help @ hand™
Evaluation

Mental Health Services Act (MHSA) Innovation Technology Suite Evaluation
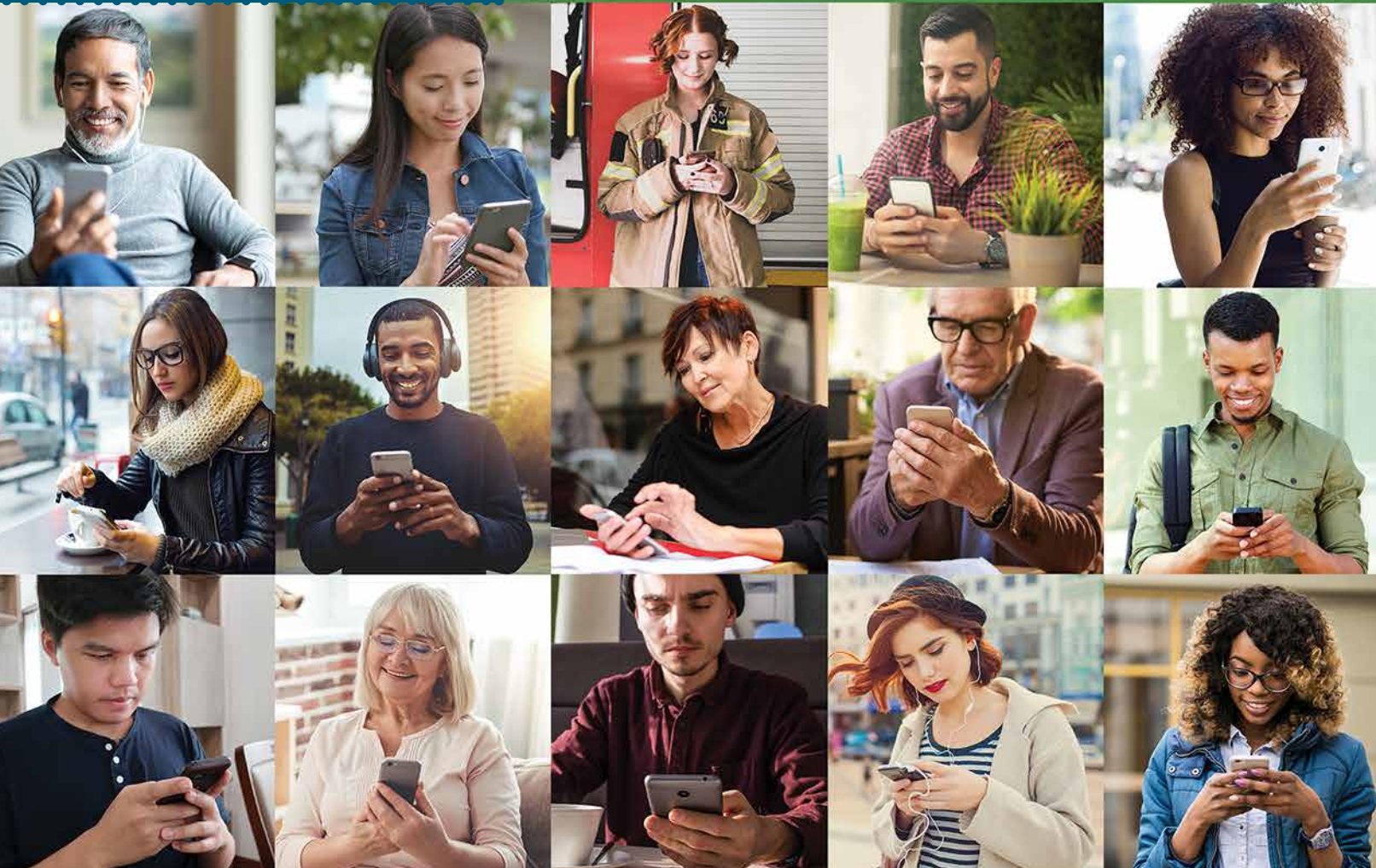
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Help@Hand Statewide Evaluation:
Year 4 Mid-Year Report
January – June 2022
Submitted July 2022

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Over the last six months, counties/cities in the Help@Hand project worked on technology pilots and implementations. They also distributed devices and provided digital literacy trainings. Peers[1] played a pivotal role in these activities. For all efforts, the counties/cities conducted evaluations that informed key decisions in current and future endeavors.

HELP@HAND EVALUTION ACTIVITIES, LEARNINGS, AND RECOMMENDATIONS

Cross County/City Lessons Learned Evaluation

The cross county/city process evaluation examines processes, interactions, and collaborations across the counties/cities and stakeholder groups to identify important learnings. Interviews with Tech Leads were conducted in May 2022. Findings included:

- Help@Hand counties/cities experienced many successes, challenges, and learnings related to product launches, staffing, contracting, device distribution, digital literacy, product development, project operations, and data analysis and evaluation.

- Counties/cities provided recommendations that could improve collaboration between Help@Hand counties/cities. Recommendations included forming focused sub-groups, providing opportunities to review reports/learnings, sharing with counties/cities outside of Help@Hand, and developing a more structured road map to help counties/cities determine activities in which to participate

Peer Evaluation

Quarterly surveys with Peer or Tech Leads (for counties/cities with no Peer Lead) were conducted between January 2022-March 2022. Findings in Quarter 1 of Year 4 included:

- Peers were involved in several activities, including community outreach, digital literacy training and technical support, product testing and piloting, and device distribution.

- Many successes were reported in this period. Peers reported benefits to Peers themselves (e.g., employment, professional development, increased visibility) and community members (e.g., access to mental health support services). Peers also contributed in ways that resulted in meaningful impact to the project.

- A number of challenges were identified. Workforce related challenges included difficulties maintaining a robust Peer workforce, the small size of the Peer workforce, and Peers having to divide effort across multiple projects. Other reported challenges included lack of information sharing within each county/city and unclear decision-making processes across the collaborative.

Pilot and Implementation Evaluation

Help@Hand counties/cities were involved in many activities. These included:

- Los Angeles, San Francisco, and Santa Barbara Counties, and the City of Berkeley provided free subscriptions to Headspace. San Mateo County completed their Headspace implementation in September 2021. Findings from app data and consumer surveys are presented in this report.

- City of Berkeley continued their myStrength implementation. Mono County and Tri-City launched their implementations of myStrength. App data from these implementations are presented in this report. myStrength efforts in Marin and Tehama Counties were paused.

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

- Monterey and Los Angeles Counties continued to work with CredibleMind to build a mental health technology to screen and refer residents to county mental health services. Monterey County also conducted a needs assessment of consumers and clinicians.

- Riverside County continued recruitment and evaluation activities with clients and providers for their A4i pilot, while Los Angeles County offered iPrevail to county residents.

- San Mateo County launched their Wysa implementation and tested Wysa among a small group of behavioral health clients.

- Counties/cities planned other technology launches. Los Angeles County planned implementations of MindLAMP and Syntranet, Riverside County planned a pilot of Recovery Record, and Santa Barbara County planned a pilot with Bambu.

- Many Help@Hand counties/cities provided digital literacy training and distributed devices. Riverside county continued to implement an assessment tool to understand clients' holistic health needs. The county also conducted a needs assessment of the Deaf and Hard of Hearing Community.

Outcomes Evaluation

Planning for the evaluation of the effect of Help@Hand on achieving its shared learning objectives continued. This included:

- Counties/cities, technology vendors, and the Help@Hand evaluation team continued to plan how to collect data from apps and other sources.

- Data from the California Health Interview Survey (CHIS) was collected.

Recommendations

Recommendations based on evaluation findings can be found on page 123.

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

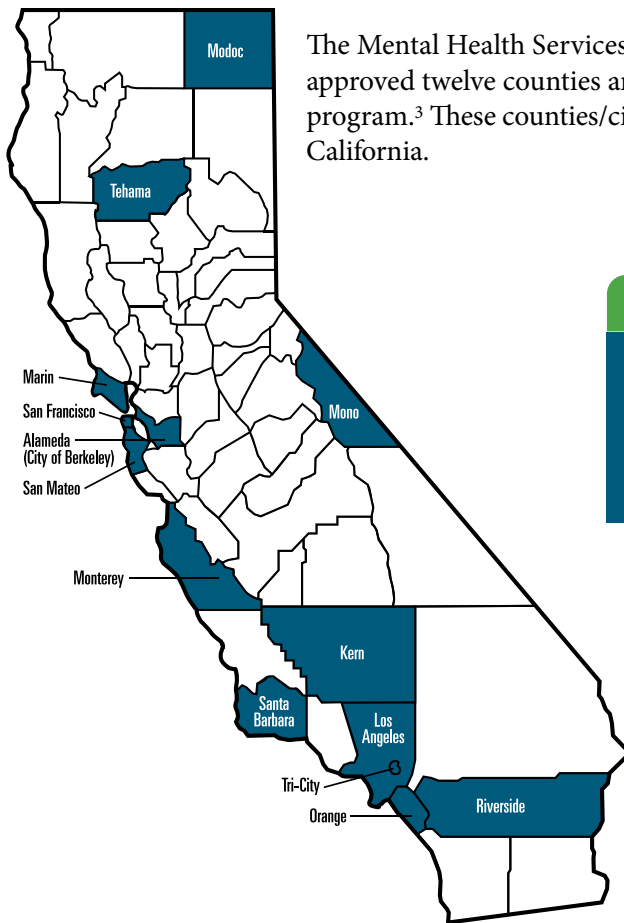Increase access to the appropriate level of support and care;

4

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

5

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

[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 in order to provide real-time feedback and learnings.

This evaluation report presents learnings and recommendations from Quarter 1 and 2 of Year 4 (January-June 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 Lessons Learned Evaluation
    o Peer Evaluation
    o Pilot and Implementation Evaluations
    o Outcomes Evaluation
- **Recommendations- Presents recommendations based on learnings**

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[3] Counties and cities can participate by submitting a proposal to the MHSOAC. Upon approval, counties and cities contract with CalMHSA, which serves as the administrative and fiscal intermediary for the program. Inyo County began participating in 2018, but withdrew later in 2018 due to insufficient internal resource capacity. Orange County graduated from the Help@Hand Collaborative in December 2021 to focus on their local implementation.

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

- Explored technologies (Riverside, Santa Barbara Counties)

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

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

- Launched technology implementation (San Mateo County)

- Continued technology pilot (Riverside County)

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

- Paused technology deployments (Marin, Tehama Counties)

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

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

- Developed resource database (Los Angeles County)

- Worked on kiosk installations (Riverside County)

- Worked on needs assessments (Monterey, Riverside Counties)

- Continued to implement holistic assessment tool (Riverside County)

Project Management

- Developed an infographic for stakeholders, website acceptable use policy, transition plan template (CalMHSA)

- Reconfigured Sharepoint main page (CalMHSA)

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

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

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

Between January and June 2022, counties/cities in the Help@Hand project worked on technology pilots and implementations. They also provided digital literacy trainings, devices, and other resources as well as installed kiosks. Needs assessments, evaluations, and project management supported project progress and informed key decisions in current and future endeavors.

COUNTY/CITY ACTIVITIES

Technology Pilots and Implementations

Explored Technologies

Peers and other stakeholders helped to explore potential technologies for counties/cities to pilot or implement. Santa Barbara County began to explore a creative app for their unhoused population. Riverside County also explored technologies to offer their community.

Planned Pilots and Implementations

San Francisco County worked with Riverside County to develop a pilot of TakemyHand™. TakemyHand™ is a Peer chat platform developed by Riverside County. Riverside and Santa Barbara Counties also planned pilots of Recovery Record and Bambu, respectively.

In terms of wide-scale implementations, Monterey County worked with CredibleMind and Los Angeles County to continue developing technology to screen and refer consumers to county mental health services. Los Angeles County also planned implementations of MindLAMP and Sytranet.

Launched and Ramped Up Pilots and Implementations

Mono County and Tri-City launched their myStrength implementations in April and June 2022, respectively. San Mateo County launched their implementation of Wysa with older adults and transitional aged youth (TAY). San Mateo County also tested Wysa with a small group of behavioral health client to determine whether the app could be implemented more broadly with clients.

Riverside County continued to pilot A4i with transitional aged youth (TAY), adults, and older adults at clinic sites within the Riverside University Health System - Behavioral Health system. Several counties/cities continued their technology

Q2: APRIL-JUNE 2022

County/City Activities

• Explored technologies (Riverside, Santa Barbara Counties)

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

• Planned technology implementations (Los Angeles, Monterey Counties)

• Launched technology implementations (Mono County, Tri–City)

• Continued technology pilot (Riverside County)

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

• Paused technology deployments (Marin, Tehama Counties, Tri–City)

• Planned or conducted digital literacy trainings (Marin, Riverside, San Francisco, San Mateo, Santa Barbara Counties)

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

• Continued to develop resource database (Los Angeles County)

• Worked on kiosk installations (Riverside County)

• Worked on needs assessment (Monterey, Riverside County)

• Continued to implement holistic assessment tool (Riverside County)

Project Management

• Developed MHSA report template (CalMHSA)

• Finalized and published project dashboard (CalMHSA)

• Presented budget (CalMHSA)

• Updated onboarding resources (CalMHSA)

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

• Shared insights on partnerships (Collaborative)

implementations from last year. These included:

• Headspace (City of Berkeley, Los Angeles, San Francisco, and Santa Barbara Counties)

• myStrength (City of Berkeley)

• TakemyHand™ (Riverside County)

• iPrevail (Los Angeles County)

Partnerships with community-based organizations helped to promote these products. Marketing, such as billboards, bus wraps, bus shelters, newspaper ads, radio ads, social media content, flyers/infographics, promotional items, and community outreach at events, also helped to make more consumers aware and interested in these products. In addition, these efforts were featured in county communications. For example, myStrength was featured in Mono County's Board of Supervisors' proclamation declaring May as Mental Health Awareness Month, while TakemyHand™ was featured in the Transgender Day of Visibility newsletter of a local congressman.

Marketing and outreach contributed to increased demand. The City of Berkeley, for example, received City Council approval to increase their Headspace subscriptions to accommodate their consumer demand. The city used non-MHSA (Mental Health Services Act) funding to purchase these additional subscriptions.

Additionally, counties/cities modified their offerings to accommodate needs. For example, Riverside County began planning a new chat service for families supporting individuals with mental health challenges. Some counties/cities expanded their technology offering to other populations. For example, Santa Barbara County began offering Headspace to the broader public. Similarly, San Mateo and Mono Counties are focusing their implantation outreach to their core populations, but are making the technologies available to the broader public.

Paused Pilots and Implementations

A few counties/cities paused their technology deployments. Tehama County continued to pause their myStrength pilot due to delays with developing business associate agreements. Tri-City paused their Wysa implementation due to insufficient funds. Marin County's Advisory Council pivoted their myStrength implementation to focus instead on training community members on digital literacy and providing them support with technology.

Digital Literacy Trainings, Device Distribution, and Other Resources

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

literacy. Counties/cities also distributed devices, such as phones and tablets, so that core audiences can access these technologies. The spotlight "Making Devices and Internet Available in Help@Hand Counties/Cities" on page 28 includes data on these efforts across the Collaborative.

Santa Barbara County shared their digital literacy curriculum with their promotor/es network and community partners so that they can train others in the county. They also shared digital literacy and wellness resources on their Help@Hand webpage. Santa Barbara County's Peers continued to connect individuals to a Lifeline phone vendor and provided Trac-phones to unhoused individuals who were discharged from the psychiatric facility.

San Francisco County also developed a learning platform so that residents can access digital literacy trainings at any time. The county purchased 65 tablets as well as keyboards and internet service. They worked with local agencies to distribute devices to eligible consumers.

In addition, San Mateo County partnered with Peers at a local agency to distribute tablets with free internet to older adults in low-income housing. The Peers trained the older adults on how to use the tablet, Gmail, and Zoom. The county also created and conducted a 6-week basic technology training for older adults at the request of the Older Adult Team within San Mateo's Behavioral Health and Recovery Services.

Riverside County also began planning digital literacy trainings for their older adult population. The trainings are intended to provide older adults basic technology-related skills and increase interested in participating in Riverside County's A4i pilot. Tri City also developed a plan to procure devices. The devices will be distributed to their core audience to help them access myStrength for their implementation.

Los Angeles County began to develop a database of resources that support the Help@Hand Collaborative's effort to bring mental health care through technological solutions (e.g., distributing mobile devices to consumers, providing free or affordable broadband). More information can be found in the spotlight "Making Things One Click Away" on page 68.

Kiosk Installations

Riverside County installed thirty-two Americans with Disabilities Act (ADA) compliant iPad Pro kiosks and eight large 55" Peerless Kiosks in public outpatient clinic facilities by the end of this period. The county is working on installing new small and large screen kiosks in county health centers. They will also install branded device charging stations so clients do not unplug kiosks to charge their personal devices.

Needs Assessments and Evaluations

This period CredibleMind and Monterey County's local evaluator conducted surveys, interviews, and focus groups with various stakeholders to understand the needs of their core audience. Their findings informed the development of the technology that the county is developing.

In collaboration with the Center on Deafness Inland Empire (CODIE), Riverside County launched a survey of their Deaf and Hard of Hearing Community to understand how the county's efforts could better support this important community. Riverside County also continued to implement their Whole Person Health Score (WPHS) assessment tool, which screens clients for their holistic health needs.

Across the Collaborative, counties/cities partnered with CalMHSA, the Help@Hand evaluation team, local evaluators, and technology vendors to evaluate their efforts. Evaluation findings identified opportunities to improve their efforts and gathered lessons learned for future endeavors. For example, Marin County developed a comprehensive toolkit to document their learnings from piloting a digital behavioral health technology with digital literacy support. The county aimed to use their learnings to inform future county work in this area. They also planned to share their learnings with other community agencies as well as the research community.

PROJECT MANAGEMENT

Communication

CalMHSA created materials to communicate to key stakeholders. This included an infographic (shown below) that counties/cities could customize for their stakeholders. The also developed a report template to communicate project progress in FY 2021-22 to MHSA.

CalMHSA also supported communication on external and internal websites. A project dashboard was included on the external website to communicate project progress with stakeholders. The dashboard can be found at: https://helpathandca.org/helphand-

project-dashboard/. CalMHSA also developed 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 outlined conditions to maintain the image and integrity of the Help@Hand website. For the internal SharePoint website, CalMHSA responded to county/city feedback and made commonly used SharePoint links easily accessible.
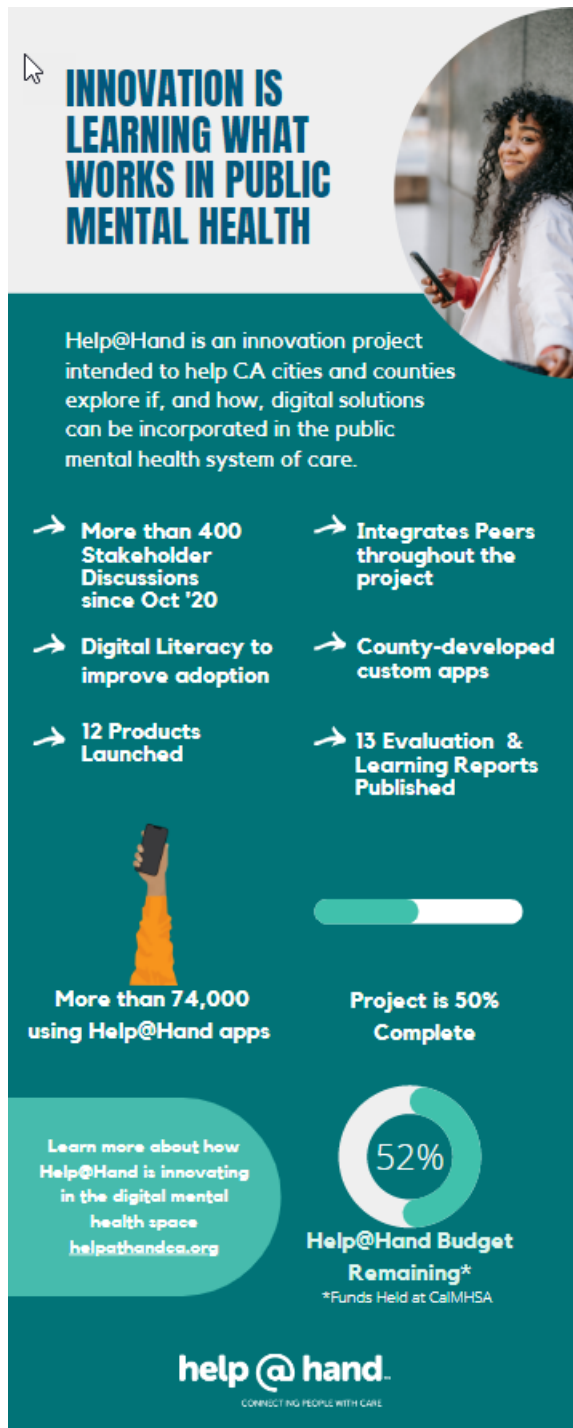
Above: Help@Hand Infographic

Project Operations

A key project management activity this period was a budget presentation to key leaders within the Help@Hand counties/cities. CalMHSA's Controller led a presentation on the latest version of the Quarter Financial Status Report for CalMHSA and Local Funding. Counties/cities can expect to utilize this report for their budget conversations and future planning.

CalMHSA also began instituting county/city milestone check-in's on project calls with counties/cities. The goal of the county/city milestone check-in is to discuss what each county/city plans to achieve before their project ends and identify what a "successful Help@Hand project" would look like for their county/city.

CalMHSA also created a transition plan template. The template helped counties/cities to 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.

In addition, CalMHSA worked on updating onboarding resources for new staff and leadership. The onboarding resources could also serve as quick guides for existing team members.

Collaborative Learning

Counties/cities shared and discussed learnings and insights on a regular basis. The City of Berkeley, Los Angeles County, Riverside County, San Mateo County, and Tri-City presented their project progress and learnings to other Help@Hand counties/cities this period. Counties/cities shared the future direction of their projects and their plans on how their Help@Hand projects will contribute to other county/city projects.

Focused presentations and discussions occurred on supporting the wellbeing of people with disabilities as well as opportunities and challenges related to marketing/outreach and partnerships.

CalMHSA also shared their project management lessons learned. Themes included: telling the Help@Hand story, pivoting, administration, applied learnings, stabilization, and looking ahead. The spotlight "Spreading Innovation through Collaborative Partnerships and Outside Program Initatives" on page 13 highlight some of these learnings.

SPOTLIGHT

Spreading Innovation through Collaborative Partnerships and Outside Program Initiatives

Authors:
Lynne Williamson, CalMHSA's Organizational Change Management (OCM) Specialist; Lorena Campos, CalMHSA's Senior Program Coordinator

> *"Creativity is contagious. Pass it on." – Albert Einstein*

In this Spotlight we describe two broad kinds of partnerships and learnings, those that have occurred within the Collaborative and those that have been applied beyond the Collaborative to touch other Statewide initiatives. Counties/cities have addressed questions about a product, an outreach approach, or other topics by reviewing pilot and quarterly evaluation reports and strategizing their implementations accordingly. They also have shared insights and recommendations with each other during bi-monthly collaboration meetings. Through stakeholder meetings, the learnings of county/city innovation projects are spreading to initiatives outside of the Collaborative.

Collaborative Partnership Successes

Counties/cities have formed partnerships with each other, vendors and community-based organizations on innovative technology, ideas, outreach, and education. Partnerships provide an opportunity for entities to share resources to accomplish a common goal. As a result, technology has been expanded inside and outside of the Collaborative. Here are just a few of the current collaboration stories.

County/City to County/City (within the collaborative)

Monterey County is working with CredibleMind to develop a screening tool that refers individuals to county mental health services. Los Angeles County is currently exploring the use of the CredibleMind base tool. The tool includes questions that are answered by those seeking help such as individuals, family members, or clinics and community outreach providers. Using the screening tool, consumers learn more about their mental and behavioral health. The questions are meant to help match them to local services in their community and online self-help

resources. This automates a manual process that is intended to reduce the strain on county resources while ensuring the community receives access to care. The intention is that this will help with detecting mental health symptoms sooner.

The City and County of San Francisco created a Headspace implementation kit to help other counties/cities like Santa Barbara County with their Headspace project. Based on their implementation planning research, San Francisco included the following in the Headspace implementation kit: approved Headspace materials, a brand kit for marketing, and outreach and education documentation. Additionally, San Francisco included a launch checklist and a list of Frequently Asked Questions (FAQs). This acts as an accelerator for others seeking to implement Headspace as part of their innovation project, providing an opportunity to reduce the time and costs required to launch a product.

Headspace Frequently Asked Questions

1. Is this downloadable on iPhones and Androids?
    a. Yes

2. Can I access this on other technology (ex: desktop, tablet)
    a. Yes

3. When does Premium access end?
    a. March 14, 2022

4. What languages does Headspace have?
    a. English
    b. Spanish
    c. German
    d. French
    e. Portuguese

5. If I have a Headspace account already, can I mesh the two accounts (personal and premium)?
    a. Yes

6. Do I need to put in my credit card?
    a. No

7. Does Headspace track my data?
    a. Headspace tracks aggregate data (meaning it's not connected to the person)
    b. During sign up Headspace does ask for email, this is evaluation related

8. Can under 18 individuals sign up for Headspace?
    a. Yes, but under age 16 it is recommended that a provider or guardian walk through the on boarding process and help the user understand what they're agreeing to.

Riverside University Health System – Behavioral Health (RUHS-BH) is partnering with San Francisco to pilot the RUHS-BH's TakemyHand Peer Chat support program. Through this partnership, the goal is for RUHS-BH to share their lessons learned to make the service more consumer friendly and engaging for the San Francisco community.

County to Vendor (marketing, app, consulting)

One of Help@Hand's objectives is to increase access to the appropriate level of support and care. This includes the ability for consumers to get access to information in a language that more fully engages them. In the fall of 2021, Riverside County solicited a vendor to translate the Digital Mental Health Literacy videos available on the Help@Hand website into American Sign Language (ASL). Riverside County collaborated with the vendor to develop ASL-translated videos to incorporate interpreters alongside the video. In addition to transcripts and subtitles, the videos have embedded ASL. The initiative to center the Deaf and Hard of Hearing community in Riverside provides access to those utilizing these tools on the Help@Hand ASL Digital Literacy web page. The hope is that by making this information publicly accessible, it will help reduce the stigma associated with mental illness and increase access to support and care.

The City of Berkeley partnered with Uptown Studios on a marketing campaign to launch the Headspace and myStrength implementations. Marketing tools used were social media channels, fliers, advertisements, and agency tool kits. In October 2021, the City of Berkeley launched a landing page for participants interested in enrolling in Headspace and myStrength. One month later, the marketing campaign was launched for Headspace. By the end of December 2021, over 1,500 participants signed up to use the Headspace app. Additionally, from November 2021 to the end of January 2022, 675 participants enrolled to use the myStrength app. In this short period of time, the City of Berkeley gained an understanding of marketing techniques to increase exposure to the Help@Hand innovation product launches.

County/City to CBO's

Community Based Organizations (CBO) such as non-profit community groups, health clinics, and universities made partnerships with counties like Marin County, to provide support for pilot and general implementations. For Marin County's launch of the myStrength pilot for isolated older adults, nurse interns were recruited from local university nursing programs. The nurse interns provided technology and basic participant support and assistance in filling out documentation. This service was conducted through several visits per month and virtual engagements. Over eight weeks, each nurse intern averaged 17 hours providing digital literacy training to participants. The coaching and support these pilot resources provided helped to support the participant experience. The amount of time spent to support participants can provide invaluable information on resource needs for service delivery.

Marin County also partnered with the Marin County of Aging's Telehealth Equity Project to support the 2021 myStrength launch. An equal number of English and Spanish-speaking older adults were recruited to support the Help@Hand project in both languages. Because of this partnership and the nurse intern support, older adults' confidence using technology increased and a high number of participants were more likely to use technology to support well-being. Details on the results of the myStrength implementation can be found on Marin County's Aging Action Initiative (AAI) web page.

H@H Learnings Applied to other Program Initiatives

The best indicator that something is effective is when it is used by others. Since 2017, the Collaborative has collected feedback on technology products, peer support, training, marketing and outreach, and more. Throughout this time, Help@Hand provided learnings to individuals outside of the Collaborative. It is certainly a credit to counties/cities when the results of their efforts are referenced to apply to statewide projects or are reinforced through Federal endorsement.

Learnings Applied to Other Statewide Projects

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

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

In 2021, CalMHSA began working with organizations across the state to administer the federal COVID-19 Crisis Counseling Program (CCP) funded by the Federal Emergency Management Agency (FEMA). The platform, CalHOPE Connect, provided Peer supported conversations to Californians looking for support during the COVID-19 pandemic. CalHOPE Connect leveraged learnings from Riverside University Health System – Behavioral Health's development and implementation of TakemyHand while developing and deploying the platform.

Conclusion

When people come together to collaborate, the effort can fuel the flames of innovation. When organizations collaborate, the vision becomes brighter with greater effect and wide-reaching benefits - innovation becomes the new normal. The Help@Hand project has become a catalyst for current and future initiatives not only within the Collaborative, but also within outside organizations. As Albert Einstein quoted, "Creativity is contagious. Pass it on."

1 | CROSS COUNTY/CITY LESSONS LEARNED EVALUATION

Key Points

- Counties/cities participating in Help@Hand experienced a range of successes, challenges, and learnings over the past year related to product launches, staffing, contracts, device distribution, digital literacy, product development, project operations, and data analysis and evaluation.

- Counties/cities proposed recommendations that could support collaboration between counties/cities on the Help@Hand project. These recommendations include forming focused sub-groups, having opportunities to review reports/learnings, sharing to counties/cities outside of Help@Hand, and preparing a more structured road map to allow counties/cities to determine activities in which to participate.

OVERVIEW

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

INTERVIEWS WITH COUNTY/CITY TECH LEADS

The Help@Hand evaluation team interviewed Tech Leads from 10 counties/cities participating in the Help@Hand project in May 2022. Themes from the interviews were analyzed for programmatic changes, opportunities, successes, challenges, and lessons learned affecting Help@Hand over the previous year. Goals for the upcoming year were also identified.

Overall, the interviews identified successes, challenges, future goals for the upcoming year, or learnings related to: product launches, staffing, contracts, device distribution, digital literacy, product development, project operations, and data analysis and evaluation. **Table 1.1** displays specific successes, challenges, goals, and learnings identified. The number of counties/cities experiencing any success, challenge, goal, or learning is not reported because it is possible some counties/cities might have experienced them but did not mention it in the interview.

Two follow-up surveys will be distributed to Tech Leads in the second half of 2022. Findings from the surveys will be shared in the next Help@Hand evaluation report.

Table 1.1. Successes, Challenges, Goals, and Learnings Identified in Interviews with Tech Leads in the Help@Hand Project.

Theme	Successes	Challenges	Future Goals (Upcoming Year)	Learnings
Product Launches	• Launched a product (either pilot or implementation)	• Delayed product launch (even if product was eventually launched)	• Launch a product (either in a pilot or implementation)	• Unanticipated delays are likely, requiring flexible estimates and abilities to amend project timelines
Staffing	• Hired a new staff member to work on the Help@Hand project	• Experienced staff and Peer shortages / limited staff and/or Peers		• Dedicated staff is necessary for project success • Technology projects require staffing with specialty skills, which are often not part of current staffs' skillset
Contracts	• Executed a contract with a vendor (technology product, community partner, marketing)	• Reported contracting difficulties		• Contracting for products, like those included in Help@Hand, requires knowledge that has not been present in current teams
Device distribution	• Distributed devices to facilitate internet access		• Distribute devices to facilitate internet access	• Technology projects require infrastructure and specific knowledge. Initial assumptions about access to devices and knowledge to use technologies should be continuously examined/considered
Digital literacy	• Provided digital literacy training to county staff or peers • Provided digital literacy training to the community	• Reported negative perceptions around technologies		
Product development	• Developed a technology product			
Project operations		• Experienced competing priorities / demands • Reported negative perceptions around technology	• Obtain additional funding to support sustainability of activities developed through Help@Hand	• Technologies can change quickly and as such require continued adaptations and flexibility in their deployment • Engaging all stakeholders from the start is essential.
Data analysis and evaluation	• Conducted data analysis or received data to facilitate project learnings		• Evaluate products / deployments to determine potential continuation	• Innovation projects can benefit not only consumers but also peers, staff, and other stakeholders

Learnings from the Cross County/City Lessons Learned Evaluation

The cross county/city process evaluation identified successes, challenges, goals, and learnings that might not be captured from other evaluation activities. Interviews with Tech Leads from 10 counties/cities in the Help@Hand project revealed the following suggestions and lessons learned.

Suggestions

- **Construct toolkits to help counties/cities deal with common barriers.** Many challenges were identified by multiple counties/cities. Providing toolkits to provide solutions identified by counties/cities across Help@Hand or opportunities for counties/cities to come together to receive tailored support around common barriers could facilitate overcoming these barriers.

- **Emphasize impacts and learning across stakeholder groups.** Although success is often thought about in terms of benefit to consumers, the benefits to Peers, staff, and leadership from the Help@Hand project were referenced in the interviews.

- **Tech Leads shared their own recommendations in the interviews. Recommendations from the Tech Leads included:**
  - Create smaller sub-groups within the project to share learnings in specific areas or domains.
  - Create new opportunities to review evaluation reports and learnings together.
  - Explore disseminating information and learnings from the Help@Hand project to non-participating counties/cities.
  - Formalize a roadmap of activities (with budget implications) to allow counties/cities to determine if they want to participate in those activities.

Lessons Learned

Lessons learned reflected the growth and structuring of the Help@Hand project as many counties/cities launched products through pilots and implementations and began to reflect on information gained from these pilots and implementations. Tech Leads reflected on the benefits of streamlined processes and support from CalMHSA but also opportunities to improve communication and knowledge sharing both within and outside the project.

- **Successes and challenges were often paired.** Many successes realized were after counties/cities had worked through and addressed different challenges.

- **Successes and progress on the project could be shared more effectively within and outside the Collaborative.** Tech Leads identified different ways that knowledge and successes could be shared more effectively within the Collaborative (e.g., smaller sub-groups, more opportunities/mechanisms to review report learnings) and that sharing outside the Collaborative would help communicate the learnings and value of the project.

- **The Help@Hand project has faced multiple evolving circumstances and opportunities.** The pandemic provided multiple challenges and opportunities for deploying technologies to address mental health and mental health services. Evolving technologies, regulatory environments, and staff turnover occurred while an increasing recognition and acceptance of technology to provide mental health services occurred. The need for products like those provided through Help@Hand has never been more apparent.

- **Overcoming staff challenges is a major barrier to success.** Tech Leads discussed not only the challenges of staff turnover, but also that the necessary knowledge and skills for projects involving technologies like those involved in Help@Hand are typically not present on their teams. Support from CalMHSA helped overcome some of these challenges in knowledge and skills. Counties/cities will have to determine how to retain this expertise in sustainment of technology products.

Key Points

Quarterly surveys of either Peer or Tech Leads (for counties/cities with no Peer Lead) evaluated Help@Hand's Peer component and found the following. The numbers in parentheses reflect the percent of respondents who reported this experience in Quarter 1 (Q1) of Year 4.

- Peer activities included:
  o Creating materials to support training, education, and outreach (58%)
  o Outreaching to the community (50%)
  o Conducting preliminary product evaluation (50%)
  o Receiving and delivering digital literacy training (42%)
  o Providing technology support to the community (42%)
  o Distributing devices in the community (33%)
  o Piloting technology in the community (33%)

- Peer-related successes included:
  o Benefits to individuals
    ▪ Peers (e.g., employment, professional development, increased visibility) (42%)
    ▪ Community members (e.g., access to mental health support services) (33%)
  o Peer input informing the Help@Hand project
    ▪ Resulted in meaningful insights (42%)
    ▪ Shaped outgoing communication (33%)
    ▪ Integrated into local decision-making (25%)
  o Changes in the Workplace
    ▪ Increased appreciation for Peer input from mental health professionals (25%)
    ▪ Reduced mental health stigma in the workplace (25%)
    ▪ Adapted Peer hiring practices that will facilitate a more stable workforce (8%)
  o Impact of the Collaborative
    ▪ Local decisions informed by information exchanged across the Collaborative (42%)
    ▪ New collaborations formed across counties/cities in the Collaborative (33%)
    ▪ Sharing of tools, resources, and best practices across the Collaborative (33%
- Peer-related challenges included:
  o Peer workforce too small (75%)
  o Difficulties maintaining a robust Peer workforce (e.g., recruitment, hiring, turnover) (58%)
  o Peers must divide effort across multiple projects (50%)
  o Delays related to contract execution (50%)
  o Lack of dissemination of information within each county/city (33%)
  o Lack of clarity on decision-making processes across the Collaborative (33%)
  o Uncertainty about the future of funding for the project (25%)
  o Unanticipated time required to research appropriate devices for community distribution (17%)
  o Unmet need for translated materials (8%)
  o Peer frustration (8%)

OVERVIEW

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

PEER EVALUATION

At the end of Quarter 1 (Q1) of Year 4, 11 counties/cities in the Help@Hand project completed online surveys to provide an update on Peer activities between January-March 2022. Consistent with past surveys, two independent surveys were submitted from San Mateo County since the county employed one Peer Lead supporting older adults and another for transition-aged youth (TAY). Accordingly, the denominator used in the following percentages (e.g., n=12) is one greater than the number of counties/cities represented.

Help@Hand Peer Component in Counties/Cities

⅔ of respondents were employed by counties/cities

⅓ of respondents were sub-contracted by counties/cities

50% of respondents reported that less than 1/4 of their time was spent supporting Help@Hand in Q1 of Year 4 compared to 33% in Q4 of Year 3

75% of counties/cities reported employing 2 or fewer Peers for their Help@Hand project which was similar to the last survey in Q4 of Year 3

Peer Activities

Figure 2.1 shows the Peer activities that counties/cities reported in the quarterly surveys between January 2021-March 2022. In Q1 of Year 4, Peers were most likely to be involved in creating materials. About half of counties/cities reported that Peers had conducted outreach to the community and had tested products.

Although digital literacy training delivered to the community remained consistent to Year 3, there was a reduction in the number of counties/cities delivering digital literacy training to Peers. There was also a decrease in reports of providing tech support, but an increase in the number of counties/cities engaging Peers in device distribution.

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

Legend:
- Q1 of Yr 3
- Q2 of Yr 3
- Q3 of Yr 3
- Q4 of Yr 3
- Q1 of Yr 4

Created Materials
- 45%
- 45%
- 42%
- 58%
- 58%

Outreached to the Community
- 45%
- 27%
- 25%
- 58%
- 50%

Tested Products
- 82%
- 45%
- 42%
- 42%
- 50%

Delivered Digital Literacy Training to the Community
- 82%
- 36%
- 58%
- 42%
- 42%

Provided Tech Support*
- 42%
- 58%
- 42%

Piloted Technology
- 36%
- 27%
- 33%
- 25%
- 33%

Distributed Device**
- 16%
- 33%

Received Digital Literacy Training
- 36%
- 27%
- 33%
- 33%
- 16%

X-axis: Percent of Respondents (0, 10, 20, 30, 40, 50, 60, 70, 80, 90)

* Added in Q3 of Yr3 survey
** Added in Q4 of Yr3 survey

Successes

**Figure 2.2** reveals successes of the Help@Hand Peer component reported by counties/cities. Results from the recent survey found there was a noticeable drop in the number of counties/cities reporting benefits to the Peers themselves and/or to members of the community compared to past surveys. Likewise, there was a decrease in reports of the ways that Peers influenced the Help@Hand project. Consistent with what appears to be a declining trend in the impact of the Peers (perhaps reflecting a plateauing of impact), fewer counties/cities reported noticeable Peer-related changes on the workplace in this reporting period.

In terms of interactions across the network, the number of counties/cities reporting that local decisions were informed by Peer information shared across the Collaborative remained about the same as past surveys. However, the number of counties/cities forming new collaborations or sharing best practices across the Collaborative declined.

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

Reported Benefits to Peers and Community Members Decreased Slightly in Q1 of Year 4 compared to Year 3
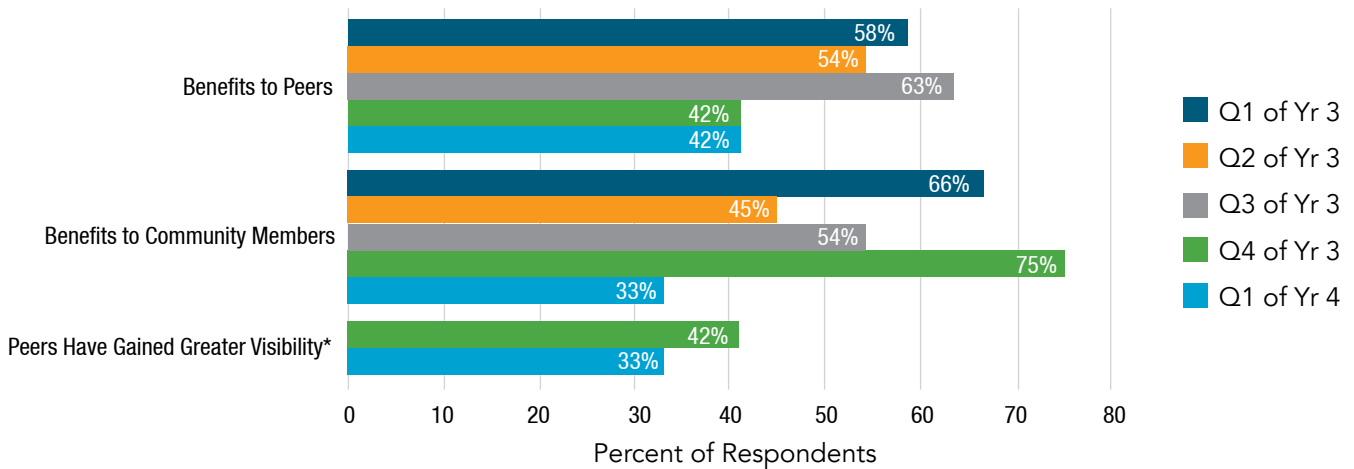
The Impact of Peers on Their Local Project Declined in Q1 of Year 4 compared to Year 3
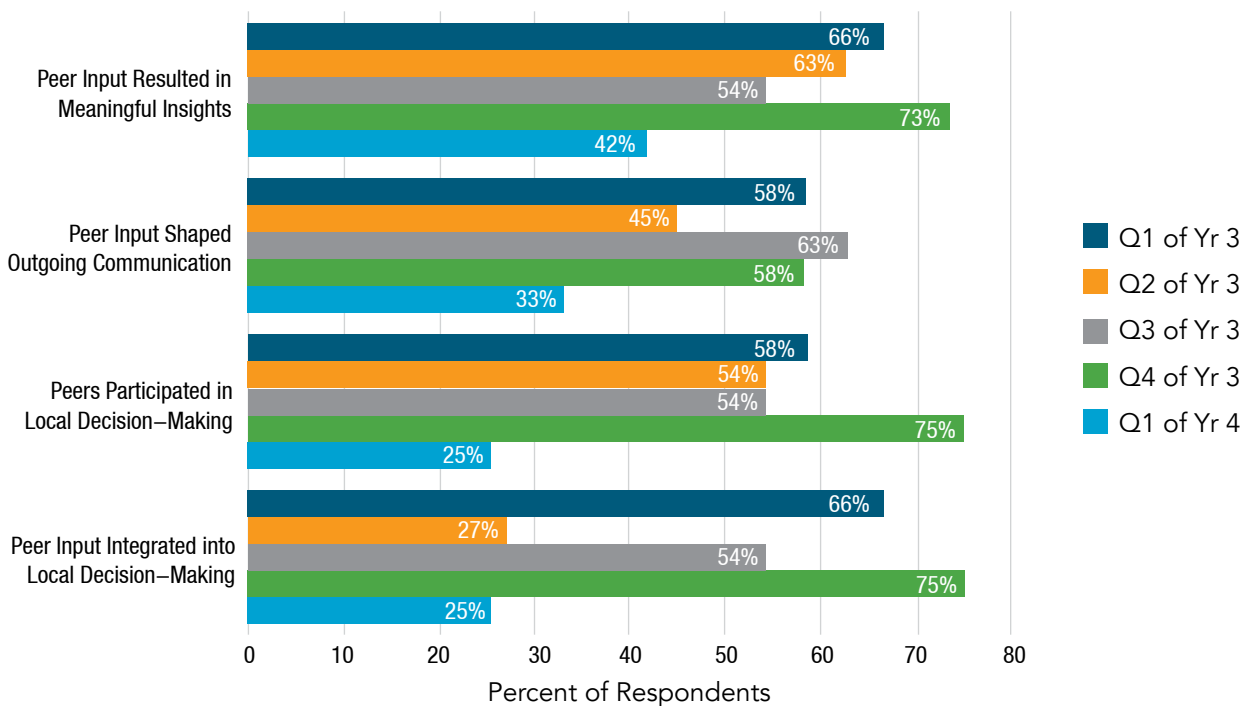
* Added in Q4 of Yr3 survey

Peer-Related Changes to the Workplace Declined in Q1 of Year 4 compared to Year 3
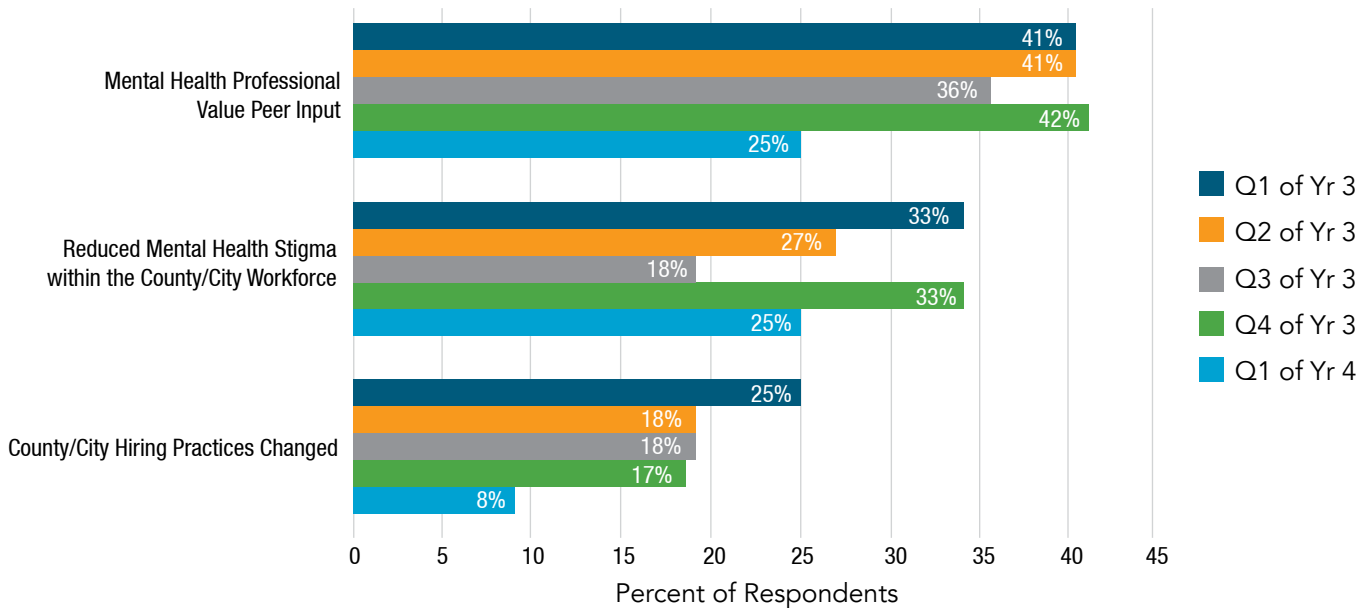
One-Third of Counties/Cities had Active Collaborations across the Help@Hand Collaborative in Q1 of Year 4
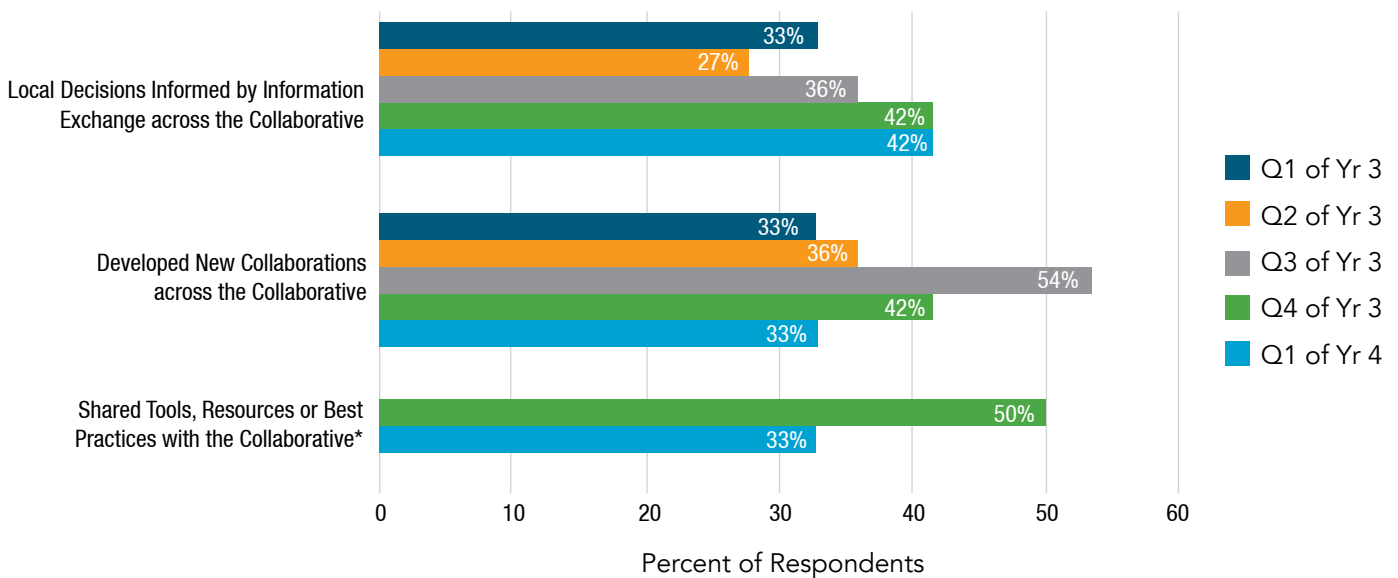
Challenges

Figure 2.3 indicates there was a marked increase in the number of counties/cities reporting challenges with maintaining a robust Peer workforce in Q1 of Year 4. More counties/cities reported challenges with recruiting, hiring, and retaining Peers, and 75% reported that their Peer workforce was too small. Half of the counties/cities also reported that their Peers were required to divide their effort across multiple projects.

The two notable shifts in other challenges in this reporting period were a decrease in the unmet need for translated materials and an increase in delays related to contracting between counties/cities and partners.

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

More Counties/Cities Reported Challenges to Maintaining the Peer Workforce in Q1 of Year 4 than in Year 3

Peer Workforce Too Small*
- Q4 of Yr 3: 33%
- Q1 of Yr 4: 75%

Hiring of Qualified Peers
- Q1 of Yr 3: 18%
- Q2 of Yr 3: 45%
- Q3 of Yr 3: 18%
- Q4 of Yr 3: 33%
- Q1 of Yr 4: 58%

Recruitment of Qualified Peers
- Q1 of Yr 3: 18%
- Q2 of Yr 3: 36%
- Q3 of Yr 3: 36%
- Q4 of Yr 3: 42%
- Q1 of Yr 4: 50%

Peers Must Divide Effort*
- Q4 of Yr 3: 50%
- Q1 of Yr 4: 50%

Peer Workforce Turnover
- Q1 of Yr 3: 9%
- Q2 of Yr 3: 9%
- Q3 of Yr 3: 9%
- Q4 of Yr 3: 25%
- Q1 of Yr 4: 33%

Peer Frustration*
- Q4 of Yr 3: 16%
- Q1 of Yr 4: 8%

Legend:
- Q1 of Yr 3
- Q2 of Yr 3
- Q3 of Yr 3
- Q4 of Yr 3
- Q1 of Yr 4

Percent of Respondents

Several Challenges Remained Salient in Q1 of Year 4

Delays Related to Contract Execution*
- Q4 of Yr 3: 33%
- Q1 of Yr 4: 50%

Information Dissemination within My County/City
- Q1 of Yr 3: 45%
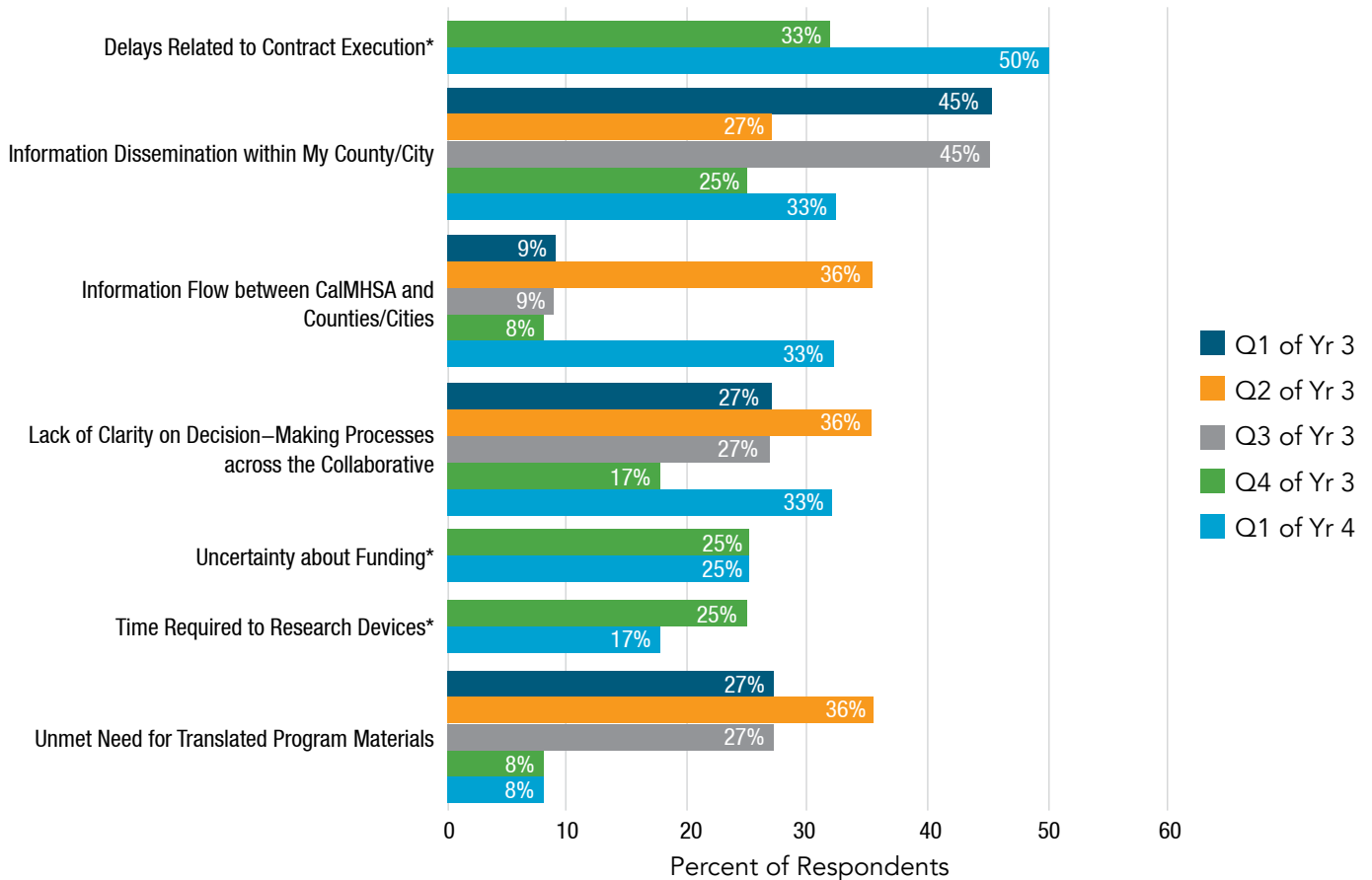- Q2 of Yr 3: 27%
- Q3 of Yr 3: 45%
- Q4 of Yr 3: 25%
- Q1 of Yr 4: 33%

Information Flow between CalMHSA and Counties/Cities
- Q1 of Yr 3: 9%
- Q2 of Yr 3: 36%
- Q3 of Yr 3: 9%
- Q4 of Yr 3: 8%
- Q1 of Yr 4: 33%

Lack of Clarity on Decision–Making Processes across the Collaborative
- Q1 of Yr 3: 27%
- Q2 of Yr 3: 36%
- Q3 of Yr 3: 27%
- Q4 of Yr 3: 17%
- Q1 of Yr 4: 33%

Uncertainty about Funding*
- Q4 of Yr 3: 25%
- Q1 of Yr 4: 25%

Time Required to Research Devices*
- Q4 of Yr 3: 25%
- Q1 of Yr 4: 17%

Unmet Need for Translated Program Materials
- Q1 of Yr 3: 27%
- Q2 of Yr 3: 36%
- Q3 of Yr 3: 27%
- Q4 of Yr 3: 8%
- Q1 of Yr 4: 8%

Legend:
- Q1 of Yr 3
- Q2 of Yr 3
- Q3 of Yr 3
- Q4 of Yr 3
- Q1 of Yr 4

Percent of Respondents

* Added in Q4 of Yr3 survey

Learnings from the Help@Hand Peer Evaluation

Surveys were conducted with county/city representatives at the end of Q1 of Year 4 to evaluate Help@Hand's Peer component.

The following lessons learned were identified in the survey findings and will be further explored in interviews with Peer Leads later this year.

- **The Peer role on Help@Hand continues to evolve.** Peers continue to engage in materials creation, outreach, and digital literacy training. Recent surveys report Peers were engaged in distributing devices and providing tech support to the community.

- **Maintaining a robust Peer workforce is increasingly difficult.** There was a clear majority of counties/cities who reported struggling with maintaining a Peer workforce that is sufficiently robust to implement the Help@Hand project.

- **Contract delays hinder the project.** As more counties/cities move to pilot and/or implement technologies in the community, delays in contracting pose an increased challenge.

- **Counties/cities are forming fewer new Peer-related collaborations across the Collaborative.** It is unclear whether this trend reflects a shift in the interest in collaboration or a "ceiling effect" that existing collaborations are effectively meeting counties/cities' needs.

SPOTLIGHT
Making Devices and Internet Available in Help@Hand Counties/Cities

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."

> "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."

> "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."

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.*
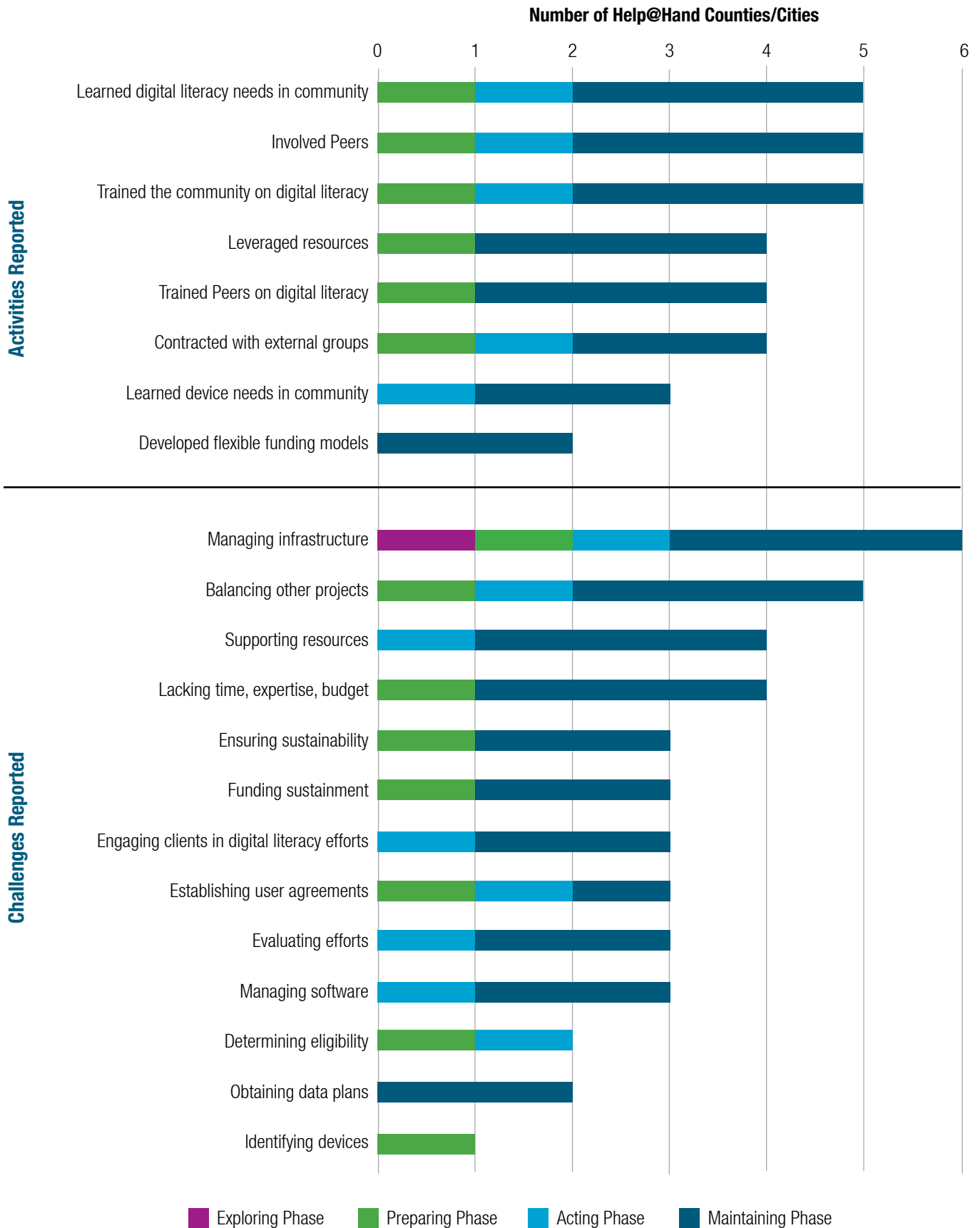
Figure 2. *Activities and Challenges Defined*

|	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[4].

Figure 3. *Average perceived impact of activities and the standard deviation of the scores.*
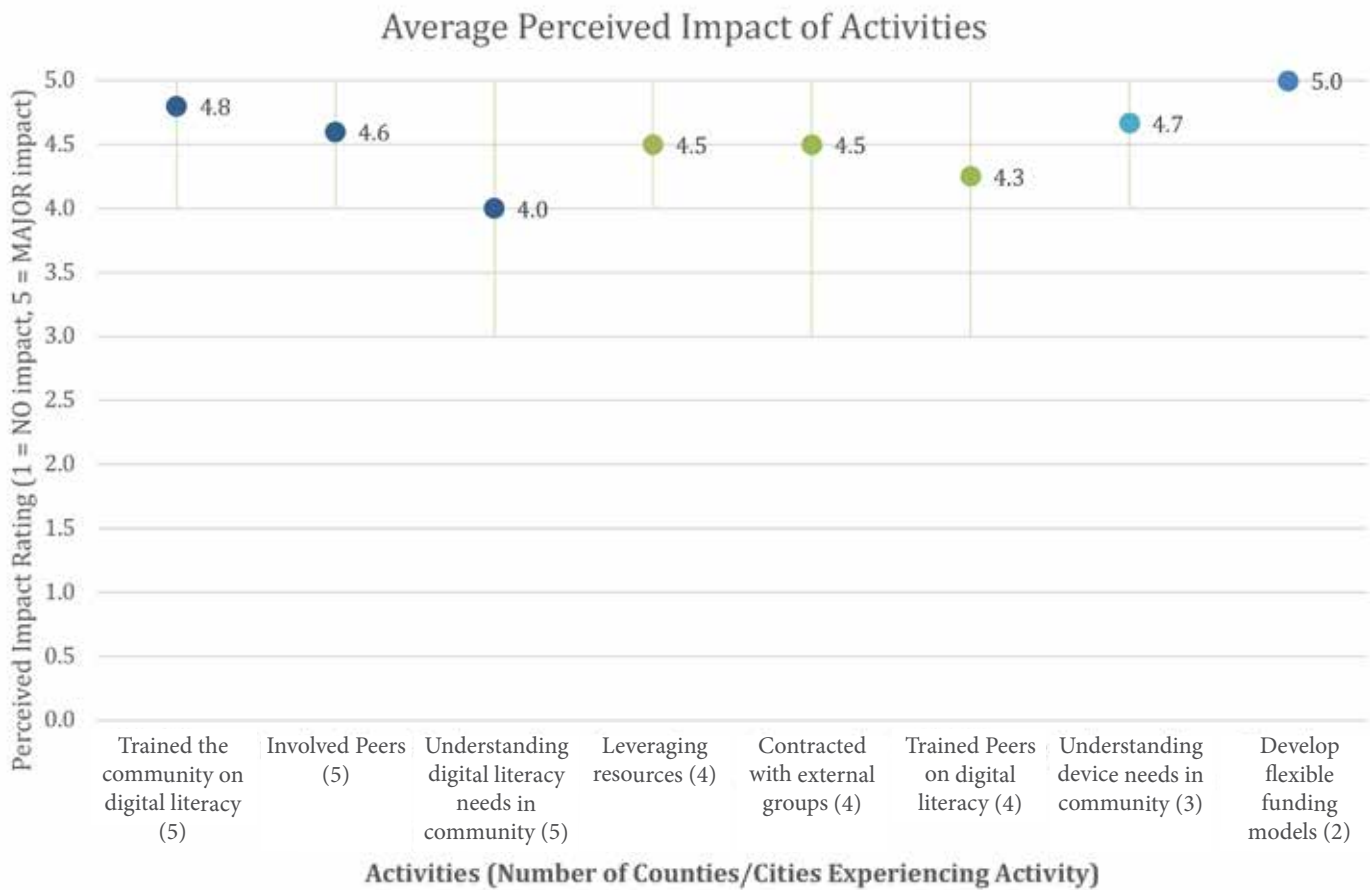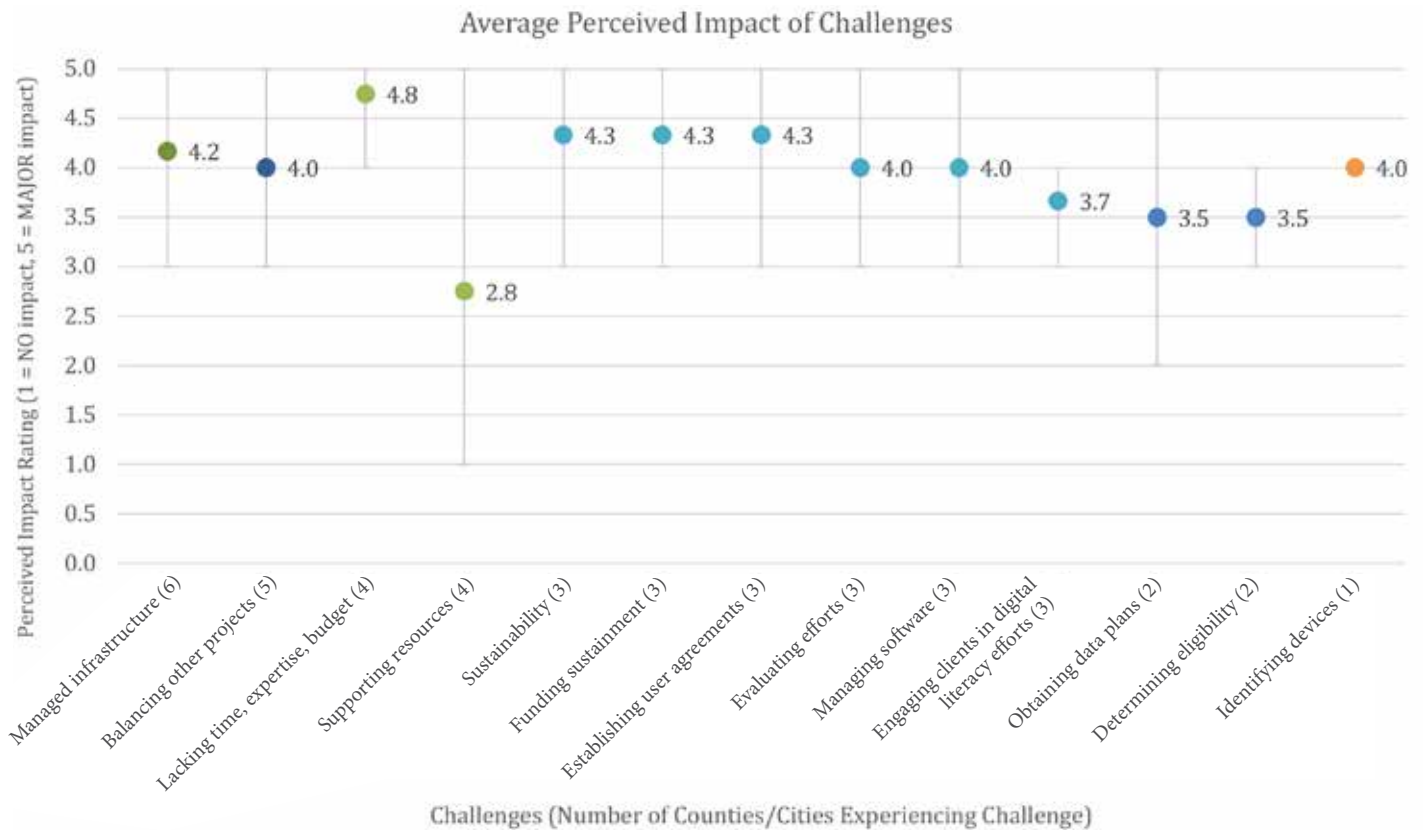

All activities had average ratings in the considerable to major impact range. The activities rated most impactful were ***providing digital literacy training to device participants*** (4.8 out of 5 and rated by 5 of 6 counties/cities) and ***developing flexible funding models*** (5.0 out of 5 and rated 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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[4] **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 and Recommendations

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.

3 PILOT AND IMPLEMENTATION EVALUATION

Key Points

- Los Angeles, San Francisco, and Santa Barbara Counties, and the City of Berkeley continued to provide free subscriptions to Headspace this period. San Mateo County's Headspace implementation ended in September 2021. App data and consumer surveys evaluated these efforts.

- Mono County and Tri-City launched their myStrength implementations this period, while the City of Berkeley continued their myStrength implementation. App data from these implementations are in this section. Marin and Tehama Counties paused their myStrength efforts.

- Riverside County continued to support their community through their Peer support platform, TakemyHand™. Data from their local evaluation is spotlighted in this section. Riverside County also continued working with San Francisco County to plan a pilot of TakemyHand™.

- Monterey and Los Angeles Counties worked with CredibleMind to continue building a mental health technology that would screen and refer residents to county mental health services. Monterey County also conducted a needs assessment to inform the mental health technology.

- Riverside County continued to recruit both clients and providers for their A4i pilot, while Los Angeles County continued to offer iPrevail to county residents. Evaluation findings for these efforts are shown in this section.

- San Mateo County launched their implementation of Wysa this period. San Mateo County also tested Wysa with a small group of behavioral health client to determine whether the app could be implemented more broadly with clients.

- Several counties/cities planned other technology launches this period. Riverside County planned a pilot with Recovery Record, while Santa Barbara County planned a pilot with Bambu. Los Angeles County planned implementations with MindLAMP and Syntranet.

- Digital literacy training and devices were provided across many Help@Hand counties/cities. In addition, Riverside County continued to implement an assessment tool to screen clients and understand their holistic health needs. The county also conducted a needs assessment of the Deaf and Hard of Hearing Community.

OVERVIEW

Table 3.1 presents the Help@Hand activities that counties/cities worked on this period. **Table 3.2** summarizes the technologies considered or used for Help@Hand pilots and implementations.

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

	PLANNING	EXECUTED	PAUSED or DISCONTINUED
Pilot testing a technology with a small group for a short period	Recovery Record (Riverside County)	A4i (Riverside County)	myStrength (Tehama County)
	TakemyHand™ (San Francisco County)		
	Bambu (Santa Barbara County)		
Implementation offering a technology with a broad group for a long period	MindLAMP (Los Angeles County)	Headspace (City of Berkeley, Los Angeles County, Santa Barbara County)	Headspace (San Francisco County)
	Syntranet (Los Angeles County)	myStrength (City of Berkeley, Mono County, Tri–City)	myStrength (Marin County)
	Screening and Referral Technology (Monterey County with Los Angeles County)	Wysa (San Mateo County)	Wysa (Tri–City)
		iPrevail (Los Angeles County)	
		TakemyHand™ (Riverside County)	
Digital Literacy And Device Distribution	Marin County, Tri–City	Riverside, San Francisco, San Mateo, Santa Barbara Counties	
Other		Needs Assessment (Monterey County, Riverside County)	
		Whole Person Health Score Project (Riverside County)	
		Resource Database (Los Angeles County)	

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

Product Name	Description
A4i	Platform that supports the schizophrenia and psychosis recovery process. There is a client-facing app and a provider portal.
Bambu	Meditation app developed for Spanish-speaking populations. Aims to reduce stress and anxiety and improve sleep.
Headspace	Meditation app that aims to improve mental wellness. It helps 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	Open-source mental health technology platform that helps collect information about health through active data (e.g. real time surveys, brain games) and passive data (e.g. Apple HealthKit data 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 Department of Mental Health (DMH) system.
Screening and Referral Technology (name TBD; technology under development by Monterey County, CredibleMind, and Los Angeles County)	Tool that will screen individuals and direct them to county services. It will create a system that improves the capacity of the county behavioral health system.
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 cognitive behavioral therapy (CBT).
Syntranet	Care management platform which consolidates patient information into a single record with the goal of coordinating care teams and services. Provides insight into health data.
TakemyHand™	Peer support platform that links people experiencing mental health challenges such as stress, anxiety, or other behavioral challenges to a trained Peer Support Specialist. Support is provided via live chat.
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

HEADSPACE ADOPTION RATE

Below is data from Headspace from January through June 2022 for counties/cities who had Headspace contracts during this period (e.g., the City of Berkley, Los Angeles, San Francisco, and Santa Barbara Counties). San Mateo County's total enrolled members at the end of their implementation are provided for comparison. However, additional data from San Mateo County is not presented since their Headspace implementation ended in September 2021.

Various factors explain the differences in numbers between the counties/cities. Each county/city had a different:

- Headspace launch date
- Marketing and dissemination launch date
- Core audience size

Headspace Enrollments

Table 3.3. Total Enrolled Headspace Members by County/City through June 2022.			
County/City	**Headspace Implementation Timeline**	**Core Audience**	**Total Enrolled Members During Implementation Timeline**
City of Berkeley	October 2021 – Ongoing	All city residents	5,228
Los Angeles County	April 2020 – Ongoing	All county residents	30,020[5]
San Francisco County	March 2021 – February 2022	All county residents	537
San Mateo County	September 2020 – September 2021	All county residents	3,292
Santa Barbara County	October 2021– Ongoing	• Transition Aged Youth (TAY) • Geographically isolated communities • Clients receiving crisis services • In January 2022, Santa Barbara County expanded their core audience to all county residents	1,205
Total	**April 2020 – June 2022**		**40,282**

[5] Los Angeles County extended their agreement with Headspace. As such, users 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 this report.

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 enrolled Headspace members who engaged with at least 1 piece of content in Headspace in a given month

Figure 3.1 displays monthly active users (MAUs) and monthly engagement rates between January-June 2022. City of Berkeley saw an increase in MAUs at the start of 2022 which corresponds to when they added additional non-MHSA funding to purchase more licenses and expanded marketing by hiring a marketing firm.

Across most counties/cities and months, these values gradually decrease over time. Two exceptions to monthly engagement rates decreasing are Los Angeles County had an increase in monthly engagement from 14% to 35% in between April and May 2022 and Santa Barbara County had an increase in monthly engagement from 25% to 46% between January and February 2022. A possible explanation for the increase in Santa Barbara County is that Santa Barbara County began installing Headspace on tablets in clinic lobbies in February 2022.

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

City of Berkeley

City of Berkeley first made Headspace available in October 2021.
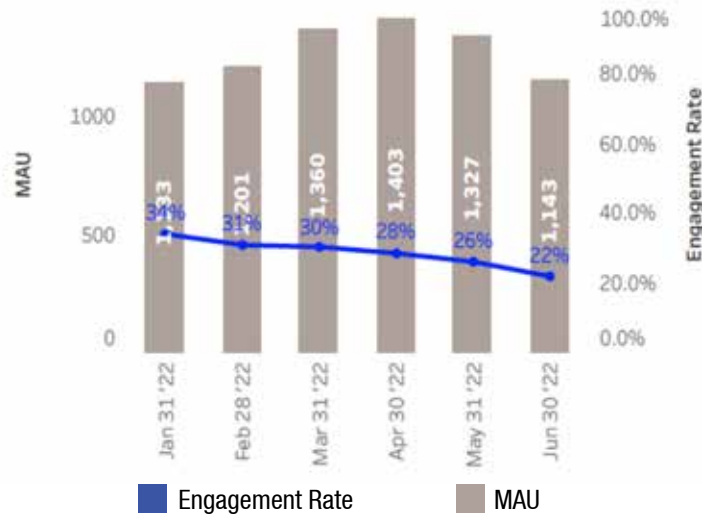
Los Angeles County

Los Angeles County first made Headspace available in May 2020.

San Francisco County

San Francisco County first made Headspace available in March 2021. Enrollments of new members was paused in June 2021 and ultimately discontinued in February 2022.
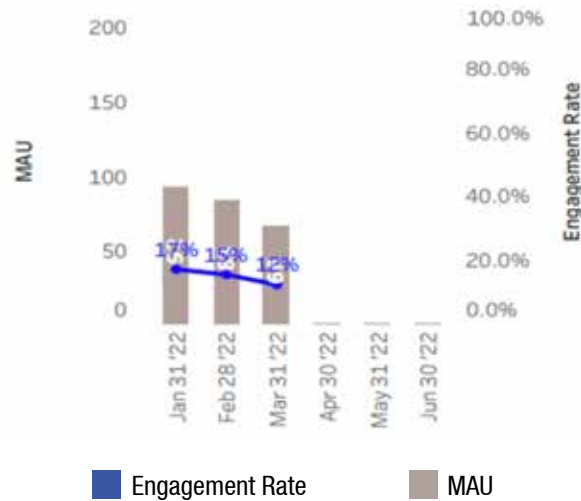
Santa Barbara County

Santa Barbara County first made Headspace available in October 2021.
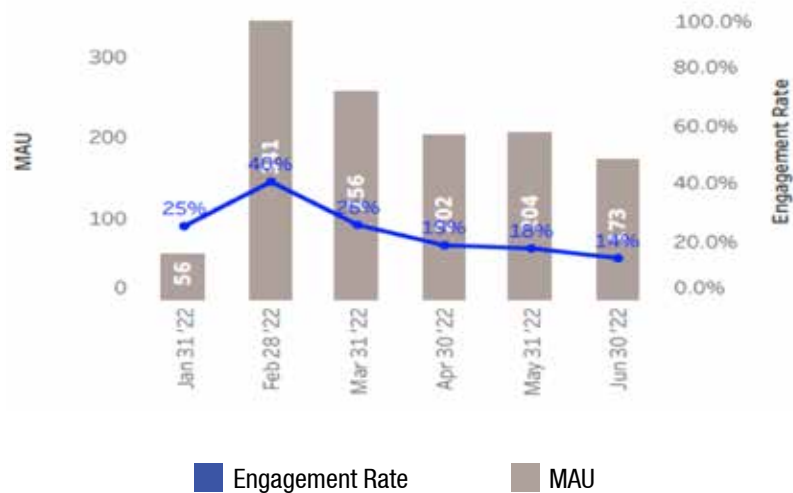
Engagement by Content Type

Metric	Definition
Engagement By Content Type	The number of users engaging with each content type in Headspace (e.g. focus, meditation, move, sleep, wake up)

Engagement by content type can indicate not only whether people are using an app, but also which components of the app they are using. This provides a detailed understanding of app use and might help to support marketing, messaging, and integration with county/city services. **Table 3.4** explains the different types of content within Headspace.

Table 3.4. Content Type within the Headspace App.	
Metric	**Definition**
Focus	Music and audio to support focus and attention
Meditation	Mindfulness meditation tracks, includes single meditations and meditation programs
Move	Content to support strengthening the body and physical health through movement and exercise
Sleep	Stories, music, and sounds to help people fall asleep and sleep better
Wake Up	Content designed to help people start their day mindfully and make healthy choices throughout the day

Figure 3.2 shows the types of content people are most engaged within the counties/cities. For the months of January 2022-June 2022, the mediation content was the most commonly used (followed by sleep, wakeup and focus) in the City of Berkeley, Los Angeles, and Santa Barbara Counties. Meditation was also most commonly used in San Francisco County between the months of January 2022-March 2022. This is a shift from 2021 when sleep content was the most commonly used across counties/cities providing Headspace at that time.

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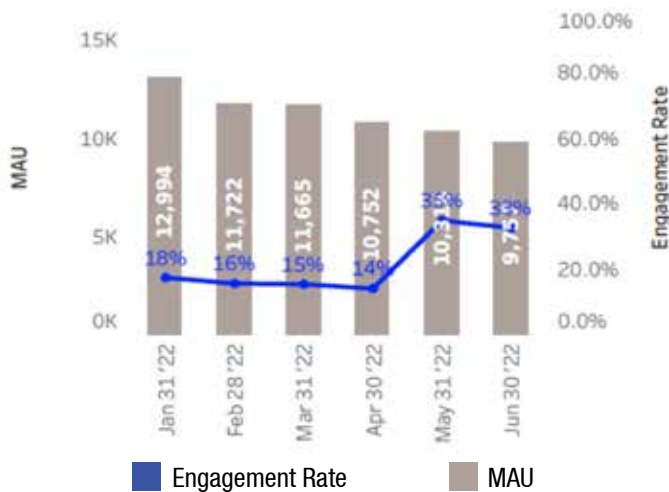
City of Berkeley

City of Berkeley first made Headspace available in October 2021.
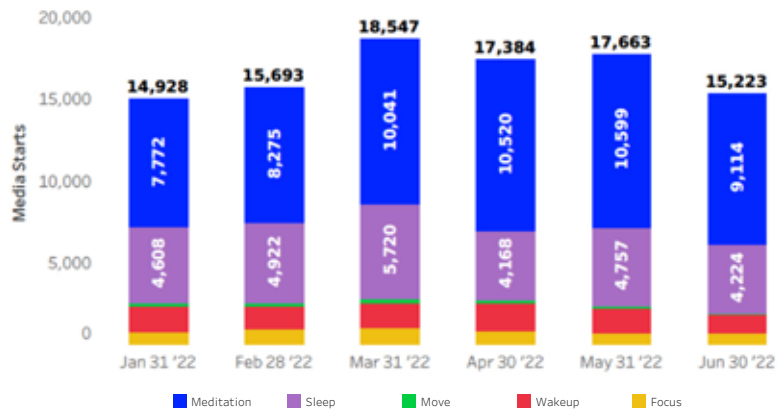

Los Angeles County

*Los Angeles County first made Headspace available in May 2020.*
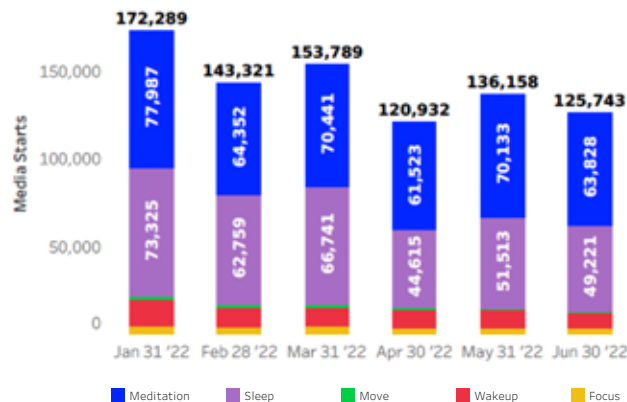
San Francisco County

San Francisco County first m[a]
Headspace available in March
Enrollments of new members
paused in June 2021 and ultim
discontinued in February 202
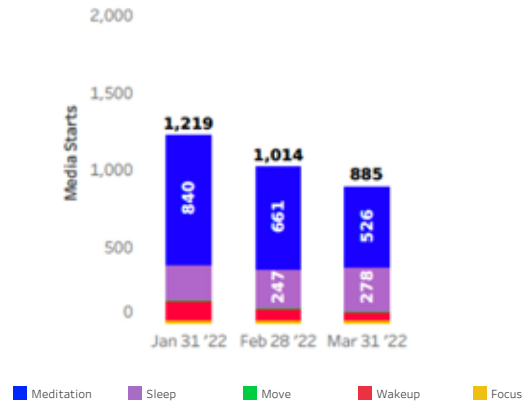
Santa Barbara County

Santa Barbara County first
made Headspace available
in October 2021.
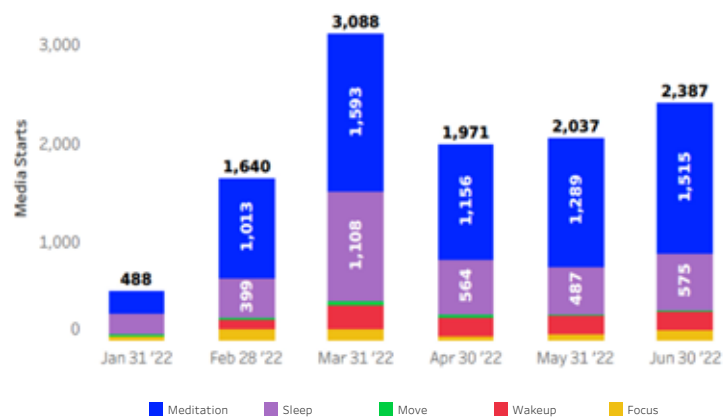
Learnings

Learnings from the Headspace dashboard data include:

- **Marketing campaigns support enrollment.** Marketing vendors can support diverse advertisement campaigns, including flyers, radio ads, and community outreach.

- **Providing Headspace in different ways can drive sign-ups.** Santa Barbara County experienced increased enrollments after offering Headspace at kiosks in clinic lobbies. Other efforts to advertise Headspace also boosted enrollment and engagement.

- **Trends in usage of features may shift over time.** Sleep content was the most used content in Headspace as part of the Help@Hand project in 2021. However, meditation was most used in 2022.

- **Over 40,000 people have been reached with Headspace over 27 months.** Headspace has been able to provide widespread reach in participating counties/cities. Yet, only a percentage of those enrolled engaged each month.

HEADSPACE CONSUMER EXPERIENCES

To understand the experience of Headspace consumers, Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley formed the Headspace Survey Workgroup, led by the Help@Hand evaluation team in 2021. The workgroup developed two surveys:

- **Survey 1:** a core survey to assess the consumer experience with Headspace.
- **Survey 2:** a follow-up survey for counties/cities interested in learning more about the ongoing use of Headspace and changes in outcomes.

The surveys were emailed to Headspace consumers in each county/city. Survey 2 was sent to the consumers four weeks after Survey 1 was completed. **Table 3.5** shows when the consumer surveys were distributed in each county/city. Response rates for the consumer surveys in some counties/cities were low as of June 2022. Potential ways to increase the response rate include informing participants about the survey when they enroll in Headspace and to not consider emails about the survey as spam; communicating about the survey with participants via phone or mail; and providing incentives to complete the survey.

Table 3.5. Headspace Consumer Survey Timeline and Participation.

| County/City	Headspace Implementation Timeline	Headspace Consumer Survey Evaluation Timeline	Number of Participants Who Completed Survey 1 (Response Rate)[6]	Number of Participants Who Completed Survey 2 (Response Rate)[7]
City of Berkeley	October 2021 – Ongoing	Data Collection In Progress *Surveys launched April 2022 and continue to be collected*	165 (3.2%)	74 (45.4%)
Los Angeles County	April 2020 – Ongoing	Data Collection In Progress *Surveys launched November 2021 and continue to be collected*	2,013 (2.6%)	922 (46.3%)
San Francisco County	March 2021 – February 2022	Not launched	–	–
San Mateo County	September 2020 – September 2021	Data Collection Completed *Surveys were collected between July - October 2021*	289 (8.8%)	115 (39.8%)
Santa Barbara County	October 2021 – Ongoing	Data Collection In Progress *Surveys launched October 2022 and continue to be collected*	52 (4.5%)	23 (46.0%)

[6] Data shows the number of participants completing the surveys and the response rate as of June 8, 2022.
[7] San Francisco paused enrollment of new members in June 2021 and decided to discontinue offering Headspace to new members in February 2022.

Below are preliminary results from 2,434 consumers who completed Survey 1 (e.g., the respondents), and 1,030 consumers who completed Survey 2.[8] **It is important to note that results and trends reported below are considered preliminary since data collection is still underway.**

Definitions

Current Users
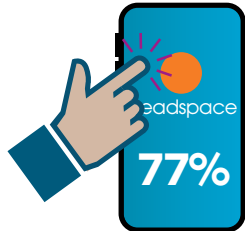
77% (N = 1,879/2,434) of respondents indicated they were still using Headspace at the time of Survey 1

77%
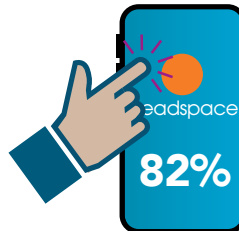
82% (N = 840/1,030) of respondents indicated they were still using Headspace at the time of Survey 2

82%

The rate of abandonment among current users decreased slightly between the surveys[9]

Abandoners

23% (N = 555/2,434) of respondents indicated they were not using Headspace at the time of Survey 1, but had used it in the past

23%
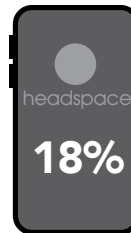
18% (N = 190/1,030) of respondents indicated they were not using Headspace at the time of Survey 2, but had used it in the past

18%

Key Findings

Key findings largely remained consistent this period compared to Year 3 findings reported in previous evaluation reports.

Mental Health

75% of current users experienced mental health challenges. Current users in Survey 1 scored higher on distress than abandoners.

Mental Health Resources

Almost half of respondents in Survey 1 made use of resources other than Headspace, such as professional mental health resources, to support their mental health.

Headspace Experience

Current users in both surveys had a positive experience with Headspace: over 90% would recommend Headspace and found Headspace useful in their daily life.

Reasons for Not Using Headspace

Common reasons for abandoning Headspace were that people in both surveys were using other strategies to support their mental health and/or just wanted to try Headspace.

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[8] Residents had the option to opt out of receiving future emails (e.g., reminder email to complete a survey and/or emails to complete a follow-up survey). The overall survey completion rate for Survey 1 was 2.9%. The overall survey completion rate of Survey 2 (i.e., the proportion of Survey 1 respondents who also completed Survey 2) was 45.5%. Each survey took approximately 20 minutes to complete. Participation was voluntary and unpaid.

[9] Survey 2 had a significantly lower percentage of abandoners, $X2 (1) = 8.302, p = 0.004$.

Respondent Demographics

Below are the demographics of current users and abandoners completing Survey 1. Current users were significantly more likely to report mental health concerns, while abandoners reported a significantly higher education level.

Current Users (N = 1,879)	Abandoners (N = 555)
Age **10%** aged 18 - 25 years old **83%** aged 26 - 59 years old **7%** aged 60+ years old	**Age** **9%** aged 18 - 25 years old **82%** aged 26 - 59 years old **9%** aged 60+ years old
Ethnicity **46%** Caucasian **19%** Hispanic/Latino/a/x **14%** Asian	**Ethnicity** **43%** Caucasian **18%** Hispanic/Latino/a/x **19%** Asian
Gender **73%** Female **23%** Male **2%** Genderqueer/Gender non-conforming/Non-binary	**Gender** **73%** Female **21%** Male **3%** Genderqueer/Gender non-conforming/Non-binary
Mental Health **75%** experienced mental health concerns	**Mental Health**[10] **71%** experienced mental health concerns
Education **3%** High School **9%** Some College **81%** Bachelor's, Graduate and/or Professional Degree	**Education**[11] **2%** High School **6%** Some College **85%** Bachelor's, Graduate and/or Professional Degree

[10] Current users were significantly more likely to report having mental health problems, X2 (1) = 4.51, p = 0.034.
[11] Abandoners reported a significantly higher education level, W = 467,748, p = 0.007.

The demographics of respondents of Survey 1 and 2 (both current users and abandoners) were largely similar, except Survey 2 respondents were slightly older than Survey 1 respondents.

Survey 1 (N = 2,434)	Survey 2 (N = 1,030)
Age **10%** aged 18 - 25 years old **83%** aged 26 - 59 years old **7%** aged 60+ years old	**Age**[12] **8%** aged 18 - 25 years old **83%** aged 26 - 59 years old **9%** aged 60+ years old
Ethnicity **46%** Caucasian **18%** Hispanic/Latino/a/x **15%** Asian	**Ethnicity** **50%** Caucasian **16%** Hispanic/Latino/a/x **13%** Asian
Gender **73%** Female **22%** Male **2%** Genderqueer/Gender non-conforming/Non-binary	**Gender** **74%** Female **22%** Male **2%** Genderqueer/Gender non-conforming/Non-binary
Mental Health **74%** experienced mental health concerns	**Mental Health** **73%** experienced mental health concerns
Education **3%** High School **8%** Some College **82%** Bachelor's, Graduate and/or Professional Degree	**Education** **3%** High School **9%** Some College **82%** Bachelor's, Graduate and/or Professional Degree

[12] Survey 2 respondents were significantly older than Survey 1 respondents, W = 1,202,311, p =0.004.
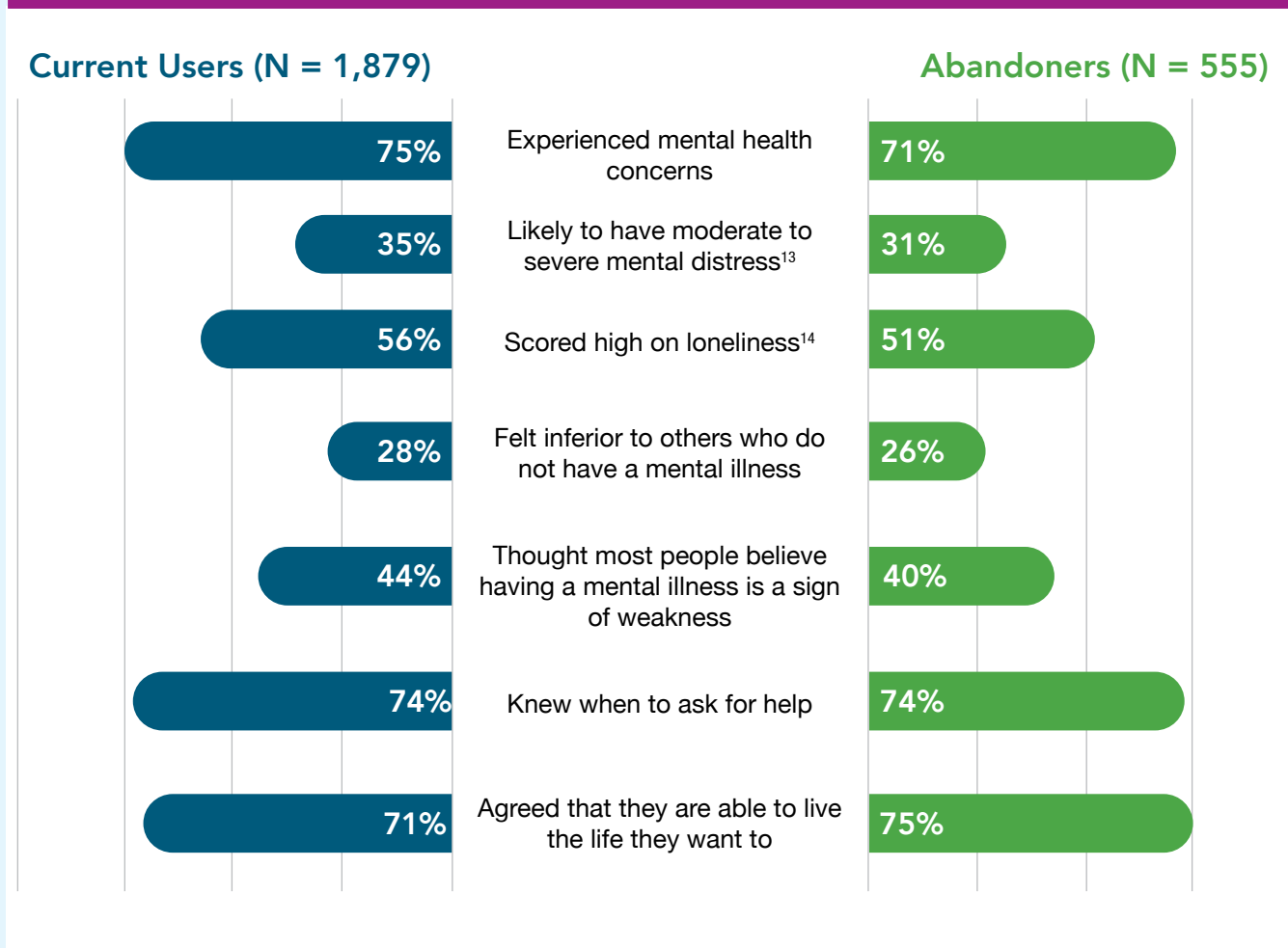
Mental Health Symptoms and Stigma

Current users were statistically significantly more likely than abandoners to have mental health concerns and distress.

This difference between current users and abandoners was larger compared to previous preliminary findings from Year 3. Specifically, a lower percent of abandoners reported mental health concerns compared to Year 3.

Figure 3.3. Mental Health Symptoms and Stigma of Current Users and Abandoners (Survey 1, N = 2,434).

Current Users (N = 1,879)   Abandoners (N = 555)

	Current Users	Abandoners
Experienced mental health concerns	75%	71%
Likely to have moderate to severe mental distress[13]	35%	31%
Scored high on loneliness[14]	56%	51%
Felt inferior to others who do not have a mental illness	28%	26%
Thought most people believe having a mental illness is a sign of weakness	44%	40%
Knew when to ask for help	74%	74%
Agreed that they are able to live the life they want to	71%	75%

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[13] Distress was measured using the Kessler Psychological Distress Scale. Participants were asked to rate ten statements thinking about the past 30 days (e.g., "During the last 30 days, about how often did you feel tired out for no good reason?") on a 5-point Likert scale ranging from None of the time (1) to All of the time (5), with a total added score in the range of 10-50. Participants are considered likely to be well or have a mild disorder with a score between 10-24, and considered likely to have a moderate to severe disorder if scoring between 25-50. Current users were more likely to be distressed (M = 22.3, SD = 7.6) than abandoners of Headspace (M = 21.5, SD = 7.9), t(2357) = 2.14, p=.032.
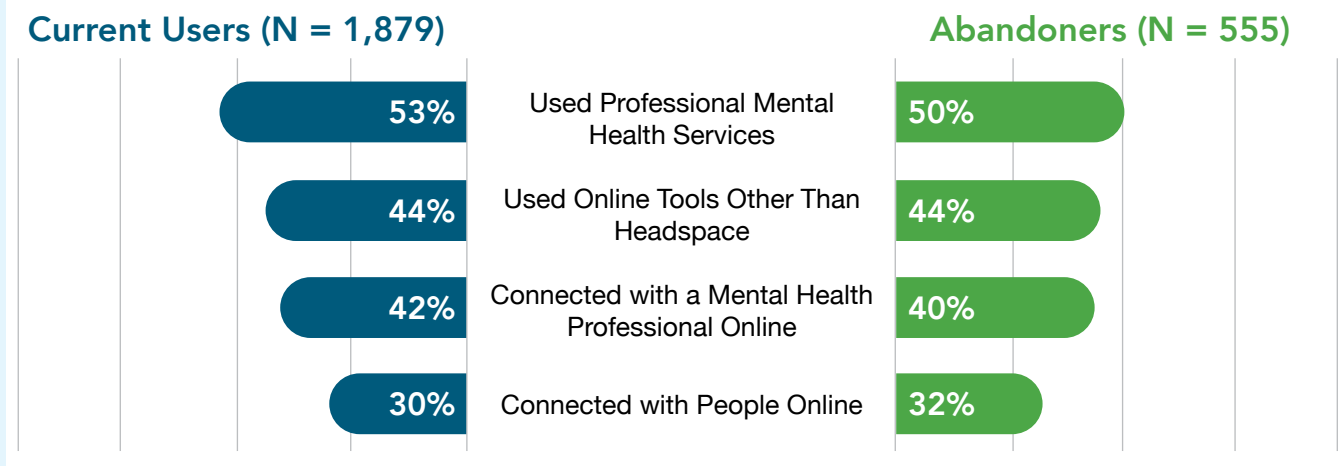
[14] To measure loneliness, participants were asked to rate three statements related to social connectedness and loneliness on a 3-point Likert scale ranging from Hardly ever (1) to Often (3), with a total added score in the range of 3–9. People with a score of 6 or higher are grouped as 'lonely'. Current users scored somewhat higher on loneliness (M = 7.8, SD = 1.6) than abandoners (M = 7.7, SD = 1.6), though this difference was insignificant, t(2418)=1.1, p=.273.

Mental Healthcare Utilization

Half of respondents had seen a mental health professional, such as a counselor or psychiatrist, in the past 12 months. More than a third of respondents used online tools other than Headspace to support their mental health.

Figure 3.4. Respondents' Use of Mental Health Resources Other Than Headspace in the Past 12 Months (Survey 1, N = 2,434). There Were no Statistical Differences Between Current Users and Abandoners.

Current Users (N = 1,879)		Abandoners (N = 555)
53%	Used Professional Mental Health Services	50%
44%	Used Online Tools Other Than Headspace	44%
42%	Connected with a Mental Health Professional Online	40%
30%	Connected with People Online	32%

Frequency of Headspace Use

Current users used Headspace more frequently (62% of current users indicated they used Headspace daily or several times a week) than abandoners before they abandoned Headspace (64% of abandoners had only used Headspace a few times a month or less before they abandoned Headspace).

Length of Headspace Use

Respondents were asked about how long ago they signed up for Headspace. The majority of respondents (both current users and abandoners) had signed up for Headspace over a year ago.

Figure 3.5. The Majority of Respondents Signed Up for Headspace Over a Year Ago (Survey 1, N = 2,434).

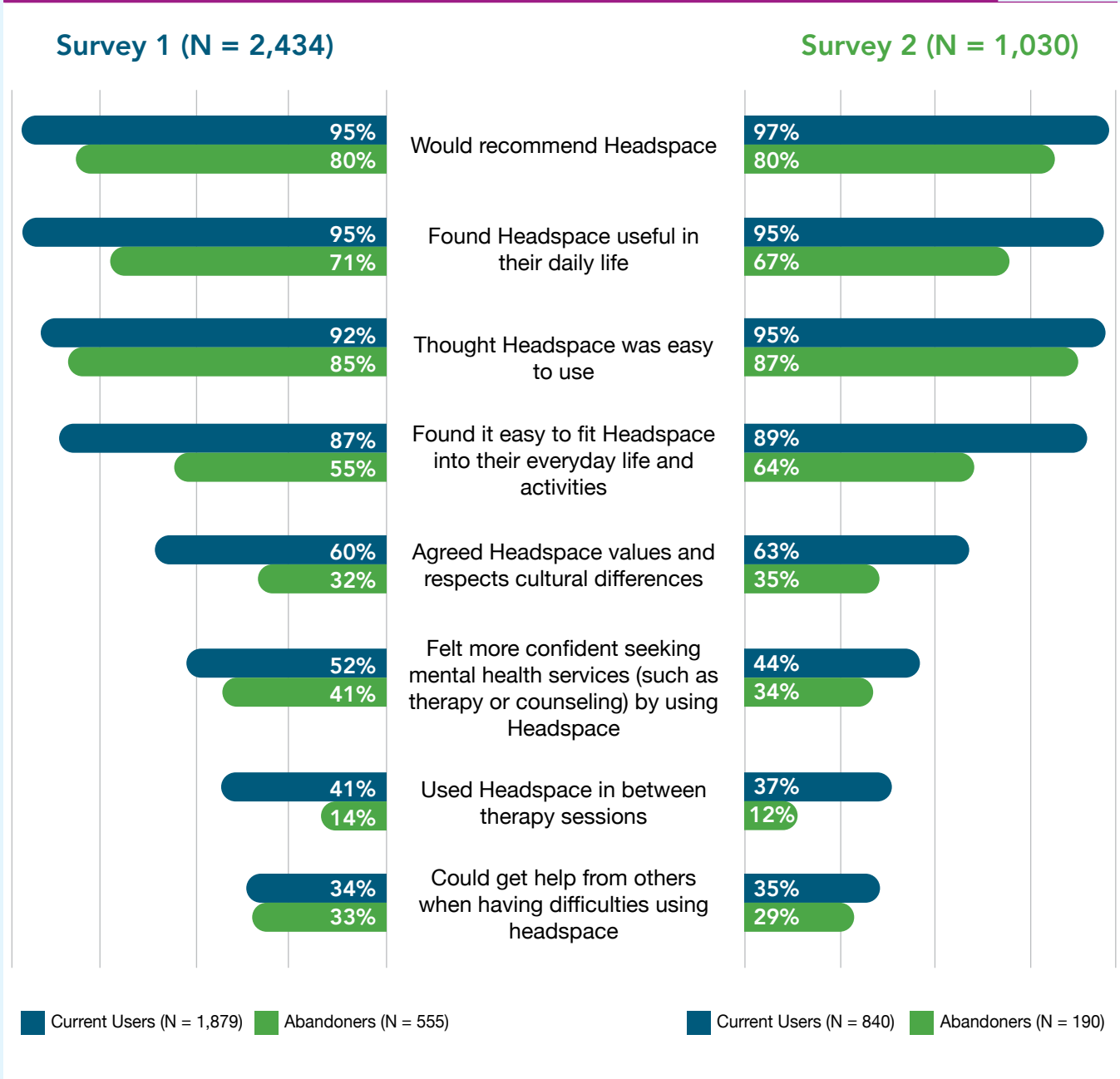| Current Users (N = 1,879)		Abandoners (N = 555)
24%	Less than 6 Months Ago	13%
20%	6 Months to a Year Ago	30%
56%	Longer than a Year Ago	57%

Headspace Experience

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

Almost half of current users attending therapy used Headspace in-between sessions, compared to 12% of abandoners attending therapy.

Only a third of respondents indicated they could get help from others if they had difficulties using Headspace.

Figure 3.6. Experience with Headspace of Current Users and Abandoners for Survey 1 and 2.

Survey 1 (N = 2,434) Survey 2 (N = 1,030)

	Survey 1 Current Users	Survey 1 Abandoners	Survey 2 Current Users	Survey 2 Abandoners
Would recommend Headspace	95%	80%	97%	80%
Found Headspace useful in their daily life	95%	71%	95%	67%
Thought Headspace was easy to use	92%	85%	95%	87%
Found it easy to fit Headspace into their everyday life and activities	87%	55%	89%	64%
Agreed Headspace values and respects cultural differences	60%	32%	63%	35%
Felt more confident seeking mental health services (such as therapy or counseling) by using Headspace	52%	41%	44%	34%
Used Headspace in between therapy sessions	41%	14%	37%	12%
Could get help from others when having difficulties using headspace	34%	33%	35%	29%

Current Users (N = 1,879) Abandoners (N = 555) Current Users (N = 840) Abandoners (N = 190)
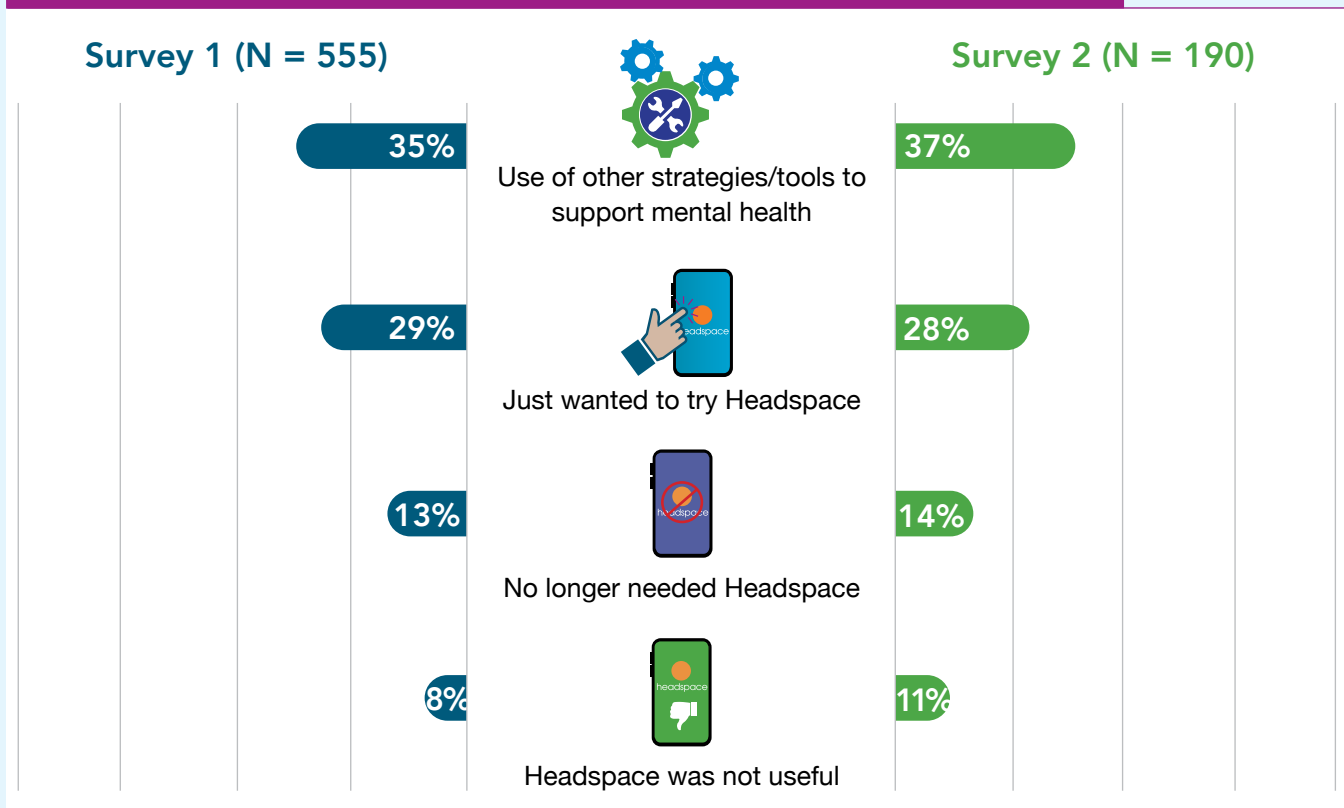
Reasons for Abandoning Headspace

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

Abandoners indicated the same reasons for abandoning Headspace in Survey 2 as on Survey 1.

Figure 3.7. Reasons Abandoners Decided to Stop Using Headspace for Survey 1 and 2.

Survey 1 (N = 555)   Survey 2 (N = 190)

Reason	Survey 1	Survey 2
Use of other strategies/tools to support mental health	35%	37%
Just wanted to try Headspace	29%	28%
No longer needed Headspace	13%	14%
Headspace was not useful	8%	11%

Learnings

Learnings from the Headspace consumer survey findings include:

- **Consistency in Headspace experience.** Over 90% of people who continued to use Headspace had a positive experience with the app and this trend remained across surveys. In addition, the most common reasons for abandoning Headspace were the same across surveys. These findings indicate that people's experience remained stable.

- **Providing technology support.** Though the majority of respondents found Headspace easy to use, 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.** The most common reason for abandoning Headspace was that people were already using other strategies to support their mental health and/or no longer needed Headspace. 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.

MYSTRENGTH EVALUATION

myStrength

MYSTRENGTH APP DATA

The City of Berkeley and Mono County made myStrength subscriptions available free for residents in their county/city. Evaluation of these myStrength efforts within Help@Hand include analysis of app data. This section reports app data of 1,675 consumers (98% of consumers were City of Berkeley residents) between October 2021 and July 2022. It is important to note that results and trends reported below are considered preliminary because enrollments are still ongoing.

Key Findings

Mental Health

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

Mood

Half of respondents reported a neutral mood, with 20% reporting a negative mood and 28% reporting a positive mood.

Popular Programs

The most popular programs were related to Post-Traumatic Stress Disorder (PTSD) (25%), Insomnia (16%), and Anxiety (13%).
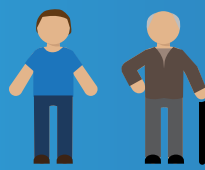
User Interests

The most popular user interests were related to Spirituality (36%) and Lifestyle (33%).

Consumer Demographics

Below are the demographics of consumers (N = 1,675).

Age
Average age **41.3** years (SD = 16.6)

Gender
67% Female
18% Male
11% Non-binary

Language
99.8% English
0.2% Spanish

Mental Health Symptoms

Overall respondents scored somewhat low on well-being at registration (the score could range from 0-100, with 0 representing the worst imaginable well-being and 100 representing the best imaginable wellbeing).

Figure 3.8. Consumers' Mental Health and Well-being Scores[15] Upon Registration (N = 1,522).

35%

Scored high on **anxiety**
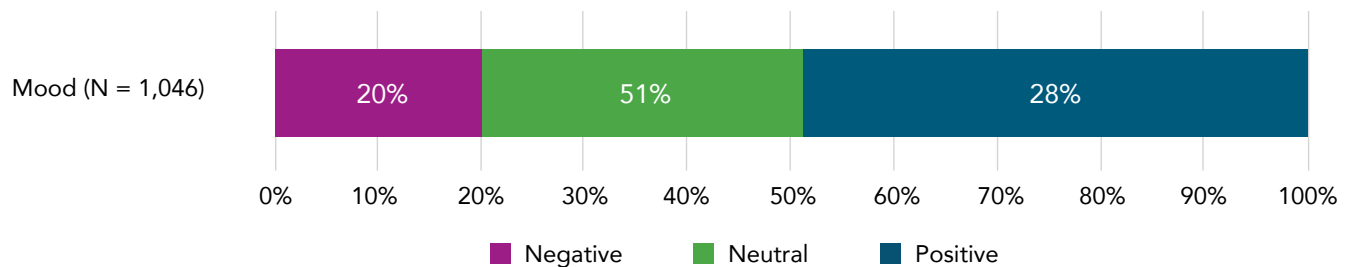
40%

Scored high on **depression**

38.3

Average **well-being** score
(SD = 19.6; range 0-100)

Mood

Approximately half of respondents had a neutral score. Twenty percent (20%) of respondents self-reported a negative mood and 28% self-reported a positive mood.

Figure 3.9. Consumers' Mood Scores[16] on the First Mood Assessment that a Consumer Completed (N = 1,046).
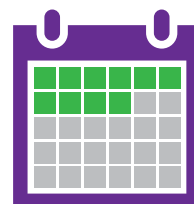
Mood (N = 1,046)	Negative 20%	Neutral 51%	Positive 28%

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

■ Negative   ■ Neutral   ■ Positive

User Activities

Figure 3.10. Consumers' Login Activity (N = 1,675).

3

Logins on average (SD = 5.3, range 1-144) from registration until July 7, 2022
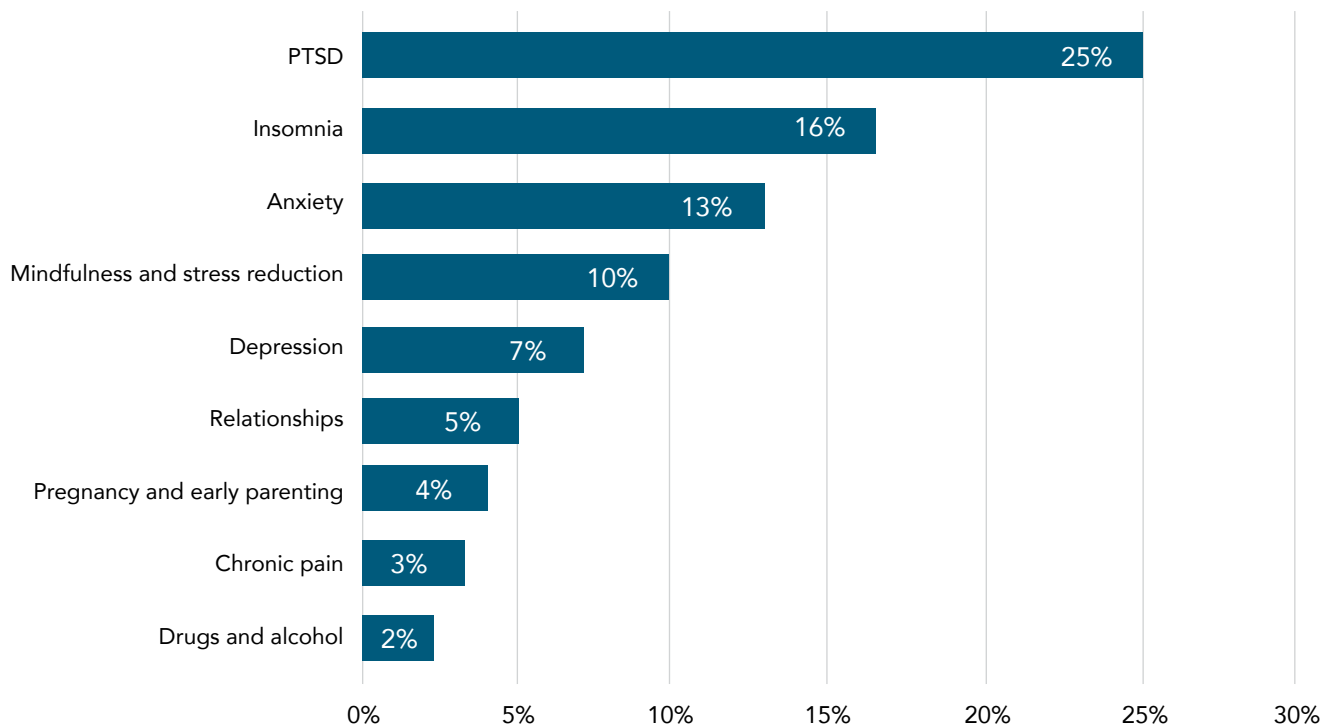
10

Days on average from a consumer's registration to their last login onto myStrength (SD = 29.1)

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[15] Upon registration and first log-in onto myStrength, consumers were asked to complete a survey assessing their anxiety, depression, and overall well-being. 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.
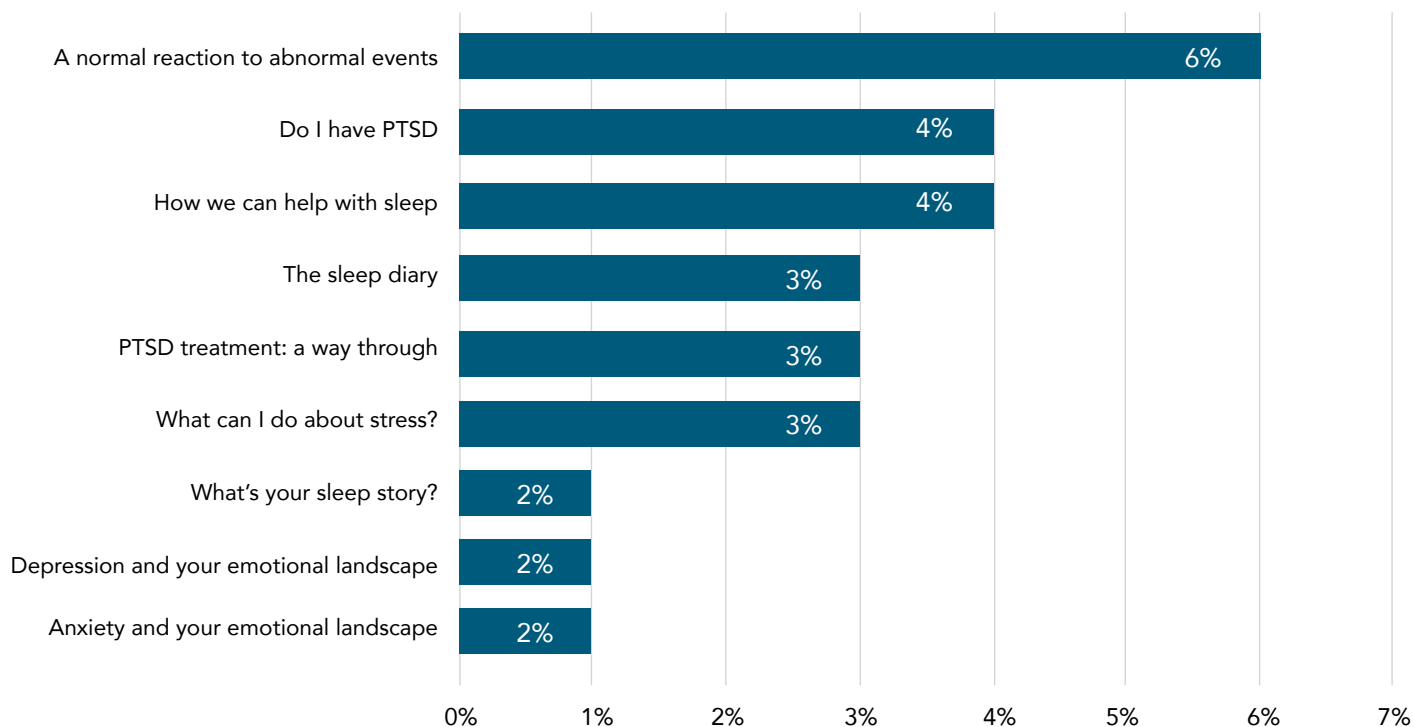
[16] Consumers had the option to rate their mood on a 5-point scale ranging from -1 (Negative) to 1 (Positive). Consumers could rate their mood more than once.

Figure 3.11. Top 10 Most Popular Wellness Programs (N = 1,675).

Program	Percentage
PTSD	25%
Insomnia	16%
Anxiety	13%
Mindfulness and stress reduction	10%
Depression	7%
Relationships	5%
Pregnancy and early parenting	4%
Chronic pain	3%
Drugs and alcohol	2%

476 consumers completed 1 or more activities on myStrength. In total consumers engaged in 310 different types of activities, which explains the relatively low percentage per activity.

Figure 3.12. Top 10 Most Popular Activities (N = 1,996).

Activity	Percentage
A normal reaction to abnormal events	6%
Do I have PTSD	4%
How we can help with sleep	4%
The sleep diary	3%
PTSD treatment: a way through	3%
What can I do about stress?	3%
What's your sleep story?	2%
Depression and your emotional landscape	2%
Anxiety and your emotional landscape	2%

User Interests

1,358 consumers added one or more interests to their profile; consumers on average added 2 interests (range 0-11 interests).

Figure 3.13. Most Popular User Interests (N = 2,990).

Interest	Percentage
Spiritual	36%
Lifestyle	33%
Health Topic	23%
Sleep Preference	8%
Condition	3%
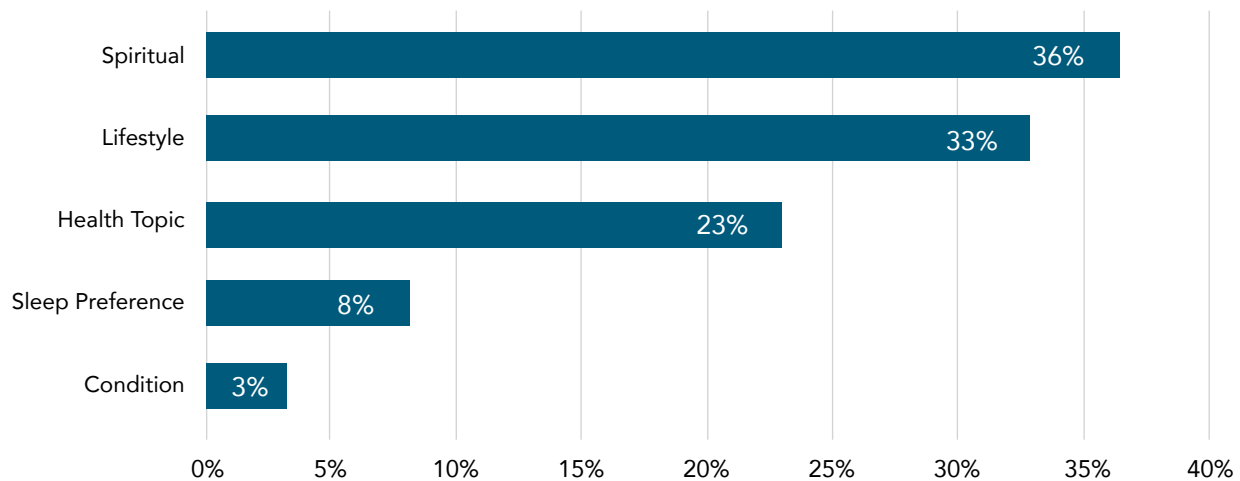
Learnings

Learnings from the myStrength app data include:

- **Types of Use.** Consumers engaged in a variety of myStrength activities. While approximately a third of consumers completed a 'myStrength activity', over half of consumers completed at least one entry to track their mood. This indicates that consumers may be using myStrength for different purposes.

- **Patterns of Use.** Consumers' last login onto myStrength was on average 10 days after their initial registration. Follow-up analyses of the consumer survey could provide insight into whether people abandoned myStrength after their last log-in and potential reasons for abandonment.

CITY OF BERKELEY

This period the City of Berkeley continued to implement their Berkeley Wellness for All program, which offers myStrength and Headspace for their general population.

myStrength and Headspace Implementations

Implementations Underway

In October 2021, the City of Berkeley began offering myStrength and Headspace free of charge to anyone who works, lives, or attends school in the city. A city-wide marketing campaign launched at the end of November 2021 and directed interested participants to the program's website (shown below).

Above: Picture of Help@Hand Billboards through the City of Berkeley.
Source: City of Berkeley

Above: Picture of Berkeley Wellness for All on social media.
Source: City of Berkeley
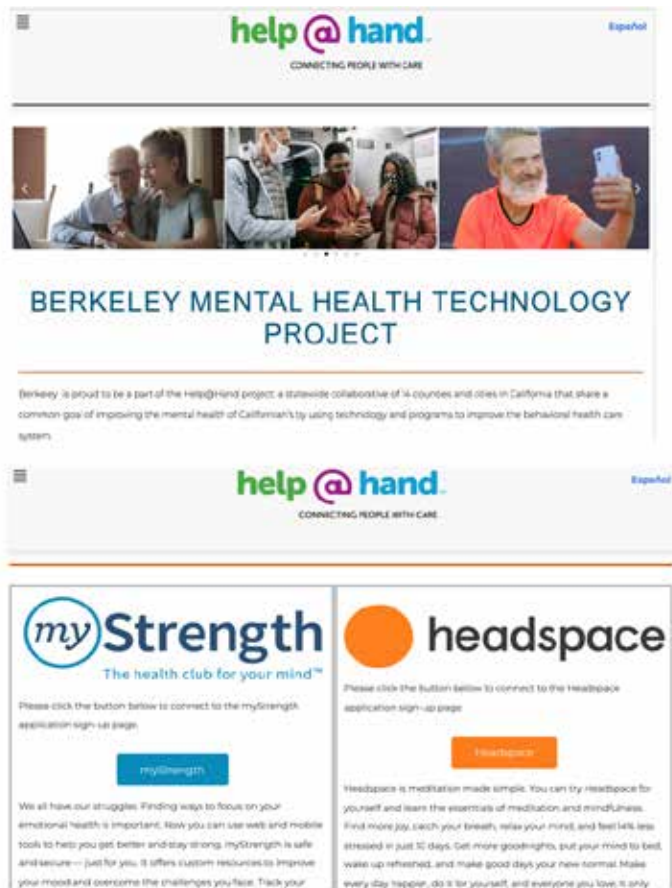
Above: Picture of City of Berkeley's Help@Hand Website.
Source: Help@Hand Connecting People With Care. (2018).
Berkeley Mental Health Technology Project. Retrieved from
https://helpathandca.org/berkeley/

To date, over 1,600 individuals have enrolled in the myStrength program. More than 5,000 individuals have enrolled in the Headspace program. The City of Berkeley initially had 5,000 Headspace licenses through their Help@Hand funding. To accommodate the higher than expected demand for the Headspace program, the city worked with CalMHSA and Headspace to determine how many more licenses were needed and to amend agreements. The City Council approved the purchase of 5,000 additional licenses through non-MHSA funding in March 2022.

Evaluation

The City of Berkeley partnered with Hatchuel, Tabernik and Associates (HTA) and the Help@Hand evaluation team to evaluate their programs. HTA developed an evaluation plan, which was updated this period. The evaluation was designed to understand:

- Who did the program reach?
- What was the impact on the apps' consumers' mental health?
- What was the impact on the apps' consumers from specific target populations?

Data for the evaluation is currently being collected. It includes marketing data, data from the myStrength and Headspace technologies, as well as consumer surveys, interviews, and focus groups. Preliminary data from Headspace and surveys with consumers enrolled in Headspace can be found on page 39. Data collected from myStrength through June 2022 can be found on page 52.

Future Directions

The City of Berkeley will continue to offer myStrength and Headspace free of charge through October 2022 and September 2023, respectively.

LOS ANGELES COUNTY

This period Los Angeles County continued to implement Headspace and iPrevail for their general population. They also continued to plan implementations of MindLAMP and SyntraNet.

Headspace Implementation

Implementation Underway

Los Angeles County began offering free Headspace subscriptions for all county residents in April 2020. This year they continued to implement Headspace across the county. Over 30,020 individuals enrolled in Headspace through the program as of June 2022. The Headspace Evaluation on page 39 provides more information on their engagement with the app.

Evaluation

The evaluation of the Los Angeles County's Headspace implementation included consumer surveys and data collected from Headspace. More about this is on page 39.

Future Directions

Los Angeles County and CalMHSA extended their contract with Headspace to continue providing access to county residents.

iPrevail Implementation

Implementation Underway

In June 2021, Los Angeles County launched iPrevail with residents across the county. Those interested in the program enrolled at https://lacounty.iprevail.com/ (shown below).

Above: Picture of Los Angeles County's iPrevail Website.

Source: Los Angeles County Department Of Mental Health.(2022). IPrevail. Retrieved from https://lacounty.iprevail.com/

Marketing

Los Angeles County and iPrevail continued to share information about the services offered to expand enrollment.

Additional outreach included:

- Outreach to schools for students aged 15 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

Over 6,100 people in Los Angeles County have enrolled in iPrevail with these efforts as of June 2022.

Evaluation

Los Angeles County worked with iPrevail and the Help@Hand evaluation team to assess their iPrevail program. Preliminary evaluation findings are on page 61.

Future Directions

Los Angeles County will continue to offer iPrevail free of charge for anyone within the county. Expansion of marketing and evaluation efforts for the iPrevail program will continue.

Mindlamp Implementation

Implementation Planning

Los Angeles County executed a contract with MindLAMP in October 2020. The county plans to use the platform to create a digital Dialectical Behavior Therapy (DBT) diary card for patients within the county system. They will start by offering MindLAMP to DBT clients at the county's Harbor-UCLA site.

This period the county continued to plan their implementation of MindLAMP. Key milestones included:

- **Updating the technology to host MindLAMP.** This included executing a contract with Azure (a cloud service of Microsoft that serves as the backend to MindLAMP) and setting up Azure to handle tasks such as keeping MindLAMP updated and maintaining secure authorization.

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

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

Evaluation

Los Angeles County continued to meet with the Help@Hand evaluation team to plan the evaluation of their MindLAMP implementation. The Help@Hand evaluation team shared sample consumer surveys and will work with Los Angeles County to adapt these to MindLAMP. The county will continue to meet with the evaluation team to further discuss evaluation data sources and plans.

Future Directions

Los Angeles County plans to launch their MindLAMP implementation in Fall 2022 at their Harbor-UCLA site.

SyntraNet Implementation

Implementation Planning

In September 2021, Los Angeles County began working with the software company Thrasys to use their platform SyntraNet. SyntraNet provides a wide range of functionality for county providers to support their clients. In particular, Syntranet consolidates client information (e.g., their health plan and treatment across different services) and allows providers to view the information in a single location. The technology is supported by a new Medi-Cal benefit that offers extra care management services to people who have complex needs.

In February 2022, a SyntraNet training with "super users" (e.g. providers who will use the product) was conducted. Completing the first iteration of user testing on the platform and launching the platform was also conducted this period.

Evaluation

In this period, Los Angeles County met with the Help@Hand evaluation team to begin planning their evaluation of Syntranet. The county will continue to work with the Help@Hand evaluation team to finalize their evaluation plan.

Future Directions

In July 2022, Los Angeles County plans to deploy SyntraNet with providers in their Enhanced Care Management (ECM) services. The ECM services are new statewide Medi-Cal benefits that are available to a select "Populations of Focus". Its purpose is to address clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services. SyntraNet will also be rolled out in some community support services.

LOS ANGELES COUNTY iPREVAIL EVALUATION

In June 2021, Los Angeles County Department of Mental Health (LADMH) launched the iPrevail platform for residents of Los Angeles County. iPrevail is a broadly available digital platform that uses trained Peer Coaches to provide support and services to consumers who visit the platform.

This section includes preliminary findings from:

- Surveys from consumers using iPrevail
- Surveys with Peer Coaches

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

IPREVAIL CONSUMER SURVEY

In 2021, LADMH and iPrevail worked with the Help@Hand evaluation team to create a consumer survey. The survey aimed to assess consumers' mental health symptoms and evaluate consumer experience with iPrevail. iPrevail began to offer the survey to consumers on December 11, 2021. Consumers took one of the following survey versions within the iPrevail app every 3 months:

iPrevail's standard clinical survey

This survey measures mental health stigma and mental health symptoms (e.g., stress and depression), but does not measure consumer experience.
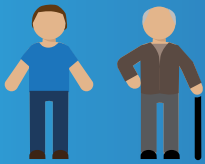
Help@Hand's consumer experience survey

Combination of both surveys

Below are the demographics of the 1,078 consumers who completed surveys as of June 2022. This includes the 809 consumers who completed a demographic survey and/or iPrevail's clinical questionnaire when iPrevail was first launched in Los Angeles County on May 15 through December 11, 2021. Further analysis on consumers' engagement and experience with iPrevail will be shared in future reports.

Consumer Demographics (N = 1,078)

Age
4% < 18 years old
18% aged 18 - 25 years old
72% aged 26 - 59 years old
4% aged 60+ years old

Sexual orientation
69% Heterosexual
10% Bisexual
7% Gay or Lesbian

Ethnicity
42% Hispanic
22% White
9% Asian

Disability
17% had a disability
• **55% mental disability**
• **13% physical/chronic disability**

Gender
54% Female
20% Male
3% Non-binary

Veteran
2% was a veteran

Language Spoken at home
80% English
8% Spanish

Education
15% was currently a student

iPREVAIL PEER COACH SURVEY

iPrevail launched a survey of its Peer Coaches in collaboration with LADMH and the Help@Hand evaluation team in December 2021. iPrevail distributed a survey to the Peer Coaches, which was designed by the Help@Hand evaluation team with input from iPrevail and LADMH.

The survey served to understand the Coaches' experiences in providing iPrevail support and services, and their perspectives on the usefulness of iPrevail for Los Angeles County residents. It was distributed to 62 Peer Coaches serving consumers in Los Angeles County and completed by 42 respondents (67.7% response rate).

KEY FINDINGS

- Coaches reported overall positive experiences with iPrevail. They believed it had a positive impact on those they worked with and could benefit Los Angeles County residents.
- The biggest concern raised was that consumers might have misappropriate expectations of iPrevail being able to provide therapy services. Coaches thought this should be addressed.
- iPrevail Coaches with 2+ years of experience as a Peer supporter (e.g., Peers that provided support to others, which includes being an iPrevail Coach and offering support outside of iPrevail) reported more comfort in using the iPrevail platform and higher perceptions of iPrevail's benefits than those with less than 2 years of experience as a Peer supporter.
- Coaches with 1+ years of experience with iPrevail and those with less than 1 year of experience reported similar satisfaction with iPrevail..
- All the features of iPrevail were generally rated as either "very useful" or "extremely useful".

Coach Characteristics

Characteristics of Coaches included how long the Coach considered themselves a Peer supporter (*Mean* = 4.9 years, *SD* = 6.35) and how long they had worked as an iPrevail Coach (*Mean* = 1.4 years, *SD* = 1.28). Note: two respondents indicated "not applicable" for considering themselves a Peer supporter.

Coaches Experiences with iPrevail

iPrevail Coaches reported overwhelmingly positive experiences with the iPrevail platform as shown in **Figure 3.14**.

Figure 3.14. Coaches Experiences with iPrevail.
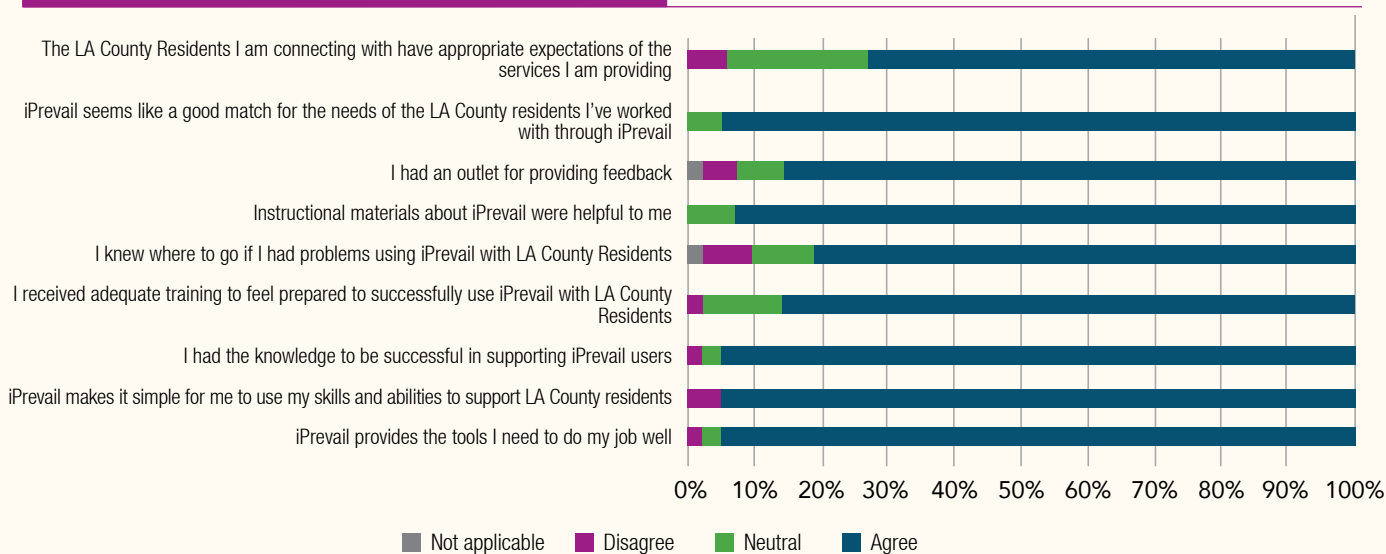
High Ratings

iPrevail Coaches gave the highest rating for the following survey items:

- "iPrevail makes it simple for me to use my skills and abilities to support LA County residents"
- "iPrevail seems like a good match for the needs of LA County residents I've worked with through iPrevail."

Low Ratings

Coaches gave the lowest rating to the following survey item:

- "The LA County Residents I am connecting with have appropriate expectations of the services I am providing"

The open-ended answers provide some rationale for this rating as many Coaches reported that consumers misconstrued iPrevail as offering "therapy services." Respondents stated:

"*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*"

"*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.*"

Rating Comparisons by Experience as Peer Supporter

Responses were compared based on the Coaches' level of experience as Peer supporters (less than 2 years vs. 2+ years) to understand if the experience of using iPrevail differed for those Coaches with more experience compared to Coaches with less experience. Generally, the findings suggest that Coaches with more Peer supporter experience reported higher levels of satisfaction across all ratings of the product.

Figure 3.15. Coaches with More Peer Experience Reported Higher Levels of Satisfaction with iPrevail.

Items	Less Experience (0-2 years)		More Experience (2+ years)	
	Agree	Completely Agree	Agree	Completely Agree
IPrevail provides the tools I need to do my job well	12 (66.7%)	4 (22.2%)	6 (27.3%)	16 (72.7%)
I received adequate training to feel prepared to successfully use iPrevail with LA County residents	7 (38.9%)	6 (33.3%)	5 (22.7%)	16 (72.7%)
I know where to go if I had problems using iPrevail with LA County Residents	6 (33.3%)	6 (33.3%)	8 (36.4%)	12 (54.5%)
I had an outlet for providing feedback	10 (55.6%)	6 (33.3%)	4 (18.2%)	14 (63.6%)
	Great Extent	Very Great Extent	Great Extent	Very Great Extent
IPrevail produced improvements in those residents I worked with that I could actually recognize	6 (33.3%)	2 (11.1%)	7 (31.8%)	10 (45.5%)
IPrevail can meet the needs of LA County Residents	8 (44.4%)	3 (16.7%)	11 (50%)	9 (40.9%)
	Very Useful	Extremely Useful	Very Useful	Extremely Useful
How useful are the "Programs" features for users	8 (44.4%)	4 (22.2%)	6 (27.3%)	14 (63.6%)

Usefulness of iPrevail for Los Angeles County Residents

Generally, all the features of iPrevail were most often rated as either "very useful" or "extremely useful" with mean ratings ranging from 4.2 (out of 5) for the "Groups" feature to 4.8 (out of 5) for the "Chatting" feature.
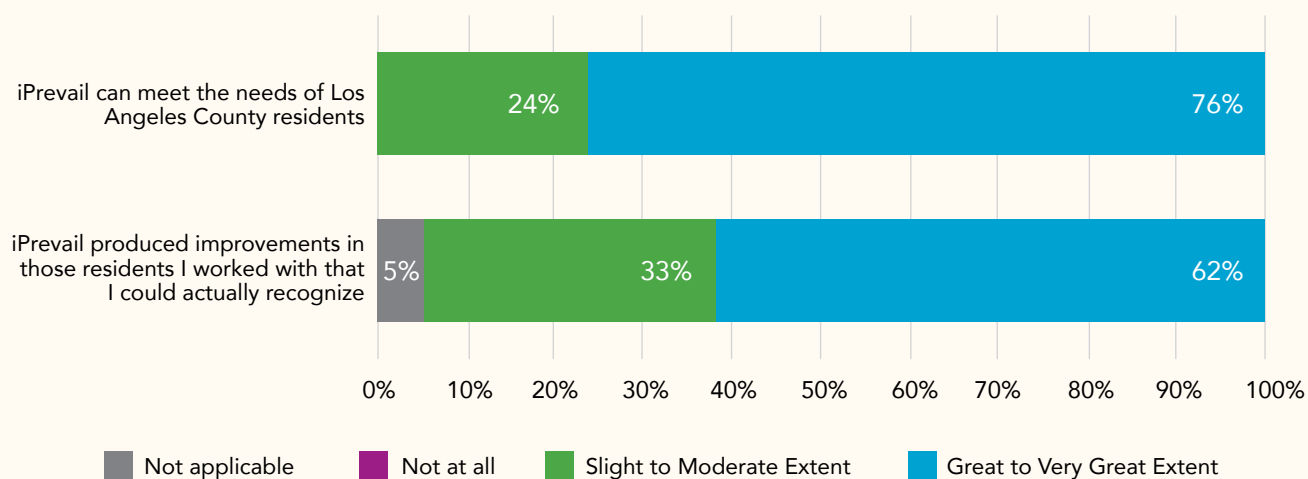
The Coaches were also asked what other mental health services or supports they provided through iPrevail to consumers. The most common resources were crisis or support lines such as the National Suicide Prevention hotline or therapist locators.

Table 3.6. iPrevail Features were Most Often Rated as Very or Extremely Useful.			
	Not at all useful	**Slightly to Moderately Useful**	**Very to Extremely Useful**	**Mean Rating**
Chatting	0 (0.0%)	1 (2.4%)	41 (97.6%)	4.8 (0.40)
Tips and Resources	0 (0.0%)	5 (11.9%)	36 (85.7%)	4.5 (0.76)
Programs	0 (0.0%)	7 (16.7%)	34 (80.9%)	4.5 (0.66)
Groups	0 (0.00%)	14 (33.3%)	22 (52.3%)	4.2 (0.94)

Coaches reported on their overall perceptions of iPrevail's benefit. Overall, most Coaches indicated they saw recognizable improvements at a great to very great extent in those residents they worked with (62%) and 76% indicated they believed to a great to very great extent that iPrevail can meet the needs of Los Angeles County residents.

Figure 3.16. Coach Perceptions of iPrevail's Benefits.

Figure 3.16. Coach Perceptions of iPrevail's Benefits.

iPrevail can meet the needs of Los Angeles County residents — 24%, 76%

iPrevail produced improvements in those residents I worked with that I could actually recognize — 5%, 33%, 62%

Legend: Not applicable · Not at all · Slight to Moderate Extent · Great to Very Great Extent

Learnings

Learnings from the iPrevail Peer Coach survey include:

- **Coaches had positive experiences with iPrevail and found it useful for Los Angeles County residents.** The most significant concern raised was whether consumers had appropriate expectations for iPrevail.

- **Coaches with more experience helping others as Peers had more positive experiences with using iPrevail than coaches with less experience.** Those coaches with less than 2 years of experience helping others as Peers reported slightly lower comfort and perceived benefits of iPrevail compared to their counterparts with more experience.

SPOTLIGHT

Making Things One Click Away
Developing a Collaborative Database of Resources

Authors: John Bunyi, AMFT, Help@Hand Evaluation,
Alex Elliott, MSW, LA County Department of Mental health

There are a multitude of services and resources across California that aim to address a range of needs affecting people's health, functioning, and quality-of-life. Commonly referred to as social determinants of health, these needs encompass areas such as housing, food, education, healthcare access, and even technology.

Despite the availability of high-quality and/or evidence-informed services, resources, and information, few are accessed by those who need it, and awareness around what is out there remains low. Sometimes, there are so many of these services available that people can experience an "infodemic" or become overwhelmed by the volume of information. Other times, people may not be ready to access a given service when they come across it and will dismiss it entirely-- forgetting that these services exist.

Resources for housing, food, education, healthcare access, and technology are available but not readily used for various reasons.

An inability to identify existing services when needed can result in a few challenges. For one, searching for services can take valuable time and effort. A recent study (Anaya et al, 2022) suggested that the more effort a consumer spends on searching for services and information, the higher their expectations for the service and the lower their chance for experiencing satisfaction. In other cases, having to search for services and support without knowledge of what to look for can result in finding a more costly or less quality resource. Without knowledge or awareness of what services are available, people and organizations may use up time and resources recreating existing solutions.

In the context of the Help@Hand project, several counties and cities have dedicated effort to find and develop resources that help support their work in bringing mental health care through technological solutions (e.g., distributing mobile devices to consumers, providing free or affordable broadband). To help identify and keep such resources clear and accessible, Alex Elliott, MSW, Psychiatric Social Worker with LA County Department of Mental Health, developed a database of resources in California.

Alex Elliott MSW, Psychiatric Social Worker with LA County Department of Mental Health
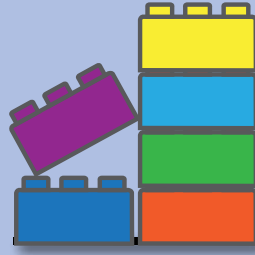
Creating a Statewide Service and Resource Database

Highlighted below are a few of the resources found in the database.

Resources Addressing Technology and the Digital Spaces Needs			
Resource Name	**Link**	**Need(s) Addressed**	**Availability**
California Broadband for All	https://broadbandforall.cdt.ca.gov/affordable-ser-vice-programs/	Broadband Access, Device Access	Statewide
Digital Navigator Model - National Digital Inclusion Alliance	https://www.digitalinclusion.org/digital-navigator-model/	Digital Literacy	Nationwide
California LifeLine – Provider Search m	https://www.californialifeline.com/en/provider_search	Broadband Access, Device Access	Statewide

Resources Addressing Other Social Determinants of Health Needs			
Resource Name	**Link**	**Need(s) Addressed**	**Availability**
BenefitsCal	https://benefitscal.com/	Food, Health, Finance	Statewide
CalFresh EBT Online Program	https://www.cdss.ca.gov/ebt-online	Food, Transportation	Statewide
CAreer Pathways – California State Library	https://www.library.ca.gov/services/to-public/ca-reer-pathways/	Career	Statewide
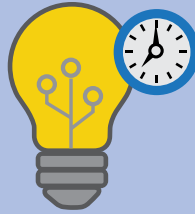
Alex noted that such a database is most useful as an "agile" document. This means that the database should be very flexible and able to adapt to larger changes in the technology ecosystem. If Apple, for instance, were to release an update for its mobile operating system, the resources in the database should be up-to-date and any information should be applicable to the update.

It is important to note that there are challenges to maintaining a database of resources. For example, services and resources may sometimes become unavailable, or web links (URLs) and information may become outdated. Thus, it would be helpful to have a community to help maintain it, like other publicly available open-source resources such as Wikipedia. Future work can serve to improve the collaborative aspect of the database, along with its usability and accessibility, and in making it publicly available.

Future iterations of the database may also have a more widely available repository of resources hosted through tools such as GitHub or Notion (see Figure 1). Expansion of the database would include aesthetic improvements, searchability, availability outside of the Help@Hand project, and open-source capabilities to help with maintenance of the database. In addition to resources and services, the database would expand to include key instruments that are available in the public domain (e.g., publicly available health assessments, outcome measures, Customer Relations Management (CRM) templates, surveys, Power BI Data Visualization Templates, etc.) through tools that are readily available to county/city employees (e.g., Microsoft Forms).

GitHub is a code hosting platform which allows for collaboration and tracking and managing changes to a document. It is a collaborative interface that lets multiple people make separate changes to web pages at the same time.
(from https://digital.gov/resources/an-introduction-github/)

Figure 1. Sample formatting of the database using Notion, a project management and note-taking software capable of hosting collaborative databases.

Future Vision

Alex says this database should be a simple, go-to place for a variety of county and city staff throughout California to use when sharing information with stakeholders and consumers. For example, Alex envisions quickly referencing a centralized database in county or city meetings when a particular need is raised. Others have noted that having access to Alex's database has been helpful in developing resource guides for consumers. Likewise, with the launch of the 988 mental health hotline and Peer chat technologies across California, coaches, digital navigators, and operators could potentially share selected resources from the database to callers in need.

While the development of resources to address the community's needs is important, it can be equally challenging to bring awareness to these resources. Having a centralized and curated database where people can collaboratively share existing resources and services can bring about much needed awareness. As Alex says, "we should avoid recreating the wheel, and aim to make helpful resources one click away."

MARIN COUNTY

In 2021, Marin County successfully piloted myStrength with English and Spanish-speaking isolated older adults. Based on outcomes and learnings from the pilot, Marin County's Advisory Committee endorsed exploring an implementation of myStrength, but wanted to do further evaluation of the lasting impacts and utilization with the pilot participants. Additionally, the Advisory Committee wanted to better coordinate with other initiatives in the county. A key learning from this effort was a comprehensive digital literacy program had to be built to support the introduction of digital wellness tools for the most high need populations.

myStrength Pilot and Implementation

Pilot Completion

Marin County piloted myStrength with 30 isolated older adults between March and June 2021. The pilot aimed to help isolated older adults use technology to enhance their well-being and sense of social connectedness. The pilot involved the following:

	ONBOARDING	TECHNOLOGY (TECH) TRAINING	MYSTRENGTH	DEBRIEF
	JANUARY	FEBRUARY	MARCH/APRIL	MAY/JUNE
Pilot Milestones	**Jan 28:** Began Recruiting and Orienting Pilot Participants	**Feb 9:** 1st Tech Training Class for Pilot Participants	**Mar 2:** Began Offering myStrength to Pilot Participants	**Apr 30 – Jun 14:** Conducted Post–Pilot Data Collection
Evaluation		• Pre–Training Participant Survey	• Post–Training/Pre– Pilot Participant Survey	• Post–Pilot Participant Interview and Survey • Post–Pilot Staff Interview and Survey

Evaluation

Marin County worked with the Help@Hand evaluation team to evaluate their myStrength pilot as described above. Evaluation findings can be found in the Year 3 Annual Help@Hand Evaluation Report.
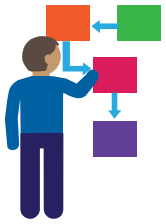
Implementation Planning and Pause

In August 2021, Marin County's Advisory Committee endorsed an implementation of myStrength within the county. The Advisory Committee also wanted to learn how the pilot participants engaged with the technology after the end of the pilot period.

In Fall 2021, Marin County began initial plans for a wider implementation of myStrength. The county planned to engage 100 English and Spanish-speaking older adults in two cohorts. The plan was for one cohort to include older adults (60+ years old) who were able to use technology independently and had basic digital literacy skills (e.g., basic internet navigation skills, knew how to use email, and were able to create an online myStrength account independently). The second cohort would include older adults with lower digital literacy skills. The implementation would also include distributing devices to those in the program who needed them.

Data collected from Marin County's pilot suggested that isolated older adults could benefit from using myStrength, particularly those with lower digital literacy skills. However, surveys conducted with participants engaged with myStrength after the pilot found many older adults stopped using myStrength shortly after the pilot ended because of a lack of comprehensive support and reinforcement. As noted in the Year 3 Annual Help@Hand Evaluation Report, the pilot participants highlighted the benefits of the digital literacy group classes, being able to connect with others through the program, and learning skills such as connecting with family/friends virtually.

In Quarter 1 of 2022, Marin County's Prevention and Outreach Supervisor and Tech Lead left the project. In addition, due to barriers around providing the needed comprehensive support and reinforcement for use of the app, Marin County's Advisory Committee directed the county to shift from a wider implementation of myStrength to exploring how to utilize the lessons learned from Help@Hand and integrate the lessons learned with larger county initiatives that support digital literacy and the mental health needs of the most isolated older adults. One avenue of exploration will be grants to local organizations or libraries to support digital literacy and mental health. Digital apps may also be made available.

Future Directions

Marin County's planning of their myStrength implementation is currently paused since their Advisory Committee prioritized enhancing their digital literacy and in-person support efforts. The county considers these efforts as needed building blocks for a digital wellness program that are not readily available in a wide-spread implementation. The county will explore partnering with local organizations, libraries, and others to disseminate their project learnings and build the needed infrastructure to increase access to digital behavioral health programs.

MONO COUNTY

This period Mono County launched its implementation of myStrength. The county is focused on recruiting community college students, isolated populations, and monolingual Spanish speaking community members. myStrength was also made available to the broader public to help serve the greater Mono County community.

myStrength Implementation

Implementation Planning

In 2021, CalMHSA proposed a plan where Marin and Mono Counties might share a pool of 5,000 myStrength licenses for their implementations. CalMHSA worked with myStrength to execute a master agreement to accommodate this. In February 2022, Marin County was removed from the contract due to changes in their project plans. This delayed contracting between Mono County and myStrength.

During the contract negotiation period, Mono County Wellness Center Associates and staff received extensive training in the use of myStrength to prepare for the county's myStrength implementation launch. Mono County's Wellness Center Associates played a critical role in the implementation and were designated as point people to help clients and community members enroll in the app. They also assisted with marketing and outreach efforts, such as hanging flyers and presenting at local groups.

Implementation Underway

myStrength was launched in Mono County in April 2022. In May 2022, Mono County's Board of Supervisors approved a proclamation declaring May as Mental Health Awareness Month. The proclamation included various special events held by the county and featured several programs, including the myStrength program.

The county planned to orient and walk through myStrength with community members in senior centers. However, this effort has not begun due to staff illness and increases in COVID-19 cases.

To support these efforts, Mono County hired an additional Wellness Associate for a total of six Wellness Associates this period. Mono County plans to continue to add members to their team.

Marketing

Mono contracted with Mammoth Lakes Creative (MLC) to develop marketing materials (e.g., branded giveaways, media, etc.). Mono County sent myStrength marketing materials to MLC as a reference for MLC to create additional materials.

A major marketing push occurred at community events during Mental Health Awareness Month in May 2022, which included outreaching during a suicide awareness walk. Another marketing push was completed in June of 2022, which included outreaching during Pride Festival events, and health and safety fairs. Below is a summary of the different avenues Mono County used to market myStrength to their core audience.

County Recruitment

- Referrals from county wellness center Peers and front desk staff
- Outreach at community events during Mental Health Awareness Month in May (e.g., Suicide Awareness Walk)
- Outreach at Pride festival events and health and safety fairs in the month of June

Marketing

- Marketing through:
  - Wellness kit goodie bags
  - Newspaper
  - Radio
  - Social media ads
  - Bus ads

Partnerships

- Referrals from:
  - Senior centers
  - Cerro Coso Community College
  - A local organization providing wellness activities and support groups

Evaluation

The evaluation of Mono County's myStrength implementation included consumer surveys, staff surveys, and data collected from myStrength. Preliminary data from the myStrength app can be found on page 52.

Future Directions

Mono County plans to continue marketing myStrength among their core audiences as well as to the broader public.

MONTEREY COUNTY

Monterey County Behavioral Health (MCBH), in collaboration with CredibleMind and Los Angeles County, continued their work in building a mental health application designed to screen and refer individuals and family members to county mental health services, and also provide self-help resources. Additionally, mental health clinics and community outreach providers may use results from initial assessments in the screening tool to help coordinate care for clients.

Building a Screening and Referral Technology

Technology Development

Needs Assessment

In 2022, CredibleMind held focus groups and distributed surveys with stakeholders (e.g., consumers, clinicians in the community, and MCBH staff) to inform needs that the screening tool could address. The spotlight on page 78 details how stakeholders were engaged in the needs assessment.

On March 3, 2022, CredibleMind shared in-depth research findings with MCBH in their 3.0 Research report. Key findings from the needs assessment included the following:

- There needed to be more awareness and availability of county services, especially for historically underserved populations.

- There needed to be improved coordination and continuity of care across providers.

- Careful consideration should be given on how the screening tool would handle mental health crises, as well as consumer data and privacy.

Design Sprint

Based on findings from the needs assessment, the CredibleMind team developed a functional prototype of its screening tool. The team then gathered in-depth feedback on the prototype from a small group of stakeholders to further refine the screening tool. CredibleMind provided a detailed description of the design sprint process and outlined feedback received from user testing in a report to MCBH. They also began to draft the Technical Design Document, which describes the screening tool's system architecture, application workflow, and data dictionary.

Additional iterations of stakeholder feedback and refinement will be done as the tool continues to be developed. This will include asking stakeholders for input on possible names for the tool.

Major Changes to the Product

During the research and design phases (e.g., the needs assessment and design sprint), several requested product features were identified that were not captured in the original statement of work. Requested changes included adding:

- California Advancing and Innovating Medi-Cal (CalAIM) questions for youth and adults to the screening tool to better support upcoming CalAIM assessments, therefore reducing the burden on consumers to complete multiple screeners.

CalAIM is a five-year plan being implemented by the state of California that aims to make Medi-Cal services more standardized, consistent, and integrated with other public services.

CalAIM's goals are to:
1. Identify and manage comprehensive needs through whole person care approaches and social drivers of health.
2. Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.
3. Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.

Source: Clayton, J., and Sadwith, T. (2022). No Wrong Door for Mental Health Services Policy. Retrieved from https://www.dhcs.ca.gov/Documents/CalAIM-No-Wrong-Door-Webinar.pdf

• Questions related to conditions not captured in the original statement of work.

CredibleMind submitted a scope of work change order to accommodate these changes. MCBH approved the revised scope of work in May 2022.

Evaluation

MCBH and CredibleMind identified Health Research for Action (HRA) from UC Berkeley as independent evaluators of the project. HRA has been using an agile approach in their evaluation (e.g., working within the current data collection environment of the county, while seeking creative strategies to explain the impact this tool may have on the broader mental health system and client access to care).

This period, HRA worked on their pre-launch evaluation by conducting a process evaluation (e.g., evaluating whether program activities were implemented as intended) and reviewing existing data. HRA has identified the data elements they would like to use for pre and post launch analysis. HRA also began to plan how to best conduct a cost analysis of the screening tool.

MCBH requested that HRA conduct their post-launch evaluation from January to June 2023 to better assess the impact of the screening tool after launch. The post-launch evaluation includes measuring the outcome, impact, and cost of the screening tool.

Launch Plans

MCBH plans to launch the screening tool in September 2022. However, CredibleMind identified a potential risk that may delay their timeline:

• **Integrating CalAIM's screening questions and accounting for its No Wrong Door policy[17]:** The No Wrong Door policy states mental health consumers can be screened and referred across delivery systems with ease. Although important to account for, these guidelines may not be finalized until the end of 2022 or early 2023. Thus, integration of the CalAIM screening questions can affect the September 2022 launch date initially planned by the CredibleMind team.

Partnership with Los Angeles County

Los Angeles County plans to continue to be involved in the planning and implementation of the screening tool as often as possible to provide a multi-county perspective to the development. However, Los Angeles County does not intend to use the screening tool as developed and will instead use a different version of the base CredibleMind tool.

Future Directions

MCBH intends to continue to develop, test, and validate the screening tool before launching it in September 2022.

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[17] Department Of Health Care Services. (2022). California Advancing and Innovating Medi-Cal Program. Retrieved from https://www.dhcs.ca.gov/calaim

SPOTLIGHT

Involving Stakeholders Through a Human Centered Design Approach in the Development of a Digital Screening Tool and Resource Guide

Together with CredibleMind, Monterey County Behavioral Health (MCBH) is working to develop a digital mental health screening tool and resource guide. The purpose of the MCBH screening tool is to develop a comprehensive web-based mental health assessment that screens for a broad range of conditions that can affect mood, thinking, and behavior, and refer people to various levels of support within the MCBH system and resources within the Monterey County community. It is anticipated that there will be a diverse and wide variety of people who are likely to use this product, including clinicians, people seeking support, family members, and people seeking connection to behavioral health services. Designing a product that will address the needs of this diverse audience requires involving key stakeholders in all aspects of the development of the screening tool.

Why is it important to involve people with diverse perspectives?

When developing and implementing digital health technologies, it is important to involve the stakeholders who will be regularly interacting with the technology. Stakeholders can be a wide variety of people impacted or invested in the project. The input of identified stakeholders helps to ensure that the product is reaching and benefitting those who are intended to be served. When stakeholders are included in the development of a mobile technology product, this is commonly referred to as a human centered design approach. Studies have shown that including stakeholders in the design process can improve adoption and use of an app, as well as ensure that it is making its intended impact.

About CredibleMind

CredibleMind provides a localized, wellness-oriented digital platform that enables employers, insurers, healthcare providers, and community organizations to support consumer-centric engagement. Customizable with organizational and local resources, CredibleMind provides a complete population-based mental health ecosystem, complete with analytics reporting on service needs, use and outcomes.

CredibleMind. (2022). About Us. Retrieved from https://solutions.crediblemind.com/about-us/

Stakeholder Engagement / Needs Assessment

CredibleMind began the process of engaging stakeholders by developing and conducting a series of focus groups, interviews, and surveys to help inform development of the MCBH screening tool and resource guide.

Focus groups

Between October and November 2021, CredibleMind developed focus group protocols, questions, and surveys. They then conducted a pilot focus group with three individuals from the MCBH team as a test run of the questions to be asked in the focus group. Between December 2021 and February 2022, CredibleMind recruited participants with help from MCBH. From December 2021 and February 2022, CredibleMind conducted 7 focus groups and 3 interviews with 29 participants. Participants included Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) providers and MCBH staff (N=16), professionals from community agencies (N=5), and general community members (N=8; who were provided a $40 gift card for participating).

Survey

A survey was also developed by CredibleMind to supplement the focus group data with quantitative data. Survey participants were split into two groups: one for MCBH professionals and another for general members of the Monterey County community. The community member version of the survey was also translated into Spanish. The survey was distributed from January 20, 2022 to February 21, 2022, with respondents incentivized by an entry into a drawing to win one of fifteen $50 gift cards. The CredibleMind team emailed 240 Monterey County professionals and community members to market the survey. Additionally, the CredibleMind team reached out to former focus group and interview participants, local organizations, and agencies such as public libraries and Monterey County United Way. CredibleMind created a recruitment social media deck and printable flyer with QR code which was shared with MCBH and other local organizations. MCBH promoted the survey through their social media platforms. The survey received a total of 93 responses (32 respondents who identified as affiliated with MCBH, and 61 who did not identify as affiliated with MCBH).

Below: *Needs Assessment Flier*

Below: *Needs Assessment Social Media Posts*

Challenges and Limitations

One of the biggest challenges to engaging stakeholders was in getting a fully representative sample of the Monterey County community. This challenge was exacerbated by the COVID-19 pandemic and being limited to mostly virtual recruitment and interviewing. This affected the ability to recruit populations such as those in the monolingual Spanish-speaking or Spanish language-preferred communities. Although the team was able to recruit multilingual participants to offer some perspective, it is important to note their experiences may not encompass those in monolingual communities.

The COVID-19 pandemic also affected recruitment, promotion, and hosting of focus groups and interviews. All needs assessment activities had to be conducted virtually. For focus groups and interviews, participants were required to have access to a device with internet or data capabilities that could connect to Zoom in order to participate.

Although the statement of work did not state a minimum sample size for the needs assessment, the CredibleMind research team set goals of 20-40 participants for focus groups/interviews and 100-200 respondents for the survey. CredibleMind could have increased participation and collected more diverse perspectives if the needs assessment activities were in-person (e.g., tabling in public spaces and asking passing individuals to complete the survey, going to community agencies to do outreach for the focus group and survey).

Another challenge to consider was potential "survey or respondent fatigue" due to competing priorities and projects. When the screening tool needs assessment was conducted, MCBH was also undergoing its annual needs assessment, resulting in MCBH staff and community members contributing to multiple surveys and focus groups, across separate projects at the same time.

What did they find?

By engaging stakeholders through focus groups and surveys, the CredibleMind team sought to understand three main items to help with the development of the MCBH screening tool and where the tool could be most impactful:

- The perception of need from mental health and behavioral health agencies, the patients, and their family members/friends.
- The barriers and facilitators to accessing mental health information, screening, and services.
- The perception and community preferences of using technology for mental health screening and access from providers, patients, and their family members/friends, along with the cost considerations for implementations of various types of virtual screening tools.
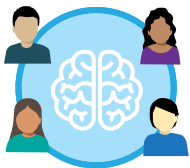
CredibleMind found a need to improve the current intake/triage process and availability of services in Monterey County, which do not always meet the needs of a diverse community. A key finding was that not everyone has appropriate expectations or understanding of the triage and intake process within the county's mental health system resulting in added work for clinicians and confusion/frustration for community members seeking help. Relatedly, respondents indicated a desire to see improved coordination and continuity of care to prevent community members from having to complete repeated assessments or questionnaires.

While the focus groups and surveys helped validate where the screening tool could be most helpful, **they also surfaced concerns and raised additional questions to consider for the MCBH and CredibleMind teams**. For example, while introducing a digital screening tool would likely help those seeking anonymous mental health help, it simultaneously raises concerns around the data privacy and safety of those using the platform. Further, not everyone has reliable access to devices and/or broadband, nor the digital literacy skills required to use such platforms. Without these, a person may not be able to access a digital screening tool, and therefore may miss out on the intended benefits.

Participants raised a potential concern centered around cost and availability of providers in MCBH. While the initial cost of developing the screening tool was accounted for, some participants pointed out that there may also be additional costs related to maintaining the tool. Additionally, anticipating an uptick in demand for mental health services across the county as people access the screening tool, there would likely be added costs associated with hiring necessary clinicians to meet such a demand.

Importantly, participants asked how a digital platform would handle more severe needs that present in the form of high-risk behaviors such as self-harm, suicidal ideation, or harming of others. Would it be best to not ask such a question and instead present a general warning referring consumers in crisis to appropriate resources? Or would it be better to assess levels of risk and refer to appropriate resources? These and other important questions which have been raised through the focus groups and surveys have helped to inform the direction of the screening tool's development.

How does this help shape the development of the product?

Functional design phase

Prototype

During the subsequent functional design phase, CredibleMind incorporated what it learned from its initial work interviewing and surveying stakeholders into a functional prototype of its screening tool. The prototype demonstrated the function and workflow of the screening tool and remained flexible to incorporate iterative consumer feedback obtained during this phase.

In this phase, the CredibleMind team also created user personas and user journeys, which are hypothetical users representing specific stakeholder use-cases. These use cases came from the original request for proposal put out by MCBH and CalMHSA as well as from stakeholders who were interviewed and surveyed during the research phase.

Below: *User Journeys and Business Requirement Analysis Informing the Application Prototypes and Development Tasks.*

Source: *CredibleMind*
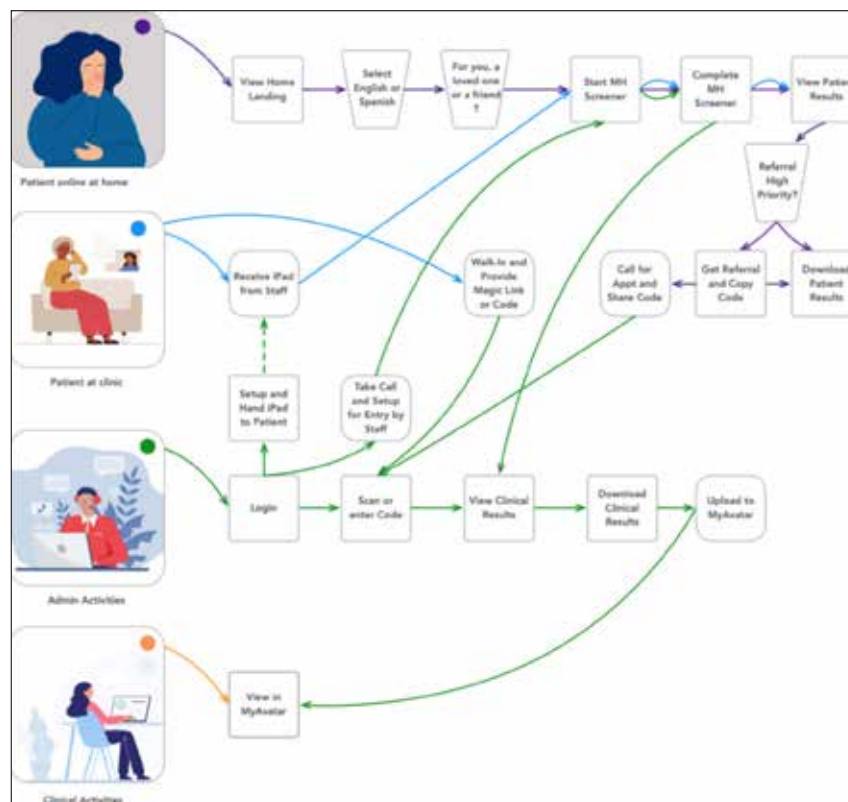
Feedback

Once the prototype was developed, the CredibleMind team conducted two rounds of user testing with Monterey County community members to seek feedback on product workflow, homepage, and results page. The first round consisted of five community members and the second round consisted of four community members. The first round was conducted between April 28, 2022 to May 5, 2022. The second round was conducted between May 16, 2022 to June 1, 2022. Each session lasted approximately 30 minutes. Participants were reimbursed with a $25 gift card. Several key findings emerged from both rounds of testing with stakeholders.

Feedback was positive overall. In the first round, stakeholders expressed appreciation for the elements of the screening tool such as the design, the presentation of results, and inclusion of a Spanish option. Other thoughts from the stakeholders included a desire to have the option to have results emailed to them, to have results include more detailed information, and to have more location-based recommendations linked to services like Google Maps.

Based on the feedback provided, CredibleMind mitigated some design concerns brought up by stakeholders and conducted a second round of user testing. Stakeholders found the screening to be of interest and the refined workflow to work well. They appreciated being able to view services nearby and liked the summarized view of findings. There was still some mild confusion regarding the Clinical Report option and the use of the term "providers". Some stakeholders preferred "therapist" or "counselor" while others understood the term "provider".

CredibleMind has since further refined the screening tool and will continue to adjust as appropriate.

While the purpose of the screening tool and its general functionality were clear to the CredibleMind and MCBH teams, understanding the needs of the community and its stakeholders helped validate the tool's functionality. In the process of engaging with stakeholders, several key considerations were uncovered, and important questions were raised to the teams. Is it possible that the tool creates additional costs down the road? How will the tool handle mental health crises? Involving stakeholders in the development of a product like the MCBH screening tool is key. Although the answers to these questions may not all be ready, the fact that they have been brought to the attention of the MCBH team has given them an opportunity to better prepare and to be more confident that the screening tool is safely reaching and benefiting those it is intended to serve.

RIVERSIDE COUNTY

Riverside University Health System - Behavioral Health (RUHS-BH) Help@Hand continued implementing TakemyHand™ Live Peer Chat[18] and piloting A4i. RUHS-BH began planning a pilot of Recovery Record. The county also explored other technologies, such as myStrength and Bambú. In addition, RUHS-BH continued to offer community members devices, digital literacy trainings, and linkage to technology through kiosks in clinic sites.

RUHS-BH also continued their work understanding the needs of core audiences through the Whole Person Health Score (WPHS) assessment tool and the Deaf and Hard of Hearing (DHoH) needs assessment. RUHS-BH collaborated with the Center on Deafness Inland Empire (CODIE) to develop and conduct the DHoH needs assessment.

To support various pilots, implementations, and Help@Hand efforts, RUHS-BH hired a new senior clinical therapist who will lead the A4i and Recovery Record pilots. The county has also hired a new clinical therapist to help support and move projects forward. Peers in Riverside County are a large and valuable part of the team, specifically for the Help@Hand projects. RUHS-BH has hired three new Peer Support Specialists and plans to grow the team.

TakeMyHand™ Implementation

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.

Implementation Underway

TakemyHand™ Website

Anyone within and outside of Riverside County may reach TakemyHand™ Peer Operators from Monday through Thursday between 8 am to 5 pm and Friday between 8 am to 4 pm, by visiting www.TakeMyHand. co (as shown below). Peer Operators are currently available to help provide support to individuals and family members seeking support for their loved ones living with a mental health challenge.
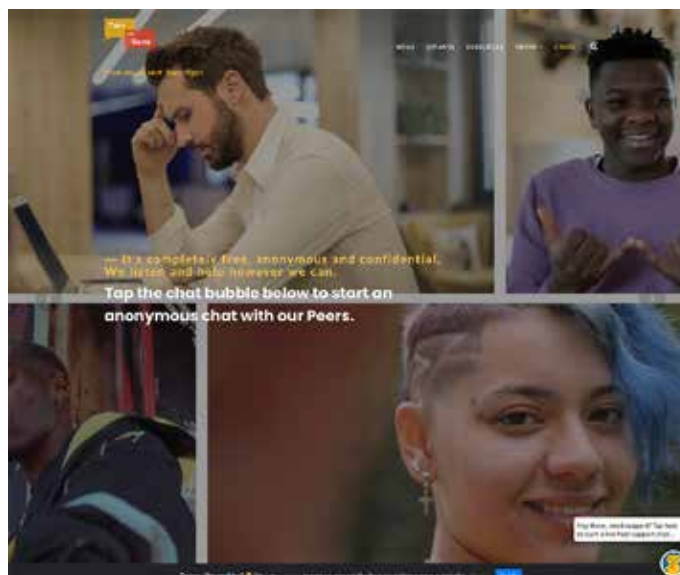
Side: Picture of the TakemyHand™ website.
Source: TakemyHand. (2020). Retrieved from https://takemyhand. co/Home

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[18] The live chat functionality of TakemyHand™ is powered by RUHS-BH's vendor, LiveChat. LiveChat is an added website widget that allows Help@Hand RUHS-BH Peer Operators to chat with site visitors in real-time.

During off-hours, chat visitors are connected to a chatbot named Moon BOT. RUHS-BH currently offers links to various resources on the TakemyHand™ website via Moon BOT, as shown below:
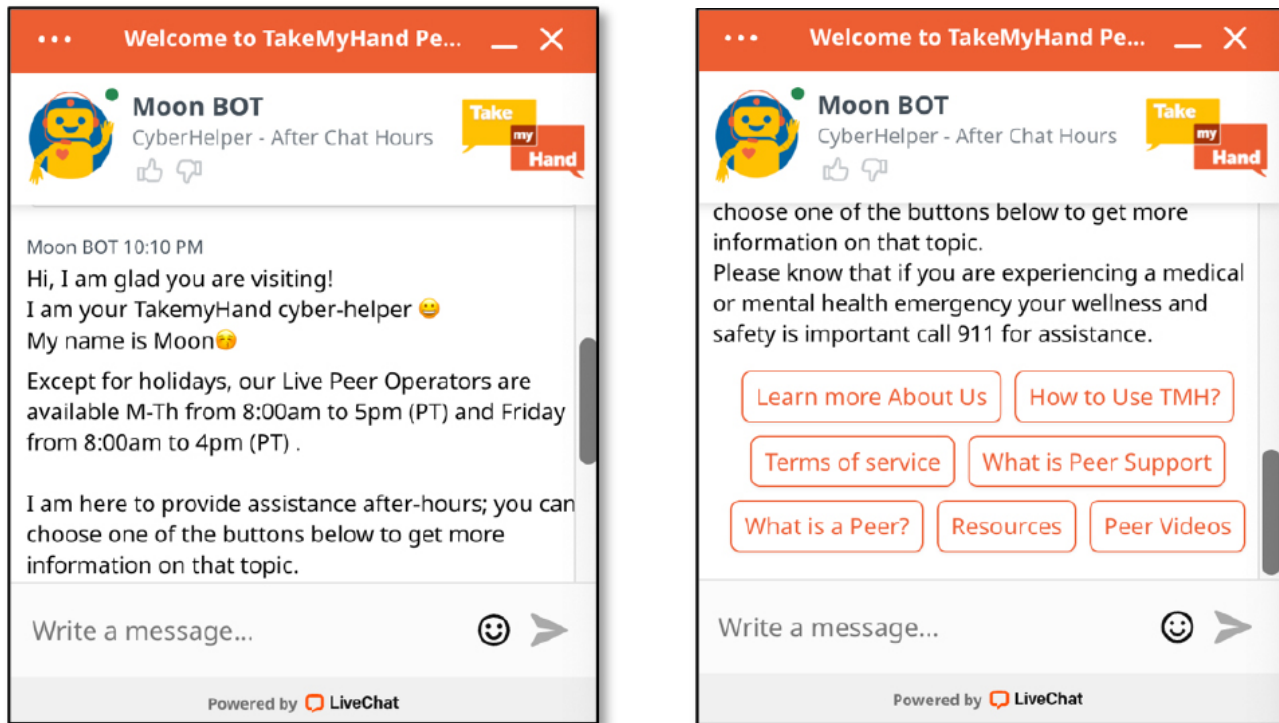
Above: Pictures of TakemyHand™ after hours chatbot, Moon BOT.
Source: TakemyHand. (2020). Retrieved from https://takemyhand.co/

In collaboration with the Center on Deafness Inland Empire (CODIE), Riverside County plans to add video-chatting capabilities to the TakemyHand™ site so that the Deaf and Hard of Hearing community will have access to this resource in American Sign Language (ASL) with a Certified Deaf and Hard of Hearing Peer Support Operator.

Marketing

RUHS-BH Help@Hand continued expanding their marketing efforts during this period. RUHS-BH created several TakemyHand™ bus shelters, bus wraps, and billboards to help advertise the Live Peer Chat resource. Pictures of these are below.

Above and Right: Sample TakemyHand™ bus wrap, bus shelter and billboard advertisements.

Above: Picture of a bus with TakemyHand™ advertising wrap to help market and disseminate TakemyHand™ as a resource for Riverside County residents and visitors.
Source: TakemyHand. (2020). Riverside Help@Hand - Connecting People through Technology. Retrieved from https://storymaps.arcgis.com/stories/37ec2670441e4f9fada67ed9f5bbaf45

Above: Map pinpointing the location of TakemyHand™ bus shelters and bus wraps throughout Riverside County. Both are available in English and Spanish to serve more residents and visitors.
Source: TakemyHand. (2020). Riverside Help@Hand - Connecting People through Technology. Retrieved from https://storymaps.arcgis.com/stories/37ec2670441e4f9fada67ed9f5bbaf45
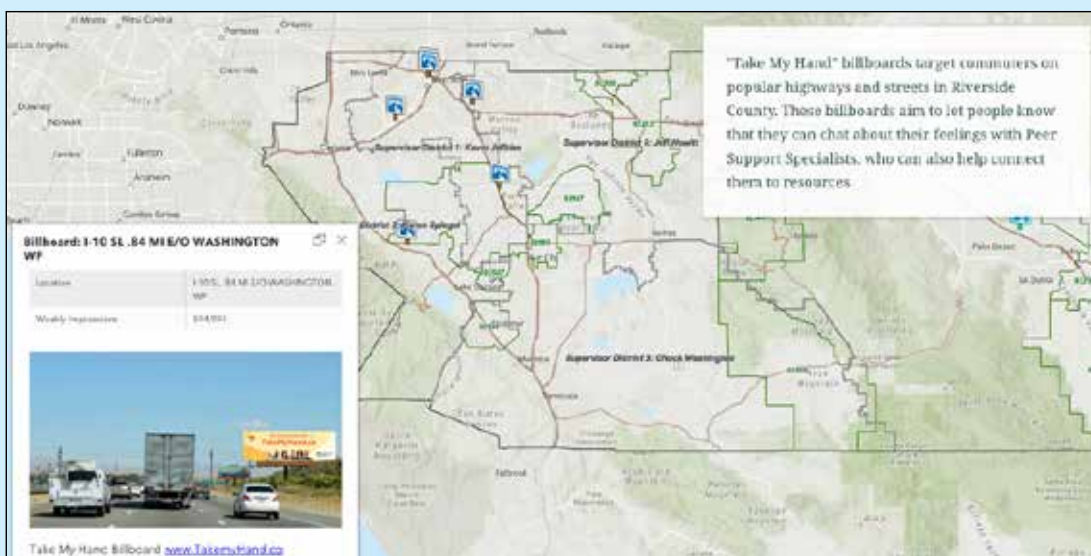
Above: Map pinpointing the location of TakemyHand™ billboards throughout Riverside County. Billboards are in English and Spanish.
Source: TakemyHand. (2020). Riverside Help@Hand - Connecting People through Technology. Retrieved from https://storymaps.arcgis.com/stories/37ec2670441e4f9fada67ed9f5bbaf45

In early 2022, RUHS-BH created and disseminated a local radio advertisement for www.TakeMyHand.co[19]. The radio advertisement, coupled with Google Ads, helped RUHS-BH reach geographically isolated communities, such as the rural communities.

Additionally, the RUHS-BH Help@Hand team presented TakemyHand™ at various community events during this reporting period.

- Pinwheels Prevention of Child Abuse at RUHS Medical Center
- Lived Experience-Advocacy -Diversity (LEAD) Summit Riverside County -CAMH -RUHS Public Health - MH-SOAC - TakemyHand Spanish Keynote Speaker
- RUHS Employee Week Behavioral Health
- RUHS Employee Week – Public Health
- Youth Summit -Mt. San Jacinto College
- Empowering Your Mind 2022 Youth Conference, City of Perris Government
- Deaf Community Resource and Wellness Day-CODIE
- RUHS Diversity, Equity and Inclusion (DEI) Workshop, TakemyHand Speaker
- Operation Safe House Organization –Providers Meeting
- Children Contracting Providers CALAIM Meeting
- Community Mental Health Fair - Perris Unified School District
- RUHS – BH –Director's Meeting – Help@Hand Riverside Updates
- CalPRO LEAD Statewide Peer Conference
- Temecula CultureFest (World Day for Cultural Diversity)
- Hemet Pride
- Ready, Set, GAY!
- Sex after Dark event

Expansion Beyond Riverside County

Though TakemyHand™ was originally a resource by and for residents of Riverside County, TakemyHand™ Peer Support Operators frequently receive chat visitors from across the country and around the globe.

This period RUHS – BH Help@Hand also continued to explore expanding TakemyHand™ to other counties/cities in Help@Hand. This involved discussions with San Francisco County to plan a TakemyHand™ pilot in their county and working to add TakemyHand™ as a portfolio app[20] that other Help@Hand counties/cities may use. RUHS – BH Help@Hand developed a web content management system that will allow San Francisco County and other collaborative counties manage their own TakemyHand™ website look and feel to ensure that they meet their own unique population of focus needs. The only requirement is to follow the TakemyHand™ branding guidelines.

App Production and Website Management

In February 2021, RUHS - BH Help@Hand began exploring how to make TakemyHand™ an app available on Android and Apple devices. TakemyHand™ app production became a priority in April 2021. Riverside examined

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[19] The radio advertisement can be heard at: https://storymaps.arcgis.com/stories/37ec2670441e4f9fada67ed9f5bbaf45

[20] Help@Hand portfolio applications are apps that CalMHSA has approved, and which are available to all Help@Hand counties/cities for implementation and piloting purposes. To learn more visit: https://helpathandca.org/products/

associated costs and decided to move forward with app production. Creation of the app began in 2021 and is ongoing. Dreamsyte produced the design of the onboarding mobile app screens and they were integrated and approved by Apple for testing in TestFlight using iOS 9.0 or later.
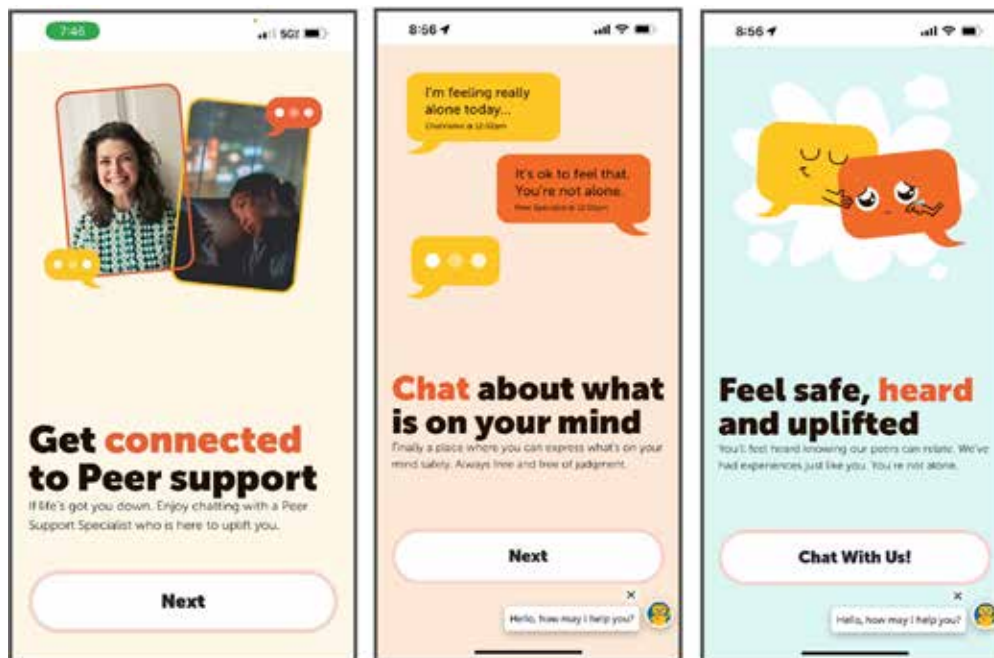
Above: Preliminary mobile app screen designs of the TakemyHand™ app.

RUHS-BH also began developing a TakemyHand™ content management system (CMS) to make it easier to manage and modify their website. CMS is a software program that does not require a programmer with specialized technical knowledge. RUHS-BH's Peer Team members are using the CMS to update resources and their Dreamsyte vendor is using it to design the "Face-Lift" of the TakemyHand™ website.

Evaluation

The infographic created by the RUHS-BH Evaluation and Technology team on page 88 has more about TakemyHand™ website visitors and chat users. In addition to data collected from the website, it includes the total number of chats received, breakdown of first-time visitors versus returning visitors, as well as a look at TakemyHand™ user demographics and website engagement metrics.

Future Directions

TakemyHand™ will continue to be available and marketed to the Riverside County community. RUHS –BH Help@Hand will update the Peer Operator Manual and train personnel as needed.

In collaboration with CODIE, RUHS - BH Help@Hand plans to expand TakemyHand™ to be an accessible and supportive resource for the DHoH Community. Plans are still in the works to include a video chatting expansion of TakemyHand™. CODIE staff will need to be trained and certified as Peers by the state of California. This training is expected to occur in October 2022. Once trained, CODIE Peers will be onboarded to TakemyHand™ and will then be ready to launch this new functionality.

San Francisco County has expressed continued interest in making TakemyHand™ available in their county. Implementation collaboration meetings between RUHS –BH Help@Hand and San Francisco County will continue. There is currently no launch date for TakemyHand™ in San Francisco.

RUHS - BH Help@Hand will continue efforts to make TakemyHand™ a Help@Hand portfolio app, available to any county/city that forms part of the Help@Hand project. Riverside also plans to continue the production of their TakemyHand™ app and are working on the Android version of the app.

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

help @ hand — CONNECTING PEOPLE WITH CARE — **RIVERSIDE**

Take my Hand — Live Peer Chat

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.
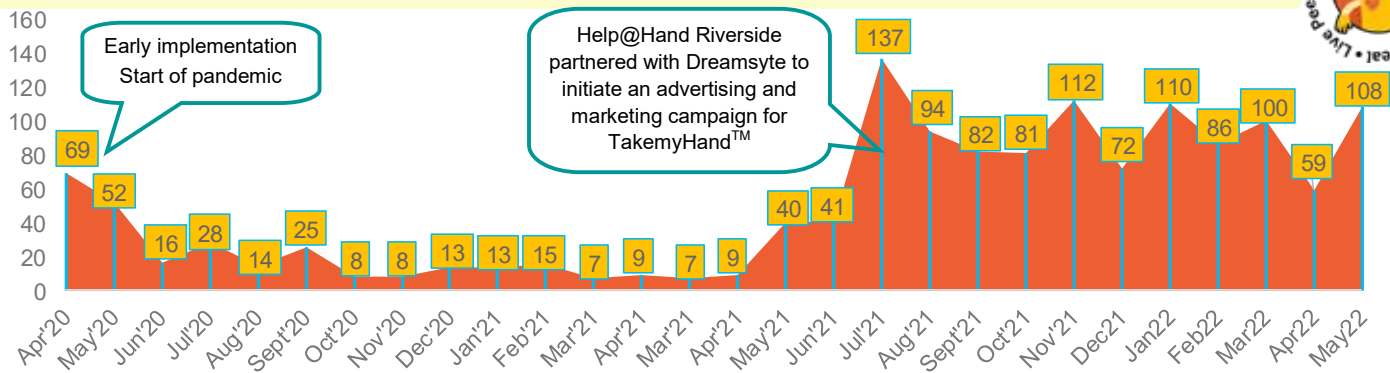
1,399 Total chats	**937** First time visitors	**10** Crisis transfers	**17 min.** Average chat duration	**86%** Found chat helpful

Let's connect you to someone real • Live Peer Chat

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™

Apr'20: 69, May'20: 52, Jun'20: 16, Jul'20: 28, Aug'20: 14, Sept'20: 25, Oct'20: 8, Nov'20: 8, Dec'20: 13, Jan'21: 13, Feb'21: 15, Mar'21: 7, Apr'21: 9, Mar'21: 7, Apr'21: 9, May'21: 40, Jun'21: 41, Jul'21: 137, Aug'21: 94, Sept'21: 82, Oct'21: 81, Nov'21: 112, Dec'21: 72, Jan'22: 110, Feb'22: 86, Mar'22: 100, Apr'22: 59, May'22: 108

2020

Chats Initiated by Time of Day

- after hours 12 am - 8: 4.9%
- business hours 8 am - 1: 18.6%
- business hours 1 pm - 5 pm: 39.4%
- after hours 5 pm - 12: 37.2%

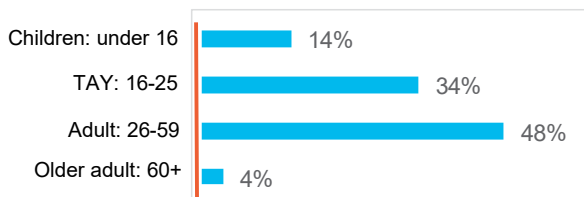### 2021
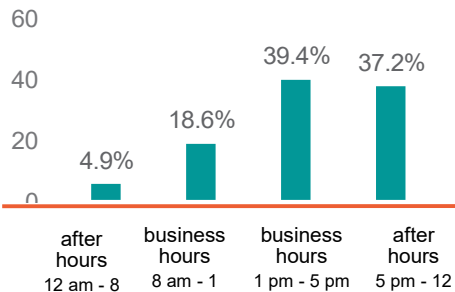
Summary: TakemyHand™ has been live for 25 months and has had a total of 1,399 chats with 67% of those chats coming from first-time visitors. Approximately 10 chats were tagged and transferred to Crisis Intervention where a clinician continued services. In general, chats occurred between 8am and 1pm with 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%

Race/Ethnicity (n=181)

- Other, 3%
- Multiracial 9%
- Asian/PI, 13%
- American Indian or Alaska...
- Black or African American, 7%
- Hispanic/Latinx, 44%
- Caucasian,...

Gender (n=207)

- 64% Female
- 4% Transgender
- 19% Male
- 13% Non-Binary
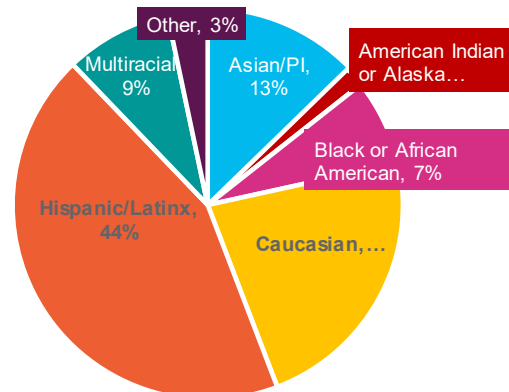
TakemyHand™ Website: The live peer chat website not only provides a safe and anonymous space for community members to receive mental wellness support and resources, it also breaks down stigma around mental health. The website features Veterans, LGBTQ+, People of Color, and our Older population to encourage 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
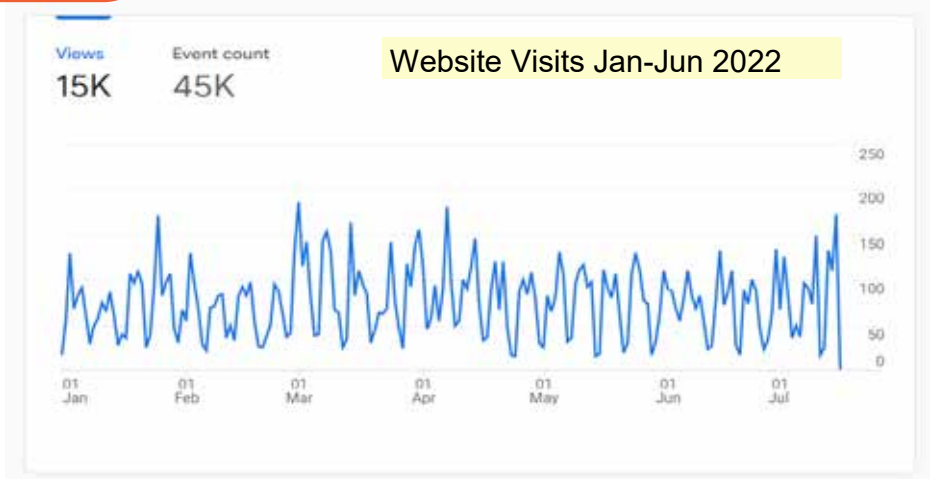
Additional TakemyHand™ Chat Satisfaction Data

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)
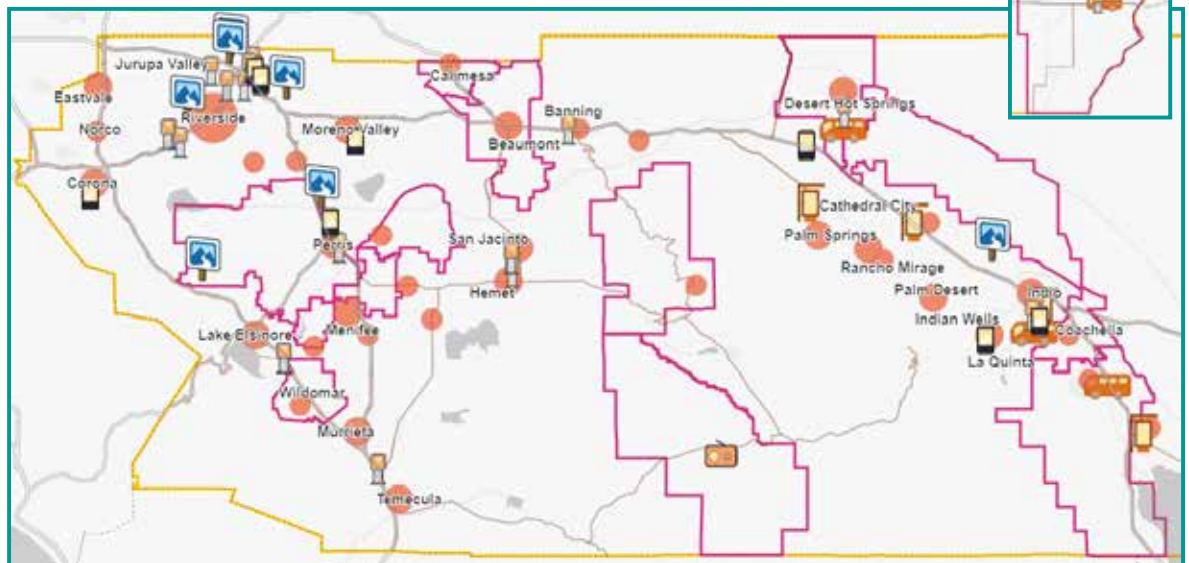
A4i Pilot

Pilot Underway

During this period, RUHS-BH continued to pilot App4Independence (A4i) with three core audiences: transitional aged youth (TAY), adults, and older adults. A4i is a technology that supports the schizophrenia and psychosis recovery process. The product includes a mobile app for clients and a clinical portal for clinics, clinicians, case managers, and other care team members "to coordinate and engage patients with dynamic risk flagging and patient wellness indicators" (A4i, 2022).

Recruitment and Engagement

RUHS-BH Help@Hand staff continued recruiting and engaging participants for the A4i pilot by partnering with current RUHS-BH clinics within Riverside County. The county also continued giving A4i presentations at various clinics to gather buy-in and recruit clinicians and staff. Clinicians self-select into the pilot and refer A4i to eligible clients in various clinic sites, including Full-Service Partnership (FSP).[4] The Riverside Help@Hand Peer team support and assist A4i pilot participants in the enrollment and training process. The Peer team also assists care team members involved in the pilot and supports the local evaluation unit by scheduling participants for evaluation interviews.

Due to staffing changes within the RUHS-BH Help@Hand team, the inherent challenge of recruiting participants during a pandemic, coupled with hardworking and overstretched staff, recruitment of clients and providers during this reporting period was slower than anticipated. As a result, RUHS-BH Help@Hand staff decided to expand recruitment efforts beyond the original three sites – Jefferson Wellness Center, Desert TAY Flow Clinic, and Desert Hot Springs Older Adult (OA) Clinic. An additional two sites were added to the pilot – Windy Springs Wellness Center and Wellness and Recovery Clinic for OA. These are pictured below.

Above: Map pinpointing A4i pilot clinic sites in Riverside County. The numbers in parenthesis represent the number of participants from each site as of June 30, 2022.
Source: TakemyHand. (2020). Riverside Help@Hand - Connecting People through Technology. Retrieved from https://storymaps.arcgis.com/stories/37ec2670441e4f9fada67ed9f5bbaf45

As of June 2022, RUHS-BH Help@Hand had 29 clients and 8 providers enrolled in their A4i pilot program. With the hiring of two new clinical therapists and additional Peers, RUHS-BH plans to ramp up recruitment in order to increase the total number of pilot participants and clinicians involved in the A4i pilot. RUHS-BH Help@Hand Peer Support Specialists threw a get-together for Jefferson Wellness Center Adult pilot participants to celebrate their completion of the A4i pilot program on June 30, 2022.

Above: *Photos of some of the team members at the A4i Pilot Graduation ceremony. 13 Participants completed their 6-month participation at the Jefferson Wellness Center in Riverside County. For confidentiality, pilot participants are not in the above graduation celebration pictures.*

A4i Device Distribution

To assure access to A4i, all pilot participants received an Android phone device. The phones are pre-programmed with A4i and other selected apps. Help@Hand Riverside contracted with Verizon, G|M Business Interiors, and Jaguar Computer Systems for the purchase, configuration and distribution of these kiosk and mobile phone technologies. Jaguar Computer Systems, a computer networking company, configured phone devices in kiosk mode with security features so that participants are not able to add any other applications to their phones. These configuration measures ensure the ability to provide a uniform technical support approach on the provided phone device and allow remote access to push application updates as needed.

The RUHS- BH Help@Hand Peer team worked diligently to test apps and select a meaningful list of free wellness apps that were ultimately pre-loaded on the phone devices. The pre-loaded apps are: Peggle Blast, PTSD Coach, PuraMente, WYSA, WYSA Sleep, Mindshift, Field Guide to Life, MYHP –IntelliChartPatient Portal, IEHP Smart Care, A4i, Bambu, Recovery Record, Dbt911, Intellect, Yana: Tu acompañante emocional, Headspace, eMoods, MS Teams, CalmHarm, and Happy Color.

The Peer team also created a Quick Guide on these pre-loaded apps, such Apps Quick Guide is also part of the A4i Welcome Intake Kit. The intended goal of the App Quick Guide is to serve as a quick tip sheet for pilot participants to familiarize themselves with important features and uses of A4i. It serves as an at-a-glance document and the RUHS-BH Peer team will update the document as the pilot progresses, as needed.

The Peer team also assisted in the coordination of technology assessment surveys, pilot enrollment appointments, delivery of phone devices, and coordination incentive distribution. Pilot participants (clients) received an incentive of $250 as a thank you for their time and participation ($50 for each of their onboarding and interview appointments).

What are Riverside A4i Pilot Participants saying about A4i?

As an A4i I pilot participant Randall refers to the app as a "mental health Facebook" when describing it to his friends, he says he likes that the [news]feed is monitored, it allows him to share his feelings without feeling he will be judged and get negative feedback.

Randall says he is enjoying the links to articles posted by the app on the news feed. Randall read an article about anxiety in the effects of caffeine. He learned that caffeine can worsen the symptoms of anxiety period since then Randall has cut back on drinking his monsters and other caffeinated drinks, and he no longer drinks them past a certain time today comma so he is sleeping better.

Randall says, it's the first thing I have felt passionate about in a very long time.

-Randall B. (A4i pilot participant)

What are Riverside A4i Pilot Care Team Staff Saying about A4i?

As a staff/Care Team member, the A4i application has been a great addition to supporting my clients. It allows everyone to track their moods and medication compliance on a daily basis. This has helped some of my more shy members have a place to start when checking in.

My favorite feature on the A4i application is the Patient Newsfeed. This is an open space where members can share their thoughts, feelings, and messages to each other.

I have enjoyed seeing how this platform has given members space to share about their experiences and encourage each other to keep moving forward in their mental health recovery.

-Jessica Wilinski, LCSW (A4i Care Team member)

Above: Quotes from an A4i pilot participant and an A4i Care Team provider about their experience being in the A4i pilot.
Source: RUHS -BH -Help@Hand Riverside. (2022). A4i Pilot. Retrieved from https://storymaps.com/stories/d9929e4962a34e61b-f870552497eef44

Digital Mental Health Literacy (DMHL) Class

RUHS-BH decided to host a 7-week DMHL class specifically for eligible older adult clients who are also current clients in a Riverside County clinic. The DMHL classes will better engage and retain participants. Some of the topics that will be covered in the DMHL include: How to use the TakemyHand™ Live Peer Chat, How to access myHealthPointe Chart, How to use the Kiosk, How to take the Consumer Fulfillment Survey, and How to take the Whole Person Health Score Assessment.

By offering DMHL classes to their older adult population, RUHS-BH hopes to recruit and engage participants for their A4i pilot.

Evaluation

RUHS-BH Evaluation and Technology team created the infographic on page 94. RUHS' local evaluators and the Help@Hand evaluation team are supporting the evaluation, which includes:

- A4i in-app user data
- Client surveys with A4i pilot participants
- Client interviews with A4i pilot participants

- Provider surveys with A4i Care Team (e.g., clinicians, behavioral specialists, and Peer Support Specialists)

- Provider interviews with A4i Care Team (e.g., clinicians, behavioral specialists, and Peer Support Specialists)

Preliminary feedback from A4i pilot participants, Care Team members, and RUHS-BH Help@Hand staff has been very positive.
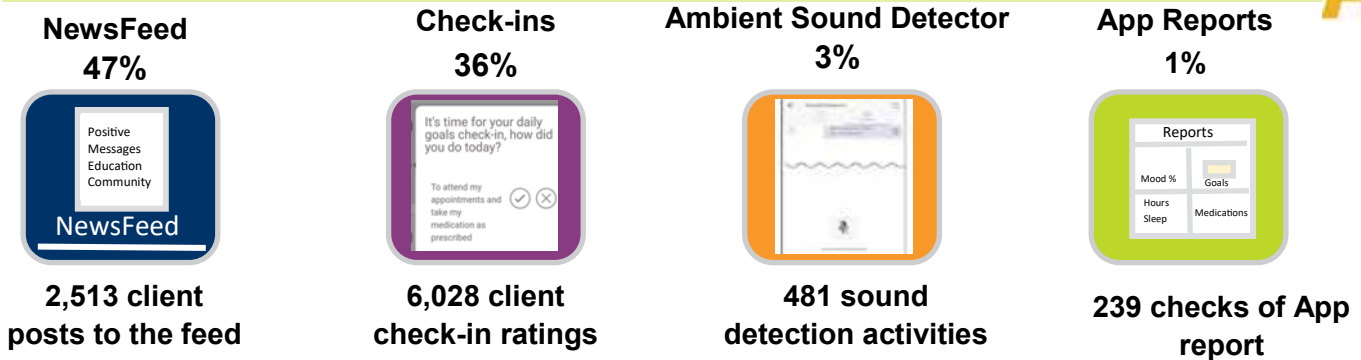
Future Directions

The A4i pilot expanded to run through early 2023 and may be piloted at more clinic sites within RUHS – BH. RUHS – BH Help@Hand will review pilot outcomes and then decide if and how to move forward with A4i.

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 Notes sent, and client responses to A4i mood, sleep, goals and medication check-ins. RUHS-BH recruited 32 County clinic clients as A4i pilot participants. Preliminary data for a six month period (November 2021-May 2022) were analyzed and summarized. Including passive data collected through the A4i app and interviews with clients on their use of A4i.

Most Frequently Used A4i Features Percentage of Activity on App

A4i

NewsFeed 47%	Check-ins 36%	Ambient Sound Detector 3%	App Reports 1%
Positive Messages Education Community **NewsFeed**	It's time for your daily goals check-in, how did you do today? To attend my appointments and take my medication as prescribed		Reports — Mood % — Goals — Hours Sleep — Medications
2,513 client posts to the feed	**6,028 client check-in ratings**	**481 sound detection activities**	**239 checks of App report**

Preliminary Key Lessons Learned

✓ Mental Health Provider staff buy-in is important to reap the full benefits A4i has to offer.

✓ On-going implementation support is crucial to using A4i in a large County mental health clinic. *Example: both staff and clients needed tech support to answer questions on A4i functions and the use of the clinical dashboard.*

✓ Utilizing Peer Support staff has been vital to implementation success.

✓ Having a feedback loop with the A4i App developer to improve the app and make upgrades and adaptations has added value to the A4i user experience. *For example, the timing of when check-ins and medication reminders appeared in A4i was adapted by the app developers following real time feedback from participants using A4i. This exchange of information was facilitated by the Peer Support staff providing the tech support.*

✓ Mental Health provider engagement with the A4i app appears to impact client utilization of A4i. *For example, client interviews revealed the participants reporting high A4i use also reported the most communication and engagement with their mental health provider and had discussed the app.*

Data Highlight:

Clients utilized the A4i newsfeed regularly. All 32 pilot participants used the Newsfeed at least once. Many used the Newsfeed more frequently with 75% accessing the newsfeed more than 20 times. Participants posted to the Newsfeed 2,513 times and scrolled through the Newsfeed 3,734 times. The Newsfeed included tailored self-help information based on an intake questionnaire clients completed when enrolled onto the A4i App. A4i has specific content for people with schizophrenia spectrum diagnoses, this content was supplemented with regular posts to the Newsfeed from Peer Support staff and client posts. Interviews with clients using A4i found A4i users really liked the Newsfeed feature.

User Newsfeed Comment -
"It reminds me of a mental health Facebook, kind of. It's cool because everybody who's on this app has some mental health challenges, and we're here to see that people are doing good. It makes me feel better about myself knowing that if they can get through it, I can too."

"This particular part of the app has a lot of to build a little community, you know, of support among each other."

Riverside University HEALTH SYSTEM Behavioral Health

App 4 Independence

Nearly all of pilot participants (n=28, 88%) used the Goals Check-In feature of A4i. Figure 1 includes data for half (n=16) of the A4i pilot participants that had sufficient time in the pilot to examine use of the Goals Check-in feature over time. There was considerable variation among participants. At least 25% of the partic-ipants used the feature more frequently and more consistently across pilot months, and 56% of participants used the Goals Check-In feature in their six-month.

Use of A4i Goals Check-In Feature Over Time by Client   Figure 1
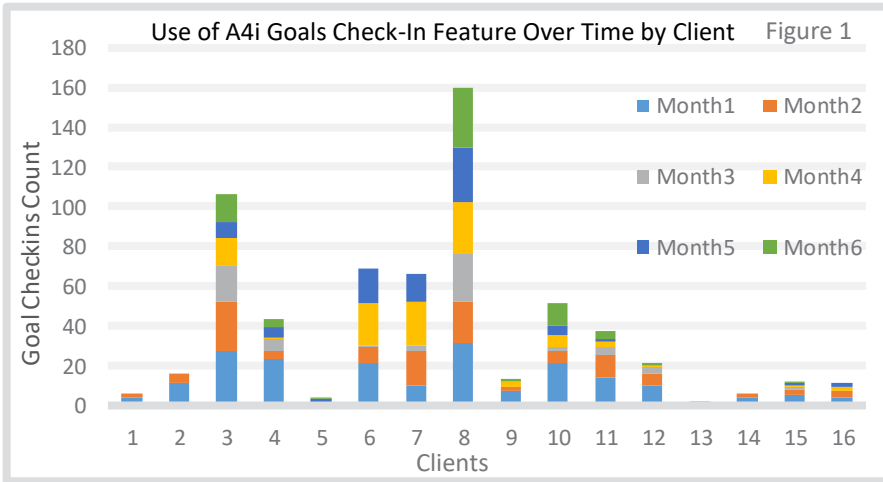
Total Count	Clients
Less than 20	8
20-49	2
49-99	4
More than 100	2

Clients Insights on the A4i Goals Check-In Feature:

Client interview comments on the Goal Check-in feature were mixed; some expressed they really liked it and used it, while others found they did not have as much time to interact with the feature because of school or work and/or struggled with the frequency of keeping up with completing the goals. Early results pointed to a need to have more interaction from care team staff on using the goals feature.

Client Comment on Goals Check-in Feature-

"I use the goals reminder more than anything, I really wish them a bit more intrusive even annoying to remind me to do things."

*"So changing my goals a lot is not something I do at all."*

"So at first it was it was annoying, but I grew to understand, I grew to like it because it's, it's the structure for me in this and I liked the persistency of the app, like as much as I hated it."

Recruitment of A4i pilot participants is continuing. The goal is to reach 30 participants per age group. Demographic information on the 32 participants currently enrolled is summarized below.

19% of Pilot Participants reported identifying with the LGBTQ Community.

Gender	Percentage
Female	44%
Male	44%
Non-Binary	12%

Preferred Language reported was English for all 32 pilot participants
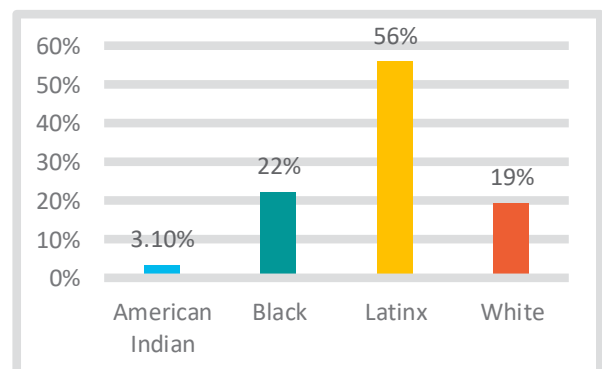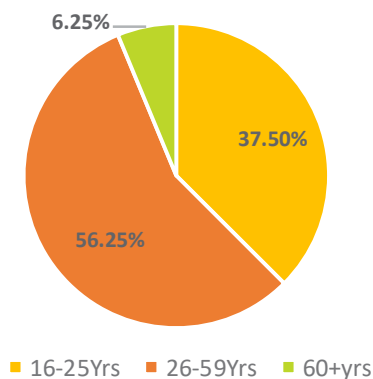
Recovery Record Pilot

Pilot Planning

Preliminary planning of the Recovery Record pilot began this period after onboarding a new senior clinical therapist and a new clinical therapist to support this work. Recovery Record is an app designed to support recovery from eating disorders using techniques rooted in cognitive behavioral therapy (CBT).

RUHS-BH met with the vendor, Recovery Record, to begin planning the pilot. The pilot plan and evaluation plan are currently being outlined. In addition, discussions are underway to have the Help@Hand evaluation team evaluate the provider/staff aspect of the pilot.

Future Directions

RUHS-BH Help@Hand will continue planning the Recovery Record pilot. The county has not shared a launch date yet, but enthusiasm for this pilot has already been voiced by RUHS-BH Help@Hand staff and A4i pilot care team providers.

Exploring Other Technologies

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

Future Directions

Currently RUHS –BH Help@Hand has plans to work on a Man Therapy marketing campaign, Whole Person Health Score (WPHS) and expanding DMHL expanding DMHL efforts with the help of Painted Brain.

Kiosks

Kiosk Installment

Riverside County will install kiosks at their outpatient clinic facilities in two phases. The kiosks serve 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 are:

1. Provide individuals served by RUBH-HS with free access to mobile technologies by making kiosk technology available at outpatient clinic facilities.
2. Provide education on the signs and symptoms of mental illness, including emotional/behavioral destabilization.
3. Provide connection to help in real time with access to Peer Support through TakemyHand™ Live Peer Chat.
4. Reduce stigma associated with mental illness by promoting mental wellness.
5. Increase purpose, belonging, and social connectedness.
6. Provide access to free preloaded apps.

Phase I

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

During this reporting period, RUHS-BH made some changes to the kiosk landing page for improved user experience (e.g., removed YouTube channel access and implemented a separate webpage for video resources). RUHS-BH also created a handout for clinics to use to easily introduce and describe the services available at the kiosks to clinic staff and clients.

In partnership with a local technology unit, a Kiosk Map locator was developed using ESRI online GIS mapping tools and was promoted during a variety of stakeholder presentations. The Kiosk Map Locator assists community members in locating their nearest kiosk location (https://arcg.is/0qnOuj). The website is shown below.

Above: Map pinpointing the location of Help@Hand Interactive Kiosks throughout Riverside County.
Source: TakemyHand. (2020). Riverside Help@Hand - Connecting People through Technology. Retrieved from https://storymaps.arcgis.com/stories/37ec2670441e4f9fada67ed9f5bbaf45

Phase II

RUHS-BH plans to install additional kiosks as part of their Phase II. In preparation for the planned roll-out of Phase II kiosk installations, the county approved an updated scope of work and budget with their vendor, Jaguar Computer Systems.

Phase II of kiosk installations will include installing a device charging stations with a branded TakemyHand™ sticker at some locations. RUHS-BH decided to install charging stations at some clinic locations due to the recurring issue of kiosks being unplugged by people who needed an outlet to plug in their cellular devices. Below is a preliminary design of what the branded sticker for the charging stations will look like:

Above: Preliminary design for a TakemyHand™ branded device charging station. Charging station and a photo of what the charging station and small kiosk setup may look like.
**Source:** Shared by RUHS-BH during a weekly project meeting.

Future Directions

Riverside County will continue to support kiosks in their Phase I and will install additional kiosks within the county in their Phase II. A timeline for the second phase has not been determined yet, but RUHS-BH is meeting with Riverside County Public Health clinics to start the deployment of small kiosks in their examining rooms.

Whole Person Score Assessment Tool

Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity – World Health Organization
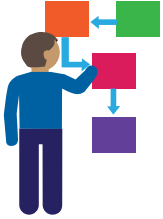
Planning

In 2016, RUHS-BH created the Whole Person Health Score (WPHS) assessment tool to screen clients and understand their holistic health needs. This tool is designed to allow health teams to provide strategic support for clients, while also allowing health to be tracked over time in a way that engages and empowers the client.

The WPHS assessment contains 28-questions spanning six domains of health:

- **P**hysical Health
- **E**motional Health
- **R**esource Utilization
- **S**ocioeconomics
- **O**wnership & Activation
- **N**utrition & Lifestyle

Each question is differentially weighted and contributes to an overall score within each of the six domains. This score is translated into a final 6-letter score from A to Z with "A" being the best health and "Z" being the worst health. Each letter corresponds to a color to give a visual representation of the overall health status of the client within each domain as follows:

- **Green** refers to scores of A-F and indicates that there is little opportunity for improvement (no referral needed).
- **Yellow** refers to scores G-O and indicates an area of health is likely to impact the client's overall well-being and the individual should consider seeking additional help (referral needed).
- **Red** refers to scores of P-Z and indicates an area of health that is currently impacting the client's overall well-being (immediate or continued attention is needed)

Implementation within Riverside County

The WPHS assessment has been used with primary care teams, complex care teams, behavioral health teams, and in schools in Riverside County since [date]. Over 15,000 adult assessments have been completed since August 2019, and over 7,000 adolescent assessments have been completed since 2020. Clients who complete the WPHS assessment have higher patient experience scores and lower no-show rates for scheduled clinic appointments.

In February 2022, RUHS partnered with the Help@Hand evaluation team to further discuss evaluating the WPHS assessment tool. The proposed evaluation project is anticipated to include the following activities:

- Describe how digital data informs need for mental health interventions and coordination of care
- Determine effective strategies to reduce the duration of untreated mental illness
- Determine the most effective strategies and approaches for promoting virtual care and support for the most appropriate populations

Future Directions

The county will continue to implement and evaluate the WPHS assessment.

Deaf and Hard of Hearing Needs Assessment Survey

Riverside County has had a large and vibrant DHoH community. On May 12, 2022, RUHS-BH launched the Deaf and Hard of Hearing (DHoH) needs assessment survey to better understand the needs of this population. In partnership with the Center on Deafness Inland Empire (CODIE), RUHS-BH has sent a total of 100 email invitations to complete the needs assessment survey. To date, 13 surveys have been completed.

Past results from a pilot needs assessment found that members of the DHoH community could benefit from a Digital Mental Health Literacy (DMHL) video series. Riverside County worked with a contractor to update their DMHL video series in ASL. Videos continue to be available and include topics, such as safe website browsing, identifying phishing emails, using public wi-fi, and managing passwords.

Future Directions

CODIE and RUHS-BH will continue sending email invite reminders through August 2022, after which CODIE and RUHS-BH will reassess their marketing and dissemination strategy. The goal is to have 100 of surveys completed by members of the DHoH community in Riverside County to help inform how best to continue serving the DHoH community in Riverside County moving forward.

SAN FRANCISCO COUNTY

San Francisco Department of Public Health (SFDPH) partnered with Mental Health Association of San Francisco (MHASF) for their Technology-Assisted Mental Health Solutions (TAMHS) project. The project includes the Tech Borrowing and Distribution Program, which provides free devices, internet service, digital literacy education, and peer support for community members. It also includes a pilot of TakemyHand™, which continued to be planned during this period. Lastly, the project used to include an implementation of Headspace, but was discontinued during this period.

Staffing support for the project changed during this period. A Tech Lead was hired and onboarded in February 2022 to support the TakemyHand™ pilot. The Tech Lead also began to support the digital literacy training and device distribution efforts after the Peer Program Manager left the project in June 2022.

Tech Borrowing and Distribution Program

Planning

The Tech Borrowing and Distribution Program aims to help residents understand how to use technology to access digital services to support their mental health. During this period, the TAMHS team offered tablets, digital literacy trainings, and Peer support.

During this period, the county finalized and approved various protocols and logistics, particularly those related to IT security. This included modifying a contract between the county and MHASF. It also included configuring a device management software that will report on the number of people served and the use of virtual resources. Additionally, procedures were updated to require community members to return tablets by the end of the program.

The TAMHS team also worked to develop a learning platform for interested residents to receive digital literacy training. The digital literacy education trainings were created by the TAMHS team and included a 12-part series on relevant technology, mental health, and how they connect. Specific topics include navigating online platforms, finding resources, cyberbullying, tech use to promote wellness, computer skills, and online safety. Residents can enroll for the training at the website below.

Above: San Francisco County's Digital Literacy Training Learning Platform.
Source: Mental Health Association of San Francisco. (2022.) Digital Literacy Training Series. Retrieved from https://mhasfonlinelearning.thinkific.com/courses/digital-literacy-training-series

In addition, the team partnered with PROPEL to provide Peer support. PROPEL is a no-cost Bay Area Peer professional network that offers support and training to Peer professionals. The network also provides Peers employment and volunteer opportunities within the public mental health system for individuals to become Peer personnel. TAMHS provided presentations to PROPEL training participants to promote the program and increase their digital literacy knowledge.

Launch

SFDPH approved the project and allowed devices to be distributed beginning in April 2022. Soon after approval, MHASF began to outreach to the 71 participants who had originally enrolled in the program in September 2021, but had low response rates. To address low engagement, MHASF connected with other Help@Hand counties/cities about their related best practices in outreach and engagement. As of June 2022, a total of nine tablets were distributed with an additional three scheduled to be distributed to community members. To ensure technology is distributed quickly and efficiently, the TAMHS team has started partnerships with community partners to distribute technology to their participants or clients.

The team provided information about the Tech Borrowing and Distribution Project on the MHASF website (shown below). The website describes the goals and different activities of the project. It also included a link to the project's digital literacy education trainings as well as links to free digital mental health resources.

Above: *Picture of San Francisco County's TAMHS' Project.*

Source: *Mental Health Association of San Francisco.(2022). Technology-Assisted Mental Health Solutions Project. Retrieved from https://www.mentalhealthsf.org/tamhs/*

Marketing

Marketing and outreach efforts included working with Audacy, a creative marketing, media, and entertainment producer. A marketing campaign which included radio and print ads was initiated in June 2022. The goal of this campaign was to promote the program to LGBTQ+ audiences and young people to increase enrollment in the program.

Evaluation

The county's local evaluator is assessing the impact of these efforts. Evaluation results will be shared in a future Help@Hand evaluation report.

Future Directions

Digital literacy training and device distribution will continue until June 2023. Tablets will need to be returned by the end of the project.

TakeMyHand™ Pilot

Pilot Planning

Given consumers expressed an interest in an anonymous chat to support and overcome feelings of social isolation, San Francisco County decided to pilot TakemyHand™. The TakemyHand™ pilot is designed to be an extension of the California Peer-Run Warmline, which is a 24/7 call and chat service operated by MHASF for any resident of California seeking resources and emotional support.

During this period, San Francisco County continued to plan a 6-month pilot with a focus on TAY (those aged 16-26 years) and Trans-Identified Community Members. Below is the timeline for the pilot.

Ramp Up (1 month) → Pilot (4 months) → Ramp Down (1 month)

Contracting

Contracts and logistics continued to be discussed among SFDPH, CalMHSA, LiveChat, MHASF, and Riverside County, the developer of TakemyHand™. Logistics included but was not limited to acquiring cybersecurity, data security, HIPAA compliance, and invoicing.

Website Development

MHASF continued to develop San Francisco County's TakemyHand™ website and began to consider the qualifications needed to hire a programmer for the website. Riverside County shared the percentage of users who found their site through mobile versus desktop platforms to shape the design of San Francisco County's website. The TAMHS team was also able to benefit from Riverside County's explanations and walkthrough of how to configure the Livechat feature[21] to best reach users. San Francisco County's LiveChat would be configured to comply with San Francisco County's specifications to delete or anonymize chats when a session ends.

Training

Riverside County shared how they have a council of advisors who provide input on how to ensure programs and training materials are culturally relevant. San Francisco County adapted Riverside County's training materials for their MHASF staff.

San Francisco County also secured training for Peer Operators to better serve their core audiences, particularly their Trans-Identified Community Members.

Evaluation

Evaluation activities are still being planned, and may consist of the following:

- Interviews with the Peer Operators led by SFDPH
- Two short anonymous consumer surveys at the beginning and end of each chat
- Data from the TakemyHand™ LiveChat platform

San Francisco County will also have their own dashboard that will show metrics, including daily visitors and chats completed.

Future Directions

San Francisco County will continue to plan their pilot, with the ultimate goal of providing the community access to San Francisco County's TakemyHand™ platform.

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[21] Livechat software tools allow online chat, help desk support, and/or web analytics.

Headspace Implementation

Implementation Launch and Discontinuation

San Francisco County began offering Headspace throughout the county in March 2021, but paused marketing outreach activities and access to the county landing page for new Headspace enrollees in June 2021. A total of 537 consumers enrolled in San Francisco County's Headspace implementation in 2021.

During the pause, the county revisited the implementation, particularly related to concerns on privacy and security. In February 2022, the county decided to discontinue offering Headspace to new consumers and to focus on launching their Tech Borrowing and Distribution as well as TakemyHand™ pilot. One main reason was that San Francisco County's community expressed interest in a peer chat app during the initial community program planning process for this project. While San Francisco County offered Headspace to address the wellness needs of communities at the beginning of COVID-19 global pandemic, the county decided to shift and focus on the original vision of implementing a peer chat app for the project.

Those already enrolled in Headspace were notified that their free subscription would end in March 2022.

Evaluation

Data collected by Headspace on those who enrolled in the app can be found on page 39.

Future Directions

San Francisco County discontinued their Headspace program.

SAN MATEO COUNTY

San Mateo County's Help@Hand program is divided into two phases:

- **Phase 1:** Use of technology (e.g., Headspace and Wysa) to conduct outreach and link core audiences to services.

- **Phase 2:** Integrate technology into San Mateo County's system of care.

For their Phase 1 efforts, San Mateo County completed their Headspace implementation and Wysa pilot last year. During this period, the county launched their Wysa implementation. In addition, they continued to test Wysa with consumers of San Mateo County Behavioral Health and Recovery Services (BHRS) and offer digital literacy education and devices during this period for their Phase 2 efforts.

Wysa Implementation

Implementation Planning

San Mateo County conducted a successful pilot of Wysa with 16 TAY and 37 older adults in 2021. Based on their pilot, San Mateo County's Help@Hand Advisory Committee approved a larger-scale implementation of Wysa.

In September 2021, San Mateo County began planning an implementation of Wysa to county residents with focused outreach to TAY and older adults. Customization requests based on pilot evaluation findings were presented to Wysa. Wysa adopted the following requests after their contract with San Mateo County was approved in February 2022:

- **Co-branding** of Wysa and San Mateo County on the app

- Creating **distinct access codes** for different core audiences (e.g., TAY, older adults, behavioral health clients, and the general population)

- Including a **disclaimer stating the app's intended purpose** and that it is not a replacement for therapy

- **Removing mention of the "ask-a-therapist" feature** and any other paid features

- Expanding the list of resources to **include local resources**

- Adding an additional button to **reflect the content included in the SOS feature**, such as "extra support & resources" or "extra resources."

- **Creating instructions and tutorials** on how to download and use the Wysa app.

Implementation Launch

San Mateo County launched their Wysa implementation on March 8, 2022. Individuals interested in Wysa were directed to the county's landing page, which included a short survey. An access code and instructions on how to download Wysa were provided based on responses to the survey.

Help@Hand Peer Ambassadors from Youth Leadership Institute (YLI), Peninsula Family Services (PFS), and the county's Advisory Committee promoted and supported Wysa across the county. Peer Ambassadors from YLI outreached to low-income youth, while Peer Ambassadors from PFS reached out to low-income and isolated older adults in low-income housing complexes. Outreach to older adults also included digital literacy training and device distribution, as needed.

In addition, San Mateo County contracted with Uptown Studios to support broad marketing (partner toolkits, social media posts/ads, transit ads, print media ads, and resident postcard mailings) of Wysa for TAY and older adults. The county reviewed and provided feedback on various marketing materials. The marketing campaign launched June 2022. The marketing materials developed for San Mateo are shown below.
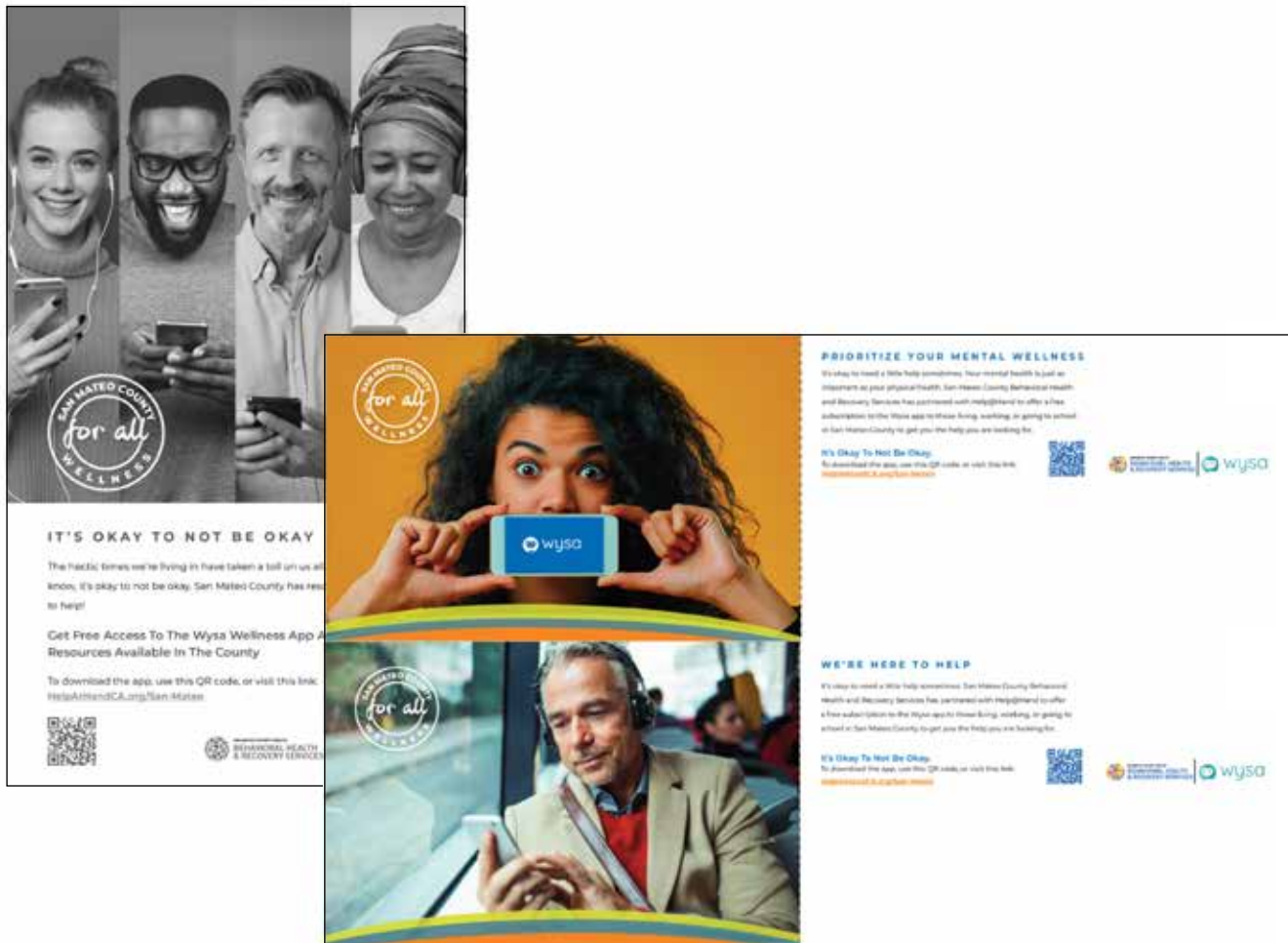
Above: *Pictures of San Mateo County's marketing materials*
Source: *San Mateo County*

Behavioral Health Clients

BHRS Peer Ambassadors supported testing of Wysa among a small group of behavioral health clients in March 2022.

Painted Brain provided peer and family partner staff with digital mental health literacy training to help them support the distribution of devices to clients. Training topics included:

- How to set up a Gmail account
- Email maintenance
- Professional emailing
- Tips on how to scan a QR Reader
- How to Download an Application (App)

- Tips on using your phone camera

- Online safety & privacy

- Tips on Privacy Settings (mobile phone & social media)

- Telehealth and telehealth etiquette

- Zoom teleconferencing basics

Painted Brain also provided clients with technical support with their devices and the Wysa app. Clients were able to call San Mateo County's Peer Specialist line or submit an IT ticket request to schedule a virtual technical support session.

With support from BHRS clinicians and peer staff, a total of 31 of San Mateo County's BHRS 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.

Evaluation

San Mateo County's Wysa implementation continues to be evaluated by Resource Development Associates (RDA) Consulting. RDA and San Mateo County reviewed strategies and learnings from the Headspace evaluation led by the Help@Hand evaluation team to inform the Wysa implementation evaluation. The evaluation consists of surveys with consumers to assess their experience and ongoing use of Wysa. The surveys also measure the self-reported impact of Wysa by consumers.

Future Directions

Although San Mateo County's participation in the Help@Hand Collaborative will end in September 2022, individuals in the county may continue accessing Wysa through January 2023.

As part of their sustainability and transition planning, San Mateo County will review findings from their Wysa implementation and determine how best to continue the program after September 2022. In particular, they will decide how to continue to involve BHRS staff, clients, Peer organizations and marketing support.

SANTA BARBARA COUNTY

Santa Barbara County continued to implement Headspace with core audiences and make Headspace available for the broader public. In addition, the county continued to provide digital and health literacy workshops and Headspace Webinars. Furthermore, the county created safe spaces within their clinic facilities for clients to experience Headspace mobile app while they waited to be seen by their behavioral health provider.

Santa Barbara County also began planning a pilot of Bambu, an app in Spanish that focuses on meditation and mindfulness; the pilot is anticipated to launch in October 2022. In addition, Santa Barbara County is considering a pilot with a creative app for their unhoused population.

During this period, Santa Barbara County experienced significant staffing shortages due to staff departures and staff diversions to other projects, particularly related to COVID-19. The county is in the process of hiring several full-time and part-time positions to help support all their projects. Santa Barbara County successfully hired and began onboarding the following personnel between May and June 2022:

- A new Help@Hand supervisor who will be the Help@Hand Santa Barbara Tech Lead and oversee the Bambu pilot

- Two Recovery Assistants

- An Outreach Coordinator

Santa Barbara plans to continue growing their staff by hiring additional personnel in the future. To help ease staff shortages, the county continued its partnership with Painted Brain to facilitate digital and health literacy workshops within various venues.

Headspace Implementation

Implementation Underway

In 2021, Santa Barbara County purchased 10,000 Headspace licenses (5,000 for use by county members in FY2021-22 and 5,000 for use by county members in FY2022-23). During this period, Santa Barbara County continued to offer Headspace to the following core audiences:

- Individuals discharged from psychiatric hospitals or recipients of crisis services from Santa Barbara County's Department of Behavioral Wellness

- Geographically isolated adults

- TAY (those aged 16-25 years old).

- Behavioral Wellness Clients

Santa Barbara County also offered Headspace for the general population based on feedback from their Headspace exploration that was conducted in 2021 with community stakeholders.

Landing Page

Santa Barbara County did considerable work to develop a Help@Hand landing page website this period. The county reviewed the process with their Information Technology (IT) department and Public Information Officer (PIO) in early 2022. They met with their stakeholders in February 2022

to present template designs for the landing page. After the stakeholders selected the template to use, Santa Barbara County worked with their PIO, Headspace, and CalMHSA to develop and finalize the page. The landing page (shown below) was published and went live in May 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/*

Access to Technology

Santa Barbara County plans to make tablets available for community members to use in the county's clinic lobbies. The county worked with their IT department to procure, install, and set up these tablets. They also worked with Headspace to receive access codes for use of the technology on the tablets.

Additionally, the county continued to look into 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.

Community Outreach

Santa Barbara County continued to work with Painted Brain[22] and community partners to expand enrollment in their Headspace program. Painted Brain facilitated digital and health literacy workshops with community members. Various workshops for different age groups were facilitated both in English and Spanish. 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
- Building an Online Social Network

To support their community outreach, Santa Barbara County worked on designing flyers for their Headspace program). In addition, the Help@Hand Peers continued to outreach to the community by participating in health fair events and meeting with community-based organizations and school officials to promote the Headspace mobile application. 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. More information about the organization can be found on their website shown below.

Above: *CommUnify website*
Source: *CommUnify A Community Action Agency. (2022). CommUnify. Retrieved from https://www.communifysb.org/*

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[22] Painted Brain is a peer-led organization that supported Help@Hand projects in other counties/cities. More information about Painted Brain can be found at: https://paintedbrain.org/.

Additional Marketing

Santa Barbara County met with Uptown Studios to discuss marketing for their Headspace implementation. Uptown Studios presented a proposal, which was updated based on county input. A contract between Santa Barbara County and Uptown Studios was executed in early 2022 and a kickoff meeting was held in March 2022.

Santa Barbara County partnered with Uptown Studios to develop a campaign for the launch of the mental wellness app Headspace throughout Santa Barbara County. The aim was to enroll individuals and reduce the stigma of mental wellness support and normalize asking for help. Campaign strategies included: organic social media, social media and digital aids, monthly Eblasts and flyers. They also finalized a toolkit that is ready for distribution.

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

Evaluation

Santa Barbara is working with a local evaluator to elicit community feedback in the implementation planning for Headspace and to analyze data coming from evaluation efforts. The county's local evaluator finished analyzing results from the exploration in the first quarter of 2022. The results and findings can be found in the Year 3 Help@Hand Evaluation Report.

Santa Barbara County's evaluation of their Headspace implementation includes consumer surveys and data collected from Headspace. Preliminary results are on page 39.

Future Directions

Santa Barbara County will continue to outreach and market their Headspace program within their county.

Bambu Pilot

Pilot Planning

Santa Barbara County began to plan a pilot with Bambu, a meditation app for Spanish speakers. As mentioned above, the county is in the process of hiring staff to support their projects, including their Bambu pilot.

Future Directions

The Santa Barbara County team plans to review their pilot planning materials with their newly hired Peer Supervisor in Summer 2022. The county plans to launch Bambu with their core audience in October 2022.

TEHAMA COUNTY

Tehama County continued to pause their pilot of myStrength with Tehama County Health Services Agency–Behavioral Health (TCHSA-BH) consumers, homeless adults, and isolated individuals.
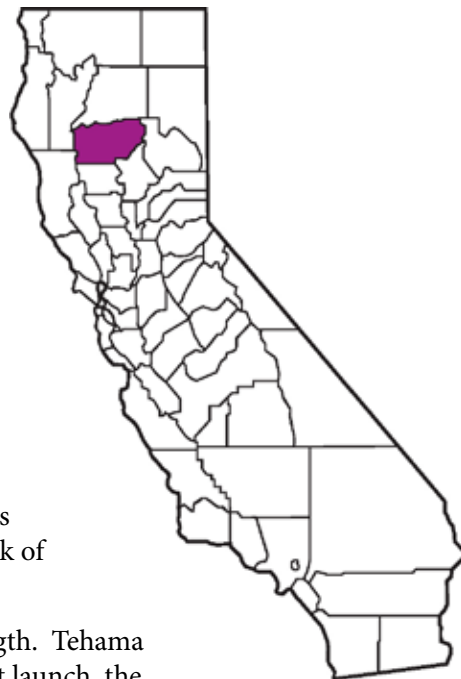
myStrength Pilot

Pilot Planning and Pause

Tehama County planned to recruit and engage 30 participants (10 from each core audience described above). All participants had to be county residents with access to computers or smartphones.

Clinicians, case managers, and health specialists would refer TCHSA-BH consumers to myStrength. Peer staff and wellness advocates would reach out and engage with persons experiencing homelessness or at risk of homelessness, and isolated individuals.

In early 2021, a contract was executed between Tehama County and myStrength. Tehama County launched their myStrength pilot in March 2021. Soon after their pilot launch, the county revisited discussions on how best to securely share participant information with external contractors (e.g., Peers and the Help@Hand evaluation team). Tehama County's Compliance Officer reviewed existing contracts and identified a need for an additional Business Associate Agreements (BAA) between the county and the external contractors. The pilot was paused until the BAAs were in place.

In addition, there was turnover among key county leadership and a focus on new projects such as the county's adoption of a new electronic health record. These changes created unanticipated constraints on Tehama County's staffing and its ability to move the Help@Hand project forward. The pause on their pilot thus continued this period. Although the pilot's re-launch was paused, Tehama County's Peers continued exploring myStrength this period to better support participants once the pilot resumes.

Evaluation

Evaluation of Tehama County's pilot evaluation would include consumer surveys, interviews, and focus groups. It would also include staff surveys and interviews.

Future Directions

Tehama County's myStrength pilot is on pause while the county drafts BAAs to safeguard protected information with external contractors.

TRI-CITY

Tri-City began planning a pilot of myStrength with older adults, TAY, and monolingual Spanish speakers in early 2021, but paused in October 2021 due to staffing shortages. In January 2022, Tri-City resumed planning and changed their myStrength effort to an implementation that would occur between June 2022 and December 2023.

Tri-City also planned to launch an implementation of Wysa for all Tri-City residents in August/September 2022. Tri-City aimed to purchase 200 licenses and begin planning the implementation in July 2022. However, Tri-City announced in May 2022 they were no longer pursuing a Wysa implementation due to insufficient funds.

myStrength Implementation

Implementation Planning

Tri-City worked closely with myStrength to plan their implementation. Tri-City also worked with several partners to support marketing, device procurement and support, and community outreach.

Tri-City

Marketing

During this period, Uptown Studios[23], a California-based marketing team, developed a marketing campaign for Tri-City's myStrength implementation. The team also created digital advertisements and webpages. The campaign and materials are expected to be completed in July/August 2022.

Device Procurement and Support

Tri-City plans to distribute 60 Samsung devices to their core audiences to help them 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. Jaguar Computer Systems[24], a computer networking company that specializes in providing technical solutions for clients, was recommended by Riverside County based on their experience working with the company.

Tri-City planned their device procurement and support efforts with Jaguar Computer Systems during this period. Jaguar Computer Systems will receive the devices and set them up before sending them to Tri-City who will distribute them to their community members. Jaguar Computer Systems will also provide IT support and technical assistance.

Community Outreach

Tri-City planned their community outreach with Painted Brain[25], a peer-led organization that supported Help@Hand projects in other counties/cities. A contract was executed between Tri-City and Painted Brain in May 2022. Painted Brain will onboard participants into the program and support participants in completing evaluation surveys. Painted Brain will also host "Appy Hours," drop-in sessions for individual assistance or small group for community members needing help with technology.

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[23] https://uptownstudios.net/
[24] https://www.jaguar.net/
[25] https://paintedbrain.org/

Implementation Launch

Tri-City had a soft launch of myStrength on June 6, 2022. During the soft launch, Tri-City plans to recruit and engage about 30 participants from their wellness centers.

The implementation will expand to more participants in August 2022. Tri-City will initially focus on expanding to others in their core audiences. They may expand to the general population if they have remaining myStrength licenses. People will be recruited to participate in their myStrength implementation through:

- Community outreach by the Help@Hand Program Coordinator

- Partnering with community organizations working with their core audiences

- Outreaching to 6-7 universities in Tri-City to promote myStrength with the TAY population

- Working with retirement communities in Tri-City to engage older adults

- Recruiting people visiting Tri-City's wellness centers

- Promoting the myStrength implementation on Tri-City's social media channels.

Those interested in the implementation must complete a screener form. This form assesses eligibility to receive a device and eligibility to participate in the implementation; for example, people who are under 18 years old will be ineligible to take part.

Evaluation

Tri-City is working with the Help@Hand evaluation team. The evaluation includes two consumer surveys and one staff survey.

Consumers are surveyed soon after they sign up and enroll for the implementation. A second consumer survey will be given approximately 4-weeks after the first survey is completed.

Staff implementing the effort will be surveyed 2-months after the implementation started to understand their experience beyond the initial first few weeks.

Future Directions

Marketing materials are expected to be complete in Summer 2022. At that time, Tri-City will expand their implementation and actively promote myStrength among their three core audiences. Depending on enrollments, they may offer myStrength more widely for all Tri-City Residents.

Learnings From Pilot and Implentation Evaluation

Key learnings from activities taken by Help@Hand counties/cities to pilot and/or implement technologies with their core audiences include:

Consumer Program Recruitment and Engagement

- Appropriate marketing strategies vary for each population. Using a marketing firm can be very successful in driving potential users to several counties/cities. In-person outreach and other strategies should also be considered.

- Too much information can be overwhelming for participants. It is important to have brief presentations with a clear delivery of information. In addition, minimize technical language to be understandable.

- 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, staff who speak other languages play an important role in serving the core populations to be served.

- Important considerations when working with the Deaf and Hard of Hearing (D/HH) community members. It is important to have multiple American Sign Language (ASL) interpreters during a training. When conducting a training or hosting a webinar with D/HH individuals present, the trainer should look and speak directly to the D/HH individual, not the interpreter.

- Directing consumers to ᴛʜe county/city landing page can help streamline enrollment. Counties/cities with multiple core audiences may have unique access codes for each population. Adding multiple access codes to marketing materials can create confusion during enrollment. Directing consumers to a screener questionnaire on the county/city landing page can help consumers enroll using the appropriate access codes.

- Complex access codes create barriers to enrollment. Access codes that are too long or difficult to remember make it difficult for consumers to enroll in the program. Counties/cities and vendors can collaborate to create access codes that meet the needs of both vendors and consumers.

- It can take time for participants to complete paperwork for a program. Sometimes participants need additional incentives such as food or giveaways. Other participants require multiple prompts to complete the paperwork.

- What worked with one population served, may not work with another. One county found that older adult clients were more reluctant to participate in their program than consumers from younger age groups.

Digital Literacy Training

- Building a concrete digital literacy program is essential. It is essential to build a comprehensive digital literacy program to support the introduction of digital wellness tools to certain vulnerable populations. For example, beginner computer skill workshops were needed in many counties/cities.

- It takes time to onboard participants and train them to use devices. Onboarding participants and training them to become familiar with a specific product takes time. Even more time and resources may be needed to complete this process when the onboarding and training process happens remotely. Extra time and consideration should be allocated for this process.

• Digital literacy programs should expand to support others. Digital literacy training programs may benefit not only clients and peers, but also providers and project leadership.

Device Access

• Digital literacy and devices empower consumers. Device distribution is not just about giving out devices, but also empowering consumers with the knowledge and resources to use those devices.

• Make things as easy as possible for your clients. Consider ease of use when pre-programming devices to give consumers. For example, one county learned how to place app icons front and center on staff's desktops and on clients' smartphones so that clients can easily access the app.

• Distributing a separate device for a specific app or technology is not always preferred. If a participant already has a preferred device, they can sometimes be overwhelmed with having a second device to manage, and thus may end up using that app less.

• Participants may leave the project and may not return the device they were loaned. Most participants will return the devices they are given to borrow. There are some cases in which participants may be very difficult to contact after they have left the project. Account for extra devices that may be needed and have a plan in place for when, how, and if to try to get the devices back from participants.

• Device distribution involves a lot of moving pieces and requires a lot of effort. Some tasks, such as labeling devices/accessories and completing paperwork, require a lot of time, expertise, resources, and effort. Negotiating with technology companies to get the right devices that meet all requirements also takes time.

• It is important to maintain devices on a regular basis. Tablets need to be checked on a weekly basis to make sure they are working properly in some counties/cities.

Kiosks

• Security measures are critical in order to prevent kiosk users from accessing unintended websites. One county addressed this issue by creating a webpage embedded with curated videos.

• Power and internet outages may affect kiosk functionality. Due to outages and any unforeseen circumstances, kiosks may be offline for an extended period. Kiosk management software can monitor and provide daily usage reports.

• Installing kiosks is associated with various barriers. Kiosk installation is cumbersome for programs in leased buildings/spaces. Longer lead-time is required to get all parties (program administration, supervisor, leasing agents, and building owners) on the same page to approve and schedule installation. It is also instrumental to secure a partnership with an experienced IT agency.

Project Planning and Execution

• Developing a communication and marketing plan can help ensure dissemination to the intended populations. Creating a communication and marketing plan with a timeline and impact indicators could help engage new users and identify effective strategies.

• It can be beneficial to take an "agile" approach that allows flexibility to adapt changes brought about from outside of the project. There are several outside factors that can affect projects (e.g., statewide efforts

such as CalAIM, software updates to major technology platforms, resources that are made available and can support project efforts). Being aware of such factors and how to adapt to such changes can help reduce duplication of resources and effort.

- Some projects and initiatives may have requirements that overlap. Streamlining programs can meet requirements for multiple programs.

- Supporting multiple implementations is resource intensive. It can be resource- and time-intensive to move forward with implementing multiple technologies. Do not underestimate the amount of time required to appropriately support multiple pilots, implementations, and/or other projects. For example, county staff may feel it is important to take care of their clients' needs in a timely manner, which sometimes requires working over the weekend.

- Consider other supports and resources for participants, such as those with low digital literacy. It is not always feasible to serve everyone due to the lack of resources or staff. For example, there are some participants who signed up for programs, but do not have access to an email or technology that can connect to the internet. Due to staffing capacity, some counties/cities are 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 in some counties/cities.

- Expanding with other organizations. Counties/cities can make a broader community impact by collaborating with organizations that serve diverse populations. Organizations can promote Help@Hand products and encourage the use of technology to support mental health and wellness.

- Working with multiple partners can result in overlap of scope of work. When working with multiple partners, it is important to review final scopes of work to minimize overlap of work between these partners and avoid duplication of work.

Project Monitoring and Evaluation

- Without a plan for evaluation, it is challenging to measure the effectiveness of program activities. Counties/cities that distributed devices did not report conducting an evaluation of their device distribution efforts. However, counties/cities reported that device distribution was a challenge. An evaluation of this effort would help elicit detailed learnings, challenges, and successful strategies.

- It is necessary to clearly communicate the purpose of evaluation to consumers. Consumers who are not expecting communications from the evaluation team may be less likely to respond to surveys.

- Financial incentives and county/city involvement impact consumer participation in evaluation activities. Consumers are less likely to respond to online surveys where there is little support for participation from the county/city and financial incentives are not provided.

Stakeholder Communication

- Stay in constant communication with internal stakeholders, vendors, and other external parties. Some counties/cities maintain an open line of communication between their various parties to ensure progress is communicated, input is received, and issues are addressed quickly and appropriately.

- Buy-in from staff and other stakeholders is crucial. Though challenging to acquire, buy-in from stakeholders is imperative to champion projects. Transparency, consistent communication, and support are helpful in receiving buy-in.

- Engage key decision-makers and internal departments throughout project planning. Some counties/cities engaged and met with executive leaders as well as their Information Technology, Legal, Contracts, and other administrative departments to ensure processes received approvals. Engaging with these decision-makers departments throughout the project planning process allowed for concerns to be addressed immediately without delaying project timelines.

- Gathering stakeholder feedback can be time consuming. Stakeholder involvement is crucial for launching a new program but gathering stakeholder feedback on every piece of the program can be time consuming and delay program launch. Establishing clear decision-making processes and expectations can help move the project forward while incorporating stakeholders' feedback.

- County/city and external partners can have different expectations of deliverables. It is important to get a mutual understanding of expectations and partners' deliverables before agreements are executed. It is important for partners who have worked with other Help@Hand counties/cities to have a good understanding of each county/city's local Help@Hand project. Materials or processes used for one county/city's implementation may not be suitable for another county/city's program.

- Be clear on technical requests. Ensuring that the size, scope, and nature of technical aspects, such as website customization requests, is clear goes a long way to ensuring smooth collaboration. Sometimes, the same terms may have different meanings to different teams. Investing time in understanding these different perspectives and creating shared definitions can facilitate more meaningful collaboration.

- Discuss data sharing with relevant parties. When a data use agreement is required, ensure that the data needed will actually be accessible and available, prior to signing a contract with a vendor. Some counties/cities require Business Associate Agreements (BAAs) between the county/city and external partner in order to share participant information between parties.

- Working with large teams can be challenging. Projects can be divided into discrete work and managed by different teams. However, extracting all the information needed for evaluation and synthesizing across technologies can be challenging.

Staffing and Resources

- Workforce capacity can impact implementation timelines. Counties/cities with a smaller workforce and/or competing priorities can experience delays in implementation. Although difficult, it is important to try to ensure staff are not overextended and have enough time to support the project.

- Staffing changes can have a large impact on the workload of other staff. In several counties/cities, the staff departures and staff diversions to other projects resulted in work given to other team members, in addition to their own job duties and responsibilities.

- Onboarding can take time and resources. Due to a variety of factors (e.g., staff time being split with other projects, the size and breadth of some counties/cities projects) onboarding new hires or team members added to the project can result in project downtime in order to ensure staff is acquainted with the project.

- Recruitment and outreach are ongoing processes. It is important to dedicate a staff member to regularly engage in all the phases of recruitment and outreach engagements.

Learning Collaboration

- There is a need for increased sharing of actionable insights and learnings. This could help counties/cities learn from one another and not have to have to redevelop resources, materials, or processes that have already been created by other counties/cities.

- Having awareness of what resources are already available can avoid duplicating already existing services. There are several common resources that counties/cities may seek out (e.g., digital mental health literacy, device distribution, broadband access). Many of these resources are already available through programs in California. However, a lack of awareness of these programs can sometimes result in creating similar or duplicative programs within counties/cities.

- Resources may not always be relevant to everyone in the room when it is presented. Sometimes valuable resources are shared but they may not be applicable given the stage a county/city is at, or the direction that they may be taking.

- It can be challenging to recognize when collaboration is happening between counties/cities. Not everyone recognizes or defines collaboration in the same way.

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

Sustainability

- Sustainability planning requires counties/cities to understand the parts of the project that are having an impact on consumers and/or the county/city behavioral health system. Evaluation findings can shed light on project successes to help counties/cities develop a transition plan.

- Implementing a product within a county/city can create an opportunity to develop infrastructure to support future technology projects. Through implementation of a product, one county invested time and resources in building an infrastructure and upskilling relevant teams that will facilitate more efficient technology roll-outs in future.

- Changes and updates made to apps can affect availability and applicability of an app to consumers. Changing business models (e.g., apps that were once free moving to a freemium or subscription model), or updates to an app can change functionality and potentially affect how applicable it is to the group it was originally intended for.

- Curating free apps and technologies to support consumer needs can provide an additional source of support. Having a toolkit of free apps in addition to products offered through the county/city can provide consumers with choices and additional resources. It can also be a way to continue supporting consumers and after the county/city ends its involvement in the Help@Hand project or stops implementing a product.

4 | OUTCOMES EVALUATION

Key Points

- Counties/cities and technology vendors continued to work with the Help@Hand evaluation team to plan how to collect data from apps and other sources.

- The Help@Hand evaluation team worked to collect data from the California Health Interview Survey (CHIS).

OVERVIEW

This section evaluates the effect of Help@Hand on achieving its five shared learning objectives (shown on page 7) across the state of California.

OUTCOMES EVALUATION

Counties/cities and technology vendors collected data that can reveal the impact of Help@Hand in communities and across the state. Discussions on how to access and assess this data continued this period.

The Help@Hand evaluation team also worked to collect data from the California Health Interview Survey (CHIS). CHIS is the largest state health survey in the nation. It asks questions on a wide range of health topics to a random sample of individuals throughout the state of California. In addition to collecting data from CHIS' routinely asked survey, the Help@Hand evaluation team and CalMHSA worked with CHIS to include questions related to Help@Hand.

Previous CHIS analysis comparing Help@Hand counties/cities to other California counties/cities can be found in the Year 3 Annual Help@Hand Evaluation Report. No new data has been released by CHIS.

The following recommendations 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 reports.

Overall recommendations are designed to broadly apply across the Help@Hand Collaborative. Individual recommendations and/or learnings emerged from the experiences of one or more counties/cities involved in the program between January and June 2022.

Diversity, Equity, Inclusion (DEI) Considerations

Overall recommendation: Understanding the needs of key core audiences and tailoring implementation and outreach strategies to the specific needs of these different audiences may improve product uptake and maintenance.

Individual recommendations/learnings:

- **Train staff to understand population needs.** For example, San Francisco County secured training for Peer Operators to better serve their core audiences, particularly their Trans-Identified Community Members.

- **Use stakeholder feedback to inform tool development.** Riverside County worked on a needs assessment with their Deaf and Hard of Hearing Community in order to identify how to adapt their technology to support the community. Monterey County adopted a human-centered approach in their needs assessments and app development to identify resources that were not covered by the original product but were considered important to include.

- **Tailor outreach strategies to core audiences.** In addition to a broad marketing strategy, having tailored marketing strategies in place for harder to reach populations can help improve product uptake. Strategies adopted by counties/cities included Peers reaching out to people individually and staff visiting senior centers to reach out to older adults.

- **Consolidate and disseminate resources to make these more accessible for different audiences.** Bringing together the multiple resources that have been identified and created across the Help@Hand may help to highlight resources that are available throughout the state. This can be particularly helpful for marginalized populations who may not have easy access to resources.

Communication

Overall recommendation: Streamlining communication is important to ensure everyone involved is on the same page and updated on project status.

Individual recommendations/learnings:

- **Have regular meetings with all parties involved (e.g., counties/cities, technology vendors, evaluation team).** Having meetings with counties/cities, the technology vendor and the evaluation team has been helpful to make sure everyone can give input and is on the same page. These meetings avoid delays and mitigate the need for additional coordination later on.

- **Streamline communication.** People may have limited bandwidth, especially towards the end of the project when new and/or other projects may be competing for people's attention.

- **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.

- **Share evaluation learnings.** The Collaborative would benefit from the Help@Hand evaluation team sharing learnings from other (non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts.

- **Emphasize impacts and learnings across stakeholder groups.** Although success is often thought about in terms of benefit to consumers, counties/cities also referenced the benefit to Peers, staff, and leadership from the Help@Hand project.

- **Successes and progress on the project could be shared more effectively within and outside the Collaborative.** Tech Leads identified different ways that knowledge and successes could be shared more effectively within the Collaborative (e.g., smaller sub-groups, more opportunities/mechanisms to review report learnings) and that sharing outside the Collaborative would help communicate the learnings and value of the project.

Working with Partners

Overall recommendation: It is important for counties/cities to get a clear understanding of a partner's scope of work before executing a contract and for a partner to understand a county/city's specific needs. In addition, streamlining the process of contracting can be beneficial when involving multiple partners and dealing with multiple contracts.

Individual recommendations/learnings:

- **Contracted partners need to understand the county/city's local project.** It is important for partners who have worked with other Help@Hand counties/cities to have a good understanding of each county/city's local Help@Hand project. Materials or processes used for one county/city's implementation may not be suitable for another county/city's program.

- **Get a good understanding of a partner's deliverables before executing a contract.** It is important to get a good mutual understanding of expectations and partners' deliverables before a contract is executed.

- **Review partners' scope of work to avoid overlap if working with multiple partners.** When working with multiple partners, it is important to review final scopes of work to minimize overlap of work between these partners and avoid duplication of work.

- **Streamline the process of contracting if working with multiple partners.** Getting an understanding of the scope and budget of each contract takes time and may require input from multiple stakeholders such as the IT and legal department. Clear, timely communication on both technical and programmatic aspects of the project goes a long way to ensure smooth collaboration. Tracking action items, who is responsible, and what the need is for, helps counties/cities get on the same page and increase buy in.

- **Assess in advance whether a BAA is needed between county/city and a partner.** Some counties/cities require Business Associate Agreements (BAAs) between the county/city and external partner in order to share participant information between parties.

- **Gathering stakeholder feedback can be time consuming.** Stakeholder involvement is crucial for launching a new program but gathering stakeholder feedback on every piece of the program can be time consuming and delay program launch. Establishing clear decision-making processes and expectations can help move the project forward while incorporating stakeholders' feedback.

- **Collaborate with the statewide broadband.** 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).

Collaborating with Technology Vendors

Overall recommendation: Developing a close and collaborative relationship with technology vendors is important for multiple purposes, such as requesting and accessing data, facilitating technology trainings, and developing appropriate materials for enrollment and incentives.

Individual recommendations/learnings:

- **Complex access codes create barriers to enrollment.** Access codes that are too long or difficult to remember make it difficult for consumers to enroll in the program. Counties and vendors can collaborate to create access codes that meet the needs of both vendors and consumers.

- **Partnering with vendors and partners can help mitigate county/city staffing challenges.** Some counties/cities utilized staff from vendors to help facilitate workshops and trainings on how to use the app. In addition,

support from CalMHSA has been helpful in overcoming some of the staffing challenges, and counties/cities will have to determine how to retain this expertise in sustainment of technology products.

- **Get a clear understanding of data requests and access.** Communicating early on and regularly with technology vendors is key for the vendor to understand what the data requests are and for other partners to understand what data is available, and through which channels this data can be accessed.

- **Understand mechanisms in place to ensure data security and privacy.** Some technology platforms offer live chat. It is important to understand how they offer it in a way that is secure and data is kept private.

- **Work with vendors for data access.** Being able to access app data can be challenging for counties/cities.

- **Providing incentives to participants exclusively in the form of electronic gift cards is not advisable.** Being able to access an e-gift card may be a monumental challenge for some participants due to a variety of reasons including low digital literacy, not having consistent access to the internet, a disability, etc. The reality is that some participants may prefer physical gift cards over e-gift cards. Being able to give participants the option of having an e-gift card or a physical gift card is advisable. This is also a way to ensure that money is not wasted on incentives that will never be utilized.

- **Regular touch points between vendors and key stakeholders within the county/city has played a critical role in developing a tool that meets the needs of those it is intending to reach**. Having regular meetings (e.g., Implementation Calls) with vendors present alongside team members who work with or represent the core audience can facilitate feedback and decision making.

- **Working closely with the vendor can unlock insights into county/city-specific information.** For example, if a vendor is implementing a needs assessment that involves surveying community members, working closely with representatives from the county/city can help to identify high touch-point areas with members of the core audience.

- **Constant communication and touch points with a vendor can help with applying an "agile" approach.** By maintaining regular touchpoints and communication counties/cities and vendors can more swiftly raise concerns or communicate potential barriers which can help in addressing those concerns in a timelier manner.

Peers

Overall recommendation: Peer involvement remains an important need across the project. There is a need to account for Peer hiring challenges and to dedicate sufficient time for onboarding new Peers.

Individual recommendations/learnings:

- **Account for Peer hiring challenges.** Programs tend to struggle with maintaining a robust Peer workforce owing to a combination of challenges with hiring and retaining Peers. Success is facilitated by providing sufficient scaffolding for the Peers. Strategies include ensuring that Peer supervisors are trained to provide support and job tailoring for individuals in recovery from mental health challenges, avoiding assigning Peers to multiple simultaneous projects and building a cohort of Peers who can support one another.

- **Involve Peers in multiple areas of the project.** Peers offer considerable added value to programs that seek to deliver mental health services to the community. Peers should be invited to design outreach materials, deliver education to the community, and act as spokespersons for the program to other organizations and agencies.

- **Dedicate sufficient time to onboarding Peers.** It takes time for new Peers to become familiar with the project. It is important to allow enough time for Peers to gain a good understanding of the project.

Clinicians

Overall recommendation: Gathering clinician feedback can be key in informing product development and improving consumer experience with the product.

Individual recommendations/learnings:

- **Where applicable and possible,** it can be beneficial to involve clinicians in the feedback process. Some

counties/cities have involved clinicians through focus groups, surveys and interviews which has helped inform their tool development.

Consumer Experiences

Overall recommendation: In order to get a holistic understanding of user engagement, counties/cities should consider different patterns of use and contextual factors beyond the technology such as consumers' digital literacy and ability to engage with a product. In addition, it is important to not only capture consumers' early impressions of a technology, but check in at later time points to evaluate whether the content meets consumers' long-term needs and improves outcomes.

Individual recommendations/learnings:

- **Provide technology support for those with lower digital literacy.** Even if consumers may find a technology easy to use, not everyone has access to help and they may abandon the app when experiencing technical difficulties. Additional support could be provided for those experiencing difficulties in using an app.

- **Understand patterns of use.** An understanding of how and when consumers engage with a product can inform the scheduling and availability of live assistance and support.

- **Look beyond user engagement and abandonment and consider reasons for abandoning a technology.** Abandonment of a technology may not be related to a negative experience with the technology per se. For example, people may already have strategies in place or access to other resources that are helpful and the technology may still be reaching people who have limited access to resources.

- **Understand ongoing user engagement and experience.** Vendors update products regularly and it is important to understand consumers' ongoing engagement with a product and reasons for abandonment.

- **Understand changes in mental health symptoms over time.** Consumers may not immediately experience an improvement in mental health symptoms. In addition to understanding consumers' ongoing engagement with a product, it is important to understand any improvement in mental health symptoms over time.

- **Consider different types of use.** It is important to take into account different ways in which people may engage with a product. For example, consumers may not complete formal programs or activities, but may instead use an app to complete wellness assessments and track their health.

- **Set clear expectations for a product.** Setting clear expectations of what product does and does not offer can help improve consumer experience and avoid confusion.

- **Recommendations for working with Deaf and Hard of Hearing (D/HH) populations: Plan ahead and be sure to have multiple American Sign Language (ASL) interpreters confirmed for trainings, webinars, etc.**
  - o When conducting a training or hosting a webinar with D/HH individuals present, the trainer, host, and/or person addressing the room, should look and speak directly to the D/HH individual, not the interpreter.
  - o Do not assume that all D/HH people are fluent in ASL. Similarly, do not assume that all D/HH people who are fluent in ASL are equally fluent in English.
  - o When surveying the D/HH community, it is important for survey instructions, questions, and all related information to be available to participants as ASL videos.

- **No one person is an expert.** When presenting a pilot or implementation program to potential participants, having multiple team members is very beneficial. Everyone has something to contribute to the conversation and a different expertise.

- **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.

Consenting Consumers

Overall recommendation: Consenting consumers to be contacted and keeping track of their participation can be beneficial for inviting these consumers back later on in the development of the project.

Individual recommendations/learnings:

- **Record participation early on.** Keeping track of consumers who consented and participated early on in the project can be beneficial for inviting these consumers back later on in a project.

Digital Literacy

Overall recommendation: Digital literacy remains an important need across the project, as digital literacy skills vary across populations and individuals. Tailoring implementation strategies to different audiences can ensure that digital literacy resources are dedicated to those in need.

Individual recommendations/learnings:

- **Tailor implementation strategies to core audiences with differing digital literacy.** While some counties/cities adopted a broad wide-scale implementation, dedicated digital literacy support was offered to those that may be less experienced with technology than others.

- **When safe and possible, choose face-to-face interactions with clients when trying to troubleshoot issues with technology.** A client had repeatedly experienced issues accessing the A4i app on the phone they received from Riverside County. After multiple attempts to troubleshoot the issue remotely, the client met with a Help@Hand Riverside staff member face-to-face. It was only then that they realized the consumer had been using the wrong mobile application.

- **Digital literacy is needed amongst core audiences.** Marin County found that many older adults stopped using myStrength shortly after the pilot ended without comprehensive digital literacy support and reinforcement. Due to this, Marin County's Advisory Committee directed the county to shift from a wider implementation of myStrength to exploring how to utilize the lessons learned from Help@Hand and integrate the lessons learned with larger county/city initiatives that support digital literacy and the mental health needs of the most isolated older adults.

Marketing

Overall recommendation: Using a variety of marketing strategies and working with local organizations can be key in widening the reach and promoting an implementation among populations.

Individual recommendations/learnings:

- **Directing consumers to the county/city landing page can help streamline enrollment.** Counties/cities with multiple core audiences may have unique access codes for each population. Adding multiple access codes to marketing materials can create confusion during enrollment. Directing consumers to a screener questionnaire on the county/city landing page can help consumers enroll using the appropriate access codes.

- **Use of different outreach strategies.** Counties/cities used a variety of ways to reach consumers, such as billboards and posters at bus stops.

- **Expanding outreach efforts and partnering with local organizations can be an effective way for reaching specific populations.** Widening outreach and working with local organizations, such as schools and senior centers, can help reach specific populations.

- **Share experiences of working with the same marketing partner.** Multiple counties/cities have been working with Uptown Studios to develop their marketing strategies. Counties/cities can learn from others through sharing experiences and best practices.

- **Working with graphic designers.** Having a graphic designer who can develop outreach, engagement and promotional materials is essential.

- **Increase marketing efforts.** Increase marketing and outreach efforts for the California Lifeline Program to address the digital divide.

- **Develop marketing plans.** Having one or more marketing plans in place prior to launching a pilot or implementation can help streamline promotion.

Devices

Overall recommendation: Device distribution requires planning. Having a plan in place to ship devices, order extra devices and evaluate the success of device distribution all benefit the process of effective distribution of devices.

Individual recommendations/learnings:

- **Order shipping materials ahead of time.** As soon as the county/city knows the number of devices secured, shipping materials should be ordered. This will help the team by having shipping materials ready and available in time.

- **Obtain extra devices beforehand.** 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.

- **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.

Tablets and Kiosks

Overall recommendation: Tablets and kiosks placed in key client locations can be an effective way to reach many people and increase engagement.

Individual recommendations/ learnings:

- **Offering an app via tablets can help increase engagement.** Santa Barbara County installed Headspace mobile applications on tablets utilized by three regional clinics for clients to interact with and experience the app.

- **Install security measures to prevent kiosk users from accessing unintended websites.** This can include creating a webpage embedded with curated videos.

- **Install software that allow kiosks to remain functional during power and internet outages.** Kiosk management software can help monitor and provide daily usage reports.

- **Plan for various barriers when related to kiosk installations.** For kiosks installed in leased spaces, a longer lead-time is required to get all parties (program administration, supervisor, leasing agents, and building owners) on the same page to approve and schedule installation. Working with an experienced IT agency is also important.

Project Planning and Meeting Frequency

Overall recommendation: Streamlining different meetings and documents can help ensure time is used efficiently and everyone involved is aware of a project's status.

Individual recommendations/learnings:

- **Regularly document project progress, successes, and challenges.** Documenting the status of a project is helpful to inform updates related to the planning process to other stakeholders.

- **Regular meetings and communication on project status and timeline is key.** Even if there are no significant progress updates to report, having a meeting to update everyone involved is helpful for understanding where a project is in terms of timeline and status.

- **Streamline meetings.** Counties/cities can have several meetings for different purposes. Communicating the intention of a meeting beforehand can ensure that the right people attend the meeting and that the time is used strategically.

- **Maximize time of meetings to meet needs of the team and share information.** Counties/cities used meetings to share updates, but also to onboard new staff, provide training and orient them on the project.

Resources

Overall recommendation: Sharing and managing resources plays an important role in improving implementation processes.

Individual recommendations/ learnings:

- **Allocate sufficient resources if budgeting for multiple implementations.** It can be resource- and time-intensive to move forward with implementing multiple technologies.

- **Workforce capacity can impact implementation timeline.** Counties/cities with a smaller workforce and/or competing priorities can experience delays in implementation.

- **Share experiences of working with partners between counties/cities.** Counties/cities have largely been working with the same partners (e.g., Jaguar, Uptown Studios, and Painted Brain). Some counties/cities may already have a scope of work in place with these partners and can share their experiences, which can help set clearer expectations for other counties/cities considering working with these partners.

- **Increase efforts for free digital resources.** Increase efforts to curate localized, free digital resources that support mental wellbeing and address the social determinants of health.

- **Construct toolkits to help counties/cities deal with common barriers.** Many challenges were common and identified by multiple counties/cities. Providing toolkits to provide solutions identified by counties/cities across Help@Hand or opportunities for counties/cities to come together to receive support around common barriers could facilitate overcoming these barriers.

- **Recommendations from the Tech Leads on sharing resources included:**

  o Create more, smaller sub-groups within the project to share learnings in specific areas or domains.

  o Create new opportunities to review evaluation reports and learnings together.

  o Work on disseminating information and learnings from the Help@Hand project to non-participating counties/cities.

  o Formalize a roadmap of activities (with budget implications) to allow counties/cities to determine if they want to participate in those activities.

Evaluation

Overall recommendation: It is important to establish a clear scope of work for evaluation, and to understand counties/cities' goals so tailored advice can be given on the type of evaluation to do.

Individual recommendations/learnings:

- **Get an understanding of county/city goals to tailor evaluation.** By having a clear understanding of what counties/cities are hoping to understand, tailored advice can be given on the type of evaluation they can do.

- **Employ a variety of strategies to engage consumers and 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.

- **Make sure that survey answer options are appropriate for populations.** If demographic questions do not include options that capture the diversity of a population, such as questions related to race and ethnicity, important nuances may be missed.

- **Facilitate dialogue between technology vendors and evaluators to understand app data elements and how to access the data.** Data dictionaries are helpful to ensure common understanding on what data elements measure. In addition, data sharing security requirements may entail agreements to be reviewed and data to be sent/received via secure portals with the help of IT security team members.

- **Consider web-based analytic software such as Google Analytics.** These software can help evaluate marketing and outreach metrics for web-based platforms.

Sustainability

Overall recommendation: Counties/cities should consider opportunities for sustainability and lasting impact of project outputs beyond the Help@Hand project.

Individual recommendations/ learnings:

- **Plan for future directions and areas to prioritize.** Counties/cities can use evaluation findings to decide what direction they should go in moving forward. For example, counties/cities may decide to prioritize enhancing their digital literacy and in-person support efforts to ensure people's technical readiness to engage with technology products.

- **Plan for wrapping up a county/city's participation on a project.** Sustainability planning requires counties/cities to understand what parts of the project are having an impact on consumers and/or the county/city behavioral health system. Evaluation findings can shed light on project successes to help counties/cities develop a transition plan.

- **Plan for continued evaluation beyond the project.** Counties/cities may want to lay out a plan with the evaluation team to ensure that evaluation efforts continue and are taken on by the county/city after the project ends.

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COUNTY/CITY PROGRAM INFORMATION

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)
Tech Lead(s)	• Karen Klatt	• Karen Klatt
Team Composition	• Behavioral Health Director • MHSA Coordinator	• Behavioral Health Director (April) • MHSA Coordinator (April - June)
Core Audiences	• General population of City of Berkeley	• General population of City of Berkeley
Products in Use/Planned	• Headspace • myStrength™	• Headspace • myStrength
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
Implementation Approach	• 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.
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, 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/PA Amendment for the additional Head-space licenses.
Lessons Learned	• The main lessons learned, which are also recommendations and would be to utilize a Marketing Firm as it was very successful in driving potential users to the project.	• Same as with the previous quarter --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.
Recommendations		
Cross County/City Sharing		

Los Angeles County	iPrevail Quarter 1-2 (Jan–Jun 2022)	MindLAMP Quarter 1-2 (Jan–Jun 2022)	SyntraNet Quarter 1-2 (Jan–Jun 2022)
Tech Lead(s)	• Alex Elliott, MSW.	• Alex Elliott, MSW.	• Alex Elliott, MSW.
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 • Ben Wu • Alex King • Laura Li	• Yvette Willock • Laura Li
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 Dialect 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
Products in Use/Planned	• iPrevail	• MindLAMP	• SyntraNet
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
Implementation Approach	• Free access provided for all Los Angeles residents • Additional marketing in schools for students aged 15+ • Additional marketing to call-in centers • Demonstrations of iPrevail provided to mental health provider agencies and their staff, Community and Faith Based Organizations, Community Ambassadors, and Peers. • Worked with the Veterans Peer Access Network to provide presentations on iPrevail and materials for Veterans and their families. • Content available for Spanish speakers • Information regarding iPrevail is disseminated via social media and in print media to support product access	• Offered to clients in DBT programs in LA County • Content available for Spanish speakers	• Allows a range of functionality for Los Angeles County Department of Health (LACDMH) Employees to support their clients. • Initially being implemented in Enhanced Care Management (ECM) services. • As of July 28, 2022, current implementation approach continues to be focused on launching the Production Environment of SyntraNet for use in the DMH Enhanced Care Management Program.
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 diary card and resources that support recovery.	• SyntraNet is an integrated care platform which will allow LACDMH a range of functionality to support their clients. • The goal of using SyntraNet is to build a care community that ensures clients across services get the right care at the right time at the right place. • Elements of the noted in the "Other Unique Qualities" section will be the focus in Q3 2022.
Milestones	• Integrated outcome questionnaires/surveys into iPrevail platform • Prevail with the Los Angeles County Department 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.	• Updated DBT diary card, UX, UI, Survey instruments and data visualizations. • Development of updated MindLAMP Security Requirements for Azure Active Directory Implementation continued • Contract executed and development began on Azure Active Directory	• First iteration of SyntraNet Platform completed User Acceptance Testing (UAT) and launched in Production Environment. • Trainings of DMH SyntraNet Super Users completed. • Milestone associated with UAT environment has been attained. • Milestone associated with first iteration of SyntraNet being

Los Angeles County	iPrevail Quarter 1-2 (Jan–Jun 2022)	MindLAMP Quarter 1-2 (Jan–Jun 2022)	SyntraNet Quarter 1-2 (Jan–Jun 2022)
	• Expanded marketing efforts to include the LACDMH Community Ambassador Network (CAN), Innovation 2 providers, primary care/medical providers, California State Universities, and further expansion into LA County Health Neighborhoods • Expanded marketing efforts targeting schools. Provided product demonstrations to relevant partners to increase penetration of product information within school based/linked communities.	Implementation • Development of Azure Kubernetes templates • Development and Configuration of Automation Process in DevOps – Leveraging Azure pipelines to automatically pull the latest MindLAMP releases from GitHub repositories • Harbor-UCLA DBT Clinicians granted access to MindLAMP QA environment for testing • Developed Azure OAuth 2 requirements • Updated Azure Kubernetes Service repository configurations • Continued Azure tenant backup service	launched in the Production Environment has not been attained as of 7/28/2022.
Lessons Learned	• When working with product teams, developing shared understanding and a shared language is a key part of the collaboration. Los Angeles County Mental Health Department teams and product teams bring a very different perspective to development conversations; for example, Los Angeles County brings a clinical perspective and product teams bring a technical perspective. This means that even the same terms may have different meanings to these different teams. Investing time in understanding these different perspectives and creating shared definitions can facilitate more meaningful collaboration. This is a key part of the collaboration between Los Angeles County and Thrasys while building the SyntraNet platform. • Having a vendor that is communicative and able to be flexible can facilitate implementation of an app within a city/county. • Digital literacy programs could expand to support these additional stakeholders. Digital literacy training programs may benefit not only clients and peers but also providers and project leadership. • Implementing a product within a county can create an opportunity to develop infrastructure to support future technology projects, both within counties across the collaborative. For example, through implementation of MindLAMP, Los Angeles County have invested time and resources in building out an infrastructure and upskilling relevant teams which will facilitate more efficient technology roll-outs in future. • When building surveys, prioritizing the most important questions is necessary to reduce respondent burden. It is necessary to strike a balance between evaluation questions the county/city need to ask and questions that are important for the collaborative to have answered. This can help maintain a manageable number of questions for respondents. • There is a need for increased sharing of actionable insights which can benefit the collaborative and increase synthesis across counties. This could help counties learn from one another and not have to reinvent the wheel. • Additional challenges may arise when implementing technologies with larger teams. Projects within Los Angeles County are discrete and managed by different teams. As such, extracting all the information needed 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	• 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 has invested time and resources in building out an infrastructure and upskilling relevant teams which will facilitate more efficient technology roll-outs in future. • 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. • Technical updates and considerations are needed when implementing open source or custom technologies. Additional technical knowledge is needed when implementing MindLAMP and other open-source solutions into the LACDMH IT ecosystem. • Development continued on Azure Kubernetes templates required more time and resources than previously expected because it requires coordination between multiple county departments, divisions and vendors	• Ongoing need for "translation/interpretation" of language used by non-IT end users of SyntraNet (i.e. Department of Mental Health Enhanced Care Management [DMH ECM] Team Members) and Thrasys/UpHealth IT colleagues. • Work is ongoing to address the need for "translation/interpretation" of language used by non-IT end users of SyntraNet (i.e. DMH ECM Team Members) and Thrasys/UpHealth IT colleagues. This is understood as these two "systems" (i.e. Clinical and IT) "speak" use different verbiage/language.

Los Angeles County	iPrevail Quarter 1-2 (Jan–Jun 2022)	MindLAMP Quarter 1-2 (Jan–Jun 2022)	SyntraNet Quarter 1-2 (Jan–Jun 2022)
	open-source solutions into the LACDMH IT ecosystem. • For technology programs, developing a communication and marketing plan developed with a timeline and impact indicators would be helpful to ensure dissemination to the intended populations. This could assist in targeting what strategies were effective in engaging new users.		
Recommendations	• Diverse marketing plans developed prior to launch. • Integrated evaluation and course correction for the marketing plan to optimize participant enrollment.	• 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. • Procure additional devices and internet access for county residents who cannot receive adequate broadband service or devices from the statewide Broadband For All efforts/California Lifeline Program. • 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 team sharing learnings from other (non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts. • For technology programs, developing a communication and marketing plan 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 and maintaining new users	No recommendations at this moment in time due to the following: • Once the DMH ECM Team Members begin using the SyntraNet Platform, we will have more robust feedback to provide • SyntraNet is not in the Production Environment as yet.
Cross County/City Sharing	• Presentation- Help@Hand LA spotlight for the Tech Lead Collaboration Meeting (Feb. 2022)	• 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.	• Under this technology the county has not been involved in any cross-county sharing opportunities.

Marin County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Tech Lead(s)	• Lorraine Wilson	• Position vacant (coordinator retired 4/1)
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 HHS) • Galen Main, MHSA Coordinator
Core Audiences	• 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.
Implementation Site	• 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
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.	
Lessons Learned		
Recommendations		
Cross County/ City Sharing		

Mono County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Tech Lead(s)	• Amanda Greenberg • Lauren Plum	• Lauren Plum
Team Composition	• Program Manager • 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)
Products in Use/Planned	• 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)
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 MyStregth 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.
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
Milestones	• Notified of contract approval between CalMHSA-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.
Lessons Learned		• Foster a relationship to the project to ensure feedback expectations are met.
Recommendations		
Cross County/ City Sharing		

Monterey County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Tech Lead(s)	• Wesley Schweikhard	• Wesley Schweikhard

Team Composition	• Created an internal team to approve CredibleMind (CM) deliverables.
	• The team consists of:
	  o QI/EHR Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care.
	  o 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:
		  o QI/EHR Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care.
		  o This team will provide subject matter expertise (SME) as CM rolls out research and design deliverables.

Core Audiences	• All Monterey County residents	• All Monterey County residents
Products in Use/Planned	• Screening and Referral Application	• Screening and Referral Application
Implementation Site	• 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
Other Unique Qualities	• English and Spanish speaking adults and 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.
Milestones	• Monterey 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 requirements. • CredibleMind met with MCBH Clinical Leads to establish a product Validation Plan, to be executed in Q3. • MCBH and HRA are nearing completion on the evaluation plan data requirements.
Lessons Learned		
Recommendations		
Cross County/ City Sharing	• Added LA County to implementation calls with Crediblemind to get their input and feedback on the development of the screening application.	

Riverside County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Tech Lead(s)	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS
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, 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 **Peers:** • Melissa Vasquez, • Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. • Chris Galindo • Maria Teresa Rodarte **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Senior Clinical Therapist** • Vacant **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Vacant, Research Specialist II.	**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:** • Melissa Vasquez **Peers:** • Carmela Gonzalez-Soto • Robert Brooks • Chris Galindo • Maria Teresa Rodarte • Gail Leavitt • Marisela Gil • Vacant • Vacant **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists**

Riverside County

Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Application Developer: • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price	• 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
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 Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.
Products in Use/Planned	
• TakemyHand Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, 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.
Implementation Site	
• TakemyHand Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County	• TakemyHand Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score.
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) • 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).
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.	**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.

Riverside County		Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
		• Eating Disorder Collaborative meetings – TBD. • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – TBD • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – TBD • TAY Collaborative meetings: Desert, Mid, and Western – Melissa. • Housing Committee – TBD • Veterans Committee – TBD • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD • CAGSI – LGBTQIAN+ Task Force – Dylan Colt	• 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 • CAGSI – Chris • LGBTQIAN+ Task Force – Dylan
Milestones		**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. • 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 Underserved 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). • 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).	**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 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. **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. **Milestones**

Riverside County

Quarter 1 (Jan–Mar 2022)

- 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/et1sJcGmRYM
- Video on how to use TakemyHand video: https://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 TakemyHand 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 Participants 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,

Quarter 2 (Apr – Jun 2022)

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 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 ChatBOT story.
  - o Melissa: https://youtu.be/WWtbboHSX2Y
  - o Pedro: https://youtu.be/plkIBTQHKLQ
  - o Rhonda): https://youtu.be/eeMorkqTs9k
  - o Suzette: https://youtu.be/RtNpxI8Cc2Y
  - 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) Workshop, TakemyHand Speaker – May 26, 2022 - **42**
- Operation Safe House Organization –Providers Meeting - June 8, 2022 – **17**
  - o (Providers: Borrego Health, San Manuel Indian Health Clinic, Inland Empire Health Plan- IEHP, Riverside

Riverside County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
	TAY and Adult). • 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. **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 "Help@Hand 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.	University Health Services –Public Health) • Children Contracting Providers CALAIM Meeting –June 13, 2022 - **175** o (Providers: A Coming of Age, All God's Children, Alma Family Services, Ark Homes FFA, Cal Mentor, California Family Life Center, Carolyn Wyle Center, CHARLEE Family Care, Chidhelp 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. **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

Riverside County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
		• 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 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/6903366c1c40248b99d9687d8cdded4d0
Lessons Learned (Across Y4 Quarter 2)	**A4i** • Include video relay services like Purple, Sorenson, and FaceTime on devices provided to the D/HH community. • Having multiple translators is helpful when training D/HH users • Trainers should speak to the user and not the translator during training • Planning/Scheduling after-hour/weekend/holiday support for the message board has been a lesson learned to review participant posts during these times. • When working with older adults, it is helpful to move the A4i icon to the front page of the phone to make it easy to find. • Onboarding of Older Adults participants has been very challenging and there is no progress. DMHL Activities are in planning phase for this population. • Clinicians found it difficult to log into a separate system to track participant notes. The solutions was to add a URL widget with their EHR to enable access to A4i. **Kiosks:** • Clients are unplugging the kiosks to charge their personal phones. Solution: The purchase and deployment of 18 charging stations. **TakeMyHand:** RUHS-BH HelpatHand team is being asked to present at multiple events and for different organizations.	
Recommendations (Across Y4 Quarter 2)	• n/a	
Cross County/City Sharing (Across Y4 Quarter 1)	• n/a	

San Francisco County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Tech Lead(s)	• William Tran (MHASF) • Monica Martinez (MHASF) • Teresa Yu (SF DPH)	• 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) • Charlie Mayer-Twomey (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) • Jessica Brown (SF DPH) • Charlie Mayer-Twomey (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 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 program has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger). • The TAMHS team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the TAMHS team can provide assistance in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants. • Take My Hand will be offering a chat service accessed via a standalone website. The chat service will be powered by LiveChat, and the website is run on the Content Management System called Pirahna.
Implementation Site	• 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.
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	• 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.

San Francisco County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
	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	
Milestones	• Collaborated with T-Mobile to purchase tablets, keyboards, and internet service for the TAMHS Tech Procurement Project. • Will have devices secured for the TAMHS Tech Procurement Project	• Completed purchase of 65 tablets • Implemented internal tracking system to manage 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.
Lessons Learned	**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. 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. **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 col-	**Tech Distribution & Borrowing:** • **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. **TakeMyHand:** • **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.

San Francisco County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
	laboration. 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. **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.	
Recommendations	**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. **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. **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.	**Technology distribution and borrowing:** • **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. **Take My Hand:** • **Try new approaches:** Seek out a variety of technology resources (including developers, website designers) to move website development along and move past roadblocks.
Cross County/ City Sharing	**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 Distribution & Borrowing:** • 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

San Francisco County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
	• Tech collaboration meeting with Help@Hand allowed space for MHASF TAMHS TBD to hear about local counties engaging or initiating in similar technology programming. **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 desktop, 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. **Headspace:** • Headspace shared the Headspace Implementation kit with other counties.	**Take My Hand:** • MHASF has been able to benefit from the wisdom of Riverside's experience at all levels of the project, but including technology support. For example, Riverside was able to share the staging site of their upcoming launch. Riverside was also able to share website designer resources that would be able to help with configurations of MHASF's implementation of the TakeMyHand website.

San Mateo County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Tech Lead(s)	• Doris Estremera, MPH	• Doris Estremera, MPH
Team Composition	• 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) (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
Core Audiences	• Transitional age youth (TAY) • Older adults	• Transitional age youth (TAY) • Older adults
Products in Use/Planned	• Older Adults and 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
Implementation Site	• 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 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
	
	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 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
		
		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

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 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	• 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.

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	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.	
Lessons Learned	• 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.
Recommendations	• 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.
Cross County/City Sharing	• 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.	

Santa Barbara County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Tech Lead(s)	• Maria Arteaga • Enrique Bautista	• Maria Arteaga • Enrique Bautista

Team Composition	• Help@Hand Team
	  o Peer Recovery Assistants
	  o Outreach Coordinator
	  o Program Coordinator
	  o Peer Empowerment Manager
	• BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership
		• Help@Hand Team
		  o Peer Recovery Assistants were onboarded in mid-June 2022
		    ▪ 2 FT,
		    ▪ 1 extra help
		  o Outreach Coordinator-went on Leave of Absence in June
		  o Project Manager/Supervisor- Start date June 27, 2027
		  o Peer Empowerment Manager
		• BeWell Administration- Clinical/Peer/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)
Products in Use/Planned	• Headspace • Bambú • Wellness App Brochure • Trac phones • Lifeline phones • Tablets	• Headspace • Bambú • Wellness App Brochure • Trac phones • Lifeline phones • Tablets
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
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

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
		  o Community 55th celebration event
		  o Annual Peer Conference
		  o CHCC
		  o MICOP
		  o SM Resource Fair
		  o 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.
		  o SM High School
		  o Children's Resource Center

Santa Barbara County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
		o MICOP o SM Probation Department o TMHA o Transitional Services & Placement Support
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
Lessons Learned	• 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 not 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
Recommendations	• 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
Cross County/City Sharing	• Riverside County shared its resources and 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.	

Tehama County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Tech Lead(s)	• 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
Core Audiences	• Persons who are homeless or at risk of homelessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers	• Persons who are homeless or at risk of homelessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers
Products in Use/Planned	• myStrength	• myStrength
Implementation Site	• Tehama County Health Services Agency	• Tehama County Health Services Agency
Implementation Approach	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); 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
Milestones		
Lessons Learned		
Recommendations		
Cross County/City Sharing		

Tri-City County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
Tech Lead(s)	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford
Team Composition	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant, • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant, • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)
Core Audiences	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers
Products in Use/Planned	• myStrength launch is planned for June 2022.	• myStrength, actively recruiting users starting Mid-July 2022
Implementation Site	• Virtual due to Covid-19	• Virtual due to Covid-19 limitations
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, we will 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, we will open myStrength up to the general public.
Other Unique Qualities	• Still having trouble engaging Transition Aged youth in this project.	
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 (TAY/Spanish) to help develop marketing for project. • Created a welcome packet which includes information on requirements of participants, how to download app, FAQ's and who to contact for more help.
Lessons Learned	• 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.
Recommendations	• Keep track of 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.
Cross County/City Sharing	• Tri-City shared an update to the counties 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.

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help @ hand
Evaluation

For questions or feedback, please contact:
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