help @ hand™
Evaluation

Mental Health Services Act (MHSA) Innovation Technology Suite Evaluation

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Help@Hand Statewide Evaluation:
Year 4 Annual Report
January – December 2022
Submitted March 2023

In Year 4, Help@Hand counties/cities worked on technology pilots and implementations. Counties/cities also provided digital literacy trainings and distributed devices. Peers[1] were an essential part of the project and supported key successes. Counties/cities conducted multiple evaluation activities to inform decisions in current and future endeavors. One county concluded their Help@Hand project and others prepared to end their projects.

HELP@HAND EVALUATION ACTIVITIES, LEARNINGS, AND RECOMMENDATIONS

Cross County/City Process Evaluation

The cross county/city process evaluation identifies successes, challenges, future plans, and lessons learned. Findings included:

- Counties/cities identified several successes related to executing contracts, launching projects, analyzing data, engaging in collaborative activities, and conducting digital literacy trainings.

- Many counties/cities experienced staffing challenges, including staff shortages and competing priorities and demands.

- Future plans for the Help@Hand project focus on community outreach, product deployment, and device distribution.

- Timeline flexibility and including team members with specialized training were important lessons learned.

Peer Evaluation

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

- Peers engaged in multiple activities and provided valuable input.

- Peers found the Help@Hand Collaborative to be a useful resource for sharing insight and learning about innovative strategies to provide services.

- Staffing, contract-related delays, and uncertainty of future funding were challenges identified by Peers.

- It was important to adapt to changing or unexpected project timelines.

Pilot and Implementation Evaluations

Help@Hand counties/cities worked on many activities in Year 4. These included:

- The City of Berkeley, Los Angeles County, and Santa Barbara County continued to provide free Headspace subscriptions. The evaluation of these efforts included app data and consumer surveys.

- Mono County and Tri-City launched their myStrength implementation. The City of Berkeley concluded their myStrength implementation. Marin and Tehama Counties paused their myStrength efforts. App data, consumer surveys, and staff surveys/interviews are presented in this report.

- Los Angeles County continued to implement iPrevail. The county also implemented SyntraNet within the county system. The planning of MindLAMP was discontinued.

- Monterey County built and implemented their screening and referral tool, WellScreen Monterey.

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

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

Riverside County continued to offer A4i with their clients. The county also planned a pilot with Recovery Record to support eating disorder recovery.

San Mateo County concluded their Help@Hand project in September 2022. The county offered Wysa and Headspace over the course of their project. They also distributed technology devices and provided digital literacy trainings.

Several counties/cities provided digital literacy trainings and/or technology devices to their communities. Additionally, Riverside County continued to assess clients' health needs. The county also continued a needs assessment for the Deaf and Hard of Hearing Community.

Outcomes Evaluation

The outcomes evaluation examines Help@Hand across the state of California. Data from the California Health Interview Survey (CHIS) found:

A higher percentage of teens and adults expressed a need to see a mental health professional in 2021 compared to 2019.

Teens, young adults, and individuals with high psychological distress widely used technology. The use of online tools to support mental health was significantly higher in 2021 compared to 2019.

In 2021, adults with high psychological distress from Help@Hand counties/cities found online tools to be significantly more useful than their counterparts from counties/cities not participating in Help@Hand.

Recommendations

Recommendations based on evaluation findings are on page 153. Key recommendations included:

- **Marketing and Outreach:** Work with marketing firms to develop tailored marketing strategies and partner with local organizations as well as participate in community events to promote efforts among core audiences. Update marketing materials on a regular basis.

- **Consumer Recruitment:** Allocate ample time to build relationships with consumers and provide a concise program summary for participants to facilitate a smooth enrollment process.

- **Consumer Experience:** Consider that each individual consumer has unique needs and engage with technology in different ways. Ensure resources and language options provided by a technology support consumer experience.

- **Digital Literacy:** Customize how to deliver digital literacy support to suit diverse core audiences. Offer technical assistance for those with limited digital literacy.

- **Device Distribution and Kiosks:** Challenges related to distributing devices and installing kiosks may include internet connectivity problems or individuals damaging or misplacing the equipment. Proactively prepare to address such challenges by providing additional devices, deploying management software, and/or collaborating with a proficient IT agency.

- **Stakeholder Communication:** Begin to involve stakeholders early in the project and allow adequate time to review and approve contracts to prevent project delays.

- **Project Planning:** Understand program expectations, requirements, and future activities to determine adequate resources, time, and personnel to support the program.

- **Peers:** Peer involvement is crucial. Address needs related to expanding the Peer workforce, integrating Peer input, and prioritizing community needs.

- **Working with Partners:** Working with vendors may address internal staffing challenges. Ensure mutual understanding on agreed-upon deliverables, review materials created by vendors, and allow sufficient time to resolve any potential issues that may arise during the collaboration.

- **Learning Collaboration:** Consider how to disseminate actionable insights and lessons learned with those within Help@Hand and beyond to achieve long-term impact of the project.

- **Evaluation:** Understand the type of consumer information that will be collected and the method of collection (such as via vendors, surveys, analytic software, or other means) to inform evaluation plans. Adopt various strategies to improve the response rates of surveys.

- **Project Closing and Sustainability:** Begin planning as early as possible how to sustain the project after it ends. Disseminate knowledge and insights gained from the Help@Hand project to benefit others.

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) is a five-year[2] statewide demonstration funded by Prop 63 (now known as the Mental Health Services Act) and has a total budget of approximately $101 million. It is designed to bring a set (or "suite") of mental health digital therapeutic technologies into the public mental health system. The program intends to understand how digital therapeutics fit within the public mental health system of care. In addition, Help@Hand leads innovation efforts by integrating Peers throughout the program. Counties/cities participating in Help@Hand collaborate to develop a shared learning experience that expands technology options, accelerates learning, and improves cost sharing.

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

1 Detect and acknowledge mental health symptoms sooner

2 Reduce stigma associated with mental illness by promoting mental wellness

3 Increase access to the appropriate level of support and care

4 Increase purpose, belonging, and social connectedness of individuals served

5 Analyze and collect data to improve mental health needs assessment and service delivery

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[2] The project was originally designated as a 3-year effort.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved twelve counties and two cities across the state of California to participate in the program.[3] These counties/cities collectively represent nearly one-half of the population in California.

Participating Counties/Cities

City of Berkeley, Kern County, Los Angeles County, Marin County, Modoc County, Mono County, Monterey County, Orange County, Riverside County, San Francisco County, San Mateo County, Santa Barbara County, Tehama County, Tri–City
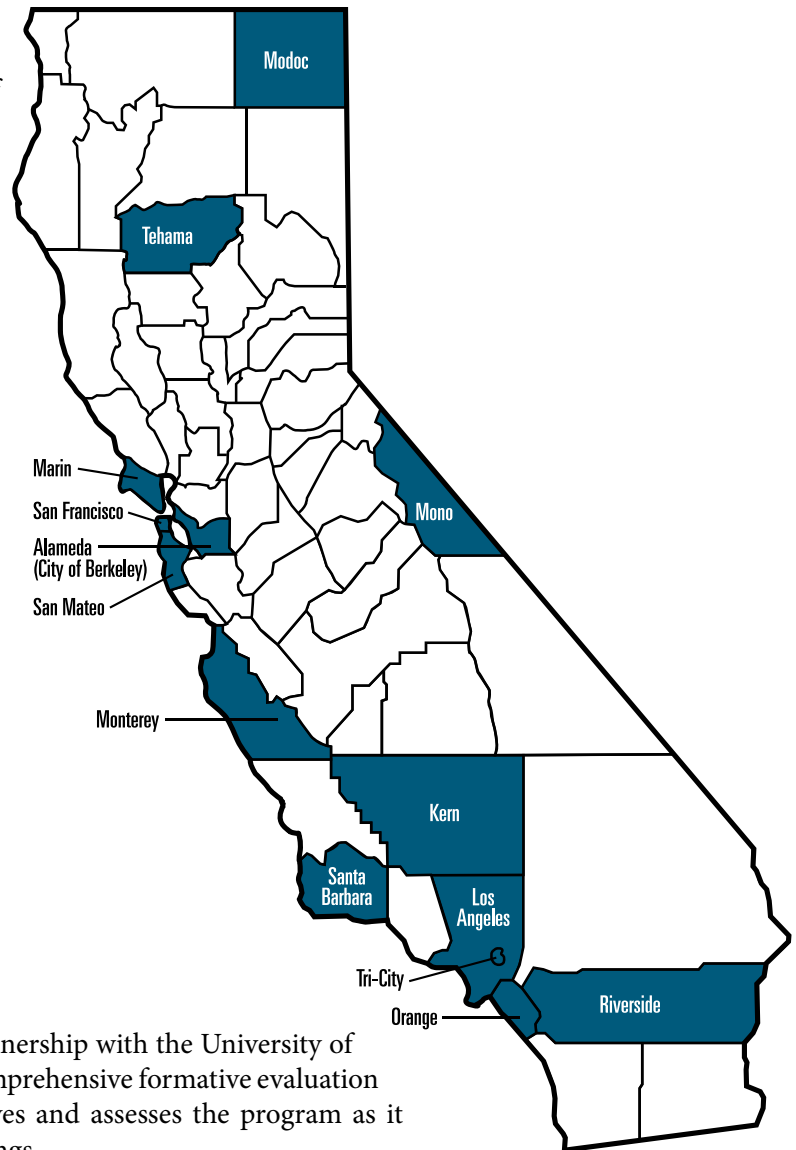
ABOUT THE EVALUATION

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

This evaluation report presents learnings and recommendations from Year 4 (January-December 2022). The report is organized as follows:

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

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

Q1: JANUARY-MARCH 2022

County/City Activities

- Planned technology pilots (Riverside, San Francisco, Santa Barbara Counties)

- Planned technology implementation (Los Angeles, Mono, Monterey Counties, Tri–City)

- Launched technology implementation (San Mateo County)

- Continued technology pilot (Riverside County)

- Continued technology implementation (City of Berkeley, Los Ange–les, Riverside, Santa Barbara Counties)

- Paused/discontinued technology deployments (Marin, San Francis–co, Tehama Counties)

- Planned or conducted digital literacy trainings (San Francisco, San Mateo, Santa Barbara Counties, Tri–City)

- Planned or distributed devices (Riverside, San Francisco, San Mateo, Santa Barbara Counties, Tri–City)

- Worked on kiosk installations (Riverside County)

- Worked on needs assessments (Monterey, Riverside Counties)

- Continued to implement Whole Person Health Score assessment tool (Riverside County)

Project Management

- Began instituting county/city milestone check–in (CalMHSA)

- Developed a transition plan template, infographic for stakehold–ers, website acceptable use policy (CalMHSA)

- Reconfigured Sharepoint main page (CalMHSA)

- Shared learnings from local efforts and project management (Collaborative)

- Shared insights on supporting the wellbeing of people with disabilities, marketing and outreach (Collaborative)

Q2: APRIL-JUNE 2022

County/City Activities

- Planned technology pilots (Riverside, San Francisco, Santa Barbara Counties)

- Planned technology implementation (Los Angeles, Monterey Counties)

- Launched technology implementation (Mono County, Tri–City)

- Continued technology pilot (Riverside County)

- Continued technology implementation (City of Berkeley, Los Angeles, Riverside, San Mateo, Santa Barbara Counties)

In Year 4, counties/cities in the Help@Hand project continued to plan and deploy technology pilots (e.g., testing a technology with a small group for a short period) and implementations (e.g., offering a technology with a broad group for a long period). They also provided digital literacy trainings, devices, and other resources to the communities they served. Needs assessments, evaluations, and project management supported these efforts. By the end of Year 4, one county/city completed their Help@Hand project and several others began to plan the end of their projects in the coming year.

COUNTY/CITY ACTIVITIES

Technology Pilots and Implementations

Completed

The **City of Berkeley** offered myStrength between October 2021 and October 2022. During their implementation, the City of Berkeley provided 1,743 free licenses to myStrength. Local evaluators conducted interviews and focus groups with myStrength users after the implementation to learn about their experiences using the app. Some users stated that myStrength was helpful for them.

In September 2022, **San Mateo County** successfully completed their Help@Hand project. Over the course of their three years of participation, San Mateo County offered Wysa and Headspace throughout the county. The county also distributed devices and device accessories to 670 behavioral health clients. In addition, San Mateo County partnered with Painted Brain, an organization that provides digital literacy in behavioral health settings, to train community members, county personnel, and community partners. The spotlight on page 122 further describes these efforts. Based on input from their Advisory Committee, San Mateo County worked to sustain their device distribution, digital literacy, and outreach since these activities best served the county's hard to reach populations.

Launched and Continued

In August 2022, **Los Angeles County** launched their SyntraNet implementation with county providers in their Enhanced Care Management (ECM) services. SyntraNet enables providers to better serve clients by consolidating client information and supporting extra care management services for clients with complex needs.

Mono County and **Tri-City** launched their myStrength implementations in April and June 2022, respectively. A key learning from both projects was the importance of marketing and community outreach to raise awareness of their myStrength implementations.

- Paused/discontinued technology deployments (Marin, Tehama Counties, Tri–City)
- Planned or conducted digital literacy trainings (Marin, Riverside, San Francisco, San Mateo, Santa Barbara Counties, Tri–City)
- Planned or distributed devices (Riverside, San Francisco, San Mateo, Santa Barbara Counties, Tri–City)
- Worked on kiosk installations (Riverside County)
- Worked on needs assessments (Monterey, Riverside Counties)
- Continued to implement Whole Person Health Score assessment tool (Riverside County)

Project Management

- Presented budget (CalMHSA)
- Updated onboarding resources (CalMHSA)
- Developed MHSA report template (CalMHSA)
- Finalized and published project dashboard (CalMHSA)
- Shared learnings from local efforts and project management (Collaborative)
- Shared insights on partnerships (Collaborative)

Q3: JULY-SEPTEMBER 2022

County/City Activities

- Planned technology pilots (Riverside, San Francisco, Santa Barbara Counties)
- Planned technology implementations (Los Angeles County)
- Built technology for implementation (Monterey County)
- Launched technology implementation (Los Angeles County)
- Continued technology pilot (Riverside County)
- Continued technology implementation (City of Berkeley, Los Ange–les, Mono, Riverside, Santa Barbara Counties, Tri–City)
- Completed technology implementation (San Mateo County)
- Paused/discontinued technology deployments (Tehama County)
- Planned or conducted digital literacy trainings (Marin, Riverside, San Francisco, San Mateo, Santa Barbara, Tehama Counties, Tri–City)
- Planned or distributed devices (Riverside, San Francisco, San Mateo, Tehama Counties, Tri–City)
- Worked on kiosk installations (Riverside County)
- Worked on needs assessments (Riverside County)
- Continued to implement Whole Person Health Score assessment tool (Riverside County)

Project Management

- Developed communication tool (CalMHSA)
- Developed budget tool (CalMHSA)
- Facilitated discussion on website (CalMHSA)
- Shared learnings from local efforts and project management (Collaborative)
- Shared insights on local resources (Collaborative)

Monterey County made significant progress in developing WellScreen Monterey, a technology to screen and refer consumers to local mental health services and resources. In early 2022, CredibleMind[4] and the county's local evaluator conducted surveys, interviews, and focus groups with various stakeholders to understand the needs of their core audience. CredibleMind began to build a prototype of the tool based on the needs assessment findings, while the county finalized workflows and trained staff. Monterey County soft-launched WellScreen Monterey in November 2022 through social media announcements, postings on county websites, and email announcements to staff and community-based organizations. Marketing will broaden in the next year.

Riverside County continued to implement their web-based live Peer chat application, TakemyHand™, to those in need within the county and beyond. In October 2022, Riverside County received the California State Association of Counties' Challenge Award for TakemyHand™. The award spotlights new, effective, and cost-saving innovation in county government. In addition, **Riverside County** continued to pilot A4i with transitional aged youth (TAY), adults, and older adults at county clinic sites.

Several counties/cities also continued their technology implementations. These included:

- Headspace (**City of Berkeley, Los Angeles, and Santa Barbara Counties**)
- iPrevail (**Los Angeles County**)

Planned Pilots

San Francisco County worked with Riverside County to develop a pilot of TakemyHand™. Planning involved contract negotiations, training, and evaluation.

Riverside County also planned a pilot of Recovery Record. Riverside County signed a contract with Recovery Record in December 2022 and expects to launch the pilot in 2023.

Santa Barbara County explored different technologies to pilot, but determined the technologies were not a fit.

Paused/Discontinued

Due to various reasons, a few counties/cities paused and/or discontinued their technology deployments. These efforts included:

- Headspace (**San Francisco County**)
- MindLAMP (**Los Angeles County**)
- myStrength (**Marin, Tehama Counties**)
- Wysa (**Tri-City**)

Digital Literacy Trainings, Device Distribution, and Other Resources

To support consumers use of these various technologies, Help@Hand counties/cities trained community members on

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[4] CredibleMind partners with public health departments, employers, healthcare providers, and community organizations to provide an online platform for organizations to offer self-assessment tools and evidence-based mental health resources to consumers.

Q4: OCTOBER-DECEMBER 2022

County/City Activities

- Planned technology pilots (Riverside, San Francisco Counties)

- Launched technology implementation (Monterey County)

- Continued technology pilot (Riverside County)

- Continued technology implementation (City of Berkeley, Los Angeles, Mono, Riverside, Santa Barbara Counties, Tri–City)

- Completed technology implementation (City of Berkeley)

- Paused/discontinued technology deployments (Los Angeles, Tehama Counties)

- Planned or conducted digital literacy trainings (Marin, Riverside, San Francisco, Santa Barbara, Tehama Counties, Tri–City)

- Planned or distributed devices (Monterey, Riverside, San Fran–cisco, Tehama Counties, Tri–City)

- Worked on kiosk installations (Riverside County)

- Worked on needs assessments (Riverside County)

- Continued to implement Whole Person Health Score assessment tool (Riverside County)

Project Management

- Approved budget funds and category reallocations (Collaborative)

- Presented transition plan (CalMHSA)

- Revised collaboration call and email communication formats (CalMHSA)

- Shared learnings from local efforts and project management (Collaborative)

digital literacy. They also distributed devices, such as phones and tablets, to community members. **Appendix B** includes data on these efforts across the Collaborative.

Marin County planned to create replicable and sustainable digital health literacy training programs by providing time-limited innovation grants to local organizations. The grants support organizations to offer a digital approach, program, and/or community event that promote digital literacy and access, particularly for older adults.

Monterey County planned to distribute devices at select locations, such as clinics, libraries, and prevention service providers, to help individuals with limited access to the internet.

Riverside County partnered with Painted Brain to support digital literacy trainings that will be available to its core audiences. The county began partnering with Man Therapy and LaCLAve to provide additional psychoeducational resources to county residents via the TakemyHand® website and through promotional materials distributed at various community outreach events. In addition, the county provided Android phones to all clients participating in their A4i pilot. The county also enabled access to technology through kiosks at various clinic sites.

San Francisco County partnered with Mental Health Association of San Francisco to launch the Technology-Assisted Mental Health Solutions (TAMHS) project in April 2022. The project provided free tablets, internet service, digital literacy training, and individualized Peer support for community members. TAMHS will continue until June 2024.

San Mateo County, Santa Barbara County, and **Tri-City** partnered with Painted Brain to train various audiences on digital literacy in their respective counties/cities. Santa Barbara County also began planning "Mommy Connecting to Wellness," a program serving 24 new and expecting mothers. Through the program, Promotores and Peers would provide digital literacy support, help with wellness and supportive apps, and access to Headspace to support mental health. In terms of device distribution, San Mateo County and Tri-City worked to acquire and distribute devices to clients and community members. Santa Barbara County offered clients tablets to use in the county's behavioral health clinic lobbies.

Tehama County explored purchasing devices and hosting digital literacy trainings for their core audiences.

Needs Assessment and Evaluation

Monterey County conducted a needs assessment to inform the development of their technology as described above.

Riverside County collaborated with the Center on Deafness Inland Empire (CODIE) to survey the Deaf and Hard of Hearing (DHoH) Community. The survey aimed to

understand how county efforts may better support the DHoH Community. **Riverside County** also continued to implement their Whole Person Health Score (WPHS) assessment tool, which screens clients on their health needs and allows the county to provide appropriate care.

Across the Collaborative, counties/cities worked with CalMHSA, the Help@Hand evaluation team, local evaluators, and technology vendors to assess their efforts. Evaluation findings identified opportunities to improve their efforts as well as lessons learned for future endeavors.

PROJECT MANAGEMENT

Project Operations

Contract negotiations and execution was a key project management activity this period. CalMHSA supported the administration of contracts for counties/cities in the Help@Hand Collaborative as described in the spotlight on page 33.

The Help@Hand Collaborative revisited the **budget** throughout 2022. In Quarter 2, CalMHSA presented the budget to key leaders within the Help@Hand counties/cities. CalMHSA's Controller also shared the latest version of the Quarter Financial Status Report for CalMHSA and Local Funding, which supports counties/cities with their budget conversations and future planning. In Quarter 3, CalMHSA shared a budget tool to help counties/cities manage their funds and determine how to use remaining funds. In Quarter 4, the Collaborative voted to approve funds and category reallocations.

To support counties/cities as their projects began to end, CalMHSA began conducting **county/city milestone check-ins** on project calls with counties/cities. County/city milestone check-ins discuss what each county/city plans to achieve before their project ends. In addition, CalMHSA created a **transition plan template** to help counties/cities plan activities as they prepare to transition and end their projects. Activities included informing stakeholders and planning continuation or discontinuation of services after their project ends.

CalMHSA also updated **onboarding resources for new staff and leadership.** The onboarding resources could also serve as quick guides for existing team members.

Communication

CalMHSA created different materials to help counties/

cities communicate about their project to external stakeholders. This included:

- An **infographic** describing the project that counties/cities could customize for their stakeholders
- A **report template** to communicate project progress in FY 2021-22 to MHSA
- A **communication tool** to help craft communication messages and stories to share with stakeholders

CalMHSA also supported website communication. This included:

- Development of a **website acceptable use policy** for the Help@Hand website (helpathandca.org). The policy addressed expectations and constraints in using a domain to prevent use issues. It also described conditions to maintain the image and integrity of the Help@Hand website.
- Creation of a **project dashboard** on the external website to communicate project progress with stakeholders. The dashboard can be found at: https://helpathandca.org/helphand-project-dashboard/
- **Updates to the project website and internal SharePoint website** to make information and resources easily accessible

Collaborative Learning

Counties/cities **shared and discussed learnings and insights** on a regular basis. In 2022, the City of Berkeley, Los Angeles County, Riverside County, San Francisco County, San Mateo County, and Tri-City presented their project progress and learnings to other Help@Hand counties/cities. Focused presentations and discussions occurred on supporting the wellbeing of people with disabilities, opportunities and challenges related to marketing/outreach, partnerships, and a variety of local resources that benefit consumers across Help@Hand counties/citites.

In December 2022, CalMHSA **restructured collaboration calls** to include a presentation series. Presentations would focus on project progress, activities relevant to counties/cities, as well as topics and themes requested by counties/cities. CalMHSA also developed a **new email insert** to supplement the collaboration calls. The email insert includes five key sections: collaboration meeting agendas, evaluation report feature, reminders, key documents, and a Help@Hand team member feature. The new collaboration call and email formats will launch in January 2023.

CROSS COUNTY/CITY PROCESS EVALUATION

Key Points

- **Help@Hand counties/cities identified successes in various areas.** Successes in 2022 mainly related to providing digital literacy trainings to staff/Peers or community members, executing contracts, collaborating with other counties/cities, launching projects, and analyzing data.

- **Overcoming staff challenges should be expected in large-scale projects and is key to supporting continuity in program planning and implementation.** Many counties/cities experienced staffing shortages and the staff working on the project often had to juggle competing priorities and demands. Beyond hiring sufficient staff, maintaining staff with the specialized knowledge and expertise for this project was difficult.

- **Future plans for Help@Hand projects shifted over time.** Many counties/cities shifted from their product launch activities to community outreach. The most common plans for the next six months reported by counties/cities included community outreach, product/deployment evaluation, and device distribution.

- **Timeline flexibility and including team members with specialty training were meaningful lessons learned by counties/cities.** Almost all counties/cities reported "unanticipated delays required flexibility in timeline" as a very important lesson learned. Hiring staff with specialized training was also an important learning lesson.

OVERVIEW

Help@Hand's cross-county/city process evaluation aimed to identify successes, challenges, future plans, and lessons learned. Overall, key themes emerging from the data collection centered around the following programmatic areas: product development, product launch, digital literacy, device distribution, staffing, contracts, project operations, and evaluation.

INTERVIEW AND SURVEYS WITH TECH LEADS

The Help@Hand evaluation team conducted interviews and surveys with Tech Leads to capture the successes, challenges, future plans, and learnings of the Help@Hand program. Tech Leads were those individuals identified as the project leads of their county/city's Help@Hand project.

Below is more information about the interview and surveys.

	Evaluation Activity	Period when Interviews/Surveys were Administered	Reporting Period for Successes, Challenges, and Learning Lessons	Respondents
	Interview	April – May 2022	Past year at the time of the interview	10 Tech Leads from 10 counties/cities
	1st Survey	July – August 2022	Past year at the time of the survey	12 Tech Leads from 12 counties/cities
	2nd Survey	October – December 2022	Past year at the time of the survey	12 Tech Leads from 12 counties/cities

The following sections show the percent of counties/cities that reported specific successes, challenges, plans for the future, and lessons learned/recommendations for their Help@Hand program. Quotations from the interviews are included to show the perspectives of the Tech Leads on specific items.

Successes

Main successes included providing digital literacy training, executing contracts, and collaborating with other counties/cities.[5]

	N=12

Provided digital literacy training to staff/Peers or community members
"Digital literacy effort that was launched by a Peer was a big accomplishment"

67%

Executed a contract
"The key accomplishment would be getting the vendor contract in place to build our product"

58%

Collaborated with other counties/cities
"...the partnership piece, get all these counties to work together on this project, more than just collaboratively, share with each other learnings along the way, now we do more of that as counties, … huge accomplishment of the project overall."

50%

Launched a product
"...we actually got launched and [app] has, you know, really been widely received, and people like it"

42%

Conducted data analyses
"Folks are engaging in the dashboards. … Each month it looks like there's been a steady uptick for the most part in enrollment. … While we haven't maybe hit our goal, ...they have a much better return rate on their outcomes measures than we do in other parts of our system."

42%

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[5] Respondents were asked in Survey 2 if their county/city experienced any of the listed successes in 2022. The list was informed by data collected from the previous interview and survey. Multiple items could be selected.

Challenges

In 2022, many counties/cities reported experiencing challenges. Key challenges were related to staffing, such as staff shortage, competing workload priorities/demands, and Peer shortage.[6]
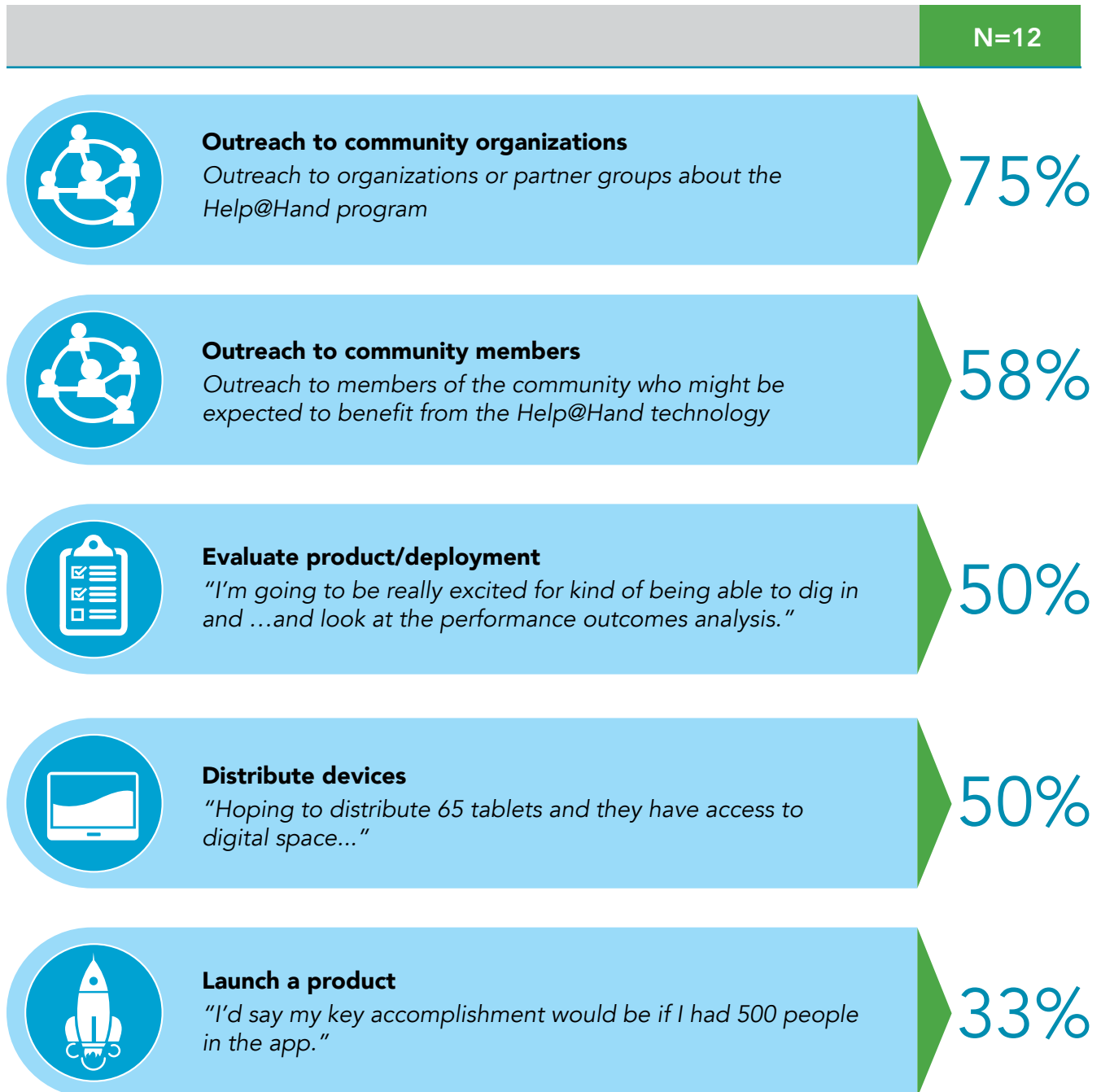
	N=12

Staff shortage
"…my greatest challenge is the staffing. I had a shortage of staffing."

75%

Competing priorities/demands
"…many challenges in regard to multiple projects implementation and coordination in the synchronization of timelines... sometimes those priorities conflict with each other."

75%

Contracting difficulties
"…contracting hiccup that we hit delayed our launch."

58%

Delayed product launch
"The main challenge is really the long delay it took to implement this past year."

58%

Peer shortage
"One of the biggest challenges we've had is, I guess, finding and retaining Peers to be a part of this project."

50%

Pandemic-related disruptions
"COVID not conducive for getting that out there. Had to shut down and do a 180 to determine how to do it, while county being buffeted by the pandemic."

42%

[6] Respondents were asked in Survey 2 if their county/city experienced any of the listed challenges in 2022. The list was informed by data collected from the previous interview and survey. Multiple items could be selected.
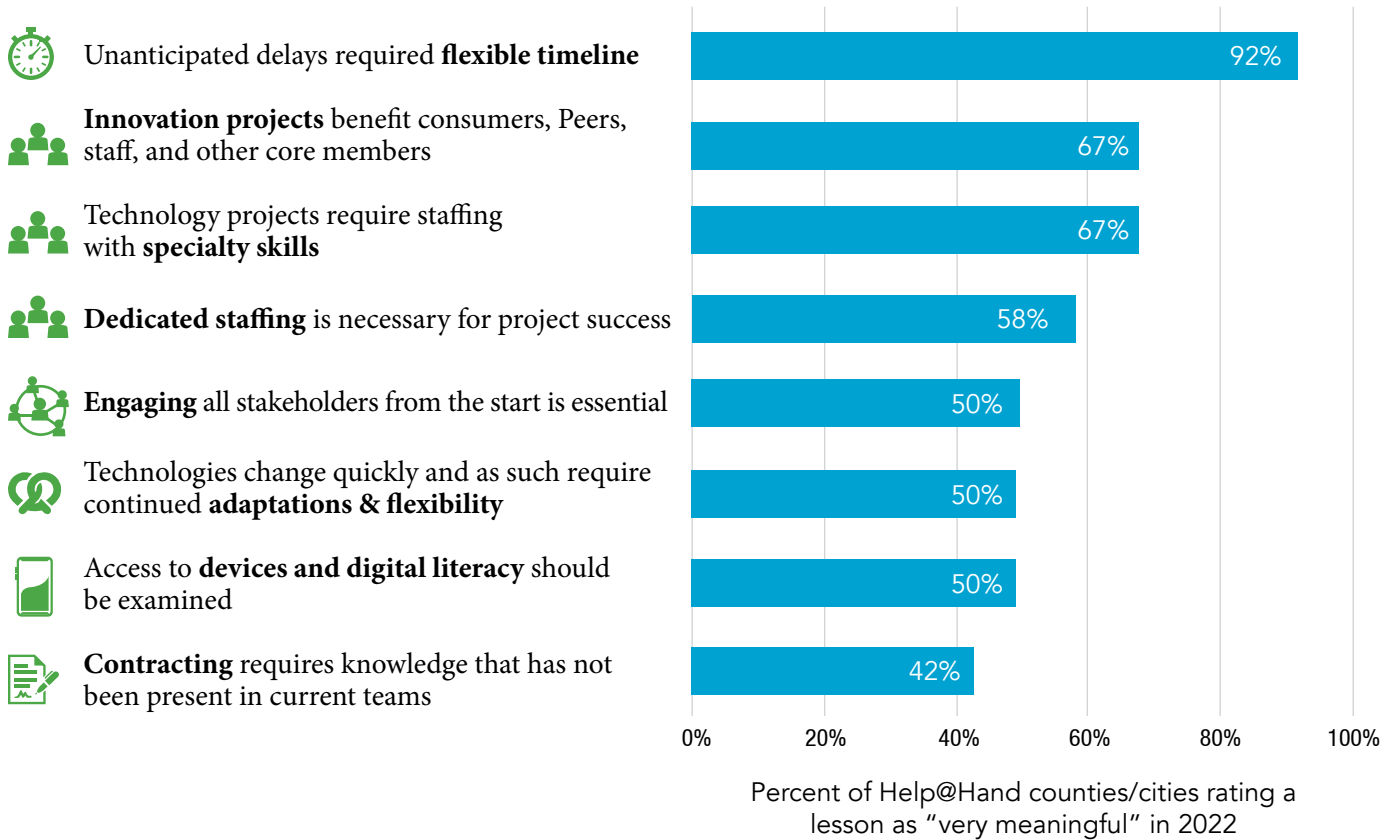
Future Plans

Future plans identified in the six months after Survey 2 included community outreach, evaluation, and device distribution.

	N=12

Outreach to community organizations
Outreach to organizations or partner groups about the Help@Hand program

75%

Outreach to community members
Outreach to members of the community who might be expected to benefit from the Help@Hand technology

58%

Evaluate product/deployment
"I'm going to be really excited for kind of being able to dig in and …and look at the performance outcomes analysis."

50%

Distribute devices
"Hoping to distribute 65 tablets and they have access to digital space…"

50%

Launch a product
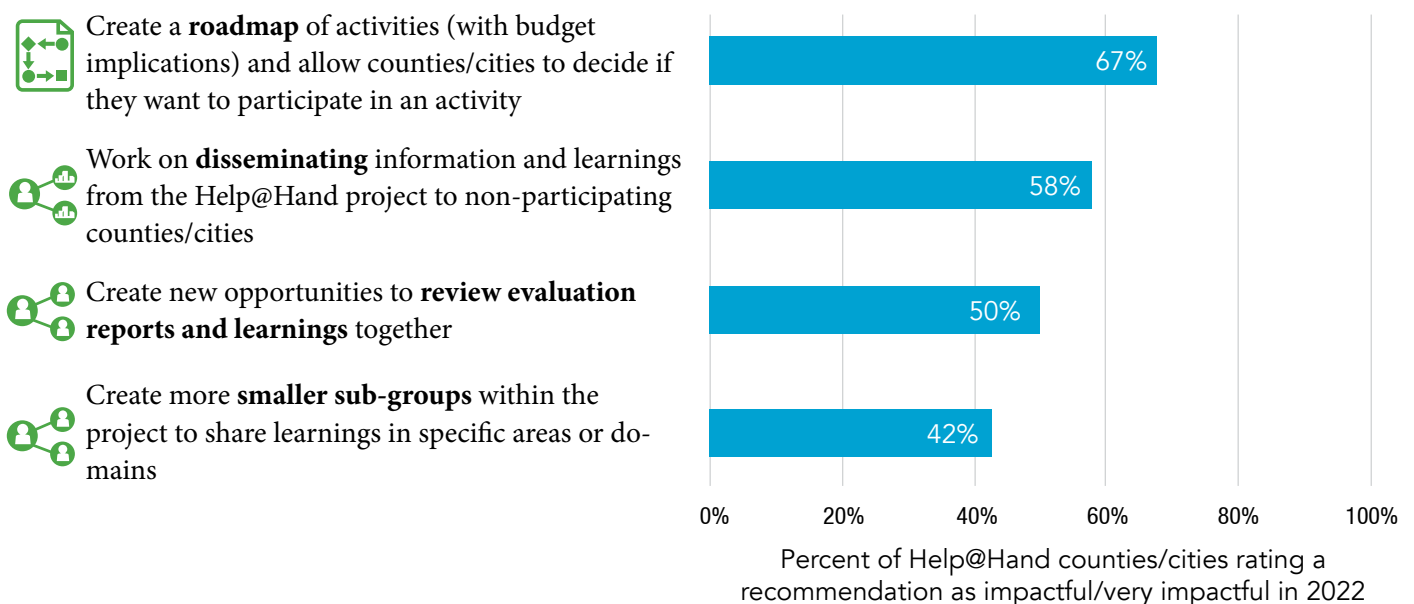*"I'd say my key accomplishment would be if I had 500 people in the app."*

33%

Lessons Learned

Technology projects require flexibility and specialized skills/knowledge. They also benefit consumers, Peers, staff, and other core members.

Unanticipated delays required **flexible timeline** — 92%

Innovation projects benefit consumers, Peers, staff, and other core members — 67%

Technology projects require staffing with **specialty skills** — 67%

Dedicated staffing is necessary for project success — 58%

Engaging all stakeholders from the start is essential — 50%

Technologies change quickly and as such require continued **adaptations & flexibility** — 50%

Access to **devices and digital literacy** should be examined — 50%

Contracting requires knowledge that has not been present in current teams — 42%

Percent of Help@Hand counties/cities rating a lesson as "very meaningful" in 2022

Recommendations

In Survey 2, participants were asked how impactful recommendations provided by counties/cities in the prior interview and survey would be if followed. Participants perceived creating a roadmap of activities and disseminating information and learnings outside of the Help@Hand project as most impactful.

Create a **roadmap** of activities (with budget implications) and allow counties/cities to decide if they want to participate in an activity — 67%

Work on **disseminating** information and learnings from the Help@Hand project to non-participating counties/cities — 58%

Create new opportunities to **review evaluation reports and learnings** together — 50%

Create more **smaller sub-groups** within the project to share learnings in specific areas or domains — 42%

Percent of Help@Hand counties/cities rating a recommendation as impactful/very impactful in 2022

Suggestions

The following suggestions were based on successes, challenges, and learning lessons identified from interviews and surveys with Tech Leads.

- **Construct toolkits to help counties/cities deal with common barriers and share learning lessons.** Many challenges applied to multiple counties/cities. Providing toolkits that incorporate solutions identified by counties/cities across Help@Hand or opportunities for counties/cities to receive tailored support on common barriers could facilitate overcoming these barriers and share learning lessons.

- **Further improve staffing infrastructure.** Competing priorities and staff shortages were the most reported challenges. Being mindful of staff bandwidth, having more dedicated staff, and supporting staff with carved-out time for training and project operations could be helpful. Survey 2 highlighted that technology projects required staffing with specialty skills; counties/cities highlighted hiring staff with specialty training or providing training as potential solutions to the problem of lacking digital expertise in the current behavioral health settings.

- **Continue collaboration and outreach.** Several counties/cities reported their successful experience of cross-county/city collaboration. Many counties/cities shared outreach to community members and partner organizations as their goals for 2023. Continued cross-county collaboration and outreach efforts could increase access to care at a larger scale.

- **Plan for what comes next.** Work and resources were needed to ensure continuity in mental health support after programs end. Many counties/cities recognized the need to disseminate information and learnings from the Help@Hand project to non-participating counties/cities, which was especially apparent in Survey 2. Formalizing a roadmap of future activities (with budget implications) could allow counties/cities to determine if they want to participate in those activities.

LEARNINGS FROM THE CROSS COUNTY/CITY PROCESS EVALUATION

Interviews and surveys with Tech Leads in Help@Hand indicated:

- **Overcoming staff challenges is important.** Program staff reported staff shortages and competing priorities/demands of the current staff as common challenges. Allocating funding and time to support staff to engage with the project was important.

- **Many Help@Hand counties/cities engaged in partnership and outreach.** Half of the counties/cities shared cross-county/city collaboration to support Help@Hand activities as their success in Survey 2. Most counties/cities mentioned outreach to communities who might benefit from the Help@Hand technology and/or outreach to organizations or partner groups about the Help@Hand program as their future goals.

- **Activities and goals of counties/cities shifted in 2022.** In Survey 2, most counties/cities stated community outreach (e.g., outreach to community members and partner organizations), evaluation, and device distribution as goals for the next six months (e.g., December 2022 to June 2023). As they prepared for the end of their Help@Hand projects, counties/cities began to transition communities to other care as their Help@Hand technologies ended as well as shared learnings among counties/cities.

- **Involving stakeholders with specialty training and knowledge is important.** The project required infrastructure change and specific knowledge on technology, marketing, and outreach. Dedicated staffing and involving experts in these areas could support implementation success.

2 | PEER EVALUATION

Key Points

- **Peers contributed to multiple activities and successes.** Peers continued to engage in a range of activities to support Help@Hand, and provided valuable input especially for community-facing activities.

- **The Help@Hand Collaborative is a useful resource for many Peers.** This included sharing insights for planning and implementation of programs, adopting existing technologies and tools, and learning about innovative strategies to provide services.

- **Peers had to navigate multiple challenges.** Challenges ranged from needing more staff support while juggling multiple responsibilities, to contract-related delays and uncertainty of future funding.

- **Adapting to changing or unexpected project timelines was important.** The majority of Peers expressed having encountered unexpected delays or requirements, belated decisions, and staff turnover. Learning to be flexible while still seeking to integrate Peers' perspectives was key for Peers' perceptions of their programs' successes.

OVERVIEW

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

INTERVIEW AND SURVEYS WITH PEER LEADS

The Help@Hand evaluation team administered quarterly surveys to Peer Leads to capture activities, successes, challenges, and suggestions throughout the year. The team also conducted a mid-year interview to provide respondents the opportunity to provide greater detail about their survey responses. Surveys and interviews were requested of Tech Leads in counties/cities without Peer Leads. One county/city employed two Peer Leads.

Below is more information about the interview and surveys.

	Evaluation Activity	Period when Interviews/Surveys were Administered	Reporting Period	Respondents
	1st Survey	March – April 2022	January – March 2022	12 Respondents (including 8 Peer Leads) from 11 counties/cities
	2nd Survey	June – July 2022	April – June 2022	11 Respondents (including 7 Peer Leads) from 9 counties/cities
	Interview	July 2022	April – June 2022	10 Respondents (including 8 Peer Leads) from 9 counties/cities
	3rd Survey	October – November 2022	July – September 2022	10 Respondents (including 5 Peer Leads) from 10 counties/cities
	4th Survey	January 2023	October – December 2022	9 Respondents (including 6 Peer Leads) from 9 counties/cities

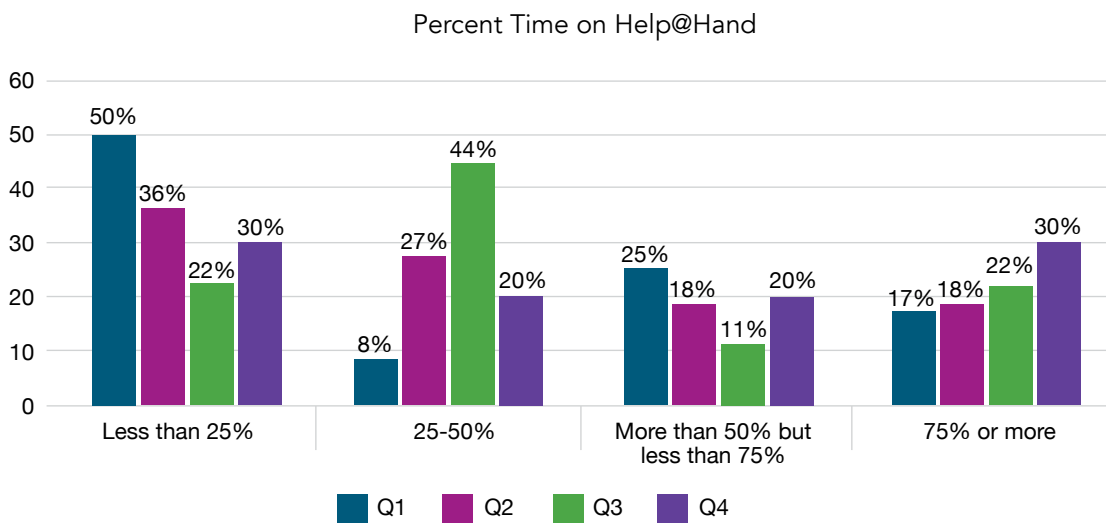# Help@Hand Peer Component in counties/cities

Employment

Survey respondents reported that 72% of Peer Leads and 84% of Peers were employed by counties/cities. The remaining Peer Leads and Peers were subcontractors.
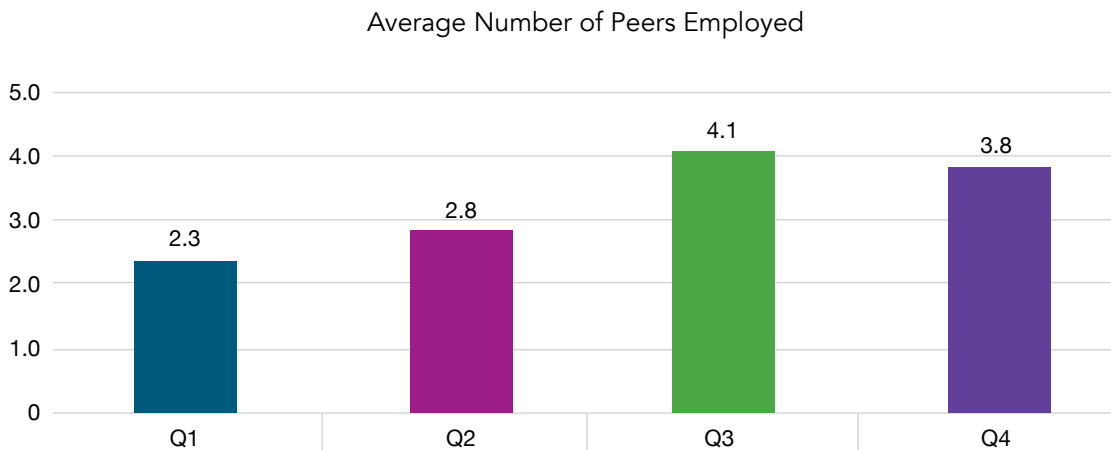
Percent Time on Help@Hand

Nearly all Peer Leads were full-time employees, but half of Peer Leads spent 50% or less of their time on Help@Hand activities.[7]

Percent Time on Help@Hand

	Q1	Q2	Q3	Q4
Less than 25%	50%	36%	22%	30%
25-50%	8%	27%	44%	20%
More than 50% but less than 75%	25%	18%	11%	20%
75% or more	17%	18%	22%	30%

Average Number of Peers Employed in Counties/Cities

Most counties/cities employed 1-4 Peers, with an average of 3 Peers.

Average Number of Peers Employed

Q1	Q2	Q3	Q4
2.3	2.8	4.1	3.8

[7] The percent time dedicated to Help@Hand was only captured for the Peer Leads and/or other respondents to the surveys. It was not captured for all Peers in general. Given the small sample size, responses were not adjusted or controlled for by participant or county/city characteristics.

Peer Activities

Figure 2.1 displays Peer activities reported by Help@Hand counties/cities in the Peer surveys.[8] Peer involvement in community outreach and creating materials for Help@Hand remained high. Approximately half of Peers also engaged in providing digital literacy training to their communities, and a smaller percentage of Peers received digital literacy trainings.

Counties/cities clearly moved beyond testing products and piloting technologies as the year went on. In contrast, Peer involvement in distributing devices and providing technical assistance increased over the year as technologies were implemented.

Figure 2.1. Help@Hand Peer Activities in Year 4 by Quarter.

	Community Outreach	Created Materials	Provided Technical Assistance	Distributed Devices	Provided Digital Literacy Training	Received Digital Literacy Training	Tested Products	Piloted Technology
Q1	50%	58%	42%	33%	42%	17%	50%	33%
Q2	64%	55%	36%	27%	55%	27%	27%	18%
Q3	67%	67%	67%	33%	67%	33%	22%	22%
Q4	70%	70%	60%	40%	40%	40%	20%	10%
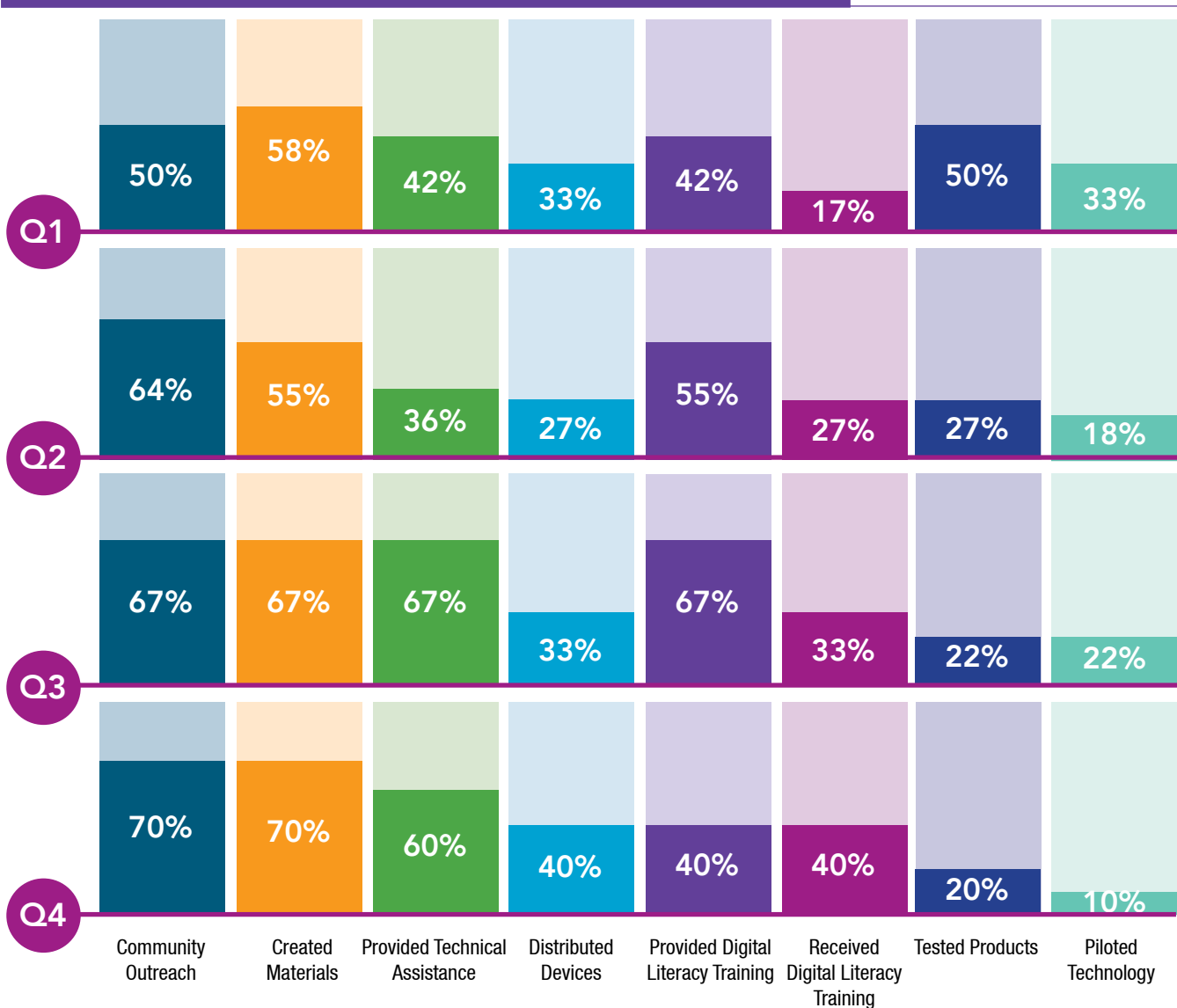
[8] Data is reported per county/city, except in the unique case of one county that employed two Peer Leads who were each employed by a different subcontractor and tasked with addressing different core audiences.

Successes

Figure 2.2 shows several successes of the Help@Hand Peer component.

Benefits to Peers and Community Members

Respondents perceived that Peers benefited through employment by the Help@Hand Collaborative. Approximately one-third of respondents reported greater visibility by providing presentations and trainings to internal and external groups. An increasing percentage of respondents perceived that individual community members benefited from the Help@Hand project.

Figure 2.2. Help@Hand Peer-Related Successes in Year 4 by Quarter.

Approximately half of respondents reported benefits to Peers and community members.
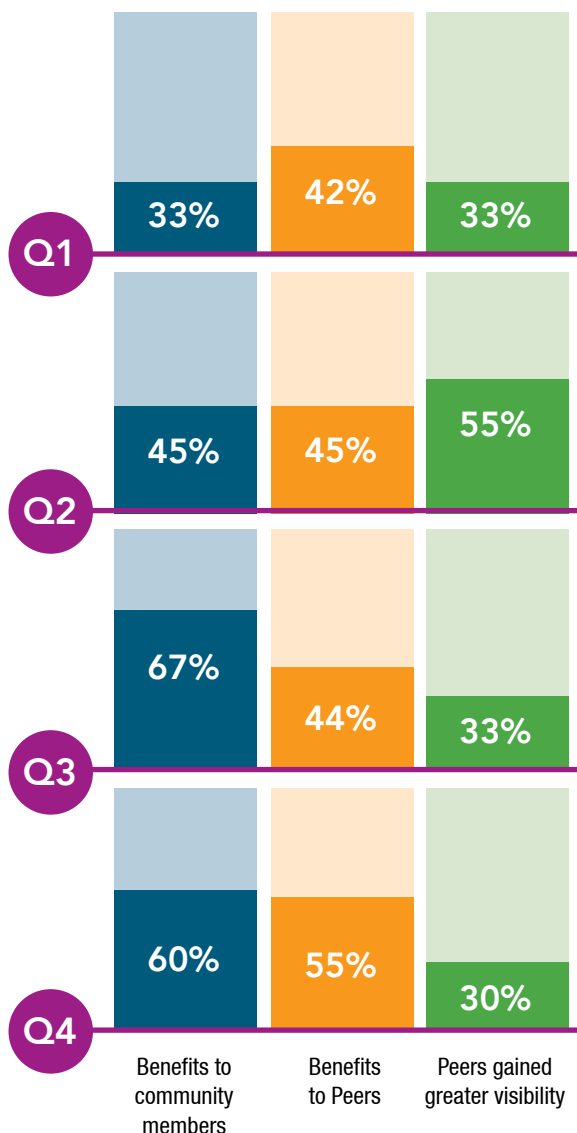
"It is very gratifying when someone learns to use a tablet. I feel like that is what I was meant to do." -Peer Lead

	Benefits to community members	Benefits to Peers	Peers gained greater visibility
Q1	33%	42%	33%
Q2	45%	45%	55%
Q3	67%	44%	33%
Q4	60%	55%	30%

"Feedback that we received at the…celebration is ridiculous. They are gushing about how much assistance they have gotten and lifting them up. That is really cool." -Peer Lead

Meaningful Contribution to Projects and Communication

Peers maintained high levels of involvement in outgoing communication, with 60% of respondents reporting such involvement by the end of Year 4. However, by the end of the year, only 30% reported that Peers participated in local decision-making, 10% reported that such input was integrated into local decisions, and 30% reported that it resulted in meaningful insights.

Peers continued to contribute meaningfully to projects and communications.

	Peer input shaped outgoing communication	Peer input resulted in meaningful insights	Peers participated in local deci–sion–making	Peer input integrated into local decision–making
Q1	33%	42%	25%	33%
Q2	55%	55%	45%	45%
Q3	56%	67%	56%	56%
Q4	60%	30%	30%	10%
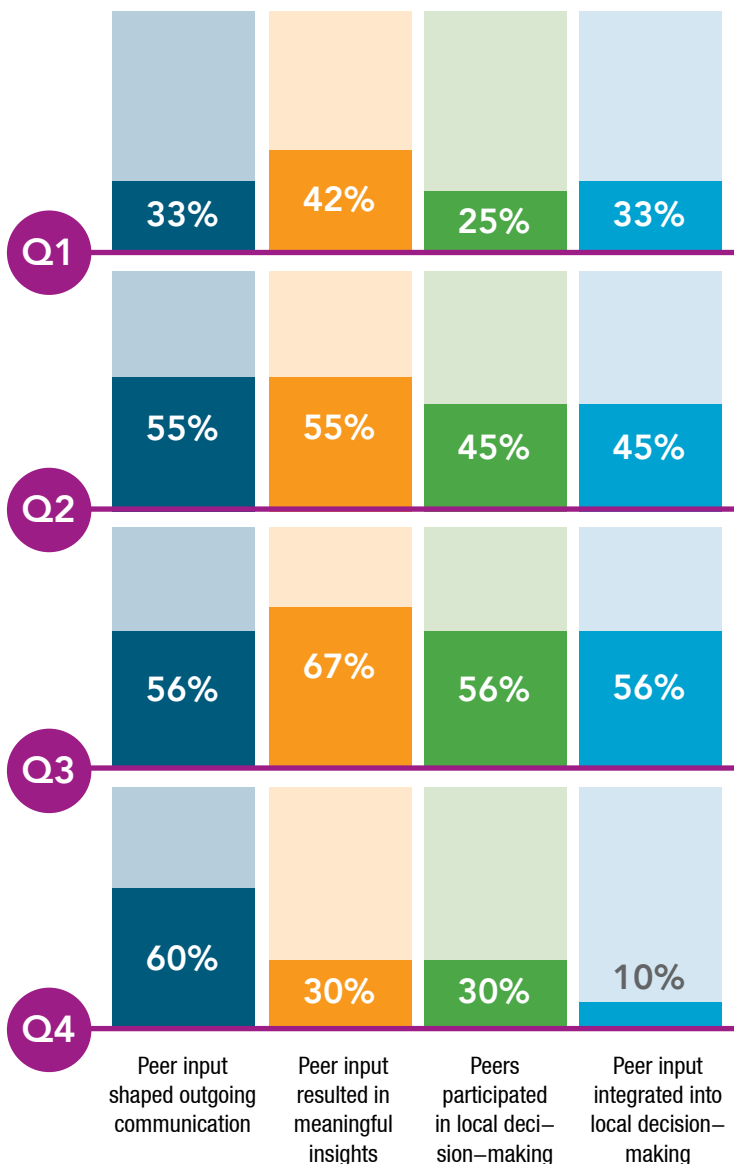
"[Peers are] incredibly effective. Highly competent, highly reliable on the whole. A few outliers. Their effectiveness to use their advocacy voices to be the Peer recovery evidence and using their own lived experience to inform the team about language, operational things."
 - Peer Lead

"Other than [manager] reviewing the materials, everything has been driven by the Peers. Pretty much from scratch." – Peer Lead

"The advisory committee has been a success and a strategic way to ensure Peers are providing feedback on the most important issues influencing project roll out [..] It is timely. We are doing a full brainstorm with them about how to outreach, how to reach isolated people, what we should evaluate, etc.. Peer input in these matters is essential." -Peer Lead

Information and Resource Sharing

Peers described successes that related to the Collaborative as a whole. An estimated one-third of counties/cities reported local decisions were informed by information exchange across the Collaborative and that they shared tools, resources, and best practices within the Collaborative. However, the percentage of counties/cities developing new collaborations tapered off through the year. Several respondents reported that they continued to learn new things through other counties/cities participating in the Collaborative, and indicated a desire to remain connected and aware of what other counties/cities were doing. A few specifically reported that seeing the progress or initiatives of other counties/cities inspired and motivated them to continue progress on their own projects.

"There is a sense of camaraderie and shared experience"
-Peer Lead

"The collaborative as a whole is inspired. The inspiration for creativity happens when we see what other counties are doing. Can turn in to advocacy and inspiration. It inspires counties to want to try new things"
-Peer Lead

"Frankly I get a little jealous. They have an IT department; they have an app department. There are some big differences across counties. Hopefully there will be some common things so that we can learn from the project." -Peer Lead

A third of counties/cities leveraged the Help@Hand Collaborative for information and resource sharing.

	Local decisions were informed by information exchange across the Help@Hand Collaborative	Shared tools, resources, or best practices with the Help@Hand Collaborative	Developed new collaborations across the Help@Hand Collaborative
Q1	42%	33%	33%
Q2	33%	33%	17%
Q3	33%	33%	25%
Q4	25%	17%	8%

Workplace Changes

Approximately one-third of respondents perceived that their involvement reduced mental health stigma within their workplace and that mental health professionals valued peer input. Throughout the year, changes to workplace hiring practices were reported by approximately 12% of respondents.

Peer involvement stimulated positive changes in the workplace.

	Reduced mental health stigma within the county/city workforce	Mental health professionals value Peer input	County/city hiring practices changed
Q1	25%	25%	8%
Q2	36%	36%	18%
Q3	44%	56%	11%
Q4	40%	30%	10%
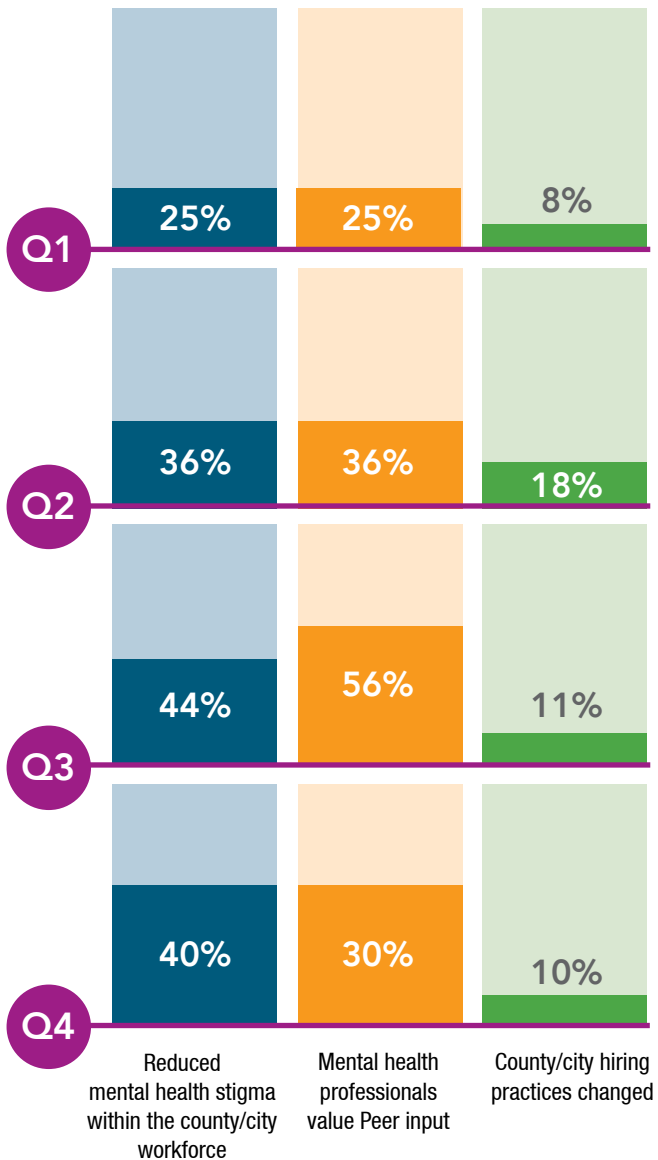
"There is a consciousness now about the department and about how emotional well-being is what is being addressed… as opposed to mental illness. Kind of exciting—that is what we wanted to happen for the community trying to break through the cultural stigma."
-Peer Lead
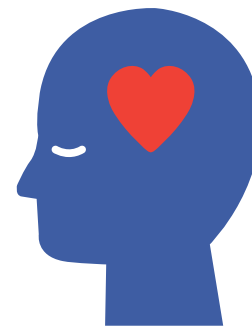
Challenges

Figure 2.3 displays the variety of challenges that Peers reported.

Workforce Challenges

Challenges around staff turnover persisted for about 25% of counties/cities. While the percentage of Peers reporting challenges of both recruiting and hiring qualified Peers decreased over the year, one-third to one-half of respondents still reported that their county or city's Peer workforce was too small. Approximately half reported that Peers were asked to divide their efforts on multiple projects, and 10-20% of Peers also expressed frustration that their input was not being integrated into local decisions.

Figure 2.3. Help@Hand Peer-Related Challenges in Year 4 by Quarter.

Peers reported their workforce is too small.

"We don't have the capacity to serve the entire county. The needs are so different. It is almost like several counties in one." -Peer Lead

"There is not enough staffing … people had this idea of this being a great project but not realizing the amount of staff it takes to support it" -Peer Lead

"decision-making process takes a while. So our Peers are sometimes feeling like they are doing work that may not be utilized. It feels like we are doing busy-work … It gets hard to stay motivated" -Peer Lead

Programmatic Challenges

Programmatic challenges persisted in Year 4. Approximately 20% of Peers reported challenges related to information dissemination within their respective counties/cities and/or lack of clarity on decision-making processes, and there was continued unmet need for translated materials. Nearly half of respondents indicated that they faced barriers or delays related to project implementation due to execution of contracts, though these challenges were mostly resolved by year's end. Finally, uncertainty about funding remained a challenge for approximately a quarter of respondents. Information gathered through the interviews suggested that Peers were often hired into time-bound positions, which would be eliminated once a funded project ended. Thus, Peers continued to face barriers to ongoing workforce development as counties/cities navigated how to transition them to more permanent positions or risk losing the investments made into the Peer workforce.

Peers faced programmatic challenges, including contract implementation and Peer funding.

	Challenges with information dissemination within county/city	Need for more translation services	Uncertainty about future Peer funding	Delay in contract execution	Challenges with additional time required to research devices	Challenges with information flow between CalMHSA and counties/cities	Lack of clarity on decision-making processes across the Help@Hand Collaborative
Q1	33%	8%	25%	50%	17%	33%	33%
Q2	18%	18%	27%	36%	27%	9%	18%
Q3	22%	33%	22%	44%	22%	11%	22%
Q4	20%	20%	20%	20%	20%	10%	10%

"We are at a complete standstill. Contract things that need to be done between the county and the [vendor] [regarding] information sharing and that is where it has for the last several months." - Peer Lead

"I am already starting to sense with one of the peers worries about what is the job security beyond Help@Hand" - Peer Lead

Suggestions

Surveys and interviews about the Help@Hand Peer component identified the following suggestions:

- **Prioritize community needs.** Peers continually shared ways the Help@Hand project can prioritize community members. Through the project, they continued to recommend ongoing technological support and repeatedly requested timely and accessible translation services for community outreach, training, and engagement.

- **Find ways to further integrate Peer input.** While Peers were involved in varying aspects of the Help@Hand project, several survey respondents reported that there were still more avenues through which Peer input could better serve their core communities.

- **Consider ways to expand the Peer workforce.** Even Peer Leads at the most successful projects raised the need for additional funding to sustainably support Peers. In the interviews, Peer Leads voiced the need to actively plan and budget for the continued employment of Peers after the end of the Help@Hand project.

LEARNINGS FROM THE PEER EVALUATION

Lessons learned from surveys and interviews about the Help@Hand Peer component included:

- **Peers engage communities through diverse activities.** The majority of counties/cities had Peers involved in community outreach, digital literacy training, device distribution, providing technical assistance, and creating or providing input on Help@Hand outreach materials. In contrast, the number of counties/cities where Peers were involved in piloting technology and testing apps decreased throughout Year 4.

- **Peers value being connected to the Help@Hand Collaborative.** Most Peers reported continuing to learn with and from other counties/cities in the Collaborative, being inspired by other counties'/cities' initiatives, and having a desire to remain connected and aware of the work of other counties/cities. Interview respondents voiced the opinion that providing a consistent space for Peers to connect with others across the large and diverse state of California can be a valuable means of not only validating the state's Peer workforce and strengthening their sense of identity, but sharing important resources, tools, and strategies. Optimizing communicating and sharing across counties/cities involved in the Collaborative is an important consideration going forward.

- **There are varying perspectives on when and how to integrate Peer input.** While Peer input was successfully implemented into several aspects of the Help@Hand project across the counties/cities, Peer Leads identified ways that Peers could be further involved in project processes and goals. Having greater clarity on the extent and expectations of Peer input may help to address frustrations when it is not implemented. On the other hand, some interview respondents indicated Peers should not be involved in the early stages of project development due to its stressful and constantly changing nature.

- **Peers play an active role in reducing mental health stigma in the workplace.** Multiple respondents highlighted they not only were responsible for Help@Hand-specific activities, but also for providing presentations to other staff, external organizations, and community members. By gaining greater visibility in the Peer role, several reported that they perceived openness to addressing emotional wellness and mental health in their workplace.

- **Implementation timelines of projects vary.** Participating counties/cities exemplified the range of activities in which Peers can be involved, such as giving feedback on programming, developing materials and trainings, engaging communities, providing trainings and technology support, as well as testing and distributing technologies. Nonetheless, there was one Help@Hand county/city that did not have Peers involved at the end of Year 4, another county/city that had not incorporated Peers throughout the entirety of their project, and three that experienced significant delays in implementation due to challenges unrelated to the Peer workforce.

- **Multiple factors influenced maintenance of an effective Peer workforce, including:**

  o **Sustainable and sufficient funding.** Although most Peers were full-time, they often divided their time and attention across several projects. As a result, they were unable to dedicate their full ability to work on Help@Hand efforts. Peer Leads described exploring ways to maintain a Peer presence in their county/city workforce after Help@Hand ends. These experiences suggest that counties/cities would benefit from planning how to provide continuity for the Peer workforce between projects.

  o **Their lived experiences.** Peer Leads overwhelmingly described the lived experiences of Peers as a primary asset of their involvement in the project. An implication is that workplaces should ensure that supervisors of Peers (whether Peers themselves or not) are well-informed and trained regarding the values and best practices when working with Peers. Efforts to proactively support Peers can help curtail frequent turnover of the Peer workforce.

  o **The county/city environment.** Several Peer Leads described the far-reaching effects of turnover among staff who are not Peers at the county/city level, such as county administrators who influence programs and decisions. They also reported that their respective county/city bureaucracy and processes led to delays in hiring and decisions related to Help@Hand project implementation.

SPOTLIGHT

Benefits to Working Together: CalMHSA's Role as Help@Hand Contracts Administrator

Authors: CalMHSA Project Management Team
(Lynne Williamson, Lorena Campos, Elizabeth Bhimji)

CalMHSA Help@Hand Contract Administration

The Help@Hand project is in its fifth year of delivering innovative mental health and wellness products and services to California county and city residents through pilots and general implementations. Since its origination, the Help@Hand Collaborative has been composed of 14 city and county members with more than 55 vendors and approximately 30 products and services. Today, this project is maturing toward completion and the effort has included substantial contractual requirements which CalMHSA has worked to satisfy. CalMHSA engages in contract management activities that make it easier for Collaborative members to drive mental health and wellness innovation in their counties and cities with the benefit of collective capabilities and reduced risk.

CalMHSA serves the Help@Hand Collaborative in the delivery of mental health and wellness supportive services through technology innovation. They provide an administrative and fiscal structure for Collaborative members operating within the statutes governing Joint Powers Authority (JPA) entities. As a Joint Powers Authority (JPA) CalMHSA may negotiate and execute contracts on behalf of Help@Hand members.

CalMHSA leverages their contract management processes for the Help@Hand Innovation project to negotiate and execute contracts on behalf of the Collaborative and leverage the power of the group to innovate ideas and optimizations. This work includes authoring and negotiating terms, conducting and coordinating reviews and approvals between parties, and executing contracts. These activities require coordination between CalMHSA's Project Management, Contracts, and Finance teams. As part of the ongoing work on Help@Hand projects, CalMHSA provides contract services in the role on contract administrator and assists with contract amendments, statements of work, and contract renewals to limit disruption in project services. The vehicles used for contract services are the Participation Agreement (PA), Master Service Agreement (MSA), and Business Associate Agreement (BAA).

CalMHSA Contract Administration

PARTICIPATION AGREEMENT (PA)	The Participation Agreement outlines the roles and responsibilities of CalMHSA and Help@Hand project members.
MASTER AGREEMENT (MA)	The Master Service Agreement (MSA) is a contract between CalMHSA and a vendor to provide services or the utilization of products and includes engagement terms and conditions.
BUSINESS ASSOCIATE AGREEMENT (BAA)	CalMHSA may determine that a Business Associates Agreement (BAA) is needed within a contract if personal data may be accessed or shared.

Participation Agreement (PA)

The Participation Agreement outlines the roles and responsibilities of CalMHSA and Help@Hand project members. Each County participating in Help@Hand signed a PA with CalMHSA. The PA for Help@Hand outlined CalMHSA as the project administrator, authorizing CalMHSA to enter contracts on behalf of the City or County for work within the Help@Hand project.

Master Service Agreement (MSA)

The Master Service Agreement (MSA) is a contract between CalMHSA and a vendor to provide services or the utilization of products and includes engagement terms and conditions. Executing MSA with each vendor allows the Collaborative to leverage the agreement without establishing a new contract. Early in the Help@Hand project, CalMHSA developed a technology focused MSA that has been used with each technology vendor in the project. This has saved the Collaborative time and staff resource utilization and provided consistency across the Collaborative's technology contracts.

Business Associate Agreement (BAA)

CalMHSA may determine that a Business Associates Agreement (BAA) is needed within a contract if personal data may be accessed or shared. The BAA outlines policies for data sharing and storage to ensure the safeguarding of information in compliance with HIPAA standards.

Key Roles

Several CalMHSA teams drive contracts management processes to deliver contract administration services to the Help@Hand project: the Contracting, Finance, and Help@Hand Project management team which includes Program and Project Managers, a Project Coordinator, a Change Manager, and Implementation Managers.

Contracting Team

The Contracts team supports contract drafting and execution. They ensure the language accurately represents county/city interest and provide the guidance needed regarding the use of appropriate contract vehicles for services and product utilization.

Finance Team

CalMHSA provides fiscal oversight to Help@Hand project members reducing the burden of managing project invoices and budgets on their own. For example, CalMHSA supports Counties with device procurement which is an involved process that may require hours on vendor request submission, follow-up calls, and tracking activities until requests and issues are resolved. Help@Hand members have shared that these efforts provide great relief to county/city resources. The Finance teams regularly provide financial reports so that counties/cities maintain awareness regarding the status of their budget without the labor required to track daily financial activities.

Implementation Managers

Implementation Managers play a key role on the Help@Hand project management team by providing direct project management and vendor management services. Implementation managers work with Collaborative members to identify project needs and set realistic project schedules, deliverables, and milestones. Implementation Managers support vendor assessment activities and act as liaison between the

vendor and counties. In this capacity, CalMHSA Implementation Managers support counites by having the difficult conversations as needed which shields the city/county's relationship with vendors. Implementation Managers also facilitate the invoice payment process, conduct deliverable tracking, and drive the contract close-out process which can be tedious and time consuming. Additionally, Implementation Managers provide value through their focus on executing agreements that align vendor services and deliverables with city/county requirements and budget.

CalMHSA Contract Administration

Contracts	Finance

Project Management

Implementation Managers

Help@Hand Collaborative

Target Populations

Wins for the Collaborative

The contract structure for the Help@Hand project enables Help@Hand members, vendors, and CalMHSA to act with expediency and efficiency. Additionally, Collaborative members may opt to conduct their local internal processes if needed. Collaborative members have diverse local internal processes, requirements, as well as competing priorities which may impact speed and cost where CalMHSA's contract administration furnishes streamlined processes and dedicated staff to support contract management. CalMHSA has developed Help@Hand program-specific contract instruments, processes, and oversight. This brings a level of fluidity and timeliness to the contracting process and helps maintain quality across the Help@Hand project.

CalMHSA consistently works to benchmark existing processes and tools utilized by Collaborative members with project experience that can bring support to others. The utilization of successfully tested processes acts as an accelerator for Collaborative members with the similar needs which helps reduce time and cost to implement subsequent projects. For example, a contract for one county may be closely aligned with the

goals of another county. Leveraging existing knowledge, materials, and processes reduces the time and effort it could take to initiate a new contract. In this example, counties may allot the time and resources retained to other innovation project prospects to meet their constituent's mental health and wellness needs which may include support for unforeseen circumstances such as COVID-19.

Innovation projects commonly require agility in planning and implementation as project needs progress through learnings and expansion. CalMHSA works to address the progressing project needs and their associated contractual necessity.

Limited County Resources and Unforeseen Circumstances

Like many public serving organizations, California cities and counties experience constraints related to people, tool, and material resourcing. The Help@Hand project began with and maintains the benefit of sharing knowledge and lessons learned to enhance the ability to reach innovation goals. Leveraging existing contracts, templates, and processes supports the reduction of time and effort required to deploy innovation projects and serve community mental health and wellness needs.

This collaboration methodology's importance and benefit was highlighted by the unforeseen circumstances brought on by the COVID-19 pandemic. During the COVID-19 pandemic Collaborative members shared their experiences regarding outreach efforts in the new virtually focused world which reinforced the benefit of the Help@Hand project's group sharing.

Reducing Risk

As the contract holder for the Help@Hand project, CalMHSA assumes the risk and responsibility in vendor contract engagement. This provides legal and insurance relief to Help@Hand members because they do not have to engage in direct local contracting and the associated risk.

Supporting Expansion

CalMHSA works with vendors to provide reduced pricing and favorable licensing agreements which may include duration flexibility and customizations which contribute to the Collaborative's ability to reach a variety of populations.

Increased Innovation Efforts

CalMHSA's administration of Help@Hand project contracts has enabled the Collaborative to increase their technology innovation efforts. Collaborative member Riverside University Health System (RUHS) is a prime example of innovation project expansion. Since the inception of the Help@Hand project, RUHS has served a plethora of residents ranging from older adults to residents who are deaf and hard of hearing, and they are in the planning stage of expanding to additional community populations.

Smaller Help@Hand counties such as Berkeley have also been positively impacted by CalMHSA's contract administration. In Berkeley, the project team was able to focus their efforts on implementation rather than contractual project elements which supported the achievement of delivering digital behavioral health support through myStrength® to over 1500 residents.

Summary

Innovation projects may be a challenging endeavor for many organizations to initiate as they are the implementation of new tools, ideas, and process transformations. CalMHSA reduces the administrative burden of contract management so that Help@Hand cities and counties may focus their efforts on achieving their innovation goals. The Help@Hand Collaborative is a beneficial repository for knowledge and experience sharing as innovative tools and methods are assessed against anticipated impact. As we move closer to completing the Help@Hand project in 2024 the Collaborative can count on CalMHSA continuing to provide dependable contract management support.

3 | PILOT AND IMPLEMENTATION EVALUATIONS

Key Points

- In 2022, the City of Berkeley, Los Angeles County, and Santa Barbara County continued to provide free subscriptions to the meditation app, Headspace. App data and consumer surveys evaluated these efforts.

- myStrength is a mental health technology that uses evidence-based support. Mono County and Tri-City launched their implementations of myStrength in 2022, while the City of Berkeley completed their myStrength implementation in October 2022. Marin County began to plan their myStrength implementation, but pivoted their efforts to focus on digital literacy. Tehama County continued to pause their myStrength pilot.

- Los Angeles County continued to offer iPrevail, a platform that provides Peer-chat and other mental health support, to county residents. In addition, the county also implemented SyntraNet, a care management platform, within the county system. Los Angeles County also discontinued their planning of MindLAMP, a technology using digital dialectical behavior therapy (DBT) diary app for patients.

- Monterey built and began to implement their screening and referral tool, WellScreen Monterey. The county conducted a needs assessment to inform the technology build.

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

- Riverside County continued to offer A4i, a platform that supports clients with schizophrenia and the psychosis recovery process. The county also worked on planning a pilot with Recovery Record, an app supporting eating disorder recovery.

- San Mateo County completed their Help@Hand project in September 2022. The county offered Wysa (a chatbot that supports mental health) and Headspace (a meditation app) to their core audiences over the course of their project. They also provided technology devices and digital literacy trainings.

- Several counties/cities offered technology devices and/or trained their communities on digital literacy. In addition, Riverside County continued to assess clients on their health needs and conduct a needs assessment of the Deaf and Hard of Hearing Community.

OVERVIEW

Table 3.1 presents the activities that counties/cities worked on for the Help@Hand project in Year 4. This section describes these efforts and presents evaluation learnings from Year 4.[9]

Table 3.2 summarizes the technologies considered or used for the project in Year 4.

Table 3.1. Help@Hand Pilots and Implementations (January-December 2022).

	PLANNING	IMPLEMENTING	COMPLETED	PAUSED or DISCONTINUED
Pilot testing a technology with a small group for a short period	**Recovery Record** (Riverside County) **TakemyHand™** (San Francisco County)	**A4i** (Riverside County)		**myStrength** (Tehama County)
Implementation offering a technology with a broad group for a long period		**Headspace** (City of Berkeley, Los Angeles County, Santa Barbara County) **iPrevail** (Los Angeles County) **myStrength** (Mono County, Tri-City) **SyntraNet** (Los Angeles County) **TakemyHand™** (Riverside County) **WellScreen Monterey** (Monterey County)	**myStrength** (City of Berkeley) **Wysa** (San Mateo County)	**Headspace** (San Francisco County) **MindLAMP** (Los Angeles County) **myStrength** (Marin County) **Wysa** (Tri-City)
Digital Literacy and Device Distribution	Marin County, Monterey County, Tehama County	Riverside County, San Francisco County, San Mateo County, Santa Barbara County, Tri-City		
Other		**Needs Assessment** (Riverside County) **Whole Person Health Score Project** (Riverside County)	**Needs Assessment** (Monterey County)	

[9] Kern and Modoc Counties completed their Help@Hand projects in 2021. Orange County graduated from the Help@Hand Collaborative in December 2021 to focus on their local implementation.

Table 3.2. Technologies Considered and Used by Counties/Cities (January-December 2022).

Product Name	Description
App4Independence (A4i)	Platform with a client-facing app and a provider portal that supports the schizophrenia and psychosis recovery process.
Headspace	Meditation app to improve mental wellness and help people with stress, anxiety, and sleep.
iPrevail	CBT- and Peer-chat-based mental health technology that provides support for conditions that include anxiety, depression, eating disorders, and stress.
MindLAMP	Platform that helps collect information about health through active data (e.g., real time surveys, brain games) and passive data. Los Angeles County planned to use the platform to create a digital dialectical behavior therapy (DBT) diary app for patients.
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.
Recovery Record	An app designed to aid recovery from eating disorders using techniques based in CBT.
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.
WellScreen Monterey	Tool that will screen individuals in Monterey County and direct them to local services and resources.
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.

HEADSPACE EVALUATION

INTRODUCTION

Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley offered free Headspace subscriptions to residents in their counties/cities. **Table 3.3** shows information about their programs, audiences, and number of enrollees. Various factors can influence the number of consumers enrolling in each county/city's Headspace program, including when the program launched, how the program was marketed, and the size of their core audiences.

Table 3.3. Implementation of Headspace Program in Help@Hand Counties/Cities.

County/City	Time Period of Headspace Program	Core Audiences	Number of Consumers who Enrolled in Headspace Program[10]
City of Berkeley	October 2021 – September 2023	All city residents	6,641
Los Angeles County	April 2020 – February 2023	All county residents	36,679[11]
San Francisco County	March 2021 – February 2022[12]	All county residents	537
San Mateo County	September 2020 – September 2021	All county residents	3,292
Santa Barbara County	October 2021 – September 2023	Selected populations within the county: • Transition Aged Youth (TAY) • Geographically Isolated Individuals • Clients Receiving Crisis Support from the Department of Behavioral Wellness	2,060

Evaluation of the Help@Hand Headspace program included app data and consumer surveys.

[10] Data reflects the number of consumers enrolled as of December 31, 2022.
[11] 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. There were 36,679 consumers in this report.
[12] San Francisco County 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 the number of monthly active users, monthly engagement rate, and engagement by content type. Headspace did not provide demographic data.

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 a given month
Monthly Engagement Rate	Percentage of total 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 between January-December 2022. All counties/cities showed small changes in MAUs and engagement rates over time. The shifts were likely influenced by multiple factors, such as marketing and outreach.

Figure 3.1. Monthly Active Users (MAU) and Engagement Rates by County/City.[13]

City of Berkeley

MAUs increased in the beginning of 2022. This corresponds to the City of Berkeley's purchase of additional licenses with non-MHSA funds and their hiring of a firm to increase marketing efforts.
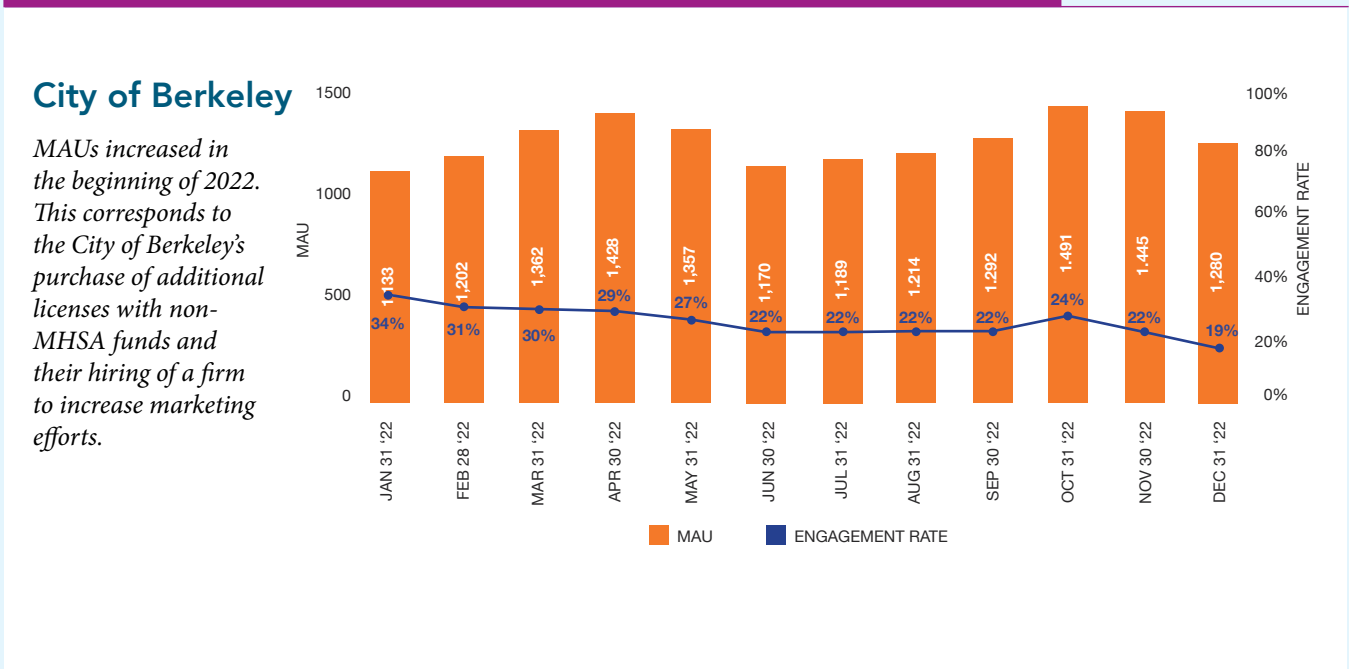
[13] San Mateo County is not shown because the county did not implement Headspace in 2022.

Los Angeles County

Monthly engagement had a marked increase in May 2022.
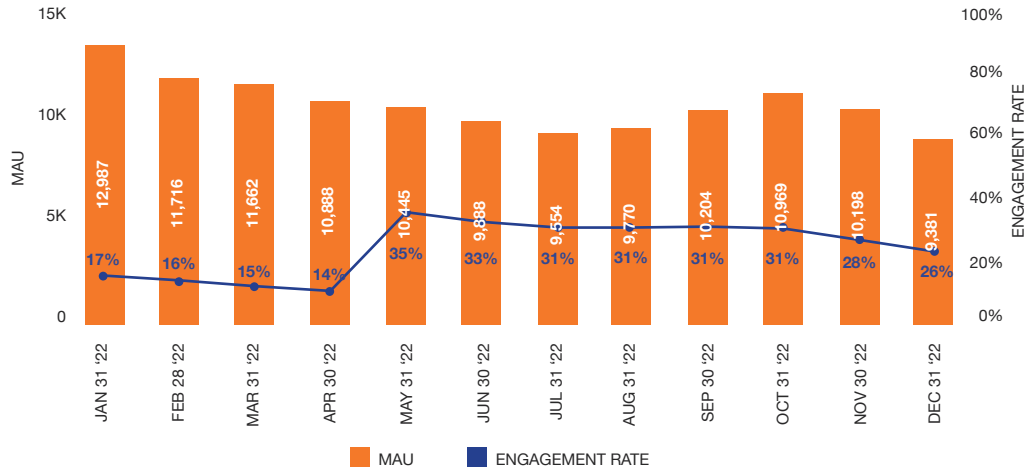
San Francisco County

Monthly engagement slowly declined nearing the discontinuation of Headspace in February 2022.
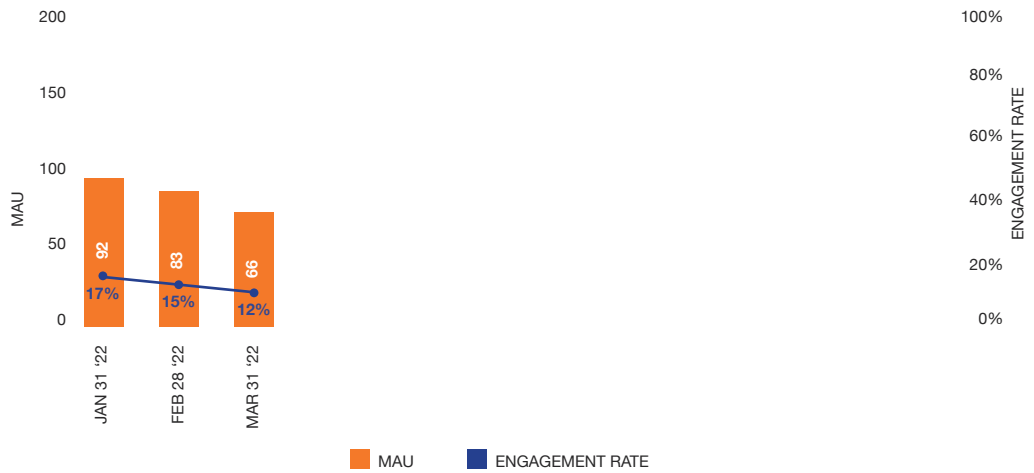
Santa Barbara County

Monthly engagement had a peak in February 2022 when the county installed Headspace on tablets in their clinic lobbies.

MAUs had an upward trend between July-October 2022 when the county worked with Uptown Studios to support a widespread deployment of Headspace 2022.
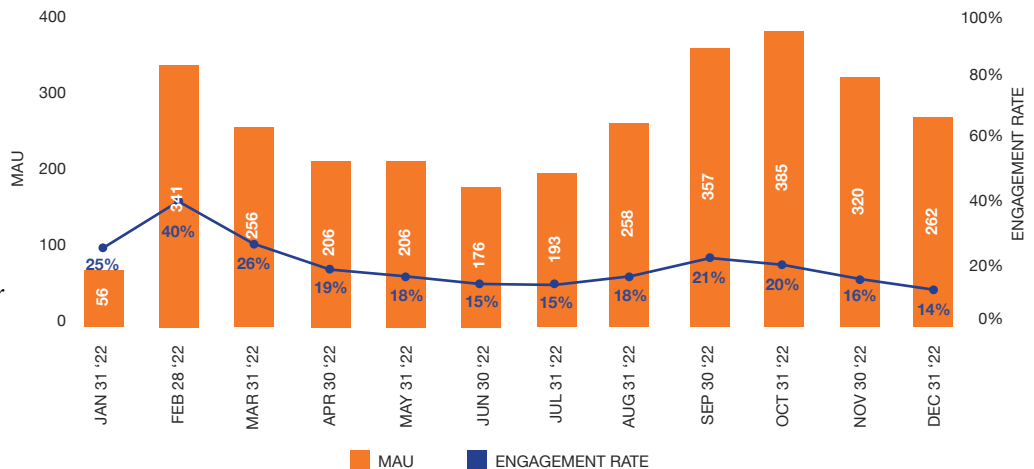
Engagement by Content Type

Content Type/ Section in Headspace	Focus	Meditation	Move	Sleep	Wake Up
Description	Music and audio to support focus and attention	Mindfulness meditation tracks, includes single meditations and meditation programs	Content to support strengthening the body and physical health through movement and exercise	Stories, music, and sounds to help people fall asleep and sleep better	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 Categories by County/City.[14]

City of Berkeley

From January-December 2022, the mediation content was used most (followed by sleep, wakeup and focus).

The focus content increased beginning in October 2022.

Los Angeles County

Los Angeles County had strong engagement with both meditation and sleep contents.

The focus content increased beginning in October 2022.
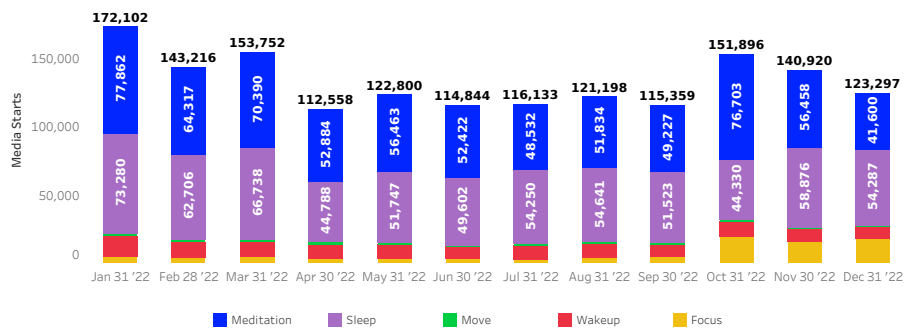
San Francisco County

From January-March 2022, meditation content was used most (followed by sleep and wake up).
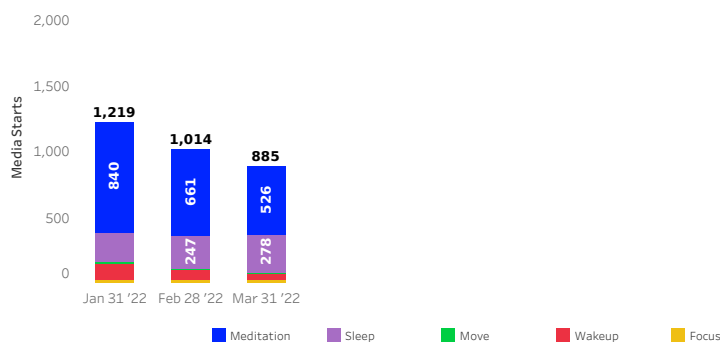
[14] San Mateo County is not shown because the county did not implement Headspace in 2022.

Santa Barbara County

From January-December 2022, the meditation content was used most (followed by sleep, wakeup and focus).

The focus content increased beginning in October 2022.
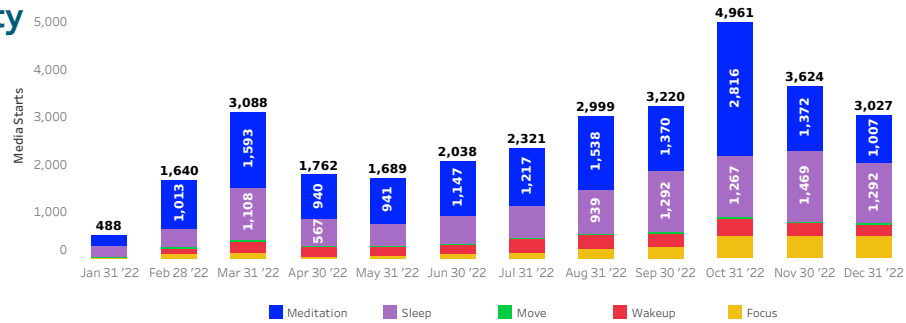
CONSUMER SURVEYS

In 2021, Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley formed the Headspace Survey Workgroup to understand the experience of Headspace consumers. Led by the Help@Hand evaluation team, the workgroup collaboratively developed an evaluation plan and two surveys which were emailed to Headspace consumers in each county/city:

- **Survey 1:** a survey of consumers to assess their experience with Headspace.
- **Survey 2:** a follow-up survey of consumers to learn more about their ongoing use of Headspace and their changes in outcomes.

Table 3.4 describes survey collection in each county/city. The surveys were emailed to Headspace consumers. Survey 2 was sent one-month after the consumers completed Survey 1.

Table 3.4. Timeline and response rates of the Headspace consumer surveys.[15]

County/City	Consumer Survey Status	Response Rate Survey 1 (Number of Participants who Completed Survey 1)	Response Rate Survey 2 (Number of Participants who Completed Survey 2)[16]
City of Berkeley	Data Collection In Progress *Surveys launched April 2022 and continue to be collected*	3.6% (N = 238/6,585)	31.8% (N = 92/289)
Los Angeles County	Data Collection In Progress *Surveys launched November 2021 and continue to be collected*	2.7% (N = 2,244/83,728)	36.0% (N = 1,004/2,789)
San Francisco County	Not Launched	–	–
San Mateo County	Data Collection Completed *Surveys were collected between July – October 2021*	8.8% (N = 289/3,295)	39.8% (N = 115/289)
Santa Barbara County	Data Collection In Progress *Surveys launched October 2021 and continue to be collected*	5.7% (N = 114 /1,996)	41.0% (N = 55 /134)

[15] Data shows the number of participants completing the surveys and the response rate as of January 3, 2023.
[16] Only participants who started Survey 1 were sent Survey 2.

Consumer Survey Demographics

Definitions

76% Current Users **Survey 1**

80% Current Users **Survey 2**

20% Abandoners **Survey 1**

18% Abandoners **Survey 2**

Current Users *Those who indicated they were still using Headspace at the time of the survey*

76% (2,203/2,885) of respondents were current users at the time of Survey 1[17]

80% (1,015/1,266) of respondents were current users at the time of Survey 2

Abandoners *Those who indicated they had used Headspace, but were not using it at the time of the survey*

20% (583/2,885) of respondents were abandoners at the time of Survey 1

18% (232/1,266) of respondents were abandoners at the time of Survey 2

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,[18] while abandoners were older.[19]

Current Users (N = 2,203)	Abandoners (N = 583)
Age **11%** 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 **17%** Hispanic/Latino/a/x **15%** Asian	**Ethnicity** **43%** Non-Hispanic White **17%** Hispanic/Latino/a/x **20%** Asian
Gender **73%** Female **23%** Male **2%** Genderqueer/Gender non-conforming/Non-binary	**Gender** **72%** Female **22%** 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 **80%** Bachelor's, graduate and/or professional degree	**Highest Education Level** **2%** High school **6%** Some college **85%** Bachelor's, graduate and/or professional degree

[17] It is important to note that survey responses might be more biased towards people who are using Headspace.

[18] Current users were significantly more likely to report having mental health problems, p = .02.

[19] Abandoners were more likely to report being 60+ years old, p = .02.

Survey 1 and Survey 2

The demographics of respondents (current users and abandoners combined) of Survey 1 and 2[20] were largely similar, except Survey 2 respondents were slightly older than Survey 1 respondents.[21]

Survey 1 (N = 2,885)		Survey 2 (N = 1,991)
Age **11%** aged 18 - 25 years old **81%** aged 26 - 59 years old **7%** aged 60+ years old		**Age** **8%** aged 18 - 25 years old **81%** aged 26 - 59 years old **10%** aged 60+ years old
Ethnicity **45%** Non-Hispanic White **17%** Hispanic/Latino/a/x **16%** Asian		**Ethnicity** **50%** Non-Hispanic White **16%** Hispanic/Latino/a/x **13%** Asian
Gender **72%** Female **22%** Male **2%** Genderqueer/Gender non-conforming/Non-binary		**Gender** **74%** Female **21%** Male **2%** Genderqueer/Gender non-conforming/Non-binary
Mental Health **73%** experienced mental health concerns		**Mental Health** **73%** experienced mental health concerns
Highest Education Level **3%** High school **8%** Some college **81%** Bachelor's, graduate and/or professional degree		**Highest Education Level** **3%** High school **8%** Some college **81%** Bachelor's, graduate and/or professional degree

Consumer Experience

Frequency of Headspace Use

Current users used Headspace more frequently (64% 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).

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[20] Survey 2 demographics only include respondents who completed both Survey 1 and 2.
[21] Survey 2 respondents were more likely to report being 60+ years old, p = .004.

Length of Headspace Use

The majority of respondents (both current users and abandoners) had signed up for Headspace over a year ago.
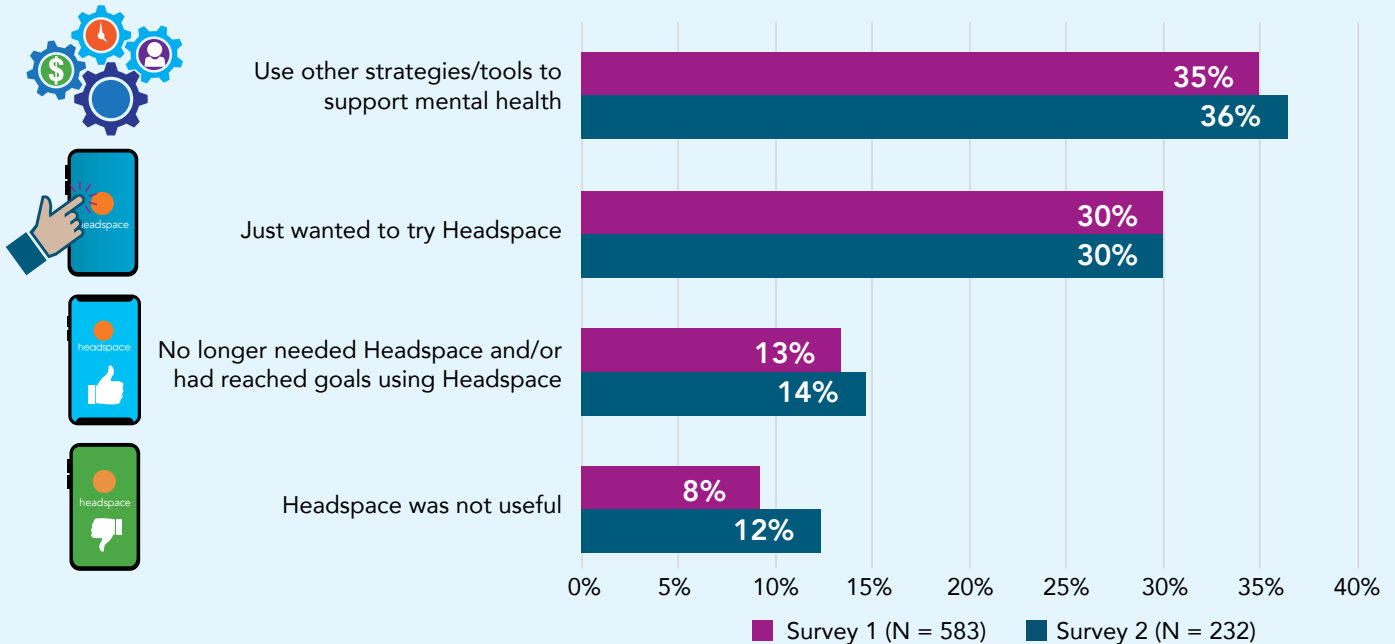
Headspace Experience

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

Survey 1 (N = 2,786)

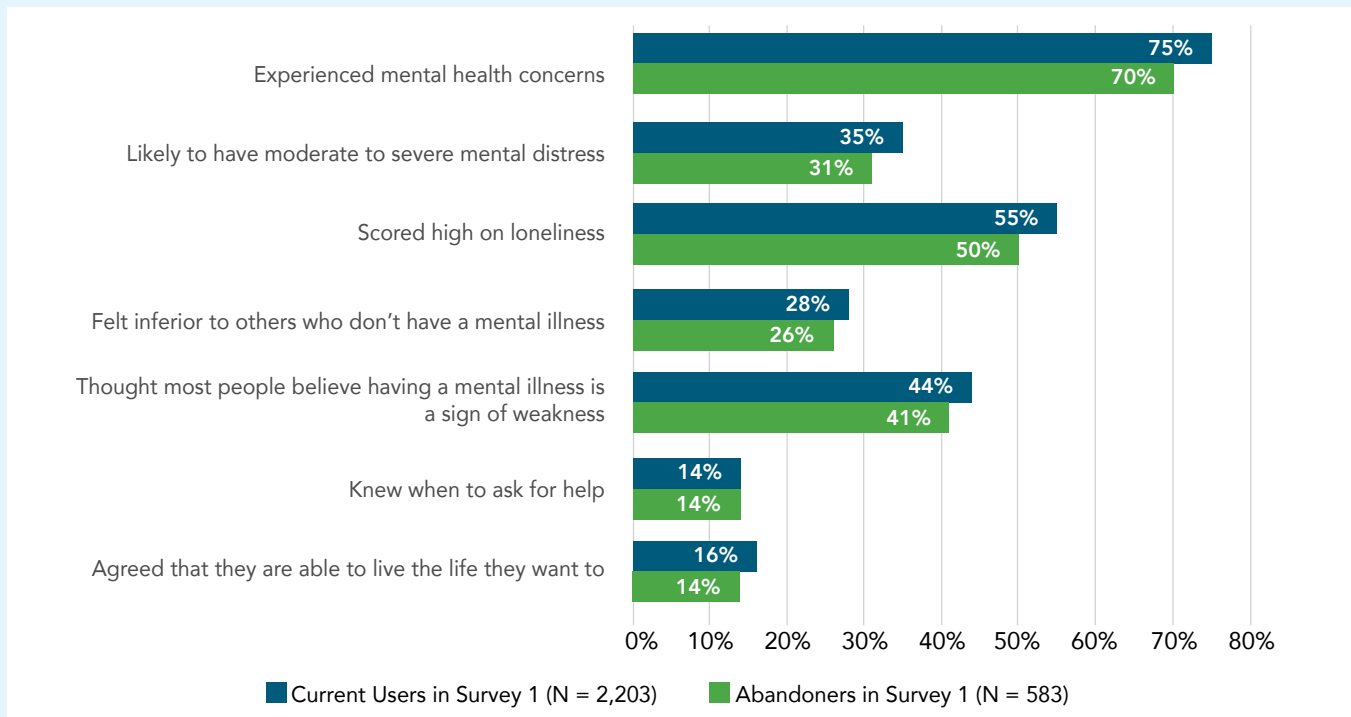| Statement	Current Users	Abandoners
Would recommend Headspace	90%	80%
Found Headspace useful in their daily life	95%	70%
Thought Headspace was easy to use	92%	85%
Found it easy to fit Headspace into their everyday life and activities	87%	55%
Agreed Headspace values and respects cultural differences	59%	32%
Felt more confident seeking mental health services (such as therapy or counseling) by using Headspace	52%	42%
Used Headspace in between therapy sessions	42%	14%
Could get help from others when having difficulties using Headspace	35%	33%

■ Current Users (N = 2,203) ■ Abandoners (N = 583)

Survey 2 (N = 1,247)

Statement	Current Users	Abandoners
Would recommend Headspace	97%	76%
Found Headspace useful in their daily life	95%	64%
Thought Headspace was easy to use	94%	86%
Found it easy to fit Headspace into their everyday life and activities	89%	61%
Agreed Headspace values and respects cultural differences	63%	36%
Felt more confident seeking mental health services (such as therapy or counseling) by using Headspace	46%	34%
Used Headspace in between therapy sessions	38%	11%
Could get help from others when having difficulties using Headspace	36%	28%

■ Current Users (N - 1,015) ■ Abandoners (N = 232)

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

Reason	Survey 1 (N = 583)	Survey 2 (N = 232)
Use other strategies/tools to support mental health	35%	36%
Just wanted to try Headspace	30%	30%
No longer needed Headspace and/or had reached goals using Headspace	13%	14%
Headspace was not useful	8%	12%

■ Survey 1 (N = 583) ■ Survey 2 (N = 232)

Mental Health and Use of Mental Health Resources

Mental Health Symptoms and Stigma of Headspace Consumers

Respondents were asked to answer health-related questions. Seventy percent (70%) of respondents indicated that they experienced mental health challenges at the time of completing Survey 1, a third of respondents scored high on distress, and half of respondents scored high on loneliness (N = 2,786).

Category	Current Users in Survey 1 (N = 2,203)	Abandoners in Survey 1 (N = 583)
Experienced mental health concerns	75%	70%
Likely to have moderate to severe mental distress	35%	31%
Scored high on loneliness	55%	50%
Felt inferior to others who don't have a mental illness	28%	26%
Thought most people believe having a mental illness is a sign of weakness	44%	41%
Knew when to ask for help	14%	14%
Agreed that they are able to live the life they want to	16%	14%

■ Current Users in Survey 1 (N = 2,203)　■ Abandoners in Survey 1 (N = 583)

Use of Mental Health Resources Other Than Headspace

Approximately half of Headspace consumers used professional mental health services in the past 12 months. There were no statistical differences between current users and abandoners in Survey 1.

% OF RESPONDENTS	Current Users in Survey 1 (N = 2,203)	Abandoners in Survey 1 (N = 583)
Used online tools	43%	44%
Connected with people online	30%	32%
Connected with a mental health professional online	42%	39%
Used professional mental health services	54%	49%

■ Current Users in Survey 1 (N = 2,203)　■ Abandoners in Survey 1 (N = 583)
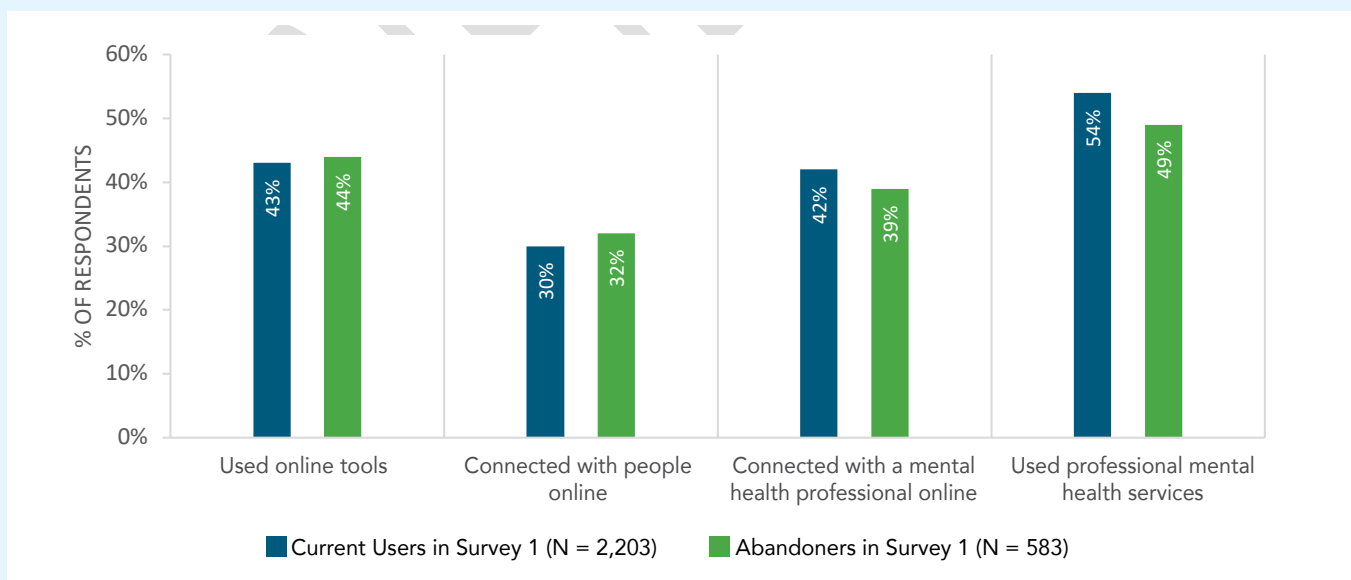
LEARNINGS

Learnings from the Headspace app data and consumer survey findings include:

- **Consistency in Headspace experience.** Similar to the previous report, over 90% of people who continued to use Headspace had a positive experience with the app and this trend remained across surveys. These findings indicate that people's experiences remained stable.

- **Providing technology support.** Similar to the previous report, only a third of respondents 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 previous 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, and this trend remained across surveys. This suggests that abandonment of Headspace may not be related to a negative experience with Headspace, but people may already have strategies in place or access to other resources that are helpful.

- **Headspace as a mental health resource.** Over half of respondents experienced mental health challenges 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 especially continue to be used by those with higher mental health concerns and a need for mental health resources.

- **Working with a marketing vendor.** Marketing vendors can help increase enrollment of new users through various advertisement efforts like flyers, radio ads, and community outreach.

- **Community outreach.** Community events provide the opportunity to engage with the core audience and understand areas that hinder potential enrollees.

- **Engagement rates appear relatively stable overtime.** App data showed that even as the number of monthly active users increases and decreases, the percentage of users who use at least one piece of content each month appears relatively consistent and in the range of 1 of 4 to 1 of 6 users. Thus, 4-6 people need to be enrolled to get 1 person to engage consistently with Headspace.

- **Headspace's focus content is becoming increasingly popular.** More people are using the focus content, which includes music and audio tracks to support focus and attention. Given its increased popularity, it might be useful to highlight this content in marketing or onboarding materials.

myStrength Evaluation

INTRODUCTION

The City of Berkeley, Mono County and Tri-City made myStrength subscriptions available free for residents in their county/city as described in Table 3.5.

This evaluation section includes preliminary findings on the user experience and the staff experience. Please note that trends may change as more data is collected.

Table 3.5. Implementation of myStrength Program in Help@Hand Counties/Cities.

County/City	Time Period of myStrength Program	Core Audiences	Number of Consumers who Enrolled in myStrength Program[22]
City of Berkeley	April 2021 – October 2022	All city residents	1,729
Mono County	May 2022 – Ongoing	All county residents, with a focus on: • College students • Monolingual Spanish speakers • Isolated populations	83
Tri–City	June 2022 – Ongoing	Selected populations within the county: • Transition Aged Youth (TAY) • Monolingual Spanish speakers • Older adults	21

[22] Data reflects the number of enrolled consumers as of December 31, 2022.

USER EXPERIENCE

Evaluation of the myStrength efforts within Help@Hand included analysis of app data and consumer surveys. This section reports on app data of 1,833 consumers (94% of consumers were City of Berkeley residents) between October 2021 and December 2022, and survey data of 36 consumers. It is important to note that results and trends reported below are considered preliminary since enrollments are still ongoing.

KEY FINDINGS

Mental Health

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

Mood

31% of consumers reported an improvement in mood.

Popular Programs

The most popular programs were related to Post-Traumatic Stress Disorder (PTSD) (25%), Insomnia (15%), and Anxiety (13%).

myStrength Experience

Survey respondents had a positive experience with myStrength: two-third **would recommend myStrength** and found myStrength **useful in their daily life** (Survey 1 and 2).

User Interests

The most popular user interests were related to Lifestyle (33%) and Spirituality (32%).

Mental Health Resources

Approximately half of survey respondents **had made use of resources other than myStrength**, such as online tools and professional mental health resources, to support their mental health (Survey 1).

APP DEMOGRAPHICS AND ENGAGEMENT

The majority of consumers were female and selected to use myStrength in English (N = 1, 833).

Age
Average age 41.5 years (SD=16.6)

Gender
67% Female
18% Male
4% Non-binary

Language
99.8% English
0.2% Spanish

User Enrollments/Registrations

The majority of users enrolled between November 2021 and April 2022.
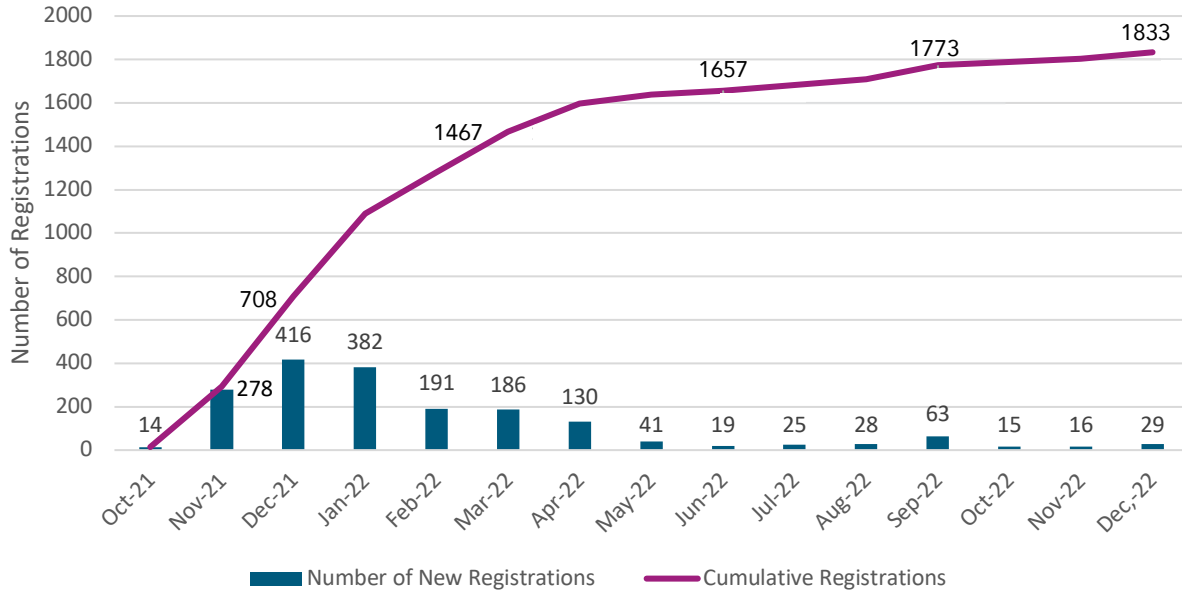
User Engagement

On average, consumers logged into myStrength 3 times and used myStrength 21 days (N = 1,833). 30% (551/1,832) of users used the app for more than a day. 13% (229/1,806) of users were still using myStrength after 4 weeks.

3
Average number of **logins for all consumers who registered for myStrength**

6
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**
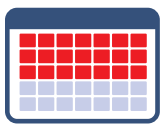
21
Days on average from a consumer's registration to their last login onto myStrength (SD=64.0)

30%
Used the app **for more than a day**

13%
Were **still using myStrength** after 4 weeks

Number of Active Users by Time after Registration
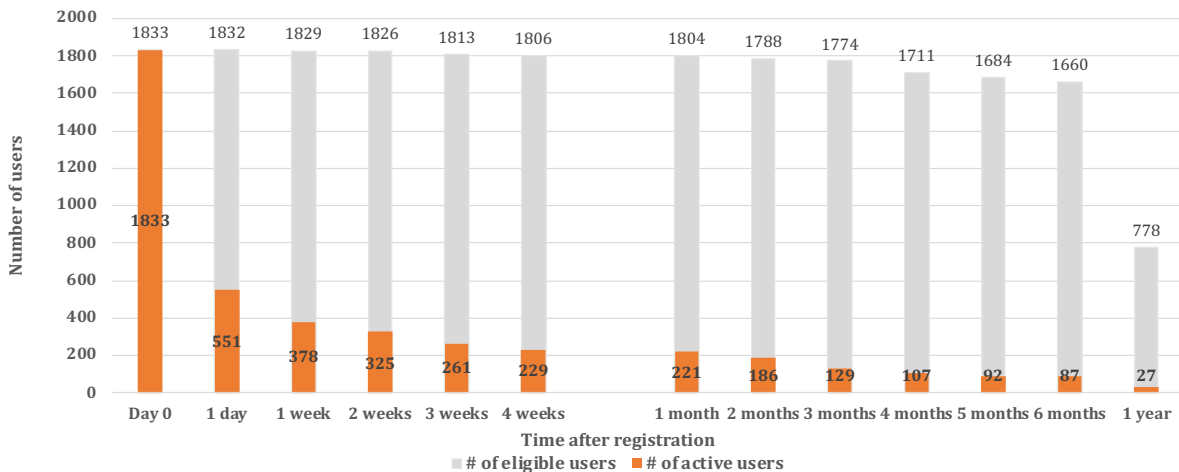
MENTAL HEALTH SYMPTOMS

Well-Being

Overall, respondents[23] scored somewhat low on well-being at registration.

35% Scored high on **Anxiety**

41% Scored high on **Depression**

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

Mood

On the first assessment, half of consumers had a neutral score on their first mood assessment. Twenty-one percent (21%) of respondents 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[24] consumers completed.

Mood Score on First Assessment Completed by Users (N = 1,148)
| 21% | 50% | 29% |

Mood Score on Last Assessment Completed by Users (N = 283)
| 23% | 45% | 33% |

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Negative   ■ Neutral   ■ Positive
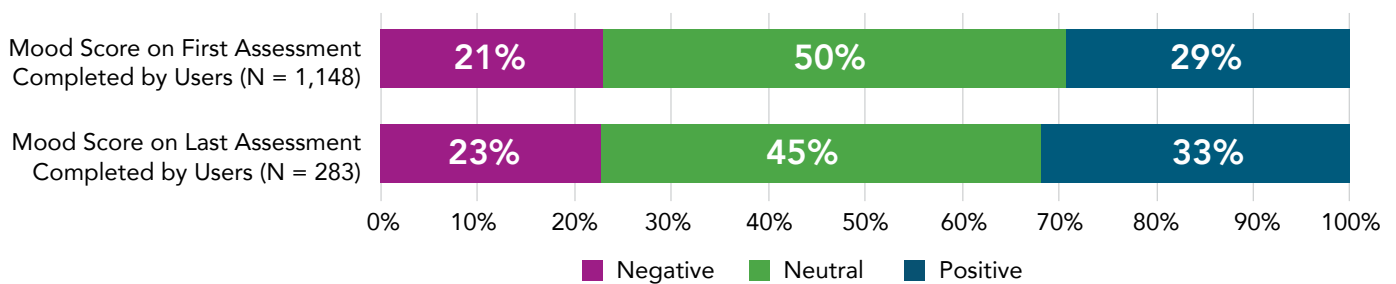
Of the 283 respondents who completed at least two mood assessments, 89 (31%) reported an improved mood score, 109 (39%) reported the same mood, and 85 (30%) reported a decreased mood score. Respondents who reported an improvement in mood were younger on average and had logged into myStrength more frequently than those who reported a decrease in mood.

	Mood decrease (N = 85)	No change in mood (N = 109)	Mood improvement (N = 89)
Age	Average age 40.7 years (SD = 15.4)	Average age 44.7 years (SD = 16.7)	Average age 37.8 years (SD = 15.0)
Gender	74% Female 12% Male 4% Non-binary	65% Female 23% Male 3% Non-binary	71% Female 9% Male 9% Non-binary
Language	100% English	98.2% English 1.8% Spanish	100% English
Number of Logins	Average 6.5 (SD = 5.2)	Average 10.1 (SD = 27.9)	Average 10.0 (SD = 22.5)

[23] Respondents refer to consumers who completed a survey assessing their anxiety, depression, and overall well-being upon registration and first log-in onto 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 15 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.

[24] 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.

USER INTERESTS AND ACTIVITIES

User Interests

1,473 consumers added one or more interests to their profile; consumers on average added 2 interests (range 0-11 interests) and most of them added 1-3 interests. Users' interests were similar to the last evaluation report, with lifestyle content now being more popular than spiritual content.

Most Popular User Interests (N = 3,274)

Interest	%
Lifestyle	33%
Spiritual	32%
Health Topic	23%
Sleep Preference	9%
Condition	3%

% of user interests selected by consumers
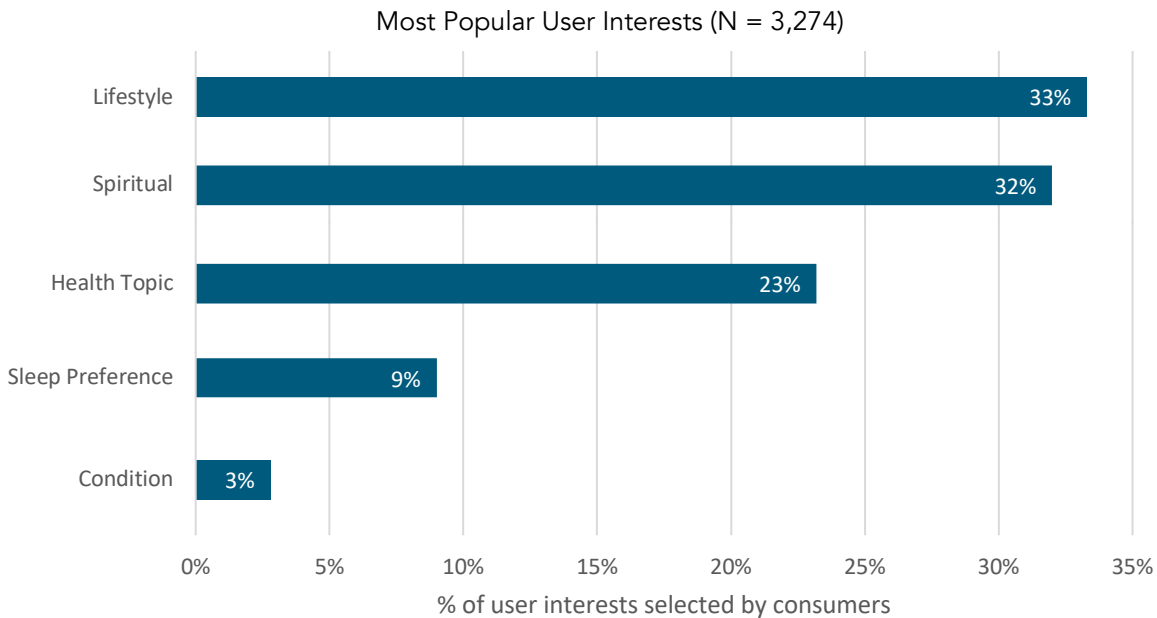
User Wellness Programs and Activities

Based on consumers' responses during registration, they were recommended wellness programs (e.g., sequential learning-based programs on topics such as depression, anxiety, and stress management). The most commonly recommended wellness programs related to post-traumatic stress disorder (PTSD) and insomnia/sleep (N = 1,833).

Program	%
PTSD	25%
Insomnia	15%
Anxiety	13%
Mindfulness and stress reduction	9%
Relationships	7%
Depression	7%
Pregnancy and early parenting	3%
Chronic pain	3%
Drugs and alcohol	2%
Grief	2%

% of wellness programs recommended to consumers
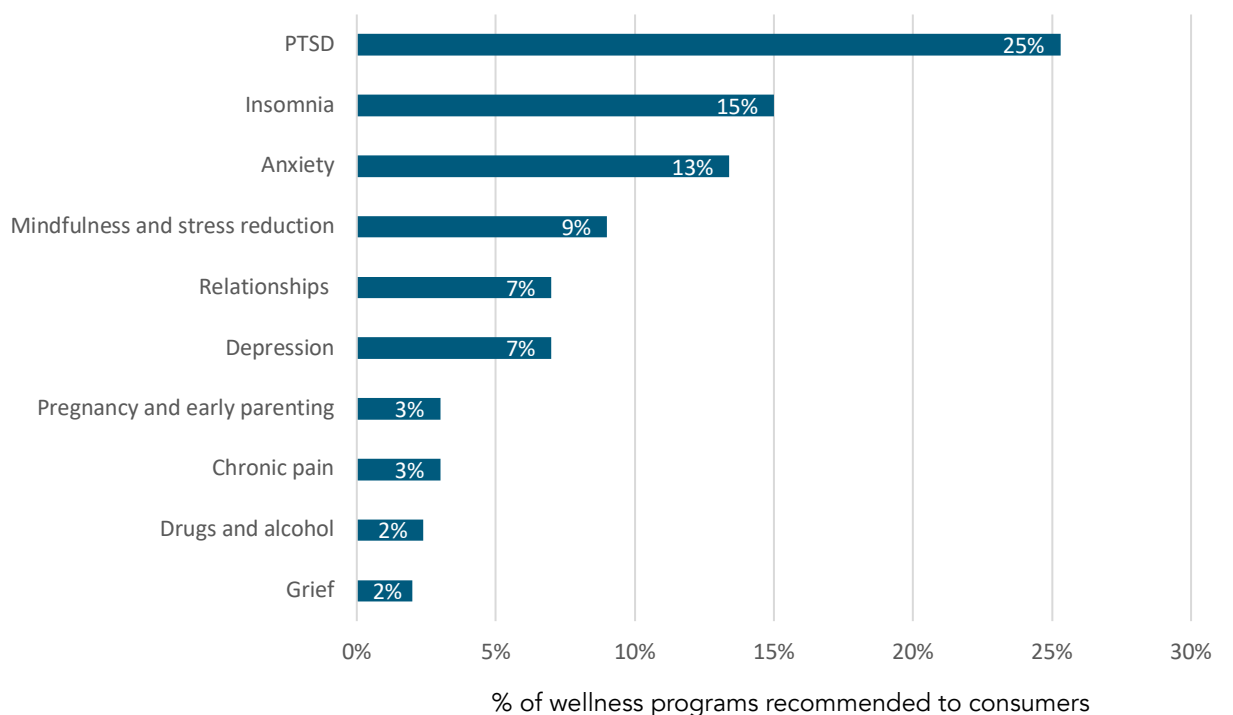
541 consumers completed 1 or more activities (e.g., resources on the myStrength platform other than wellness programs, such as videos and quick tips). Popular activities related to reacting to abnormal events, PTSD, and insomnia/sleep. In total, consumers engaged in 332 different types of activities, which explains the relatively low percentage per activity.

% of activities completed by consumers
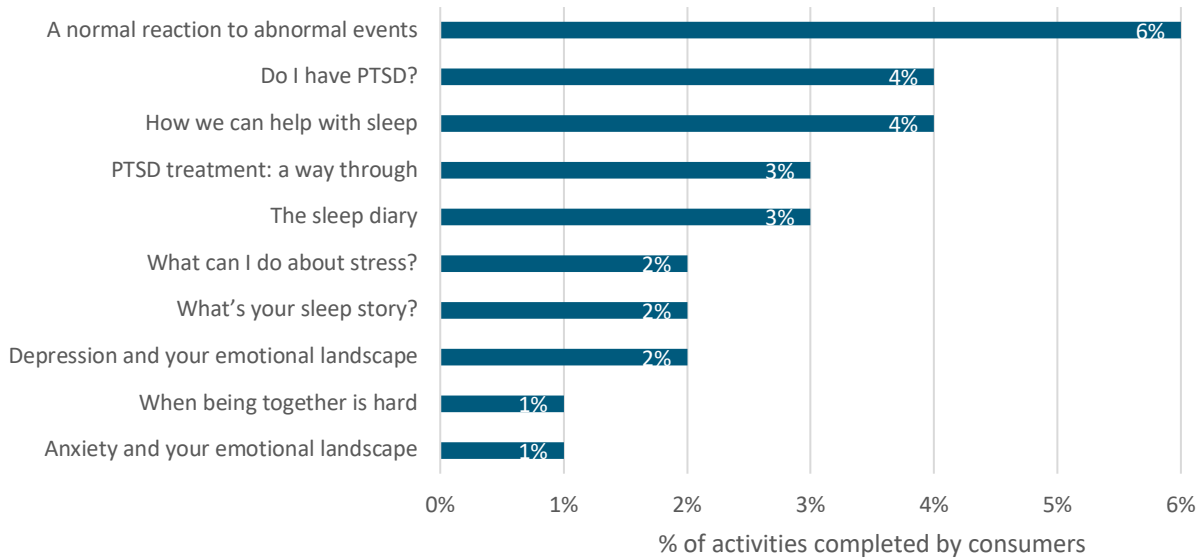
CONSUMER SURVEYS

In addition to the in-app surveys collected through myStrength, the Help@Hand evaluation team distributed two surveys which were emailed to myStrength consumers to further understand their experience:

- **Survey 1:** a survey of consumers to assess their experience with myStrength.

- **Survey 2:** a follow-up survey of consumers to learn more about their ongoing use of myStrength and their changes in outcomes.

Table 3.6. describes survey collection in each county/city. The surveys were emailed to myStrength consumers. Survey 2 was sent one-month after the consumers completed Survey 1.

Table 3.6. Timeline and response rates of the myStrength consumer surveys.[25]			
County/City	Consumer Survey Status	Response Rate Survey 1 (Number of Participants who Completed Survey 1)	Response Rate Survey 2 (Number of Participants who Completed Survey 2)[26]
City of Berkeley	Data Collection Completed *Surveys were collected between April 2021 – October 2022*	2% (N = 27/1,743)	21% (N = 7/34)
Mono County	Data Collection In Progress *Surveys launched May 2022 and continue to be collected*	5% (N = 4/78)	0% (N = 0/4)
Tri–City	Data Collection In Progress *Surveys launched June 2022 and continue to be collected*	25% (N = 5/20)	43% (N = 3/7)

[25] Data shows the number of participants completing the surveys and the response rate as of January 1, 2023.
[26] Only participants who started Survey 1 were sent Survey 2.

CONSUMER SURVEY DEMOGRAPHICS

31%
Current Users
Survey 1

30%
Current Users
Survey 2

36%
Abandoners
Survey 1

30%
Abandoners
Survey 2

33%
Non-Users
Survey 1

40%
Non-Users
Survey 2

Current Users *those who indicated they were still using myStrength at the time of the survey*

31% (11 /36) of respondents were current users at the time of Survey 1

30% (3 /10) of respondents were current users at the time of Survey 2

Abandoners *those who indicated they had used myStrength, but were not using it at the time of the survey*

36% (13 /36) of respondents were abandoners at the time of Survey 1

30% (3 /10) of respondents were abandoners at the time of Survey 2

Non-Users *those who indicated they had not used myStrength yet at the time of the survey*

33% (12 /36) of respondents were non-users at the time of Survey 1

40% (4 /10) of respondents were non-users at the time of Survey 2

Survey 1

Demographics of current users/abandoners[27] and non-users completing Survey 1 were largely similar.

Current Users/Abandoners (N = 24)		Non-Users (N = 12)
Age **4%** aged 18 - 25 years old **58%** aged 26 - 59 years old **17%** aged 60+ years old		**Age** **8%** aged 18 - 25 years old **42%** aged 26 - 59 years old **50%** aged 60+ years old
Ethnicity **38%** Non-Hispanic White **17%** Hispanic/Latino/a/x **8%** Asian		**Ethnicity** **42%** Non-Hispanic White **8%** Hispanic/Latino/a/x **17%** Asian
Gender **79%** Female **0%** Male **4%** Genderqueer/Gender non-conforming/Non-binary		**Gender** **67%** Female **17%** Male **8%** Genderqueer/Gender non-conforming/Non-binary
Mental Health **83%** experienced mental health concerns		**Mental Health** **67%** experienced mental health concerns
Highest Education Level **21%** High school **8%** Some college **29%** Bachelor's, graduate and/or professional degree		**Highest Education Level** **17%** High school **17%** Some college **42%** Bachelor's, graduate and/or professional degree

[27] Due to the preliminary nature of the myStrength consumer survey data and the relatively small sample size, the myStrength consumer survey section of the report combines current users and abandoners to reflect overall experience with the app for all people who attempted to use the app rather than only people who continue to use the app. App data given by myStrength to the Help@Hand evaluation team for the myStrength app data section in this report captures overall experience with the app in the same manner.

Survey 1 and Survey 2

Demographics of respondents of Survey 1 and 2 (including current users, abandoners and non-users) were largely similar.

Survey 1 (N = 36)		Survey 2 (N = 10)
Age **6%** aged 18 - 25 years old **53%** aged 26 - 59 years old **28%** aged 60+ years old		**Age** **10%** aged 18 - 25 years old **50%** aged 26 - 59 years old **10%** aged 60+ years old
Ethnicity **39%** Non-Hispanic White **14%** Hispanic/Latino/a/x **11%** Asian		**Ethnicity** **40%** Non-Hispanic White **10%** Hispanic/Latino/a/x **10%** Black/African American
Gender **75%** Female **6%** Male **6%** Genderqueer/Gender non-conforming/Non-binary		**Gender** **70%** Female **0%** Male **10%** Genderqueer/Gender non-conforming/Non-binary
Mental Health **78%** experienced mental health concerns		**Mental Health** **90%** experienced mental health concerns
Highest Education Level **8%** High school **19%** Some college **50%** Bachelor's, graduate and/or professional degree		**Highest Education Level** **10%** High school **30%** Some college **30%** Bachelor's, graduate and/or professional degree

SELF-REPORTED ENGAGEMENT

Self-Reported Frequency and Length of myStrength Use

Forty-six percent (46%) of respondents (the subset of myStrength consumers who completed a consumer survey) indicated they used myStrength daily or several times a week. The majority of respondents (both current users and abandoners) reported that they signed up for myStrength between 2 to 12 months ago.

myStrength Experience

Consumers' experience with myStrength largely stayed consistent between Survey 1 and 2.

Category	Survey 1 (N = 24)	Survey 2 (N = 7)
Would recommend myStrength	67%	71%
Found myStrength useful in their daily life	67%	71%
Thought myStrength was easy to use	54%	57%
Found it easy to fit myStrength into their everyday life and activities	58%	71%
Agreed myStrength values and respects cultural differences	46%	57%
Felt more confident seeking mental health services (such as therapy or counseling) by using myStrength	54%	57%
Used myStrength in between therapy sessions	21%	29%
Could get help from others when having difficulties using myStrength	29%	29%

■ Current Users/Abandoners in Survey 1 (N = 24)   ■ Current Users/Abandoners in Survey 2 (N = 7)

Reasons for Not Using myStrength

There were several reasons given by abandoners for no longer using myStrength. These reasons were cited in Survey 1 and Survey 2.

myStrength was not useful

myStrength was too difficult to use or took up too much time

Not enough data / space to use myStrength

Lost access to myStrength and could not figure out how to get it back

Used other strategies/tools to support mental health

Just wanted to try myStrength
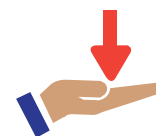
No longer needed myStrength

MENTAL HEALTH AND USE OF MENTAL HEALTH RESOURCES

Mental Health Symptoms and Stigma of myStrength Consumers

Over two third of respondents experienced mental health challenges in Survey 1 (N = 36).

Current Users/Abandoners in Survey 1 (N = 24) ■ Non-Users in Survey 1 (N = 12)
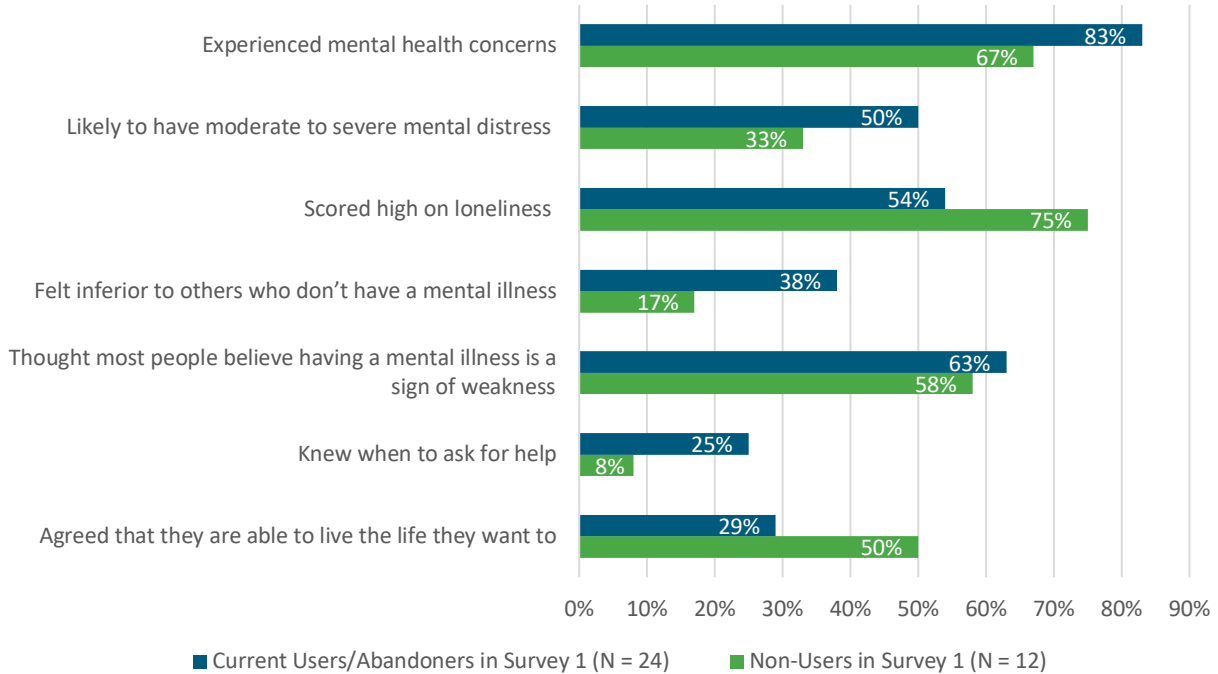
Use of Mental Health Resources Other Than myStrength in the Past 12 Months

Half of myStrength consumers used professional mental health services, connected with a mental health professional online, and had made use of professional mental health services in the past 12 months.

Current Users/Abandoners in Survey 1 (N = 24) ■ Non-Users in Survey 1 (N = 12)
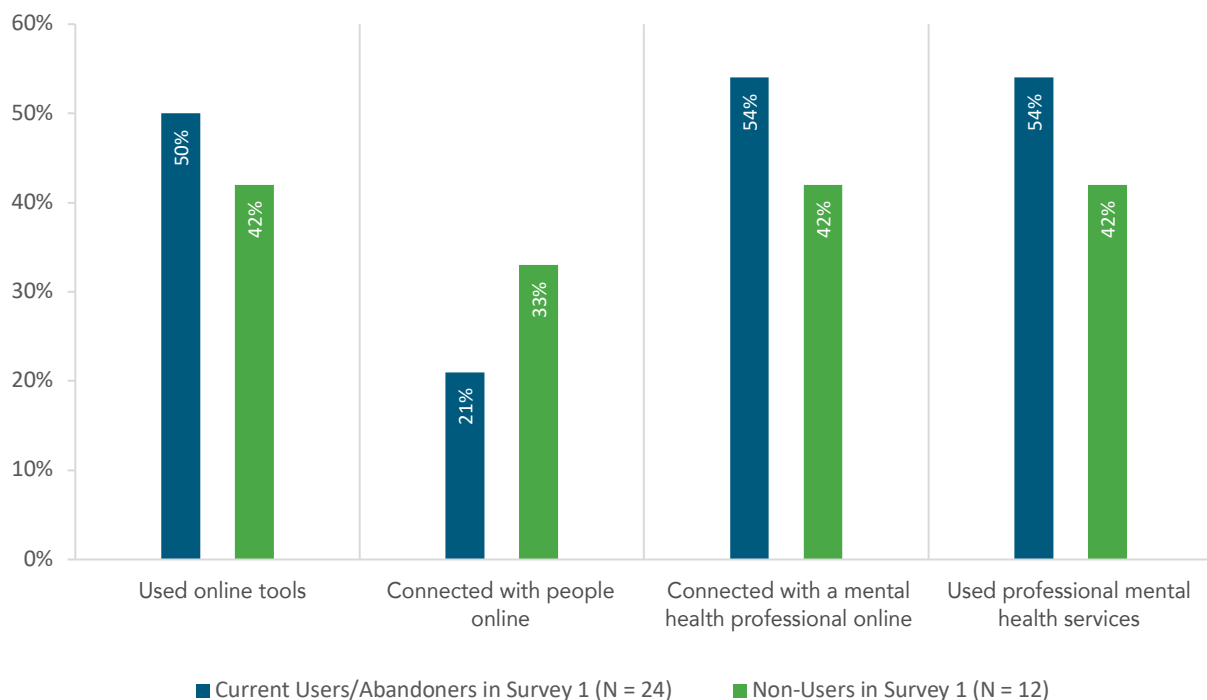
LEARNINGS

Learnings from the myStrength app and consumer survey data included:

- **Types of Use.** Consumers engaged in a large variety of myStrength activities, which indicates that consumers may be using myStrength for different purposes.

- **Active 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.

- **Consistency in myStrength experience.** A third of survey respondents who used myStrength had a positive experience with the app and this trend remained across surveys. These findings indicate that people's experience remained stable.

- **myStrength as a mental health resource.** Over a third of users scored high on anxiety and depression, and half of survey respondents reported experiencing mental health challenges.

- **Types of content.** The most popular content that participants engaged with were related to Post-Traumatic Stress Disorder (PTSD), Insomnia, and Anxiety.

- **Mood improvement.** Respondents overall scored somewhat low on well-being at registration, but a third of consumers who tracked their mood over time reported an improvement in mood using myStrength.

- **Use of other mental health resources.** Half of respondents had made use of other mental health resources besides myStrength. This indicates that non-use of myStrength may not be related to a negative experience with the technology per se. Instead, people may already have access to other resources that are helpful.
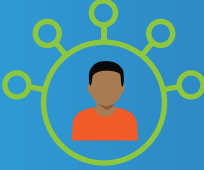
STAFF EXPERIENCE

Staff supporting the myStrength implementation in Mono County were surveyed on their perception and experiences with myStrength. In addition, Tri-City's Tech Lead was interviewed to identify early successes, challenges, and lessons learned from their myStrength implementation.

This section includes learnings from the surveys completed by twelve Mono County staff between May-June 2022. It also includes a spotlight of the interview with Tri-City's Tech Lead.

STAFF SURVEY DEMOGRAPHICS

The majority of staff surveyed identified as female (58%), and between 26 and 59 years old (67%). Half of the survey respondents were affiliated with mental health-based services (50%). (N=12)

Gender
58% Female
25% Male
8% Transgender/Non-Binary
8% Prefer not to answer

Highest Education Level
33% Masters and/or Doctorate
33% College/Professional/Associate Degree
8% Bachelor's Degree
17% High School or GED
8% Less than High School

Age
67% aged 26-59 years old
25% aged 60 + years old
8% aged 19-25 years old

Race
58% White
25% Hispanic or Latino
8% American Indian/Native Indian
8% Multiracial

Affiliation
50% Mental Health Based-Services
25% Mono Wellness Center
17% Substance Use Disorder Based Services
8% More than two affiliations

STAFF PERCEPTION OF MYSTRENGTH

Generally, staff had positive attitudes toward myStrength. (N=11)

Statement	Percentage
myStrength is a useful resource for my clients	91%
myStrength seems fitting for my work	82%
I feel confident that my clients can find information in myStrength	82%
I feel positively toward myStrength	73%
I feel confident referring my clients to myStrength	64%
I had the knowledge I needed to be successful in using myStrength with clients	60%
I like myStrength	60%

Some staff commented on what aspects of myStrength they liked best as they used it themselves and/or with their clients.

"I like the ease in finding appropriate help towards current situations regarding mental health."
- Mono County Staff

"I like how it brings positivity and self-help and it makes it easy for the client."
- Mono County Staff

"Different tools are available."
- Mono County Staff

STAFF TRAINING AND PATIENT REFERRALS TO MYSTRENGTH

About two-thirds of staff responded that they received training on myStrength before the implementation. More than half of the staff referred clients to myStrength. (N=11)

64%
of staff received
myStrength training

55%
of staff referred clients
to myStrength

Staff identified that more trainings might be helpful.

Statement	Percentage
Resources and tools were available to help me be successful in using myStrength (N=11)	46%
If I had problems using myStrength in my work, I knew where I could get help (N=11)	36%
I have received adequate training to feel prepared to be successful in using myStrength with clients (N=11)	36%
I had an outlet for providing feedback on the use of myStrength (N=10)	33%

0%   20%   40%   60%

LEARNINGS

Learnings from Mono County staff implementing myStrength included:

- **Staff had positive experiences with myStrength.** They believed myStrength fit their work and their clients could find information in myStrength.

- **More training might be helpful.** One-third of staff did not receive any training. Additional staff trainings may help them better use myStrength with their clients.

SPOTLIGHT

Early Lessons from myStrength in Tri-City
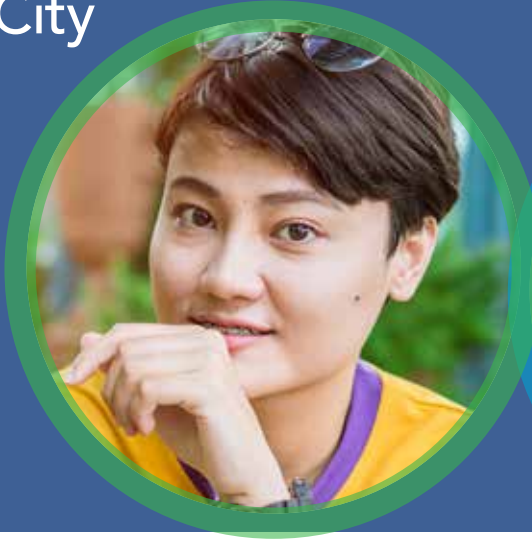
I n early 2021, Tri-City began piloting myStrength with older adults, transition aged youth (TAY), and monolingual Spanish speakers. Due to staffing shortages, they paused the pilot in October 2021. Tri-City remained eager to continue offering myStrength to these core audiences and resumed planning an implementation in January 2022. In June 2022, Tri-City started providing myStrength to the same populations.

To capture any successes and challenges of the implementation to date, the Help@Hand evaluation team interviewed Amanda Colt, Tri-City's Tech Lead. The interview identified important early lessons learned and highlighted plans for a larger roll-out of myStrength in Tri-City in 2023.

Amanda Colt,
Tri-City's Tech Lead

EARLY SUCCESSES

Tri-City had several successes with engaging individuals, developing partnerships, and using tools.

The project successfully onboarded over 100 individuals and those who signed up for myStrength have continued to use it.

"I've doing lots of outreach for to our community members and getting the word out there that this is available for them that they can utilize this." – Amanda Colt, Tri-City's Tech Lead

The city developed key partnerships within the community, especially with older adults through in-person visits at senior centers. In-person visits allowed Amanda to provide person-to-person hands-on support that helped older adults overcome digital literacy challenges and support their interest in using myStrength.

"I was just at the senior center, one of the seniors talked about how they think that's really awesome, that we're incorporating technology into mental health." – Amanda Colt, Tri-City's Tech Lead

Technological tools, like Google Translate, helped navigate language barriers with monolingual Spanish speakers.

NOTABLE CHALLENGES

Tri-City experienced challenges with planning outreach efforts, enrolling individuals, and limited staffing.

Launching an implementation takes time, planning, and support. Reaching core audiences and ensuring they are interested in using the technology required working with those audiences and planning appropriate outreaches and engagement.

Although Tri-City purchased sufficient myStrength licenses to provide to their core audiences, they experienced challenges in getting people into the program. They created flyers intended to make the process simple by using QR codes, but unfortunately they distributed flyers with an incorrect QR code. This demonstrated the need to pilot all aspects of the enrollment process.

Older adults and monolingual Spanish speakers may experience language or technology literacy barriers that slows down or fully impedes onboarding and using a product like myStrength. As this was a small launch, Amanda staffed digital literacy efforts, onboarding, and technical assistance without the support of other staff.

EARLY LESSONS LEARNED

- *Plan, plan, plan: Planning is key to successful implementation.* Develop key partnerships as early as possible and solicit feedback from diverse stakeholders to help identify unanticipated barriers and provide necessary supports for success.

- *Patience: Seeing the impacts and results of implementation takes time.* Amanda anticipates it will take six months to see the early returns from the implementation and to have enough users to better understand how it works for people.

- *Accessibility: Considering differences in access to and comfort with technologies is critical.* Tri-City learned through their implementation that individuals with less technology experience or access to technology (e.g., devices, WiFi) are less likely to benefit from these projects/applications. Access and comfort with technology might also be lower among non-English speakers.

> *"Have the marketing done beforehand and do the outreach prior to launching. So you can do the outreach prior to launching and you have those people who are interested already"* – Amanda Colt, Tri-City's Tech Lead

GOALS FOR 2023

Tri-City's myStrength implementation had promising early results in 2022 and a clear direction for 2023. Highlights from Tri-City's upcoming efforts for their myStrength implementation include:

- Implementing educational meetings for technology use, technology distribution, and advertising campaigns to boost recruitment.

- Hiring more staff to support onboarding, with the goal of onboarding 500-5,000 users in 2023.

- Utilizing marketing and onboarding that appeal to particular core audiences. This may involve using TikTok for youth, a more hands-on approach for older adults, and onboarding with a community component.

CITY OF BERKELEY

The City of Berkeley continued to offer myStrength and Headspace to their general public this period. Their myStrength implementation ended in October 2022 and their Headspace implementation will go through September 2023.

MYSTRENGTH AND HEADSPACE IMPLEMENTATIONS

Implementation Launches and Completion

The City of Berkeley purchased 5,000 myStrength licenses and offered myStrength free of charge across the city between October 2021 and October 2022. Over 1,700 consumers enrolled in myStrength during this period.

The City of Berkeley also began offering free subscriptions to Headspace in October 2021. A total of 5,000 licenses were initially purchased with Help@Hand funding, and close to 5,000 consumers enrolled in the Headspace implementation by the beginning of 2022. The City of Berkeley worked with Headspace and CalMHSA to determine how many additional licenses were needed and to amend agreements. The City of Berkeley's City Council approved the purchase of 5,000 additional licenses through non-MHSA funding in March 2022.

Marketing

Uptown Studios, a California-based marketing team, conducted a successful marketing campaign that promoted the myStrength and Headspace implementations across the city between November 2021 and May 2022. The campaign included social media posts, a toolkit to use with marketing pieces tailored to specific audiences, and a billboard in the City of Berkeley that advertised the Help@Hand project.

Above: *Help@Hand billboards throughout the City of Berkeley*
Source: *City of Berkeley (2022)*

Above: *Berkeley Wellness for All on social media*
Source: *City of Berkeley (2022)*

After the marketing campaign ended, the City of Berkeley communicated about and reminded the public of the implementations through announcements at monthly City meetings and in emails to City staff. Emails sent to community members, area colleges, schools, and providers across the system of care were also used to remind the public of the project and how to obtain access to the free apps.

Evaluation

The City of Berkeley worked with Hatchuel, Tabernik and Associates (HTA) to evaluate their implementations. HTA updated the evaluation plan and continued to collect data this year. Evaluation data included marketing data as well as data from the myStrength and Headspace technologies. It also involved surveys, interviews, and focus groups with consumers. Most recently, HTA conducted interviews and focus groups with myStrength users to learn about their experiences using the app.

The City of Berkeley also worked with the Help@Hand evaluation team to assess the implementation of myStrength and Headspace across Help@Hand counties/cities that implemented these technologies. Preliminary data for the Headspace and myStrength evaluations can be found on pages 40 and 50, respectively.

Future Directions

While the City of Berkeley's myStrength implementation ended October 2022, the City will continue to work with CalMHSA to close out the project. In addition, the City of Berkeley will continue to offer Headspace free of charge to the public through September 30, 2023.

LOS ANGELES COUNTY

Los Angeles County continued to make available Headspace and iPrevail for all people living in Los Angeles County, as well as launched SyntraNet within the county behavioral health system this year. Although Los Angeles County worked on planning an implementation of MindLAMP with clients, planning was discontinued in December 2022.

HEADSPACE IMPLEMENTATION

Implementation Underway

Los Angeles County began offering free Headspace subscriptions for all county residents in April 2020. The county continued their offering this year. Over 36,000 individuals enrolled in Headspace through the program as of December 2022.

Evaluation

The evaluation of the Los Angeles County's Headspace implementation included consumer surveys and data collected from Headspace. Preliminary data is on page 40.

Future Directions

Los Angeles County will transition off Help@Hand in February 2023 and their Headspace program will end in March 2023. Los Angeles County will email Headspace consumers to inform them that the program is ending and direct them to mental health resources.

iPREVAIL IMPLEMENTATION

Implementation Underway

Los Angeles County began offering iPrevail to residents across the county in June 2021 and continued offering it in 2022. The spotlight on page 68 has more information about iPrevail. Data collected by iPrevail demonstrated continual and consistent increases in number of individuals both browsing and accessing iPrevail in 2022.

Marketing

In 2022, Los Angeles County disseminated information about iPrevail via social media and print media to support product access. iPrevail also expanded their marketing plan with the support of a consultant and broadened their approaches for disseminating program information to the public. Data reflected an uptake of those using iPrevail.

Community Outreach

In 2022, Los Angeles County outreached to the community through the following:

- Outreach to schools with students aged 15 years and older, California State Universities, and Help Lines, such as ACCESS Center
- Promotion of iPrevail by Peers through county programming, such as the Community Ambassador Network (CAN), Innovation 2 Providers, and Los Angeles County Health Neighborhoods
- Referrals by county employed primary care and medical providers

SPOTLIGHT

iPrevail's Online Peer Support:

A Game Changer for Mental Health

Author: Richard Gengler, CEO of iPrevail

Prevail offers a unique blend of mental health support by providing a range of resources and services that is unlike other offerings in the marketplace at the same price point and availability. iPrevail offers structured programs built with mental health professionals completed through clinical trials with Rush University Clinical Center and 24/7 on-demand support with highly trained Peer Coaches (Spanish and English) who have completed rigorous training and have shared life experiences. Individuals, who are otherwise reluctant to seek care, have the benefit of engaging in a low-stigma and anonymous format, securely available on any internet-connected device. iPrevail subscriptions and services offer high acuity at a low cost, as demonstrated in the chart below.

High Acuity

Telehealth

Counseling

Therapy

Prevail
H E A L T H

High Cost ———————————————————————— **Low Cost**

Meditation apps

Peer Support Programs

Support Groups

Self Help Plans

Low Acuity
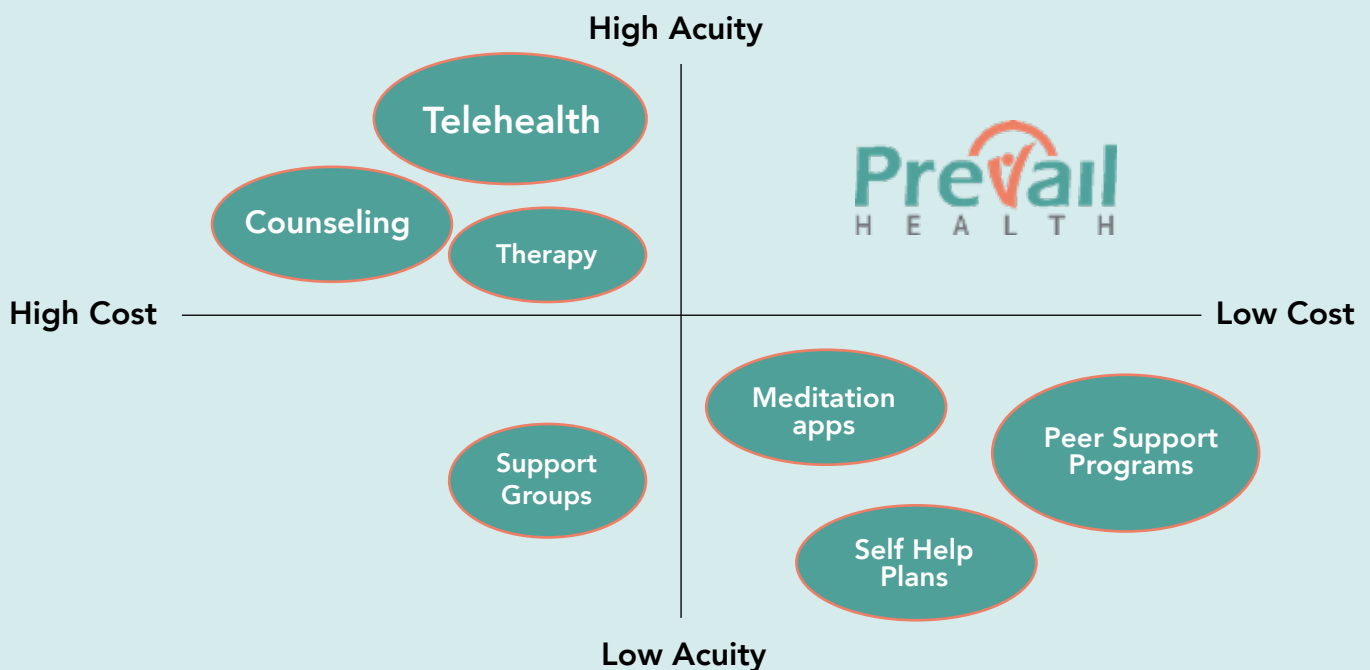
A few factors that set the iPrevail service offering apart are:

- The types of support and services offered.
- The qualifications and experience of the peers providing support.
- The level of convenience, privacy, and security provided.

iPrevail has provided these factors at a higher standard than services offered in this space, the training and experience of the peers providing support, and the level of privacy and security involved. iPrevail offers value through a range of services and resources to reluctant individuals seeking support for their mental health at a higher standard.

Types of Service and Support

iPrevail also provides individuals with opportunities to connect with others experiencing similar mental health challenges who know how easy it can be to feel isolated and alone. iPrevail's online peer support is a convenient and effective way for individuals to receive support for their mental health, as it can otherwise be difficult to access mental health care services in the current system. Importantly, iPrevail offers shared life experienced Peer Coaches, who can provide an alternative source of support that may be more readily available and accessible. Users recognize their positive experience of iPrevail, a resource for mental health support.

Individuals find it empowering and are more hopeful and motivated when connecting with a Peer Coach who has successfully navigated mental health challenges; as shown below, an existing user responded positively to a survey that iPrevail conducted. For most individuals reluctant to receive mental health support, a Peer Coach is the only approach they are willing to take as it removes the stigma behind mental health with the Peer Coach who has also gone through what they have. In addition, Peer Coaches can offer a different perspective on what it's like to live with and manage those challenges themselves. This can be especially helpful for individuals who feel misunderstood or unsupported by others or are fighting that stigma. The Peer Coaches are available to English and Spanish-speaking individuals who are seeking mental health support 24/7 with any internet connection.

"It's good to have access to additional resource, and to be able to do so at no cost. I can chat with a peer or read and contribute to a message board with iPrevail. It is good to know I am not the only one with these concerns, and there are other people out there that can share their experiences as well."

iPrevail User

iPrevail also provides information and resources on various mental health conditions and strategies for managing them. In addition, the platform offers specialized programs that have gone through multiple study designs with mental health professionals to confirm our program's feasibility, benefit, and safety. The program has been able to help individuals better understand their mental health and learn coping strategies to manage their symptoms by practicing Cognitive Behavioral Therapy (CBT). The results have demonstrated that internet interventions that can provide standard psychotherapy backed by Peer support, like iPrevail, have been associated with similar improvement in an individual's mental health as a more restrictive and costly offering.

Qualifications and Experiences of Peer Coaches

Rigorous Peer Coach training is essential to the iPrevail service. iPrevail believes in the continued training of our Peer Coaches to help expand their knowledge, develop new approaches, and sharpen existing skills to cater to various individuals. Our Peer Coaches have undergone rigorous training to help them provide the high-quality support individuals are looking for at a low cost. The Peer Coaches are provided a training program to complete and are conducting active listening and effective communication skills for individuals searching for mental health support.

Convenience, Privacy, and Security Provided

iPrevail offers individuals the privacy, security, and convenience needed to feel safe receiving mental health support from the comfort of their homes. Individuals will find our platform more easily accessible than professional support while feeling more comfortable discussing their feelings and experiences without the fear of being judged. iPrevail offers a safe and confidential space for individuals to share their thoughts and feelings, which is beneficial for reluctant care seekers who feel uncomfortable seeking help from professionals, friends, or family. Below is a quote from a Peer Coach who confirms the safety iPrevail can provide while decreasing stigma by reducing judgment. iPrevail also ensures that the quality of the training and ability of a Peer Coach is to have the requisite knowledge, skills, attitudes, and values required for competent and safe practice. Peer Coaches have additional resources where they connect with other Peer Coaches for support or guidance when needed.

> *"This program allows for self-reflection in many different areas of life. It allows us to reflect on the ways we think, feel and behave. It teaches us to use compassion towards ourselves. A program like this is important because it provides a safe place for users to share their story and not feel judged. By creating a safe place like this we are normalizing reaching out for help. There is no reason for anyone to have to be in pain alone."*

iPrevail Peer Coach

Conclusion

Overall, iPrevail can achieve increased access to various populations through multiple touchpoints while containing costs. The service has reached more individuals, like reluctant care seekers, decreasing stigma and symptoms while increasing willingness to seek care and saving time to offer better results at a reduced cost. iPrevail understands the profound impact it has made for individuals in LA County over the last year and will continue to work on providing individuals with the mental health support they need.

Evaluation

Los Angeles County worked with iPrevail and the Help@Hand evaluation team to assess their iPrevail program. The evaluation examined the user and Peer Coach experiences through app data, consumer surveys, and Peer Coach surveys. Preliminary findings are on page 75.

Future Directions

Los Angeles County will transition their iPrevail program to their Prevention and Early Intervention programming after the county ends their participation in Help@Hand in February 2023.

SYNTRANET IMPLEMENTATION

Implementation Underway

In September 2021, Los Angeles County began working with the software company Thrasys to use their platform SyntraNet. Los Angeles County planned to use SyntraNet with providers in their Enhanced Care Management (ECM) services. ECM services are new statewide Medi-Cal benefits that are available to a select "Populations of Focus." It addresses clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health related services. The county also considered rolling out SyntraNet in some of their community support services.

SyntraNet provides the following functionality for county providers to support their clients:

- Consolidates client information (e.g., their health plan and treatment across different services) and allows providers to view the information in a single location

- Supports ECM services to offer extra care management services to people who have complex needs

In February 2022, SyntraNet trained "super users" (e.g. providers who will use the product). The following activities were also completed in 2022:

- Completion of the first iteration of user testing on the platform

- Developed process to receive data from the Medi-Cal Managed Care Plans (MCPs) on Medi-Cal beneficiaries assigned to Los Angeles County Department of Mental Health for ECM Services

- Created ability to generate two ECM Reports required by MCPs for regular submission

- Implemented the ECM Outreach Tracker File (OTF) in the Production environment of SyntraNet

The platform was launched in the production environment in August 2022.

Evaluation

Los Angeles County's SyntraNet implementation evaluation included surveys and interviews with ECM providers. Los Angeles County and the Help@Hand evaluation team developed the survey and interview guide. Los Angeles County invited providers to participate in the evaluation, while the Help@Hand evaluation team collected the survey and interview data. Los Angeles County plans to begin inviting providers to participate in the evaluation in early 2023.

Future Directions

Los Angeles County's SyntraNet program will continue through 23/24 fiscal year. A new source of funding will support the implementation after Los Angeles County ends their participation in the Help@Hand project in February 2023.

MINDLAMP IMPLEMENTATION

Implementation Planning and Discontinuation

Los Angeles County executed a contract with MindLAMP in October 2020. The county planned to use the platform to create a digital Dialectical Behavior Therapy (DBT) diary app for patients within the county system.

In 2022, Los Angeles County continued to plan their implementation and met the following key milestones:

• Updated the technology to host MindLAMP

• Improved the look of the platform, the DBT diary card, the client survey, and the data visualizations

• Utilized experts to access and test the platform.

Evaluation

Los Angeles County met with the Help@Hand evaluation team to plan the evaluation of the MindLAMP implementation. The Help@Hand evaluation team shared sample consumer and staff surveys and worked with Los Angeles County to adapt the surveys to the county's MindLAMP implementation.

Future Directions

In December 2022, county leadership decided to discontinue the MindLAMP implementation. More information about Los Angeles County's experience and learnings with MindLAMP is on page 73.

LOS ANGELES COUNTY'S EXPERIENCE AND LEARNINGS WITH MINDLAMP

MindLAMP is a clinical and research app developed by John Torous and the Digital Psychiatry Program at Beth Israel Deaconess Medical Center, a Harvard Medical School affiliated teaching hospital. MindLAMP is an open-source mental health technology platform that helps collect health information through active data (e.g., real time surveys, brain games) and passive data (e.g., Apple HealthKit data such as step count and heart rate, phone sensor data). Los Angeles County is utilizing the platform to create a digital Dialectical Behavior Therapy (DBT) diary app for patients within the Los Angeles County Department of Mental Health (DMH) system.

Los Angeles County executed a contract with Beth Israel Deaconess Medical Center in October 2020. During this period, Los Angeles County determined that they wanted to create an infrastructure for adopting open-source technologies and containerized applications into their own system. A key strategic priority for the County was to be able to directly host MindLAMP. This goal, along with the COVID-19 pandemic, complicated the implementation process. As Los Angeles County's implementation moved from Amazon Web Services (AWS) to Azure, the cloud service of Microsoft that serves as the backend to MindLAMP, the County encountered several significant hurdles that ultimately proved too difficult to overcome.

Key milestones that occurred over the course of the implementation included the following:

- **Updating the technology to host MindLAMP.** This included executing a contract with Beth Israel Deaconess Medical Center and setting up Azure cloud environments to handle tasks such as keeping MindLAMP updated, supporting Azure Kubernetes Service features, and maintaining secure authorization.

- **Continuing to improve the look of the platform.** The County updated and improved the look of the DBT diary card, the client surveys, and the data visualizations,

- **Developing** updated MindLAMP Security Requirements for Azure Active Directory Implementation.

- **Developing** Azure Kubernetes templates.

- **Developing** and configuring Automation Process in DevOps – Leveraging Azure pipelines to automatically pull the latest MindLAMP releases from GitHub repositories.

- **Continuing** to partner with Harbor-UCLA DBT clinics to grant access to MindLAMP Quality Assurance (QA) environment for testing.

- **Developing** Azure OAuth 2 requirements.

- **Updating** Azure Kubernetes Service repository configurations.

- **Utilizing experts to access and test the platform.**

In November 2022, Los Angeles County DMH made the determination to no longer continue with the implementation of MindLAMP. Nonetheless, there was great learning that came out of this work, which has improved and changed the knowledge base, infrastructure, and skillset of Los Angeles County DMH, making it more likely that similar digital mental health therapeutics will be able to be implemented more efficiently into the County system.

- **Developing and implementing a digital mental health product requires a collaborative approach.** This process is incredibly complicated and requires cultivating a collaborative approach that includes product teams, County teams (leadership, Chief Information Officer, Compliance), health care professionals, and end-users and key stakeholders. A major barrier was the lack of time and dedicated resources for taking on such an ambitious project. In part, the LACDMH team lacked the necessary experience and project management support to tackle such a resource demanding and complex project that ultimately required intensive coordination between multiple county departments, divisions, and vendors.

- **Having a vendor that is communicative and flexible can facilitate implementation of an app within a county/city.** The MindLAMP team was noted as being incredibly flexible and innovative in their approach to co-designing the necessary system changes request by Los Angeles County. This was noted as a particular strength of the collaboration. Many of the technical challenges that emerged over the course of the program were successfully overcome; however, continued challenges addressing technical issues that interfaced with County needs security and privacy needs proved to be too difficult to overcome at this point in time (e.g., Multi factor authentication also added to the delay).

- **When designing a technology-enabled service, the aims, practitioner roles, and technology are developed simultaneously.** Moving from the view of designing a digital product to designing a technology-enabled service means that the aims, role of the practitioner, and technology are designed and evaluated simultaneously in the relevant context.

LOS ANGELES COUNTY iPREVAIL EVALUATION

In June 2021, Los Angeles County Department of Mental Health (LACDMH) launched the iPrevail platform for residents of Los Angeles County. iPrevail is a digital platform that offers users structured mental health programs, assessments, and community groups. Users can also chat with Peer Coaches (trained Peers with shared life experiences who provide personalized and confidential online health and wellness support).

Users can follow two paths. Below is a description and the number of users for each path:
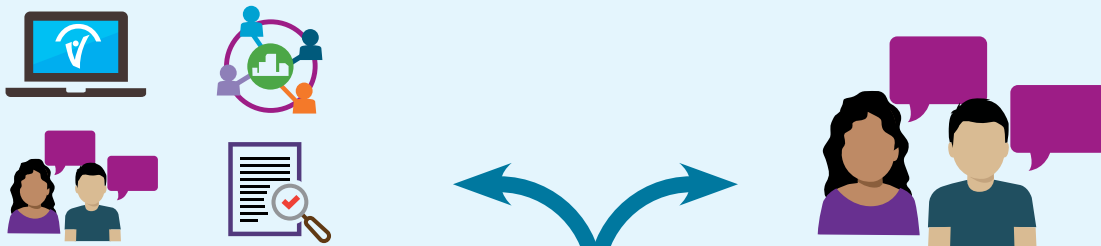
7,392 PATH A Users

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

8,599 PATH B Users

PATH B users chose to follow their own self-paced and open-ended path, generally comprised of non-structured activities (e.g., chats).

This evaluation section includes preliminary findings on the:

- User experience
- Peer Coach experience

Please note that trends may change as more data is collected.

DEFINITIONS:	
Assessments	Includes mental health assessments, demographic surveys, user surveys, and other related questionnaires
Structured Activities	Programs with guided and interactive lessons with homework where users can learn techniques in real–time for their issues
Community Groups	Support groups that connect users with others who face similar situations
Chats	Connect users with experienced Peer Coaches who listen, support, and provide referrals. Chats less than 10 seconds are considered as texts

USER EXPERIENCE

User experience was measured by app data on the use and activities of users collected between May 2021 and October 2022. It also included data from surveys completed by users about their experience with iPrevail.

This report presents the patterns of utilization of activities of Path A users since these activities are captured by iPrevail. Activities (except for chats) of Path B users are not captured by iPrevail to maintain user privacy, and therefore their data is not in this report.

DEMOGRAPHICS

The table below compares PATH A users[28] with residents across Los Angeles County. In general, there was meaningful diversity in the residents who used iPrevail that mirrored the diversity of Los Angeles. The people who used iPrevail were much more likely to have a mental health symptom compared to general LA country residents, reflecting the importance of this product for reaching people with a mental health.

iPrevail App Data	Los Angeles County[29]
Gender **59%** Female **20%** Male **6%** Non-binary/Questioning **14%** Declined to Answer	**Gender** **51%** Female **50%** Male **0%** Non-binary/Questioning
Sexual Orientation **68%** Straight/Heterosexual **8%** Gay/Lesbian/Homosexual **11%** Bisexual **7%** Other	**Sexual Orientation** **89%** Straight/Heterosexual **4%** Gay/Lesbian/Homosexual **5%** Bisexual **2%** Other
Race/Ethnicity **38%** Latino **21%** White **9%** Asian **9%** Black/African American **20%** Two or More Races	**Race/Ethnicity** **49%** Latino **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 **17%** Disabled	**Disability** **29%** Disabled
Veteran **2%** Veterans	**Veteran** **4%** Veterans
Mental Health **87% (3,121 out of 3,600)** 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 use of alcohol/drug

[28] Of the 7,392 PATH A users, 3,230 PATH A users took demographic surveys and 3,600 took a mental health assessment. Path B users did not complete any demographic survey or mental health assessments.
[29] Data about Los Angeles County residents were 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.

NUMBER OF iPREVAIL USERS

The number of PATH A users who created an account (e.g., new users) each month increased between May-September 2021 and June-October 2022. The number of these users who did at least 1 activity within iPrevail in each month (e.g., monthly active users) had a similar trend. Most users actively engaged in their first month of enrollment.
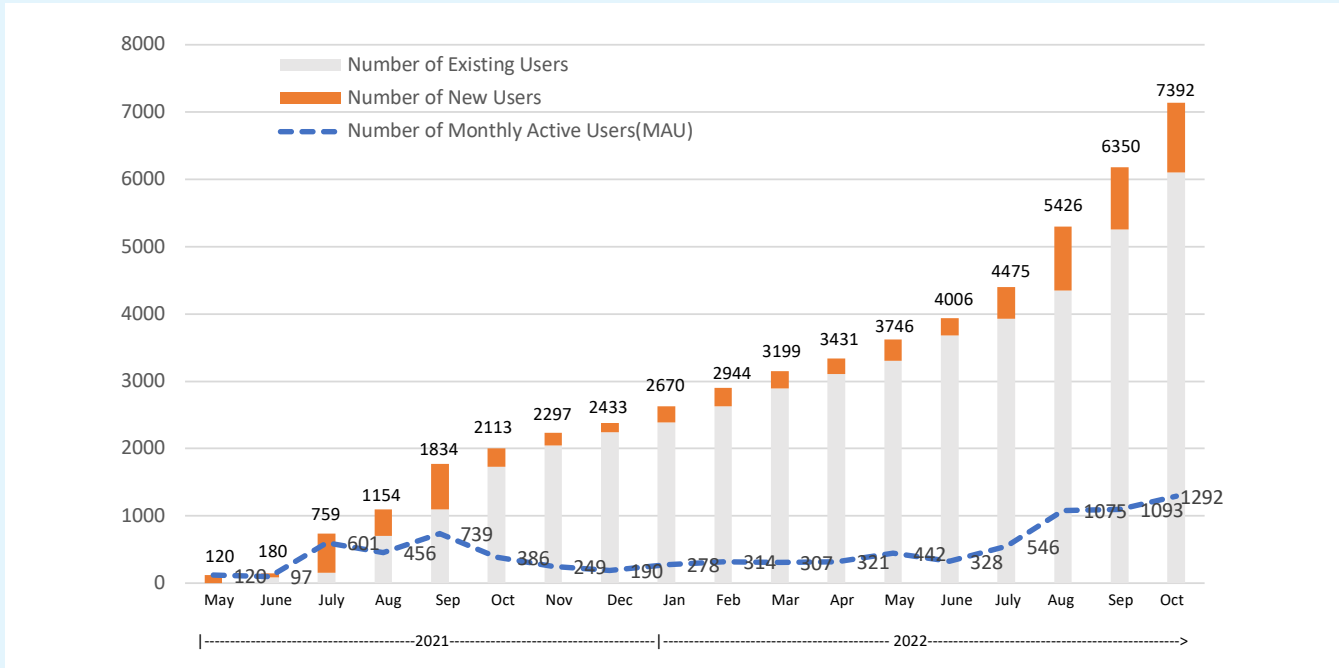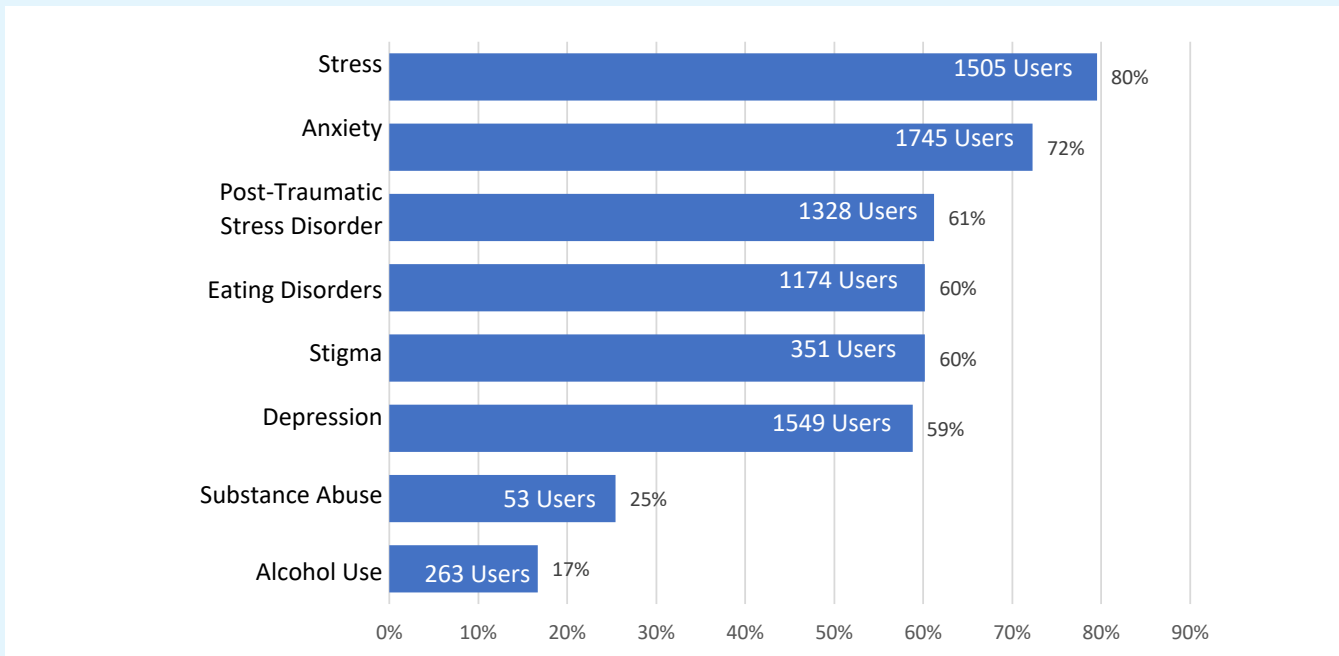

iPREVAIL ACTIVITIES ENGAGED BY USERS

Assessments

82% of PATH A users completed at least one assessment

Stress and anxiety were most common among those PATH A users who completed an initial mental health assessment. 80% and 72% had moderate or severe symptoms of stress and anxiety, respectively.[3]

Structured Activities

74% of PATH A users participated in at least one structured activity.
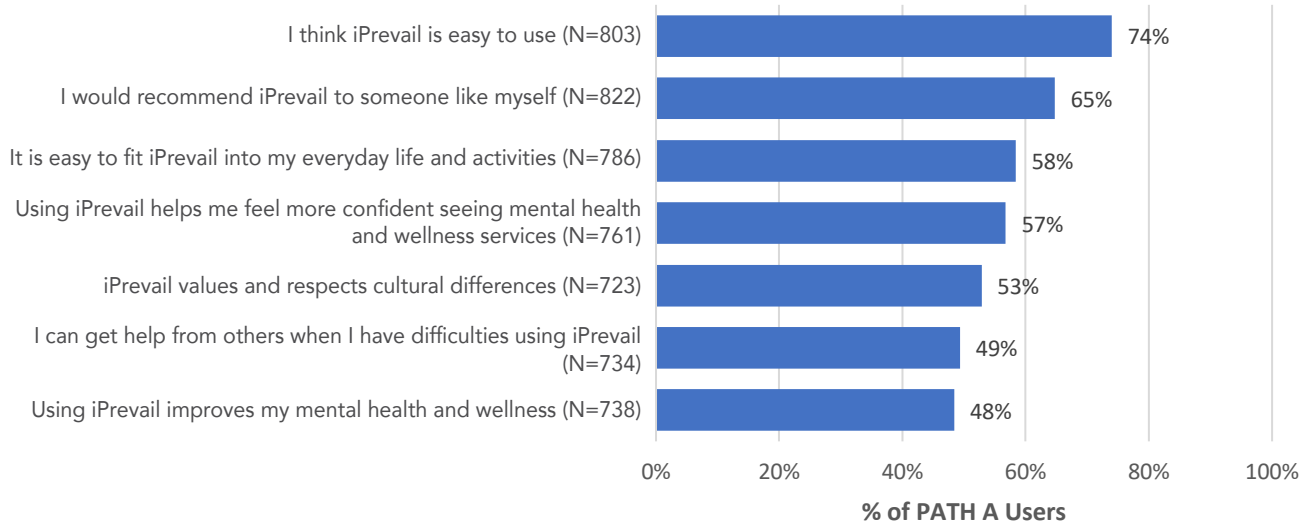
PATH A users participated in six structured activities on average.

Among PATH A users who took a mental health assessment, reporting more mental health symptoms was associated with increased engagement with structured activities.[30] This difference was statistically significant at the 5% level (N=3,600).

Number of Clinically Meaningful Symptoms	Number of PATH A Users (% of PATH A Users)	Average Number of Structured Activities Per User (SD)[31]
No Symptom	479 (13%)	4.8 (7.4)
1 Symptom	1,202 (33%)	5.6 (8.2)
2 Symptoms	606 (17%)	7.5 (11.3)
3 Symptoms	621 (17%)	6.1 (11.7)
4 Symptoms	489 (14%)	6.5 (10.7)
5+ Symptom	203 (6%)	6.0 (7.4)

Community Engagement

55% of PATH A users engaged with a community group within iPrevail

Community groups related to anxiety, depression, and stress were most popular.

Community Group	Users	% of PATH A Users
Anxiety	2938 Users	72%
Depression	2581 Users	64%
Stress	2406 Users	59%
Post Traumatic Stress Disorder	1934 Users	48%
Eating Disorders	1898 Users	47%
Loneliness	820 Users	20%
COVID-19	651 Users	16%
Other	480 Users	12%
Sleep Disorders	424 Users	10%
Grief	418 Users	10%
Alcohol Use	392 Users	10%
Substance Abuse	200 Users	5%

% of PATH A Users (N=4064)

[30] Users completed assessments related to stress, post-traumatic stress disorder, anxiety, depression, alcohol use, substance abuse, and stigma. Those scoring above the threshold for each of these assessments were considered as having clinically meaningful level of symptoms for each condition. The standardized instruments used and their thresholds (in parentheses) were as follows: Perceived Stress Scale (PSS; 14), Post-Traumatic Stress Disorder for DSM-5 (PCL-5; 33), Patient Health Questionnaire Depression Scale (PHQ-8; 10), Three-Factor Eating Questionnaire (TFEQ-R1; 36), Generalized Anxiety Disorder (GAD-7; 10), Alcohol Use Disorders Identification Test (AUDIT; 8), Simple Screening Instrument for Substance Abuse (SSI-SA; 5), and Internalized Stigma of Mental Illness Scale-9 (ISMI_9; 13).

[31] SD refers to standard deviation.

Chats

47% of PATH A users and 62% of PATH B users chatted at least once

A total of 8,603 PATH A and PATH B users chatted 13,796 times. PATH A users engaged in 56% of the total chats and PATH B users engaged in 44% of the total chats.[32]

PATH A Users

PATH B Users
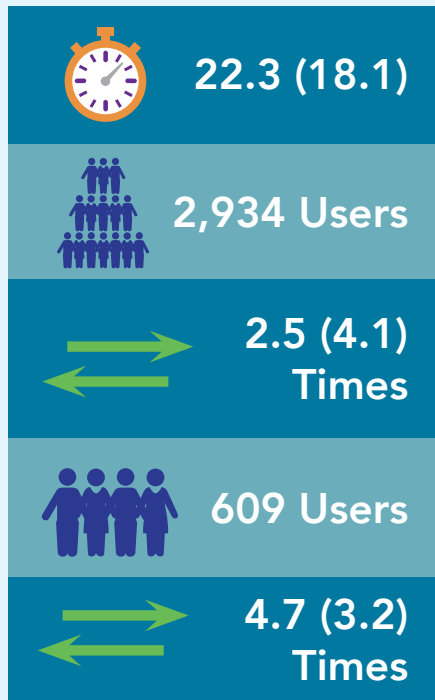
PATH A Users		PATH B Users
22.3 (18.1)	Average Chat Time in Minutes per Chat (SD)*	17.3 (16.3)
2,934 Users	Number of Users who Chatted	5,059 Users
2.5 (4.1) Times	Average Number of Chats per User (SD)*	1.1 (0.5) Times
609 Users	Number of Users who Texted	326 Users
4.7 (3.2) Times	Average Number of Texts per User (SD)	1 (1) Time
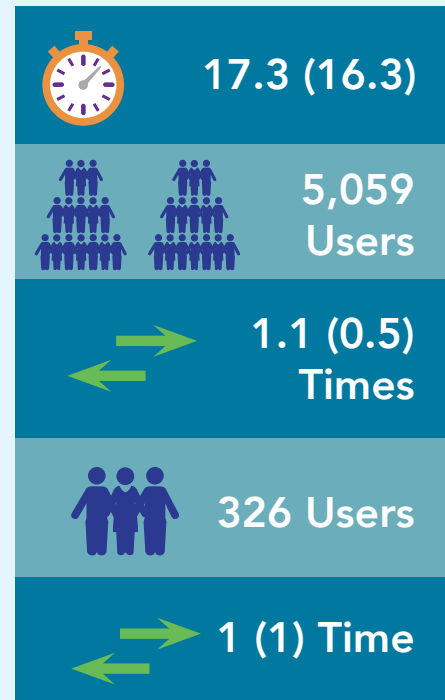
Among PATH A users who took a mental health assessment, reporting more mental health symptoms was associated with increased chat duration. This difference was statistically significant at the 5% level.

Chart: Number of PATH A Users (bars) and Average Chat Duration in Minutes (dashed line) by symptom count.

- No Symptom: 466 users, 5.3 minutes
- 1 Symptom: 1174 users, 8.4 minutes
- 2 Symptoms: 584 users, 9.7 minutes
- 3 Symptoms: 604 users, 9.0 minutes
- 4 Symptoms: 472 users, 10.6 minutes
- 5+ Symptom: 200 users, 10.8 minutes

Legend: ■ Number of PATH A Users; - - - Average Chat Time in Minutes (Texts Excluded)
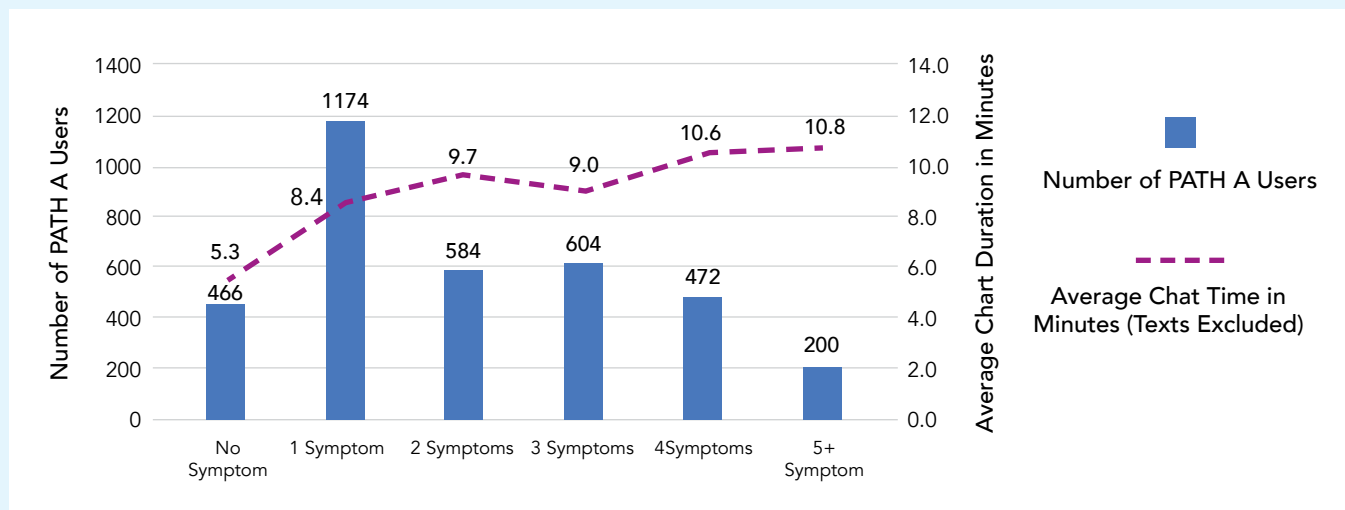
[32] * means statistically significant differences between the two groups. Chat duration in minutes: $t = 16.216$, $df = 5283.1$, p-value < 0.00001 from Welch Two Sample t-test and Number of chats: $t = 17.623$, $df = 2959.6$, p-value < 0.00001 from Welch Two Sample t-test).

USER SATISFACTION

Overall, PATH A users felt iPrevail made them more confident seeking mental health services. Over half of respondents recommended iPrevail.

Statement	%
I think iPrevail is easy to use (N=803)	74%
I would recommend iPrevail to someone like myself (N=822)	65%
It is easy to fit iPrevail into my everyday life and activities (N=786)	58%
Using iPrevail helps me feel more confident seeing mental health and wellness services (N=761)	57%
iPrevail values and respects cultural differences (N=723)	53%
I can get help from others when I have difficulties using iPrevail (N=734)	49%
Using iPrevail improves my mental health and wellness (N=738)	48%

% of PATH A Users

LEARNINGS

Learnings from iPrevail users included:

- **Users with more mental health symptoms engaged more actively.** It was statistically significant that PATH A users with more symptoms engaged more actively with structured activities and chats than PATH A users with fewer symptoms.

- **Many PATH B users received support via chats.** 5,059 PATH B users chatted with Peer Coaches for an average of 17.3 minutes. The Peer Coaches listened and helped them talk out how they are feeling, explain concepts, or check in with them.

- **Users had positive experiences.** Respondents had a positive experience using the app: 74% of respondents thought iPrevail was easy to use, and 65% of respondents would recommend iPrevail.

- **Providing technology support.** Though the majority of respondents found iPrevail easy to use, less than half of respondents 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, to prevent people from abandoning the platform.

PEER COACH EXPERIENCE

The experience of Peer Coaches who support iPrevail's chats were measured through surveys that aimed to understand their experiences in providing iPrevail services and support, and their perspectives on the usefulness of iPrevail for users.

42 of the **62** Peer Coaches completed the survey (67.7% response rate)

Peer Coaches had on average **1.4** years[33] with iPrevail

Peer Coaches had on average **4.9** years[34] experience as a Peer supporting others[35]

PEER COACHES' EXPERIENCE WITH iPREVAIL

Peer Coaches reported overwhelmingly positive experiences with the iPrevail platform.

Statement	Percent
I had the knowledge to be successful in supporting iPrevail users (N=42)	95%
iPrevail seems like a good match for the needs of the LA County residents I've worked with through iPrevail (N=42)	95%
iPrevail makes it simple for me to use my skills and abilities to support LA County residents (N=42)	95%
iPrevail provides the tools I need to do my job well (N=42)	95%
Instructional materials about iPrevail were helpful to me (N=42)	93%
I had an outlet for providing feedback (N=41)	88%
I received adequate training to feel prepared to successfully use iPrevail with LA County residents (N=42)	86%
I knew where to go it I had problems using iPrevail with LA County residents (N=41)	83%
The LA County residents I am connecting with have appropriate expectations of the services I am providing (N=42)	67%

Generally, Peer Coaches with more experience as Peers supporting others reported higher levels of satisfaction with iPrevail.

Less Experience
(0-2 years as a Peer supporting others)

More Experience
(2+ years as a Peer supporting others)

	Less Experience Slight/Moderate	Less Experience Great/Very Great	Statement	More Experience Slight/Moderate	More Experience Great/Very Great
	22%	67%	iPrevail provides the tools I need to do my job well (N=42)	27%	73%
	33%	39%	I received adequate training to feel prepared to successfully use iPrevail with LA County residents (N=42)	23%	73%
	33%	33%	I knew where to go if I had problems using iPrevail with LA County residents (N=41)	36%	55%
	33%	56%	I had an outlet for providing feedback (N=41)	18%	64%

■ Slight/Moderate Extent ■ Great/Very Great Extent

[33] The standard deviation was 1.3 years.
[34] The standard deviation was 6.4 years.
[35] 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).

Two-thirds of Peer Coaches thought users they connected with had appropriate expectations of the services provided. One-third of Peer Coaches reported that users misconstrued iPrevail as offering therapy services.

> *"There has been confusion here, with some users even expecting to be connected to providers in their healthcare system, and they are frustrated and angry when we cannot help them with that. This is on LA County to remedy"*
> *- iPrevail Peer Coach*

> *"I've had a few people say they were referred by their doctors or schools saying this is a therapy program. This should be addressed"*
> *- iPrevail Peer Coach*

PEER COACHES' PERCEPTION OF iPREVAIL'S USEFULNESS

Many Peer Coaches believed iPrevail can meet the needs of Los Angeles County residents. Most Peer Coaches saw recognizable improvements among users they worked with.[36]

iPrevail can meet the needs of LA County residents (N=42): Slight/Moderate Extent 24%, Great/Very Great Extent 76%

iPrevail produced improvements in those residents I worked with that I could actually recognize (N=40): Slight/Moderate Extent 35%, Great/Very Great Extent 65%

■ Slight/Moderate Extent   ■ Great/Very Great Extent
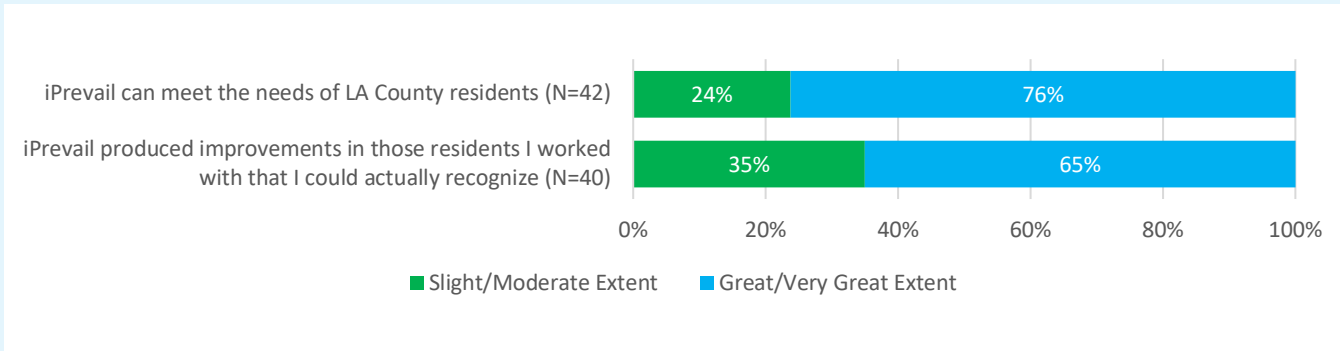
Generally, all the features of iPrevail were most often considered useful.

How useful are the "Tips and Resources" features for users (N=41): Slight/Moderate Extent 12%, Great/Very Great Extent 88%

How useful are the "Groups" features for users (N=36): Slight/Moderate Extent 39%, Great/Very Great Extent 61%

How useful are the "Chatting" features for users (N=42): Slight/Moderate Extent 2%, Great/Very Great Extent 98%

How useful are the "Programs" features for users (N=41): Slight/Moderate Extent 17%, Great/Very Great Extent 83%

■ Slight/Moderate Extent   ■ Great/Very Great Extent

[36] Forty-two Peer Coaches responded to all items except those with an *. Forty Coaches responded to the items with an *.

LEARNINGS

Learnings from the iPrevail Peer Coaches included:

- **Peer Coaches had positive experiences with iPrevail.** Peer Coaches had positive experiences with iPrevail. They believed iPrevail benefited users and rated the iPrevail features highly.

- **Users might expect services not provided by iPrevail.** The biggest concern raised by Peer Coaches was that users might expect iPrevail to provide therapy services, which it does not. Coaches thought this should be addressed.

- **Peer Coaches with more experience as Peers supporting others reported more comfort with iPrevail.** Peer Coaches with 2+ years of experience as a Peer supporting others reported more comfort using the iPrevail platform than those with less than 2 years of Peer experience.

MARIN COUNTY

Last year Marin County completed their myStrength pilot and decided to shift their focus away from implementing myStrength, or any specific product, to supporting digital literacy efforts throughout the county.

MYSTRENGTH IMPLEMENTATION

Implementation Planning and Pause

Marin County successfully piloted myStrength with English and Spanish-speaking isolated older adults in 2021. In August 2021, Marin County's Advisory Committee endorsed an implementation of myStrength within the county. The Advisory Committee also requested an evaluation of how the pilot participants engaged with the technology after the end of the pilot period. Marin County worked with the Help@Hand evaluation team to conduct the evaluation in early 2022.

Data collected during Marin County's pilot suggested that isolated older adults, particularly those with low digital literacy skills, could benefit from using myStrength. However, surveys of the participants after the pilot period ended found many older adults had stopped using myStrength. The main reason for abandoning myStrength was a lack of comprehensive support, such as digital literacy group classes. As noted in the Year 3 Help@Hand Annual Evaluation Report (see pages 11-17), participants stated the digital literacy group classes taught them a number of skills and connected them virtually to others in the class, as well as family and friends.

Future Directions

In early 2022, Marin County paused their myStrength implementation after their Program Supervisor, Tech Lead, and Tech Peer left the project. Due to barriers for providing needed comprehensive myStrength support, Marin County's Advisory Committee directed the county to shift from a broad implementation of myStrength to exploring how to use the lessons learned from Help@Hand.

DIGITAL LITERACY SUPPORT

A key learning from Marin County's pilot was the importance of building a comprehensive digital literacy program to support the introduction of digital wellness tools for their high need populations. As such, the Marin County's Advisory Committee recommended integrating the lessons learned from Help@Hand with large-scale county initiatives that support digital literacy and the mental health needs of the most isolated older adults.

In Fall 2022, Marin County hired a new Program Supervisor and Peer Lead to support these efforts. After onboarding the new staff, the county explored partnerships with local libraries, activity centers, and other organizations serving older adults to create replicable and expand sustainable digital health literacy training programs for older adults. In particular, Marin County began planning to offer time-limited innovation project grants to local organizations. The grants support organizations to incorporate a digital component that increases access to wellness supports using a digital approach, program, and/or community event with an emphasis on supporting digital literacy to promote access for older adults in the community who may not otherwise have access.

Future Directions

The county presented their grant program plans to their 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 grant projects are anticipated to launch in June 2023 and are expected to end in December 2023. Additionally, the county will hire a new Tech Lead to replace the one that transitioned off the project at the end of 2022.

MONO COUNTY

Mono County launched their myStrength implementation in April of this year. The implementation focused on offering myStrength to college students, isolated populations, and monolingual Spanish speakers. The general population also was given access to myStrength.

MYSTRENGTH IMPLEMENTATION

Implementation Launch

Mono County launched their myStrength implementation in April 2022 with community outreach and marketing.

Community Outreach

The county used the following community outreach efforts to promote myStrength to their core audiences:

- **County Wellness Centers:** Mono County encouraged Peers and front desk staff at the county's wellness center to review the benefits of myStrength with clients and community members as well as help them enroll in the app.

- **Outreach at Community Events:** County staff informed community members about the myStrength program during Mental Health Awareness Month events, the Pride Festival, and health and safety fairs.

- **Partnerships with Community Organizations:** Senior centers, Cerro Cosco Community College, and Mammoth Hospital's Elevate Program, a local organization providing wellness activities and support groups referred their clients to the myStrength program.

To help them promote and support others with myStrength, wellness center staff received extensive training prior to the implementation launch and refresher trainings throughout the implementation. In addition, myStrength was incorporated into weekly one-on-one meetings between supervisors and staff. Supervisors reminded staff about myStrength and encouraged them to introduce clients to this resource.

Marketing

Mono County contracted with Mammoth Lakes Creative (MLC) this year to develop marketing materials for their myStrength implementation. The county advertised their myStrength implementation in social media ads, bus ads, radio, and newspaper. Mono County also created branded wellness kit goodie bag giveaways.

Above: Marketing materials for Mono County's myStrength implementation
Source: Mono County (2022)

Mono County's participation in Help@Hand will end in February 2023, but myStrength licenses will remain active through March 2023. Mono County began to develop plans to transition consumers from myStrength after March 2023 since myStrength does not offer an individual pay model. Mono County updated their marketing materials to reflect the implementation's end date and verbally communicated the end date to those that visited the wellness centers. The county also made plans to send emails to consumers as the license expiration date approaches.
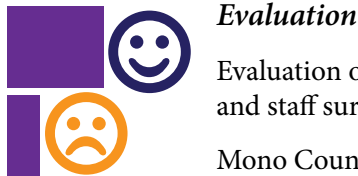
Evaluation

Evaluation of Mono County's myStrength implementation included app data, consumer surveys, and staff surveys. Page 50 presents preliminary data from the myStrength evaluation.

Mono County updated their staff training materials in August 2022 to include information about the myStrength consumer survey and the importance of completing the survey. This was done to help staff encourage consumers to complete the survey and increase the survey response rate. The county also modified the survey recruitment email to use language that would encourage consumers to complete the survey. The modified email language is shown below.

From: Help@Hand Evaluation Team

Subject: Share your thoughts on myStrength and well-being

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

Dear Mono County myStrength participant,

We hope you are enjoying your free subscription to myStrength. myStrength is brought to you by Mono County and Help@Hand, a statewide collaborative that shares a common goal of improving mental health by using technology.

You are invited to participate in an online survey to share your experiences and opinions using myStrength, whether you are still using myStrength or not. **Any feedback you can provide about MyStrength is greatly appreciated and will be used to determine how effective programs like this are in providing resources for mental health in remote counties such as ours.**

The survey will ask questions related to your experiences using myStrength, your use of technology generally, and your wellbeing. **It will take approximately 15 minutes to complete.** Any feedback you can provide is greatly appreciated.

Follow this link to complete the survey: Survey Link

Or copy and paste the URL below into your internet browser: Survey URL

This link is unique to you and should not be forwarded to others. If you have any comments, concerns, or questions about the survey, please contact EvalHelpatHand02@hs.uci.edu.

To unsubscribe from future emails, please click here.

Above: Mono County's modified survey recruitment email language
Source: Mono County and Help@Hand evaluation team (2022)

Future Directions

Mono County will transition off Help@Hand in February 2023 and their myStrength licenses will expire in March 2023. The county will continue to recruit clients and community members to the program through February 28, 2023. Mono County will work with active myStrength consumers to help them find other forms of support.

MONTEREY COUNTY

Monterey County, in collaboration with CredibleMind, developed and launched WellScreen Monterey, a mental health application designed to screen and refer individuals and family members to county mental health resources, as well as provide self-help resources.

WELLSCREEN MONTEREY DEVELOPMENT AND LAUNCH

Technology Build

Needs assessment

In 2022, CredibleMind conducted focus groups, interviews, and surveys with 122 county stakeholders (e.g., consumers, clinicians in the community, and county staff) to identify the needs that WellScreen Monterey could address. The needs assessment revealed the following key findings:

- The need for more awareness and availability of county services, especially for historically underserved populations;

- The need for improved coordination and continuity of care across providers within and between agencies;

- Special consideration on how the screening tool would handle mental health crises, and consumer data and privacy.

Design sprint

In July 2022, CredibleMind used the needs assessment findings to build a prototype of the screening tool in both English and Spanish. Multiple rounds of stakeholder feedback helped CredibleMind refine the tool.

Validation testing

In August 2022, CredibleMind initiated validation testing of the screening tool at Monterey County's ACCESS clinics. These clinics provide assessments and referrals for Monterey County residents in need of mental health services. Under the traditional ACCESS assessment process, clinicians meet with clients to learn more about their mental health needs and provide appropriate referrals.

The validation testing aimed to confirm whether the screener results and referrals identified through WellScreen Monterey coincided with those from the traditional ACCESS assessment process. CredibleMind team members visited four ACCESS clinics and recruited 19 participants who sought walk-in services for the first time. Participants completed the screening tool on a mobile device in either English or Spanish. They then went through the traditional assessment process with an ACCESS clinician. Results from WellScreen Monterey and traditional ACCESS assessment process yielded similar results. This process was completed in August 2022.

Naming the screening tool

In July 2022, Monterey County created a poll to select a name for the screening tool. This poll generated five different names, from which the Monterey County team selected the final name, "WellScreen Monterey", because they felt that the name accurately described the purpose of the tool and other counties/cities could easily adapt the name if they adopted the tool.

Technology Launch

Planning WellScreen Monterey Launch

Monterey County initially planned to launch the screening tool in September 2022, but they delayed the launch date to November 2022 to allow more time to create operational workflows, train staff, and develop a marketing plan.

- **Operational workflows:** The planning team decided that individuals who complete the screener will receive their results, a list of county and self-help resources, and an access code to share with county clinic staff. Clinic staff can use the access code to generate a PDF of the individual's screener results. The county developed a workflow to make the PDF available for clinicians to review. The workflow required updating their electronic health record (EHR) system to allow clinic staff to save a PDF of the screener results to a client's EHR. Clinicians can review a client's screener results by accessing the EHR at any time.

- **Training:** Monterey County leveraged existing staff meetings to train clinic staff. During the trainings, staff learned about the screening tool as well as reviewed the EHR process of saving and viewing a client's PDF screener results.

- **Marketing:** CredibleMind led marketing efforts for WellScreen Monterey and contracted with the marketing firm Ku Collective. Ku Collective worked with the county and CredibleMind to develop a marketing plan for WellScreen Monterey. The marketing plan included two phases.

  o Phase 1 (began November 2022): CredibleMind and Ku Collective launched Google, Facebook, and Instagram ads. They also developed printed materials, including business cards, flyers, and an educational overview document.

  o Phase 2 (to begin January 2023): CredibleMind and Ku Collective planned to expand Google, Facebook, and Instagram ads as well as launch newspaper, radio, and Youtube ads. Monterey County plans to collaborate with and leverage marketing efforts around other prevention programs occurring in the county.
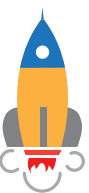
WellScreen Monterey Launch

Monterey County launched WellScreen Monterey in November 2022. All Monterey County residents can access WellScreen Monterey at: https://wellscreenmonterey.crediblemind.com.

Social media ads, announcements to staff and community organizations, and posting links on county websites helped to market the launch.

Above: *WellScreen Monterey website*
Source: *Monterrey County of Behavioral Health. (2022). Well Screen Monterey. Retrieved from https://wellscreenmonterey.crediblemind.com.*

Evaluation

Monterey County selected Health Research for Action (HRA) from UC Berkeley as the independent evaluator of the project.

This period, HRA worked on their pre-launch evaluation by conducting a process evaluation (e.g., evaluating whether program activities were implemented as intended), reviewing existing data, and conducting focus groups and interviews with clinic staff and community members.

HRA planned their post-launch evaluation for January to June 2023. The post-launch implementation will include measuring the outcome, impact, and cost of the screening tool.

Future Directions

In early 2023, Monterey County will expand their marketing efforts into Phase 2. The county and CredibleMind team will review the Wellscreen Monterey dashboard and continue to refine the screening tool. Monterey County also plans to distribute web-enabled devices at select locations, such as clinics, libraries, and prevention service providers, to support better access for individuals with limited access to the internet.

RIVERSIDE COUNTY

In 2022, Riverside University Health System - Behavioral Health (RUHS-BH) Help@Hand continued implementing TakemyHand™ Live Peer Chat, piloting App4Independence (A4i), and planning a pilot of Recovery Record. The county also continued to offer community members devices, digital mental health literacy trainings, linkage to technology through kiosks in clinic sites, and other community efforts. In addition, Riverside County continued to evaluate the needs of two of their core audiences through the Deaf and Hard of Hearing (DHoH) needs assessment and Whole Person Health Score (WPHS) assessment tool.

In the near future, the county is considering the partnership with Painted Brain to expand mental health literacy trainings and the implementation with other digital marketing strategies, such as ManTherapy and LaClave.

TAKEMYHAND™ IMPLEMENTATION

Implementation Underway

Riverside County continued to implement TakemyHand™ within the county and beyond in 2022. TakemyHand™ is a web-based live peer chat application developed and launched by Riverside County Behavioral Health in early 2020. TakemyHand™ is operated by English- and Spanish-speaking TakemyHand™ Peer Support Operators. It also includes mental health resources for teens, the LGBTQ+ community, housing support and shelters, Lifeline[37] phone numbers, and much more.
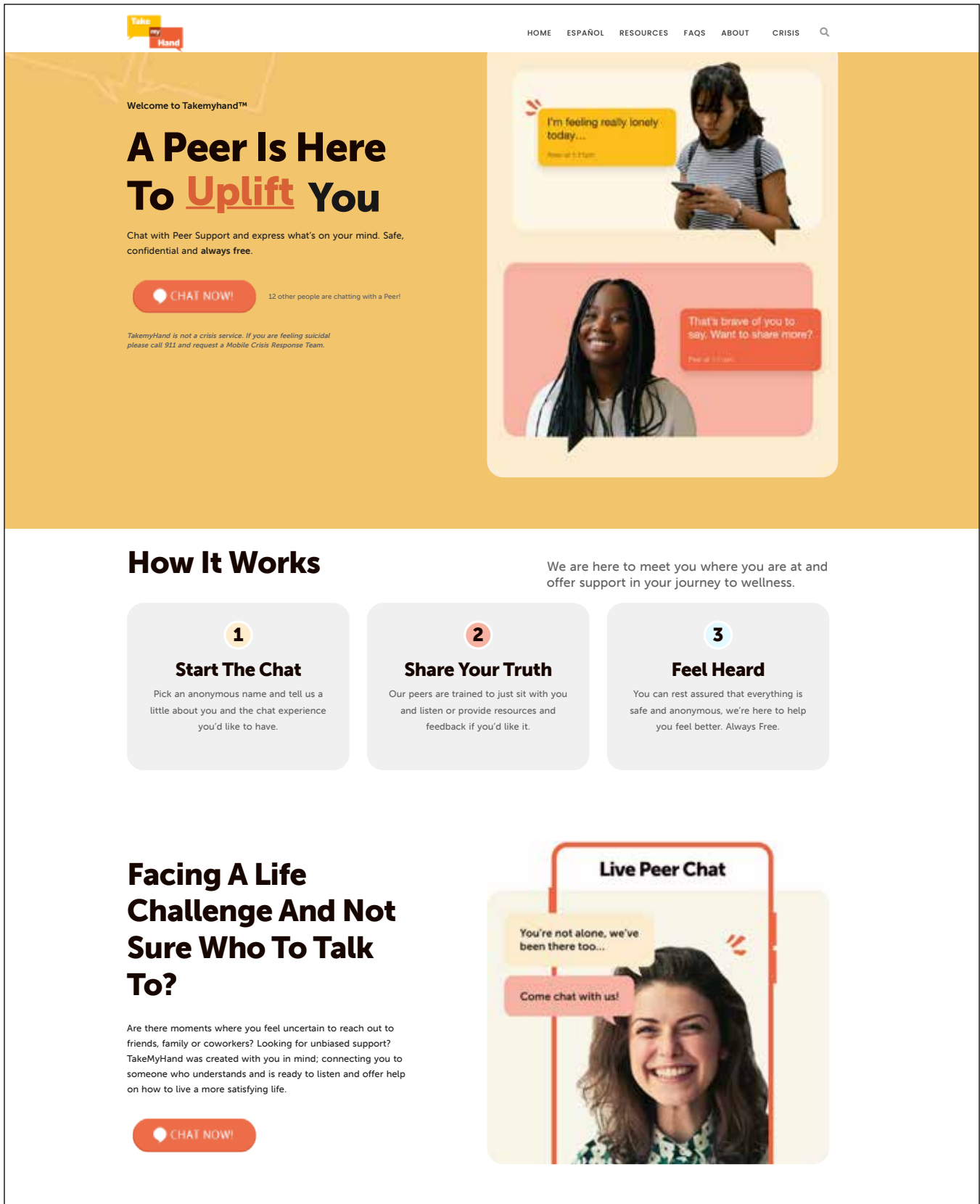
Updates to the TakemyHand™ Website

Riverside County worked with Dreamsyte to redesign the TakemyHand™ website. The new website launched in October 24, 2022 and featured a sleek design with the TakemyHand™ brand and color scheme to spotlight the power of Peer support.

Riverside County also continued to plan the production of its TakemyHand™ app for iPhone and is working on the Android version of the app. Design changes to the mobile app screens work is in progress to align with the redesigned TakemyHand™ website.

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[37] The California LifeLine program provides discounted home phone and cell phone service to eligible households.

Above: Screenshots of the newly updated TakemyHand™ website
Source: Riverside University Health System. (2020). TakeMyHand. Retrieved from https://takemyhand.co
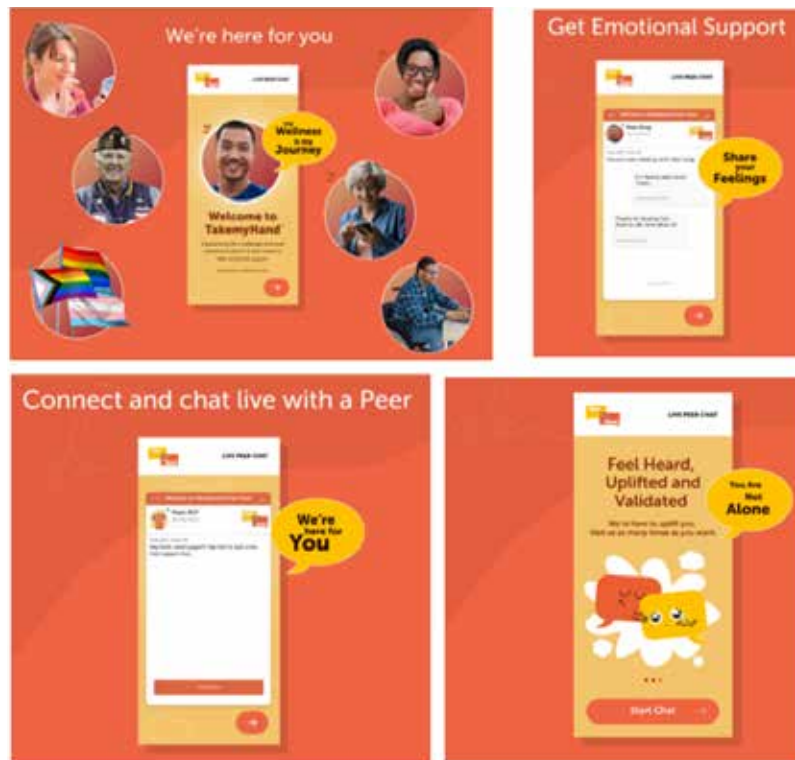
Above: Screenshots of the newly updated TakemyHand™ mobile app onboarding screens
Source: Riverside University Health System. (2020). TakeMyHand. Retrieved from https://takemyhand.co

Peer Support Operator Training

In collaboration with Center on Deafness Inland Empire (CODIE), Riverside County planned to make TakemyHand™ accessible to the Deaf and Hard of Hearing (DHoH) community. Plans involved giving those fluent in American Sign Language (ASL) real-time access to a Certified DHoH Peer Support Operator via TakemyHand™ video chat.

In October 2022, six CODIE members started a comprehensive two-week Peer Support Specialist Certification training[38] led by the county's Peer Support Administrator with the support of several ASL interpreters. Two CODIE members successfully completed the two-week training. To receive a Peer Support Specialist certification from the state of California, the recent trainees will need to pass the Medi-Cal Peer Support Specialist Exam, a 2.5-hour, 120-item multiple-choice exam. All newly certified CODIE Peers will then receive TakemyHand™ onboarding and training before becoming a TakemyHand™ Peer Support Operator.

Marketing

Riverside County continued to post monthly social media content for TakemyHand™ in English and Spanish on Facebook and Instagram. The county also continued to run radio advertisements, billboards, bus wraps, and bus shelter advertisements in English and Spanish. The Peer team completed messages for approximately 70-buses indoor advertisement and submitted to Dreamsyte to work on the creatives. These ads were deployed in the county's desert region. New print billboards and digital billboards with photographs of the county's Help@Hand Peers were also completed.

Dreamsyte helped the county utilize Google Ads to strategically leverage wider dissemination of the TakemyHand™ website to community members in need of Peer support and other resources. As a result, the TakemyHand™ website saw an increase in impressions and traffic.

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[38] More information about the training can be found at: https://www.capeercertification.org/.

Community Outreach

The county created a variety of audience-specific TakemyHand™ marketing materials such as infographics for youth, high school students, and faith-based events, in addition to TakemyHand™ branded folders, stickers, and business cards for outreach events.

TakemyHand™ was promoted at the following community outreach events in the last quarter of 2022:

- Faith and Mental Health Outreach Meeting
- Inland Empire Pride
- Project Connect, Highgrove
- Coachella Valley National Alliance on Mental Illness (NAMI) Walk Outreach, Coachella
- Peace from Chaos Suicide Awareness Outreach
- Out of the Darkness Coachella Valley Walk, Coachella
- Recovery Happens, Riverside
- Heritage High School Event, Menifee
- Palo Verde College LGBTQ+ History Month
- Liberty's High School Red Ribbon Week Event to "Celebrate Life, Live Drug Free," Winchester
- Nightmare on Queer Street, Riverside
- Coachella Valley NAMI Walk, Coachella
- San Jacinto Valley NAMI Walk, San Jacinto
- French Valley Community Faire, Riverside
- World Disability Day at The Living Desert
- Hemet Community and Family Resource Fair

Expansion Beyond Riverside County

Although TakemyHand™ was created to serve Riverside County residents, TakemyHand™ Peer Support Operators frequently receive chat visitors from across the country and around the globe.

In addition, Riverside County worked with San Francisco County to plan a TakemyHand™ pilot. Pilot planning included negotiating contracts and agreements, conducting trainings, developing websites, and planning evaluation efforts. More information about the partnership can be found in the San Francisco County narrative on page 117.

Evaluation

Riverside County's Research and Technology Evaluation unit has continued internally evaluating TakemyHand™. The evaluation involves analyzing website visitors, a comparison of first-time visitors versus returning visitors, the total number of chats received, demographics of chat users, and website engagement metrics. **Appendix C** includes TakemyHand™ evaluation data presented in the Help@Hand Evaluation Year 4 Mid-Year Report.

Future Directions

Riverside County will continue to market and make TakemyHand™ available. The county plans to launch their video chat functionality to support the DHoH community in 2023. They will also continue to work with San Francisco County to pilot TakemyHand™ in their county.

A4I PILOT

Implementation Underway

A4i is a technology that supports the schizophrenia and psychosis recovery process. In 2022, Riverside County continued to pilot App4Independence (A4i)[39] with three core audiences: transitional-aged youth (TAY), adults, and older adults.

The county plans to pilot A4i as shown below. The spotlight on page 98 describes the critical relationship between Peers, consumers, and providers.

The Riverside County Help@Hand team recruited and enrolled county clinics to participate in A4i pilot.

Clinic care team staff (e.g., clinical therapists, behavioral health & Peer Support Specialists) then referred clients from their respective clinics to participate in the A4i pilot.
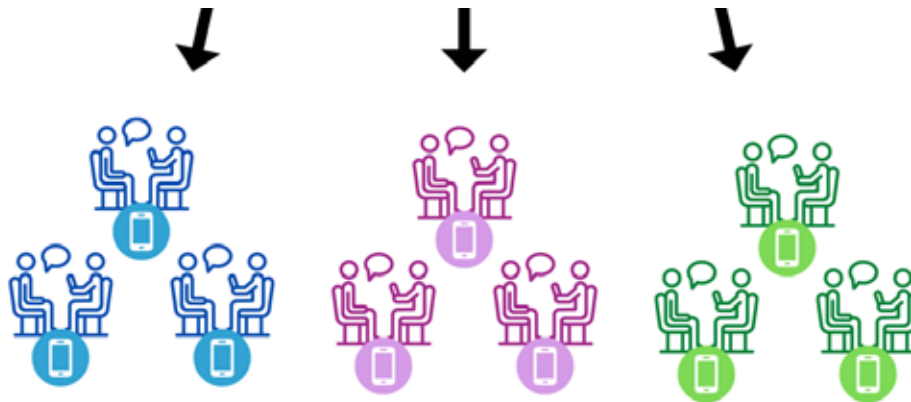
With support from the Riverside County Help@Hand team, clinic care team staff enrolled clients in the A4i pilot & engaged with the A4i platform.

Above: A4i pilot at-a-glance
*Source:* Help@Hand evaluation team (2022)

[39] More information about A4i can be found at: https://www.a4i.me/.

SPOTLIGHT

The Peer-Consumer-Provider Relationship – Creating Collaboration, Connection, and Mutuality

by Josephine Perez, LMFT

As the senior clinical therapist for Riverside University Health System-Behavioral Health (RUHS-BH) – Help@ Hand Program, I was given the task of tracking the milestones for the A4i pilot project. I used the emails between peer support specialists and care team providers to track these milestones. Through the process of analyzing these emails, I discovered that peer support specialists, consumers, and care team providers developed a mutually-supported relationship. I termed it the "peer-consumer-provider" relationship.
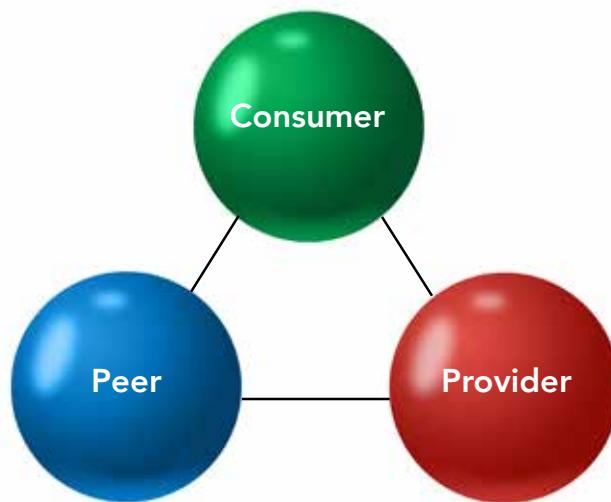
I began to see that this relationship created collaboration, connection, and mutuality that guided how the A4i pilot was implemented and managed.

The Importance of Relationships with Digital Technology in Mental Health Programs

Mutually-supported and trustworthy relationships between peers and consumers, and between consumers and their clinical providers are not new concepts in mental health program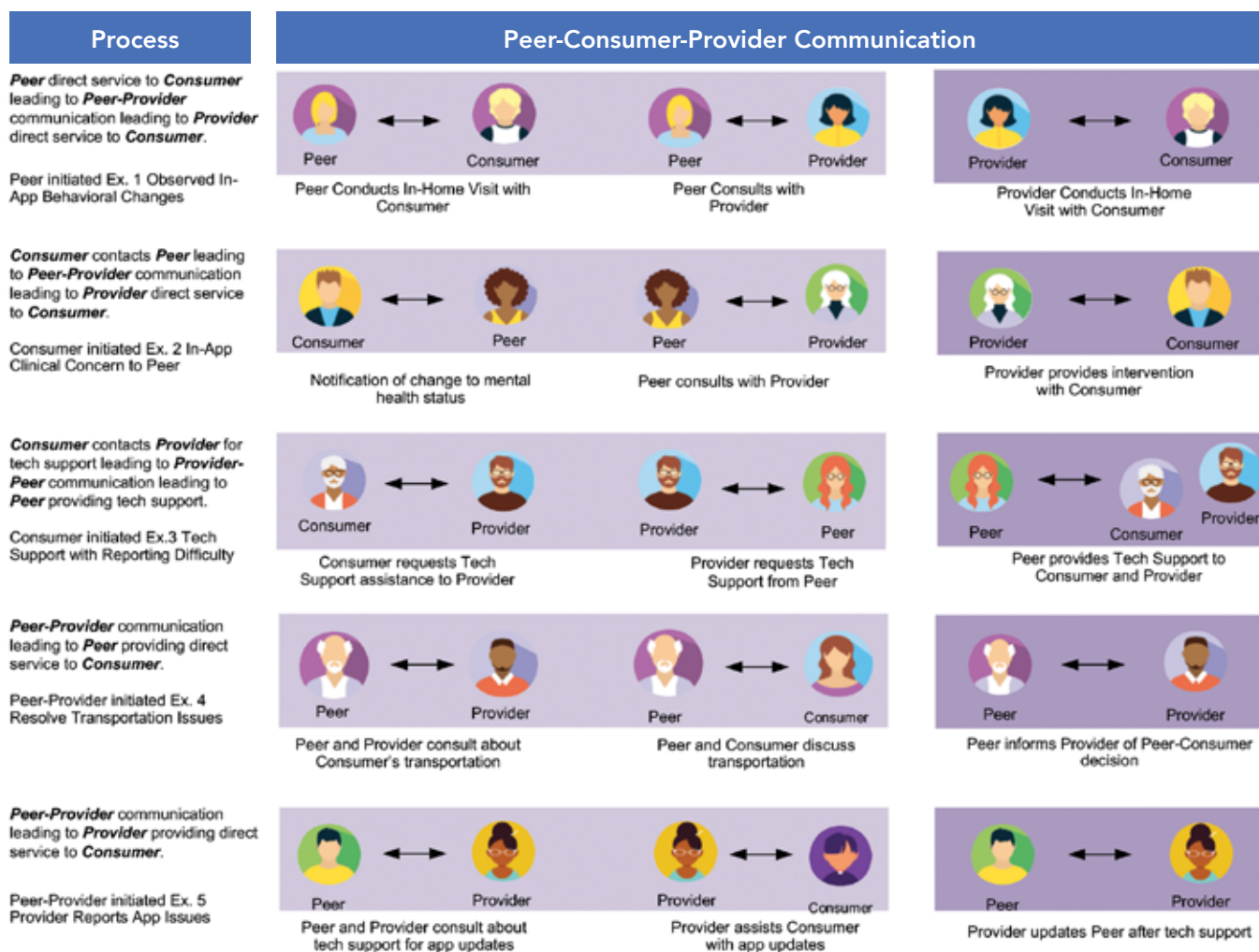s. These same relationships have been proven to be even more essential if consumers are going to be successfully engaged with digital technology as part of their mental health treatment. Studies showed that with peer support, consumers were more engaged and had

the confidence and skills to better manage their own health.[40] Additionally, an active consumer-provider relationship predicted higher consumer engagement with a mental health app.[41], [42], [43]

With these studies in mind, RUHS-BH Help@Hand set out to evaluate if the A4i technology increased connection between consumers and their care team providers. In the Help@Hand Evaluation Y4 Q1-2 Report, evaluators found that when providers were active on the A4i app, their consumers correspondingly reported high A4i use. It also found that peers provided tech support for consumers and providers when needed or requested. These activities showed that peers, consumers, and providers were interacting. But were they "connecting," forming a relationship during their interactions?

How the Peer-Consumer-Provider Relationship is Created

My original intention for tracking emails between peers and providers was to gather important milestones with the A4i app. Instead, I began looking past the subject line in the emails and gave closer attention to the process between peers and providers as they communicated. I looked at 45 emails between six peer support specialists and 17 care team providers from July 2022 to September 2022. I observed that emails between peers and providers seemed to indicate that peers, consumers, and providers were developing a genuine relationship – a peer-consumer-provider relationship. Emails appeared to organize into five communication processes that were triggered as a result of the use of technology to deliver mental health services. Below are examples that illustrate the engagement process:

Process	Peer-Consumer-Provider Communication		
Peer direct service to **Consumer** leading to **Peer-Provider** communication leading to **Provider** direct service to **Consumer**. Peer initiated Ex. 1 Observed In-App Behavioral Changes	Peer ⟷ Consumer Peer Conducts In-Home Visit with Consumer	Peer ⟷ Provider Peer Consults with Provider	Provider ⟷ Consumer Provider Conducts In-Home Visit with Consumer
Consumer contacts **Peer** leading to **Peer-Provider** communication leading to **Provider** direct service to **Consumer**. Consumer initiated Ex. 2 In-App Clinical Concern to Peer	Consumer ⟷ Peer Notification of change to mental health status	Peer ⟷ Provider Peer consults with Provider	Provider ⟷ Consumer Provider provides intervention with Consumer
Consumer contacts **Provider** for tech support leading to **Provider-Peer** communication leading to **Peer** providing tech support. Consumer initiated Ex.3 Tech Support with Reporting Difficulty	Consumer ⟷ Provider Consumer requests Tech Support assistance to Provider	Provider ⟷ Peer Provider requests Tech Support from Peer	Peer ⟷ Consumer ⟷ Provider Peer provides Tech Support to Consumer and Provider
Peer-Provider communication leading to **Peer** providing direct service to **Consumer**. Peer-Provider initiated Ex. 4 Resolve Transportation Issues	Peer ⟷ Provider Peer and Provider consult about Consumer's transportation	Peer ⟷ Consumer Peer and Consumer discuss transportation	Peer ⟷ Provider Peer informs Provider of Peer-Consumer decision
Peer-Provider communication leading to **Provider** providing direct service to **Consumer**. Peer-Provider initiated Ex. 5 Provider Reports App Issues	Peer ⟷ Provider Peer and Provider consult about tech support for app updates	Provider ⟷ Consumer Provider assists Consumer with app updates	Peer ⟷ Provider Provider updates Peer after tech support

[40] Fortuna, K. L., Brooks, J. M., Umucu, E., Walker, R., & Chow, P. I. (2019). Peer support: A human factor to enhance engagement in digital health behavior change interventions. *Journal of Technology in Behavioral Science*, 4, 152-161.

[41] Ben-Zeev, D., Brenner, C. J., Begale, M., Duffecy, J., Mohr, D. C., & Mueser, K. T. (2014). Feasibility, acceptability, and preliminary efficacy of a smartphone intervention for schizophrenia. *Schizophrenia Bulletin*, 40(6), 1244-1253.

[42] Chan, A. H. Y. & Honey, M. L. L. (2021). User perceptions of mobile digital apps for mental health: Acceptability and usability—An integrative review. *Journal of Psychiatric and Mental Health Nursing*, 29, 147-168.

[43] Marshall, J. M., Dunstan, D. A. & Bartik, W. (2020). Clinical or gimmickal: The use and effectiveness of mobile mental health apps for treating anxiety and depression. *Australian & New Zealand Journal of Psychiatry*, 54(1), 20-28.

What is Created by The Peer-Consumer-Provider Relationship

After understanding the communication processes between peers, consumers, and providers, I was curious if these communications had relationship qualities within them. I went back and re-analyzed the emails. This time I explored the relationship qualities between peers, consumers, and providers. Although consumers did not directly contribute to the email threads, they were not voiceless partners in the communications between peers and providers. I discovered the following interpersonal qualities that I believe created the peer-consumer-provider relationship.

● *Collaboration.*

Collaboration in the peer-consumer-provider relationship was the first recognizable interpersonal quality illustrated in the five communication processes. Collaboration was not simply about a "togethering" to accomplish a task or resolve a concern. In the peer-consumer-provider relationship, there was mutual respect, mutual input and mutual decision-making. Consumers' concerns and/or requests were met with mutual respect by both peers and providers. Mutual input and decision-making were practiced by peers and providers to resolve a consumer's concerns/requests. Mutual respect, input, and decision-making guided the collaboration between peer, consumer, and provider resulting in effective direct service to the consumer.

● *Connection.*

Connection was not simply about linkage. Connection in the peer-consumer-provider relationship was based on trust and mutual dependence. In communication process Example 2, a consumer contacted a peer that she was being hospitalized. The peer contacted the provider about the consumer's hospitalization. The provider followed up with the consumer and reported that she was safe and working on achieving stability. Connection between a peer, consumer, and provider was initiated because of trust from the consumer and follow-through was made because of mutual dependence between the peer and provider to ensure direct service was provided to consumer.

● *Mutual Agreement.*

Mutual agreement between peers, consumers, and providers was achieved from the onboarding of consumers and providers, to resolving consumers' concerns and requests, to meeting A4i expectations, to providing technical support. Agreement began with mutual consent. Peers, consumers, and providers consented to their respective roles and responsibilities within the A4i. Mutual consent led to an agreeable commitment with the daily management of the A4i. In communication process Example 3, a consumer contacted their provider about difficulties with medication reporting (a required daily task). The provider contacted the peer for technical support. The peer contacted the A4i vendor to resolve technical issues. The peer followed up with the provider and consumer with a solution. Mutual consent between peers, consumers, and providers was first made regarding the required daily reporting on the A4i device. From mutual consent, peers, consumers, and providers mutually agreed to being successful with the A4i project.
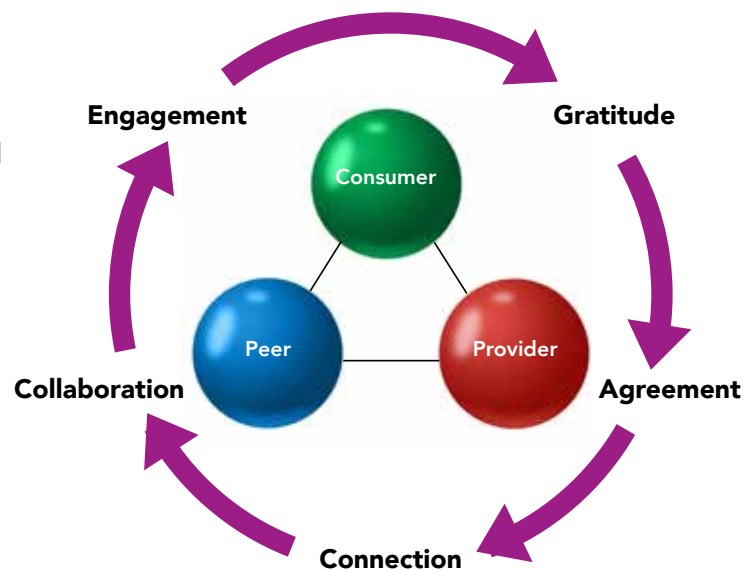
● *Mutual gratitude.*

Throughout the implementation and management of the A4i, peers, consumers, and providers expressed mutual gratitude about their collaborations. This was evident from resolving technical support issues to arranging transportation for consumers to replacing stolen/lost A4i devices. Mutual trust was key to successful collaborations which resulted in gratitude being mutually expressed between peers, consumers, and providers.

● *Mutual engagement.*

Mutual engagement was not as evident in the daily reporting or monitoring on the A4i, but it was evident in the mutual commitment to increase consumers' recovery and wellness. This type of engagement began with agreed upon goals between consumers and providers that were supported by peers. Mutual engagement was sustained because, as a group, they practiced a workflow that consistently supported their relationship.

The interpersonal qualities of collaboration, connection, and mutuality mark the uniqueness of the peer-consumer-provider relationship. Individual roles and responsibilities served as the foundation for the implementation of the A4i. As the pilot evolved and challenges appeared, collaboration, connection, and mutuality created relationship. It was this relationship that steered the A4i pilot in a forward direction that was both stable and successful.

Peer-Consumer-Provider Relationship Collaboration-Connection-Mutuality

Why The Peer-Consumer-Provider Relationship Is Important

Increasing consumer engagement is one of the most important goals when implementing digital technology into behavioral health programs. Provider engagement on digital apps has been one factor in determining the extent of consumer engagement. So too, peer support to both consumers and providers has been equally important in predicting high engagement. In the A4i pilot project, the peer-consumer-provider relationship resulted in more than engagement. It initiated relational processes – collaboration, connection, and mutuality – that perhaps have been key factors for working with the A4i. For RUHS-BH Help@Hand, the A4i app brought opportunity for peers, consumers, and providers to collaborate, connect, and create mutuality that supported the overall goal of consumers achieving greater wellness and recovery.

Challenges and Limitations

My analysis was limited in scope. Future efforts to examine the peer-consumer-provider relationship should include qualitative interviews with peers, consumers, and providers to understand if the peer-consumer-provider relationship is sustainable. Many important questions remain. Is the peer-consumer-provider relationship valuable in the greater context of behavioral health? How could the relationship impact overall statewide collaborative partnerships? Finally, how may the relationship affect future digital interventions in mental health programs? My goal in looking at the peer-consumer-provider relationship was to explore how interpersonal processes may have been the primary contributing factors for the quantity and quality of engagement on the A4i.

Primary challenges to the peer-consumer-provider relationship have been staffing issues and the overall involvement of the peer voice in local projects. First, peer and provider staffing have been challenged by staff re-assignments, high staff turnover, and increased staffing assignments that have made it difficult to manage responsibilities. So too, the most recent Help@Hand Evaluation Report showed that peers overall had a lower impact on local projects involving mental health technologies. There were declines in the value of peer input by mental health professionals, peer input that resulted in meaningful insights, and peer input that resulted in benefits to community members.

RUHS-BH Help@Hand's commitment to bringing digital technology into its behavioral health programs is being tested by these challenges. Increased hiring of peers is an obvious first step. But hiring is limited by budget restraints and priorities. There must also be increased education of management and clinical staff about the value of the peer-consumer-provider relationship, especially in the context of integrating digital apps in mental health programs. These are not overnight solutions. But perhaps they may be better achieved with long-range planning. It begins with commitment, a relational process.

▌Conclusion   My primary aim in writing this spotlight was to introduce and underscore the importance of relationship when implementing digital apps into mental health programs. The peer-consumer-provider relationship is a real entity. It creates relational processes associated with collaboration, connection, and mutuality. It is my belief that these relational processes have contributed to the present success of the A4i in RUHS-BH Help@Hand Program. When digital technology is being considered as a standing mental health intervention, the importance of the peer-consumer-provider relationship in this process should not be minimized.

BIOGRAPHY

Josephine Perez is a licensed marriage and family therapist. She is currently the senior clinical therapist for RUHS-Behavioral Health Help@Hand Program.

Recruitment of Clinic Care Team Staff and Clients

The total number of enrolled client participants in the pilot was 45 as of September 2022. Recruitment of care team staff and clients was slower than anticipated due to ongoing challenges with staffing and resources within Riverside County and participating pilot sites, the inherent challenge of recruiting participants during a pandemic, and overstretched staff at clinic sites. As a result, the county expanded recruitment efforts beyond the original three sites and now have enrolled clinic care team staff from over 10 sites throughout Riverside County.

Throughout 2022, Riverside County staff including its Senior Peer Support Specialist, Senior Clinical Therapist, and Peer Support team facilitated presentations in efforts to expand recruitment for the A4i pilot. Similarly, the county created the following newsletter for care team providers enrolled in the A4i pilot to communicate updates and engage the providers. It was sent in November 2022 to care team members participating in the pilot and the newsletter was also sent to county managers and administrators. Riverside County plans to send the newsletters to care team members, program managers and administrators on a quarterly basis.

Above: Newsletter distributed by Riverside County to A4i care team providers and program managers and administrators
Source: RUHS-BH Help@Hand team (2022)

A4i Device Distribution

All pilot participants received an Android phone device to help them access A4i. The phones were preprogrammed with A4i and free wellness apps. Riverside County diligently vetted the wellness apps to pre-load on the phone devices. The pre-loaded wellness apps were: Peggle Blast, PTSD Coach, PuraMente, WYSA, WYSA Sleep, Mindshift, Field Guide to Life, MYHP – IntelliChartPatient Portal, IEHP Smart Care, A4i, Bambu, Recovery Record, Dbt911, Intellect, Yana: Tu acompañante emocional, Headspace, eMoods, MS Teams, CalmHarm, and Happy Color.

The county contracted with Verizon, G|M Business Interiors, and Jaguar Computer Systems to purchase, configure, and distribute the phone devices. Jaguar Computer Systems, a computer networking company, configured the phone devices in kiosk mode with security features that do not allow participants to add other applications to their phones. These configuration measures ensure a uniform technical support approach for the provided phone device and allow remote access to push application updates as needed.

All participants receive an A4i welcome intake kit at the beginning of the pilot. The kit includes the app quick guide, which was created by Riverside County's Peer team and help participants familiarize themselves with the important features and uses of A4i and the wellness apps. The participant kit includes an A4i folder with a quick app guide, support phone number, A4i user guide and a variety of welcome swag.

Throughout the pilot, the Riverside County Help@Hand Peer Team helped distribute technology assessment surveys, pilot enrollment appointments, phone devices, and incentives. Pilot participants received an incentive of $250 as a thank-you for their time and participation (e.g., $50 for each of their onboarding and interview appointments).

Evaluation

The A4i pilot consisted of a client evaluation and a provider evaluation.

A4i Client Evaluation

Riverside County's Research and Technology Evaluation unit led the client evaluation of the A4i pilot. The county's evaluation included:

- A4i app data
- Client surveys and interviews with A4i pilot participants

Preliminary feedback from A4i pilot participants has been positive. Riverside County's Research and Technology Evaluation unit created the infographic on page 105. The infographic provides findings about most frequently used app features, a summary of A4i user experience, client perceptions about A4i app features, and comments from clients who used the A4i app.
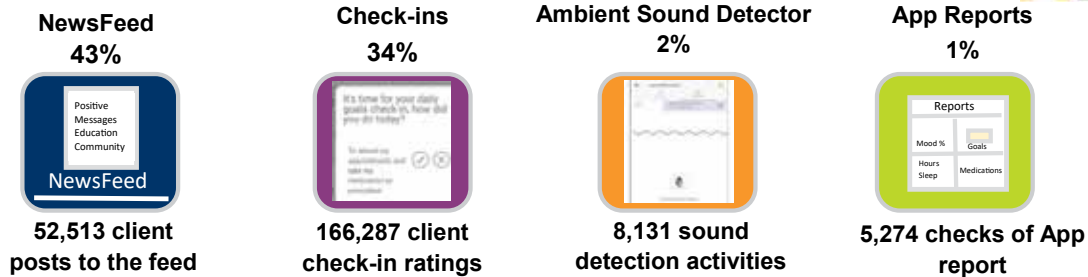
Additionally, several client success stories were collected and highlight how A4i has helped support the lives of A4i pilot participants. The client success stories are on page 107.

Riverside County
Riverside University Health Systems-Behavioral Health (RUHS-BH)

RUHS-BH is piloting the App for Independence (A4i) a digital technology for individuals with schizophrenia spectrum diagnoses. The A4i App features include: client notes to their mental health provider, a Newsfeed that supports connection to a community of people with similar challenges, Check-Ins to track mood, sleep, and goals. Medication reminders, and an Ambient Sound Detector to assist those experiencing auditory hallucinations with differentiating environmental sounds from hallucinations. A4i features also include a clinical dashboard for providers to view client activity in the A4i App. RUHS-BH recruited County clinic clients as A4i pilot participants. Recruitment of A4i Pilot participants is on-going. As of January 2023, 28 Pilot participants have graduated from the A4i pilot (i.e. participating for 6-months in the pilot), 10 consumers participated for 3 months. Preliminary data was analyzed and summarized for the 38 people with 3 to 6 months of use.

Most Frequently Used A4i Features Percentage of Activity on App

NewsFeed 43%	Check-ins 34%	Ambient Sound Detector 2%	App Reports 1%
52,513 client posts to the feed	166,287 client check-in ratings	8,131 sound detection activities	5,274 checks of App report

Summary of User Experience Survey after 3-Months and 6-Months in the Pilot

Analysis of the 38 participant's data from the Technology Use Survey and A4i User Experience Survey preliminary results on select items. Percentages reflect "Agreed" or "Strongly Agreed" responses to survey item statements.

✓91.9% enjoyed using A4i

✓86.5% found A4i useful in their daily lives

✓78.4% thought A4i met their wellness needs

✓75.6% thought using A4i improved their mental health

✓89.2% would continue to use A4i if given the opportunity

✓94.6% would recommend A4i

✓91.9% thought A4i is easy to use

✓67.6% thought A4i rarely crashed or caused problems

✓81.1% thought it is easy to navigate within A4i

✓83.8% thought it is easy to find the information they need in A4i

✓89.2% thought the information on A4i is credible and trustworthy

Pre User Tech Survey Q: Have you ever used a Mental Health Application?

66.7% participants indicated **No**, but interested in using one.

RUHS-BH Evaluations January 2023

App 4 Independence
Summary of User Experience data after 3-Months and 6-Months in the Pilot

Analysis of the 38 participants data from the A4i User Experience Survey, and Quality of Life Survey on select items is summarized below.

Participants' Response to Survey Items on What they thought about A4i Features: Newsfeed, Goals Tracking, and Notes

Example Survey Item: I think the Newsfeed feature on A4i meets my wellness needs
Percentages reflect "Agreed" or "Strongly Agreed" responses to survey item statements.

✓ 86.5% thought the Newsfeed feature on A4i was easy to use.
✓ 67.5% would use the Newsfeed feature on A4i often.
✓ 67.6% thought the Newsfeed feature on A4i meets their wellness need.
✓ 78.4% thought the Goals Tracking feature on A4i was easy to use.
✓ 67.5% thought the Goals Tracking feature on A4i meets their wellness needs.
✓ 72.9% thought the Goals tracking feature on A4i has helped them to feel connected to their service providers and services at the clinic they attend.
✓ 73.0% thought the Notes feature on A4i meets expectation to help them communicate to their care team.

Client Comments regarding experience throughout the A4i participation:
A Peer Support Specialist shared a comment from a recently graduated A4i participant, indicating he loved the app, and that its tool has helped him. The Participant expressed how at times he felt a bit scared with an episode coming on, then he looked at his A4i phone app and felt safer. He liked it being available to him and felt better with the auditory hallucination detector. The participant also expressed that he wished that this app was available to more people "like him."

Quality of Life - Items Satisfaction with Life Sense of Belonging Scale of 1-No Satisfied to 10-Completely Satisfied	Dis-Satisfaction Decreased *Ratings 1-4*			Satisfaction Increased *Ratings 7-10*		
	Pre	Post	% Decrease	Pre	Post	% Increase
How satisfied are you with your life as a whole?	40.5%	21.6%	**-18.9%**	29.7%	35.1%	**+5.4%**
How satisfied are you with feeling part of your community?	40.5%	24.3%	**-16.2%**	27%	48.6%	**+21.6%**
How satisfied are you with your personal relationships?	43.2%	16.2%	**-27.0%**	35.1%	62.2%	**+27.1%**

Quality of Life was measured for participants at the beginning of the pilot and after 3 to 6 months of participation in A4i App use. Select items were analyzed focused on measuring increases in purpose, a sense of belonging and social connectedness. Preliminary data shows some improvements in participants self-ratings on these dimensions.

Quality of Life - Items Meaningful Activity Relationships Scale 1-Unhappy Terrible to 6-Delighted	Satisfaction Increased *Ratings 4-6*		
	Pre	Post	% Increase
How do you feel about the amount of meaningful activity (e.g. work, school, volunteer, leisure) in your life ?	18.9%	40.5%	**+21.6%**
How do you feel about the amount of time you spend with other people?	18.9%	37.8%	**+18.9%**
How do you feel about the amount of friendship in your life?	21.6%	45.9%	**+24.3%**

RUHS-BH Evaluations   January 2023

Above: A4i client data summary infographic created by Riverside County evaluation team
Source: RUHS-BH Help@Hand team (2022)

A4i Client Success Stories

An active A4i participant told RUHS-BH Help@Hand Peer, Mary Gil, that he "loves the app" and that "it's another tool for him." The participant expressed how at times he has felt a bit scared that an episode is coming, and that A4i's audio detection feature has helped him feel safer. He stated how **he wishes this app was available to more people that live with similar mental health diagnoses as him**. Mary elaborated, "He is very excited for his completion date so he can say a speech. This participant is a Hispanic male that I have had the privilege to support through his wellness journey."

RUHS-BH Help@Hand Peer Specialist, Vicky Rodriguez, noticed that an A4i participant she was onboarded was feeling, "uneasy in his seat." She shared, "I spoke with him, and he expressed he couldn't sit down for too long because he has anxiety. I told him my story and what I do when I am having a moment. I let him know he could get up and walk around the room if he needed to. He said I was really understanding and thanked me for my kindness. The gratitude made my day. **Helping participants with the A4i onboarding gives hope and is rewarding for Peers as well**."

Gail Leavitt, RUHS-BH Help@Hand Peer Support Specialist, said, "I have been blessed to be able to see the process of A4i helping a particular consumer. I was part of their onboarding process and they seemed excited to get started." Gail observed that the participant was "apprehensive about learning how to use a new app and phone." However, Gail shared, "**I was with them through the whole process, and it worked out that they knew how to use their new phone and app very well by the time they left**. They called me the next day and told me how grateful they were and that being able to navigate the phone has helped their confidence by so much, and they felt valuable and important because of this pilot."

One A4i client shared, "Graduation Day from A4i pilot program was an especially edifying event for two of us graduates. **Technology has been a scary "T-Word" for me**, a 70+ consumer who is often triggered by the thought of doing ANYTHING that is based in technology. Yet the idea of a having a Peer support program in an app was too irresistible." She continued, "Working out the bugs in this cutting-edge endeavor was ANXIETY inducing. Yet it gave me cause to sharpen the utilization of my tools. Plus… the incentives were quite enticing. **The program was a great BIG LOVING HUG** from my Therapist, Etta; Peer Support Specialists, Stephanie & Chris; Case Manager, Kayla, and the entire A4i Team! We were celebrated with love & style. Furthermore, I was blessed with the opportunity to share my poem penned as part of my final from Peer support training."

Above: The A4i client stories and testimonials were shared by Riverside Help@Hand Peer team with the Help@Hand evaluation team
Source: Help@Hand evaluation team (2022)
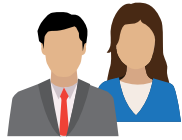
A4i Provider Evaluation

The Help@Hand evaluation team led the provider evaluation of the A4i pilot. The evaluation includes:

- Interviews and surveys with A4i providers (e.g., clinical therapists, behavioral therapists and Peer Support Specialists)

Preliminary feedback from providers has been positive. Providers found A4i beneficial for their clients, with nearly all providers stating that they would refer clients to A4i in the future. The data below summarizes preliminary survey findings from providers about the ongoing A4i pilot. Please note that data collection is ongoing, and trends may change as more data is collected.

Summary of Provider Experience with Riverside County's A4i Pilot

A total of 18 providers completed an online survey after 1-month of using A4i with their respective clients. The summary includes survey demographics, providers' views of A4i and the level of support they received, providers' experience with referring clients to A4i and experience using A4i in practice. The survey consisted of several open-ended questions to give providers the space to give more comprehensive feedback. Direct quotes from the open-ended questions are included throughout the section and on page 111.

Survey Demographics

Gender
72% Woman
28% Man
0% Transgender Man or Woman/Genderqueer/Non-Binary/
Questioning/Other/Declined to Answer

Age (Mean)
40.8

Race/Ethnicity
50% White
28% Hispanic or Latino
17% African American
6% Asian American/Pacific Islander

Role
44% Clinical Therapist
33% Peer Support Specialist
22% Behavioral Therapist

Population Worked With
56% Adults (25-59 years)
28% TAY (16-25 years)
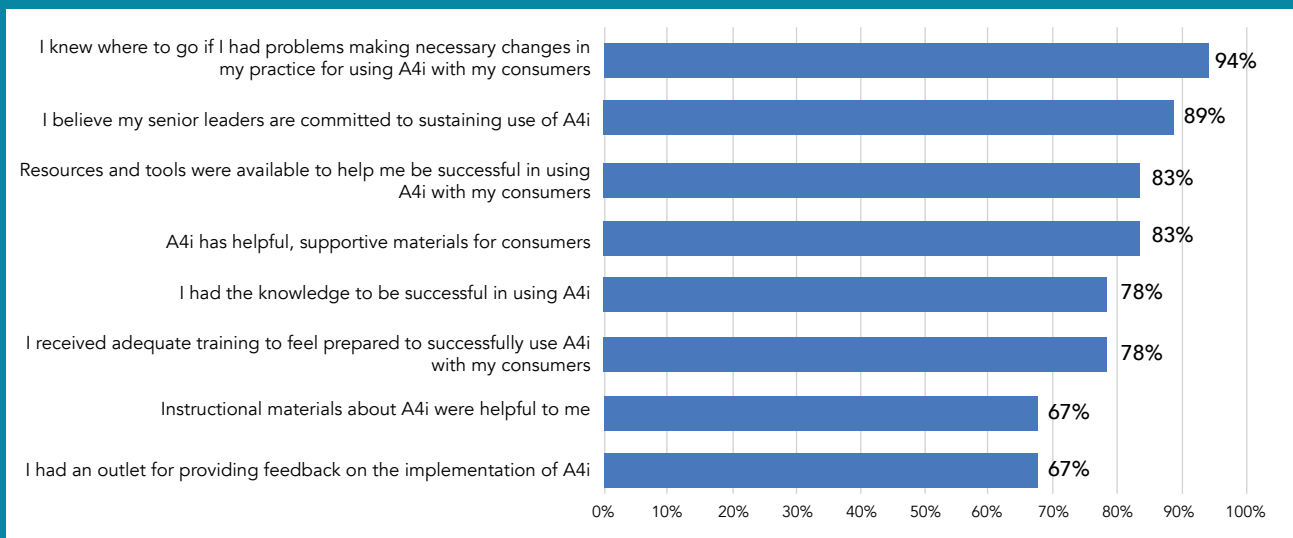**11%** Mature Adults (60+ years)
6% N/A

Providers' Views of A4i

94% of providers felt that A4i was beneficial to their clients and 94% reported that they would refer clients in the future.

Category	Percentage
Would refer consumer to A4i in the future	94%
Feel the care model of A4i is a significant innovation may benefit your consumers	94%
A4i seems fitting for my work	89%
Feel that the A4i dashboard has been helpful in your being able to provide support to your consumers	72%
Like A4i's clinical dashboard	72%
A4i seems easy to use	72%
Like A4i's consumer interface	67%

" *In the beginning, I was unsure of how the program worked, therefore I was a bit confused at first, but now that I have become more familiar with the program I am able to provide adequate support for the participants. - Peer Support Specialist* "

Level of Support Received

94% of providers knew where to find support if they encountered problems using A4i. 89% of providers reported that they believe their senior leaders were committed to sustaining use of A4i after the pilot was over.

Category	Percentage
I knew where to go if I had problems making necessary changes in my practice for using A4i with my consumers	94%
I believe my senior leaders are committed to sustaining use of A4i	89%
Resources and tools were available to help me be successful in using A4i with my consumers	83%
A4i has helpful, supportive materials for consumers	83%
I had the knowledge to be successful in using A4i	78%
I received adequate training to feel prepared to successfully use A4i with my consumers	78%
Instructional materials about A4i were helpful to me	67%
I had an outlet for providing feedback on the implementation of A4i	67%

" *I believed it would be a helpful tool to engage and connect with clients. For some clients, they really enjoyed it and found it helpful. Others struggled with utilizing the technology. - Clinical Therapist* "
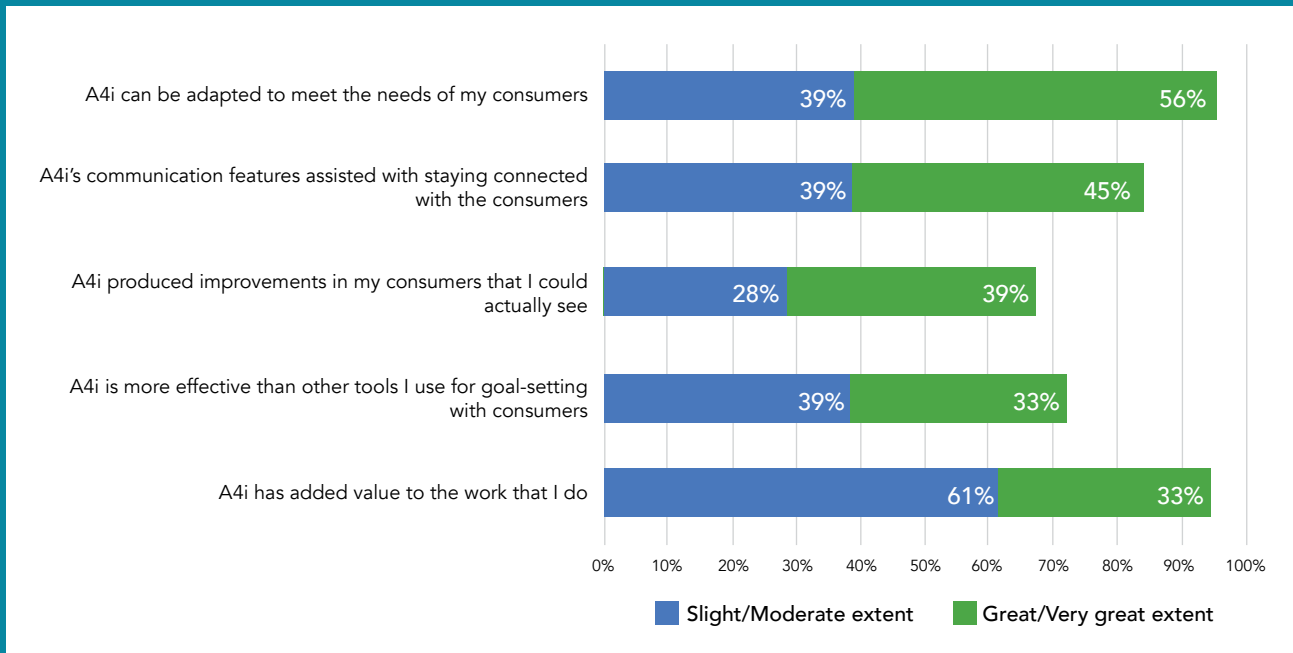
Experience Referring Clients to A4i

89% of providers stated that recommending A4i to clients was an easy process. Similarly, 89% of providers reported that A4i was a useful resource for their clients.

Statement	Percentage
Recommending A4i to consumers has been an easy process	89%
A4i is a useful resource for my consumers	89%
Using A4i has supported my consumers to engage in treatment	89%
Feel confident recommending A4i to consumers	83%
The A4i news feed is useful for consumers	83%
Feel positively toward A4i	83%
A4i has enhanced the care I provide my consumers	78%
There are mechanisms in place to sustain the administration of A4i	61%

Providers' Experience using A4i

56% of providers stated that A4i could be adapted to meet the various needs of their clients to a great/very great extent, while 39% agreed to a slight/moderate extent.

Statement	Slight/Moderate extent	Great/Very great extent
A4i can be adapted to meet the needs of my consumers	39%	56%
A4i's communication features assisted with staying connected with the consumers	39%	45%
A4i produced improvements in my consumers that I could actually see	28%	39%
A4i is more effective than other tools I use for goal-setting with consumers	39%	33%
A4i has added value to the work that I do	61%	33%

Slight/Moderate extent   Great/Very great extent

Additional Feedback from Providers

Providers gave very useful feedback. For instance, one flagged that, "**The ability for clients to leave notes is very helpful. It would be helpful if the communication was not one-sided.** If staff could leave even template messages such as 'Your note has been reviewed and will be discussed at your next meeting with staff' it may be helpful so clients can feel acknowledged."

One provider shared that, "The team has been helpful with implementation. I know **it has been difficult with the pandemic** and people (myself included) being out unexpectedly. **I've felt supported** by the [Help@Hand Riverside County] team during this time."

Another provided noted some of the digital literacy challenges that made using A4i more difficult for some of their consumers. They reported, "[The program] needs to be user friendly for clients in my population. **Some of them are not up to date with today's technology, as well as having trouble with the device and accessing dashboard**. I also think the therapist who is on board should be given access to an app on our work cell to also have access with field base programs such as Adult Full Service Partnership (FSP)."

Several providers also talked about their experience with **bugs and glitches** within A4i. For example, "I have a hard time login in to the A4i platform as a therapist. I got it fixed and I am still having problems logging in." Another noted that, "**The dashboard was relatively easy to use**. There were some bugs that were fixed once brought to the team's attention. "

Above: Quotes were pulled from interviews the Help@Hand evaluation team conducted with providers that participated in the A4i pilot
Source: Help@Hand evaluation team (2022)

Future Directions

Onboarding and recruitment of pilot participants is expected to continue through August 2023. Riverside County will review pilot outcomes and will then decide if and how to proceed with offering A4i to their core audiences.

RecoveryRecord RECOVERY RECORD PILOT
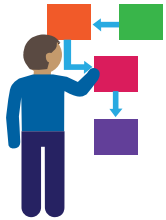
Pilot Planning

Strategic planning for the Recovery Record pilot began in 2022. Recovery Record is an app designed to support recovery from eating disorders using techniques rooted in cognitive behavioral therapy (CBT). The county hired a senior clinical therapist and clinical therapist to support this work.
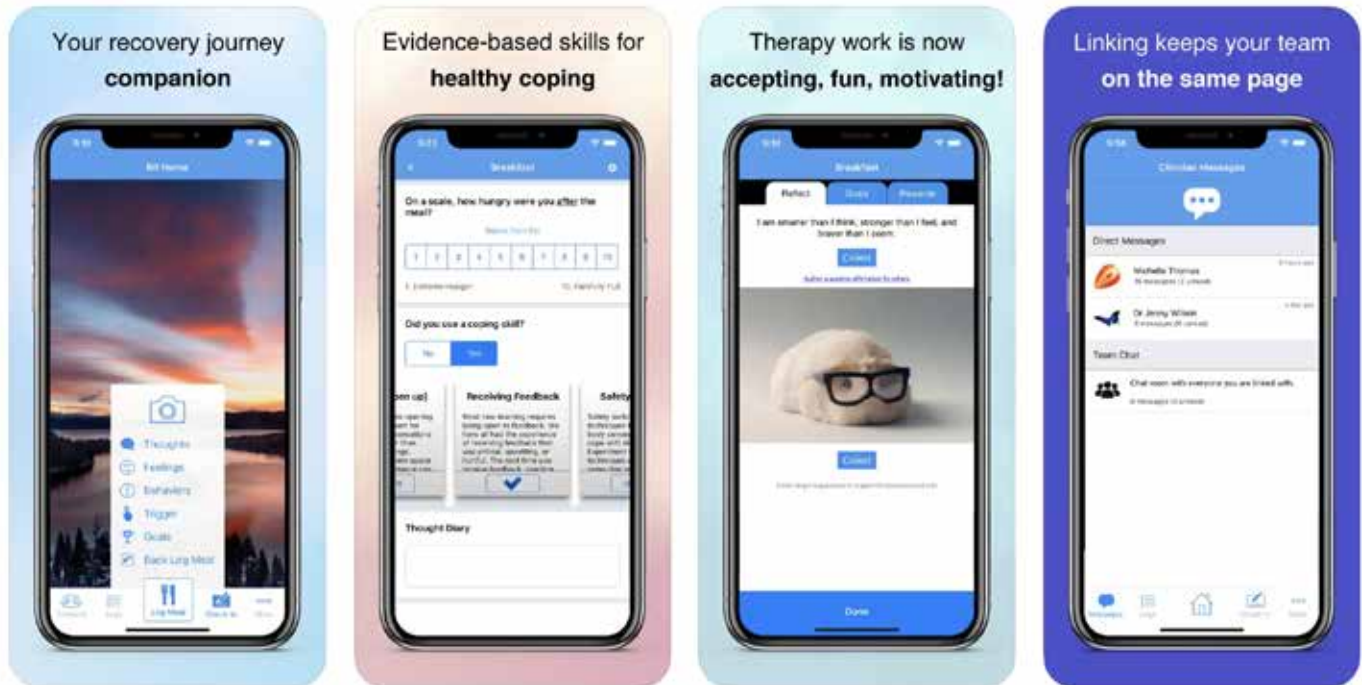
Above: Screenshots of the Recovery Record app from the Apple App Store
Source: Recovery Record. (2011). Recovery Record: Eating Disorder Management. (Version 9.4.0) [Mobile App]. Apple App Store. https://apps.apple.com/us/app/rr-eating-disorder-management/id457360959#?platform=iphone

Riverside County held several meetings in 2022 with a group of county Eating Disorder Champions to gather input on how best to integrate Recovery Record into clinical workflows. Eating Disorder Champions are providers working in the county's Eating Disorder Treatment Centers who will participate in the Recovery Record pilot. The county also met with the Help@Hand evaluation team to plan evaluation activities.

The county met with Recovery Record to view a product demo and draft a scope of work during the third quarter of 2022. Riverside County and Recovery Record signed a contract in December 2022 and the county began preparing to train Eating Disorder Champions in late December.

Future Directions

The Recovery Record pilot is expected to launch in 2023.

KIOSK INSTALLMENT

Riverside County installed kiosks to promote the use of technology to connect and engage individuals with the use of wellness tools and digital resources in Riverside County. Specific goals were:

Provide access to free mobile technologies	Provide access to free preloaded apps	Provide education on the signs and symptoms of mental illness, including emotional/behavioral destabilization
Reduce stigma associated with mental illness by promoting mental wellness	Provide connection to help in real-time with access to Peer Support through the TakemyHand™ Live Peer Chat	Increase purpose, belonging, and social connectedness

The county's kiosk installation plan is composed of two rollout phases within county clinics and treatments centers. In 2022, the county completed Phase I and began planning the implementation of Phase II.

Phase I

Kiosks were installed in public outpatient clinic facilities across Riverside County's three geographic regions (e.g., Desert, Mid-County, and Western). As of December 2022, 32 iPad Pro kiosks and 8 large 55" kiosks were installed. All were compliant with the Americans with Disabilities Act (ADA).

In 2022, the county continued improving the user experience of the kiosk landing page (e.g., removed YouTube channel access and implemented a separate webpage for video resources). The county also created a kiosk infographic (English/Spanish) that easily introduced and described the services available at the kiosks to clinic staff and clients.

Above: Graphic created in English and Spanish by Riverside County to describe the apps and resources available via the various kiosks throughout the county
Source: RUHS-BH Help@Hand team (2022)

Additionally, the county decided to install charging stations at some clinic locations due to the recurring issue of people unplugging kiosks to access an outlet and charge their own devices.

Above: *TakemyHand™ branded device charging station located next to a small iPad kiosk in Riverside County*
Source: *Riverside County (2022)*

With support from one of the team members in the technology unit, a Kiosk Map Locator was created using Esri's online geographic information software (GIS) to assist community members with locating their nearest kiosk location. The tool was promoted during stakeholder presentations and can be found at: https://arcg.is/0qnOuj.

Phase II

In 2022, Riverside County worked with a vendor to plan Phase II, which expands the implementation of kiosks throughout the county. The county also began assessing county sites to determine where Phase II kiosks can be installed. The county plans to deploy small kiosks in the exam rooms of Riverside County's Public Health clinics. Similar to Phase I, Phase II of kiosk installations will also include installing device charging stations with a branded TakemyHand™ sticker at some locations.

Future Directions

Riverside County will continue to support kiosks in their Phase I and will install additional kiosks within the county in Phase II. The timeline for starting the deployment of Phase II is March 2023.

DEAF AND HARD OF HEARING (DHOH) NEEDS ASSESSMENT SURVEY

Results from a prior DHoH needs assessment conducted in 2020 found that the DHoH community could benefit from a Digital Mental Health Literacy (DMHL) video series. In 2022, Riverside County worked with a contractor to update their DMHL video series to American Sign Language (ASL). Updated videos were made available in 2022 and included topics such as safe website browsing, identifying phishing emails, using public Wi-Fi, and managing passwords.

In May 2022, Riverside County launched a DHoH needs assessment survey to a larger sample to understand the needs of this large and vibrant population. In partnership with the Center on Deafness Inland Empire (CODIE)[44], the county sent a total of 300 email invitations to complete the needs assessment survey. The survey was also posted on CODIE's homepage for CODIE community members to complete. Twenty-two surveys were completed by December 2022.

Future Directions

Riverside County and CODIE aim to have 100 surveys completed and will continue sending email invite reminders through December 2023. They may reassess their marketing and dissemination strategy to help them meet their goal. An in-person event is currently being planned to invite and support CODIE members to complete the survey.

WHOLE PERSON HEALTH SCORE (WPHS) ASSESSMENT TOOL

In 2016, Riverside County created the WPHS assessment tool, a brief screener of 28-questions spanning six domains of health – Physical Health, Emotional Health, Resource Utilization, Socioeconomics, Ownership and Activation, and Nutrition and Lifestyle. The tool identifies clients' health needs and allows care teams to provide appropriate support. In addition, it enables care teams to track clients' health over time in a way that engages and empowers the client.

The WPHS assessment has been used in with primary care teams, complex care teams, behavioral health teams, and Riverside County schools since the tool's creation. Over 15,000 adult assessments have been completed since August 2019, and over 7,000 adolescent assessments have been completed since 2020. Data indicates that clients who complete the WPHS assessment have higher patient experience scores and lower no-show rates for scheduled clinic appointments. Upon the success implementing the tool onsite via paper copies, iPads, MyChart usage, and kiosks, Riverside County wanted to develop a more accessible digital version.

Planning WPHS Assessment Tool Launch

In August 2022, Riverside County partnered with Qualtrics and Accenture[45] to assist with the creation of a user-friendly desktop and mobile design for the adult version of the WPHS screener. Riverside County, Qualtrics, and Accenture met twice a week to discuss survey and data workflows that would improve assessment, reporting, and referrals for users.

Riverside County initially planned to launch the digital version of the screening tool in November 2022, but they delayed launch to early 2023 to allow for more time to improve the user experience, create operational workflows, and conduct testing.

- **User Experience:** Initial discussions centered on structuring the survey design to be user friendly. Riverside County, Qualtrics, and Accenture worked together to simplify the survey questions, streamline the survey workflow, and make the survey appearance attractive and intuitive for users. Additionally, the teams opted to vet the Spanish survey with Spanish-speaking team members instead of using auto-translations to improve readability.

- **Operational Workflows:** The teams worked together to determine a meaningful way for users to receive their WPHS assessment scoring after they completed the survey. The teams determined that a color-coded letter scoring system may help users to focus on their results. Individuals would automatically be redirected to their

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44 More information about CODIE can be found at: https://codie.org/. 44 More information about CODIE can be found at: https://codie.org/.
45 For the WPHS project, Riverside County contracts with Carasoft, who subcontracts with Accenture.

score upon survey completion with the option to print their results. All individuals can access their results later through an email or SMS link. After authenticating their identity, results can be re-shared. County providers can also view the results of their clients who have completed the survey.

- **Testing:** Riverside County staff, Qualtrics, and Accenture staff began testing the survey to determine flaws in the survey design and operational workflows for the online and mobile assessment. Improvements were continually made to ensure data is appropriately collected while maintaining an accessible user experience.

Evaluation

In February 2022, Riverside County partnered with the Help@Hand evaluation team to develop an evaluation plan for the WPHS assessment tool. The plan focused on evaluating Riverside County's deployment innovation of the tool in a new environment outside of hospital or clinic-based encounters. It also assessed the deployment and response rate of consumer surveys using new distribution methods through email and text messaging as well as completion of surveys on a desktop or mobile phone instead of a paper-based tool.

Future Directions

Riverside County will go-live with the adult version of WPHS in early 2023. The county, Qualtrics, and Accenture teams will continue to review the data to refine the screening tool as needed. Future efforts include plans to launch the adolescent version of WPHS.

ADDITIONAL COMMUNITY WELLNESS SUPPORT

In 2022, Riverside County continued planning and preparing contracts with La CLAve, Man Therapy®, and Painted Brain to continue providing robust community wellness support for their consumers.

Planned Partnership:

- LaCLAve[46] is a public campaign serving the Latino community by providing a guide to the symptoms of serious mental illness. By identifying symptoms, individuals would be able to recognize serious mental illness and seek treatment. Riverside County plans to leverage LaCLAve as an additional resource for the Latino community. The county plans to incorporated LaCLAve into TakemyHand™ and other ongoing pilots/implementations.

Active Partnership:

- Man Therapy®[47] is a 24/7 digital platform and innovative campaign to prevent suicide for the highest-risk men, who often do not receive the mental health support they need. Riverside County plans to use Man Therapy® to break mental health stigma, promote health-seeking behaviors, and support suicide prevention efforts for men. The county will create outreach materials to be shared at various community outreach events.

- Painted Brain[48] addresses mental health challenges and social injustice through community-based solutions. Painted Brain supports Riverside County's digital mental health literacy efforts.

Future Directions

Riverside County will continue to work with community partners to support their consumers.

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[46] More information is at: https://www.uselaclave.com.
[47] More information is at: https://mantherapy.org/.
[48] More information is at: https://paintedbrain.org/.

SAN FRANCISCO COUNTY

San Francisco County partnered with Mental Health Association of San Francisco (MHASF), an organization that provides mental health education, advocacy, research, and services in San Francisco, for their Technology-Assisted Mental Health Solutions (TAMHS) project. The project included the Technology Borrowing and Distribution Program, which provided free tablets, internet service, digital literacy training, and individualized Peer support for community members. TAMHS was launched April 2022 and will continue until June 2024.

Planning this year also included a pilot of TakeMyHand™. Planning activities included working on contracts and agreements, preparing training materials for Peer Counselors and developing an evaluation plan.

In addition, San Francisco County began offering free subscriptions to Headspace to the general public in March 2021, but paused providing Headspace subscriptions to new consumers in June 2021 due to privacy and security concerns. In February 2022, the county decided to discontinue offering Headspace to new consumers and close the program. MHASF continued seeking San Francisco County approvals to purchase tablets and launch the Technology Borrowing and Distribution Program, later renamed Tech@Hand in July 2022.

Device Distribution and Digital Literacy Support

The Technology Borrowing and Distribution Program (renamed to Tech@Hand in July 2022) provided tablets, digital literacy training, and Peer support to help people access and utilize digital resources that support their mental health. The program served San Francisco County residents, with a focus on Transitional Aged Youth (TAY) and transgender individuals.

Tech@Hand Device Distribution Launch

In April 2022, San Francisco County approved the project and allowed the distribution of devices beginning later that month. Soon after approval, MHASF reached out to the 71 participants who had originally enrolled in the program in September 2021. However, many of these participants did not respond back. Due to the low response rate, MHASF developed a three-pronged strategy to distribute devices:

- Direct-to-consumer marketing by running a social media campaign with Audacy

- Marketing and outreach by presenting Tech@Hand to 20+ organizations across San Francisco County

- Distribution partnerships with St. James and Sunset Youth Services

As of November 2022, the Tech@Hand Program administered 60 of the 65 devices to county residents.

Participants in the program experienced some challenges with their devices. Upon receiving the tablet, some participants reported the device lost or stolen that week. Also, some participants experienced internet issues when using the tablet. Discussions with the internet service provider of the tablets revealed that a range of factors could lead to connectivity issues; for example, participants who live in high-rise buildings with concrete walls may have trouble connecting to the internet. MHASF shared the challenges and lessons learned from distributing devices with other Help@Hand counties/cities during a Tech Lead call in October 2022. To address these technical issues, Tech@Hand will be changing the program offering from a Samsung Galaxy Tab A7 to an iPad mini. The TAMHS team's hope is that by using a best-in-class device, participants will experience fewer technical issues going forward.

Digital Literacy Support

The TAMHS team hired two Digital Peer Navigators. For the TAMHS project, Digital Peer Navigators served as relationship managers and digital skills coaches. The work of the Navigators included but was not limited to: building rapport with participants, referring to MHASF programs (e.g., support groups and Warm Line[49]), following up on completing surveys, and supporting participants' digital needs (e.g., people may need help with setting up email).

Digital literacy support happened in several forms through MHASF/TAMHS:

- **One-on-one coaching:** All participants in the Tech@Hand Program were eligible for 1:1 digital literacy coaching with Digital Peer Navigators. MHASF reached out and made contact with a minimum of 15 participants each week for one-on-one coaching.

- **On-demand courses:** The TAMHS team created a 12-part digital literacy education training focused on technology, mental health, and how they connect. Specific topics included navigating online platforms, finding resources, cyberbullying, using technology to promote wellness, computer skills, and online safety.

- **In-person workshops:** MHASF plans to offer in-person workshops, as safety protocols allow, in spring of 2023.

Most of the calls with participants involved checking in with the participants and asking them to complete the satisfaction survey (51%). Other conversations revolved around technology support (20%) and emotional support (14%). Other conversation topics are shown below.

Type of call	% of conversations
Check in	51%
Technology support	20%
Emotional support	14%
Feedback	13%
Appointment scheduling	2%
Navigating the internet	2%
Navigating healthcare	2%

When discussing digital skills with participants, MHASF focused on problem solving. The most prominent digital skills requests to staff by participants were how to use technology and apps (13%) and with working with others online (11%). Other digital skills topics are shown below.

Digital skills topic	% of conversations
Using technology and apps (e.g., browsing the internet)	13%
Working with others online (e.g., using Zoom)	11%
Sharing ideas clearly online (e.g., work email vs. social media)	8%
Solving life problems using technology (e.g., organizing a job search using tech tools)	8%
Creating content online (e.g., building a resume)	4%
Finding and verifying information online (e.g., identifying fake news)	2%
Staying safe online (e.g., preventing cyberbullying)	1%

[49] Warm Line is a 24/7 call service operated by MHASF and web chat that supports anyone in need in California.

Evaluation

San Francisco County developed a logic model with planned evaluation activities. Evaluation entailed:

	Activity	Occurrence		
		0 months (start of program)	6 months	12 months
	Digital Literacy Assessment: Assesses the digital literacy and the technical support participants need	●	●	
	Satisfaction Survey: Assess social connectedness, use of MHASF and other resources, and program satisfaction		●	●

MHASF collected 14 different types of data across the Tech@Hand Program. The data collected can be found below.

Types of data	Where MHASF collects it	Where MHASF stores it
Demographic data	Intake form (Formstack)	CRM (iCarol)
General baseline questions	Intake form (Formstack)	Formstack
Digital literacy skills baseline	Digital literacy assessment (Formstack)	Formstack
Referrals made	CRM (iCarol)	CRM (iCarol)
Digital literacy skills	CRM (iCarol)	CRM (iCarol)
Participant concerns	CRM (iCarol)	CRM (iCarol)
Conversation notes	CRM (iCarol)	CRM (iCarol)
Contacts made with participants	CRM (iCarol)	CRM (iCarol)
Tablet usage & location (individual)	Accessed as needed on Scalefusion	Scalefusion
Tablet usage (overall)	Scalefusion	Excel
6–month survey	Formstack	Formstack
12–month survey	Formstack	Formstack
Support hours ratings	In progress (planning on Zoom)	Zoom
Online course usage/satisfaction	Thinkific	Thinkific

Starting in August 2022, MHASF emailed the digital literacy assessment to participants to evaluate their digital literacy and the level of technical support they needed. Since the digital literacy assessment surveys had low response rates, the TAMHS team collaborated with the Help@Hand evaluation team to edit the surveys as well as to conduct interviews and potential focus groups. The interviews and focus groups would investigate how participants use the provided devices to address social connectedness, mental health stigma, access to care, and overall wellness.

Future Directions

San Francisco County's Tech@Hand Program will continue until June 2024. The county will also continue to work with the Help@Hand evaluation team to assess the program.

TAKEMYHAND™ PILOT

Pilot Planning

In 2021, San Francisco County decided to pilot TakemyHand™ since their behavioral health consumers expressed an interest for an anonymous chat to support and overcome feelings of social isolation. The pilot is planned to be an extension of the Peer-Run Warm Line (a 24/7 call service operated by MHASF and web chat that supports anyone in need in California), but focus on serving transitional aged youth (TAY) aged 16-26 years and transgender individuals. San Francisco County's TakemyHand™ pilot would last six months and include the following timeline:

Ramp Up (1 month) → Test Period of TakemyHand™ services (4 months) → Wind Down (1 month)

Contracts and Agreements

This year San Francisco County continued to work on contracts and agreements with CalMHSA, Riverside County (the developer of TakemyHand™), MHASF, and LiveChat (a software company that supports online chat, help desk software, and web analytics capabilities). San Francisco County developed a participation agreement amendment with CalMHSA to update the project's budget. The approval process involved different parties in the county, and could at times be complex and bureaucratic. Sufficient time and meetings had to be built in for this process to be completed, and for all contracts and agreements to be reviewed by the different parties. San Francisco County's City Attorney approved the amendment in September 2022 and then shared it with other county departments for further review. MHASF and Riverside County also updated a draft Memorandum of Understanding (MOU) in July 2022 and began to route the MOU for approval. Subcontracts with MHASF and LiveChat were negotiated.

CalMHSA and San Francisco County also coordinated invoicing logistics and acquired cybersecurity, data security, and HIPAA compliance documentation this year. San Francisco County's IT department approved LiveChat security in July 2022.

Trainings

MHASF adapted Riverside County's training materials for their Peer Operators (e.g., the MHASF staff and Peer Counselors who will operate chats during the pilot). They updated the training materials to focus on how to work with TAY and transgender individuals. This included training on Trans and TAY specific mental health challenges and needs, suicide prevention, and risk assessment; Trans and racial microaggressions, and additional training topics included self-analysis and the unique value of Peer support for marginalized populations.

Website Development

Development of the MHASF TakemyHand™ website started in 2021 and continued this year. The web page will be available in English and Spanish for the pilot. Beyond the pilot, the web page will need to be translated into the following threshold languages: Vietnamese, Russian, Chinese, English, and Spanish. Development of the website paused in September 2022 due to San Francisco County's City Attorney's request for MHASF and Riverside County to have a MOU and amendment in place. Additionally, Riverside County changed their TakemyHand™ website content management system and brought on the website developer and design company Dreamsyte. When the MOU is approved, MHASF plans to contract with Dreamsyte, and will work on developing the website next year.

Evaluation

San Francisco County and MHASF worked with their local evaluator and the Help@Hand evaluation team to develop an evaluation plan. Evaluation activities will include the following:

- San Francisco County Behavioral Health Services Quality Management will interview the Peer Operators
- The Help@Hand evaluation team will analyze two short anonymous consumer surveys at the beginning and end of each chat
- The Help@Hand evaluation team will analyze data from the TakemyHand™ LiveChat platform

Future Directions

San Francisco County will continue to plan their pilot and work on website development and agreement approvals. They anticipate launching their TakemyHand™ pilot next year.

SPOTLIGHT

San Mateo County's Help@Hand Project

San Mateo County was approved into the Help@Hand project in 2019. Over the course of their three years of participation, San Mateo County's Help@Hand project offered Wysa and Headspace to the county community at-large and to behavioral health clients and consumers. It also distributed devices and provided digital literacy education and ongoing device and digital literacy supports.

Wysa

Exploring Technologies

In 2020, San Mateo County partnered with Peninsula Family Services (PFS), Youth Leadership Institute (YLI), CalMHSA, and the Help@Hand evaluation team to vet potential technologies. They also supported older adults and TAY to test and select technologies to pilot. Seven older adults reviewed Wysa, myStrength, and Uniper, and five TAY reviewed Wysa, myStrength, and Headspace.

Wysa Pilot

San Mateo County's Advisory Committee decided to pilot Wysa with both older adults and TAY based on findings from their technology exploration. In December 2020, San Mateo County began to plan the pilot and to negotiate a contract with Wysa. San Mateo County also partnered with PFS and YLI to recruit older adult and TAY participants. Thirty-two older adults were recruited through Appy Hours, social media, and older adult service providers. Sixteen TAY participants were recruited from youth groups across San Mateo County.

A two-month pilot was launched with older adults in April 2021 and with TAY in May 2021. The TAY pilot was planned to launch in April 2021 but was delayed in order to develop a parental consent process for participants under the age of 18.

For both the older adult and TAY pilots, Peers hosted virtual kickoff meetings to orient participants to the project. Participants downloaded the app and completed the evaluation surveys prior to the pilot. Older adults received follow-up calls for additional assistance. During the pilot, participants engaged with Wysa and could attend optional Appy Hour workshops to receive technical assistance.
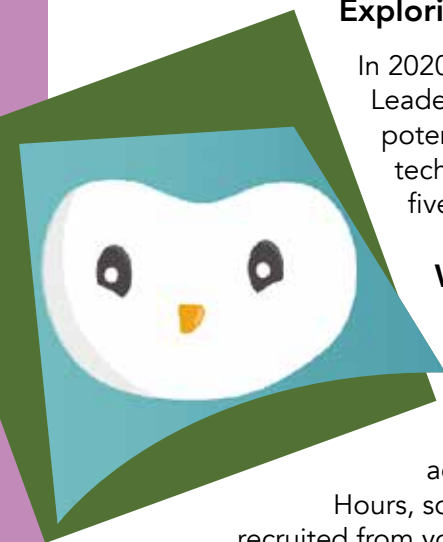
Wysa Implementation

In September 2021, San Mateo County's Advisory Committee approved a larger implementation of Wysa with residents in San Mateo County with focused outreach to older adults and TAY based on pilot findings. The Wysa app was customized to include pilot participants' recommendations and local crisis resources. In March 2022, San Mateo County offered Wysa across the county.

Help@Hand Peer Ambassadors from PFS, YLI, and the county's Advisory Committee promoted and supported Wysa across the county. Additionally, Uptown Studios, the marketing contractor, supported broad marketing (e.g., partner toolkits, social media posts/ads, transit ads, print media ads, and resident postcard mailings). The marketing campaign launched June 2022.

Behavioral Health Clients

Peer Ambassadors supported testing of Wysa among a small group of behavioral health clients in March 2022. With support from county clinicians and Peer staff, a total of 31 of San Mateo County's clients tested Wysa and participated in focus groups to share their experience with the app. San Mateo County will review focus group findings and determine whether Wysa should be implemented more broadly with behavioral health clients.

Headspace

San Mateo County and other counties/cities in the Help@Hand Collaborative strived to support their communities during the COVID-19 pandemic by offering free Headspace Plus subscriptions.

In September 2020, San Mateo County began offering free Headspace subscriptions to any county resident. The county focused their initial outreach on a small audience for the first three months and expanded its outreach in January 2021. A total of 3,295 individuals enrolled in Headspace by the time the licenses expired in September 2021.
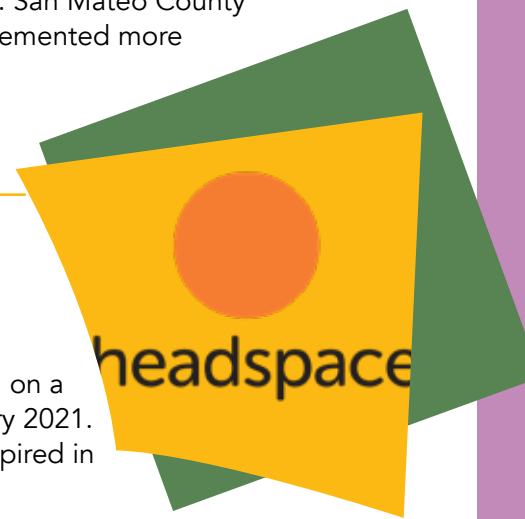
Device Distribution and Digital Literacy

San Mateo County distributed tablets, smartphones, and device accessories (e.g., covers, screen protectors, headphones, stylus pens, phone grips) to 670 behavioral health clients. San Mateo County also partnered with Painted Brain, an organization that teaches digital literacy to vulnerable populations in behavioral health settings, to train their workforce, community members, and community-based organizations. Painted Brain utilized a train-the-trainer model to equip San Mateo County's Peers and contracted organizations with skills to teach community members to navigate their mobile devices.
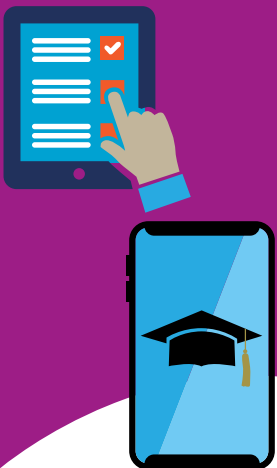
SANTA BARBARA COUNTY

Santa Barbara County began offering free subscriptions to Headspace for county residents with a focus on hard-to-reach populations in October 2021. This year the county continued to offer free Headspace subscriptions, digital and health literacy webinars and workshops, and access to devices.

This year the county was ready to begin piloting Bambu with their monolingual Spanish-speaking community, but discovered the technology was not HIPAA compliant and not liguistically appropriate for their county needs. Other technologies, such as Happify Health/Twill, were also considered for their monolignual Spanish-speaking community, but determined not to fit the needs of the core audience.[50] To support their monolingual Spanish-speaking community, Santa Barbara County decided to expand their Headspace program to include the "Mommy Connecting to Wellness," which will support 24 new and expecting mothers in Spanish.

HEADSPACE IMPLEMENTATION

Implementation Underway

In 2021, Santa Barbara County purchased 5,000 Headspace licenses and based on feedback from community stakeholders, offered free Headspace licenses to the general population with a focus on the following core audiences:

- Individuals discharged from psychiatric hospitals

- Clients receiving crisis or other services from Santa Barbara County's Department of Behavioral Wellness

- Geographically isolated adults

- Transitional aged youth TAY between the ages of 16-25 years

Website Development

In early 2022, Santa Barbara County reviewed the process to develop a Help@Hand website with their IT department and Public Information Officer (PIO). The county's stakeholders selected a template design for the website in February 2022. Santa Barbara County then worked with their PIO, Headspace, and CalMHSA to finalize the webpage. The website went live in May 2022.

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[50] Happify Health re-branded into Twill in July 2022.

Above: Santa Barbara County's Help@Hand website
Source: Help@Hand Connecting People with Care. (2018). Santa Barbra County Department of Behavioral Wellness. Retrieved from https://helpathandca.org/santa-barbara/

Marketing

Santa Barbara County contracted with Uptown Studios, a California-based marketing team, in early 2022. Uptown Studios developed a campaign for the launch of Headspace throughout the county in June 2022. The campaign aimed to enroll individuals in the program, reduce the stigma of mental wellness support, and normalize asking for help. Campaign strategies included: organic social media (e.g., any social media activity without a paid promotion), social media and digital ads, monthly e-blasts, and flyers.

Above: *Pictures of Santa Barbara County's marketing materials and community outreach*
Source: *Santa Barbara County (2022)*

Community Outreach

Santa Barbara County's Help@Hand Peers continued their outreach in the community by participating in health fair events as well as meeting with community-based organizations and school officials to promote wellness and behavioral health resources as well as enroll individuals in Headspace. The county participated in the following events:

- Maple High School- Continuation High Parent Education

- Veterans Stand Down Event

- Lompoc Valley Medical Center – Mental Health Community Forum

- Alpha Resource Center – Day in the Park Events for Early Start Groups in Santa Barbara and Santa Maria

- Carpinteria Children's Project's Food Distribution Event

The county worked with Uptown Studios to finalize a toolkit to support collaborative partners with enrolling their clients in Headspace. The county also began to explore a partnership with CommUnify , a community-based organization whose core audiences include older adults, to offer Headspace to more older adults.

Above: *Pictures of Santa Barbara County's toolkit*
Source: *Santa Barbara County (2022)*

Digital and Health Literacy Support

Santa Barbara County continued to work with Painted Brain to expand enrollment in their Headspace program and provide digital and health literacy support. Painted Brain developed and hosted a series of digital literacy webinars in English and Spanish for the community in May and June 2022. Topics included:

- Online safety and privacy

- Email maintenance

- Zoom teleconferencing and tele-health etiquette

During Summer 2022, Painted Brain facilitated digital and health literacy workshops in English and Spanish for community members. Santa Barbara County expanded the digital literacy workshops to include more cities within the county in October 2022.

Device Distribution

Santa Barbara County worked to make tablets available for community members to use in the county's behavioral health clinic lobbies. The county worked with their IT department to procure, install, and set up the tablets. They also worked with Headspace to receive access codes so community members could use Headspace on the tablets.

The county also continued to explore how to connect clients to LifeLine phones. The California LifeLine Program is a state program offering discounted home and cell phone services to eligible households. Peers continued to assist in connecting individuals to a Lifeline phone vendor and provided Trac-phones to unhoused individuals who were discharged from the psychiatric facility. More information about this effort is in the Year 3 Help@Hand evaluation report.
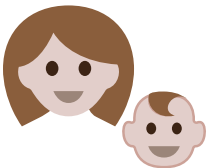
Mommy Connecting to Wellness

In December 2022, Santa Barbara County began to plan a new program, Mommy Connecting to Wellness. The new program will serve 24 new and expecting mothers, and enhance their ability to securely navigate the internet, increase access to supportive services, and stay connected to their local community. The program plans to invite women to participate in a 8-week course with weekly group sessions and one-on-one support from Promotores and Peers. Participants will also work with Peers to receive digital literacy support and explore dimensions of wellness and supportive apps. As part of the program, participants will have free Headspace subscriptions to support their mental health. The program is expected to launch between March and June 2023.

Evaluation

Santa Barbara County's evaluation of their Headspace implementation included data collected from Headspace and consumer surveys. Preliminary data can be found on page 40.

Future Directions

Santa Barbara County will continue to market and promote their Headspace program within their county. The county will also launch their Mommy Connecting to Wellness in March 2023. In addition, Santa Barbara County will look to recruit and hire staff. Although the county successfully onboarded a new Help@Hand Supervisor, two Recovery Assistants, and one Outreach Coordinator this year, there was turnover in one of the Recovery Assistant and the Outreach Coordinator positions.

TEHAMA COUNTY

Tehama County's myStrength pilot with Tehama County Health Services Agency – Behavioral Health (TCHSA-BH) clients, homeless adults, and isolated individuals remained paused this year. The county began to consider other efforts, such as providing digital literacy workshops and devices.

MYSTRENGTH PILOT

Pilot Planning and Pause

Tehama County planned to engage 30 pilot participants (10 from each core audience described above) in their myStrength pilot. Participants had to be Tehama County residents with access to a computer or smartphone. Clinicians, case managers, and health specialists would refer TCHSA-BH clients to the pilot. Peer staff and wellness advocates would engage with and refer homeless adults and isolated individuals.

Tehama County executed a contract with myStrength in early 2021 and launched their pilot in March 2021. Soon after launching the pilot, the county learned they needed an additional Business Associate Agreement (BAA) between the county and external contractors (e.g., Peers and the Help@Hand evaluation team). The BAA would allow secure sharing of consumer information with the contractors. Tehama County paused their pilot to establish the BAA. However, turnover among key leadership, competing priorities with other projects, and staffing constraints impacted Tehama County's ability to relaunch their pilot this year.

Evaluation

The plan for the evaluation of Tehama County's myStrength pilot is to include surveys, interviews, and focus groups with consumers. Also included in the plan are surveys and interviews with staff.

Future Directions

Tehama County will continue to pause their myStrength pilot until a BAA is executed to safeguard protected information with external contractors.

Device Distribution and Digital Literacy Support

This year Tehama County also began to discuss different ways to use their Help@Hand funds. Potential projects included purchasing and distributing devices as well as hosting digital literacy workshops at their wellness centers.

Future Directions

Tehama County will continue to explore new projects, such as purchasing devices and hosting digital literacy training, to support their core audiences using Help@Hand funds.

TRI-CITY

Tri-City launched their myStrength implementation in June 2022 with transitional aged youth (TAY), older adults, and monolingual Spanish speakers.

Tri-City also planned to begin offering Wysa to all Tri-City residents in August/September 2022. However, Tri-City announced in May 2022 they would no longer pursue a Wysa implementation due to insufficient funds.

MYSTRENGTH IMPLEMENTATION

Implementation Launch

Tri-City had a soft launch of myStrength in June 2022, where Tri-City initially recruited and engaged consumers in their core audiences from their wellness centers.

The implementation expanded to more people in their core audiences in August 2022 through marketing and community outreach. In addition, Tri-City offered digital literacy support and devices to those enrolled in the myStrength implementation.

Marketing

Uptown Studios, a California-based marketing team, developed a marketing and social media campaign, a webpage for Tri-City's myStrength implementation, and digital advertisements (e.g., flyers). Tri-City may purchase giveaways, such as stress balls, to support their marketing and promotion.
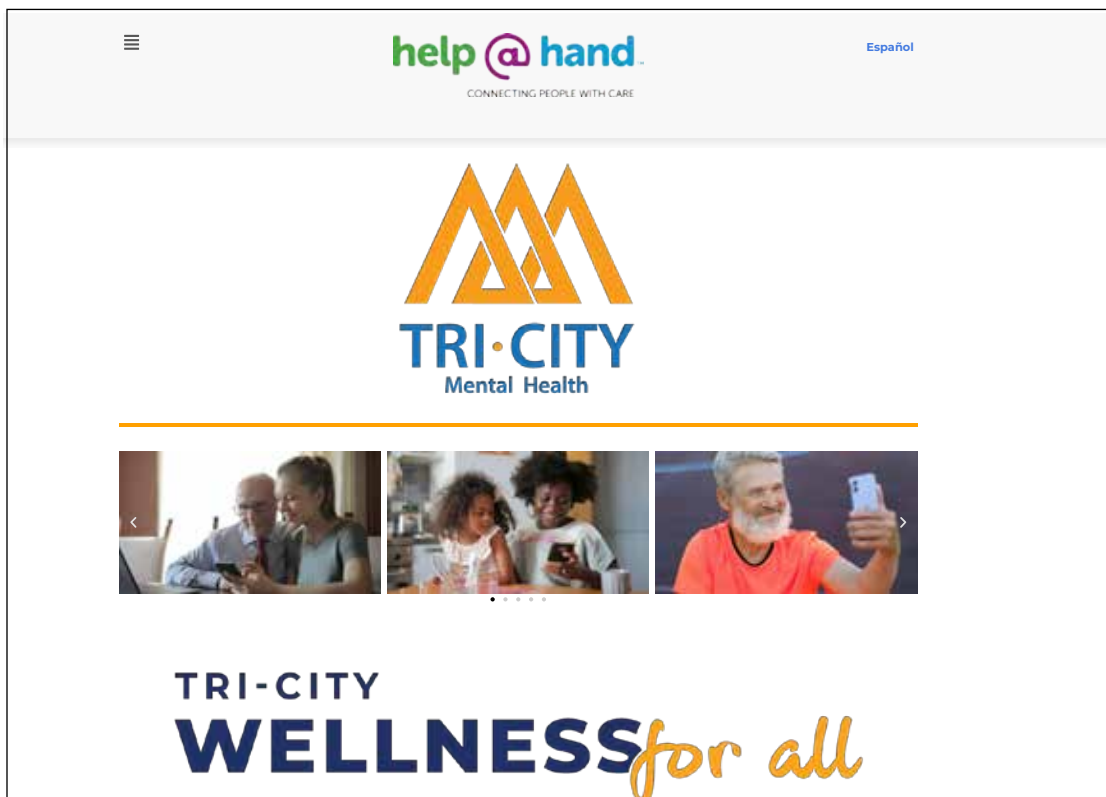
Above: Tri-City's Help@Hand webpage for the myStrength implementation
Source: Help@Hand Connecting People with Care. (2018). Tri-City Mental Health. Retrieved from https://helpathandca.org/tcmh/

The campaign was completed in August 2022. Tri-City experienced that launching the social media marketing campaign after the initial implementation launch (e.g., the soft launch) resulted in lower participation in the beginning of the implementation between June-July 2022. As a result, Tri-City expanded their implementation once the social media marketing campaign was finished.

Uptown Studios also developed a webpage for consumers to sign up for the myStrength implementation in August 2022. They are working on translating the webpage into Spanish to better reach their monolingual Spanish-speaking community members.
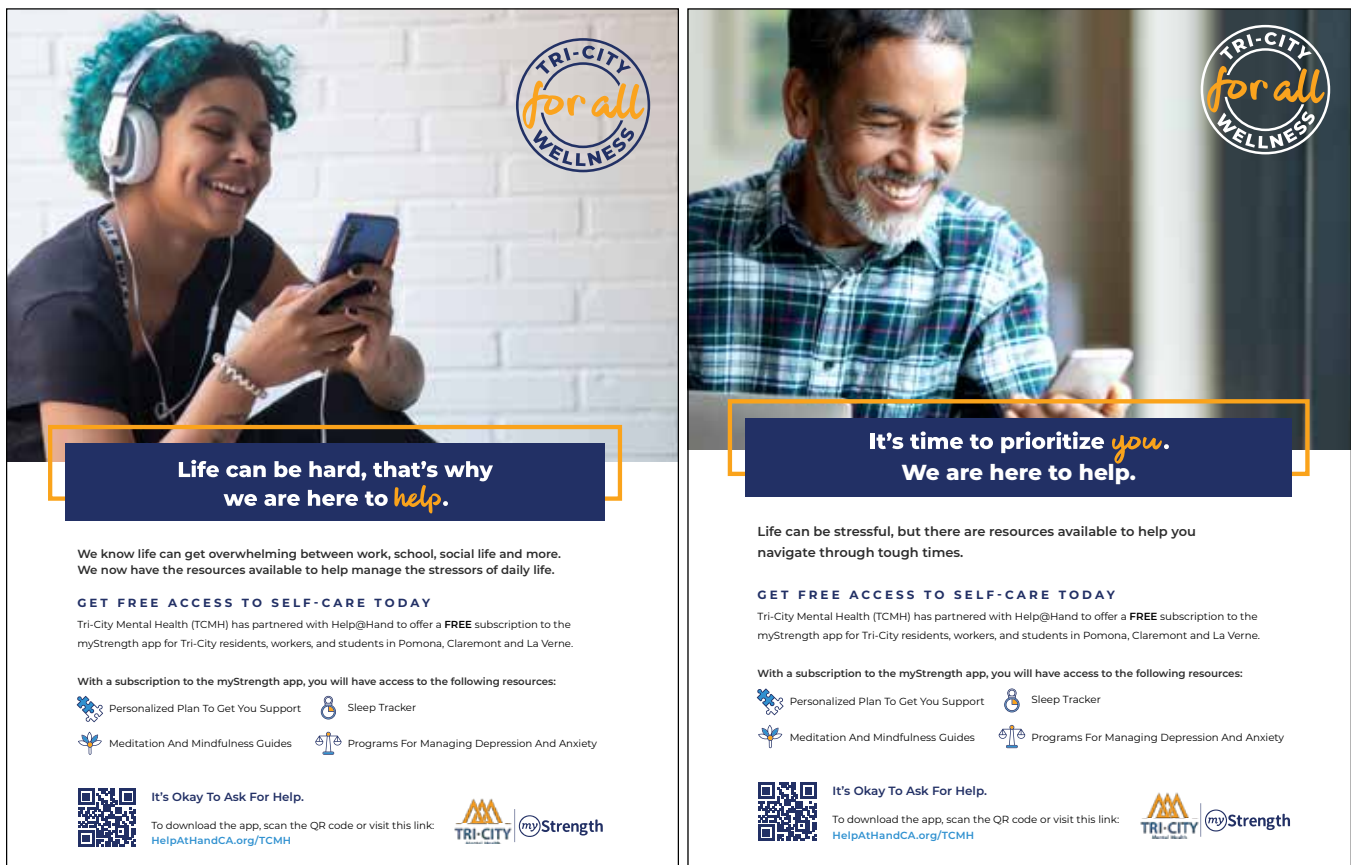
Above: *Flyers tailored for Tri-City's TAY (left) and older adult (right) core audiences*
Source: *Tri-City (2022)*

In addition, Uptown Studios finalized general flyers and flyers tailored to Tri-City's specific core audiences in August 2022. However, the flyers directed consumers to an incorrect webpage. The flyers were corrected with the correct webpage in December 2022.

Community Outreach

Tri-City also used the following community outreach efforts to expand their implementation:

- Recruiting clients and community members visiting Tri-City's wellness centers
- Outreaching to 6-7 universities in Tri-City to promote myStrength with the TAY population
- Presenting at a senior center in the City of Claremont and other community outreach by the Help@Hand Program Coordinator
- Working with retirement communities in Tri-City to engage older adults

- Partnering with community organizations working with their core audiences (e.g., hosting meetings for these community partners to learn about the myStrength implementation and how they can use Tri-City's marketing and outreach materials)

- Meeting with the mayor of City of Claremont to promote the implementation through their office

Above: Tri-City's toolkit to support community partners with enrolling clients onto myStrength
Source: Tri-City (2022)

Digital Literacy Support

Tri-City contracted with Painted Brain, a Peer-led organization that supported Help@Hand projects in other counties/cities, in May 2022 to help onboard consumers in the myStrength implementation. Painted Brian also provided digital literacy support since some core audiences may experience technology literacy or language barriers that can make it difficult to engage with myStrength.

Painted Brain onboarded all consumers in Tri-City's myStrength implementation and supported them in completing evaluation surveys. Painted Brain also hosted virtual "Appy Hours," drop-in sessions where any consumer enrolled in the implementation can receive individual or small group assistance with technology. In September 2022, Painted Brain began to host Appy Hours specific to monolingual Spanish speakers and older adults.

Additionally, Painted Brain started holding digital literacy workshops in September 2022.

Device Distribution and Support

Tri-City decided to distribute 60 Samsung devices to help their core audiences access myStrength during the implementation. CalMHSA assisted in reaching out to multiple technology companies to get quotes and procure devices that met Tri-City's specifications. Based on their experience working with the company, Riverside County recommended Jaguar Computer Systems, a computer networking company that specializes in providing technical solutions for clients. A contract was executed between Tri-City and Jaguar Computer Systems in August 2022.

Jaguar Computer Systems received the devices in September 2022 and worked with the internet service provider to resolve issues related to setting up the tablets with the correct software. In November 2022, Jaguar sent the tablets to Tri-City and Tri-City began distributing devices to their community members. Jaguar Computer Systems provided IT support to community members who received a device and needed assistance.

Evaluation

Tri-City's evaluation of their myStrength implementation included consumer app data and two consumer surveys. Consumers are surveyed after they enroll in the implementation and approximately 4-weeks after the first survey is completed. Preliminary data can be found on page 50.

In addition, the Help@Hand evaluation team interviewed Tri-City's Help@Hand Program Coordinator to learn about their experience with myStrength. The spotlight on page 63 shares highlights from the interview.

Future Directions

Tri-City will continue their myStrength implementation and digital literacy efforts among their three core audiences until December 2023. Tri-City will also look to hire more staff to support the onboarding of new community members. Depending on enrollments, they may offer myStrength more widely to all Tri-City residents.

Tri-City will also continue distributing devices and consider how long community members can have access to the devices.

LEARNINGS FROM THE PILOT AND IMPLEMENTATION EVALUATIONS

Learnings from technology pilots and implementations by Help@Hand counties/cities with their core audience include:

Marketing, Outreach, and Consumer Recruitment

- **Implementing communication, marketing, and outreach plans helped to engage intended audiences.** Initial enrollment at the start of the program was slow, but communication and marketing plans driven by timelines and impact indicators helped engage new users and identify effective marketing strategies.

- **Consumers were sometimes overwhelmed with too much information.** A brief overview presentation of the Help@Hand project using easy-to-understand language can help prevent consumers from being overwhelmed when approached for project recruitment.

- **Social media features were used to increase awareness of Help@Hand projects.** Tagging, sharing, and other features offered in social media platforms can help consumers become familiar with technology that counties/cities are offering through Help@Hand.

- **Flyers needed to be updated on a regular basis.** Updating flyers allowed consumers to understand what new resources were being offered through Help@Hand. Innovation projects move quickly, so keeping resources up-to-the-date provides opportunities to increase both consumer awareness and engagement.

- **Developing marketing plans could be iterative and time-consuming.** A soft launch of a technology with minimal marketing can help identify issues and refine the technology before ramping up marketing efforts.

Consumer Engagement

- **Consumer engagement required time.** Building rapport with consumers and maintaining their engagement took time.

- **Consumers had positive experiences.** Surveys with consumers reported that respondents had a positive experience using their respective technologies.

- **Consumers with more mental health symptoms engaged in app activities more actively.** Consumers with more mental health symptoms engaged with app activities significantly more often than consumers with fewer mental health symptoms. This indicates that products may continue to be used especially among those with greater mental health concerns.

- **Products and resources were adjusted to ensure relevance to consumers.** Consumer feedback ensured technology products and resources were clear and relatable.

- **Addressing unique needs of core audiences was important for inclusive outreach and implementation.** Different marketing and outreach strategies were tailored for younger and older consumers. Also, counties/cities found it helpful to employ multiple American Sign Language (ASL) interpreters when hosting webinars, trainings, and other events with the Deaf and Hard of Hearing (DHoH) community.

- **Language affected the consumer experience.** Several technologies were inaccessible by community members due to the limited number of language options offered. Furthermore, English-only project websites limited awareness of the Help@Hand project and related resources among non-English-speaking communities.

Digital Literacy

- **Digital literacy programs were essential.** Consumers had differing levels of digital literacy and certain populations benefited from county/city digital literacy efforts, such as beginner computer skill workshops.

- **For consumers with lower digital literacy, it was important to consider the minimum required resources to be able to participate in the program.** Consumers who signed up for Help@Hand projects did not always have access to the internet, a device, or email. While counties/cities may be able to provide some support, such as providing digital literacy training, there may be insufficient staffing capacity to assist consumers who need more hands-on support.

Device Distribution

- **Coordinating with multiple partners for device distribution took time.** Planning for device distribution required coordination of various moving pieces and partners, resulting in delayed distribution timelines.

- **Consumers' living situations impacted their internet access.** Housing or living environments (e.g., being unhoused, or living in high-rise buildings or areas with concrete walls) affected consumers' abilities to access internet, even when working with an internet provider offering a wide range of services and methods of access. It was difficult to foresee such difficulties because consumers were sent devices in the mail without prior assessment of their environments.

- **Future planning for device distribution, return, and repairs was identified as important.** After beginning device distribution, counties/cities identified they needed to plan for how to handle lost or broken devices, and to document steps taken to inform future programs. They also identified a need for a clear plan for if, how, and when to have consumers return devices. Counties/cities that decided to require consumers to return devices after beginning distribution required rapid changes in programming, messaging, distribution, and funding.

Stakeholder Communication

- **Stakeholder buy-in was critical.** Enhancing buy-in from project stakeholders, including county/city staff, was key for project support and advocacy. Buy-in can be promoted via consistent communication and transparency.

- **Partnering with stakeholders with specific expertise and training supported implementation success.** Several counties/cities contracted with external stakeholders with specific knowledge, experience, and training around aspects of their projects, such as technology, marketing, and Peers. Such stakeholders helped to alleviate county/city resources toward such efforts. For example, counties/cities who partnered with marketing firms helped to increase project visibility and outreach while enhancing consumer recruitment.

- **Frequent communication between stakeholders throughout project planning was important for timely decisions and project progress.** Maintaining open lines of communication between internal stakeholders, vendors, and external parties allowed some counties/cities to ensure timely and appropriate communication and resolution of issues. Some counties/cities engaged their executive leaders, Information Technology, Legal, Contracts, and other relevant departments throughout their project planning to ensure approvals and issues were addressed immediately.

- **Contract finalization and execution required particular attention.** Contracting issues continued to delay counties' timelines. Such agreements require finalization, approvals, and signatures before implementation. It is important to ensure that the approval process is transparent and understood beforehand, and to build in sufficient time for this process. Communicating with contract departments at the early stages of program planning/approval can help to streamline the processes of contract approval and execution.

- **Expectations of deliverables varied between county/city and external partners.** All partners should have a shared understanding of deliverables, services, and expectations before executing agreements and contracts. In particular, external vendors should have a grasp of individual Help@Hand projects and expect to tailor processes and materials for each local project. Counties/cities can also share county resources with vendors to avoid redundancy of efforts and resources.

- **Discussing data accessibility and availability was identified as important.** Counties/cities learned that it was critical to ensure that data planning to be shared was accessible and available prior to signing vendor contracts. Partners should be aware that some counties/cities require Business Associate Agreements (BAAs) in order to share consumer information.

- **Technical requests required time and attention to ensure smooth implementation.** Partners should invest time to clarify definitions and expectations of technical requests, as certain terms and definitions may differ between partners. Clarifying the size, scope, and nature of technical requests as early as possible can facilitate timely and smooth collaborations.

- **Gathering and integrating stakeholder feedback was time-consuming.** While stakeholder feedback is a key component of launching a program, gathering and integrating their input for every component of the process was time-consuming. To prevent delays in potential project launches and progress, it is important to establish clear decision-making processes and expectations and plan for time to gather and integrate stakeholder feedback.

- **It was challenging to work with large teams.** While project activities were often delegated across multiple teams, it was challenging to extract and synthesize information across teams and technologies, especially for evaluation purposes.

- **Help@Hand Collaborative calls were opportunities to share resources.** Bi-weekly collaboration calls between counties/cities have been re-formatted to allow them to share experiences with their local projects.

Staffing and Resources

- **Staff resources were required to remain engaged with consumer recruitment and outreach.** Counties/cities should expect to dedicate at least one staff member to ongoing consumer recruitment and engagement throughout the course of the project.

- **Workforce capacity affected implementation timelines.** Projects experienced delays due to staff members' competing priorities and responsibilities, small workforces, and staffing departures or changes that resulted in added duties. Though difficult, it is important to allocate funding and time to ensure staff have enough support to sufficiently engage the project, including creating new staff positions.

- **New staff required time to onboard.** Project management should plan for time to onboard new staff or team members, so as to not cause unexpected delays in project implementation.

- **Clinical staff should be provided guidance on program outreach.** Clinical staff did not always have clear guidance on how to engage patients for the purposes of project recruitment. Providing clear instructions for when and how to distribute marketing materials may decrease provider burden and enhance consumer recruitment.

Project Planning

- **Implementation was resource-intensive.** Counties/cities found that implementation required many resources, both in terms of staffing and the minimum number of licenses required to purchase. It is important to consider whether there are sufficient resources and funds available to launch an implementation prior to moving forward with the project.

- **An "agile" approach allowed for greater flexibility.** Counties/cities found that there were several outside factors that could impact projects (e.g., statewide efforts such as CalAIM, software updates, new resources). Having the ability to quickly adapt to changes related to such factors and streamlining programs can help reduce redundancy of resources and efforts.

- **Partnership with community organizations was important for reaching diverse populations.** Counties/cities were able to reach more community members by working with organizations that served diverse populations, such as older adults and transitional-aged youth.

- **Effectively connecting consumers with county/city services required updating workflows and training staff.** When the goal of the project is to connect Help@Hand participants to existing county/city services, it is important for clinic staff to be aware of and understand the project. Staff training is especially important when clinic staff are not part of the core Help@Hand implementation team and thus unfamiliar with the project.

- **Working with several partners sometimes resulted in overlap of scopes of work.** It was important to review final scopes of work to minimize redundancy of work between partners. Some counties/cities experienced budgeting issues related to vendor overpayment related to this issue.

Evaluation

- **Evaluation was identified as key to measuring the effectiveness of program activities.** Counties/cities reported device distribution to be a challenge, but they did not report conducting an evaluation of these efforts. An evaluation of these efforts would help identify learnings, challenges, and successful strategies.

- **Incentives and frequent check-ins improved survey response rates.** Consumers were less likely to respond to online surveys when there is little incentive or support for participation from the county/city. Potential ways to increase survey response rates include informing consumers about surveys when they enroll into the program, following up about surveys with consumers via phone or mail, and providing financial incentives to complete the survey (e.g., lottery or payment for each consumer).

- **Consumer information was collected in multiple ways.** In some cases, vendors were unable to provide consumers' contact information to counties/cities, though counties/cities needed this information for evaluation purposes. Some counties/cities were able to embed surveys on their Help@Hand project landing page to gather this important consumer information.

- **Data collected around consumer demographic information varied across counties/cities.** This

variation can cause discussion on why some demographic information was not collected in all counties/cities. The spotlight on page 139 discusses Los Angeles County's work on demographic information collection to represent individuals from underserved groups.

- **Consolidating data from multiple sources in a central location was identified as critical.** When collecting data from multiple sources and/or using different methods (such as surveys, Excel, and other documents), it is key to ensure that all data is saved in a centralized location, such as a shared folder.

Project Closing and Sustainability

- **Some counties/cities developed infrastructure to facilitate future technologies.** Implementation of an app provides counties/cities with opportunities to develop infrastructure to support current and future technologies. For example, one county invested resources to build infrastructure and training to facilitate future technology more quickly and with greater efficiency.

- **It was important to communicate to consumers about the close-out of an app or project.** Communication was key to ensure consumers were aware that apps would no longer be available at the end of the project, and to direct them to additional resources.

- **Some apps were only offered through participating organizations and not available for individual purchase, which may impact transition planning.** Some apps are only offered through specific partnerships between the vendor and organization (e.g., county behavioral health services, health plans, employers, etc.). Consumers who enrolled in the app through their county/city implementation may not have the option to purchase a license directly from the vendor when the implementation ends.

- **Changes to apps or business models changed their potential use for long-term sustainability.** Counties/cities found that developer-initiated updates to apps sometimes changed app functionality that affected consumer relevance. In addition, changes to business models (such as free apps becoming accessible only through subscriptions) limited future accessibility.

SPOTLIGHT

Staying Current with Collecting Demographic Information: Los Angeles is Leading the Way

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The Problem

Historically, members of underrepresented groups (e.g., people with disabilities, people of color, LGBTQ+ individuals) have been excluded from demographic forms. They are often combined with groups they do not belong to or are not included in the questions or response options. For example, the United States (U.S.) Census still does not gather information on sexual orientation or gender identity (SOGI) and has limited racial/ethnic categories or coverage of ability status; thus, the demographics of the U.S. population are not fully captured. The Mental Health Services Act (MHSA) regulations do not capture the severity of disability (e.g., mild, moderate, severe) or important demographic information such as whether the disability is temporary or permanent, if the individual uses assistive technology or devices, if the individual receives accommodations or support services, or if the disability is congenital or acquired. Although changes are occasionally made to expand questions and response options, federal and state level regulations typically lag behind best practice recommendations surrounding demographic data collection.

When developing the outcome and data reporting for the Help@Hand project, Health Program Analyst and Project Lead for the Los Angeles County Department of Mental Health (LACDMH), Alex Elliott, conducted a thorough review of the MHSA regulations for collecting and reporting demographic data. While some of the regulations aligned with cultural and linguistically accessible best practices for demographics collection, many other aspects of the regulations seemed outdated, especially surrounding SOGI data.

Planning

LACDMH reviewed current State reporting requirements, the language surrounding SOGI questions and response options, and the current literature, while also planning to receive consultation from experts. When considering the possibility of changing MHSA questions and response options for SOGI questions, the following were considered:

- Although MHSA defines options for reporting, there is flexibility within the regulation on how researchers can ask about and collect data

    o It is easier to change how the data is collected than the regulations themselves

- When designing demographic questions, it is important to include perspectives of different stakeholders, community members, and subject matter experts to ensure the questions represent the communities accurately

- When a person "declines" to answer a question, there could be multiple reasons for their declination, such as:

    o The question feeling invasive or too personal

    o Not understanding the question or not knowing which category they belong to

    o Not seeing the question or paying full attention

- The number of questions that allow for an open text response versus requiring participants to select a category, as open text response options often best represent the person but lead to challenges with analysis and reporting

    o The more options and categories provided, the smaller the sample sizes, which can negatively impact analysis if not combined into larger groups

- How to collect this data while considering accessibility (e.g., language, length, avoiding cognitive overload)

Addressing the Problem

After considering the above, LA County leveraged recommendations and best practices from a SOGI Data Collection and Reporting Workgroup (SOGI Workgroup) comprised of subject matter experts from multiple LA County departments. The recommendations and best practices were informed by research from the Fenway Institute, Human Rights Campaign Foundation's All Children – All Families Initiative, and the Williams Institute at University of California, Los Angeles (UCLA) School of Law.

Additionally, recommendations from the SOGI Workgroup were reviewed with input from Dr. Rebecca Gitlin, LACDMH's LGBTQ+ Services Specialist, LGBTQ+ state and community advocates, and community members including Equality California, Los Angeles LGBT Center, TransLatin@ Coalition, Gender Justice LA, Health Access California, Williams Institute - UCLA School of Law, The Wall Las Memorias Project, First 5 LA, Children's Hospital Los Angeles – University of Southern California, United American Indian Involvement, Californians for Safety and Justice, Special Service for Groups, Avery Everheart, and Addison Rose Vincent.

LA decided to update the MHSA questions and response options surrounding SOGI information. Go here for their final survey examples.

For sexual orientation, LA County made the following changes:

- Changed "bisexual" to "bisexual or pansexual"

- Changed "questioning or unsure of sexual orientation" to "undecided/unknown at this time"

- Changed "queer" and "another sexual orientation" to a single option, "something else," with a free text response and examples ("queer, asexual")

- Changed "decline to answer" to "not sure what this question means" and "prefer not to answer/prefer no labels" as two separate options

For gender identity, LA County made the following changes:

- Changed "male" to "man"

- Changed "female" to "woman"

- Changed "transgender" to "transgender man/transmasculine" and "transgender woman/transfeminine" as two separate options

- Changed "genderqueer/non-binary" to "non-binary" with examples ("gender queer or gender expansive")

- Changed "another gender identity" to "another category" with a free text response and an example ("two-spirit")

- Changed "questioning or unsure of gender identity" to "undecided/unknown at this time"

- Changed "decline to answer" to "not sure what this question means" and "prefer not to answer" as two separate options

For sex assigned at birth, LA County made the following changes:

- Included "X" as a separate category

- Included "another category" with a free text response and an example ("intersex")

- Changed "decline to answer" to "prefer not to answer"

A Step Forward

LA's work to be more inclusive and accurately represent their community is laudable. With these updates, LA will meet the MHSA regulation requirements, while also employing evidence-based strategies to represent individuals from underserved groups in their reporting. With their updates, they also provided definitions of all categories and terms in their new questions and response options for increased clarity. Because of their efforts, they will have accurate data that includes specific information on identities that are typically excluded from data collection, while also making participants feel seen and validated when completing surveys.

Recommendations

We recommend that state and federal regulations continuously be updated to best capture the diversity of our communities.
We also recommend continuing to be flexible in how we collect data, even if county or state policy requires specific reporting or contains language that is outdated. Further, we recommend collaboration with subject matter experts and community stakeholders to inform strategies to map culturally and linguistically accessible demographic response options to state and federal regulations and data standards (e.g., the Mental Health Services Act, United States Core Data for Interoperability (USCDI), HL7 FHIR (Fast Healthcare Interoperability Resources) standard, and CalAIM Health Information Exchange requirements).

LA's work is an important step towards making demographic data collection more inclusive, and we encourage the state to follow in their footsteps.

Key Points

- **Perceived need and mental health treatment.** A higher percentage of teens and adults felt a need to see a professional for their mental health in 2021 compared to 2019. In addition, the percentage of adults who did not seek help for their mental health concerns increased during this period.

- **Opportunities to address mental health using technology.** Technology, such as internet and social media, was widely used, especially among teens, young adults, and individuals with high psychological distress. Furthermore, the use of online tools for addressing mental health was significantly higher in 2021 compared to 2019 for both teens and adults.

- **Use and usefulness of online tools in Help@Hand counties/cities.** In 2021, adults with high distress in Help@Hand counties/cities also rated online tools significantly more useful than their counterparts in comparison counties/cities. This difference in perceived usefulness between Help@Hand and comparison counties/cities was not evident in 2019.

OVERVIEW

The outcomes evaluation focuses on evaluating Help@Hand across the state of California. It examines the need for and the opportunities with mental health technologies among counties/cities participating in the Help@Hand program (e.g., Help@Hand counties/cities) and counties/cities not participating (e.g., comparison counties/cities).

CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

The California Health Information Survey (CHIS) is the largest state health survey in the nation. It asks questions on a wide range of health topics to a representative sample of individuals throughout the state of California. Additional items addressing use of digital mental health products were added by Help@Hand to the CHIS in 2019, 2020, 2021, and 2022.

Data from the CHIS survey[51] provided insights on:

- Mental health treatment use
- Mental health beliefs and stigma
- Internet and social media use
- Online tools[52] use and usefulness

Although 11% of teens and 25% of adults reported needing help for their emotional or mental health in 2021, only 7% of teens and less than 23% of adults actually sought help. About a third of adults with high psychological distress[53] also had reported having experienced stigma around their mental health.[54] However, technology presents an opportunity to help people. Technology, such as internet and social media, was widely used, especially among teens, young adults, and individuals with high psychological distress. The use of online tools for addressing mental health concerns was higher in 2021 than 2019 or 2020, especially among young people and individuals with high psychological distress.[55]

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[51] The routinely asked CHIS survey included questions on mental health treatment use, beliefs, and stigma. The additional questions related to Help@Hand asked about use of internet, social media, and online tools, as well as the usefulness of online tools.

[52] Online tools refer to 1) mobile apps or texting services for concerns with mental health, emotions, nerves, or use of alcohol drugs; 2) online forums or closed social media groups on specific issues, doing hashtag searches on social media to connect online with a mental health professional or people with similar mental health symptoms including or following people with similar health conditions to connect with people with similar mental health symptoms; 3) on-line messaging, video chat, or a mental health or health-related tool to connect with a mental health professional.
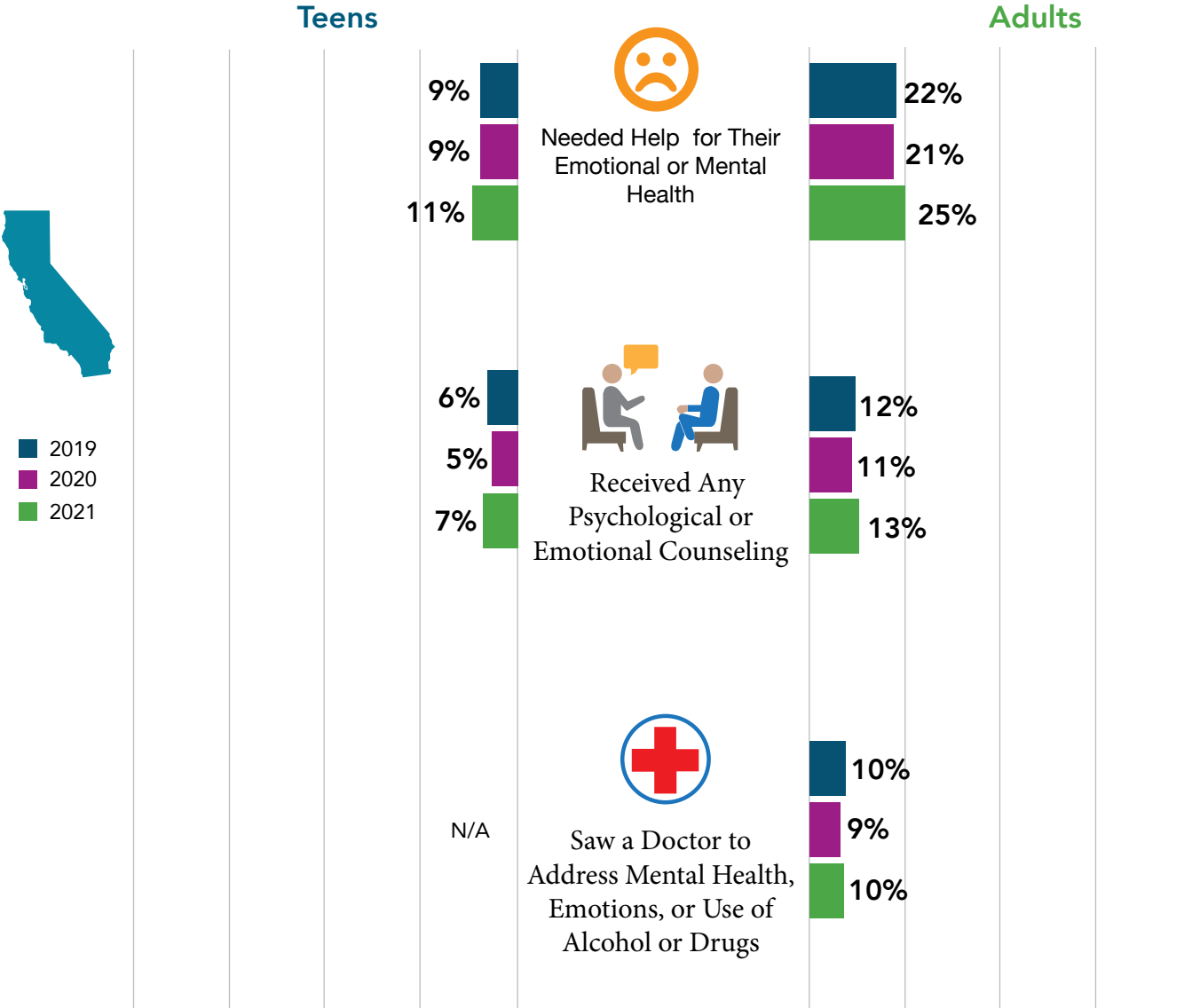
[53] Psychological distress refers to symptoms of anxiety, depression, and stress. It was measured using the Kessler Psychological Distress Scale, where participants were asked questions about anxiety and depression symptoms that they may have experienced in the past 30 days. Participants were identified as having high, medium, or low/no psychological distress based on their responses.

[54] CHIS did not ask mental health beliefs and stigma questions to teens.

[55] Adults used online tools for problems with their mental health more in 2020 compared to 2019 with statistical significance (t(240)=2.11, p=0.036, a=0.05). Adults also used online tools to connect with a mental health professional more in 2021 compared to 2019 with statistical significance. (t(240)=7.58, p<0.0001, a=0.05). Teens used online tools to connect with a mental health professional more in 2021 compared to 2019 with statistical significance(t(240)=2.43, p=0.016, a=0.05). 18-25 year-olds were 2.6 times (95% CI: (2.25,3.08)) more likely to use online tools for problems with mental health or alcohol/drugs compared to 60+ year-olds in 2019-2021.

Mental Health Treatment

More teens and adults across California reported they needed help for their emotional or mental health[56] than those who actually received any counseling[57] or saw a doctor[58] for their problems.

Teens

Adults

Needed Help for Their Emotional or Mental Health

Teens: 9% (2019), 9% (2020), 11% (2021)

Adults: 22% (2019), 21% (2020), 25% (2021)

Received Any Psychological or Emotional Counseling

Teens: 6% (2019), 5% (2020), 7% (2021)

Adults: 12% (2019), 11% (2020), 13% (2021)

Saw a Doctor to Address Mental Health, Emotions, or Use of Alcohol or Drugs

Teens: N/A

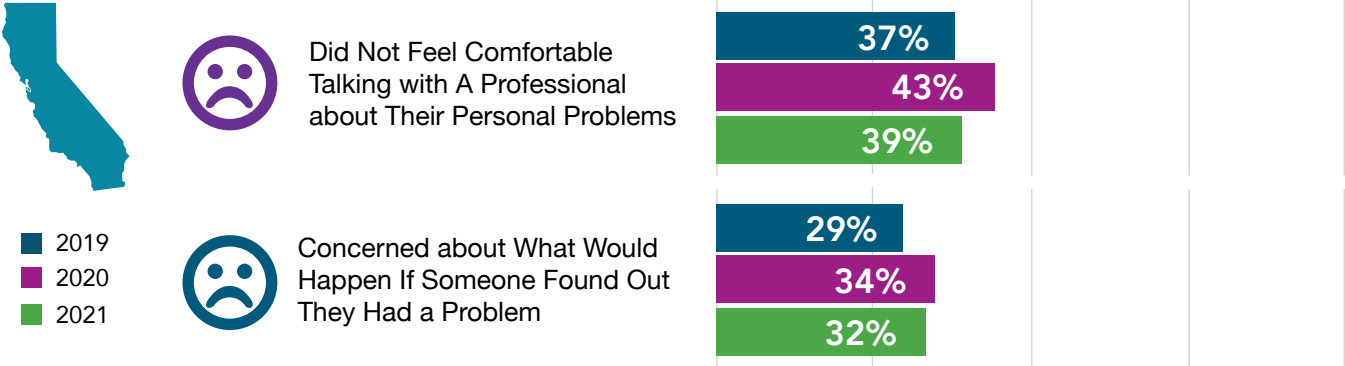Adults: 10% (2019), 9% (2020), 10% (2021)

Legend: 2019, 2020, 2021

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[56] There was no statistically significant difference in the percent of teens who needed help for emotional or mental health problems between 2019-2021. There was no statistically significant difference in the percentage of teens who received mental health treatment between 2019-2021. However, more adults needed help for an emotional or mental health problem in 2021 than in 2019 (t(240)=3.27, 0.0012) and in 2020 (t(240)=5.34, p<.0001).

[57] Those in Help@Hand counties/cities were more likely to receive psychological or emotional counseling than those in comparison counties/cities in 2020 than 2019 (t(240)=2.11, p=0.036, a=0.05).

[58] The percent of those who saw a primary care physician or general practitioner for concerns with mental health, emotions, or use of alcohol or drugs was higher in 2019 than in 2020 with statistical significance (t(240)=2.41, p=0.0169). There was no statistically significant difference between Help@Hand counties/cities compared to comparison counties/cities.
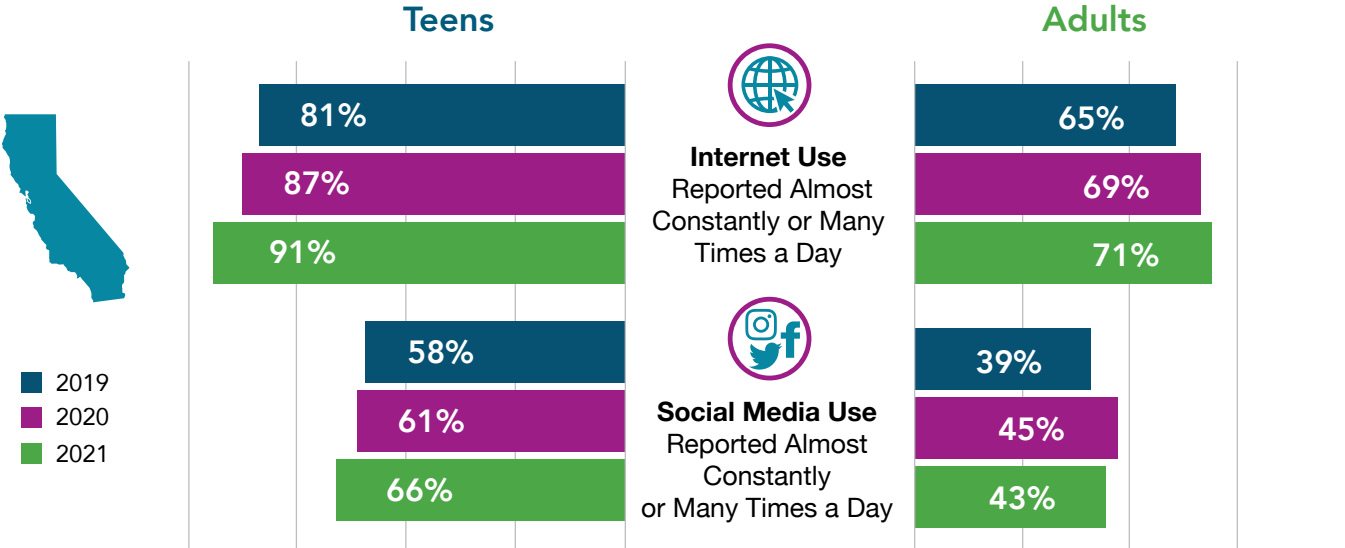
Mental Health Beliefs and Stigma

Between 29-43% of adults across California[59] did not feel comfortable talking to a professional or had concerns if someone discovered their personal problems.[60]

Did Not Feel Comfortable Talking with A Professional about Their Personal Problems

- 2019: 37%
- 2020: 43%
- 2021: 39%

Concerned about What Would Happen If Someone Found Out They Had a Problem

- 2019: 29%
- 2020: 34%
- 2021: 32%

Legend:
- 2019
- 2020
- 2021
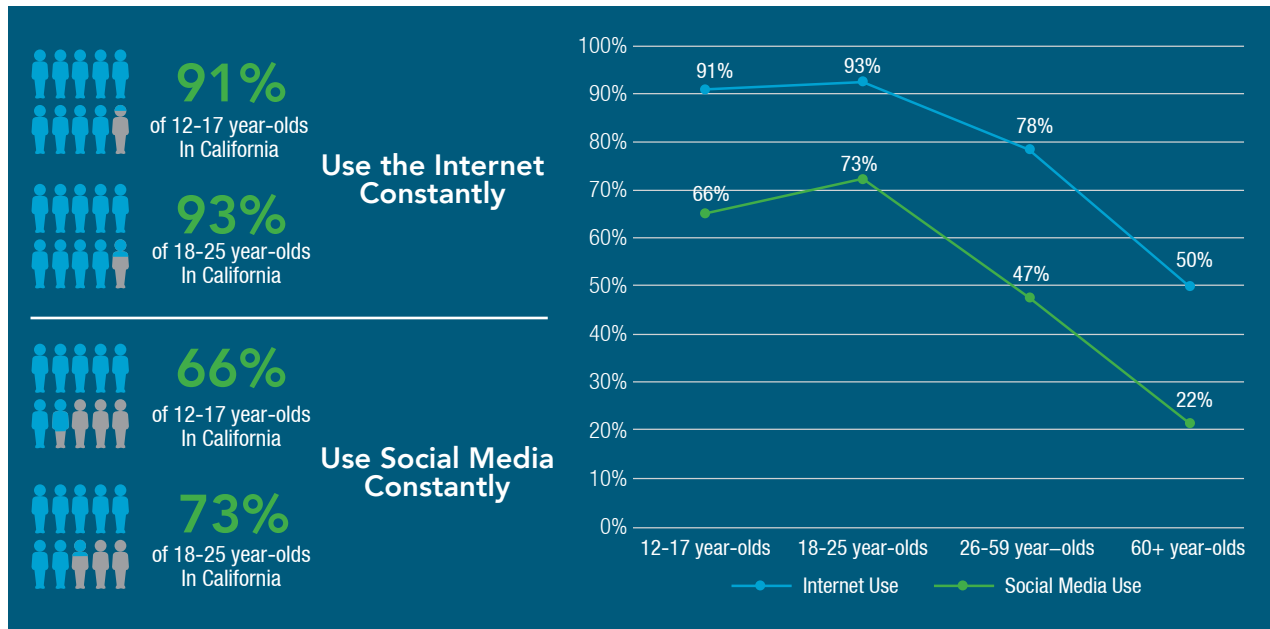
Internet and Social Media Use

Constant daily internet use among both teens[61] and adults[62] increased significantly each year from 2019-2021 across California. Constant social media use among teens increased significantly in 2021 compared to 2019, and among adults in 2020 and 2021 compared to 2019 across California.[63]

Teens

Internet Use Reported Almost Constantly or Many Times a Day
- 2019: 81%
- 2020: 87%
- 2021: 91%

Social Media Use Reported Almost Constantly or Many Times a Day
- 2019: 58%
- 2020: 61%
- 2021: 66%

Adults

Internet Use Reported Almost Constantly or Many Times a Day
- 2019: 65%
- 2020: 69%
- 2021: 71%

Social Media Use Reported Almost Constantly or Many Times a Day
- 2019: 39%
- 2020: 45%
- 2021: 43%

Legend:
- 2019
- 2020
- 2021

---

[59] CHIS did not ask this question to teens.

[60] There was no statistically significant difference between 2019-2021 for mental health beliefs and stigma.

[61] Constant internet use among teens was higher in 2021 compared to 2019 and higher in 2020 compared to 2019 with statistical significance (2020 vs.2019:$t(240)=3.25$, $p=0.0013$, 2021 vs. 2019: $t(240)=4.67$, $p< 0.0001$).

[62] Constant internet use among adults was higher in 2021 than in 2020 with a statistical significance ($t(240) =2.75$, $p=0.0064$) and higher in 2020 than in 2019 with a statistical significance ($t(240)=6.53$, $p< 0.0001$).

[63] Among teens, social media use was higher in 2021 compared to 2019 with statistical significance ($t(240)=3.01$, $p= 0.0028$). Among adults, social media use was higher in 2020 and 2021 compared to 2019 with statistical significance ($t(240)=7.64$, $t(240)=453$, respectively, $p<0.0001$ for both), but lower in 2021 compared to 2020.($t(240)=-3.81$, $p=0.0002$).

Age

In 2021, constant internet use was highest among 12-17 and 18–25 year-olds across California. Constant social media use was highest among 18–25 year-olds.[64]

91%
of 12-17 year-olds
In California

93%
of 18-25 year-olds
In California

Use the Internet Constantly

66%
of 12-17 year-olds
In California

73%
of 18-25 year-olds
In California

Use Social Media Constantly

Psychological Distress

Teens[65] and adults[66] with high psychological distress across California reported higher rates of constant daily internet and social media use compared to those with low/no psychological distress between 2019-2021.[67]

Constant Internet Use

Teens			Adults		
2019	2020	2021	2019	2020	2021
High distress			**High** distress		
94%	94%	94%	82%	86%	85%
Medium distress			**Medium** distress		
81%	89%	95%	77%	79%	79%
Low/No distress			**Low/No** distress		
78%	85%	88%	60%	64%	54%

Constant Social Media Use

Teens			Adults		
2019	2020	2021	2019	2020	2021
High distress			**High** distress		
73%	74%	83%	57%	52%	62%
Medium distress			**Medium** distress		
62%	65%	76%	52%	55%	52%
Low/No distress			**Low/No** distress		
54%	58%	58%	34%	39%	37%

[64] Data from 2021 was presented here to simplify the data presentation since the same pattern occurred in 2019 and 2020. Internet and social media use were reported highest among 18-25 year-olds in 2019, 2020, and 2021 with statistical significance (t (240) =-16.43, comparing 26-50 year-olds to 18-25 year-olds and t(240)=-35.21,p<0.0001, comparing 60+ year-olds to 18-25 year-old, p<0.0001, a=0.05) within adults.

[65] Teens with high distress were 2.7 times (95% CI: (1.834,4.039)) more likely to use the internet constantly than teens with low/no distress. Also, teens with high distress were 2.6 times (95% CI: (2,3.2)) more likely to use social media frequently than teens with low/no distress.

[66] Adults with high distress were 2 times (95% CI: (1.8,2.2)) more likely to use the internet constantly than adults with low/no distress, and adults with high distress were 1.9 times (95% CI: (1.7,2)) more likely to use social media constantly than adults with low/no distress. Adults in Help@Hand counties/cites are 1.1 times (95% CI: (1.02,1.1)) more likely to use social media constantly compared to adults in comparison counties/cities with statistical significance. These patterns remained consistent regardless of year in California.
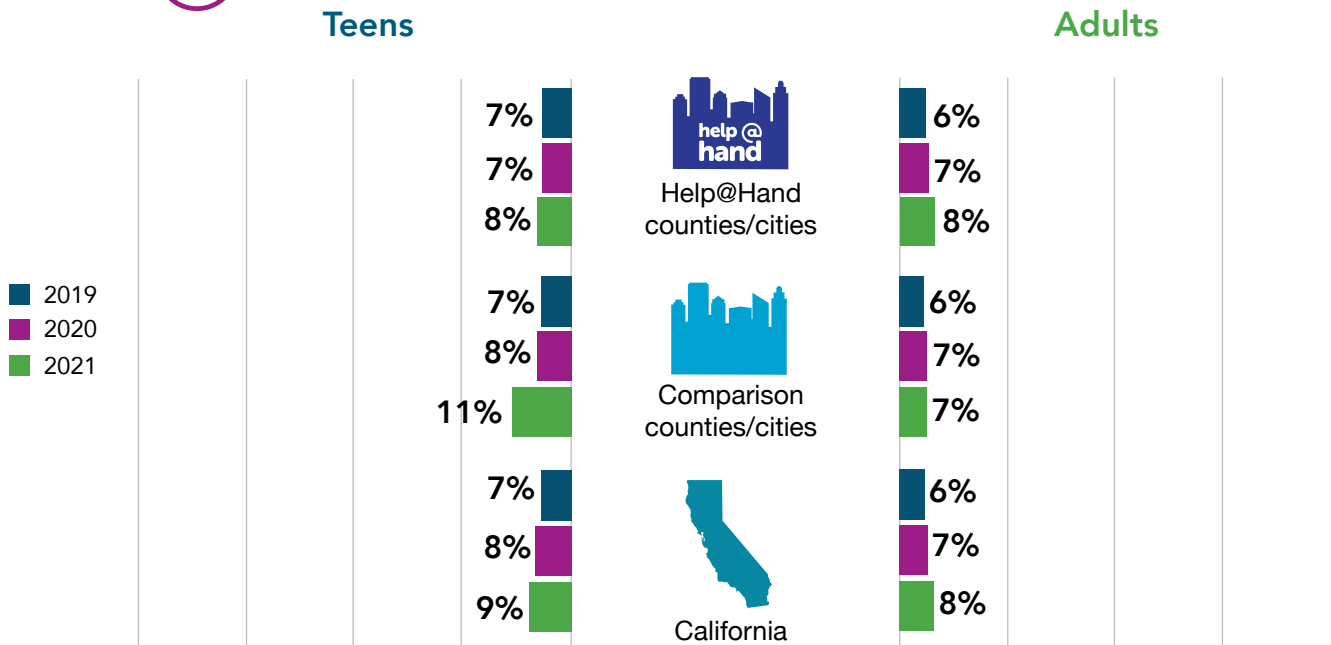
[67] There is an error in 2020 annual report on 2019 values of constant internet use and social media use. Values presented here with * should be considered updated.
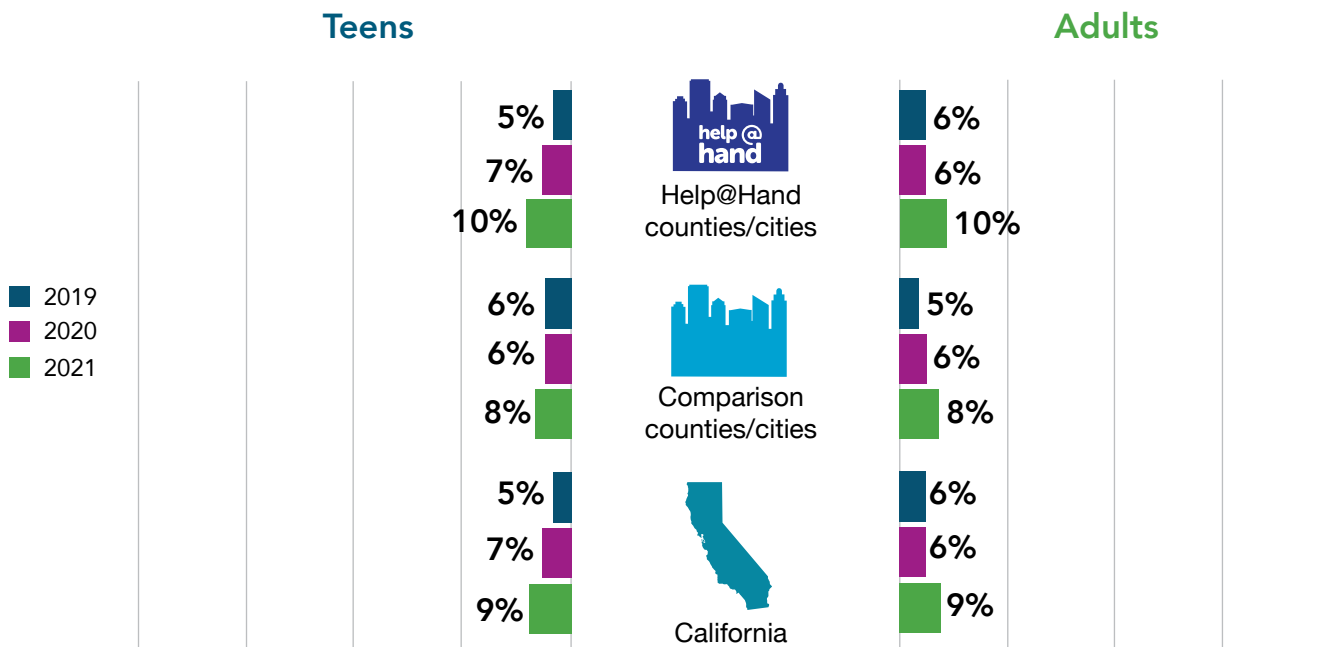
Online Tools Use and Usefulness

Use of online tools for addressing mental health increased among teens and adults[68] in Help@Hand counties/ cities, comparison counties/cities, and across California between 2019-2021. However, their usefulness varied among teens and adults.

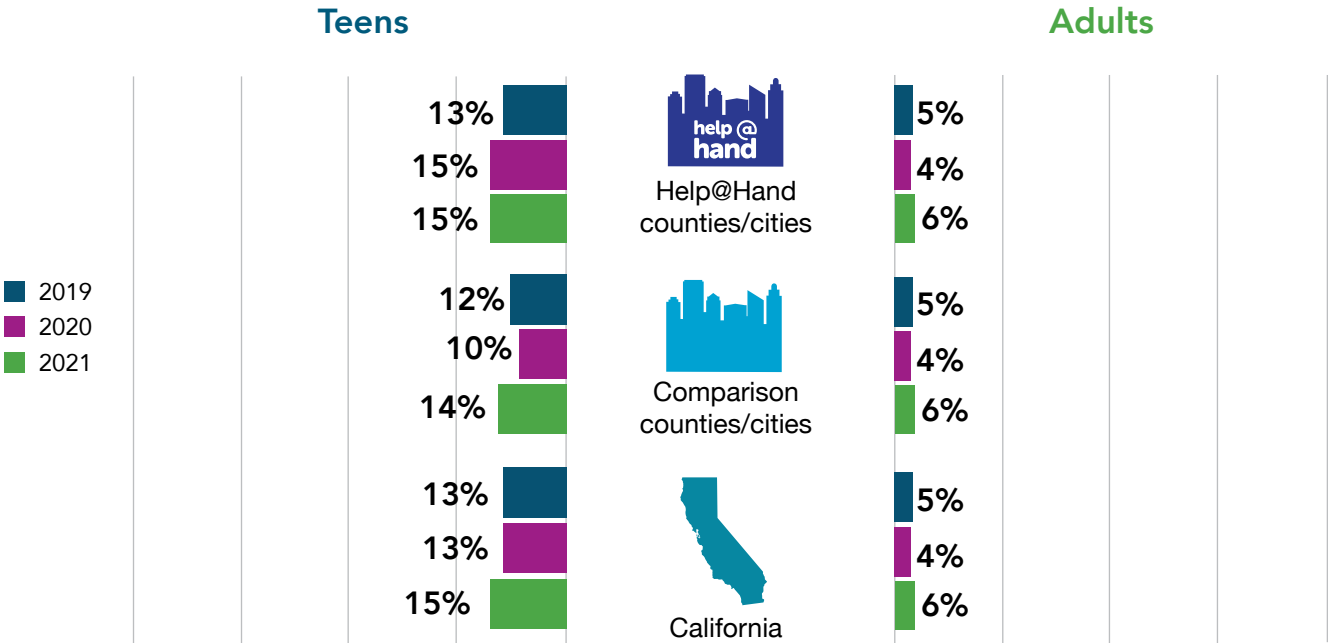### Used Online Tools for Addressing Mental Health or Alcohol/Drugs

Teens   **Adults**

2019
2020
2021

Help@Hand counties/cities

Teens: 7% (2019), 7% (2020), 8% (2021)
Adults: 6% (2019), 7% (2020), 8% (2021)

Comparison counties/cities

Teens: 7% (2019), 8% (2020), 11% (2021)
Adults: 6% (2019), 7% (2020), 7% (2021)

California

Teens: 7% (2019), 8% (2020), 9% (2021)
Adults: 6% (2019), 7% (2020), 8% (2021)

Used Online Tools to Connect with a Mental Health Professional

Teens   **Adults**

2019
2020
2021

Help@Hand counties/cities

Teens: 5% (2019), 7% (2020), 10% (2021)
Adults: 6% (2019), 6% (2020), 10% (2021)

Comparison counties/cities

Teens: 6% (2019), 6% (2020), 8% (2021)
Adults: 5% (2019), 6% (2020), 8% (2021)

California

Teens: 5% (2019), 7% (2020), 9% (2021)
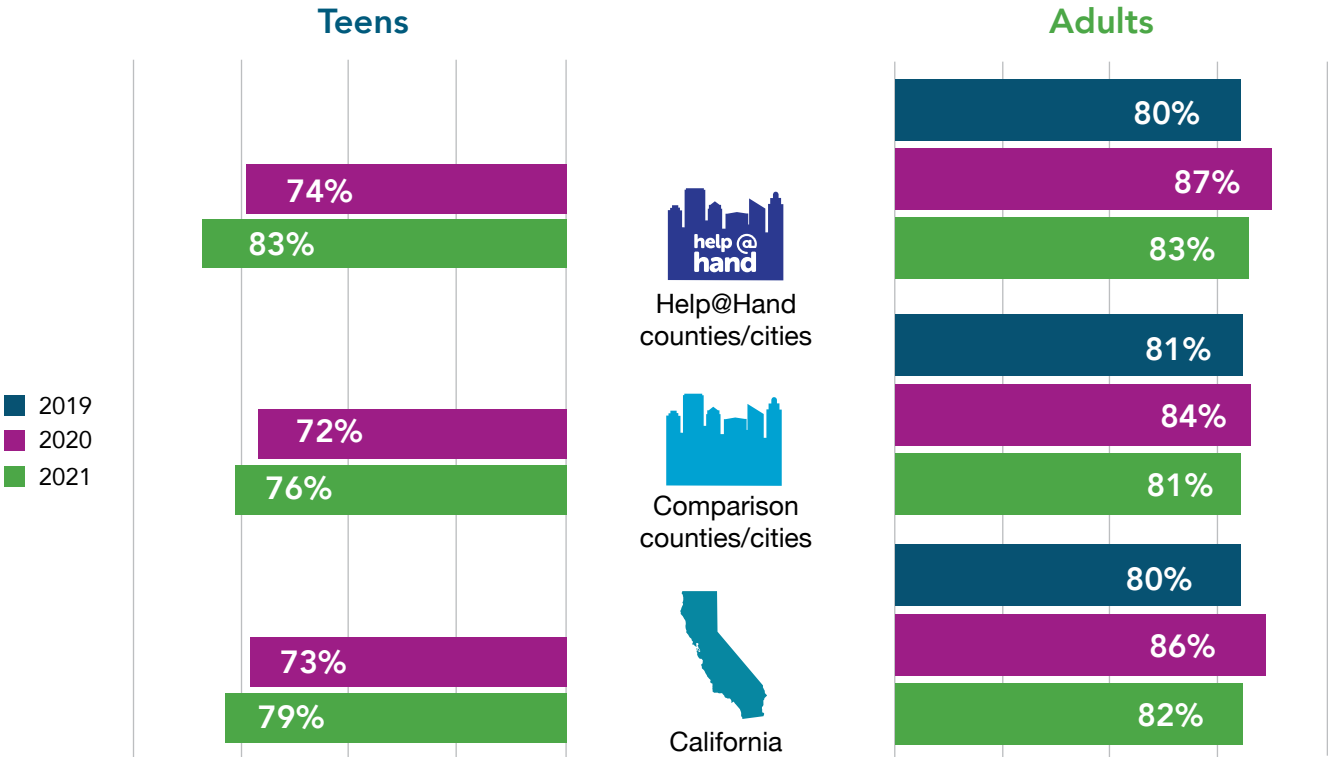Adults: 6% (2019), 6% (2020), 9% (2021)

[68] Adults used online tools for addressing their mental health more in 2020 compared to 2019 with statistical significance (t(240)=2.11, p=0.04, a=0.05). Adults also used online tools to connect with a mental health professional more in 2021 compared to 2019 with statistical significance. (t(240)=7.58, p<0.0001, a=0.05). Teens used online tools to connect with a mental health professional more in 2021 compared to 2019 with statistical significance(t(240)=2.43, p=0.02, a=0.05).

Used Online Tools (e.g., social media, blogs, and online forums) to Connect with People with Similar Mental Health or Alcohol/Drug Concerns
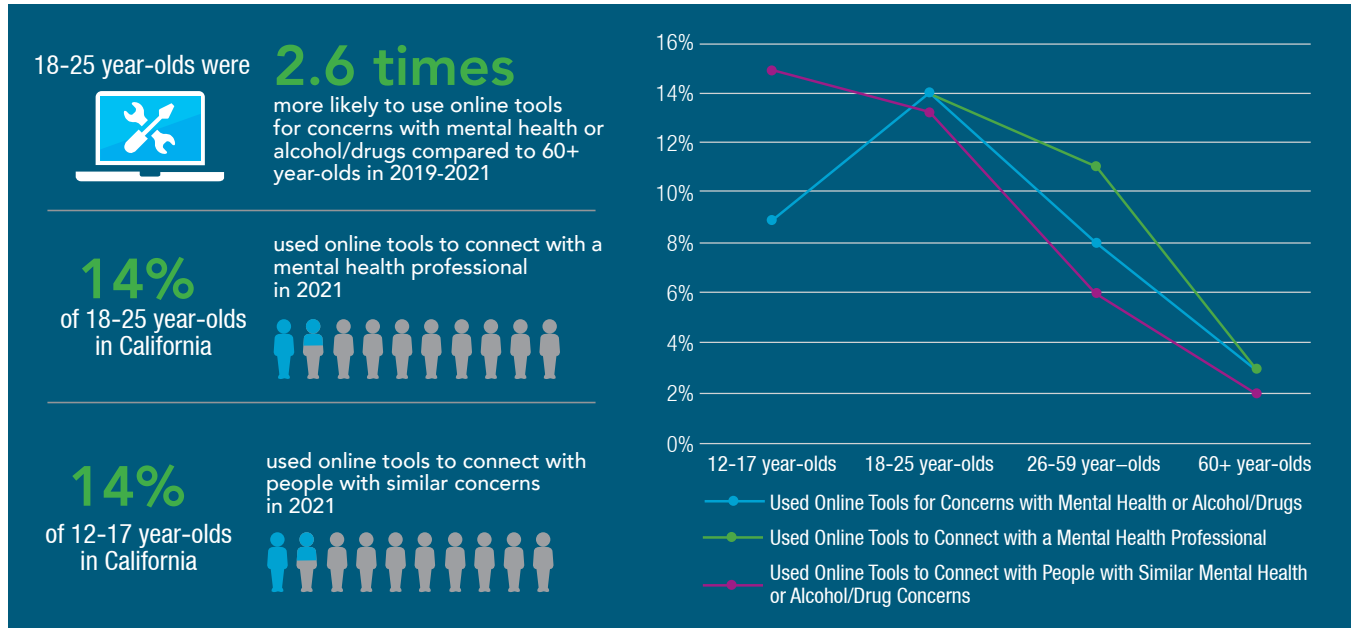
Teens

Adults

2019
2020
2021

Help@Hand counties/cities
- Teens: 13% (2019), 15% (2020), 15% (2021)
- Adults: 5% (2019), 4% (2020), 6% (2021)

Comparison counties/cities
- Teens: 12% (2019), 10% (2020), 14% (2021)
- Adults: 5% (2019), 4% (2020), 6% (2021)

California
- Teens: 13% (2019), 13% (2020), 15% (2021)
- Adults: 5% (2019), 4% (2020), 6% (2021)

Teens and Adults who Rated the Online Tools They Used as Useful[69]

Teens

Adults

2019
2020
2021

Help@Hand counties/cities
- Teens: 74% (2020), 83% (2021)
- Adults: 80% (2019), 87% (2020), 83% (2021)

Comparison counties/cities
- Teens: 72% (2020), 76% (2021)
- Adults: 81% (2019), 84% (2020), 81% (2021)

California
- Teens: 73% (2020), 79% (2021)
- Adults: 80% (2019), 86% (2020), 82% (2021)

[69] Data for teens who rated the usefulness of online tools is not reported for 2019 due to small sample sizes. More adults rated online tools as useful in 2020 than in 2019 (t(240)=2.04, p=0.04, a=0.05).

Age

Online tools were used more by younger people across California in 2021.[70, 71]

18-25 year-olds were

2.6 times

more likely to use online tools for concerns with mental health or alcohol/drugs compared to 60+ year-olds in 2019-2021

14%
of 18-25 year-olds in California

used online tools to connect with a mental health professional in 2021

14%
of 12-17 year-olds in California

used online tools to connect with people with similar concerns in 2021

Used Online Tools for Concerns with Mental Health or Alcohol/Drugs

Used Online Tools to Connect with a Mental Health Professional

Used Online Tools to Connect with People with Similar Mental Health or Alcohol/Drug Concerns

Psychological Distress

Use of online tools to connect with people with similar mental health or alcohol/drug concerns was reported highest in teens with high distress, while use of online tools to connect with a mental health professional was highest in adults with high distress across California in 2021.[72, 73]

Used Online Tools for Concerns with Mental Health or Alcohol/Drugs

Used Online Tools to Connect with a Mental Health Professional

Used Online Tools to Connect with People with Similar Mental Health or Alcohol/Drug Concerns

8 times
TEENS with High Distress were

more likely to use online tools for concerns with mental health or alcohol/drugs compared to teens with low/no distress in 2019-2021

34%
of TEENS with High Distress

used online tools to connect with people with similar mental health or alcohol/drug concerns

9 times
ADULTS with High Distress were

more likely to use online tools for concerns with mental health or alcohol/drugs compared to adults with low/no distress in 2019-2021

24%
of ADULTS with High Distress

used online tools to connect with a mental health professional

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70 Data from 2021 was presented here to simplify the data presentation since the general patterns do not change over time with statistical significance. In 2021, 18-25 year-olds were 1.6 times(t(80)=3.21, p=0.002) and 5.6 times(t(80)=10.91, p<0.0001)more likely to use online tools to address their mental health concerns than 26-59 year-olds and 60+ year-olds, respectively. Also, 18-25 year-olds were 4.8 times(t(80)=8.77, p<0.0001)more likely to use online tools to connect with a mental health professional than 60+ year-olds and 18-25 year-olds were 2.4 times(t(80)=6.25, p<0.0001) and 9.3 times(t(80)=11.81, p<0.0001)more likely to use online tools to connect with people with similar symptoms than 26-59 year-olds and 60+ year-olds, respectively.

71 Use of online tools for addressing concerns with mental health and use of online tools to connect with a mental health professional were the same among 12-18-year-olds and 18–25-year-olds; therefore, the lines overlapped and appear as a turquoise color. 18-25 year-olds were 2.6 times (95% CI: (2.25,3.08)) more likely to use online tools for problems with mental health or alcohol/drugs compared to 60+ year-olds in 2019-2021.
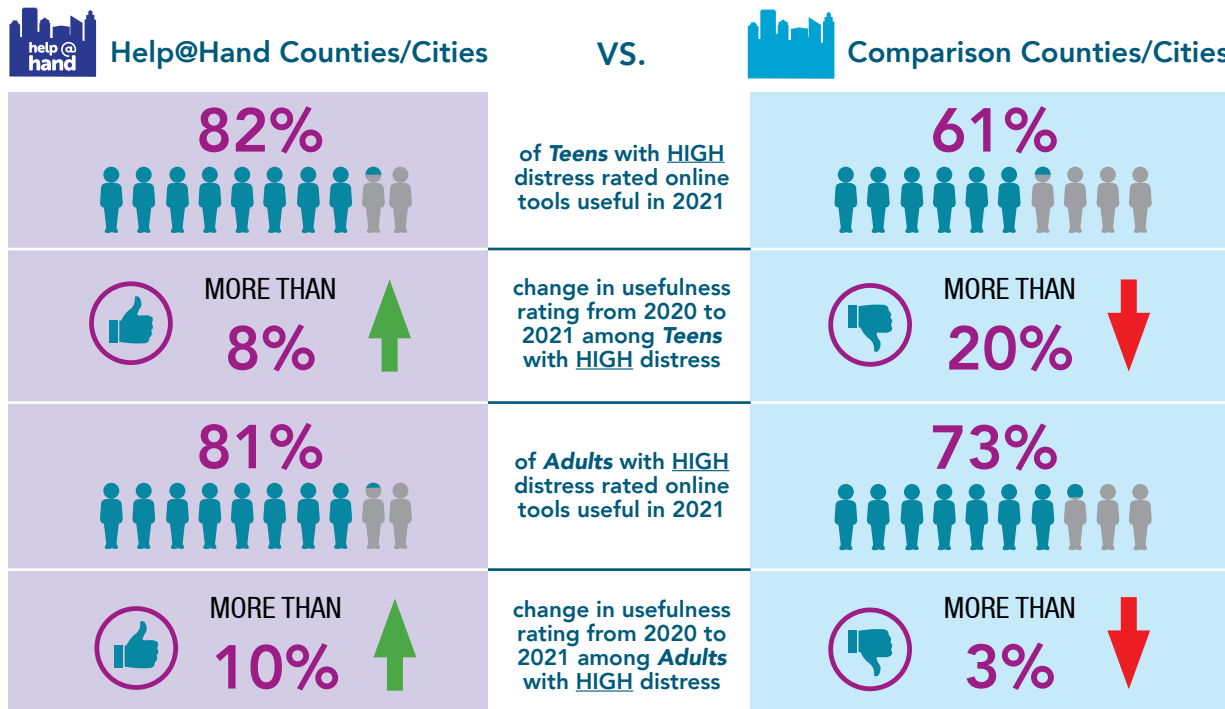
72 Data from 2021 was presented here to simplify the data presentation since the general patterns do not change over time with statistical significance.

73 Use of online tools to connect with people with similar symptoms was higher with statistical significance for teens with high distress compared to teens with low/no distress (t (240) =12.10, p<0.0001, a=0.05) in 2019-2021. Use of online for addressing concerns with mental health was higher with statistical significance for teens with high distress compared to teens with low/no distress (t (240) =9.26, p<0.0001, a=0.05) in 2019-2021. Use of online tools for problems with mental health was higher with statistical significance for adults with high distress compared to adults with low/no distress (t(240)=13.34, p<0.0001) in 2019-2021.

The use of online tools to connect with a mental health professional increased considerably for teens with high distress in Help@Hand counties/cities, while their counterparts in comparison counties/cities decreased between 2019-2021. However, it changed very little for teens with low/no distress in both Help@Hand counties/cities and comparison counties/cities during this period.[74, 75]

Teen Use of Online Tools to Connect with a Mental Health Professional

- High Distress in Help@Hand Counties/Cities
- Low/No Distress in Help@Hand Counties/Cities
- High Distress in Comparison Counties/Cities
- None to low Distress in Comparison Counties/Cities
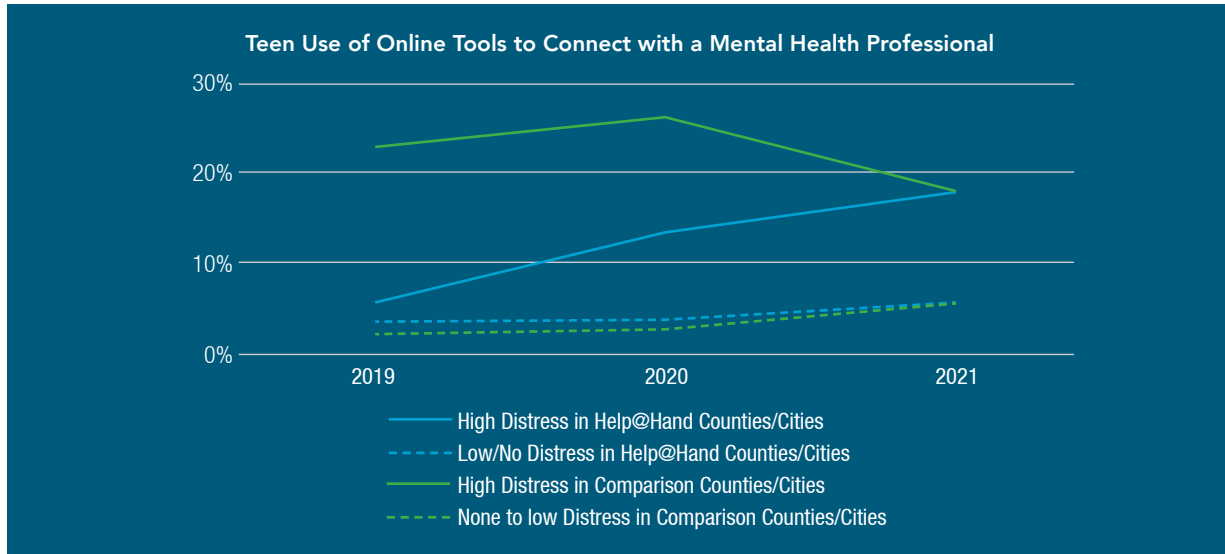
In 2021, adults with high distress from Help@Hand counties/cities rated online tools significantly more useful than their counterparts in comparison counties/cities. This difference in perceived usefulness between Help@ Hand and comparison counties/cities was not evident in 2019.[76, 77]

Help@Hand Counties/Cities   VS.   Comparison Counties/Cities

Help@Hand		Comparison
82%	of *Teens* with HIGH distress rated online tools useful in 2021	61%
MORE THAN 8% ↑	change in usefulness rating from 2020 to 2021 among *Teens* with HIGH distress	MORE THAN 20% ↓
81%	of *Adults* with HIGH distress rated online tools useful in 2021	73%
MORE THAN 10% ↑	change in usefulness rating from 2020 to 2021 among *Adults* with HIGH distress	MORE THAN 3% ↓

[74] Percent values in 2020 annual report were suppressed for small sample size.

[75] The association between distress and counties in teen use of online tools to connect with a mental health professional was statistically different between 2019 and 2021($t(240)$=2.07, p=0.04, a=0.05). While 23% of teens with high distress and 2% of teens with low/no distress rated online tools useful in comparison counties/cities in 2019, 6% of adults with high distress and 3% of adults with low/no distress rated online tools useful in Help@Hand counties/cities. However, in 2021, 18% of teens with high distress and 5% of teens with low/no distress rated online tools useful in comparison counties/cities, but 18% of teens with high distress and 5% of teens with low/no distress rated online tools useful in Help@Hand counties/cities.

[76] The association between distress and counties in usefulness rating was statistically different between 2019 and 2021($t(240)$=2.62, p=0.0094, a=0.05). While 75% of adults with high distress and 80% of adults with low/no distress rated online tools useful in comparison counties/cities in 2019, 72% of adults with high distress and 91% of adults with low/no distress rated online tools useful in Help@Hand counties/cities. However, in 2021, 73% of adults with high distress and 93% of adults with low/no distress rated online tools useful in comparison counties/cities, but 81% of adults with high distress and 85% of adults with low/no distress rated online tools useful in Help@Hand counties/cities.

[77] There were zero respondents in some answers in 2019; therefore, it was not available to test any statistical significance for teens' usefulness rating. There was no statistical difference in usefulness ratings associated with distress(High/Medium/Low) and counties(Help@Hand counties/cities and comparison counties/cities) in 2020 and 2021.

LEARNINGS FROM THE OUTCOMES EVALUATION

Recent California Health Interview Survey (CHIS) data shows:

- **Perceived Mental Health Need and Treatment.** More adults felt that they might need to see a professional because of their mental health in 2021, compared to 2019 and 2020. However, the percentage of adults who did not seek help for their mental health increased during this period.

- **Technology Use by Age.** Constant internet and social media use were highest among 12–25-year-olds across California in 2021. Online tools were also used more by teens and young adults across California in 2021.

- **Technology Use by Distress Level.** Use of online tools to help with mental health or alcohol/drug concerns were reported highest in teens and adults with high distress across California compared to teens and adults with low/no distress. In 2021, adults with high distress in Help@Hand counties/cities rated online tools significantly more useful than their counterparts in comparison counties/cities.

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 are designed to broadly apply across the Help@Hand Collaborative. Individual recommendations/learnings emerged from the experiences of one or more counties/cities involved in Help@Hand between January and December 2022.

Marketing and Outreach

Overall recommendation: Working with marketing firms to develop a variety of marketing strategies can help increase outreach. Partnering with local organizations and participating in community events can be key in promoting an implementation among core populations. Marketing materials should be updated regularly.

Individual recommendations/learnings:

- **Consider working with marketing firms to develop marketing strategies and increase outreach**. Multiple counties/cities worked with Uptown Studios. Counties/cities can learn from others through sharing experiences of working with a particular marketing partner.

- **Develop a marketing campaign before launching an implementation.** Having a marketing campaign prepared and ready before implementation can increase participation upon implementation launch. Having more than one marketing plan in place prior to launching a pilot or implementation can be helpful.

- **Diversify outreach strategies.** Counties/cities used different ways to reach consumers, such as billboards and posters at bus stops.

- **Participate in community events to increase awareness of resources.** This provides an opportunity to build connections and spread awareness of resources that the county/city has readily available.

- **Leverage partnership with local organizations.** Partnership with local organizations, such as schools and senior centers, can be helpful to reach specific core populations.

- **Update flyers/advertisements on a regular basis.** As the project develops, highlight new resources or tailor resources for certain core audiences to help bring awareness.

Consumer Recruitment

Overall recommendation: Enrollment into an implementation project can be made smoother by allowing sufficient time to build rapport with consumers and having a brief summary for participants about the program.

Individual recommendations/learnings:

- **Allow ample time to engage and enroll consumers into the program.** Building rapport with consumers and maintaining engagement throughout the program takes time and can be staff- and resource-intensive.

- **Provide brief presentations or materials with easy-to-understand language to introduce participants to the program.** Participants can get overwhelmed with too much information. Keep presentations brief and use clear language to give an overview of the program.

Consumer Experience

Overall recommendation: Not all individuals have the same needs and engage with a technology in the same way. It is important to consider the unique needs of some core audiences and consider different types of user engagement, lengths of use, and reasons for abandonment. In addition, it is important to check the resources and language options provided by a technology which can impact consumer experience.

Individual recommendations/learnings:

- **Consider different types of user engagement.** It is important to take into account different ways in which people may use a product. For example, consumers may use a product to follow a formal program and complete activities but may also use an app to track their mood or sleep.

- **Consider different user groups and lengths of use.** The majority of consumers may only try a product for a few days, but a small group of users may continue to use it over a longer period of time.

- **Consider not only the total number of enrollments, but also the added value of the program to the individuals taking part.** Enrollment numbers may be low, but the program may be helpful for people who are receiving the services.

- **Assess reasons for abandoning a technology.** Abandonment of a technology may not be related to a negative experience with the technology itself, but people may already have strategies in place or access to other resources that are helpful.

- **Products should ensure thorough resources for the audience.** Resources provided by the technology should be clear and relatable to the audience.

- **Consider the unique needs of some core audiences.** Some core audiences (e.g., older adults) may need different types of marketing and outreach strategies than other consumers. Also, the Deaf and Hard of Hearing (D/HH) community may need multiple American Sign Language (ASL) interpreters to be present at webinars, trainings, and other events.

- **Consider a technology's language options when implementing and evaluating a technology.** Feedback from consumers revealed that the technology being launched was not suitable in terms of the language options, which may form a barrier to consumer adoption and engagement.

Digital Literacy

Overall recommendation: Digital literacy continues to be an important part of the project. Tailoring implementation strategies to different core audiences and providing technology support can benefit those with lower levels of digital literacy.

Individual recommendations/learnings:

- **Consider digital literacy support.** People may have differing levels of digital literacy which can form a barrier to engaging with a technology. Implementation strategies can be tailored to provide digital literacy support.

- **Provide technical support.** Not everyone has access to help when experiencing technical issues and may abandon the technology as a result. It is important to offer technical support to address technical issues.

RECOMMENDATIONS

Device Distribution and Kiosks

Overall recommendation: Device distribution and kiosk installation can come with various challenges, such as internet connectivity issues and individuals breaking or losing devices. Counties/cities can plan for these challenges, for example by accounting for extra devices, installing management software and/or partnering with an experienced IT agency.

Individual recommendations/learnings:

- **Determine early on if and how consumers will keep or return devices.** Making this decision early on avoids the need to make changes to the program later on. Additionally, a clear plan should be in place on if, how, and when to have consumers return their devices after distribution.

- **Plan for unforeseen challenges with devices. Individuals may lose or break their devices.** It is important to plan on how to handle these issues (e.g., account for extra replacement devices) and to document steps taken to inform future programs. It can be helpful to procure additional devices and internet access for county/city residents who cannot receive adequate broadband service or devices from the statewide Broadband For All efforts/California Lifeline Program.

- **Consider that consumers' housing or living situation may be a barrier when distributing devices.** Though it helps to work with a provider that offers a wide range of internet services and methods of access, people's individual housing or living arrangements (e.g., being unhoused or living in high-rise buildings or areas with concrete walls) can still affect their ability to access internet.

- **Plan for barriers related to kiosk installation.** Kiosks installed in leased spaces often require more planning, as it requires all parties (program administration, supervisor, leasing agents, and building owners) to be on the same page. Working with an experienced IT agency is also important.

- **Plan for challenges related to kiosk use.** Install software that allows kiosks to remain functional during power and internet outages. Install security measures to prevent kiosk users from accessing unintended websites, such as by creating a webpage embedded with curated videos. Kiosk management software can help monitor usage and produce daily usage reports.

Stakeholder Communication

Overall recommendation: To avoid delays, it is important to include stakeholders early on in the process and allow sufficient time for reviewing and approving contracts.

Individual recommendations/learnings:

- **Maintain consistent and transparent communication**. Consistent and transparent communication can promote buy-in from internal and external project stakeholders. It can also ensure timely resolution of issues and project progress.

- **Include all involved parties early on in project planning to avoid delays further down the line.** Having regular meetings with all parties involved, such as several county/city departments, technology vendors, marketing partners and the evaluation team, ensures everyone is on the same page and has the opportunity to provide input.

- **Build in sufficient time for contracting, as approvals can take longer than expected and delay counties' timelines.** It helps to streamline the process of contracting and communication on both technical and programmatic aspects of the project. Furthermore, it is key to track action items, who is responsible, and what the need is, to make sure all parties involved are on the same page.

- **Establish clear decision-making processes and expectations.** Gathering stakeholder feedback is time-consuming and can contribute to project delays. Create clear decision-making processes and plan for the time to gather and integrate feedback to promote project progress.

- **Partner with stakeholders with specific expertise and training to support implementation success.** Contracting with external stakeholders with specific knowledge, experience, and training such as technology, marketing, and peers can help alleviate county/city resources toward such efforts.

- **Continue Help@Hand Collaborative calls.** Bi-weekly collaboration calls provide counties/cities with the opportunity to share lessons learned and resources.

Project Planning

Overall recommendation: Having a clear plan of program requirements, expectations and future activities can help counties/cities determine whether they can budget sufficient resources, time and staff to a program.

Individual recommendations/learnings:

- **Streamline programs to help satisfy shared requirements.** Requirements for projects and initiatives may overlap. Streamlining programs can help satisfy requirements for multiple programs.

- **Budget for sufficient funds and resources to dedicate to an implementation.** An implementation is resource-intensive and may require a minimum number of licenses and dedicated staff to lead the effort.

- **Improve staffing infrastructure.** Competing priorities and staff shortages were the most reported challenges. Being mindful of staff bandwidth, having more dedicated staff and supporting staff with carved-out time for training and project operations could be helpful. Technology projects required staffing with specialty skills; hiring staff with specialty training or providing training can provide potential solutions to the problem of lacking digital expertise in the current behavior health settings.

- **Formalize a roadmap of future activities.** Be transparent about the activities involved and associated budget implications to allow counties/cities to determine if they want to participate in an activity.

- **Provide clinic staff with clear guidance.** Clinic staff who are interfacing with consumers should have a clear guidance and understanding of the program.

Peers

Overall recommendation: Peer involvement continues to be an important part of the project, and there is a need to expand the Peer workforce, better integrate Peer input, and prioritize community needs.

Individual recommendations/learnings:

- **Prioritize community needs.** Peers continually highlighted that community members were their priority. Consider the needs of the community when developing program aspects, such as technology support and accessible translation services for community outreach, training, and engagement.

- **Find ways to further integrate Peer input.** While Peers were involved in varying aspects of the Help@Hand projects, there were still more avenues through which Peer input could be integrated to better serve their core audiences.

- **Consider ways to expand the Peer workforce.** Peer Leads voiced the need to actively plan and budget for the continued employment of a robust Peer workforce beyond the Help@Hand project timelines.

Working with Partners

Overall recommendation: Partnerships with vendors can address internal staffing challenges, but it is important for counties/cities to get a clear understanding of agreed-upon deliverables, double-check materials developed by vendors and to plan in sufficient time for working out potential issues with vendors.

Individual recommendations/learnings:

- **Utilize partnerships with vendors to address staffing challenges.** For example, vendors can help facilitate trainings on using the technology.
- **Establish a mutual understanding with partners on the agreed-upon deliverables to manage expectations.** For example, it is important to get a clear understanding for counties/cities on what data is available, and for technology vendors to understand what data is desired.
- **Plan for contingencies and delays when coordinating with multiple partners.** It is important to plan in time for working through issues with external partners, such as making sure devices meet the requirements and specifications.
- **Double-check county-specific materials that are produced by external partners.** It is important for partners to understand the county/city's local project, and for counties/cities to test and check that county-specific information on materials is correct.
- **Invest time to clarify expectations, size, and scope of technical requests.** Technical requests require time and attention to ensure smooth implementation. Partners should take the time to clarify requests and establish shared expectations as early as possible.
- **Discuss data accessibility and availability.** Discuss data sharing prior to signing vendor contracts to ensure that data is available and accessible.

Learning Collaboration

Overall recommendation: Counties/cities should consider how to share actionable insights and lessons learned both within and beyond the Help@Hand project to create lasting impact of project outputs.

Individual recommendations/learnings:

- **Share lessons learned between counties/cities.** Creating more, smaller sub-groups within the project to share learnings in specific areas or domains and creating new opportunities to review evaluation reports and learnings together can be helpful. For example, many counties have been working with the same partners (e.g., Jaguar, Uptown Studios, and Painted Brain); sharing the existing scope of work and experiences can help set clear and reasonable expectations for other counties/cities considering working with these partners.
- **Construct toolkits to help counties/cities address common barriers and share lessons learned.** Many counties/cities experienced similar challenges. Creating toolkits with solutions identified by counties/cities or providing opportunities for counties/cities to receive tailored support on common barriers can help counties/cities overcome barriers and share lessons learned.
- **Share actionable insights to eliminate redundancy of efforts.** Sharing actionable insights and learnings can help counties/cities learn from one another and avoid redundancy of resources, materials, or processes around shared needs, such as digital mental health literacy, device distribution, broadband access.
- **Tailoring support or measures to Collaborative members may help projects succeed, especially among smaller counties/cities.** Offering size-appropriate support to Collaborative members can consider the size, bandwidth, and resources of respective contexts, and provide more appropriate ways of planning and measuring progress.

Evaluation

Overall recommendation: It is important to get a clear understanding what consumer information will be collected and how (e.g. via the vendor, surveys, analytic software or by other means). In addition, employing a variety of strategies can increase survey response rates.

Individual recommendations/learnings:

- **Plan to collect demographic information from consumers early on.** Demographic information was not always collected on the initial survey and had to be collected later in the program, but some consumers had already transitioned off the program.

- **Convene counties/cities to discuss which demographic questions to ask.** There was considerable variability in demographics collected by counties/cities. Counties/cities may benefit from discussing reasons behind collecting specific demographic information.

- **Utilize alternate methods to collect consumer information that is not available from the app vendor.** For example, counties/cities can leverage their landing page to gather consumers' email addresses and send out-of-app surveys.

- **Assess mental health symptoms over time.** Consumers with more mental health symptoms engaged more actively with products. It is important to understand whether engagement with a product is associated with any improvement in mental health symptoms over time.

- **Consider using web-based analytic software such as Google Analytics.** These softwares can help evaluate marketing and outreach efforts.

- **Consolidate data in a central location when collecting from multiple sources.** This ensures that data is easily accessible from one central location.

- **Employ a variety of strategies to increase survey response rates.** Adding incentives, trying an alternative mode of contact (e.g., phone calls, person-to-person, etc.), or providing people with information about the project and evaluation activities during enrollment can help increase consumer survey response rates.

Project Closing and Sustainability

Overall recommendation: Counties/cities should start planning early for sustainability beyond the project. Beyond the project, information and learnings should be disseminated so that insights can be used by others.

Individual recommendations/learnings:

- **Communicate with consumers when an app/project is coming to an end.** Ensure consumers are aware that apps will no longer be available at the end of the project and direct consumers to additional resources.

- **Plan to ensure continuity of mental health support after the end of the project.** Some apps are only available through participating organizations, and consumers may not have the option to continue to use the app after the end of the program. Curating a list of free resources can help consumers access support after the end of the program.

- **Disseminate information and learnings from the Help@Hand project to non-participating counties.** As Help@Hand counties/cities approach program completion, many counties/cities noted the need to disseminate information to non-participating counties/cities.

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Each Help@Hand county/city completed the following tables describing their program information, accomplishments, lessons learned, and recommendations.

City of Berkeley	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Karen Klatt	• Karen Klatt	• Karen Klatt	• Karen Klatt
Implementation Site	• myStrength and Headspace apps were made available to anyone who lives, works, or goes to school in the City of Berkeley	• myStrength and Headspace apps were made available to anyone who lives, works, or goes to school in the City of Berkeley	• MyStrength and Headspace Apps continued to be available to anyone who lives, works or goes to school in the City of Berkeley. New User access to MyStrength ended 9/30/22.	• Headspace Apps continued to be available to anyone who lives, works or goes to school in the City of Berkeley.
Team Composition	• Behavioral Health Director • Mental Health Services Act Coordinator (MHSA)	• Behavioral Health Director (April) • Mental Health Services Act Coordinator (MHSA) (April - June)	• Behavioral Health Director • Mental Health Services Act (MHSA) Coordinator	• Behavioral Health Director (Mental Health Manager) • Mental Health Services Act (MHSA) Coordinator
Core Audiences	• General population of City of Berkeley	• General population of City of Berkeley	• General population of City of Berkeley.	• General population of City of Berkeley.
Products in Use/Planned	• Headspace • myStrengthTM	• Headspace • myStrength	• Headspace • myStrength	• Headspace
Implementation Approach	• Rapid Response	• Rapid Response	• Rapid Response	• Rapid Response
Other Unique Qualities	• The Marketing strategies (though a marketing firm contractor) we utilized to push the messaging and notifications of the availability of this project out to the community proved to be very successful.	• Same as with the previous quarter--The Marketing strategies (though a marketing firm contractor) we utilized to push the messaging and notifications of the availability of this project out to the community proved to be very successful.	• Marketing through a marketing firm contractor ended prior to this quarter. Reminders of access to the free Apps were announced at various City Meetings and pushed out through emails to the community.	• Reminders of access to the free Apps were announced at various City Meetings and pushed out through emails to the community.
Milestones	• The HeadSpace project has been well received and utilized, so much so that during this reporting timeframe we were rapidly reaching our total amount of HeadSpace licenses and decided to add additional non-MHSA funding to increase the number of licenses. We worked with CalMHSA to collaborate with HeadSpace on the new amount and number of licenses, and on the amended Participation Agreement (PA), and received approval from City Council in March to add the non-MHSA funding to purchase the additional HeadSpace licenses. We are currently working on the Contract/PA Amendment.	• During this quarter we continued working on the Contract and/Participation Agreement (PA) Amendment for the additional Headspace licens-es.	• During this quarter the City executed the contract for the Participation Agreement (PA) Amendment and sent payment to CalMHSA for CalMHSA Ser-vices and the additional HeadSpace App licenses. • Began discussions with CalMHSA and EY on close out of the myStrength App.	• During this quarter access to the MyStrength App ended. All users were contacted to inform them how they could still obtain access to HeadSpace. Some of the users responded informing how helpful MyStrength had been to them.
Lessons Learned Across Year 4	• The main lessons learned, which are also recommendations and would be Cross County/City sharing as well would be to utilize a Marketing Firm as it was very successful in driving potential users to the project. • During the year the Apps were implemented, HeadSpace received more App sign-ins than myStrength. • It is important to think through how you will close out an App and the communication process and messaging that will be used. • It was good to learn from some of the users that the myStrength App had been helpful to them.			

City of Berkeley	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Recommendations Across Year 4				
Cross County/City Sharing Across Year 4				

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan–Dec 2022)	MindLAMP Quarter 1-Quarter 4 (Jan–Dec 2022)	SyntraNet Quarter 1-Quarter 4 (Jan–Dec 2022)
Tech Lead(s)	• Alex Elliott, MSW.	• Alex Elliott, MSW.	• Alex Elliott, MSW.
Implementation Site	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management	• Department of Mental Health (DMH) directly operated and legal entity outpatient Dialectical Behavioral Therapy (DBT) clinics	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management • Enhanced Care Management
Team Composition	• Keri Pesanti, Los Angeles County Department of Mental Health (LACDMH) Mental Health Clinical Program Head, Prevention Division • Robert Byrd, LACDMH Acting Deputy Director, Prevention Division • Laura Li, CALMHSA Chief Administrative Officer	• Alex Elliott • Ivy Levin • Natalie Arbid (left in September) • Ben Wu • Alex King (left in August)	• Yvette Wilcock, • Laura Li • Erin Jernigan
Core Audiences	• Los Angeles Residents • Transition-Aged Youth • Veterans • Monolingual Spanish Speakers • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting • County employees	• Clients receiving Dialectical Behavior Therapy (DBT) in a Department of Mental Health (DMH) directly-operated or legal entity outpatient clinic	• Los Angeles Residents • Transition-Aged Youth • Veterans • Monolingual Spanish Speakers • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting • County employees (i.e. DMH and Enhanced Care Mangement Team Members)
Products in Use/Planned	• iPrevail	• MindLAMP	• SyntraNet
Implementation Approach	• Free access provided for all Los Angeles residents • Additional marketing in schools to students aged 15+ • Additional marketing to call-in centers • Demonstrations of iPrevail provided to mental health provider agencies and their staff, Community and Faith Based Organizations, Community Ambassadors, and Peers. • Worked with the Veterans Peer Access Network to provide presentations on iPrevail and materials for Veterans and their families. • Content available for Spanish speakers • iPrevail has broaden its marketing plan with the support of a consultant and has broadened its approaches to disseminate information regarding the platform • Information regarding iPrevail continues to be disseminated via social media and in print media to support product access. These efforts have been diversified and increased with support thought marketing consultation. • Programmatic aspects of iPrevail continue as intended and remain adherent to the protocol. • Data has reflected an uptick in both guest and registered users following implementation of marketing efforts reflected in a marketing plan developed as a midcourse correction • iPrevail continues to analyze data to inform midcourse corrections to support platform engagement and satisfaction.	• Offered to clients in DBT programs in LA County • Content available for Spanish speakers • DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.	• Allows a range of functionality for LACDMH Employees to support their clients. • SyntraNet Platform is currently in Production for use in Department of Health (DMH) Enhanced Care Management (ECM) Program

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan–Dec 2022)	MindLAMP Quarter 1-Quarter 4 (Jan–Dec 2022)	SyntraNet Quarter 1-Quarter 4 (Jan–Dec 2022)
Other Unique Qualities	• N/A	• MindLAMP is a unique open-source solution that could be implemented by other public mental health systems. Los Angeles county has created an infrastructure for adopting open-source technologies which could be used by other counties in the collaborative. • Los Angeles County's MindLAMP implementation has the ability to enhance telehealth by facilitating virtual administration of a digital card and resources that support recovery.	• SyntraNet is an integrated care platform which will allow Los Angeles County Department of Mental Health (LACDMH) a range of functionality to support their clients. • The goal of using SyntraNet is to build a care community that ensures clients across services get the right care at the right time at the right place.
Milestones	• Integrated outcome questionnaires/surveys into iPrevail platform • Prevail with the Los Angeles County Departemnt of Mental Health (LACDMH) team finalized marketing materials in both English and Spanish that have been and continue to be distributed to various stakeholders within the County. • Expanded marketing efforts targeting schools. Provided product demonstrations to relevant partners to increase penetration of product information within school based/linked communities. • Expanded marketing efforts focusing on schools. Provided product demonstrations to relevant partners to increase penetration of product information within school based/linked communities. • 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.	• Updated Dialectical Behavior Therapy (DBT) diary card, UX, UI, Survey instruments and data visualizations. • Development continued on Azure Active Directory Implementation • Development continued on Azure Kubernetes templates • Development and Configuration continued on Automation Process in DevOps – Leveraging Azure pipelines to automatically pull the latest MindLAMP releases from GitHub repositories • Azure Kubernetes Service repository configurations were updated Continued development of Azure OAuth2 requirements • Redirected application authentication from Azure Government Cloud to Azure Commercial Cloud to align Single-Sign-On (SSO) requirement for county users (Clinicians) • Successfully stood up a new database (Cosmos DB) as required by vendor's Azure AD Integration requirement • DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.	• First iteration of SyntraNet Platform completed User Acceptance Testing (UAT) and launched in Production Environment. • Trainings of Department of Mental Health (DMH) SyntraNet Super Users completed. • The Department of Mental Health (DMH) Instance of SyntraNet was launched in the Production Environment in August 2022. • Functionality has been created to ingest data received from Medi-Cal Managed Care Plans (MCPs) on the MCP enrolled Medi-Cal Beneficiaries assigned to DMH for receipt of Enhanced Care Management (ECM) Services. • Functionality has been created to support DMH's generation of one of two requisite ECM Reports for submission to the MCPs. • Successful implementation of ECM Outreach Tracker File (OTF) in Production environment of SyntraNet • Ingestion of ECM Member Information Files (MIFs) into SyntraNet. This is a pre-requisite to support SyntraNet's generation of the ECM Return Transmission File (RTF) Reports. Ongoing process improvement work with ECM Return Transmission File Reports generated in SyntraNet
Lessons Learned Across Year 4	• When working with product teams, developing shared understanding and a shared language is a key part of the collaboration. Los Angeles County mental health department teams and product teams bring a very different perspective to development conversations; for example, Los Angeles County brings a clinical perspective and product teams bring a technical perspective. This means that even the same terms may have different meanings to these different teams. Investing time in understanding these different perspectives and creating shared definitions can facilitate more meaningful collaboration. This is a key part of the collaboration between Los Angeles County and Thrasys while building the SyntraNet platform. • Having a vendor that is communicative and able to be flexible can facilitate implementation of an app within a city/county. • Digital literacy programs could expand to support these additional stakeholders. Digital literacy training programs may benefit not only clients and peers but also providers and project leadership. • Implementing a product within a county can create an opportunity to develop infrastructure to support future technology projects, both within counties across the collaborative. For example, through implementation of MindLAMP, Los Angeles County have invested time and resources in building out an infrastructure and upskilling	• 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 (LACDMH) 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.	• Work is ongoing to address the need for "translation/interpretation" of language used by non-IT end users of SyntraNet (i.e. Department of Mental Health, Enhance Care Management Team Members) and Thrasys/UpHealth IT colleagues. This is understood as these two "systems" (i.e. Clinical and IT) "speak" use different verbiage/language. • As much as the Enhanced Care Management (ECM), Member Information File (MIFs) are able to be ingested into SyntraNet, the process is not seamless due in part to the manual load that UpHealth has to do given organizational standards (Department of Mental Health [DMH] and UpHealth) that prevent use of DMH Secure File Transport Protocol site for "auto-loading" of the ECM, Member Information File into the SyntraNet Platform. Additionally, some data elements on the Enhanced Care Management (ECM), MIF were configured in a manner that impacted smooth ingestion into SyntraNet. As much as UpHealth resolved the matter and the Member Information File was subsequently ingested, if this occurs again dialogue to take place with the Manage Care Plans (MCPs) about how data elements are configured on the Enhanced Care Management, Member Information File sent to Department of Mental Health.

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan–Dec 2022)	MindLAMP Quarter 1-Quarter 4 (Jan–Dec 2022)	SyntraNet Quarter 1-Quarter 4 (Jan–Dec 2022)
	relevant teams which will facilitate more efficient technology rollouts in future. • When building surveys, prioritizing the most important questions is necessary to reduce respondent burden. It is necessary to strike a balance between evaluation questions the county/city need to ask and questions that are important for the collaborative to have answered. This can help maintain a manageable number of questions for respondents. • There is a need for increased sharing of actionable insights which can benefit the collaborative and increase synthesis across counties. This could help counties learn from one another and not have to reinvent the wheel. • Additional challenges may arise when implementing technologies with larger teams. Projects within Los Angeles County are discrete and managed by different teams. As such, extracting all the information need for evaluation and synthesizing across technologies can be challenging. • Technical updates and considerations are needed when implementing open source or custom technologies. Additional technical knowledge is needed when implementing MindLAMP and other open-source solutions into the Los Angeles County Department of Mental Health (LACDMH) IT ecosystem. • For technology programs, developing a communication and marketing plan developed with a timeline and impact indicators would be helpful to ensure dissemination to the intended populations. This could assist in targeting what strategies were effective in engaging new users. • 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	• 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.	
Recommendations Across Year 4	• Development of marketing and communication plans early in implementation planning may be useful in producing robust access to 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.	• 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	• As much as the DMH Instance of SyntraNet went into Production in August 2022, due to several factors (e.g. expired Department of Mental Health-Thrasys Data Use Agreement (DUA); and certain functions not working as expected), Department of Mental Health (DMH), Enhanced Care Management Team Members have not used the SyntraNet Platform. With the recent October 20, 2022 release as well as the execution of the DMH-Thrasys Data User Agreement we expect to begin robustly using the SyntraNet Platform for completion of various Enhanced Care Management Task

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan–Dec 2022)	MindLAMP Quarter 1-Quarter 4 (Jan–Dec 2022)	SyntraNet Quarter 1-Quarter 4 (Jan–Dec 2022)
		team sharing learnings from other (non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand 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 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.	
Cross County/City Sharing Across Year 4	• Presentation- Help@Hand Los Angeles spotlight for the Tech Lead Collaboration Meeting (Feb. 2022) • Development and dissemination of evaluation summaries and reports subsequent to approval	• LA county has routinely shared resources and best practices to broaden accessibility to technology, as well as how California residents can secure free or low-cost assistive technologies and broadband internet. • 01/11 LA Tech Lead provided the presentation, Supporting the Wellbeing of People With Disabilities, during the Tech Lead call and shared curated resources to support people with disabilities with the collaborative. • 02/22 LA Tech Lead shared updates with Tech leads during Spotlight on LA Help@Hand work presentation during the Tech Lead call. • Collaborated on the Help@Hand Statewide Evaluation: Year 4 Mid-Year Report, spotlight: Making Things One Click Away Developing a Collaborative Database of Resources	• N/A

Marin County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Lorraine Wilson	• Position vacant (coordinator retired 4/1)	• Position in recruitment	• Position in recruitment
Team Composition	• Lorraine Wilson, Tech Lead • Dámaris Caro, Peer Lead • Chandrika Zager, Prevention and Outreach supervisor	• Dámaris Caro, Peer Lead (promoted effective at the end of June to a new role within Health and Human Services) • Galen Main, Mental Health Services Act Coordinator (MHSA)	• Galen Main, MHSA Coordinator • Mario Garcia, Prevention and Outreach supervisor (started 9/6/22) • New peer starting in October	• Mario Garcia, Prevention and Outreach supervisor (started 9/6/22) • Galen Main, Mental Health Services Act Coordinator • Rosa Palmerin, Peer Counselor I started 10/31/22
Core Audiences	• Isolated Older Adults	• Isolated Older Adults	• Isolated Older Adults	• Isolated older adults
Products in Use/Planned	• myStrengthTM (Implementation on hold due to staff transition – coordinator retirement; new recruitment underway)	• Not planning to implement further technology at this point.	• Not planning to implement further technology at this point.	• Not planning to implement further technology products at this point.
Implementation Site	• Marin County – TBD	• Marin County - TBD	• Marin County - TBD	• Marin County - TBD
Implementation Approach	• Implementation on hold due to staff transition	• Will be disseminating learnings from the toolkit and the pilot via grants with CBO partners to ensure lessons learned have a lasting impact	• Planning for sustainability and lasting impact by focusing on increasing digital literacy with a wellness focus to be able to promote the positive impacts of programs like myStrength and others with isolated older adults.	• Implementation for final year is to provide one-time grants to fund time-limited creative projects that support Older Adult Mental Health. • Grant proposal(s) must incorporate a digital component used to increase access to wellness supports. • 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.
Other Unique Qualities				
Milestones	• Project Coordinator drafted comprehensive Tool Kit to document the learnings from Marin's Help@Hand project from inception to date, and to inform the Marin community and other Help@Hand Counties on the impact of using digital behavioral health interventions and providing digital literacy support and coaching for Marin's isolated older adult population. The Tool kit was created to share lessons learned for other community agencies and for research purposes, as well as to make many tools which were designed for Marin's pilot and future implementation efforts available more broadly.		• Recruited the new Supervisor and recruitment for Peer lead is in process.	• Advisory Committee Meeting planned for 01/18/23 with new help@hand team; flyers created, invites sent out, etc. There has not been an advisory committee meeting in over a year.

Marin County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Lessons Learned Across Year 4	• Tech lead should have been hired before the Peer to provide more team support and structure to the project and all team members.			
Recommendations Across Year 4	• N /A			
Cross County/ City Sharing Across Year 4				

Mono County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Amanda Greenberg • Lauren Plum	• Lauren Plum	• Lauren Plum	• Lauren Plum
Team Composition	• Program Manager • Staff Services Analyst	• Staff Services Analyst	• Staff Services Analyst	• Staff Services Analyst
Core Audiences	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large # of myStrength licenses)	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large # of myStrength licenses)	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large # of myStrength licenses)	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large # of myStrength licenses)
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Site	• Will implement county-wide (only have one primary site that serves the whole county)	• Implemented county-wide (only have one primary site that serves the whole county)	• Implemented county-wide (only have one primary site that serves the whole county)	• Implemented county-wide (only have one primary site that serves the whole county)
Implementation Approach	• All Mono County Behavioral Health (MCBH) staff will go through an hour-long training on how to use myStrength and how to discuss with clients and community members. • Wellness Center Associates (most of whom are peers) will undergo more intensive training and become the designated point people to help clients and community members enroll in the app. • Wellness Center Associates will also assist in marketing efforts (hanging flyers, presenting at local groups, etc.).	• Wellness Center Associates revisited the Feb 2022 MyStrength training session to refamilirize themselves with the app. • MyStrength was incorporated into one-on-one supervision meetings with Wellness Center Associates (typically weekly meetings) • Wellness Center Associates promoted MyStrength at May is Mental Health Month Events, Pride Events, and various health and safety fairs throughout Mono County between April and June 2022.	• MyStrength was incorporated into one-on-one supervision meetings with Wellness Center Associates (typically weekly meetings) • 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. • App promoted at Kutzadika Days, Travertine Clean Up, Latin Heritage Celebration, Fall Festival, Narcan distribution event in Mammoth Lakes, Narcan distribution event in Bridgeport, Fall Festival. Direct mailer received by every mailing address outside of Mammoth Lakes in early September 2022. Bus ad placed July-December 2022 (Spanish).	• MyStrength was incorporated into one-on-one supervision meetings with Wellness Center Associates (typically weekly meetings) • 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, newspaper, 2nd mailer to be distributed January 2023 to all mono county residents. Bus ad placed July-December 2022 (Spanish). • Events: Fentanyl Awareness Event Bishop, Fentanyl Awareness Event Mammoth Lakes, Oct Bridgeport Social, Oct June Lake Social, Oct Benton Social, LBGTQ+ Spooktacular, LBGTQ+ October Potluck, Nov Bridgeport Social, Nov June Lake Social, Nov Benton Social, LBGTQ+ Nov Potluck. Presentation to Behavioral Health Advisory Board (Nov), Cultural Outreach Committee (Oct), Community Outreach Committee (Nov & Dec).
Other Unique Qualities	• There may be implementation challenges in Mono County's outlying areas since Mono County is very small, remote, and rural	• There may be implementation challenges in Mono County's outlying areas since Mono County is very small, remote, and rural	• Walker wellness associate put on medical leave August 2022. Limited to no weekly presence at Senior Center to help with isolated seniors enrollment. Working on identifying alternative staff to take on these duties. • There may be implementation challenges in Mono County's outlying areas since Mono County is very small, remote, and rural	• Walker wellness associate continues to be on medical leave. Anticipated return Jan 2023. • There may be implementation challenges in Mono County's outlying areas since Mono County is very small, remote, and rural • Updated promotional ads to reflect winter season
Milestones	• Notified of contract approval between CalMH-SA-myStregth on March 31, 2022. • Contract finalized with local marketing agency. • Started to discuss outreach marketing efforts, media calendar, and promotional items.	• Public implementation in April 2022. • Consistent uptick in enrollments and activity through June 2022. • Launched a marketing campaign including promotional items, newspaper ads, flyers at special events and fairs, and approved bus ad.	• Monthly data reports • Staff survey results • Identifying the need for a transition plan and crafting communication to participants as there is no individual option to continue	• 71 participants enrolled, 61 activated, 16 returning users. • Increase in word-of-mouth awareness of MyStrength • English FB Winter Ad: Over 7000 views, with 175 clicks

Mono County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
				• Spanish FB Winter: over 1000 views, 38 clicks English/Sp November FB: 2900+ views, 49 clicks • English will prepare for Winter: over 4000 views, 99 clicks • MyStrength access extended through end of March 2023
Lessons Learned Across Year 4	• Foster a relationship to the project to ensure feedback expectations are met. • Proactive communication on survey requirements and overall project purpose to encourage survey participation. • Time to remind clinic and Substance Use Disorder (SUD) staff about myStrength based on survey results. • Think about transition plan when selecting a product to launch. Would be convenient if myStrength had an individual pay model to assist with transition.			
Recommendations Across Year 4				
Cross County/City Sharing Across Year 4				

Monterey County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard
Team Composition	• Created an internal team to approve Credible-Mind (CM) deliverables. • The team consists of: • QI/ Electronic Health Record (EHR) Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care. • This team will provide subject matter expertise (SME) as CM rolls out research and design deliverables.	• Created an internal team to approve CredibleMind (CM) deliverables. • The team consists of: • QI/ Electronic Health Record (HER) Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care. • This team will provide subject matter expertise (SME) as CM rolls out research and design deliverables.	• Created an internal team to approve CredibleMind (CM) deliverables. • The team consists of: • QI/ Electronic Health Record (HER) Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care. • This team will provide subject matter expertise (SME) as CM rolls out research and design deliverables.	• Created an internal team to approve CredibleMind (CM) deliverables. • The team consists of: • QI/ Electronic Health Record (HER) Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care. • This team will provide subject matter expertise (SME) as CM rolls out research and design delivera-bles.
Core Audiences	• All Monterey County residents	• All Monterey County residents	• All Monterey County residents	• All Monterey County residents
Products in Use/Planned	• Screening and Referral Application	• Screening and Referral Application	• Screening and Referral Application	• Screening and Referral Application
Implementation Site	• Monterey County	• Monterey County	• Monterey County	• Monterey County
Implementation Approach	• Web-based screening application will be made available to all Monterey County community members	• Web-based screening application will be made available to all Monterey County community members	• Web-based screening application will be made available to all Monterey County community members • Team decided to adopt a soft roll out with minimal marketing provided, from Nov-Dec. • CredibleMind will add a marketing component to their agreement, to supply a 2-phase marketing plan (I.e. soft roll out followed by active marketing)	• Web-based screening application will be made available to all Monterey County community mem-bers • Team decided to adopt a soft roll out with minimal marketing provided, from Nov-Dec. • CredibleMind will add a marketing component to their agreement, to supply a 2-phase marketing plan (I.e. soft roll out followed by active marketing)
Other Unique Qualities	• English and Spanish speaking adults and Transitional Age Youth (TAY) in Monterey County are the target audience. Focus groups and staff interviews were conducted to support research and development of the screening application.	• English and Spanish speaking adults and TAY in Monterey County are the target audience.	• English and Spanish speaking adults and TAY in Monterey County are the target audience.	• English and Spanish speaking adults and TAY in Monterey County are the target audience.
Milestones	• Monterrey County Behavioral Health MCBH completed review and feedback of CM's needs assessment survey • Completed focus group and individual interviews with county staff, partner referral sources, TAY, and Spanish-speaking • Launched internal and community surveys • Completed focus group meeting with community members • Needs assessment survey completed • Research findings report completed	• CredibleMind completed their Technical Document for the product covering it's business require-ments. • CredibleMind met with MCBH Clinical Leads to establish a product Validation Plan, to be executed in Q3. • MCBH and HRA nearing completion on the evalu-ation plan data requirements.		• Soft-launch of WellScreen Monterey tool occurred on 11/15/2022 via social media announcements, email announcements to staff and Community Based Organizations (CBO's), and posting of links/ banners on county websites. • Marketing vendors acquired. • Marketing plan identified. • Training occurred for Monterey County Access Clin-ic staff, related workflows associated with clients coming in with WellScreen results codes.
Lessons Learned Across Year 4	• Monterey still needed to determine internal workflow amongst clinical staff to inform training plan and materials • Marketing and training plans should have been developed and implemented earlier, but we have limited time left and so the soft launch approach accommodates this iterative process.			
Recommendations Across Year 4				
Cross County/City Sharing Across Year 4	• Added LA County to implementation calls with Crediblemind to get their input and feedback on the development of the screening application. • LA may drop out of project • LA dropped out			

Riverside County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS • TakemyHand Live Peer Chat: Riverside Community.
Implementation Site	• TakemyHand Live Peer Chat: Riverside Community. • A4i: Transitional Age Youth (TAY), Adult and Older Adult Serious Mental Illness (SMI)/Full-Service Partnership (FSP) Focus Participants from Western, Desert and Mid-County	• TakemyHand Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score.	• TakemyHand Live Peer Chat: Riverside Community. • Deaf and Hard of Hearing (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 – County clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health. • Man Therapy: Riverside Community. • Digital Mental Health Literacy: Consumers (TAY, Adults, Older Adults)	• 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 – County clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health. • Man Therapy: Riverside Community. • Painted Brain -Digital Mental Health Literacy: Consumers (TAY, Adults, Older Adults) • LaClave: Riverside University Health System - Behavioral Health (RUHS-BH)/Riverside Community
Team Composition	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, Mental Health Services Act (MHSA) Administrator **IT** • Tura Morice, 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 **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Melissa Vasquez	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, 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 **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Peer Support Supervisor** • Kristen Duffy **Social Services Planner** • Vacant Senior Peer:	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, 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 **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Peer Support Supervisor** • Kristen Duffy **Social Services Planner** • Vacant	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • 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 **Cultural Competency** • Vacant • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper

Riverside County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
	Peers: • Melissa Vasquez, • Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. • Chris Galindo • Maria Teresa Diaz-Rodarte **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Senior Clinical Therapist** • Vacant **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Vacant, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price	• Melissa Vasquez **Peers:** • Carmela Gonzalez-Soto • Robert Brooks • Chris Galindo • Maria Teresa Diaz-Rodarte • Gail Leavitt • Marisela Gil • Vacant • Vacant **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists** • Josephine Perez, Clinical Therapist III – Supervisor • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Svc Analyst** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price • Rachel Postovoit	**Senior Peer:** • Melissa Vasquez **Peers:** • Carmela Gonzalez-Soto • Chris Galindo • Maria Teresa Diaz-Rodarte • Gail Leavitt • Marisela Gil • Victoria Rodriguez • Vacant • Vacant **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists** • Josephine Perez, Clinical Therapist III – Supervisor • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Svc Analyst** • Vacant **CODIE Representatives** • Gloria Moriarty • Lisa Price • Rachel Postovoit	**Peer Support Supervisor** • Kristen Duffy **Social Services Planner** • Vacant **Senior Peer:** • Melissa Vasquez **Peers:** • Chris Galindo • Gail Leavitt • Marisela Gil • Victoria Rodriguez • Vacant • Vacant • Vacant • Vacant • Vacant • Vacant **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 Svc Analyst** • Vacant **Center on Deafness Inland Empire (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) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved**	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved**	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved**	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Com-**

Riverside County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
	Communities and for Rural Regions: Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	**Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	**Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	**munities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & Lesbian, Gay Bisexual Trans (LGBT) communities.
Products in Use/Planned	• TakemyHand Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Whole Person Health Score/Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community Survey.	• TakemyHand Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Whole Person Health Score/Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community Survey.	• TakemyHand Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Whole Person Health Score/Predictive Analytics, Recovery Record, Man Therapy, Digital Mental Health Literacy.	• 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 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.

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Implementation Approach	• Takemyhand Peer chat is available to the Riverside community and promoted within the community. • Take my Hand Marketing Strategy and Implementation (Ongoing). • Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4pm(Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • Digital Mental Health Literacy (DMHL) – Training Development – Peer Team (on pause).	• Takemyhand Peer chat is available to the Riverside community and promoted within the community. • Take my Hand Marketing Strategy and Implementation (Ongoing). • Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 pm (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants is ongoing. • DMHL – Training Development – Peer Team (on pause).	• Takemyhand Peer chat is available to the Riverside community and promoted within the community. • Take my Hand Marketing Strategy and Implementation (Ongoing). • 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 –Planning Implementation with Eating Disorder Champions. • Whole Person Health Score – Phase I implementation in process. • Man Therapy Marketing Campaign – Planning phase in process. • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours").	
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, Martha. • Adult System of Care Committee – Melissa. • Behavioral Health Commission – Martha, Melissa. • Center on Deafness Inland Empire (CODIE) – TBD. • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Melissa. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings – TBD. • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – TBD • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – TBD • TAY Collaborative meetings: Desert, Mid, and Western – Melissa. • Housing Committee – TBD • Veterans Committee – TBD • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD	**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. • Children's Committee – Carmela • Cultural Competency Reducing Disparities Committee –Gail, Josephine or Kayla or Martha. • Desert Regional Board meetings – Teresa. • Eating Disorder Collaborative meetings – Josephine or Kayla. • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail • TAY Collaborative meetings –Desert - Teresa • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings –Western – Carmela • Housing Committee – Carmela • Veterans Committee – Robert • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – Mary • Inland Empire Kindness Campaign meetings – TBD	**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. • Children's Committee – Victoria • Cultural Competency Reducing Disparities Committee –Gail, Josephine or Kayla or Martha. • Desert Regional Board meetings – Teresa. • Eating Disorder Collaborative meetings – Josephine or Kayla. • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail • TAY Collaborative meetings –Desert - Teresa • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings -Western – Gail • Housing Committee – Melissa • Veterans Committee – Chris • Criminal Justice Committee – Mary • CAGSI – Chris • LGBTQIAN+ Task Force – Dylan	**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 • National Alliance on Mental Illness (NAMI) San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail • 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 • CAGSI – Chris • LGBTQIAN+ Task Force – Dylan

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	• Community Advocsay for Gender and Sexuality Issues (CAGSI) – LGBTQIAN+ Task Force – Dylan Colt	• CAGSI – Chris • LGBTQIAN+ Task Force – Dylan Colt		
Milestones	**Technology - Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Under-served Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Some Kiosk Landing website modifications applied to improve user experience: Removed *YouTube* channel, and implemented a separate webpage for the videos page and the How to Use the Kiosk video. • Need to add close captions to the How to Use the Kiosk video (Pending). • In Phase I, kiosks Medical Center (pending install). • Additional mobile phone devices were delivered to A4i participants (15). • Develop plan to distribute remaining Verizon devices (Pending). • Approved updated Jaguar SOW and budget for Phase II kiosk work. • RUHS –BH Marketing team approved large poster to promote kiosks. **Deaf and Hard of Hearing Community Needs Assessment** • To minimize the risk of fraud issues, the team is working with Red Pepper, CODIE representatives, Evaluation and UCI on planning best launch implementation approach. • Survey questions and format approved by CODIE. • Tango Card integration added • Identified distribution options • Identified configuration options to limit duplicate or fraudulent entries. • Finalized email template options for CODE to use • Identified survey distribution method • Red Pepper contract for additional hours signed • Identified distribution method for the survey **TakemyHand™ Live Peer Chat** • **Target Area:** Improve Service Access to Under-served Communities. • Population: Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. **Milestones** **Marketing (Dreamsyte)** • Monthly social media content for Facebook and	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Under-served Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Need to add close captions to the How to Use the Kiosk video (Pending). • In Phase I, kiosks Medical Center (install completed). • Additional mobile phone devices were delivered to A4i participants. • Develop plan to distribute remaining Verizon devices (Pending). • Approved updated Jaguar SOW and budget for charging stations in 18 of the existing kiosk sites. • Dreamsyte work art for the charging stations stickers. • Kiosk infographic for consumers completed for English version and work for the Spanish version started. • IT Jaguar contractor worked on the re-configuration of the 40 kiosks to include this type of enterprise monitoring setup. **Deaf and Hard of Hearing Community Needs Assessment** • To minimize the risk of fraud issues, the team is working with Red Pepper, CODIE representatives; Evaluation and UCI on planning best launch implementation approach (completed). • Survey questions and format approved by CODIE. • Tango Card integration –not implemented for phase I. • Identified distribution options. • Identified configuration options to limit duplicate or fraudulent entries. • Finalized email template options for CODE to use • Identified survey distribution method. • Red Pepper contract for additional hours signed. • Identified distribution method for the survey. • Gloria, CODIE created an invitation video to include with the email sent to CODIE members to invite them to participate in the completion of the survey (https://youtu.be/SE2_z-294RA). • Launched Survey on May 9th, 2022. • Nine surveys completed as of this quarter. • Incentives sent to CODIE members who completed the survey.	**Technology- Kiosks and Mobile Devices** **Target Area**: Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Need to add close captions to the How to Use the Kiosk video (Pending). • In Phase I, kiosks Medical Center (install completed). • Additional mobile phone devices were delivered to A4i participants. • Develop plan to distribute remaining Verizon devices (Pending). • Approved updated Jaguar Scope of Work (SOW) and budget for charging stations in 18 of the existing kiosk sites. • Dreamsyte work art for the charging stations stickers. • Kiosk infographic for consumers completed for English version and work for the Spanish version started. • IT Jaguar contractor worked on the re-configuration of the 40 kiosks to include this type of enterprise monitoring setup. • The purchase and deployment of 18 charging stations was completed. • Configuration of Enterprise monitoring software completed for real time monitoring of kiosk status. • Monthly report on status of kiosks received. **Deaf and Hard of Hearing Community Needs Assessment** • Red Pepper contract for additional hours signed. • Gloria, CODIE created separate invitation video for a survey to collect emails of individuals interested in taking the full survey. Video just needs the voice over script to get released on the CODIE Website. • Work started with Qualtrics to create the workflow for the interest survey. • 19 surveys completed as of this quarter. • Incentives sent to CODIE members who completed the survey (as needed). **TakemyHand™ Live Peer Chat** • **Target Area:** Improve Service Access to Under-served Communities • Population: Ethnic Cultural Communities including	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Phase II implementation planning initiated • Contract planning- completed • Assessing site locations- work in progress • Mailing kiosk flyers via mailstop to sites with an installed kiosk **Deaf and Hard of Hearing Community Needs Assessment** • Two-weeks Peer Certification training completed • LifeSigns Interpreting services contracted for Peer Certification application process and for the two week Peer Certification training. • Went live with pre-survey interest posted on CODIE website 11/9/2022 https://codie.org/wellness/ **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. • Senior CT supported peer chat. Consumer rated chat at 1,000,000 (on a scale of 1 to 10). • Help@Hand clinical staff provided support for three peer crisis chats. • TakemyHand Peer Operator Chat coverage • TOS Video – sent to Dreamsyte to produce • Business cards/outreach card • Message building for monthly social posts • Message building for bus advertisement • Feedback for website face-lift • Feedback for mobile app screens • Add/update TakemyHand website resources (English/Spanish) • Build canned responses • Dreamsyte provide mobile app onboarding screens • Attended County of Riverside Board of Supervisors event to formally receive the TakemyHand CSAC Challenge award (10/25/2022). • Chat widget URL rules were adjusted to accommodate for new domain names: takemyhand.chat, tomamimano.chat, es.takemyhand.co.

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	Instagram –English &Spanish (Ongoing). • Revamped mobile app onboarding screens with additional feedback from the Peer team. • Monthly Google Ads reports provided (Ongoing). • Radio Advertisement launched (Ongoing). • Billboards/Bus Wraps/Bus Shelters (Ongoing). • Started brainstorming marketing activities with Peer team for the new visual art work of Billboards/Bus Wraps/Bus Shelters. • New Infographics created and revised for different population of focus (Diversity, Asian Pacific Islander, Faith & Spiritual, American Indian, Disability and MENA) • Design work: Google adds pages. **Other TakemyHand™ Milestones:** • CT I/II Position successfully added to assist with process of expanding hours for TMH operational hours – recruitment process completed and in background process. • Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH (Ongoing). • Building Peer Leaders with CODIE Members – on Pause • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes– on Pause • Evaluation completed data cleaning of the chat data and created the TakemyHand™ Data Infographics document for the UCI End of the Year Report. • Peer team is updating resources information on the new TakemyHand website content management system. • TakemyHand Application Developer continues making progress on the "face-lift" TakemyHand website. • Planning on new chat service for families supporting individuals with MH challenges. Will add a page to the TakemyHand website for family support. • Planning on a new chat service for ASL that will utilize video and ASL trained Peer support. • RUHS – BH and Peer team started working on the creation of a video for TakemyHand Terms of Service. • Planning to make a making an ASL version of the TakemyHand Terms of Service video. • RUHS –BH Marketing team created a How to use TakemyHand video: https://youtu.be/et1sJcGm-RYM • Video on how to use TakemyHand video: https://	**TakemyHand™ Live Peer Chat** • Target Area: Improve Service Access to Under-served Communities • Population: Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. **Milestones** **Marketing (Dreamsyte)** • Monthly social media content for Facebook and Instagram –English &Spanish (Ongoing). • iOS Mobile app published to TestFlight by invitation only for testing phase. • Monthly Google Ads reports provided (Ongoing). • Radio Advertisement launched (Ongoing). • Billboards/Bus Wraps/Bus Shelters (Ongoing). • Approved Bus adds in 80 buses in the desert region. • Completed brainstorming marketing activities with Peer team for the new visual artwork of digital Billboards in Riverside geographic region as well as the renewal of Bus Wraps and Bus Shelters. • Designed work: Google adds pages. **Other TakemyHand™ Milestones:** • Dedicated Senior Clinical Therapist and Clinical Therapist joined the TakemyHand Chat Operation for Crisis Chats. • Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH (Ongoing). • Building Peer Leaders with CODIE Members – on Pause • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes– on Pause • Evaluation unit completed data cleaning of the chat data and created the 2nd TakemyHand™ Data Infographics report for the UCI collaborative report. • Peer team is updating resources information on the new TakemyHand website content management system (Ongoing). • TakemyHand Application Developer continues making progress on the "face-lift" TakemyHand website. • Dreamsyte started to do the updated visuals for "face-lift" TakemyHand website. • Planning on new chat service for families supporting individuals with MH challenges. Planning to add a page to the TakemyHand website for family support (Pending). • Planning on a new chat service for ASL that	LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. **Milestones** **Marketing (Dreamsyte)** • Monthly social media content for Facebook and Instagram –English &Spanish (Ongoing). • Redesign onboarding mobile app screens • Monthly Google Ads reports provided (Ongoing). • Radio Advertisement launched (Ongoing). • Billboards/Bus Wraps/Bus Shelters (Ongoing). • Approved Bus adds in 80 buses in the desert region. • Designed work: Google adds pages. • Digital Billboards with Peer Pictures completed • New print billboards design completed. • Diversity Infographic redesigned and print job completed. • Radio script in Spanish completed and sent to radio station. • Several artwork and website design was completed for the "facelift" of the Takemyhand website (English & Spanish landing pages). Work is not in production. The ETA is Quarter 4. • Design TakemyHand infographics - Youth/High School • Design Folders for High School Outreach events. • Special Design for upcoming Halloween theme -High school events. • Design Standard stickers for High School events. • Business cards design completed. • Faith and Spirituality Infographic and print job completed. • Google Adds special implementation in August helped with increasing website impressions: July – 467,109; August- 1,590,100 and September- 774,908. Clicks to website: July – 5,719; August- 18,868 and September- 7,686. **TakemyHand™ Milestones:** • iOS Mobile app published to TestFlight by invitation only – code development for ease of use. • Integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH (Ongoing). • Building Peer Leaders with CODIE Members – Planning work performed for training dates October 3, to October 14, 2022. • Completed contract arrangements for ASL interpreters –Peer Training Certification Classes. • Peer team is updating resources information on the new TakemyHand website content management system (Ongoing).	**TakemyHand Outreach Activities** • Faith and Mental Health outreach Meeting • Inland Empire Pride • Project Connect, Highgrove – October 20, 2022 • Coachella valley NAMI walk Outreach • Peace from Chaos Suicide Awareness outreach • Out of the darkness Coachella valley walk, November 12, 2022 • Recovery Happens –October 13 , 2022- Riverside • Heritage High School Event, October 24, 2022-Menifee • Palo Verde College LGBTQ+ History Month, October 22, 2022 • Liberty's High School red ribbon week event to "Celebrate Life, Live Drug Free" – October 24, 2022, Winchester • Nightmare on Queer Street, Oct. 28, 2022, Riverside • Coachella Valley NAMI Walk, November 5, 2022, Coachella • San Jacinto Valley NAMI Walk, November 5, 2022, San Jacinto • French Valley Community Faire, November 5, 2022, Riverside • World Disability Day at The Living Desert- December 3, 2022 • Hemet community and family resource fair -December 15,2022 **A4i** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • 11/30/22 – A4i Care Team newsletter sent out to Care Teams Providers. • 12/5/22 – A4i Care Team newsletter sent out to RUHS-BH Managers. • 12/6/22 – Meeting with Amos from A4i to discuss expansion of A4i app. • 12/8/22 – Four participants completed A4i pilot. • A4i Spotlight completed for the next UCI report. • Three new care team providers were enrolled. • Created 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 assigned clinician for Peer Resource Center participants (not otherwise connected to a clinic in the system) which involves

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	youtu.be/et1sJcGmRYM was posted on chatbot story.
	• Congressman Takano giving Take My Hand a shout out in his Transgender Day of Visibility newsletter email sent out.
	• RUHS –BH Marketing team completed four Peer Stories videos.
	• Peer stories videos were integrated in the after chat hours ChatBOT story.
	• LiveChat contract renewed and added the new message translator and snapcall video feature.
	
	TakemyHand Swags/Infographics Outreach Activities
	• Five Desert Outpatient Clinics. Outreach –Peer Support Specialist. Pick Up Date: 3/23/2022 -Swags and Infographics.
	• Quality Improvement Committee –TakemyHand Data Infographic presentation (March 2022)
	• Behavioral Health Commission - TakemyHand Data Infographic presentation (March 2022).
	
	San Francisco -Take my Hand Live Peer Chat
	• Work continued on development of the Takemy-Hand Website Content Management System.
	• MOU revisions – WIP.
	• A separate trial account was created for the LiveChat Engine interface.
	• Training on the website content management system continued during this quarter.
	• Additional programming Tweaks in the CMS are work in progress.
	
	A4i App
	Target Area: Improve Outcomes for High Risk Populations.
	Population: FSP Consumers
	• TangoCard is being utilized for A4i Pilot Partici-pants incentives (ongoing).
	• 15 additional participants enrolled from 3 additional clinic sites (West Older Adults, Desert TAY and Desert Older Adults).
	• Four participants dropped the A4i pilot.
	• Pilot contract extended to March 1st, 2023 to support reaching all three population of focus (Older Adults, TAY and Adult).
	• Participant training (ongoing).
	• Onboarding & Training of new Care Team Mem-bers (ongoing).
	• Review/approve and flag NewsFeed content (ongoing).
	• Testing & exploring, and providing vendor feedback for the A4i App (ongoing).
		will utilize video and ASL trained Peer support (Pending).
		• RUHS – BH and Peer team completed the creation of a video for TakemyHand Terms of Service.
		• Terms of Service video provided to Dreamsyte for professional animation and production.
		• Planning to make a making an ASL version of the TakemyHand Terms of Service video (pending)
		• RUHS –BH Marketing team completed four Peer Stories videos.
		• Additional Peer stories videos were integrated in the after chat hours Chabot story.
		  o Melissa: https://youtu.be/WWtbboHSX2Y
		  o Pedro: https://youtu.be/plklBTQHkLQ
		  o Rhonda: https://youtu.be/eeMorkqTs9k
		  o Suzette: https://youtu.be/RtNpxl8Cc2Y
		  o Tere: https://youtu.be/swfWLYOzphY
		  o Sandy: https://youtu.be/LzWnUloVFKA
		
		TakemyHand Swags/Infographics Outreach Activities
		
		Estimated outreach Number: 2,238
		
		• Pinwheels Prevention of Child Abuse at RUHS Medical Center – April 19, 2022 - **200**
		• Lived Experience-Advocacy -Diversity (LEAD) Summit Riverside County -CAMH -RUHS Public Health - MHSOAC - TakemyHand Spanish Keynote Speaker - April 26, 2022 - **30**
		• RUHS Employee Week Behavioral Health -May 12, 2022 - **200**
		• RUHS Employee Week – Public Health-May 11, 2022 - **150**
		• Youth Summit -Mt. San Jacinto College - May 13, 2022 - **140**
		• Empowering Your Mind 2022 Youth Conference, City of Perris Government – May 18, 2022 - **120**
		• Deaf Community Resource and Wellness Day-CODIE -May 22, 2022 -**165**
		• RUHS Diversity, Equity and Inclusion (DEI) Work-shop, TakemyHand Speaker – May 26, 2022 - 42
		• Operation Safe House Organization –Providers Meeting - June 8, 2022 – **17**
		• *(Providers: Borrego Health, San Manuel Indian Health Clinic, Inland Empire Health Plan- IEHP, Riverside University Health Services –Public Health)*
		• Children Contracting Providers CALAIM Meeting –June 13, 2022 - **175**
		• *(Providers: A Coming of Age, All God's Chil-dren, Alma Family Services, Ark Homes FFA, Cal Mentor, California Family Life Center,*
			• Spanish translations of the current TakemyHand Resources page completed.
			• TakemyHand Application Developer continues making progress on the "face-lift" TakemyHand website.
			• Dreamsyte started to do the updated visuals for "face-lift" TakemyHand website.
			• Dreamsyte submitted several revised onboarding screens for mobile app.
			• Planning on new chat service for families support-ing individuals with MH challenges. Planning to add a page to the TakemyHand website for family support (Pending).
			• Planning on a new chat service for ASL that will utilize video and ASL trained Peer support (Pending).
			• RUHS – BH and Peer team completed the creation of a video for TakemyHand Terms of Service.
			• Terms of Service video provided to Dreamsyte for professional animation and production (Pending).
			• Planning to make a making an ASL version of the TakemyHand Terms of Service video (Pending).
			• Coaching new Peers (Peer Team)
			• Maintain and update TakemyHand Operator Training Manual (Peer Team)
			• Designed outreach business cards (Peer Team)
			• Prototype of the outreach cards were sent to Dreamsyte for a polished design and for the print job for distribution in outreach events and various direct service staff teams department wide.
			• Started brainstorming activities for selecting marketing messages for social media posts.
			• Started brainstorming activities for selecting marketing messages for a digital campaign for teachers.
			• Started brainstorming activities for selecting marketing messages for buses advertisement in the desert region.
			• Assist with Spanish translations as needed (Peer Team).
			• Sharing TakemyHand Chat in Groups at the Peer Resource Centers -Indio and Riverside sites (Peer Team).
			
			Evaluation
			• TakemyHand 2nd Data Infographic completed and presented in various internal and stakeholders meetings.
			
			TakemyHand Presentations/Swags/Infograph-ics Outreach Activities
			• Faith and Mental Health Meeting
			• Inland Empire Pride
				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.
				• 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 (ongo-ing).
				• Updating Participant training documentation (as needed/ongoing).
				• 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
				• A4i Caseload PSRC Western
				• A4i PowerPoint presentations
				• A4i Person of the Day
				• A4i Pilot Consumer onboarding
				• A4i Celebration Day
				• A4i Update Infographics
				• A4i Phone Update Process
				• A4i gift cards coordination
				• Gmail Insert communications
				• Peer Cheat Sheet for training
				• Flyer for A4i replacement apps
				• E-mail /Call Participants and care team for A4i
				• Creating Certificates for the A4i Event
				• Creating an agenda for the A4i Event
				• Searching for possible candidates for A4i from Peer Support Resource Center (PSRC)
				• Updating A4i devices for Desert Location
				• adding participant support number to the A4i devices
				• A4i Completion flyer
				• Develop Calendar for pilot completion celebrations
				• Monitor and update list of Consumers who are inactive and NOT using devices
				• Making list for A4i numbers given out
				• A4i onboarding
				
				Recovery Record App for Eating Disorders
				Target Area: Improve Outcomes for High-Risk Populations
				Population: Consumers receiving Eating Disorder (ED) Treatment
				• 12/9/22 - Dr. Chang approval for Recovery Record (RR).
				• 12/16/22 – RR Contract fully executed
				• 12/21/22 – RR Initial Training with ED Champions

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	• Updating Participant training documentation (as needed/ongoing). • Participant Evaluation Interviews continues. **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate level of support and care. • Started Scope of Work and contract negotiations with Qualtrics and Carahsoft • Started scope of work and contract planning with UCI for the evaluation of the WPHS project. **Other Help@Hand Project Milestones** • In collaboration with Dreamsyte, the statewide "HelpatHand Riverside" Landing Page is continuously updated with Press Releases, team members, partners, etc. (ongoing). https://helpathandca.org/riverside • In collaboration with our technology team, the "Kiosk Map Locator" and google adds reports is updated monthly and it is available as a resource in the kiosk landing page (ongoing): https://arcg.is/0qnOuj • HR started the process of opening the Peer Support Specialist for the hiring process for the 3 vacant peer position started. • Free apps brochure (Spanish/English) was approved by the RUHS –BH marketing team and sent for printing.	*Carolyn Wyle Center, CHARLEE Family Care, Chidlhelp USA, ChildNet Youth and Family Services, Community Access Network, Creative Solutions, Desert Sands Unified School, Father's Heart Ranch, Ferree's Group Home, Harvest Safe Haven, Jurupa Unified School District, Kamali'i Foster Family Agency, McKinley Children's Center, MFI, New Beginnings, New Haven Youth and Family, Oak Grove, Oasis Behavioral Health, Olive Crest, Palm Springs Unified School District, Plan-It Life, Purposely Chosen, Rady Children's Hospital, Riverside County Latino Community, Seneca Family of Agencies, Special Service for Groups, Tessie Cleveland, the Heart Matters, Trinity Youth Services, VCSS, Walden Family Services, etc.)* • Community Mental Health Fair - Perris Unified School District - May 24-26th, 2022 - **75** • RUHS – BH –Director's Meeting – Help@Hand Riverside Updates -June 6, 2022 – **57** • CalPRO LEAD Statewide Peer Conference – June 13-14, 2022 - **150** • Temecula CultureFest (World Day for Cultural Diversity) - May 21, 2022 - **300** • Hemet Pride – June 10, 2022 – **150** • Ready, Set, GAY! – June 11, 2022 - **100** • Sex after Dark event – June 24, 2022 - **150** **Regular Monthly collaboration feedback/updates to stakeholders Committees/Meetings:** • FSP Committee – 1 • Adult System of Care Committee – 3 • Behavioral Health Commission –3 • Cultural Competency Reducing Disparities Committee –2 • Eating Disorder Collaborative meetings –1 • Legislative Committee – 1 • Mid County Regional Board meetings – 2 • Housing Committee – 1 • CAGSI – LGBTQIAN+ Task Force – 1 • Latinx Sub-Committee - 2 **As needed/requested Basis:** Quality Improvement Committee (Monthly) - 1 **San Francisco -Take my Hand Live Peer Chat** • Work continued on development of the *TakemyHand* Website Content Management System. • MOU revisions – WIP. • Additional programming Tweaks in the CMS are work in progress.	• Riverside Pride Event • Debriefing Training Event with the New Life, CalWORKs, Justice Outreach Teams. **Regular Monthly collaboration feedback/updates to stakeholders Committees/Meetings:** • FSP Committee – Monthly • Adult System of Care Committee – Monthly • Behavioral Health Commission – Monthly • Cultural Competency Reducing Disparities Committee – Monthly • Eating Disorder Collaborative meetings – Monthly • Legislative Committee – Monthly • Mid County Regional Board meetings – Monthly • Housing Committee – Monthly • CAGSI – LGBTQIAN+ Task Force – Monthly • Latinx Sub-Committee – Monthly • Veterans Committee meetings- Meeting • Desert TAY Collaboration meeting -Monthly • Older Adults SOC Committee -Monthly **As needed/requested Basis:** Quality Improvement Committee (Monthly) **San Francisco -Take my Hand Live Peer Chat** • *TakemyHand* Website Content Management System completed. • MOU final version approved by SF and routed for Riverside executive team approval. **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • TangoCard is being utilized for A4i Pilot Participants incentives (ongoing). • As of September 31, 2022, the total number of enrolled participants from beginning of pilot was 45. • Participant onboarding/training (ongoing). • Participant Device delivery (ongoing) • Onboarding & Training of new Care Team Members (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Updating Participant training documentation as needed/ongoing (Peer Team). • Participant Evaluation Interviews continues. Coordination of participants' appointments is performed by the Peer and the Evaluation teams.	• Successful started the pilot! Trainings and dashboard implementations have taken place. • Reviewed and confirmed Recovery Record Pilot Proposal • Pilot Proposal planning, o wrote consent form for proposal package, o implemented edits and feedback, o drafted workflow for pilot, o co-facilitated in demo training, o review user guide, o created templates for training guides including Canva and Articulate materials, o Created a client persona to familiarize with dashboard and app. **Whole Person Health Score (WPHS)** **Target Area:** Improve service access to underserved communities. Increase access to the appropriate level of support and care. • Troubleshooting phase of testing the WPHS survey, providing feedback to Qualtrics designers • Offer clinical perspective and feedback for survey and overall project • Continuing to work on language in the Pediatric WPHS assessment • Provided suggestions for enhancing overall project in Attend WPHS Governance meetings, office hour meetings, and sync meetings • Created WPHS icons in Canva • Created videos for higher understanding – potentially will be utilized in phase 2 • 12/2/22 – Begin UAT Test Scripts for WPHS. **Man Therapy for Suicide Prevention** **Target Area:** Suicide Prevention among men **Population:** White Male over 45 • 11/10/22 - Man Therapy Launch • Provided feedback for suggested marketing and outreach discussions • Collaborated on product and outreach implementations discussions **Digital Mental Health Literacy** • 12/19/22 – Painted Brain Project Launch • Review/select wellness apps for "Appy Hours" activities *Other DMHL activities:* • H@H Newsletter • DMHL Resources Infographic • The PeRL - Monitor, update and format • MyHealthPoint PowerPoint

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		A4i App **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers - TangoCard is being utilized for A4i Pilot Participants incentives (ongoing). - As of June 30, 2022, the total number of enrolled participants is 40. - Participant training (ongoing). - Onboarding & Training of new Care Team Members (ongoing). - Review/approve and flag NewsFeed content (ongoing). - Testing & exploring, and providing vendor feedback for the A4i App (ongoing). - Updating Participant training documentation (as needed/ongoing). *Participant Evaluation Interviews* continues. *A4i Updates Presentation on the Tech Lead call* - Provided device and app training to Rachel and Gloria to get their feedback for the D/HH user perspective - Approved additional A4i development and cos - Presented A4i Project update for Tech Lead meeting (https://storymaps.com/stories/d9929e-4962a34e61bf870552497eef44) - Added access to A4i URL widget from EHR - Manuscript presentation approved for presentation at September A4i conference - Closed phase 1 at JWC clinic 13 participants graduated from the A4i Pilot and several of the participants chose to continue using the A4i app to support their wellness. **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate level of support and care. - Work and contract negotiations with Qualtrics and Carahsoft is still in progress. - Work and contract planning with UCI for the evaluation of the WPHS project. SOW was drafted but not finalized. **Other Help@Hand Project Milestones** - In collaboration with Dreamsyte, the statewide "HelpatHand Riverside" Landing Page is continuously updated with Press Releases, team members, partners, etc. (ongoing). https://helpathandca.org/riverside - In collaboration with our technology team, the "Kiosk Map Locator" and google adds reports is	- Coordination of E-Gift cards distribution and support is ongoing (Peer Team). - Approved additional A4i app development in progress. - A special goals check-ins page was completed. - Enhancements to the A4i app continue being released on regular basis. - A4i Care team user guide was updated to include the ability to access to A4i URL widget from the department EHR. - A4i Completion Certificates were designed for the 2nd. Graduation event (Peer Team). - Eleven TAY pilot participant completed their 6-month pilot. - Plan, organize and participate in A4i Celebration of Completion party. - Train new team members on A4i Dashboard and onboarding process (Peer Team) – Ongoing as needed. - Attend regular meetings with A4 Vendor. - Pitch A4i to staff within our system of care. - Support the activities of phone system updates and coordination of data activation with CalMHSA and Verizon (Peer Team). - A4i workflow changes (as needed) - A4i monitoring of pilot participants in dashboard (Peer/CT Teams) - Select and post in Newsfeed to keep participants engaged (Peer Team). - Create and maintain calendar of pilot completion/graduation for tracking purposes (Peer Team). - Some clinic-based care team members have expressed interest in a more active role. First onboarding during a session appointment with clinician involved was on 9.28.22 6 new care team members enrolled. As of September 30, 2022, the total number of care team members enrolled is 16. 13 new participants enrolled. As of September 30, 2022, the total number of participants enrolled is 32. 49 incentives issued to participants. The following is the breakdown: 13 incentives (intake), 7 incentives (1st month interview), 5 incentives (3-month survey), 10 incentives (6-month survey), and 14 incentives (6-month interview). 35 successful collaborations (via email) made between peers and providers in order to assist. - Senior Peer Support Specialist and Senior Clinical Therapist presented A4i pilot project to Blaine Street Clinic to expand recruitment for A4i pilot. - Senior Clinical Therapist met with First Episode Psychosis (FEP) Program supervisor who	- Bingo sets/distribution for group sessions to train on how to use TakemyHand - Identify apps that are no longer free of charge **La Clave** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers 12/14/22 – Initial contract meeting to discuss contract SOW **Other milestones:** - In partnership with UCI, presentation at Technology in Psychiatry Summit 2022 - Transforming City and County Behavioral Health through Technology in partnership with UCI. https://storymaps.com/stories/1213d1481b734fe38035d1dcefbc6657 (10/28/2022)

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		updated monthly and it is available as a resource in the kiosk landing page (ongoing): https://arcg.is/0qnOuj
		• Three new Peer Team members were selected. Two Peers joined the team and one of them is still in background process.
		• Free apps brochure (Spanish/English) were received from printing services and some of them were distributed to 30 clinics as a resource material for consumers.
		• Presented on HelpatHand Updates at Director and Managers meeting: https://storymaps.com/stories/690366c1c40248b99d9687d8cdded4d0
			expressed interest for FEP consumers enrolling in A4i pilot.
			
			Evaluation
			• A4i 1st Data Infographic completed and presented in various internal and stakeholders meetings. Data findings were also used by vendor in a poster presentation event: How Digital Technologies have Helped Us Weather the COVID Pandemic at the University of Pittsburg.
			• Individual interviews with participants about experience with the A4i app continues.
			  o Pre-Measures (Quality of Life, BASIS 24, and Technology Use Survey).
			  o Semi-Structure Interview (1 month).
			  o Follow-Up Measures (3-Month. Quality of Life, BASIS 24, A4i experience survey).
			  o Follow-Up Measures (6-Month. Quality of Life, BASIS 24, A4i experience survey).
			  o Semi-Structure Interview (6 month).
			• A4i 1st Data Infographic – will be presented in our county wide Research Exchange Fall 2022 event.
			
			Whole Person Health Score (WPHS)
			Target Area: Improve Service Access to Underserved Communities. Increase access to the appropriate level of support and care.
			• Contract negotiations with Qualtrics and Carahsoft completed.
			• Work and contract planning with UCI for the evaluation of the WPHS project. SOW was drafted but not finalized.
			• Clinical team is attending WPHS meetings to ensure clinical lens for the project
			• Clinical team suggested psychoeducation videos or infographics to provide context for both an introduction to the WPHS and support in interpreting score from survey.
			
			Recovery Record (RR)
			Target Area: Improve Outcomes for High-Risk Populations.
			Population of focus: Eating Disorders
			• App demo sessions with vendor and eating disorder champions.
			• Meetings with vendor to drafting of scope of work started.
			• Participant Consent drafted and approved by Riverside County Counsel.
			• RR Pilot Proposal submitted to CALMHSA.
			• Care Team Consent drafted and approved.
			• Completed Digital Behavioral Health Questionnaire	

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			-Risk Assessment Only Clinical Therapist (CT) Team. • Held several meetings with Internal Eating Disorder Champions to understand ED clinic workflow and how the RR app could be integrated (CT Team) • Meeting with internal IT authority to review vendor security questions is - pending. **Men Therapy** **Target Area:** Suicide Prevention. **Population of focus:** Men over the age of 45, Adults over the age of 65. • Product demo session/meetings with vendor. • Meetings with vendor to drafting of scope of work were held. • License agreement and SOW submitted for final approval and adoption. **Digital Mental Health Literacy and Painted Brain** **Target Area:** Improve Outcomes **Population of Focus:** FSP, Mid-County & Desert Regions, Ethnic Cultural and LGBT, Re-entry, Adults Over the age of 65. • Created DMHL facilitation power point phase 1 (Peer team) • DMHL Training facilitated with HelpatHand Peer team (Senior Peer). • DMHL Certificates designed (Peer Team) • Created DMHL Facilitation power point (Clinical Team) • Initiated drafting of scope of work with Painted Brain to gain support on these countywide educational activities with current consumers. • Initiated planning to create digital literacy training on TakemyHand, Kiosks, and myHP (intelichart) or consumer portal (Peer Team). • DMHL Resources Infographic (Peer Team). • Flyer with recommended free apps (similar to A4i) was created and distributed to participants who completed the A4i 6-month pilot (Peer Team). • Senior Clinical Therapist conducted DMHL "Managing Digital Footprints" presentation to Desert Hot Springs Wellness and Recovery Older Adult Program. **Other Help@Hand Project Milestones** • "All Hands on Deck Newsletter" published and shared countywide (Peer Team). • In collaboration with Dreamsyte, the state-wide "HelpatHand Riverside" Landing Page is continuously updated with Press Releases, team	

Riverside County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
			members, partners, etc. (ongoing). https://hel-pathandca.org/riverside • In collaboration with our technology team, the "Kiosk Map Locator" and google adds reports is updated monthly and it is available as a resource in the kiosk landing page (ongoing): https://arcg.is/0qnOuj • One new Peer Team member joined the team. • Free apps brochure (Spanish/English) are being distributed at outreach events. • Kiosk Infographics completed (Peer Team) • Kiosk Infographic print job order sent.	
Lessons Learned/Recommen-dations Across Year 4	**A4i** • Reviewing Portal Activity of Care Team Providers provided information about which providers actively reviewed A4i Clinical Dashboard. • University of California, Irvine (UCI) evaluations to care team providers to complete surveys and interviews has been an ongoing challenge. Senior CT will assist with conducting interviews. *12.8.22 A4i Graduation Celebration (CT – Brief in-person survey)* • **Q's:** When you meet with each of the participants who are ending their A4i participation, would you ask the following questions? o 1) How has reporting their sleep, mood, goals, and meds been helpful in managing their symptoms? o 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)? o 3) Did the A4i help them stay in communication with their care team? • **Participant 1** Answers: o Yes, I was able to track my sleep meds because I wasn't sleeping well so eventually, I was able to notice things and was able to just having what was prescribed to sleep. o Through the magic of peer support my life changed with my anxiety and panic attacks. o Chris was a huge part of helping me. • **Participant 2** Answers: o Tracking was easy because it just popped up. o I appreciate the phone because it's hard for me to communicate so it helped me a lot. It's a good app. I liked the encouragement that came from the feed and myself. It helped me because I am so shy. • Team benefits from ongoing meetings to discuss participant situations within context of overall program. Sometimes there are specifics with a potential participant that requires the team to come together and come to a collective decision. • There was a need to clarify further to participants what participating in a pilot might require from them. This was added into the preliminary tech survey. • As a team we noticed that clinicians would be interested in pilot program on behalf of their clients but it was not always made clear what the personal buy-in for the potential participant was, and how much they under-stand about the pilot. It helped to conduct these conversations as we began the onboarding process, and it seemed that previous to this it was happening post-onboarding and creating confusion and/or frustration for participants. **Whole Person Health Score:** • Timeline for go-live date is delayed. **Deaf and Hard of Hearing Community Needs Assessment** • Number of surveys completed has been very low and we are brainstorming on in-person event to have more surveys completed. • Peer certification was only completed by two individuals out of the 13 to 15.			
Recommendations Across Year 4	• Refer to section above for Learnings/Recommendations.			
Cross County/City Sharing Across Year 4	• Memorandum of Understanding (MOU) for TakemyHand Live Peer Chat collaboration with San Francisco is in routing process for our executive team approval.			

San Francisco County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• William Tran-Mental Health Association of San Francisco (MHASF) • Monica Martinez (MHASF) • Teresa Yu-San Francisco Department of Public Health (SF DPH)	• Teresa Yu (SF DPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)	• Teresa Yu (SF DPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)	• Teresa Yu (SF DPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)
Team Composition	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • Claribette Del Rosario (MHASF) • William Tran (MHASF) • Trey Terrio (MHASF) • Andrea Rico (MHASF) • Vanessa Hamill-Meeriyakerd (MHASF) • Lennox Nemeth (MHASF) • Teresa Yu (SF DPH) • Trena Mukherjee (SF DPH • Diane Prentiss (SF DPH) • Jessica Brown (SF DPH) • Tracey Helton (SF DPH)	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • William Tran (MHASF) • Andrea Rico (MHASF) • Vanessa Hamill-Meeriyakerd (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH) • Tracey Helton (SF DPH)	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • William Tran (MHASF) • Andrea Rico (MHASF) • Vanessa Hamill-Meeriyakerd (MHASF) • Theo Ocanto (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH) • Tracey Helton (SF DPH)	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • William Tran (MHASF) • Andrea Rico (MHASF) • Vanessa Hamill-Meeriyakerd (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH) • Tracey Helton (SF DPH)
Core Audiences	• Digital Literacy Education Trainings: Historically-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and Trans community members. • Take My Hand with an emphasis on TAY and trans community member • Tech Procurement Program: Historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• The target audience for Mental Health Association of San Francisco (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 (Transitional Age Youth) and Trans community members.	• The target audience for Mental Health Association of San Francisco (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.
Products in Use/Planned	• Take My Hand (new implementation anticipated date is once it has been approved by SFDPH. This date has been revised due to the ongoing collaboration with Riverside County on the development of the SF Take My Hand website and because of SF-DPH IT/Security/Compliance department's needed clearance of Livechat. • Tech Procurement Project: procuring Samsung Galaxy A7 Lite tablets for individual use, including protective and adaptive materials, such as a case and external keyboard. Devices will be kitted with Scalefusion management software upon SFDPH approval.	• Tech Procurement Project is being advertised as the Technology Borrowing and Distribution program as of date, in order to reflect the participant experience that the device will be borrowed, not given. Once we get devices into the hands of participants, we plan to rename the program. • The Technology Borrowing and Distribution (TBD) program has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger). • The Technology-Assisted Mental Health Solutions (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). • Tech@Hand Project: Technology Distribution 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 Technology-Assisted Mental Health Solutions (TAMHS) team can provide assistance in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants.

San Francisco County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
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)
Implementation Approach	• Pilot of Take My Hand (peer-based chat) through MHASF. Pilot start depends on SFDPH approval. San Francisco has been working closely with Riverside to make sure that SF Take My Hand Website is being built out. • Implementation of Digital Literacy Education Training series has been uploaded on Thinkific and is ready to be implemented. We are currently waiting on the implementation of the Tech Procurement Project to make this resource available to the participants of the TAMHS Tech Procurement Project. • Tech Procurement Project will complement digital literacy education by procuring devices to San Francisco residents seeking access to mental and physical health services online. MHASF is currently in the process of purchasing devices from T-Mobile, awaiting clarification and approval from SFDPH on contractual terminology, Scalefusion management software, and contacting participants to confirm their participation.	• Pilot of Take My Hand (peer-based chat) through MHASF. Pilot start depends on SFDPH approval. MHASF has been working closely with Riverside to make sure that SF Take My Hand Website is being built out. • Tech Borrowing and Distribution – MHASF staff were focused on participant and agency outreach to distribute tablets through tabling, cold emailing, and establishment of partnerships. Devices were distributed as participants completed program enrollment.	• Tech@Hand Project: Technology Distribution – 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	• Tech@hand: 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 • TakeMyHand: Not applicable, as program is still seeking county approvals

Other Unique Qualities	• The Tech Procurement Project collected data from community members interested in participating in the program. Findings have supported our need to implement digital literacy trainings and provide tech devices and internet to participants. For example: Of the 71 respondents, 68 (96%) do not have access to a reliable tablet; 42 (59%) are not comfortable or somewhat comfortable using a tablet or computer; 36 (51%) do not know how to connect to the internet or are somewhat familiar with connecting to the internet, and 38 (54%) do not have access to reliable internet.
	• Headspace: San Francisco has experienced a 9-month hold on our rapid-implementation pending SFDPH review. During this time, MHASF has been unable to conduct outreach for this innovation pilot or reach out participant goal (10,000).
	• Take My Hand: San Francisco has experience website development and implementation (approval of LiveChat) delays
		• Take My Hand: San Francisco has experienced website development and implementation (approval of LiveChat) delays. MHASF is seeking web designer support to prepare the TakeMyHand website for launch once approvals are in place due to Riversides limited capacity.		- The Tech@Hand team is managing a variety of communications with program participants. The types of communications include
				  o Check in - 47%
				  o Feedback - 19%
				  o Technology support -19%
				  o Emotional support - 8%
				  o Navigating the internet - 1%
				- Top concerns voiced by participants are:
				  o LGBTQ+
				  o Mood
				  o Housing Concerns
				  o Isolation
				  o Anxiety & Panic
				  o Trauma
				  o Employment
				  o Mental Health
				  o Relationships
				
				We have also been tracking usage of the tablets in aggregate. Our metrics are:
				- Within the last week - 14
				- 1 week to 1 month - 9
				- 1-2 months: 14
				- 2+ months: 31

Milestones	• Collaborated with T-Mobile to purchase tablets, keyboards, and internet service for the TAMHS	• Completed purchase of 65 tablets • Implemented internal tracking system to manage	• Currently 58/65 tablets with internet have been distributed	• Currently 63/65 tablets with internet have been distributed

San Francisco County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
	Tech Procurement Project. • Will have devices secured for the TAMHS Tech Procurement Project	device storage and distribution. • Installed Scalefusion fleet management software onto devices, in order to track and manage devices once distributed to participants. • Developed partnerships with community-based organizations focused on serving the Transitional Age Youth (16-26) and transgender communities.	• Hired 1 new digital peer navigator	• Hired 1 new digital peer navigator, for a total of 2 peer navigators
Lessons Learned Across Year 4				

Tech Distribution & Borrowing:

- **Allocate time to prepare devices for shipment:** The Technology Assisted Mental Health Solutions (TAMHS) Technology Borrowing and Distribution (TBD) team had to label tablets, keyboards, tablet cases, chargers, as well as its charging cables. MHASF secured 65 devices and would recommend for other entities wishing to replicate this to consider the staffing needed to implement this. Specific tasks to consider include label (aforementioned above, bookkeeping required by funder and contracting agency, as well as materials for shipment.
- **Recruitment and outreach are ongoing processes:** Technology Borrowing and Distribution recommends dedicating a staff member to regularly engage in all the phases of recruitment and outreach engagements.
- **Increase recruitment efforts by translating materials into other languages:** There is a need to have materials translated in other languages to better reach participants who speak languages other than English. In addition, prioritize staff who demonstrate language skills that may serve the targeted populations this program is looking to serve.
- **Patience is a virtue:** Be prepared to wait for responses from attempted outreach efforts. Whether it is notifying participants of their acceptance, asking participants to return onboarding handbook, and/or confirming mailing addresses, the TAMHS team noticed that response-returns can delay the process for participants to get their devices.
- **Consider other supports and resources for participants who have low digital literacy.** While the TAMHS team would love to serve everyone, it is not always feasible due to the lack of resources or staff. For example, there are some participants who signed up for our technology borrowing and distribution project but do not have access to an email or technology that can connect to the internet. Due to staffing capacity, the TAMHS team is unable to assist participants who need hands-on support to create an e-mail with internet access. Having an e-mail address is a critical beginning step to access digital literacy with MHASF TAMHS.
- **Time is of the essence:** Encourage all project-decision makers to identify their specific roles within the decision-making process. Mental Health Association of San Francisco (MHASF), TAMHS TBD team engaged in several iterations of project designing only to barrel through barrier after barrier imposed by external forces. Upfront planning and regular spaces to provide and apply the feedback that will engage in incremental changes would be most beneficial to the overall health of the project.
- **The simpler the sign up, the higher the engagement:** A simple sign-up form will remove barriers and enable participants to sign up. Longer forms, though collecting valuable data, may turn off users and lead to a higher survey bounce rate. Simplicity varies at different levels of digital comfort – for individuals with access to a device and high comfort with technology, developing a QR code would facilitate ease of sign up. For others, doing in-person sign ups is the easiest method to enroll.
- **Internal documentation is essential for team success:** Ensuring that the team is effectively documenting strategies internally enables other team members to pick up where they left off in the case of staff members leaving or going out on extended medical leave due to COVID or other conditions.
- **Varied outreach approaches enabled reaching a wide range of individuals:** Running a multi-pronged strategy enabled the team to reach a wide range of participants. Our outreach strategy combined both in person sign ups at community-based organizations and a radio and print marketing strategy in partnership with marketing firm Audacy.
- **Establishing partnerships to work with community partners and their program participants is a promising tactic:** Outreach to community partners to spread the word to their participants did not result in an increase in sign-ups. We are working to establish collaborative partnerships with community partners and suggesting their program participants (in their groups, programs etc.) all get access to technology and this seems promising.
- **Allow ample time when working with community-based organizations (CBO):** One challenge that we noticed is that more time needs to be given to our community-based organizations partner so that they can get in touch with participants. We worked with a Community Based Organization (CBO) who identified TAY participants that would benefit from our Tech@Hand Project but they only have one case manager supporting this project. Advance planning and time is needed when working with CBOs who may have limited staff to engage with. Timelines are important but also being flexible with community partners as it may take time for a CBO partner to engage a participant in enrolling in the program and receiving a tech device.
- **Having a centralized location to capture participant information is key:** There is a magnitude of information that needs to be captured and processed in order to make this project run smoothly as well as provide support to our participants. Currently MHASF stores participant information across Excel, Formstack, and our SMS platform. It's ideal to have everything in one platform to store data and produce reports. A Customer relationship management (CRM) or integrated data system for case management is something MHASF is looking to implement for this project.
- **Engaging and building relationships with participants is a process and takes time:** Participants are quick to sign up for resources and participate in new programming which is exciting. However, it has been difficult to maintain engagement with participants after the technology has been distributed. What we noticed is that communication will drop off once participants receive their tablets. The TAMHS team uses various ways to get in contact with participants such as email, text, phone call, and mass notifications on the tablets. MHASF is plans to test other methods to increase engagement such as in person tech support events and incentives to increase digital literacy assessment surveys.

Take My Hand:

- **Be clear on technical asks:** While MHASF is awaiting San Francisco approval of TakeMyHand, MHASF has been working with Riverside to build out the SF Take My Hand website. Ensuring that the size, scope, and nature of website customization requests is clear goes a long way to ensuring smooth collaboration.
- **Ensure team materials are centralized:** It's easier than ever to create a document and facilitate collaboration. While this provides opportunities for anyone to create knowledge, it can also create information silos if documents don't live in a shared space, and the document owner is out of office or otherwise unable to personally share a link. Taking the extra step to ensure that documents are centralized helps ensure that all team members are on the same page.
- **Ensure agreements or approval process is transparent or understood:** SFDPH requested that MHASF and Riverside have a Memorandum of Understanding (MOU). A MOU was collaboratively made between MHASF and Riverside to outline how Take My Hand would be implemented by MHASF and the guidance that Riverside would provide. However, once the MOU was ready, Riverside shared that it would take about 2-3 months to get

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approved by their county council. The Take My Hand Pilot will not be able to launch until the MOU is approved and signed. MHASF was not aware that the MOU approval process would take months. Ensuring stakeholders are transparent and share approval timelines is critical to decrease program delays

- **Communication across stakeholders:** Clear, timely communication on both technical and programmatic aspects of the project goes a long way to ensuring smooth collaboration. Tracking action items, who is responsible, and what the need is for helps Riverside and MHASF get on the same page and increase buy in.

Headspace:
- **Data Collection.** Headspace was paused due to data liability concerns from SF County re: emails collected in the enrollment form. Sharing data collection goals and processes in advance with SF County or getting clearance from SF County is important to prevent delays or pauses.
- **Evaluation Consent.** Evaluation of Headspace users/subscribers is not possible due to their being no consent for contact/evaluation follow up by the evaluation team. Thus, ensuring consent and evaluation goals with Headspace projects is critical to ensure evaluation and follow up is possible. With 500+ enrolled participants, MHASF is not able to follow up with them during the pause to assess mental health wellness, detailed usage, and additional implementation learnings.

Tech@Hand
- **Document processes and procedures alignment across the team**: With 3 remote staff members serving 60+ participants, variances in how we deliver services are natural. Aligning on and documenting processes and procedures and then documenting them in a central place enables the team to deliver consistent services across all participants.
- **Schedule of reaching out to participants:** In managing a large community of participants, we want to make sure that we are reaching out to each individual. We have found that developing a rotation schedule of around 15 participants each week is effective in ensuring we are reaching out to individuals.
- **Gift cards drive engagement:** We have found that when some participants have reduced contact, a gift card opportunity has facilitated reconnecting with the participant.
- **Meeting in person increases engagement and strengthens relationships:** We have found that meeting participants in person has helped strengthen our relationship, particularly during onboarding. It has also been beneficial to meet participants in person through their case manager, if they haven't been as responsive over text or email.

Recommendations Across Year 4

Tech Distribution & Borrowing:
- **Seek guidance from the Human Resources team:** Often, the HR team will have tried and true practices that streamline a way to track devices.
- **Order shipping materials ahead of time:** Especially since you know the number of devices secured. This will help the team by having shipping materials ready and available.
- **Confirm project expectations and flow with all project decision makers prior to ordering devices:** This is a way to prevent further delays by ensuring all required decision-makers are privy to the work.
- **Determine who the technology belongs to:** The initial goal of this project was to gift the devices to its participants. However, due to the nature of the project evolving over time, it was essential to identify which organization the technology belonged to.
- **Engage in recruitment and marketing when the project is able to deliver on its promises:** Due to the unforeseeable delays between contractor and funding source, the attrition rate increased as the delays continued.
- **Do not be afraid of recruitment and outreach:** Regular outreach allows for increased communication between contractors and prospective participants, but also allows the opportunity for the project to build its brand within the community over a longer period.
- **Flexibility and patience are essential:** Working with various stakeholders can pose a challenge due to individualized timelines, rules, and expectations that will eventually clash. Demonstrating compassion, flexibility and patience can allow space for decision-makers to communicate needs. This also includes space for any and all acknowledgement of the work produced.
- **Utilize a blended outreach strategy:** MHASF has had a combination of in person and virtual outreach, enabling the agency to reach a broad range of participants, of varying backgrounds and technology literacy to enroll in the program.
- **Internal partnerships are a great resource:** Existing partnerships of our internal staff have been incredibly invaluable resources. Break past programmatic silos to ask for help from your colleagues.
- **Effective program management enables a smooth experience for participants:** If possible, have multiple staff members who can lead/assist with the various components of the project. In our experience technology distribution efforts are ideally be broken up into various sections: outreaching for participants and building community partnerships, onboarding participants and distributing technology, and supporting participants after technology has been received. This enables staff to meet the needs of participants at each stage of their engagement with us.
- **Establish a data management system that can easily retrieve data as well as run reports:** There is a lot of data that needs to be captured and shared to ensure that this project runs smoothly. Accessing and retrieving data in one centralized location is important because it allows the TAMHS team to easily stay informed.
- **Documenting processes and procedures:** While staff transitions are inevitable, one thing to take into consideration is that consistency will be hard to come by if there are staff members that are leaving and new staff joining the team. Every time a new person joins the team there will be a learning curve for them to understand the scope of the project. Having clear documentation on established processes and norms helps facilitate the onboarding process.

Take My Hand:
- **Center the user:** It's easy to design a website based on needs you think other people may have. It's a lot more impactful to understand what your users have told stakeholders, and design for those needs.
- **Try new approaches:** Seek out a variety of technology resources (including developers, website designers) to move website development along and move past roadblocks.

Headspace:
- Ensure data collected from Headspace subscribers is approved by County prior to launch. Ensure that HIPPA compliance expectations by County are met and that consent for evaluation is provided in advance of enrollment.
- Increase decision making by county. Headspace was put on pause June 2021 and the decision to close down Headspace was made on Feb 2022.

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	Tech@Hand • **Invest in making your data management system a success:** Spending the time to configure and optimize your system for your needs can be tedious upfront, but goes a long way with accessing key information quickly when managing relationships with participants • **Hybrid (remote and in person) approach is highly effective for programs:** Face-to-face contact facilitates trust and relationship building with participants. Furthermore, it also supports folks who may be less comfortable on digital devices. That said, remote work fosters inclusion and promotes and opportunity to practice digital skills.			
Cross County/City Sharing Across Year 4	**Tech Distribution & Borrowing:** • Consulted Tri-City and San Mateo counties who plan to or are currently engaged in technology distribution. San Mateo worked with Family Peninsula Services, specifically, to gift them the technology. They also shared documentation materials that informed applications, onboarding handbook, and surveys within MHASF TAMHS TBD. • Tech collaboration meeting with Help@Hand allowed space for MHASF TAMHS TBD to hear about local counties engaging or initiating in similar technology programming. • Our partners at SFDPH and CalMHSA have been invaluable thought partners at each step of the way • Leverage community-based organizations for support but also remember to give them time to connect with participants • Establish data management systems early • Document processes and procedures to mitigate the impact of staff leaving, and to facilitate onboarding of new staff **Take My Hand:** • MHASF has been able to benefit from the wisdom of Riverside's experience implementing TakeMyHand. For example, Riverside was able to share the percentage of users who found their site through mobile versus desk-top, which has significantly shaped the way that MHASF has designed its website. • Riverside has also shared how they have a council of advisors regarding cultural outreach, who they seek input from to ensure programs are culturally relevant. Riverside has generously offered MHASF the opportunity to request information through • LiveChat is a new software tool to MHASF, and the MHASF team was able to benefit greatly from Riverside's explanations and walkthrough of how they configured the software tool to reach users best. • MHASF looks forward to the launch of the TakeMyHand app in partnership with UC Riverside **Headspace:** • Headspace shared the Headspace Implementation kit with other counties. **Tech@Hand:** • The biweekly tech collaboration meeting with Help@Hand continues to allow space for the Tech@Hand team to learn from its peers. • Our partners at SFDPH and CalMHSA have been invaluable thought partners at each step of the way			

San Mateo County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)
Tech Lead(s)	• Doris Estremera, MPH	• Doris Estremera, MPH	• Doris Estremera, MPH
Team Composition	• Mental Health Services Act (MHSA) Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (YLI) (Transition Aged Youth Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural Transistion Aged Youth (TAY) Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, "tech hours" for clients and advanced Zoom topics for providers	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (YLI) (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, "tech hours" for clients and advanced Zoom topics for providers	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (YLI) (Transition Age Youth Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peer staff, co-facilitating "tech hours" with peer staff for clients and direct tech support for clients via IT Ticket System
Core Audiences	• Transitional age youth (TAY) • Older adults	• Transitional age youth (TAY) • Older adults	• Transitional age youth (TAY) • Older adults • BHRS Clients
Products in Use/Planned	• Older Adults and Transition Aged Youth (TAY) selected Wysa for scale-up • Wysa testing with Behavioral Health and Recovery Services (BHRS) clients	• Wysa app scale-up • Wysa testing with Behavioral Health and Recovery Services (BHRS) clients	• Wysa app scale-up
Implementation Site	• Community-based agencies • Behavioral Health and Recovery Services (BHRS) programs, online	• Community-based agencies • Behavioral Health and Recovery Services (BHRS) programs, online	• Community-based agencies • Behavioral Health and Recovery Services (BHRS) programs, online
Implementation Approach	No changes to Help@Hand Advisory Committee • Phase 1 – Help@Hand Peer Ambassadors from Youth Leadership Institute (YLI), PFS and Advisory Committee will promote and support use of Wysa. o YLI Peer Ambassadors will support outreach to low-income youth o Peninsula Family Services Peer Ambassadors will support outreach to low-income and isolated older adults via older adult low-income housing complexes. Outreach will include device distribution as needed and 'Get Appy' workshops to support digital mental health literacy. o Uptown Marketing consultants will support broad promotion of the app targeting the general population of older adults and youth o No changes to Phase 2 –BHRS Peer Ambassadors integration of apps for Behavioral Health and Recovery Services (BHRS) clients o Painted Brain will support Digital MH Literacy of BHRS clients	No changes to Help@Hand Advisory Committee • Phase 1 – Help@Hand Peer Ambassadors from Youth Leadership Institute (YLI), Peninsula Family Services (PFS) and Advisory Committee will promote and support use of Wysa. o YLI Peer Ambassadors will support outreach to low-income youth o Peninsula Family Services Peer Ambassadors will support outreach to low-income and isolated older adults via older adult low-income housing complexes. Outreach will include device distribution as needed and 'Get Appy' workshops to support digital mental health literacy. o Uptown Marketing consultants will support broad promotion of the app targeting the general population of older adults and youth o No changes to Phase 2 –BHRS Peer Ambassadors integration of apps for Behavioral Health and Recovery Services (BHRS) clients o Painted Brain to support tech and digital literacy needs of BHRS peer and family partner staff and BHRS clients	• Help@Hand Advisory Committee transitioned to quarterly vs. monthly to focus on ongoing learnings and decisions post Innovation • YLI Peer Ambassadors continued to support outreach to low-income at risk youth • Peninsula Family Services Peer Ambassadors continued to support outreach to low-income and isolated older adults via older adult low-income housing complexes. Outreach will include device distribution as needed and 'Get Appy' workshops to support digital mental health literacy. • Uptown Marketing consultants continued to support broad promotion of the app targeting the general population of older adults and youth. • BHRS moving into integration of app for Behavioral Health and Recovery Services (BHRS) clients linked to device distribution and peer-led supports • Painted Brain continued to support tech and digital literacy needs of BHRS peer and family partner staff and BHRS clients
Other Unique Qualities	• Contracting with marketing consultants to target the broader population of older adults and youth • Painted Brain has been focusing on providing technical assistance to community-based behavioral health agencies	• Clinicians, peer and family partner staff played a key role in the uptake of Wysa by BHRS clients • Painted Brain was able to pilot an IT ticket system during the testing with BHRS clients. Moving forward they will provide up to 3-4 hours per week of on-call technical support through a Ticket Submission	• Mental Health Services Act (MHSA) Innovation ended for San Mateo County on 9/22/22. Transitioned majority of work into a sustainability phase. • Broad marketing continued to support uptake of the Wysa app by the general San Mateo County community

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		Form and direct Peer Tech Specialist Line. For quick-fix tech support, community members and staff can contact a Peer Specialist Line (by phone). For more challenging requests that require video conferencing/desktop sharing, contact will go through the Ticket System where available days and times will be presented to schedule a technical support session with a Peer Tech Specialist.	
Milestones	Peninsula Family Service: • Jan. 2022 – peers prepped and distributed 6 tablets with free internet to older adults in low-income housing, 3 hour group orientation on how to use the main tablet features, use gmail account, and practice Zoom were also provided • Feb. 2022 – peers prepped and distributed 8 tablets with free internet to older adults in low-income housing, 3 hour group orientation on how to use the main tablet features, use gmail account, and practice Zoom were also provided • March 2022 – Wysa app for San Mateo County was launched • March – April 2022 peers created and conducted the first 6-week, basic tech sessions for older adults at the request of the Older Adult Team at Behavioral Health and Recovery Services (BHRS) of San Mateo County – topics included: Safe Website Browsing, All About Apps, Zoom Basics, Protecting Against Identity Theft, Avoiding Phishing Scams, Email set-up. The same sessions will be offered in Spanish in May.	• Marketing design, messaging and strategy were completed with the partner toolkit and social media posts/ads launching in June 2022 • Local evaluator presented the results of the BHRS client testing to our local Help@Hand Advisory Committee meeting in June 2022. • Sustainability and Transitions Plans were completed, which included renewed contracts with Peninsula Family Service, Youth Leadership to continue supporting the scale-up implementation for FY 2022-23.	• All marketing strategies rolled out and implemented including: partner toolkit, social media posts/ads, postcard mailing, bus ads, and newspaper ads. • Additional sustainability contracts were renewed with Painted Brain to continue digital literacy supports
Lessons Learned Across Year 4	• It was great that we all learned to use Zoom during the past 2 years but in-person sessions are still the best venue to teach older adults about tech and using self-care apps. • Marketing is a long process that can span 6 months from initial planning (focus groups, strategy development, messaging and design) especially when involving stakeholders in every aspect of the planning, which was important to us. In retrospect, I would've asked the marketing team to keep the Help@Hand branding vs. creating new branding (Wellness for All) and set clear expectations regarding implementation of the strategies. which were not part of the initially proposed quote. • Working with an app that is not as well known or established requires a different approach to marketing. While the marketing approach worked in other cities/counties for other (more established) apps, it did not work for San Mateo and we are needing to re-strategize and extend the marketing with limited resources.		
Recommendations Across Year 4	• Recruit and train older adults to become Help@Hand ambassadors to help their peers with technology challenges. • Work more with AARP Senior Planet as they are a great resource for older adults especially since services are provided in English, Chinese and Spanish. • There was a significant amount of resources dedicated to branding of Help@Hand from the statewide collaborative. I would recommend having communication supports as agencies implement their local marketing strategies to maintain the statewide collaborative branding. Communication with the marketing consultants was very challenging. • Engage stakeholders in sustainability decisions. Based on impact and priorities, it was clear what aspects of the work would be sustained		
Cross County/City Sharing Across Year 4	• On Jan. 18, 2022, CalMHSA requested a meeting with Peninsula Family Service to share tablet distribution practices with Mental Health Association of San Francisco (MHASF) who was acquiring devices for participants in the City. • On March 22, 2022, San Mateo County Spotlight presentation at the Tech Lead Collaborative Call allowed us to share the success, challenges and next steps as we transition out of the Innovation Project phase • Shared Focus Group findings for Happify app with Santa Barbara. San Mateo vetted Happify with older adults and Happify was selected out of the 3 apps given its availability in Spanish and Chinese languages but, Happify decided to cease participation in the project during COVID. We learned from this sharing that Happify was purchased by Twill Health and is now being considered by counties for the Spanish-speaking community		

*San Mateo County's Help@Hand project ended in September 2022.

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Tech Lead(s)	• Maria Arteaga • Enrique Bautista	• Maria Arteaga • Enrique Baustista	• Maribel Landeros • Maria Arteaga	• Maribel Landeros • Maria Arteaga

Team Composition	• Help@Hand Team
	  o Peer Recovery Assistants
	  o Outreach Coordinator
	  o Program Coordinator
	  o Peer Empowerment Manager
	• BeWell Administration- Clinical/Peer/(Mental Health Services Act(MHSA)/IT/Public Information Office (PIO)/Leadership
		• Help@Hand Team
		• Peer Recovery Assistants were onboarded in mid-June 2022
		• 2 Fulltime
		• 1 extra help
		• Outreach Coordinator-went on Leave of Absence in June
		• Project Manager/Supervisor- Start date June 27, 2027
		• Peer Empowerment Manager
		• BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership
			• Help@Hand Team
			• Peer Recovery Assistants were onboarded in mid-June 2022
			• 3 Fulltime (1 onboarded mid-September 2022)
			• 1 extra help
			• Outreach Coordinator-continues on leave
			• Project Manager/Supervisor
			• Peer Empowerment Manager
			• BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership
				• Help@Hand Team
				• Peer Recovery Assistants 3FT-1 EXH
				• Outreach Coordinator-on leave
				• Program Coordinator
				• Peer Empowerment Manager
				• BeWell Administration
				• Clinical/Peer/ Mental Health Services Act (MHSA)/IT/PIO/Leadership

Core Audiences	• Expanded Headspace to include Santa Barbara County general population	• Expanded Headspace to include Santa Barbara County general population (live, work, and student 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)
Products in Use/Planned	• Headspace • Bambú • Wellness App Brochure • Trac phones • Lifeline phones • Tablets	• Headspace • Bambú • Wellness App Brochure • Trac phones • Lifeline phones • Tablets	• Headspace • Bambú • Wellness App Brochure • Trac phones • Lifeline phones • Tablets	• Headspace • Wellness App Brochure • Trac phones • Tablets • 8 Dimensions of Wellness Curriculum-integrated into technology presentations

Implementation Site	• Santa Barbara County- Psychiatric Health Facility
	• Crisis Residential Treatment
	• Recovery Learning Communities
	• Contracted Community Based Organizations
	• Community sessions hosted via Zoom
	• BeWell Clinics
	• Public Library
		• Santa Barbara County- Psychiatric Health Facility
		• Crisis Residential Treatment
		• Recovery Learning Communities
		• Contracted Community Based Organizations
		• Community sessions hosted via Zoom
		• BeWell Clinics
		• Public Library
		• Outpatient Bwell outpatient clinics and the crisis team
			• Santa Barbara County- Psychiatric Health Facility
			• Crisis Residential Treatment
			• Recovery Learning Communities
			• Santa Barbara Mental Wellness Center
			• Transition-Mental Health Association (TMHA) – Santa Maria
			• TMHA - Lompoc
			• Contracted Community Based Organizations
			• Community sessions hosted via Zoom or in person
			• Alpha Resource Center
			• Council on Alcohol and Drug Abuse
			• Isla Vista Youth Projects
			• Family Service Agency
			• Foodbank of SB County
			• County – Dept. of Child Support
			• Healthy Lompoc Coalition
			• Savie Clinic
			• LVMC
			• Santa Barbara County Promotores Network – Lompoc Promotores
			• Little House by the Park -Guadalupe
			• Transition House staff
			• County – Tobacco Prevention Program
			• Allan Hancock Community College – Leadership Club, BIGE Club
				• Santa Barbara County- Psychiatric Health Facility
				• Recovery Learning Communities
				• Santa Barbara Mental Wellness Center
				• Transition-Mental Health Association (TMHA) – Lompoc
				• Bethel House - SB
				• Contracted Community Based Organizations
				• Community sessions hosted via Zoom or in person
				• Alpha Resource Center
				• County – Dept. of Child Support
				• Healthy Lompoc Coalition
				• Adult and Aging Network of Santa Barbara County
				• Kids Network of Santa Barbara County
				• LEON Network – Latino Elder Outreach Network (South County)
				• BeWell Clinics
				• Santa Barbara County Housing Authority complexes in West County of Santa Barbara – Low-income senior housing and Low-income family housing
				  - Lompoc Gardens
				  - Lompoc Terrace
				  - Cypress Court
				  - Santa Rita Village
				  - Parkside Apts.
				  - Weitzel Center
				  - Palm Grove Apts.

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			• Helping Hands of Lompoc – Transition Aged Youth (TAY) LGBTQ+ event • BeWell Clinics • Santa Barbara County Housing Authority complexes in West County of Santa Barbara • Transition House Homeless Family Shelter and Program (clients)	- Creekside Apts. – Los Alamos - GIV – Family/Senior Housing in Santa Ynez - West Cox Cottage - SM • Transition House Homeless Family Shelter and Program (clients) • La Purisima Concepcion Church – Religious Education Program parents
Implementation Approach	• Increasing access to smartphones • Enhancing digital literacy to support one's mental wellness • Piloting Headspace application throughout the system of care • Collaboration with subject matter expert organization Painted Brian to assist with implementation • Installed Headspace mobile applications in tablets that will be used at the outpatient clinic	• Installed Headspace mobile applications in tablets that have been utilized by three regional clinics for clients to interact with and experience the app. • Technology workshops scheduled, virtually, partnering with community-based organizations, Mixteco Indigenous Organizing Project, and Public Library • Increasing access to smartphones • Enhancing digital literacy to support one's mental wellness • Headspace application throughout the system of care • Collaboration with subject matter expert organization Painted Brian to assist with implementation • Installed Headspace mobile applications in tablets that will be used at the outpatient clinic	• Technology workshops scheduled in collaboration with Community Based Organizations (CBOs) • Social Media postings by Uptown Studios • Presence in community events to assist directly with enrollment • Continued collaborations with CBOs utilizing the Wellness For All campaign material social media posts as well as directly sharing Headspace flyer with QR code being posted on other social media pages • Community contact, via canvassing, events, workshops has increased better understanding of the benefits of Headspace	• Technology workshops scheduled in collaboration with CBOs • Social Media postings by Uptown Studios • Presence in community events to assist directly with enrollment • Community contact, via canvassing, events, workshops has continued to increase better understanding of the benefits of Headspace • Presentations to county wide coalitions with large memberships, targeting aging adults, families with special needs children and youth.
Other Unique Qualities	• Santa Barbara is hosting Tech & Wellness support groups within Behavioral Wellness and community-based organizations, public library, and Recovery Learning Centers (RLC) throughout the county. • Trac phones are continued to be distributed at the Psychiatric Health Facilities. • Santa Barbara's continues to work with RLC to connect those who qualify with Lifeline smartphones • Santa Barbara participates in wellness outreach events when made available via in-person and virtual platforms throughout the county, led by community-based organizations and supported housing facilities. Guide to Wellness App Brochure and Headspace application and community resources are provided at these events.	• Community events/outreach continued • Communify 55th celebration event • Annual Peer Conference • Community Health Centers of the Central Coast (CHCCC) • Mixteco Indigena Community Organizing Project/ Proyecto Mixteco Indigena (MICOP) • Santa Maria (SM) Resource Fair • Juneteenth Celebration • Canvassing in Santa Maria, to small business such as restaurants, markets, laundry mat, etc. • Provided printed materials, flyers, brochures, etc. to schools and other CBOS. • SM High School • Children's Resource Center • MICOP • SM Probation Department • Transitions-Mental Health Association (TMHA) • Transitional Services & Placement Support	• Community events/outreach • Lemon Festival • Allan Hancock -BOW in Lompoc and Santa Maria • Recovery Day events in Lompoc, Santa Barbara and Santa Maria • Summer Lunch in the Park sites • Carpinteria • Westside Santa Barbara • Goleta • Santa Barbara • Santa Maria • 9th Annual Santa Maria Valley Labor Day Picinic • Old Town Market Lompoc • Senior Expo Fair Lompoc • Family Health and Fitness Day Lompoc • Foodbank distribution sites in Santa Barbara and Santa Maria • Canvassing in Santa Barbara, Guadalupe, Isla Vista and Lompoc to small business such as restaurants, markets, CBOs, clinics, laundry mat, etc. Reached over 45 locations, posted flyers on windows and or left flyers for their consumers. • Provided materials, flyers, brochures, etc. in electronic form or printed copies to schools and other CBOS. • Allan Hancock College • Alpha Resource Center • Boys and Girls Club – Santa Barbara and Lompoc	• Community events/outreach • Maple High School -Continuation High Parent education. • Veterans Stand Down event • Lompoc Valley Medical Center – Mental Health Community Forum • Alpha Resource Center – Day in the Park events for Early Start Groups (Intellectual and Developmental Disability families) Santa Barbara and Santa Maria events. • Carpinteria Children's Project, food distribution event. • Canvassing in Carpinteria, to businesses such as restaurants, markets, laundry mats, school district office, Carpinteria Children's Project, Girl's Inc., Boys Club, faith organizations, local CBOs, private schools, etc. • Provided printed materials, flyers and brochures to schools and other CBOs. • La Purisima Concepcion Church – Religious Ed. Program • Project Heal • Alpha Resource Center • Transition House • Carpinteria Boys and Girls Club • Carpinteria Children's Project – Early Education Program • Carpinteria Children's Project

Santa Barbara County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
			• Foodbank of Santa Barbara County • Isla Vista Youth Projects • Isla Vista Children's Project • SB County Education Office – Early Learning Program • Communify – Children's Center in Guadalupe • Little House by the Park • Project Heal Santa Barbara County • City of Lompoc • Savie Clinic • LEON – Latino Elder Ourteach Network • The Council on Alcoholism and Drug Abuse (CADA) • Child Abuse Listening Mediation (CALM) • IMPORTA – Immigration Center • La Ley Radio Station • Santa Barbara Neighborhood Clinics • TMHA – Lompoc and Santa Barbara • County Housing Authority of SB • County Tobacco Prevention Program • Isla Vista Youth Project • Transition House • Good Samaritan Shelter • Legal Aid • YMCA	• St. Joseph's church in Carpinteria • Santa Barbara Mental Wellness Center • Santa Barbara County Housing Authorities complexes list above
Milestones	• Digital literacy curriculum has been shared with the promotor/es network and community partners in the County of Santa Barbara. • Santa Barbara will pilot another mobile application targeting the Spanish-speaking community and individuals with disabilities. • Headspace exploration survey data has been analyzed by our local evaluator.	• Bwell Clients are able to experience Headspace privately while there are waiting for their provider. • Launched Uptown Studios as a marketing company and the development of a toolkit to be given to our partners to promote Headspace • Launched Help@Hand Landing page with many digital literacy and wellness resources • Increased Headspace enrollment through allyship with community base organizations • Increase staff capacity • Increased allyship with community partners	• Uptown Studios, contracted marketing company, has taken on posting on Behavioral Wellness social media pages, Facebook, Instagram, Twitter to increase Headspace enrollment and has created a digital tool kit that can be provided to our collaborative partners to assist with Headspace enrollment • This period we saw an increase of Headspace enrollment. • Digital Health Literacy workshops have been offered and will continue to be offered to consumers and community members at large on a regular basis in collaboration with CBO's and service providers • Santa Barbara Mental Wellness Center • TMHA – Lompoc and Santa Maria • County Housing Authority of SB – West and North locations • Transition House Family Homeless Shelter • County Tobacco Prevention Program is now utilizing Headspace as a support tool for cessation. • Participating in County Wide Coalitions that include key CBOs • Adult and Aging Network – County wide • Kids Network – County wide • CEASE coalition – County wide • Healthy Lompoc Coalition – West and North County of Santa Barbara	• 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, being translated into Spanish. • Establishing Pilot project focusing on maternal health with integrating mental wellness and technology for non-English speaking women. 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 online resources

Santa Barbara County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Lessons Learned Across Year 4	- Access to smartphones continues to be a great barrier to access wellness apps and/or information - People don't have natural support to assist with getting a phone and internet access - When we help clients enrolled in Headspace, they were more open to sharing their struggles and need for resources. - Some clients that have children and use Headspace with their children are reporting that it's helping their family - Not many Headspace App commercials and videos are in Spanish and the main Headspace video is not in Spanish (what is Headspace) - The premium Headspace license doesn't have as much content in Spanish as compared to the English version - Verifying virtual links to ensure the functionality - Early evening (4 pm) workshops are difficult for community members to attend - In-person attendance for workshops was challenging - Beginners computer skills workshops are needed - Tablets need to be checked on a weekly basis to make sure they are working properly. - Expanding our network with a different type of organizations would be helpful for a boarder community impact in promoting Headspace and utilizing technology for access to mental health/wellness care - Access to technology and bandwidth continues to be a barrier - More outreach materials are needed-collaboration with Headspace to utilize their "assets" is necessary - Connectivity is a barrier to easily navigating our multi-step enrollment process. Someone can attempt several times before actually completing enrollment - Smartsheet enrollment was updated to reflect and include the expansion of the community that can access Headspace - Santa Barbara is using the Smartsheet enrollment tracking form to track community enrollment - Headspace flyer now updated to bring awareness to UCI survey and increase survey response - Need to increase staff capacity in the South County, that is bilingual and with ability to drive - Need to update flyers, develop region specific resource lists to have at outreach events - Need to have a visually engaging table with giveaways to encourage community to approach outreach table. - An observation from an outreach event lead to a change in presentation style at health fairs/community events. It was noted that there was some hesitation to approach our outreach table when individuals saw the "Behavioral Wellness" tablecloth. We attribute the hesitation with associated with mental health stigma. To remedy this, we now have a "Help@Hand" table cloth to remove barriers…hesitation to speak to or be seen at a BWell information table - Discovered that the Help@Hand Project landing pages (other counties as well) were not available in Spanish and may present a barrier to the Spanish-speaking community to being aware of Help@Hand project and its resources. CaLMHSA was made aware of this, and Santa Barbara County will be translating their Landing page. - Bambú application is no longer under consideration as it does not meet HIPPA/Privacy/Security compliance. Santa Barbara will be exploring a different app for the Spanish-speaking community in SB county - 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. Immediately after the Carpinteria Canvassing, agencies reached out. One requested an information for the next day. Another scheduled a parent presentation for January. - Social media presence is increasing, tagging, sharing, making a difference in building a stronger presence. - Community members, are concerned about membership ending Sept. of 2023. - Need to extend the membership time, this would help increase with enrollment. As time passes, membership time is less and less and this will be harder for team to continue to enroll members. - Giveaways are very useful in outreach events, creates interest and community approaches easier. - Having a Help@Hand outreach banner has helped reduce the hesitation for community members to approach the table and reduces stigma. - Stakeholder identified a need to focus on a marginalized population-non-English-Speaking Women who suffer from depression and anxiety and Post-Partum depression. Specifically, this need is unaddressed in the North of the County. The goal is to provide education, digital literacy and digital health literacy, support services to empower self-seeking behavior for mental wellbeing for themselves, their children and family members. - We have not found any wellness technology app that serves the Spanish speaking community linguistically appropriately. Some apps, Headspace and others, have very limited content in Spanish.			
Recommendations Across Year 4	- Create a resource list or guide to provide to consumers and their natural support system to assist with accessing free technology and internet access - Headspace to create more Spanish speaking content and promotional for the Spanish community - Headspace to add sharing videos option with others that have the app. - Continue to find different platforms to reach a wider audience for workshops and webinars - Continue outreach in person, tabling events to engage the community - Work with Headspace closely to utilize their outreach materials - Having a graphic designer who can develop outreach, engagement and promotional materials is essential - Continue to increase social media presence in both English and Spanish - Continue collaborating with Community Based Organizations and service providers countywide to be able to deliver workshops in areas of higher need and who are access limited - Continue to search for a wellness app that is rich in content for the Spanish speaking community in Santa Barbara County - Begin developing recruitment material to create an interest list of participants interested in piloting a wellness app in Spanish - Finalize region specific general resource list that can be distributed at community events - Participate in community events to increase awareness of resources available through the Dept. of Behavioral Wellness/Help@Hand Project as well as to build trust and reduce stigma - Continue to increase social media presence in both English and Spanish - Continue collaborating with CBOs and service providers countywide to be able to deliver workshops in areas of higher need and who are access limited - Continue to participate in community events to increase awareness of resources available through the Dept. of Behavioral Wellness/Help@Hand Project as well as to build trust and reduce stigma			

Santa Barbara County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Cross County/City Sharing Across Year 4	• Riverside County shared its resources, knowledge with accessing the needs of individuals with a disability (physical) • Riverside County shared their knowledge and learning regarding their mobile applications and Take My Hand. • San Francisco County, shared their online digital literacy series resources for those wanting to increase their technology knowledge from home • San Mateo provided information on Happify, the app they were initially going to be piloting, pre-pandemic. Happify is one of the apps Santa Barbara was considering to begin piloting with Spanish speakers • Through EY's collaboration meetings, we have been able to learn/confirm that all communities have had difficulty in providing a technology tool that is appropriate for non-English speakers in our communities.			

Tehama County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Travis Lyon • Avery Vilche	• Travis Lyon • Avery Vilche	• Travis Lyon • Avery Vilche	• Travis Lyon • Avery Vilche
Team Composition	• Travis Lyon • Avery Vilche • Fernando Villegas • Ron Culver • Dahisy Ramirez	• Travis Lyon • Avery Vilche • Fernando Villegas • Ron Culver • Dahisy Ramirez	• Travis Lyon • Avery Vilche • Fernando Villegas • Ron Culver • Dahisy Ramirez	• Travis Lyon • Avery Vilche • Fernando Villegas • Ron Culver • Dahisy Ramirez
Core Audiences	• Persons who are homeless or at risk of home-lessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers	• Persons who are homeless or at risk of home-lessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers	• Persons who are homeless or at risk of home-lessness • Isolated individuals • Tehama County Health Services Agency, Behav-ioral Health consumers	• Persons who are homeless or at risk of home-lessness • Isolated individuals • Tehama County Health Services Agency, Behav-ioral Health consumers
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Site	• Tehama County Health Services Agency	• Tehama County Health Services Agency	• Tehama County Health Services Agency	• Tehama County Health Services Agency
Implementation Approach	• Pilot with 30 people (10 from each target popu-lation); track progress	• Pilot with 30 people (10 from each target popu-lation); track progress	• Pilot with 30 people (10 from each target popu-lation); track progress	• Pilot with 30 people (10 from each target popu-lation); track progress
Other Unique Qualities	• Tehama County will be using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Tehama County will be using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Tehama County will be using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Tehama County will be using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates
Milestones	• N/A	• N/A	• N/A	• N/A
Lessons Learned Across Year 4	• N/A			
Recommendations Across Year 4	• N/A			
Cross County/City Sharing Across Year 4	• N/A			

Tri-City	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford
Core Audiences	• Older Adults (60+) • Transition Aged Youth (TAY) (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers • General Tri-City Public	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers • General Tri-City Public
Team Composition	• Mental Health Services Act (MHSA) Manager • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• Mental Health Services Act (MHSA) Manager • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• Mental Health Services Act (MHSA) Manager • MHSA-Inn Program Coordinator • Ernst & Young (E&Y) Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• Mental Health Services Act (MHSA) Manager • MHSA-Inn Program Coordinator • E&Y Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)
Products in Use/Planned	• myStrength launch is planned for June 2022.	• myStrength, actively recruiting users starting Mid-July 2022	• myStrength	• myStrength
Implementation Site	• Virtual due to Covid-19	• Virtual due to Covid-19 limitations	• Virtual due to Covid-19 limitations	• Virtual due to Covid-19 limitations • Local senior centers
Implementation Approach	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Planning to conduct a "mini pilot" in the beginning of our launch for myStrength targeting our priority populations. Once that is completed, the county will still open myStrength up to the general public.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Planning to conduct a "mini pilot" in the beginning of our launch (August/September) for myStrength targeting our priority populations. Once that is completed, the county will still open myStrength up to the general public.	• 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	• Still having trouble engaging TAY in this project.		• Created a PowerPoint presentation specifically for partner agencies. Invited community partners to a short 30-minute presentation to introduce them to myStrength and for them to learn how they can help support Tri-City by sharing information with clients utilizing our Partner Toolkit.	• Hosted 2 informational meetings to increase awareness of myStrength and to gain interest from Seniors in joining Digital Health Literacy (DHL) workshop.
Milestones	• Created a Microsoft form for participants who are interested in participating in the myStrength launch. • Created a survey for device eligibility.	• Held 2 focus groups in May with our priority population (Transition Aged Youth /Spanish) to help develop marketing for project. • Created a welcome packet which includes information on requirements of participants, how to download app, Frequently Asked Questions (FAQ's) and how to contact for more help.	• Marketing campaign launch • Procure and distribute hardware • Data collection and analysis	• Hosted an in-person Digital Health Literacy (DHL) for Seniors to walk them through the process of downloading and accessing myStrength. • Met with two separate seniors individually to get them set up on their tablet and download the myStrength app. • Shared information with Pomona's Youth Commission about myStrength • Presented about myStrength to Pomona Community Services

Tri-City	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Lessons Learned Across Year 4	• Community members are more likely to participate if there is an incentive. Held 2 focus groups for our marketing team and had great turn out due to $50 gift cards being handed out for participation. • Community members are more likely to participate if there is an incentive. Held 2 focus groups for our marketing team and had great turn out due to $50 gift cards being handed out for participation. • Launching social media marketing and ads after the official launch has resulted in lower participation in the beginning. • Seniors appreciate the one-on-one support and guidance when downloading and accessing the myStrength app.			
Recommendations Across Year 4	• Keep track of Transition Aged Youth (TAY) who participate early on in development of project to ensure we can invite them back to sign up for myStrength in June when it launches. • Widen our outreach to TAY to include schools. • Create a welcome packet that outlines exactly what participants need to do in order to participate in implementation as well as earn any rewards. • Have social media/marketing plan prepared prior to launch. • Purchase outreach incentives prior to launch. • Ensure peer support is available as needed to help seniors with DHL and downloading/accessing the app.			
Cross County/City Sharing Across Year 4	• Tri-City shared an update to the counites in February on where we are with the project. Talked about our trouble with staffing and how that has affected our Help@Hand project. • Joined a device distribution call with other counties to learn about what they did when it came to distributing devices. Resources were shared on device agreements and surveys to help determine eligibility. • Reached out to Riverside County to ask about utilizing their wording on their device agreement for participants. • Shared my welcome packet with other counties.			

help @ hand
Evaluation ™

Learning Brief: Making Devices and Internet Available in Help@Hand Counties/Cities
This learning brief is in the Help@Hand Statewide Evaluation: Year 4 Mid-Year Report

Background

In response to community needs for devices and internet connection, many counties/cities across the Help@Hand Collaborative developed or planned programs to distribute devices and support internet access. The Evaluation Team collected information about these activities and plans in order to synthesize information and identify common learnings or recommendations gained across counties/cities.

To start, the Evaluation Team had several conversations, including discussions on Tech Lead calls (N=2), and interviews (N=1) with cities/counties to get a sense of which cities/counties were conducting device distribution work and the types of activities and challenges that were coming up in this work. Then, a representative from each of the six Help@Hand counties/cities who worked on "device distribution" was surveyed (N=6). Surveys were designed to understand county/city planning and execution, the perceived impact of these efforts, and challenges faced. Four distinct phases of this work were identified, (1) exploring, (2) preparing, (3) acting, and (4) maintaining. Each phase is defined below and each county/city is classified into one of the four phases for synthesis.

> "Device distribution" refers to 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.

Phase	Definition
Exploring Phase	Help@Hand counties/cities considered device distribution work but did not yet begin planning activities.
Preparing Phase	Help@Hand counties/cities planned their device distribution work and performed activities needed to get ready to distribute to consumers.
Acting Phase	Help@Hand counties/cities actively distributed devices to consumers.
Maintaining Phase	Help@Hand counties/cities distributed devices to consumers, supported device recipients, and may have considered future device distribution work.

One county/city was identified as being in the Exploring Phase, one county/city in the Preparing Phase, one county in the Acting Phase, and three in the Maintaining Phase.

Key Findings

Most impactful activity
The activities rated as being most impactful were providing digital literacy training to device participants (4.8 out of 5 and rated by 5 of 6 counties/cities) and developing flexible funding models (5.0 out of 5 and rated by 2 of 6 counties/cities).

Greatest challenge
The greatest challenge was a lack of time, expertise, and/or budget (4.8 out of 5 and rated by 4 of 6 counties/cities). Ensuring sustainability, sustained funding, and developing user agreements were also noteworthy challenges (4.3 out of 5 by 3 of the 6 counties/cities).

Why do Help@Hand counties/cities need to distribute devices and internet connectivity?

*"The majority of older adults in our pilot **did not have technology available** to engage with mental health technology. Many did not own a device and for many that did, their **device was very out of date**. Many **could not afford to purchase a device** at all."*

*"Over 100,000 people in [our county] either **don't have access to broadband internet** at home or **have basic digital literacy skills**."*

How did device distribution and internet connectivity support the community?

*"Access to a device is critical to engaging with technology, especially for individuals who are geographically isolated. Many project participants in our pilot suggested that **having access to technology was invaluable** with one describing the experience as 'life changing.'"*

*"Engagement with Help@Hand showed that participation led to a **significant reduction in loneliness and isolation**. Without devices, that would not have been possible. The impact of the digital divide for older adults cannot be underestimated, especially in a pandemic. The lasting benefit of providing a device and Wi-Fi access is that **participants can see their loved ones remotely, can engage with health professionals and can do things like online shopping**, which is critical for those who are not able to drive."*

*"For those who are geographically isolated and do not drive, having a device and learning how to use it is **the difference between complete isolation, and having access to people and food**, even if social interactions are only remote."*

*"It is our hope that this technology distribution program will provide participants with the **ability to connect** to the digital space while also **creating relevant learning opportunities** so that participants can be comfortable engaging in the digital space."*

Device Distribution Activities

After Help@Hand counties/cities identified what activities they completed, the activities were organized into three broader categories (1. infrastructure/resources, 2. digital literacy, and 3. technical support). Below are activities that fall into each of these categories.

Digital Literacy	• Engaged with stakeholders to understand the different *digital literacy* needs • Provided *digital literacy* training for *device recipients* • Provided digital literacy training for *peers*
Technical Support	• Contracted with *external groups* with expertise in IT support
Infrastructure and Resources	• Involved peers in device distribution tasks • Leveraged outside technology providers (e.g., LifeLine, broadband providers, phone service providers, etc.) • Engaged with different stakeholders to understand the different device needs • Developed flexible funding models that allowed different technologies to be purchased to meet individualized needs

These activities require considerable time and expertise. Some activities, (such as engaging with different stakeholders to understand different device needs and developing flexible funding models), only occurred for counties/cities that were actively engaged in distributing devices (acting phase) or already distributed devices (maintaining phase). Managing these multiple activities was challenging to those engaging in this work:

"There are a lot of moving parts to ensure that devices can be given to participants. What has been challenging is being able to get the timing of multiple projects to line up so that technology can be distributed…It has been rather tricky to make sure that every component is ready to go."

Device Distribution Activities and Challenges

Figure 1. *Number of Help@Hand counties/cities who experienced each activity and challenge, with different colors indicating the phase each county/city is with their device distribution work.*
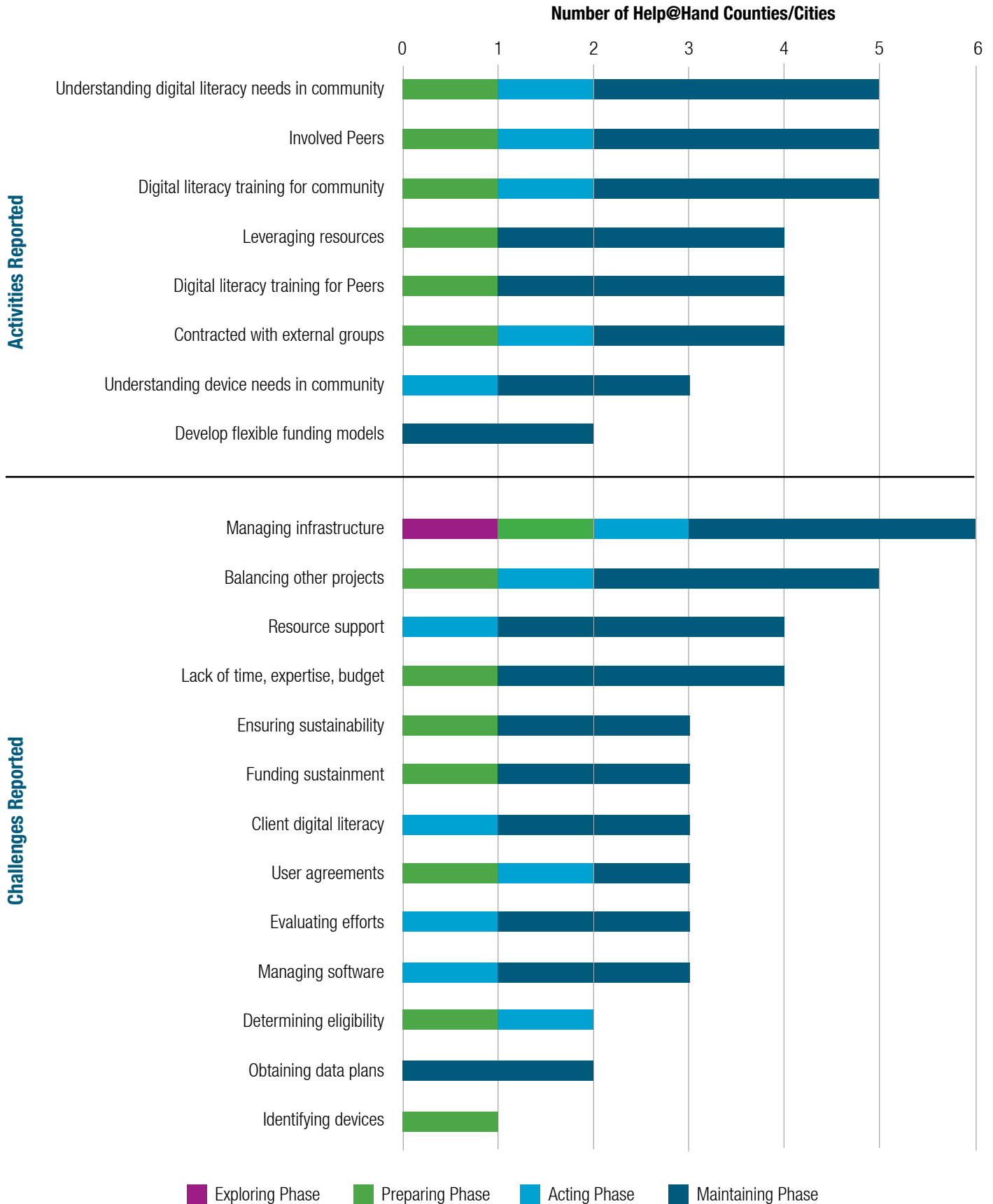
Number of Help@Hand Counties/Cities

Legend: Exploring Phase · Preparing Phase · Acting Phase · Maintaining Phase

Figure 2. *Activities and Challenges defined*

|	Item/Code	Description
Activities	Learned digital literacy needs in community	Engaged with stakeholders to understand the different digital literacy needs that may impact device uptake across the city/county.
	Involved Peers	Involved peers in device distribution work.
	Learned digital literacy needs in community	Engaged with stakeholders to understand the different digital literacy needs that may impact device uptake across the city/county.
	Leveraged resources	Leveraged existing resources to support device distribution (e.g., LifeLine, broadband providers, phone service providers, etc.).
	Trained Peers on digital literacy	Provided or developed digital literacy training for peers so they are empowered to carry out tasks related to device distribution and support device recipients.
	Contracted with external groups	Contracted with groups (external to our city/county) that have expertise in IT support.
	Learned device needs in community	Engaged with stakeholders to understand the different device needs across the city/county.
	Developed flexible funding models	Developed flexible funding models that allow different technologies to be purchased to meet individual needs (e.g., hotspots for geographically isolated areas, headphones when recipients have privacy concerns, etc.).
Challenges	Managing infrastructure	It was challenging to manage the many moving parts of building an infrastructure to support device distribution.
	Balancing other projects	It was challenging to balance device distribution efforts alongside multiple other projects.
	Supporting resources	It was challenging to get support for device distribution from programs such as LifeLine.
	Lacking time, expertise, budget	It was challenging to do the work with a lack of time, expertise, and budget to manage device distribution efforts.
	Ensuring sustainability	It was challenging to ensure the device distribution program is providing sustainable benefits to the city/county.
	Funding sustainment	It was challenging to do the work with a lack of funding to ensure device distribution can be sustained long term.
	Engaging clients in digital literacy efforts	It was challenging to engage clients in digital literacy resources.
	Establishing user agreements	It was challenging to set up appropriate user agreements.
	Evaluating efforts	It was challenging to measure success and evaluate if device distribution led to increased engagement with behavioral health technologies.
	Managing software	It was challenging to load and configure software on devices before they were distributed.
	Determining eligibility	It was challenging to identify the individuals who need the devices and determine eligibility.
	Obtaining data plans	It was challenging to identify appropriate internet providers and data plans that meet individual needs.
	Identifying devices	It was challenging to identify appropriate, usable devices to distribute.

Many counties/cities reported engaging in and experiencing the same activities and the same challenges. Counties/cities who were maintaining their efforts did not face fewer challenges. Instead, they appear to have faced more challenges, but had found ways to address those through different activities. For example, counties/cities that ran into challenges with sustaining funding might have developed flexible funding models as a means of addressing the funding barrier.

Some activities appear to be early steps taken – involving Peers, understanding digital literacy needs, and conducting digital literacy training. Whereas others were steps taken by counties/cities in later phases – understanding the device needs and developing funding models. Similarly, counties/cities reported common challenges such as managing infrastructure, balancing other projects, and lack of time, expertise, and budget.

Perceived Impact of Activities and Challenges

In addition to whether they engaged in an activity or experienced a challenge, each county/city was asked to rate the **perceived impact** of the activities and challenges on a scale of 1 to 5[1].

Figure 3. *Average perceived impact of activities and the standard deviation of the scores.*
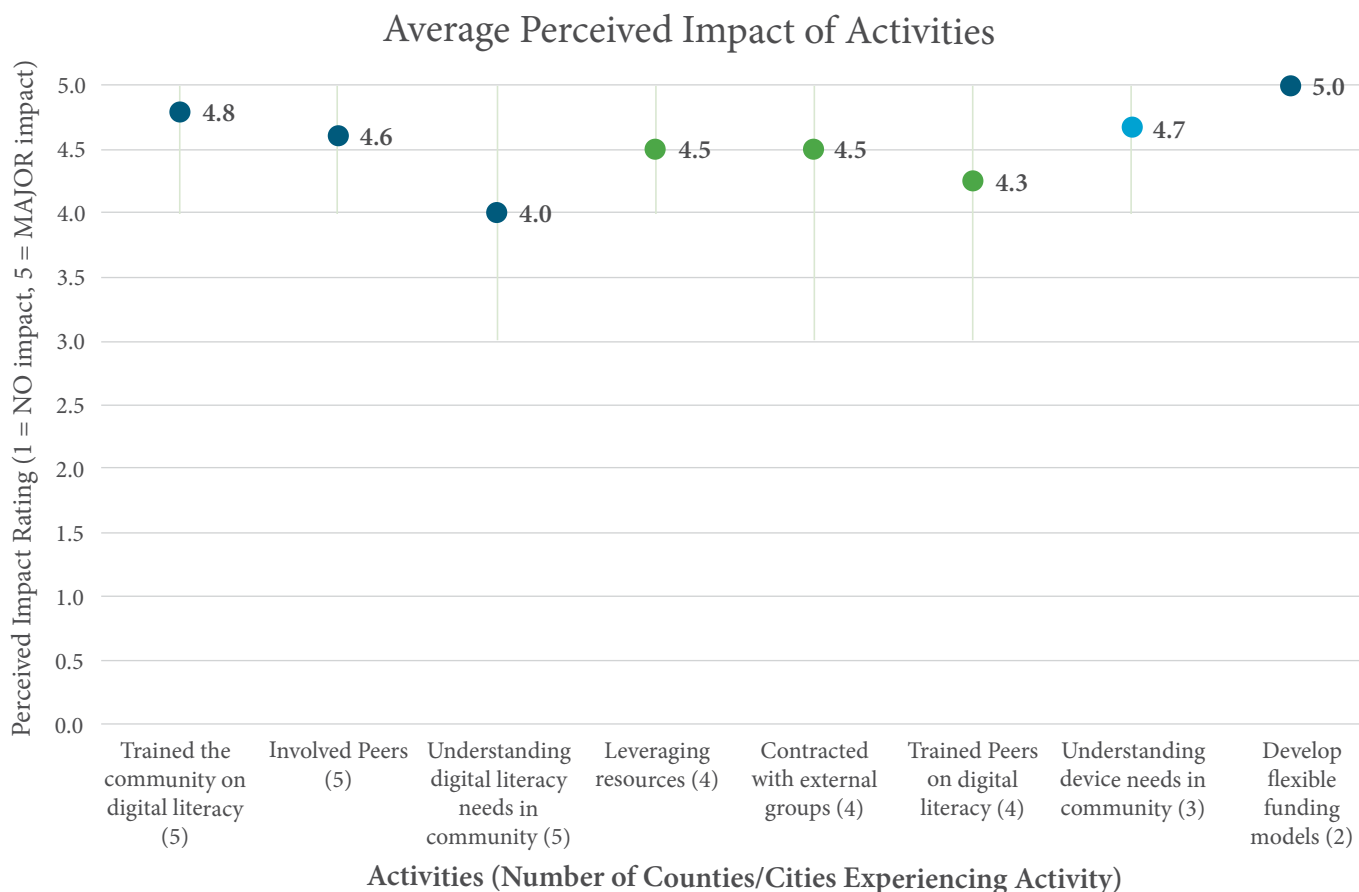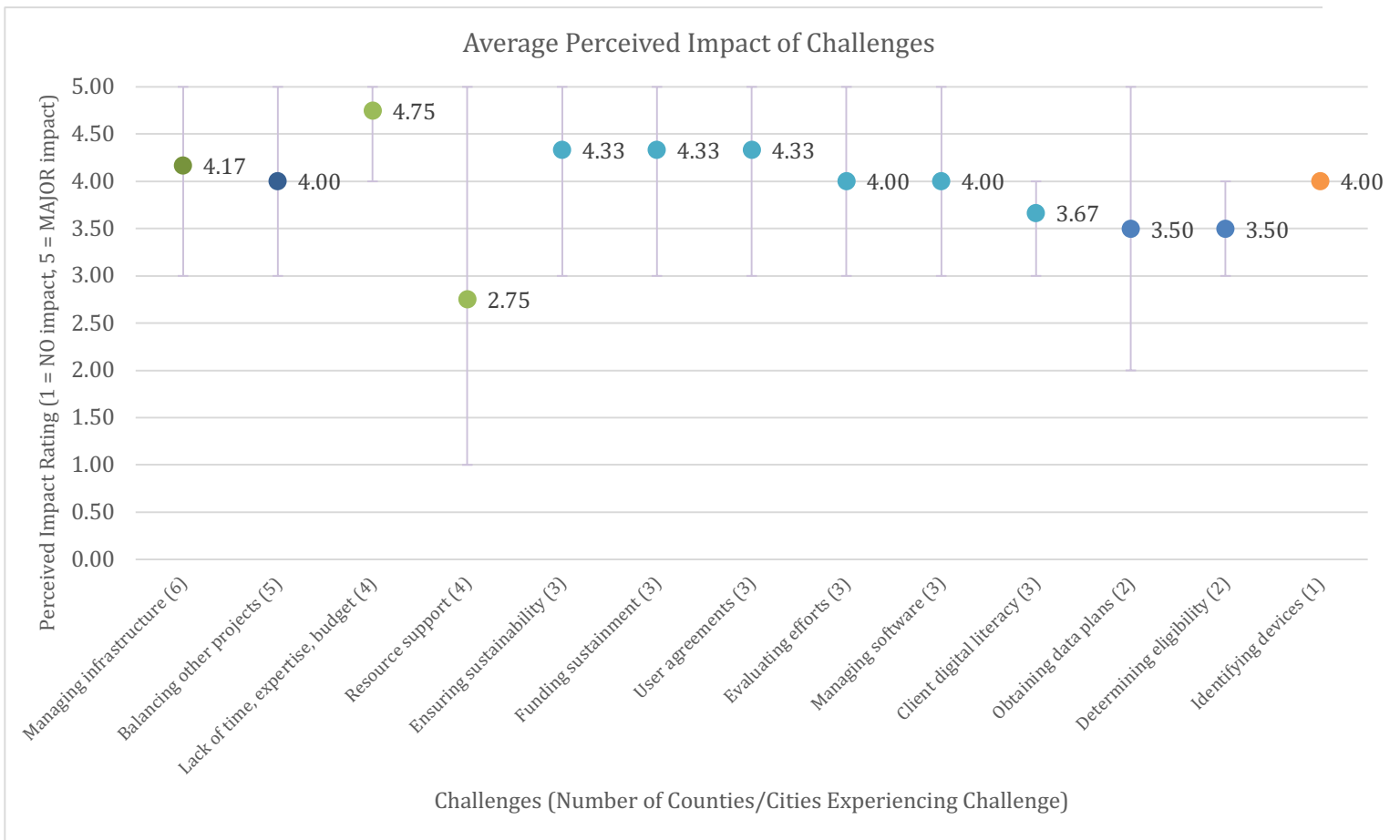

All activities had average ratings in the considerable to major impact range. The activities rated most impactful were ***providing digital literacy training to device participants*** (4.8 out of 5 and rated by 5 of 6 counties/cities) and ***developing flexible funding models*** (5.0 out of 5 and rated by 2 of 6 counties/cities). Counties/cities in the later phases of their work (acting and maintaining) generally tended to rate activities as more impactful.

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[1] **Levels of Perceived Impact of Activities and Challenges**
(1) This had NO impact on success
(2) This had a SLIGHT impact on success
(3) This had a MODERATE impact on success
(4) This had a CONSIDERABLE impact on success
(5) This had a MAJOR impact on success

Figure 4. *Average perceived impact of challenges and the standard deviation of the scores*

Challenges had average ratings in the slight to considerable impact range, but were notably more variable in their ratings. The greatest challenge was a lack of time, expertise, and/or budget (4.8 out of 5 and rated by 4 of 6 counties/cities). ***Ensuring sustainability, sustained funding, and developing user agreements*** were also noteworthy challenges (4.3 out of 5 by 3 of the 6 counties/cities).

Average perceived impact of challenges was also more variable across counties/cities in different phases of their work. For example, one county/city in the maintaining phase identified all the challenges they experienced as having a major impact (5 out of 5), whereas another county/city also in the maintaining phase identified the average perceived impact of challenges they experienced as being in the moderate range (3 out of 5).

"There have been many difficulties in trying to secure devices. The biggest hardship was trying to get the right number of devices that would fit within our budget. There was so much back and forth with T-Mobile and the Department of Public Health. It was really difficult to get everyone on the same line of communication"

Lessons Learned

1. **Device Distribution Empowers Consumers:** Device distribution is not just about giving out devices but also empowering consumers with the knowledge and resources to use those devices.

   "[We] will provide participants with a tablet, keyboard attachment, and internet service from T-Mobile for one year. In addition, participants will be able to access digital literacy trainings and receive peer support. It is our hope that this technology distribution program will provide participants with the ability to connect to the digital space while also creating relevant learning opportunities so that participants can be comfortable engaging in the digital space."

2. **Digital Literacy and Developing Funding Models Were Impactful Device Distribution Activities:** The activities rated most impactful were providing digital literacy training to device participants and developing flexible funding models. Challenges related to infrastructure and resourcing presented the greatest barriers.

3. **There tend to be more activities involved for counties/cities during the exploring/planning phase:** Activities for counties/cities in later stages (e.g., Acting, Maintaining) tended to be unique to counties/cities in these stages and included understanding the device needs of different groups and creating flexible models of funding.

4. **Without a plan for evaluation, it is challenging to measure the effectiveness of device distribution:** Evaluation of device distribution efforts was not identified as an activity by the counties/cities who were participating in device distribution but was identified as a challenge by several counties/cities.

5. **Device Distribution involves a lot of moving pieces and requires a lot of effort:** There are a number of activities which often require a lot of time, expertise, resources, and effort to ensure devices are distributed to the people who need it most.

   [This deployment] has been a tremendous implementation effort that requires lots of time and coordination among the different entities involved (e.g. county facilities management for building code compliance and risk assessment, clinic sites supervisors, to vendor delivery schedulers, installers, bolting team, invoice team, project management, IT, Help@Hand Team, and more.)

Recommendations

1. Counties/cities interested in conducting device distribution work should plan for a variety of distinct activities from the start including infrastructure and resources, digital literacy, evaluation, and technical support.

2. Counties/cities should ensure necessary resources are available to be able to distribute device and internet connectivity successfully and appropriately.

3. Have a plan to evaluate the success of device distribution. Having an evaluation plan for device distribution can help understand the purpose of device distribution and provide lessons for future distribution efforts.

Methodology

The Help@Hand Evaluation team undertook work to understand the device distribution efforts that have been going on across various cities/ counties participating in the Help@Hand project. To start, the Evaluation Team had a number of conversations, including conversations on Tech Lead calls, and interviews with cities/counties to get a sense of which cities/counties were conducting device distribution work and the types of activities and challenges that were coming up in this work.

Two surveys were then developed to gather more information. The first survey focused on identifying activities completed and challenges experiences during this work. The second survey focused on evaluating the impact of the identified activities and challenges to device distribution work.

One representative from each city/county that indicated they were conducting device distribution work (N = 6) completed each survey.

In Survey 1, respondents were asked about:

- Logistics of device distribution (i.e. number and type of devices, target population, etc.)

- Planned or completed activities

- Challenges experienced

- In addition to indicating whether or not activities or challenges were experienced, respondents also provided additional activities and challenges as free–text responses.

The responses to Survey 1 were reviewed and used to develop Survey 2. Activities and challenges that were frequently endorsed by counties/ cities were included in Survey 2, along with any new activities or challenges that were noted in free–text responses

In Survey 2, respondents were asked about:

- Engaging in the activities that were frequently endorsed in Survey 1 (or noted in free–text responses)

- Experiencing the challenges that were frequently endorsed in Survey 1 (or noted in free–text responses)

- How much these activities or challenges impact success

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

TakemyHand™ Reporting Phase:
April 17, 2020 to May 31, 2022

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

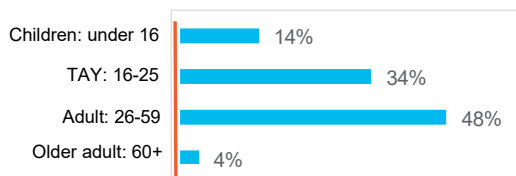| 1,399	937	10	17 min.	86%
Total chats	First time visitors	Crisis transfers	Average chat duration	Found chat helpful

Chat Frequency per Month (n=1,399)

Early implementation Start of pandemic

Help@Hand Riverside partnered with Dreamsyte to initiate an advertising and marketing campaign for TakemyHand™
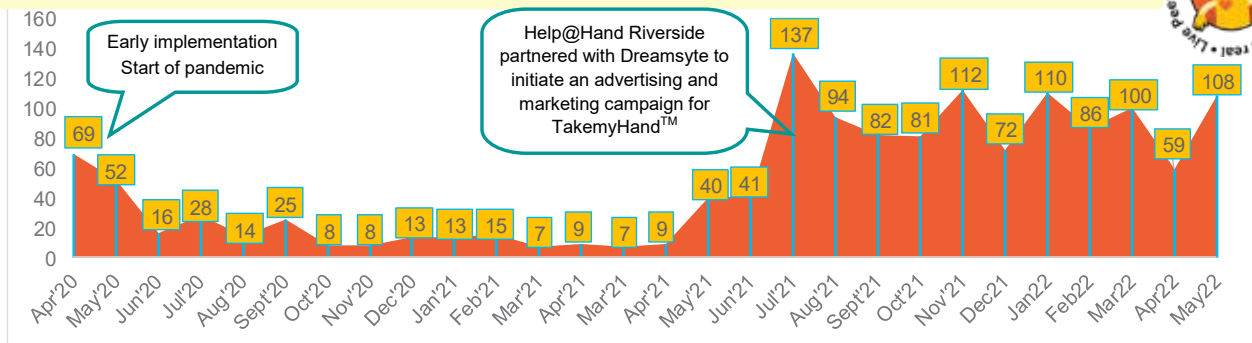
2020

2021

Chats Initiated by Time of Day

after hours 12 am - 8	business hours 8 am - 1	business hours 1 pm - 5 pm	after hours 5 pm - 12
4.9%	18.6%	39.4%	37.2%
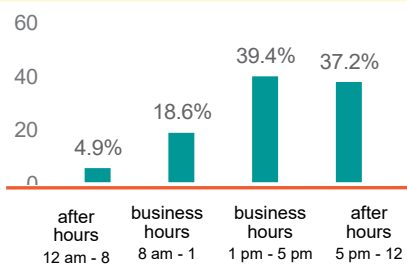
Summary:
Summary: TakemyHand™ has been live for 25 months and has had a total of 1,399 chats with 67% of those chats coming from first-time visitors. Approximately 10 chats were tagged and transferred to Crisis Intervention where a clinician continued services. In general, chats occurred between 8am and 1pm with an average duration of 17 minutes per chat. Peers are predominantly linking Riverside County residents with internal behavioral health services and assisting with anxiety and depression. Once each chat ends, the participant is asked to complete a satisfaction survey along with an optional demographic questionnaire. From voluntary demographic responses, about half of those participating in chats have been adults 26-59 years of age, majority being females and most-often identified as Hispanic/Latinx.
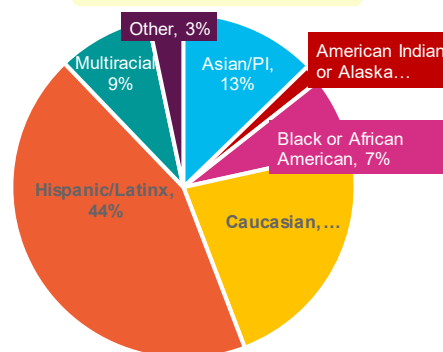
Age Distribution (n=1,134)

Children: under 16	14%
TAY: 16-25	34%
Adult: 26-59	48%
Older adult: 60+	4%

Gender (n=207)

- 64% Female
- 19% Male
- 4% Transgender
- 13% Non-Binary

Race/Ethnicity (n=181)

- Other, 3%
- Multiracial, 9%
- Asian/PI, 13%
- American Indian or Alaska…
- Black or African American, 7%
- Caucasian,…
- Hispanic/Latinx, 44%

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

15,000
Website Visits
Last 6 Months

Click on icon for the
TakemyHand™
StoryMap

TakemyHand™ Testimonies

Staff name was wonderful to talk to. She knew what I was going through and went above and beyond her duty to help me out. –*Chat comment*

"Really helped me calm down after my anxiety started getting out of control. Feeling much better now. Thank you!"-*Chat Comment*

"Really turned my day around. Thank you so much"-*Chat Comment*

Website Visits Jan-Jun 2022

Views
15K

Event count
45K
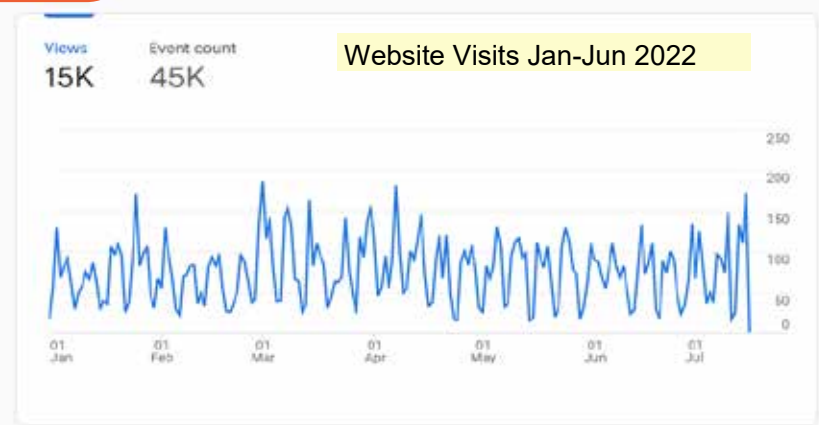
Additional TakemyHand™ Chat Satisfaction Data

85% Reported the Chat fit their needs.	**68%** Reported additional resources were provided.	**76%** Reported the Chat experience was what they Expected.

Outreach Efforts: To inform the community, a wide advertising and marketing campaign was put in place. The billboards reach commuters on popular highways and streets; there are both English and Spanish billboards to serve more residents and visitors. The bus wraps and bus shelters have been outfitted to provide an outreach channel for people using public transit in more rural areas. The large and small Kiosks offer "Help@Hand" resources all through Riverside County. The Google Ads help reach users searching online and the radio ad is also being utilized for rural areas, such as Anza.

Marketing Efforts throughout Riverside County

Large Kiosks
(n=8)

Small Kiosks
(n=34)

Bus Wraps
(n=4)

Bus Shelters
(n=3)

Billboards
(n=7)

Radio Ad
(n=1)

Online Ad Impressions
(size relative to volume)

Rural Areas
(n=13 target areas)

help @ hand™
Evaluation

For questions or feedback, please contact:
evalHelpatHand@hs.uci.edu