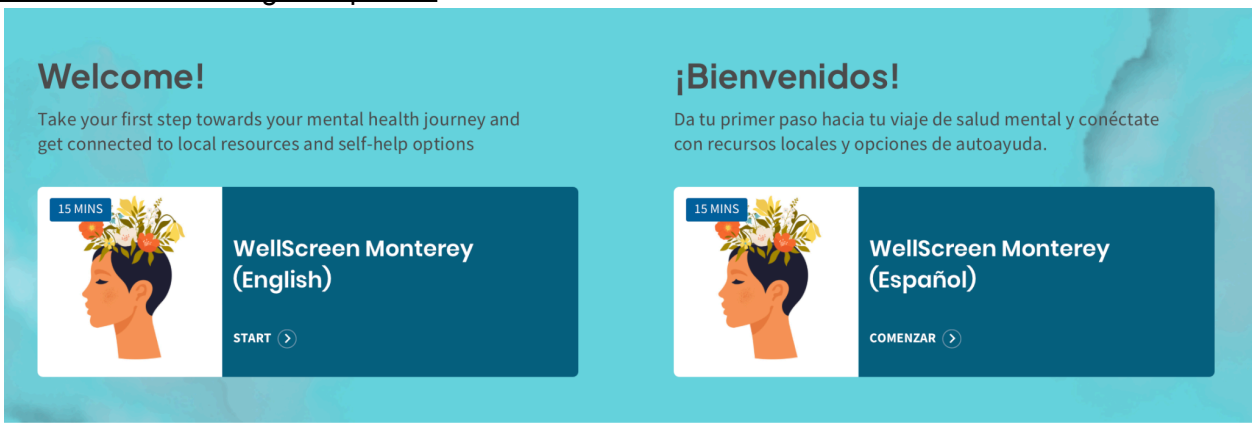
Table of Contents

WellScreen Monterey website photos

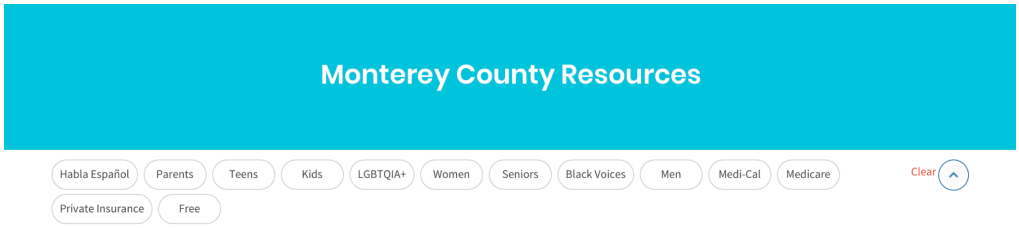
Welcome screen header: English & Spanish Option, Public Device, and Clear Session



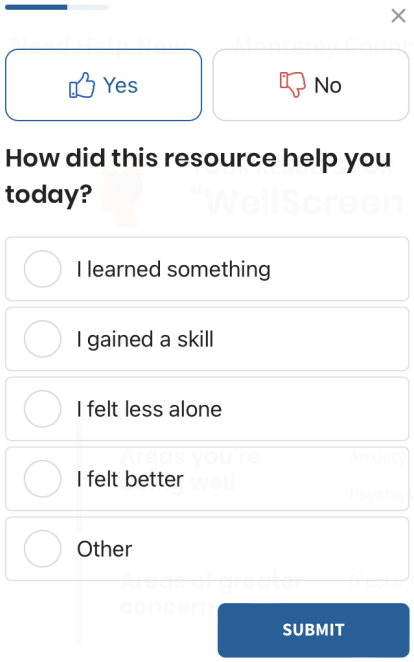
Welcome screen English/Spanish

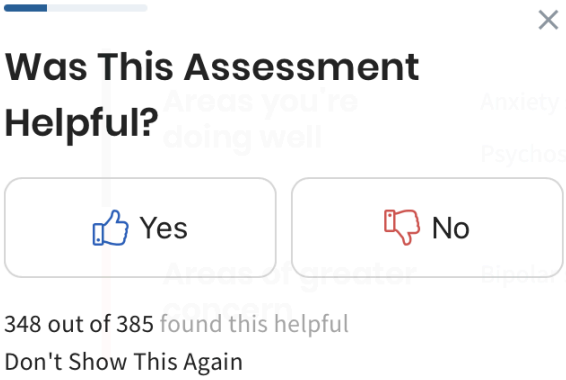


Resource filters

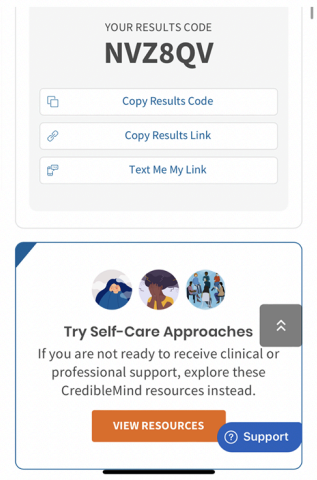


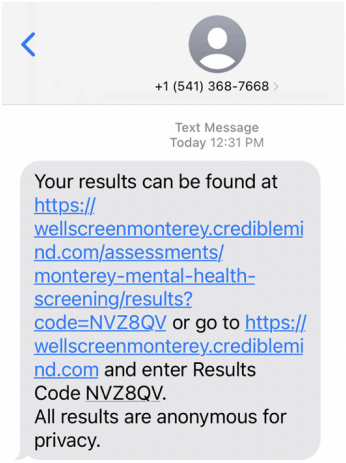
Feedback pop-ups on Results page



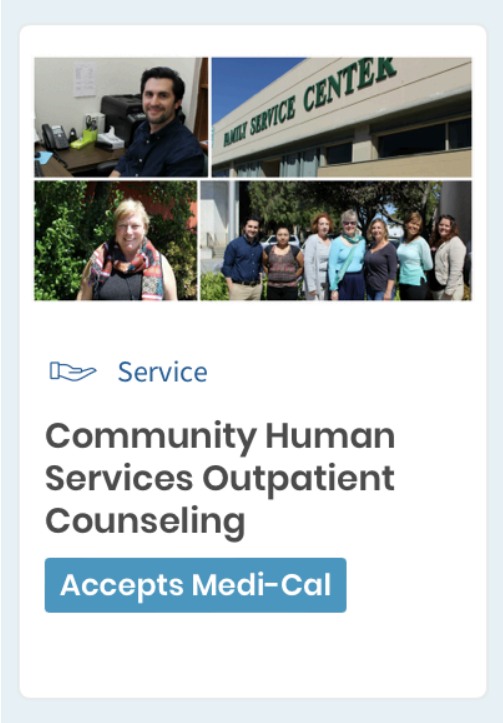


Text message example

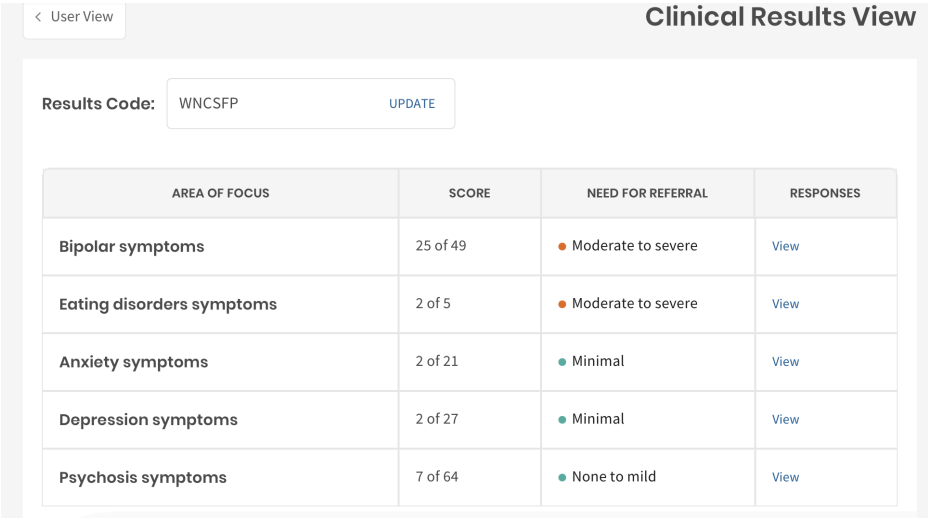




Accepts Medi-Cal Example

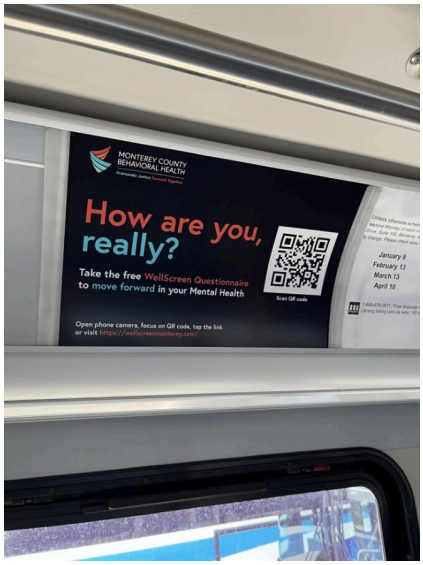


Clinical Results View Example



Marketing materials

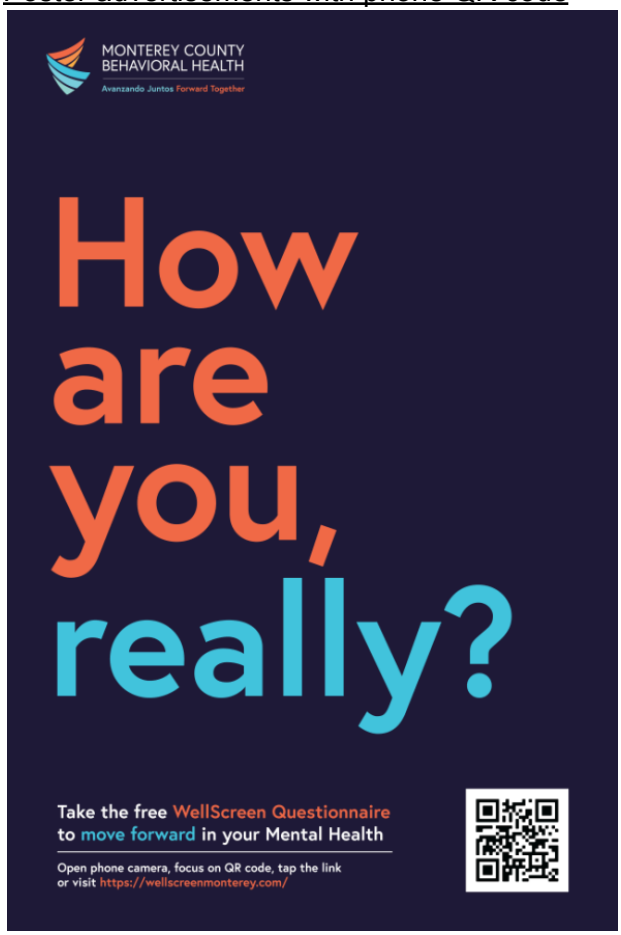
Bus advertisements



Mock-up advertisements

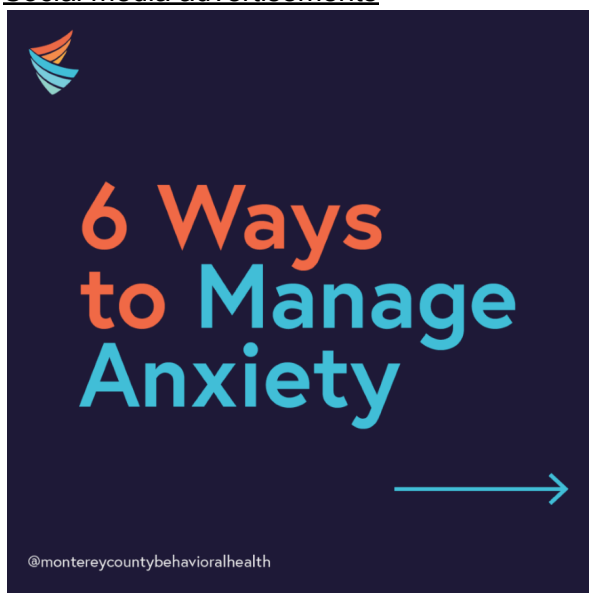
Business card with QR code

Poster advertisements with phone QR code



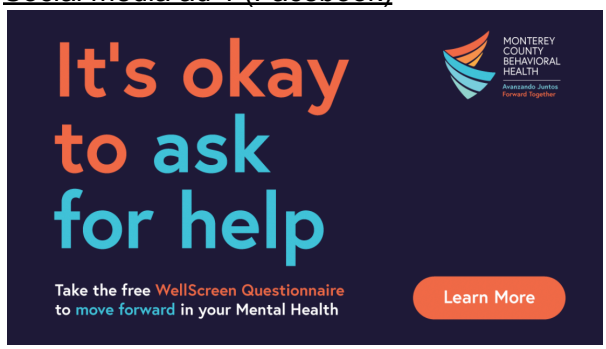
County website advertisements

Social media advertisements



Social media advertisements

Social media ad 1 (Facebook)



Social Media ad 2 (Facebook)

help @ hand™ Evaluation

For questions or feedback, please contact:
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