help @ hand™ Evaluation

Mental Health Services Act (MHSA) Innovation Technology Suite Evaluation

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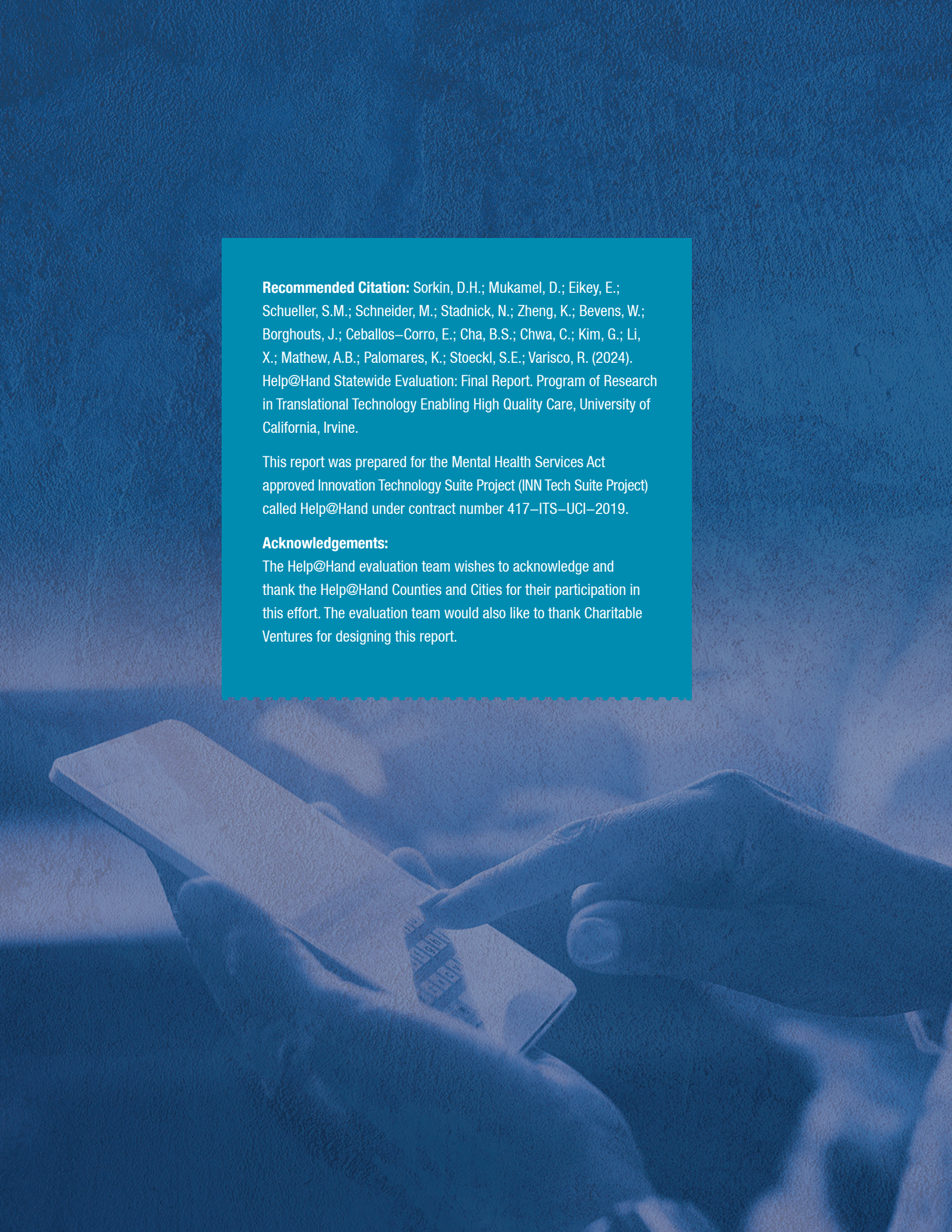
University of California, Irvine

Help@Hand Statewide Evaluation: Final Report Submitted December 2024



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

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Project Description

The Innovation Technology Suite, branded as Help@Hand in 2019, was a five-year[1] statewide demonstration project funded by Prop 63 (the Mental Health Services Act) between 2017-2024. With a budget of approximately $101 million, the project was designed for Counties/Cities participating in Help@Hand to learn through planning and executing the following innovations: 1) introduce a suite of mental health technologies into the public mental health system to create a complementary support system that offered timely care, reduced barriers, and reached underserved communities; and 2) incorporate Peers throughout the project.

Project Learning Objectives

Through these innovations, the project sought to address the following key learning objectives: improve early detection, enhance mental health care access, raise awareness to reduce stigma, promote social connectedness, and analyze and collect data to improve mental health services.

Help@Hand Five Key Learning Objectives

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

Help@Hand Counties/Cities, Activities, and Technologies

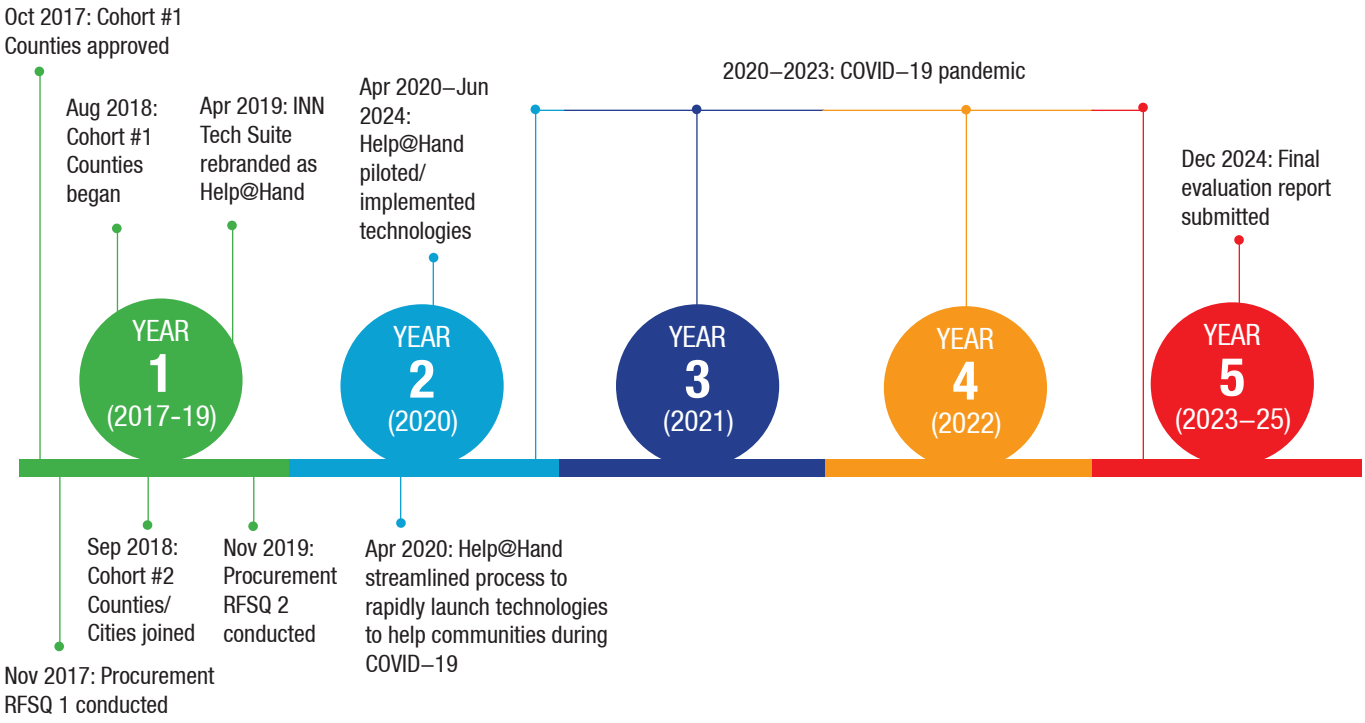
Fourteen Counties/Cities in California were approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) between 2017-2018 to participate in Help@Hand. These Counties/Cities represented nearly one-half of the population in California.

[1] The project was originally a 3-year effort.

Key milestones included:

Cohort #1 Counties: Kern County, Los Angeles County, Modoc County, Mono County, Orange County

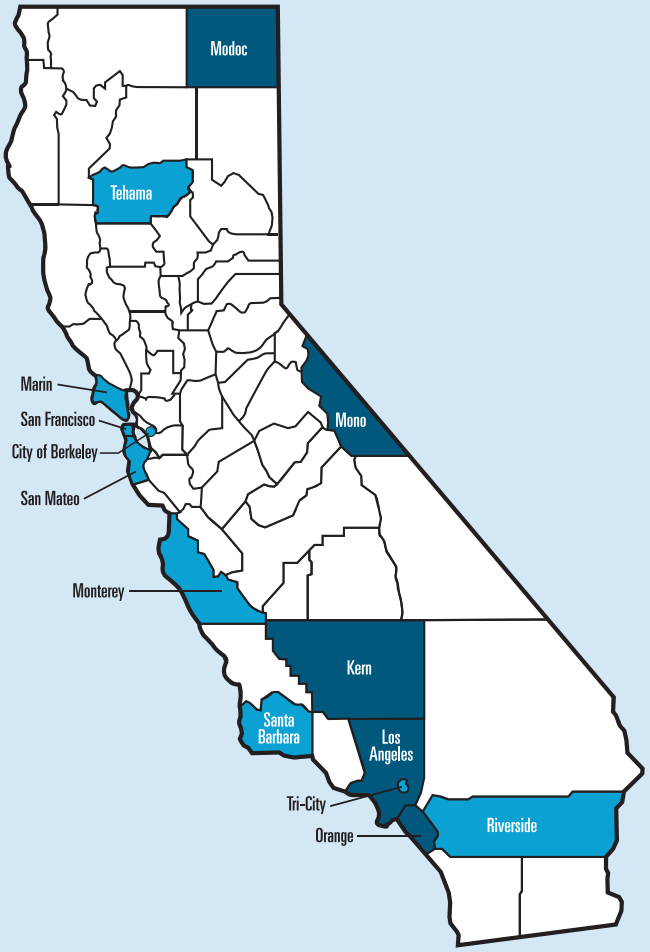
Cohort #2 Counties/Cities: City of Berkeley, Marin County, Monterey County, Riverside County, San Francisco County, San Mateo County, Santa Barbara County, Tehama County, Tri-City



Over the course of Help@Hand, the fourteen Counties/Cities completed the following activities:

- **Needs Assessments:** A method to identify the health-related needs of a core audience to inform programmatic and other decision-making
- **Tech Developments:** The process to create new technologies, improve existing ones, and make them available for use
- **Tech Explorations:** A method to vet and test apps and other technologies to understand how they performed in the broader marketplace, identify any major usability issues, and ensure they fit the intended core audiences
- **Pilots:** The process to test a technology and/or program with a small group of people for a short period
- **Implementations:** The process to offer a technology and/or program with a broad group of people for a long period
- **App Guides/Brochures:** A booklet designed to inform consumers of various technologies that support their mental health
- **Device Distributions and Access:** Any effort to distribute and/or provide access to devices and/or internet at little-to-no-cost
- **Digital (Mental Health) Literacy Trainings:** Trainings with core audiences to learn knowledge, skills, and behaviors to use technology
- **Mental Health Awareness Initiatives:** Platforms, campaigns, and other initiatives to increase mental health awareness and provide robust community wellness resources
- **Whole Person Health Score:** An assessment tool to screen an individuals' needs across six health domains (e.g., physical health, emotional health, resource utilization, socioeconomics, ownership, nutrition, and lifestyle)

Help@Hand Counties/Cities, Activities, and Technologies



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Cohort #2 Counties/Cities

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Help@Hand Activities (used by Counties/Cities)

- **Needs Assessments** (Los Angeles, Monterey, Riverside)
- **Tech Development/Explorations/Pilots/ Implementations** (All Counties/Cities)
- **App Guides/Brochures** (Kern, Los Angeles, Modoc, Mono, Riverside, Santa Barbara)
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- **SyntraNet** (Los Angeles)
- **TakemyHand™** (Riverside)
- **WellScreen Monterey** (Monterey)
- **Wysa** (San Mateo)

Learnings and Recommendations

Over the course of the five-year Help@Hand project, the Help@Hand evaluation team compiled learnings and recommendations from past Help@Hand evaluation reports. Learnings and recommendations were analyzed using the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2022) and organized into domains and themes. Additional information about CFIR can be found in the Statewide Story on page 22.

Below is a summary of key themes that emerged from the learnings and recommendations throughout the course of the project. A detailed list of learnings and recommendations can be found on page 527.

Public Events/Perceptions
The broader economic, political, and social environment affecting Help@Hand

External Circumstances. A flexible approach was required to respond to external circumstances, such as barriers to consumer engagement with Help@Hand (e.g., mental health stigma, differences in digital literacy) and political dynamics within the State and County/City environments.

Implementation Sites
The places where Help@Hand projects occurred (e.g., sites, across Counties/Cities, etc.)

Infrastructure. Due to the multifaceted nature of the Help@Hand project, Counties/Cities required strong project management, organizational change management, communication, and involvement of key decision makers to effectively progress the project while combatting challenges that arose, such as timeline changes, staff turnover/limited staff availability, and adapting support for the unique needs of diverse communities.

Available Resources. Early conversations about internal sustainability, securing ongoing funding, and staff commitment were essential to combat barriers that arose around resource availability throughout the project (e.g., time constraints, competing demands, staffing).

People Involved
The roles and characteristics of those involved in the Help@Hand project

Consumer Benefit. Consumers of Help@Hand technologies reported improvement in mental health symptoms, such as distress, depression, anxiety, loneliness, and mood, over time.

Consumer Engagement. Several factors affected consumer engagement, such as demographics, needs of core audiences, and the technology's content. Additionally, mental health stigma, privacy concerns, financial constraints, and access to smartphones and the internet impacted consumers' ability to engage with Help@Hand. Therefore, early and frequent engagement with consumers was integral for ensuring cultural appropriateness, and gaining early feedback was crucial for insights into basic community needs.

Peer Benefit. Peers were crucial to Help@Hand implementation and contributed invaluable insight and support in community outreach, digital literacy training, technology selection/deployment, and technology testing. Peers felt empowered by their participation in the Help@Hand project and gained the opportunity to discuss their own mental health while helping others and learning new skills.

Clinician/Staff Benefit. Most clinicians and staff were open to integrating Help@Hand technologies into their practice. They provided valuable feedback and gained new technology and digital literacy skills.

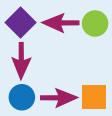
Vendor Engagement. Vendors offered varying levels of communication, information on their product, and flexibility to adapt their technology. Increased communication and flexibility from vendors could facilitate implementation of an app within a County/City.

Technologies and Programs

The mental health technologies and programs explored, piloted, and/or implemented in Help@Hand projects

Design Assessment. Counties/Cities vetted technologies to ensure they matched their expectations and requirements. They also involved consumers in the assessment of technologies to ensure that the unique experiences of different core audiences were taken into consideration. Important considerations of the technology included: fit with core audience needs, user-friendly platform, linguistic and cultural appropriateness, accessibility, evidence of effectiveness, and had systems in place to address privacy and safety concerns.

Customization. Many Counties/Cities preferred to customize available health technologies to better meet the needs of the intended community. Counties/Cities included consumers, Peers, and program staff in the evaluation and customization of technology to understand their needs and assess language and content suitability. Staff also provided insights into integrating technologies within health services. While customization could better reflect consumer needs, some Counties noted that customizations could require significant staff time and resources. Additionally, technology customizations could change technology access and change its functionality.



Complexity. Mental health technologies were oftentimes difficult for consumers to use due to burdensome enrollment processes, unpredictable technology updates that impacted features and pricing, and difficulty accessing technical support. Counties/Cities worked with vendors to make user interfaces easier to navigate and to include simpler language. Counties/Cities also provided easy access to technical support and trainings for consumers.

Processes

The activities and strategies used to plan and execute Help@Hand projects

Teaming. Creating ongoing, trusting, and transparent communication strategies with a myriad of involved parties was critical for effective project progress. Early and ongoing engagement with leadership, shared vision and support, frequent sharing of learnings, and actively involving everyone, including those resistant to change, were important to ensure program success and project sustainability.

	**Planning.** Maintaining a clear understanding of program requirements, expectations, and anticipated activities in addition to establishing clear project goals and objectives, flexible schedules, project tracking, a well-defined data governance structure, budgets, and clear decision-making processes were important foundations for successful project planning.
	**Reflecting and Evaluating.** Evaluation efforts provided informed feedback to improve program delivery, track progress, guide mid-project adjustments, and identify successful elements for sustainability. Consumer, Peer, and clinician/staff feedback ensured that technologies and services, when possible, were adapted to better align with the cultural, linguistic, and basic and mental health needs of the intended community.
	**Tailoring Strategies.** Counties/Cities tailored their projects to best meet local consumer needs by taking into consideration the core audience's demographics, mental health concerns, and consumer preferences. By involving community feedback, partnering with marketing firms and external organizations, and using multi-faceted approaches, Counties/Cities tailored project planning and execution, marketing and outreach, informed consent, crisis support and resources, digital literacy trainings, and evaluation efforts in a way that reflected the consumer.
	**Engagement.** Creating a comprehensive and tailored outreach and engagement strategy (e.g., adaptable, culturally and linguistically relevant, accessible) to engage consumers through a variety of means was critical for engaging diverse communities. Engaging consumers early and proactively can support higher initial and engaged app use. Offering clear communication and additional ongoing support at project closeout was essential.

Changing Definitions

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

Additionally, the Help@Hand evaluation team recognizes linguistic shifts away from the word "stakeholder" to represent a person, group, or organization with a vested interest in the decision-making and activities of a project. However, the Help@Hand evaluation team chose to continue to use "stakeholder" to align with MHSA reporting requirements.

INTRODUCTION

help @ hand™ Evaluation

The Innovation Technology Suite (branded as Help@Hand in 2019) was a five-year[2] statewide demonstration funded by Prop 63 (now known as the Mental Health Services Act) between 2017-2024 and had a total budget of approximately $101 million. It brought a set (or "suite") of mental health technologies into the public mental health system and intended to understand how mental health technologies fit within the public mental health system of care. In addition, Help@Hand led innovation efforts by integrating Peers throughout the project.[3]

Priority Issues and Help@Hand Learning Objectives

Help@Hand Counties/Cities (e.g., Counties/Cities participating in Help@Hand) recognized a need to increase access to mental health care and promote early detection of mental health symptoms. By offering diverse populations free access to technologies, Help@Hand presented an opportunity to:

- Improve access to mental health services through a complementary support system that provides timely support, bridges care, creates new avenues of care for those not connected to public mental health care, and/or strengthens support for those not connected to public mental health care
- Reduce barriers that prevent early detection of mental health symptoms
- Increase mental health awareness to reduce stigma
- Promote purpose, belonging, and social connectedness
- Collect and analyze data to improve services

Help@Hand Five Key Learning Objectives

1. Detect and acknowledge mental health symptoms sooner
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5. Analyze and collect data to improve mental health needs assessment and service delivery

[2] The project was originally designated as a 3-year effort.
[3] Additional information about Help@Hand can be found at: https://www.calmhsa.org/help-hand/.

Help@Hand Collaborative

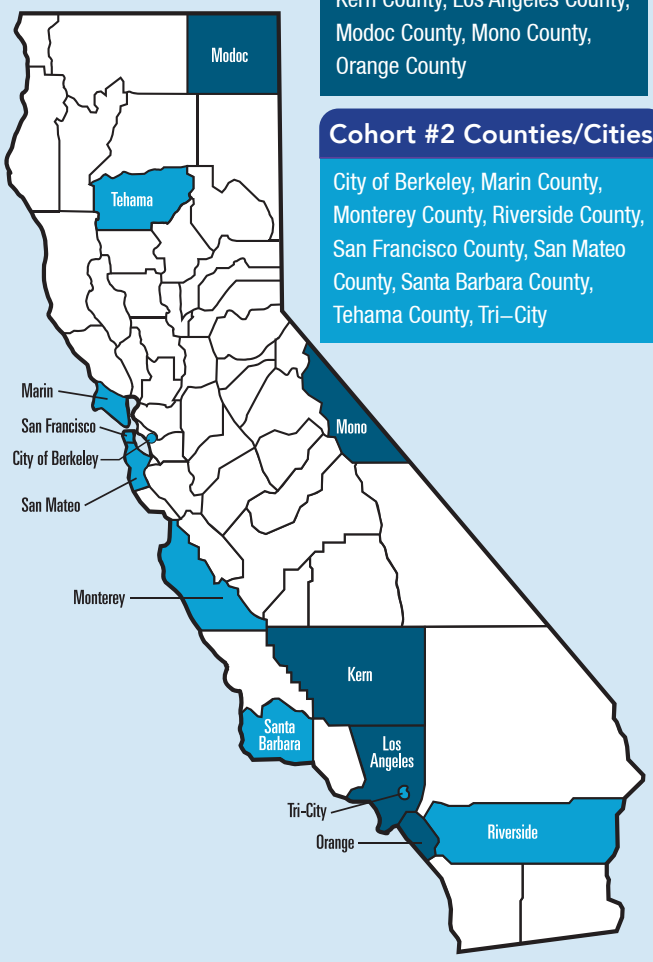
Between 2017-2018, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved twelve Counties and two Cities across the state of California to participate in Help@Hand in two cohorts. These Counties/Cities collectively represented nearly one-half of the population in California.

CalMHSA served as the administrative and fiscal intermediary for Help@Hand Counties/Cities, and provided contract management, vendor management, and project management support.

Help@Hand Counties/Cities collaborated to develop a shared learning experience that expanded technology options, accelerated learning, and improved cost sharing. The Collaborative had the following principles and aims:

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

Help@Hand Counties/Cities, Activities, and Technologies



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- **Recovery Record** (Riverside)
- **SyntraNet** (Los Angeles)
- **TakemyHand™** (Riverside)
- **WellScreen Monterey** (Monterey)
- **Wysa** (San Mateo)

Help@Hand Evaluation

The University of California, Irvine (UCI) in partnership with the University of California, San Diego (UCSD) was contracted to conduct a comprehensive formative evaluation of the overall Help@Hand Collaborative and, where engaged specifically, individual County/City efforts. The formative evaluation observed and assessed Help@Hand to provide actionable feedback and learnings. Some Counties/Cities also worked with local evaluators for their specific efforts.

This report presents the Help@Hand project's efforts and evaluation learnings. The table below outlines the sections of the report and the evaluation methods supporting each section.

Collaborative Evaluation	
Statewide Story Presents overview of each year of Help@Hand	 **Cross County/City Process:** The Help@Hand evaluation team surveyed and interviewed Tech Leads about each County/City's Help@Hand project. Tech Leads were individuals identified as the overall project leads for each County/City's Help@Hand project.  **Peer Process Evaluation:** The Help@Hand evaluation team surveyed and interviewed Peer Leads (or Tech Leads in Counties/Cities without a Peer Lead) about each County/City's Peer efforts. Peer Leads were individuals identified as the lead for each County/City's Peer efforts.  **Closeout Interviews with Counties/Cities:** The Help@Hand evaluation team interviewed Tech Leads and other County/City representatives about Help@Hand at the end of their projects.  **Process Evaluation:** The Help@Hand evaluation team collected information from project meetings and documents.  **Synthesis of All Evaluation Methods**
Outcomes Evaluation	
Statewide Outcomes Evaluation Examines trends and changes in outcomes related to Help@Hand's learning objectives across California	 **California Health Interview Survey (CHIS):** CHIS is the largest statewide survey in the nation. The Help@Hand evaluation team analyzed CHIS data to understand trends and changes for each of the key learning objectives.
Help@Hand Outcomes Evaluation Examines program effect related to Help@Hand's learning objectives	 **App and Survey Data:** The Help@Hand evaluation team leveraged data provided by technology consumers who used iPrevail, Headspace, Mindstrong, and myStrength to conduct a meta-analysis and to estimate an overall program effect for each of the key learning objectives.

Help@Hand Counties/Cities, Activities, and Technologies: Summaries and Evaluations

Help@Hand Counties/Cities

Describes project efforts by Help@Hand County/City

Process Evaluation: The Help@Hand evaluation team collected information from project meetings and documents.

Closeout Interviews with Counties/Cities: The Help@Hand evaluation team interviewed Tech Leads and other County/City representatives about Help@Hand at the end of their projects.

Help@Hand Activities

Details efforts and evaluations by Help@Hand activities:

- Needs Assessments
- Tech Explorations
- Pilots and Implementations
- App Guides/Brochures
- Device Distribution and Access
- Digital (Mental Health) Literacy Trainings
- Mental Health Awareness Initiatives
- Whole Person Health Score

Process Evaluation: The Help@Hand evaluation team collected information from project meetings and documents.

Needs Assessment: The Help@Hand evaluation team and local evaluators conducted surveys, interviews, and/or focus groups with stakeholders to understand the health-related needs of core audiences and inform programmatic and other decision-making.

Market Scan Evaluations: The Help@Hand evaluation team reviewed apps used within and outside of Help@Hand.

Device Distribution and Digital Literacy Interviews and Surveys: The Help@Hand evaluation team interviewed and surveyed County/City representatives about their device distribution and digital literacy efforts in 2022.

Participant, Community Member, and/or Program Personnel Surveys, Interviews, and/or Focus Groups: Participants, community members, and/or program personnel participated in surveys, interviews, and/or focus groups for Marin County's digital literacy trainings, San Francisco County's Tech@Hand, and Santa Barbara County's Mommy Connecting to Wellness and Dads Connecting to Wellness.

Monthly Grant Update and Grant Summary Reports: Marin County's Digital Literacy Grant Program recipients completed updates and reports in 2023.

Local Evaluations: Some Counties/Cities had local evaluators who wrote reports from different data sources. These reports are presented and/or synthesized by the Help@Hand evaluation team.

Help@Hand Technologies
Details evaluation findings/ learnings by Help@Hand technology for which the Help@Hand evaluation team had data:

- 7 Cups
- A4i
- Headspace
- iPrevail
- Mindstrong
- myStrength
- Recovery Record
- SyntraNet
- TakemyHand™
- Uniper/UniperCare
- WellScreen Monterey
- Wysa

Process Evaluation: The Help@Hand evaluation team collected information from project meetings and documents.

Heuristic Evaluation: The Help@Hand evaluation team assessed 7 Cups and Mindstrong using established user-centered design guidelines.

Early Technology Testing with Staff and Consumers: Staff who worked closely with core audience members and representative groups of the core audience tested and provided initial input on potential Help@Hand technologies.

Consumer Evaluation: Consumers who were eligible to enroll in Help@Hand technologies/activities were invited to participate in surveys[4], interviews, and/or focus groups.

App Data Evaluation: The Help@Hand evaluation team and local evaluators analyzed data provided by technology vendors.

Electronic Medical Record (EMR) Data Evaluation: The Help@Hand evaluation team and local evaluators analyzed data provided by healthcare systems for Orange County's evaluation.

Provider/Staff/Peer/Stakeholder: Providers, staff, Peers, and other stakeholders involved in piloting or implementing selected Help@Hand technologies/ activities were invited to participate in surveys[5], interviews, and/or focus groups.

Local Evaluations: Some Counties/Cities had local evaluators who wrote reports from different data sources. These reports are presented and/or synthesized by the Help@Hand evaluation team.

Learnings and Recommendations

Learnings and Recommendations
Synthesizes evaluation learnings and recommendations over the course of Help@Hand

Synthesis of All Evaluation Methods

4 Consumers completed surveys within the Help@Hand technology if the technology vendor could integrate the survey within the technology. Otherwise, consumers completed electronic or paper surveys.
5 Providers, staff, Peers, and stakeholders completed electronic or paper surveys.

STAKEHOLDER CONTRIBUTION IN THE EVALUATION

Peers and other stakeholders ensured the evaluation was appropriate and culturally competent in the following ways:

- **Statewide Help@Hand Evaluation Advisory Board:** An advisory board was convened early in the project to provide critical guidance and insight to design the Help@Hand evaluation. To ensure a culturally competent evaluation, the board included diverse stakeholders, such as project leaders; decisionmakers with practical experience in community, County/City, and large-scale evaluation efforts; behavioral health/social scientists; Peers with lived experience; consumer and family members who received mental health services; and people representing diverse communities (e.g., LGBTQ and diverse racial/ethnic groups). The board was active between 2018-2022.
- **Local Help@Hand Advisory Boards/Committees:** Some Help@Hand Counties/Cities convened local advisory boards/committees that engaged the community in informing and guiding their project activities and evaluations. The local advisory boards/committees were comprised of diverse stakeholders, particularly those who were community members, served the local community, and/or had knowledge of the local community.
- **Workgroup to Conceptualize and Measure Mental Health Stigma:** One of Help@Hand's learning objectives was to reduce stigma associated with mental illness by promoting mental wellness. Evaluating this outcome required measuring mental health stigma prior to and after Help@Hand. The Help@Hand evaluation team reviewed the literature and identified more than 400 measures of mental health stigma. In 2020, a workgroup of 11 Peer and academic experts was convened to recommend appropriate mental health stigma measures for the Help@Hand consumer evaluation. A report about the workgroup is in Appendix B.
- **Headspace Survey Workgroup:** In 2021, Peers and other stakeholders from Help@Hand Counties/Cities implementing Headspace (e.g., Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley) formed the Headspace Survey Workgroup. The workgroup was led by the Help@Hand evaluation team and aimed to develop an evaluation plan to understand consumer experiences with Headspace. The workgroup provided feedback and made decisions on survey questions, how the survey should be sent out to consumers, and how to increase chances of consumers receiving, opening and completing the survey. Feedback reflected cultural competence, such as concerns related to the tone of particular survey items and questions that may feel intrusive to participants.

  In addition to creating a culturally competent survey, the workgroup recommended creating artwork to recruit survey participants. It was important for the art to highlight wellness and well-being, while also being representative of the communities served by Help@Hand. Since the workgroup could not find existing vendors suitable for this work, they recommended commissioning artwork from Peers on the Help@Hand project who were familiar with the diverse communities served by the project and could approach the task from a recovery perspective. Three Peers from San Francisco and Santa Barbara Counties collaborated to create a total of four art pieces (shown below) touching on themes of Peer support, resilience, and multiformity.

Artwork commissioned from Peers for the Help@Hand Evaluation

Artwork Created by Vanessa Hamill-Meeriyakerd

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

Artwork Created by Amanda Kirk

Artwork Created by Mimi Mier-Rosales

- **Community Engagement:** Peers helped establish rapport with community members. They encouraged core audiences to enroll in Help@Hand activities and helped them complete evaluation activities. Some Counties/Cities enlisted the help of promotores and other representatives of their core audiences to recruit community members in their Help@Hand project and support them with evaluation activities.
- **Peer Review of Evaluation Instruments:** Prior to conducting evaluation activities with consumers, Peers reviewed and tested evaluation instruments. Peers provided valuable input that ensured the evaluation was culturally competent. Their feedback included suggestions, such as how to minimize discomfort by informing consumers what types of questions would be asked, adding language to introduce questions, allowing participants to skip questions, and providing a list of support/resources after consumers completed the evaluation. Selected examples from Tehama and and San Mateo Counties can be found in the Help@Hand Year 2 Annual Evaluation Report and Help@Hand Year 3 Mid-Year Evaluation Report.
- **Stakeholder Feedback:** CalMHSA and Help@Hand Counties/Cities shared findings during stakeholder meetings to inform and gather feedback on the project and the evaluation.

Challenges to Evaluating a Complex and Evolving Program: Limitations and Strengths of Evaluation Results

Help@Hand was designed to include a formative evaluation

Conducting a formative evaluation involves gathering and analyzing data, and providing feedback over the entire project period to identify strengths and areas for improvement. Providing feedback as the project progresses, the unique feature of the formative evaluation, is particularly important because it can help to shape and refine the project. A formative evaluation approach was selected by the Help@Hand Counties/Cities to foster a culture of continuous improvement and learning within the Collaborative.

Balancing feasibility and scientific rigor

Every evaluation effort requires trade-offs between feasibility versus scientific rigor, while still upholding the highest standards of conducting robust and ethical evaluation processes. The Help@Hand evaluation involved describing the efforts and learnings of 14 Counties/Cities that piloted and/or implemented their own unique sets of digital mental health technologies and/or programs across diverse populations. The emerging heterogeneity that resulted over time presented a particular evaluation challenge that required the evaluation team to be especially nimble and adapt evaluation methods and instruments to changing project processes and plans within County/City settings and across the Help@Hand Collaborative as a whole.

A complex program with multiple levels of influence

Influences on projects are complex and involve individual, organizational, operational, cultural, social, political, and other macro-level factors. As such, the evaluation approach was guided by a conceptual framework, Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009). The CFIR describes factors that influence the implementation process. To learn more about this framework, please see page 22. In the early years of the Help@Hand program, evaluation efforts included strategies to document broader macro-level factors that were thought to influence how people might adopt and use the digital mental health products offered by the program over time (see the Market Scan Evaluations on page 201). However, budgetary constraints and changing priorities by project leadership led to the termination of this work. Additionally, evaluation efforts to understand County/City perceptions of project management were delayed as changes were made in program leadership. Thus, the results and conclusions presented in this report are drawn from an incomplete picture and likely do not capture the multiple unaccounted-for factors that could influence people's attitudes and behaviors and may also affect the observed outcomes.

Identified key challenges that limit drawing generalizable conclusions

The following describe key challenges that impacted the Help@hand evaluation process, and, in turn, aim to provide a broader context in which to evaluate the learnings noted in this report.

- **Small sample sizes and low response rates.** Many of the product and program deployments were designed to engage a small number of people with the intention of understanding factors that influenced feasibility rather than quantifying impact. In these cases, learnings focused on identifying individual- and system-level barriers and facilitators around adoption and use. Noted learnings are specific to that implementation context, but nonetheless are informative for understanding the kinds of factors that might be generally relevant for future efforts.

  For the wider scale product implementations (e.g. Headspace, iPrevail) consumer response rates to evaluation efforts were sometimes low. In these efforts, there was an expectation for understanding both individual- and system-level barriers and facilitators around adoption and use, as well as program impact. Importantly, readers should proceed with caution when interpreting impact findings, paying particular attention to sampling efforts and size.

- **Shortening of data collection instruments to reduce participant burden.** In an effort to reduce respondent burden and make it easier for people to complete surveys and participate in interviews, the Help@Hand evaluation team shortened data collection instruments. In doing this, the Help@Hand evaluation team was not

able to query important topics that may have shed light on findings (e.g. level of general literacy, use of other similar products, other workplace demands).

- **Limited availability of information on marketing and community outreach.** Marketing and community outreach efforts typically play a central role in the reach and adoption of any new product or technology. While marketing efforts were initially centralized, they were eventually de-centralized to each County/City. Efforts to understand the impact of marketing and community outreach were not included in the Collaborative evaluation; however, Counties/Cities were encouraged to share information with the evaluation team as desired. As such, the evaluation does not systematically include data and insights into each County/City's marketing campaigns and/or recruitment efforts. Little to no data was collected on how potential consumers were identified and engaged. Where available, there are insights provided into conditions that supported the reach and adoption of particular efforts throughout the report. The limited available information and inconsistent data collection processes are noted as important learnings for future efforts.
- **Limited access to app-level data.** In designing the evaluation plan, the Help@Hand evaluation team anticipated having access to more individual app-level data than was ultimately received. As a result, the report includes limited and inconsistent information on who used these products and how they were used over time.

Identified key facilitators that strengthen drawing generalizable conclusions

The noted limitations above are tempered by the many strengths of the program and the evaluation approach.

- **Diverse County/City sizes and broad representation across California.** The Counties/Cities included in the Help@Hand program geographically span California, and include rural, suburban, and urban areas. These Counties/Cities collectively represent nearly one-half of the population in California, and reflect the diversity of the state. There is much that can be learned by examining the experiences of these Counties/Cities – specifically, the information presented within the report is intended to uncover the strengths and weaknesses of an existing digital mental health product or program, describe opportunities and threats present in the implementation setting, identify key resources required to carry through the project, and ultimately increase prospects for success.
- **Strong community engagement.** The engagement of key interested, affected, and/or relevant parties is a cornerstone of any quality evaluation. At every level of the evaluation process, from design to data collection to interpretation, the Help@Hand evaluation team prioritized engaging broad voices and experiences. This effort is highlighted above on page 17.
- **Robust evaluation team with diverse expertise.** Experts from the Universities of California, Irvine (UCI) and San Diego (UCSD) came together to conduct the formative evaluation for Help@Hand. Expertise on the team included the following areas: process and outcome evaluation, big data analysis, predictive modeling, development and testing of decision aids, preference elicitation, information technology, user-centered design approach, health promotion and health behavior change, chronic disease management, clinical care and outcomes, quality improvement and evaluation, working with underserved populations, working with multi-ethnic/racial and multi-language populations, and multi-method approaches to research design.

  The team's unique expertise in understanding, designing, and evaluating innovative technology-based health solutions, including ones for mental health for under-resourced populations, uniquely positioned the team to understand and design both a process and outcomes evaluation that would capture the complexities of working across the state with very diverse populations (e.g. accounting for complex socio-demographic and regional differences, resource availability and utilization variations, and within and across person differences by culture, language, religion, age, mental health condition, exposure to trauma, etc). This depth and breadth of experience was required as the program complexity increased, and allowed for the formative evaluation to be adapted as appropriate.

Thank you to the Counties and Cities of Help@Hand and all the people who participated in this program for entrusting us to tell your stories. It has been an honor.

STATEWIDE STORY

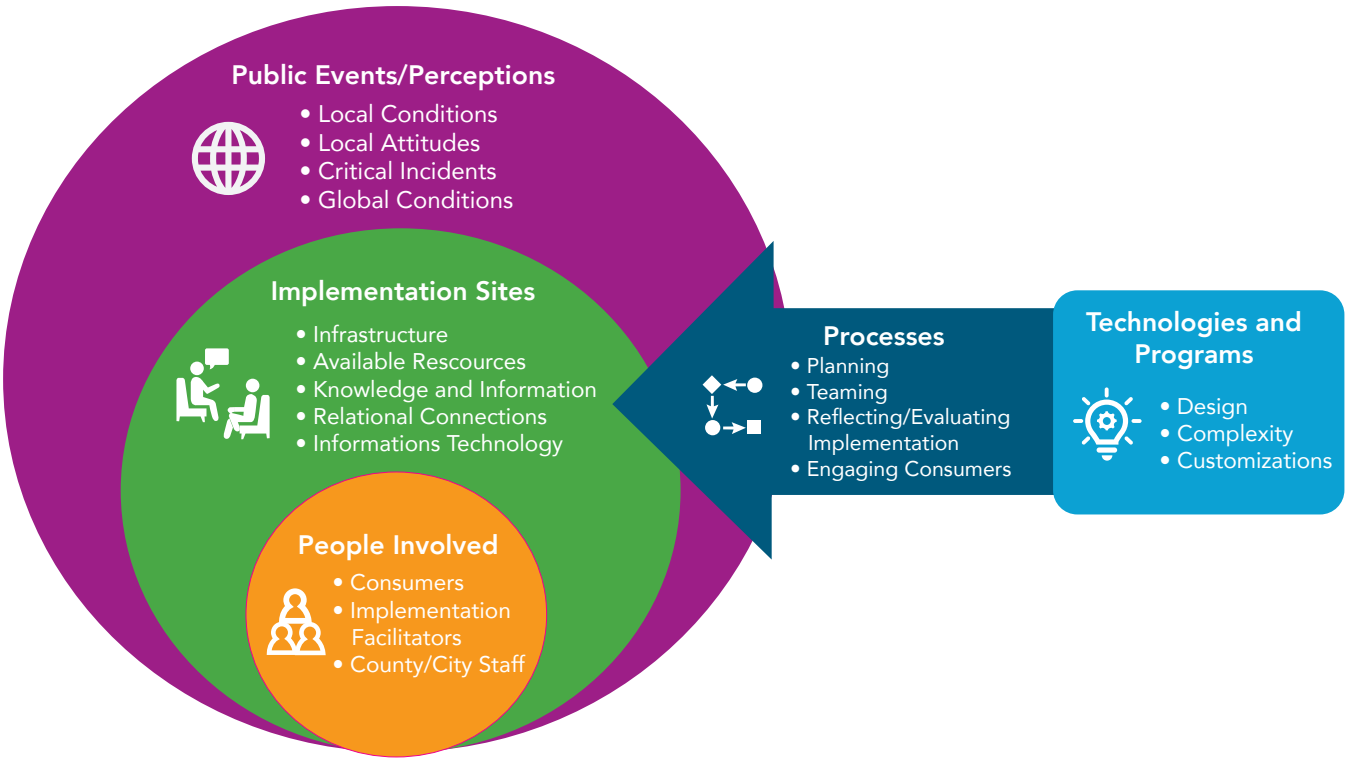
The Statewide Story identifies key Help@Hand activities. In addition, this section describes insights, opportunities, and challenges across the project period, with the intention that Counties/Cities interested in integrating digital tools and programs into their behavioral health services in the future might have a roadmap to follow.

For each year, the Help@Hand evaluation team synthesized information from the Collaborative evaluation (described on page 14), as well as key accomplishments, learnings, and recommendations from past evaluation reports. As such, this section is not intended to be a comprehensive accounting of all activities and learnings that occurred across the Help@Hand project, but instead highlights key insights.

Consolidated Framework for Implementation Research (CFIR) Framework

The Help@Hand evaluation team used the CFIR framework to guide the identification of key insights for each year. The CFIR is a comprehensive, evidence-based model developed to understand and describe factors that influence the implementation process (Damschroder et al., 2009). The Help@Hand evaluation team applied the CFIR to the Help@Hand project as shown below.

CFIR Domains and Themes Applied to Help@Hand



CFIR Domains	Common Themes from Help@Hand
Public Events/ Perceptions *The broader economic, political, and social environment affecting Help@Hand*	• **Local Conditions:** The factors within Counties/Cities that affected technologies or programs, such as demographic or socioeconomic factors and/or the availability of digital resources. • **Local Attitudes:** The perspectives and sentiments of consumers and other stakeholders toward the project, such as views about the overall value of the project. • **Critical Incidents:** The significant events or disruptions that impacted project activities and required adaptive responses, such as the COVID-19 pandemic. • **Global Conditions:** The state, federal, and global policies, regulations, and systemic issues that shaped the project's environment, such as the Americans with Disabilities Act and the 21st Century Cures Act.
Implementation Sites *The places where Help@Hand projects occurred (e.g., sites, across Counties/Cities, etc.)*	• **Infrastructure:** The County/City systems, staff, workflows, and organizational structures that impacted the implementation of a technology or program. Examples included staffing levels and expertise, and processes such as security, privacy, and contracting reviews. • **Available Resources:** The County/City financial, staffing, and material resources to support Help@Hand projects. Examples included personnel, and resources to support activities. • **Knowledge and Information:** The availability and dissemination of knowledge, skills, and information that supported projects. This included staff orientations and trainings. • **Relational Connections:** The quality and depth of relationships among project partners. • **Information Technology:** The technological infrastructure and digital systems of Counties/Cities.
People Involved *The roles and characteristics of those involved in the Help@Hand project*	• **Consumers:** The characteristics, needs, and preferences of those who could benefit from Help@Hand's technologies and programs. • **Implementation Facilitators:** The characteristics, needs, and preferences of those who supported Help@Hand projects, such as clinicians, staff, and Peers. • **County/City Staff:** The characteristics, needs, and preferences of County/City staff and providers.
Technologies and Programs *The mental health technologies and programs explored, piloted, and/or implemented in Help@Hand projects*	• **Design:** The look and feel of the technologies and programs, and people's experiences with them. This also included the features of the technology products themselves, such as their content and privacy and security practices. • **Complexity:** The level of difficulty consumers perceived in navigating and understanding technologies or programs. • **Customizations:** The flexibility of the technology or program to be modified or tailored according to specific County/City needs, preferences, and contexts. Examples included vendor modifying technologies for language, cultural relevance, and assistive functionalities for consumers served.
Processes *The activities and strategies used to plan and execute Help@Hand projects*	• **Planning:** Project planning processes that guided the Help@Hand projects. • **Teaming:** The coordination and collaboration within and across Counties/Cities, vendors, community-based organizations, and other external partners to share resources, expertise, and insights. • **Reflecting and Evaluating:** The process of assessing projects to inform future actions and improvements. This included using metrics and feedback tools, such as surveys and external datasets, to gauge the project's impact. • **Engaging Consumers:** The activities and strategies used to attract, involve, and support consumers using Help@Hand technologies and programs. Examples included reducing stigma, increasing digital literacy, and using culturally appropriate and relevant messaging.

YEAR 1

September 2018 – December 2019

Summary

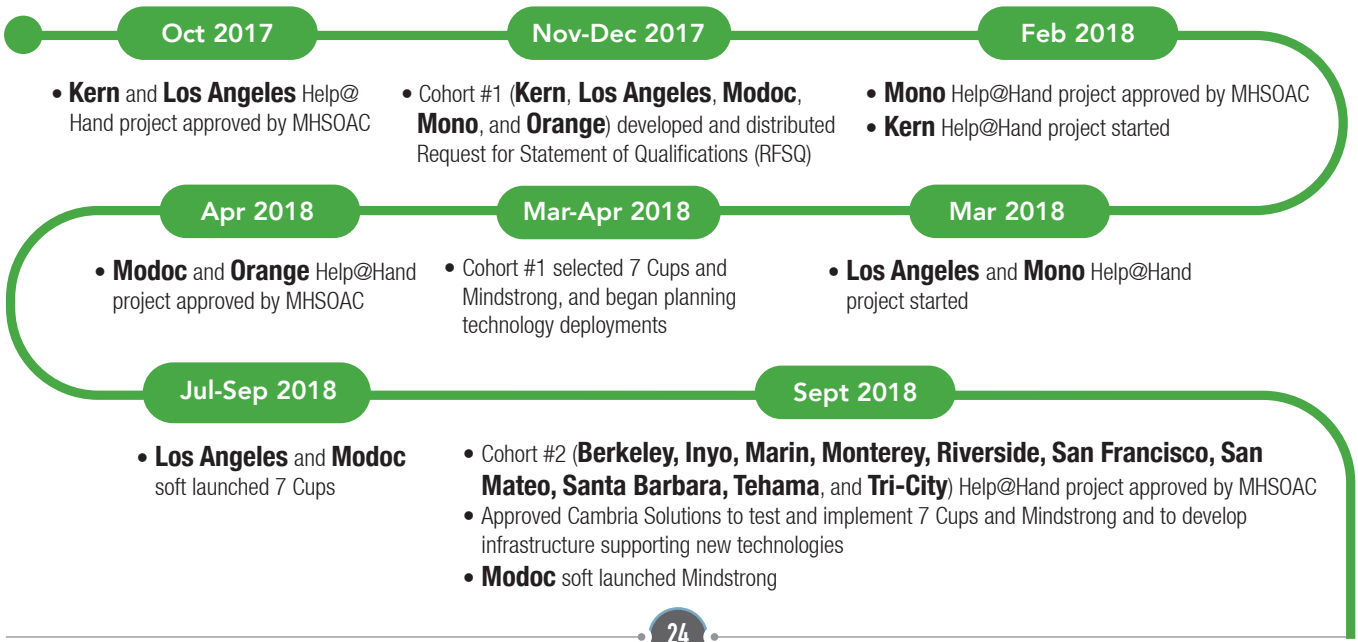
Describing the project timeline was complicated due to different approval time periods for Counties/Cities and vendors associated with the project. The INN TECH project was initiated in October 2017, with Kern and Los Angeles Counties receiving approval. It was not until June 2018 that the University of California, Irvine was selected to lead the evaluation. As such, Year 1 covers the period of late 2017 through 2019.

In Year 1, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved all Cohort #1 Counties (e.g., Kern, Los Angeles, Modoc, Mono, and Orange Counties) by April 2018, and Cohort #2 Counties/Cities (e.g., Marin, Monterey, Riverside, San Francisco, San Mateo, Santa Barbara, and Tehama Counties as well as City of Berkeley and Tri-City) in September 2018 to start their Help@Hand projects. The Counties/Cities began their projects by establishing a project vision and developing processes to enhance collaboration, such as regular calls to facilitate information exchange amongTech Leads (e.g., individuals identified as the overall project leads for each County/City's Help@Hand project) and among Peer Leads (e.g., individuals identified as the lead for each County/City's Peer efforts).

The project initially focused on three therapeutic areas: Peer chat and digital therapeutics, virtual evidence-based therapy utilizing an avatar, and digital phenotyping. In 2017, a Request for Statement of Qualifications (RFSQ) was released to identify potential digital technology vendors whose products would be considered for Help@Hand Counties/Cities to offer their core audiences. As a result of this process, seven qualified vendors were identified. 7 Cups and Mindstrong were selected as initial Help@Hand products based on a review of qualifications, demonstrations, and consumer and staff testing. After further testing, Counties/Cities identified that the number of approved technologies needed to be expanded to meet the diverse needs of all core audiences and address variability of County/City technical infrastructure. A second RFSQ was released in 2019. Of the 112 technology vendors who submitted applications, 93 were qualified for further consideration.

Additional achievements in Year 1 related to the Peer component. In the early phases of the Collaborative, CalMHSA's Peer and Community Engagement Manager supported Counties/Cities to develop the Help@Hand Peer Model, which defined and clarified the role of Peers in the project. Moreover, Help@Hand Counties/Cities met with over 300 local stakeholders to inform the project's digital mental health literacy curriculum. Two Peer Summits were held to inform project work.

Other achievements included creation of app guides and development of Riverside County's TakemyHand™.



Nov 2018

- **Tech Suite Leadership** approved evaluation plan
- **Help@Hand evaluation team** began to convened Help@Hand Evaluation Advisory Board

Dec 2018

- **Tech Suite Leadership** approved budget model and finalized contract with Help@Hand evaluation team
- **Los Angeles** launched Mindstrong

Jan 2019

- **Marin, Monterey, San Francisco, Tehama**, and **Tri-City** Help@Hand project started

Feb 2019

- **Tech Suite Leadership** approved revised vision statement, purpose statement, collaboration agreement, collaboration processes, and Peer staffing model
- **CalMHSA** convened in-person Implementation Workshop for Cohort #1 and #2 Counties/Ciites in Sacramento, CA
- **Riverside**'s Help@Hand project started

Mar 2019

- **CalMHSA** began to convene weekly Change Control Board meetings, monthly Tech Lead and Peer Lead meetings to discuss pertinent topics and share learnings among Counties/Cities, and to facilitate one-on-one implementation calls between CalMHSA and each County/City
- **CalMHSA's** Peer and Community Engagement Manager presented Help@Hand and its Peer Model at a MHSA partners meeting and a California Coalition for Mental Health membership meeting
- **Kern** completed 7 Cups and Mindstrong pilots
- **Several Counties/Cities** began testing 7 Cups to determine if it met the minimal viable product requirements and to identify product defects
- **CalMHSA** worked with Mindstrong to conduct a demonstration and validation period in April
- **CalMHSA** began developing a process to gather, screen, and onboard new technologies

Apr 2019

- **Tech Suite** Leadership approved Help@Hand as the new brand name for the project
- **CalMHSA** received a request for a brief pause on fiscal expenditures until a fiscal reconciliation was completed. The reconciliation was conducted and an update was brought to the Leadership Committee.
- **CalMHSA** paused 7 Cups and Mindstrong announced a programmatic pause. CalMHSA actively worked with 7 Cups on possible solutions to address issues and with Mindstrong to find more cost-effective models.
- **Help@Hand Leadership** reviewed draft of a new RFSQ
- **Kern** published App Guide (1st edition)

May 2019

- **Santa Barbara County** hosted Southern California Help@Hand Peer Summit
- Although product development remained paused, **CalMHSA** actively worked with Counties/Cities and vendors to plan pilots

June 2019

- New York Times published article about Help@Hand (Carey, 2019)
- Began to implement Help@Hand branding
- **CalMHSA** and **Help@Hand Counties/Cities** began to conduct community sessions to inform development of a digital health literacy curriculum
- **Kern** began supporting **Santa Barbara** with creating their App Guide

Aug 2019

- 7 Cups received 30-day notice of termination of contract for convenience
- **Help@Hand Leadership** approved contracting with a financial specialist and law firm with digital health experience to support fiscal planning and negotiate vendor contracts, respectively
- **Help@Hand Leadership** approved vendor to administer second RFSQ
- **CalMHSA** convened Help@Hand In-Person Collaboration Meeting

July 2019

- US News and World Report published article about Help@Hand (Leins, 2019)
- **Berkeley** and **Santa Barbara** Help@Hand project started
- **Inyo** withdrew participation due to insufficient resource capacity
- **Riverside** developed TakemyHand™ prototype

Sept 2019

- **CalMHSA** project leadership changed
- **CalMHSA** distributed second RFSQ
- **Help@Hand Leadership** approved pilot and governance process
- Formed ad-hoc group to develop crisis protocol
- **San Mateo's** Help@Hand project started

Oct 2019

- Approved project extension deadline
- **CalMHSA** convened Help@Hand In-Person Collaboration Meeting
- **Marin** and **San Mateo Counties** hosted Northern California Help@Hand Peer Summit
- **Help@Hand evaluation team** held conference with Workgroup to Conceptualize and Measure Mental Health Stigma
- **CalMHSA** compiled list of technologies from second RFSQ that were qualified for further consideration
- **Kern** began supporting **Modoc, Mono, Nevada, Fresno,** and **Inyo** create their App Guides

Dec 2019

- **Kern** published App Guide (2nd edition)

Nov 2019

- Approved 93 technologies for use in the Help@Hand Project
- **CalMHSA** conducted demos with 20 approved technologies
- Adopted "Appy Hours" to improve digital literacy in communities

Key Insights by Themes

The following table presents key insights derived by a synthesis of the learning and recommendations from the Help@Hand evaluation reports in Year 1. Each learning and recommendation was coded according to the CFIR framework. The total number of learnings and recommendations coded in each domain is provided after the domain description (N = X). The percent reflects the percent of all learnings and recommendations coded with the theme among all the learnings and recommendations coded in that domain within Year 1. For example, a percent of 20% means that 20% of the learnings and recommendations were coded in the theme listed within the domain in Year 1.

Public Events/Perceptions The broader economic, political, and social environment affecting Help@Hand (N=8)	
 87.5%	**Local Conditions:** Across the project it was learned that technology access was not ubiquitous or equitable. Many people within the target populations lacked reliable internet access. The technology vendors also did not have data available to speak to whether they enrolled those populations and how well their product worked for them.
Implementation Sites The places where Help@Hand projects occurred (sites, across Counties/Cities, etc.) (N=35)	
 60.0%	**Infrastructure:** Counties/Cities identified that implementing mental health technologies involved addressing both workflow and technology acquisition challenges. Continuous organizational change management, centralized leadership, and collaborative project structure were necessary to navigate these complex issues. Efforts to standardize processes or provide structured templates were introduced to ease burden and help anticipate potential problems.
 20.0%	**Available Resources:** Counties/Cities identified that populations often lack the technologies and knowledge to use the selected products. These challenges were met by working to provide devices, internet access, and peer support, especially to assist the target populations.
People Involved The roles and characteristics of those involved in the Help@Hand project (N=28)	
 42.9%	**Consumers:** Consumer concerns and interests in mental health technologies were explored. Privacy and stigma were two common concerns that were especially present in small communities. Although some consumers were initially skeptical of mental health technologies, those who used them often had positive experiences. Populations who might need more support were identified, such as those with low digital literacy or experiencing severe and persistent mental illness.
 42.9%	**Implementation Facilitators:** Counties/Cities worked to develop local expertise and "champions" (both clinician and Peers) who could support training and implementation. They also worked to communicate their consumers' needs to the technology vendors including supporting transparency around what information products collected and what products did.

Technologies and Programs

The mental health technologies and programs explored, piloted, and/or implemented in Help@Hand projects (N=49)

 42.9%	**Design:** Counties/Cities recognized that a 'one size fits all' solution did not exist. Before considering adaptation and tailoring, however, it was important to ensure that core functionality met user needs and County/City requirements for safety and privacy. It was also noted that frequent updates and changes in app features or branding created a poor user experience, especially for those with less technological expertise.
 28.6%	**Complexity:** Many users struggled to interpret information provided by the apps, such as health feedback. Apps that were easy to navigate, with simple interfaces, and clear and actionable information were preferred. Apps also needed to work well on various devices (i.e., iOS and Android; tablets, smartphones, and computers) to ensure accessibility for broad populations.
 18.4%	**Customizations:** Apps needed to meet the needs of the clinics and settings where they were proposed to be used. This included vendors learning the needs and workflow of those clinics and settings as well as the needs of the clients and consumers they served (e.g., language needs, assistive technology).

Processes

The activities and strategies used to plan and execute Help@Hand projects (N=256)

 30.1%	**Planning:** Counties/Cities and CalMHSA set up processes, goals, and milestones. CalMHSA worked to establish standardized protocols and guidelines for communication, shared governance, funding models, and project timelines. The technology products were explored and vetted to align products with the needs of core audiences.
 21.5%	**Teaming:** Collaboration occurred both across and within Counties/Cities. Counties/Cities worked to identify the various departments (e.g., IT, Compliance, Legal, etc.) they needed to involve to coordinate with technology vendors. Additionally, the Help@Hand evaluation team worked on efforts to standardize data collection methods and involve peers in the development and review of evaluation instruments.
 10.2%	**Reflecting/Evaluating on Implementation:** The evaluation team explored potential sources of information that could speak to the success of the project. One example was using the California Health Interview Survey (CHIS) to identify impact at a broader level.

Peer Evaluation from Year 1

The 13 surveys and three interviews collected from Peers between September 2018-August 2019 focused specifically on 7 Cups and Mindstrong. Findings indicated that Peers received limited formal training from Counties/Cities for the apps, and that Peers were much more comfortable with 7 Cups compared to Mindstrong.

After the overall Help@Hand Collaborative pivoted to considering a wider suite of technologies, the surveys (N=7, Peers) and interviews (N=4, Peer Leads)[6] collected between September-December 2019 indicated the following:

- **Peer Leads held similar definitions of a Peer.** Peer Leads overall agreed that a Peer for the Help@Hand project was a person with lived experience of mental health challenges and the recovery process. A few Peer Leads also indicated that Help@Hand Peers should have prior experience with technology and interpersonal skills.
- **However, Counties/Cities varied widely in how they hired and managed Peers.** While all Peer Leads reported that their Counties/Cities had two to three full-time Peers supporting the Help@Hand project, their processes for recruiting, hiring, and managing the Peer workforce varied widely. For example, one County/City went through a formal job posting, interview, orientation, and onboarding process, while others contracted with organizations that worked with Peers or assigned Peers already employed with the County/City to the project.
- **Overall, Peers perceived that technology could help community members seeking mental health-related support.** All Peers who completed surveys between September-December 2019 reported that mental health apps would be "very useful."

> *"Peers are willing to help spread the news—flyers, ads, a Facebook page that collects information. The main role is to always listen and get information and get back to [the community] […] One solution does not fit all. Different tech may work for different people."*
> – Peer Lead

- **Peers expressed enthusiasm about the potential contributions they could make to their respective Help@Hand programs.** Peers who completed surveys perceived that Peer involvement could help decrease stigma with mental health services and provide early intervention for individuals seeking mental health services. In addition, Peer Leads who completed interviews were optimistic about Peers' contributions through providing feedback on proposed project activities, creating and producing educational materials to support Help@Hand and engaging community members to promote and support their use of mental health technologies. However, some Peer Leads felt that Peer roles could be better focused to best leverage their lived experience.

> *"I think it would help if more thought was put into what are the areas of strength and expertise for the Peers and focus on activities with these in mind. Some of the technical and legal aspects of the apps are not really what Peers have a lot of knowledge on."*
> – Peer Lead

- **Peer workforce turnover posed challenges to the Peer component of Help@Hand.** Peer Leads reported turnover in the Peer staff owing to a number of reasons.

> *"One of the original Peers had to be released (she had relapsed) and another was released (the job was not what he expected it to be), another was released because she was not able to concentrate and follow though with work assignments. Another is getting a promotion."*
> – Peer Lead

[6] Peers are individuals with lived experience of mental health challenges who are in recovery and trained to provide support to others with similar challenges. In this project, Peer Leads were Peers specifically assigned to implement the Peer component of a County/City Help@Hand project and also coordinated other Peers hired at the County/City.

YEAR 2

January 2020 – December 2020

Summary

In the beginning of Year 2, the Help@Hand Leadership, working with CalMHSA, accomplished several activities to further the project. These activities included establishing Help@Hand branding, launching the Help@Hand website, approving a standard process for Counties/Cities to develop and receive approval on their pilot plans, developing a digital literacy video series, conducting a mental health literacy training for Help@Hand Peers, and hosting a webinar to inform the public about the project.

By March 2020, California's Governor issued a statewide medical emergency which paused all Help@Hand activities that involved direct in-person contact. COVID-19, social upheavals, and other unprecedented challenges affected Help@Hand. Although Counties/Cities spent much time adjusting to these challenges, they were able to conduct community needs assessments, explore technologies, plan pilots and implementations, provide digital literacy trainings, devices, and other resources. The Help@Hand Leadership streamlined processes to rapidly launch technologies to help communities during COVID-19. This allowed Counties/Cities to adapt processes with the intention of serving broader audiences.

Learnings were also shared among Counties/Cities in the Help@Hand Collaborative. Critical insights into the needs and trends of different linguistic communities, age groups, and regions with regards to the use of digital and online mental health tools were gained.

Jan 2020

- **CalMHSA** developed digital literacy video series

Jan-Mar 2020

- Help@Hand website officially launched; **Los Angeles** began to distribute App Guide; **Kern** began supporting San Bernardino to create their App Guide

Feb 2020

- **Kern** hosted a 2-day mental health literacy training for Help@Hand Peers; **Help@Hand Leadership** established Help@Hand branding guidelines and approved pilot evaluation plan; **CalMHSA** hosted webinar informing project stakeholders and public of project progress

Mar-May 2020

- Pause on all Help@Hand activities due to statewide medical emergency declared by California's Governor; **CalMHSA** shifted in-person all-day Collaborative meeting to be virtual, presented digital behavioral health questionnaire as a collaborative risk assessment tool, and drafted grievances and procurement processes; CalMHSA's Peer Manager resigned

Apr 2020

- **Help@Hand Leadership** streamlined process to launch technologies to help communities during COVID-19; **CalMHSA** developed onboarding materials for new staff; **Los Angeles** launched Headspace implementation; **San Mateo** tested Remente; **Tri-City** tested Wysa

Apr-Jun 2020

- **Riverside** launched TakemyHand™ pilot; **Los Angeles** conducted needs assessment

May 2020

- **Help@Hand Leadership** approved and published grievance policy on Help@Hand website; Happify left Help@Hand due to COVID-19 considerations; **Orange** launched Mindstrong pilot; **San Mateo** began distributing devices

Jun 2020

- **Los Angeles** held virtual digital mental health literacy trainings

Jun-Jul 2020

- **Marin** tested Uniper and myStrength

Jul-Sep 2020

- **Monterey** released Request for Information (RFI) to gather feedback from vendors for their tool development; Santa Barbara began distributing devices

Jul 2020

- **CalMHSA** onboarded new Executive Director and instituted new budget; Riverside launched TakemyHand™ implementation

Sep 2020

- **California** passed SB803 (allows Peer Support Specialist certification) and executive order N-73-20 (improves digital connectivity across the state)
- **Orange** launched Mindstrong implementation
- **San Mateo** launched Headspace implementation and began offering digital mental health literacy trainings
- **Riverside** conducted Deaf and Hard of Hearing needs assessment

Oct-Dec 2020

- **Santa Barbara** began hosting Appy Hours

Oct 2020

- **CalMHSA** separated from George Hills and translated digital literacy curriculum from English to Spanish; **San Mateo** tested myStrength, Wysa, and Headspace; **Modoc** and **Kern** announced project completion

Key Insights by Themes for Year 2

The following table presents key insights derived by a synthesis of the learning and recommendations from the Help@Hand evaluation reports in Year 2. Each learning and recommendation was coded according to the CFIR framework. The total number of learnings and recommendations coded in each domain is provided after the domain description (N = X). The percent reflects the percent of all learnings and recommendations coded with the theme among all the learnings and recommendations coded in that domain within Year 2. For example, a percent of 20% means that 20% of the learnings and recommendations were coded in the theme listed within the domain in Year 2.

Public Events/Perceptions The broader economic, political, and social environment affecting Help@Hand (N=22)	
 63.6%	**Local Conditions:** COVID-19 prompted a shift to digital technologies to alleviate strain on existing services. COVID led to an increase in mental health distress and symptoms like anxiety and depression. Political uncertainty made planning for sustainability more challenging.
 22.7%	**Critical Incidents:** COVID-19 presented challenges to the Help@Hand project, such as limited face-to-face communication with the community and staffing turnover. However, these challenges also created unique opportunities to examine, improve, and streamline processes.
 9.1%	**Local Attitudes:** The large cost of the project heightened scrutiny, making it important to routinely disseminate results to maintain stakeholder confidence and support. A perceived lack of "tangible benefits" resulted in increased negative opinions from some stakeholders in Counties/Cities.
Implementation Sites The places where Help@Hand projects occurred (sites, across Counties/Cities, etc.) (N=67)	
 52.2%	**Infrastructure:** Work infrastructure, including staffing levels and staff expertise, was often misaligned in this period with Help@Hand needs. Staff often had to take on diverse roles, yet the project also needed staff with specialized skills and training such as technical skills and bi/multilingualism and bi/multiculturalism. Staff roles often changed over time due to project needs. Smaller Counties/Cities had more challenges ensuring adequate staffing due to more limited staff resources.
 13.4%	**Available Resources:** Resources varied significantly among Counties/Cities. This variation created challenges for some Counties/Cities in meeting project deliverables. Resource sharing, such as through SharePoint, helped support those with fewer resources. Identifying other existing efforts or resources that could support Help@Hand was often necessary.
 11.9%	**Knowledge and Information:** Increasing knowledge and sharing information was useful at this stage of the project. For example, CalMHSA worked to improve SharePoint to support sharing of resources between Counties/Cities and access to better information. However, challenges were identified as well. Mindstrong trainings focused on providers, but Peers and ancillary staff were often left out creating a gap in understanding or ability to support its use.

People Involved

The roles and characteristics of those involved in the Help@Hand project (N=76)

68.4%

Consumers: Understanding the characteristics, needs, and preferences of consumers highlighted differences across groups. Some groups wanted varied content within the products, while others, such as older adults and TAY (Transition Age Youth), emphasized the need for tailoring to their groups. Privacy was a common concern across groups. Additionally, structural barriers, such as internet connectivity, financial constraints, and digital literacy, reduced accessibility for diverse audiences.

28.9%

Implementation Facilitators: Peers and vendors played critical roles in engaging and involving communities. Peers helped promote mental health awareness and incorporate practices and programs from local communities and resources. They were heavily involved in app testing, piloting, and ensuring evaluation materials were suitable. Vendors worked to attempt to tailor apps to meet community needs.

Technologies and Programs

The mental health technologies and programs explored, piloted, and/or implemented in Help@Hand projects (N=98)

55.1%

Design: Technology that was easy to use and learn was easier to adopt. Some of the selected apps were seen as difficult to navigate, and certain features, such as Mindstrong's biomarker features, were seen as confusing. Counties/Cities struggled at times when licensing requirements for products did not align with budgets or project timelines.

21.4%

Customizations: Many products used or considered could not be adapted to meet the diverse needs, preferences, and contexts necessary within the project. Many apps lacked accessibility features, limiting their usability for certain populations. Additionally, several apps were not suitable for non-English speakers or lacked cultural sensitivity, demonstrating the need for more adaptations within the apps for the core populations of many Counties/Cities.

Processes

The activities and strategies used to plan and execute Help@Hand projects (N=329)

26.7%

Teaming: Effective teaming within the Help@Hand project involved collaborating across Counties/Cities, departments, vendors, and community-based organizations (CBOs). Cross-County/City collaborations facilitated the sharing of resources, expertise, and learnings. Within County/City coordination, such as between behavioral health and legal departments, helped prevent delays and supported knowledge transfer. External collaborations with vendors and CBOs were important to understand the specific technologies and local knowledge about what might work and how.

18.8%

Planning: Developing goals and learning objectives early was important, but returning to these goals to ensure they were still relevant and meaningful was necessary for complex and evolving projects, like Help@Hand. This required flexibility but identifying what resources were available both within the project as well as the community. Counties/Cities worked with focus populations and local communities to understand their needs and plan digital literacy efforts, particularly as COVID forced a rapid response from Counties/Cities related to both Help@Hand and addressing other general mental and physical health needs.

15.2%

Engaging Consumers: Community partners helped review technologies to identify necessary changes and provided critical additional support required beyond the technology. Changes and support often addressed cultural, language, or age-related considerations. Digital literacy training was key to engaging consumers.

Peer Evaluation from Year 2

Peer Leads participated in a digital mental health literacy train-the-trainer event hosted by CalMSHA in February 2020 and monthly Peer Collaboration calls. In light of COVID-19, Peers pivoted from outreach to receiving digital literacy training, testing technologies, and creating outreach materials focused on virtual dissemination during this period.

Counties/Cities reported that Peer input was meaningful, informed decisions, and that Help@Hand involvement was beneficial for the community and Peers themselves (e.g., provided them employment and opportunities to discuss their own mental health). Peers also perceived that their involvement contributed to workplace-level changes, including destigmatization of mental health.

The Help@Hand Peer component facilitated new collaborations across Counties/Cities. The Peer component was challenged most often by gaps in local communication and lack of clarity on decision-making processes within the Help@Hand Collaborative.

Surveys (N=28)* Identified the Following Peer Activities, Successes and Challenges in 2020 and Representative Quotes from Interviews (N=39)* Further Describe the Peer Experience

Activities		Successes		Challenges	
Creating materials for communities	◔	Peer input delivered meaningful insights	◔	Recruiting qualified Peers	◐
Conducting community outreach	◐	Peers participated in local decision-making	◔	Hiring qualified Peers	◐
Testing technologies	◔	Peer input was integrated into local decisions	◔	Staff turnover	◐
Piloting technologies	x	Peer input shaped outgoing communication	◔	Peers split across multiple projects	x
Receiving digital literacy trainings	◐	Peers gained visibility	x	Peer workforce too small	x
Delivering digital literacy trainings	◔	Peers benefited personally	◔	Dissemination of information within site	◔
Distributing devices	x	Community members benefited personally	◔	Flow of information with CalMHSA	◐
Providing technical assistance	x	New cross-site collaborations developed	◔	Lack of clarity in Help@Hand Collaborative decision-making processes	◔
		Shared tools/resources with other Counties/Cities	x	Frustration that Peer input not integrated	x
		Local decisions informed by Collaborative	◔	Contract delays	x
		Mental health colleagues valued Peer input	◔	Time to research devices or service providers	x
		Mental health stigma decreased at workplace	◔	Need for translated materials	◐
		Hiring practices changed	◔	Uncertainty about program sustainability	x

*Surveys and interviews were both conducted across two quarters

◔ 0-25% of Counties/Cities reported this at least once; ◐ 26-50%; ◔ 51-75%.
x Data not collected during this time period.

"[The app] provided [Peers] with employment and feeling safe in their jobs. They actually feel more comfortable and confident because they are doing something."
– Peer Lead

"I feel like there is a much better flow – a willingness to pay attention to Peer input – than there has been in the past."
– Peer Lead

"It was cool to see the collaboration between psychiatrists and people with lived experience in pulling this together […] It was very powerful to have a sense that this is how things change. This is how peoples' perceptions change."
– Peer Lead

"I didn't expect it to take this long to get it up and running […] I thought by now we would be past the pilot or studying the results of the pilot, but we are not even at that point."
– Peer Lead

"There is no clarity on the Peer roles. There should be more consistency across the Counties."
– Peer Lead

"There is a lot of misunderstanding around who is making what decisions and how that information is disseminated. There is a lot of confusion about how it is being funded or why we can't do certain things."
– Peer Lead

YEAR 3

January 2021 – December 2021

Summary

In Year 3, the Help@Hand project began to stabilize as several Counties/Cities launched technologies to support the mental health needs of their communities. The Help@Hand Collaborative also finalized a streamlined process to vet and approve technologies as Help@Hand portfolio apps (e.g., technologies that could be implemented by any County/City).

In addition, collaboration between Help@Hand Counties/Cities continued to contribute to project success, with Counties/Cities learning from each other and even partnering to plan technology launches. At the same time, the project experienced shifts with Kern, Modoc, and Orange Counties graduating from the Collaborative.

Jan-Feb 2021

- **Monterey** released Request for Proposal to identify vendor to develop their tool and selected CredibleMind
- **San Francisco** began one-on-one technical assistance hours for community members
- **Santa Barbara** began to distribute App Brochures

Feb 2021

- **Kern** concluded their Help@Hand participation
- **Marin** launched myStrength pilot

Mar 2021

- **San Francisco** launched Headspace implementation
- **Tehama** launched and paused myStrength pilot
- **Riverside** launched DMHL video series

Apr 2021

- **Modoc** concluded their Help@Hand participation; San Mateo launched Wysa pilot; Riverside began to install kiosks

Apr-Sept 2021

- **Santa Barbara** tested Headspace

Jun 2021

- **Los Angeles** launched iPrevail implementation
- **Marin** completed myStrength pilot
- **San Francisco** paused Headspace implementation

Jul–Sep 2021

- **CalMHSA** onboarded new Peer Program Manager

Aug 2021

- **San Mateo** completed Wysa pilot

Sep 2021

- **San Mateo** completed Headspace implementation

Oct-Dec 2021

- **Help@Hand Collaborative** finalized process to approve technologies as Help@Hand portfolio apps
- **CalMHSA** approved Help@Hand evaluation contract
- **Berkeley** launched myStrength and Headspace implementations
- **Santa Barbara** launched Headspace implementation and began hosting Tech and Wellness Support Groups
- **Riverside** launched A4i pilot

Dec 2021

- **Orange** graduated from the Help@Hand Collaborative to focus on their local efforts

Key Insights by Themes for Year 3

The following table presents key insights derived by a synthesis of the learning and recommendations from the Help@Hand evaluation reports in Year 3. Each learning and recommendation was coded according to the CFIR framework. The total number of learnings and recommendations coded in each domain is provided after the domain description (N = X). The percent reflects the percent of all learnings and recommendations coded with the theme among all the learnings and recommendations coded in that domain within Year 3. For example, a percent of 20% means that 20% of the learnings and recommendations were coded in the theme listed within the domain in Year 3.

Public Events/Perceptions The broader economic, political, and social environment affecting Help@Hand (N=15)	
 53.3%	**Critical Incidents:** COVID-19 continued to disrupt staffing levels and device acquisition and distribution, and delayed Counties/Cities' regular processes. However, it also created opportunities to streamline processes, eased regulations related to technology-delivered care, and intensified the need and interest in providing care remotely.
 26.7%	**Local Conditions:** Community needs and local infrastructure varied both between and within Counties/Cities. Many communities or clinics lacked devices to use Help@Hand products. These deficits were even more pronounced in particular groups, illustrating the "digital divide."
Implementation Sites The places where Help@Hand projects occurred (sites, acrossCounties/Cities, etc.) (N=55)	
 56.4%	**Infrastructure:** Staffing vacancies and turnover caused disruptions and hiring new staff often involved several challenges including finding staff with the right experience and expertise for this project. External vendors were often helpful to fill these gaps, especially when they could contribute specialized knowledge or subject matter expertise.
 7.3%	**Relational Connections:** The quality and strength of relationships among Counties/Cities, vendors, and providers in clinics and deployment settings was important. Vendors who were communicative and responsive helped coordinate with local providers and align products and their uses with local goals.
 5.5%	**Available Resources:** Smaller Counties/Cities had fewer resources to allocate to the project. This limited their project execution and flexibility.
People Involved The roles and characteristics of those involved in the Help@Hand project (N=57)	
 77.2%	**Consumers:** Community members who could benefit from Help@Hand had diverse needs and circumstances. Digital literacy levels varied across populations, requiring tailored education and outreach efforts. Additionally, not all consumers had access to the internet or smartphones, which limited their ability to benefit from Help@Hand.
 21.1%	**Implementation Facilitators:** The success of Help@Hand was driven by contributions from and collaboration between external vendors and partners. The promotores model contributed to myStrength deployment by bringing cultural understanding and flexibility. The flexibility and communication from vendors helped Counties/Cities adapt products to suit local needs.

Technologies and Programs

The mental health technologies and programs explored, piloted, and/or implemented in Help@Hand projects (N=35)

60.0%

Design: Apps in Help@Hand required cultural tailoring beyond mere language translations. The words used within apps were found to impact consumer understanding and engagement. For example, an SOS button was under-used because consumers did not understand what SOS meant in the context of mental health. Privacy was a common concern among consumers and providers, therefore apps needed to limit the collection of personal information and ensure appropriate privacy safeguards.

22.9%

Customizations: Adaptations were necessary to better serve communities. Some devices were distributed with basic functions locked down, but consumers wanted to use them for things like taking photos and screenshots. These features were also necessary for digital literacy training opportunities. Peers were instrumental in identifying where changes were needed to ensure the technology met consumers' needs. Common needs were language changes and accessibility considerations.

Processes

The activities and strategies used to plan and execute Help@Hand projects (N=366)

25.1%

Planning: Planning focused on clarifying roles and expectations for personnel and ensuring stakeholder commitments matched available resources.

24.3%

Teaming: Counties/Cities worked to share information with each other about what was not going well to help other Counties/Cities anticipate challenges. CalMHSA helped facilitate such sharing by making connections and through implementation calls. One barrier to teaming effectively was the different terms used across groups.

13.4%

Engaging Consumers: Attracting and engaging diverse communities in Help@Hand required understanding messages that would resonate with those communities. Expertise provided by community groups was used to help customize language and outreach strategies. This tailored and familiar language and messaging was also a way to overcome mental health stigma.

Peer Evaluation from Year 3

Peers continued to focus on testing technologies, while engaging in community outreach, materials development, and digital literacy trainings. They started piloting technologies, distributing devices, and providing technical assistance to core audiences in some Counties/Cities.

Peer input continued to yield meaningful insights and shape outgoing communications for the project similar to the previous year, but was integrated into local decision-making processes at fewer Counties/Cities than during the previous year. Peers reported community members personally benefited from Help@Hand activities more than the previous year. In addition, Peers reported sharing information and resources across the Help@Hand Collaborative.

Dissemination of information and lack of clarity in decision-making processes within Counties/Cities continued to be a challenge, though fewer Counties/Cities reported these challenges than in Year 2. Difficulty recruiting Peers continued to be a challenge, and Peers reported having their time split across several projects as an emerging challenge in Year 3. Some Counties/Cities reported needing more translated materials, and experiencing delays related to contracting or needing time to conduct further research on digital technology or services.

Surveys (N=47)* Identified the Following Peer Activities, Successes and Challenges in 2021 and Representative Quotes from Interviews (N=23)* Further Describe the Peer Experience

Activities		Successes		Challenges	
Creating materials for communities	◐	Peer input delivered meaningful insights	◔	Recruiting qualified Peers	◐
Conducting community outreach	◐	Peers participated in local decision-making	◔	Hiring qualified Peers	◔
Testing technologies	◔	Peer input was integrated into local decisions	◐	Staff turnover	◔
Piloting technologies	◔	Peer input shaped outgoing communication	◔	Peers split across multiple projects	◔
Receiving digital literacy trainings	◐	Peers gained visibility	◐	Peer workforce too small	◐
Delivering digital literacy trainings	◐	Peers benefited personally	◐	Dissemination of information within site	◐
Distributing devices	◔	Community members benefited personally	◔	Flow of information with CalMHSA	◔
Providing technical assistance	◐	New cross-site collaborations developed	◐	Lack of clarity in Help@Hand Collaborative decision-making processes	◐
		Shared tools/resources with other Counties/Cities	◐	Frustration that Peer input not integrated	◔
		Local decisions informed by Collaborative	◐	Contract delays	◐
		Mental health colleagues valued Peer input	◐	Time to research devices or service providers	◐
		Mental health stigma decreased at workplace	◐	Need for translated materials	◐
		Hiring practices changed	◔	Uncertainty about program sustainability	◐

*Surveys were conducted in all four quarters, while interviews were conducted mid-year.

◔0-25% of Counties/Cities reported this on at least 2 surveys; ◐ 26-50%; ◔ 51-75%.

"We would not be able to move any of the work forward without having the Peer engagement that we have."
– Peer Lead

"Because of the project [a community member] learned that she probably had depression […] After trying the product she found the words for her symptoms."
– Peer Lead

"Peers are testing the website and working on development of the website, so that we can understand how users will interact with it."
– Peer Lead

"Now I am part of the meetings. At least I can give my opinion and learn what's happening. Now I am cc'd on emails whereas before I did not have any idea. Now I am aware I need to reach out and ask."
– Peer Lead

"There are people making decisions and I don't know about them. I am getting it kind of third hand."
– Peer Lead

"We are short-staffed all around. The Peer component is non-existent at the moment."
– Tech Lead

YEAR 4

January 2022 – December 2022

Summary

In Year 4, Help@Hand Counties/Cities continued to plan and deploy technology pilots and implementations. They also provided devices, digital literacy trainings, and other resources. Needs assessments and evaluations supported these activities. Additionally, CalMHSA provided project management support and tools, such as a project dashboard, budget tool, MHSA report template, and a transition plan template.

Towards the end of 2022, San Mateo County concluded their Help@Hand participation and other Counties/Cities began to plan the end of their participation in the coming year.

Jan-Mar 2022

- **Marin** pivoted myStrength implementation to support digital literacy efforts throughout County

Feb 2022

- **San Francisco** discontinued Headspace implementation

Mar 2022

- **San Mateo** launched Wysa implementation

Apr 2022

- **Mono** launched myStrength implementation
- **San Mateo** tested Wysa with behavioral health clients
- **San Francisco** approved and launched Tech@Hand Program
- **Orange** began to expand Mindstrong implementation and conduct digital literacy workshops

May 2022

- **Riverside** launched needs assessment surveys

Jun 2022

- **Tri-City** launched myStrength implementation

Jul–Sep 2022

- **Riverside** began to digitize Whole Person Health Score assessment

Aug 2022

- **Los Angeles** launched SyntraNet implementation
- **CalMHSA** changed project management team as Cambria transitioned to Ernst and Young

Sep 2022

- **San Mateo** concluded their Help@Hand participation
- **Tri-City** began hosting digital literacy workshops/Appy Hours

Oct 2022

- **Berkeley** completed myStrength implementation
- **Riverside** launched Recovery Record pilot and kiosk expansion

Oct-Dec 2022

- **Santa Barbara** began hosting digital literacy and Eight Dimensions of Wellness workshops

Nov 2022

- **Monterey** launched WellScreen Monterey implementation
- **Tri-City** began distributing devices

Dec 2022

- **CalMHSA** revised Collaboration Call to include presentation series and revised email format

Key Insights by Themes for Year 4

The following table presents key insights derived by a synthesis of the learning and recommendations from the Help@Hand evaluation reports in Year 4. Each learning and recommendation was coded according to the CFIR framework. The total number of learnings and recommendations coded in each domain is provided after the domain description (N = X). The percent reflects the percent of all learnings and recommendations coded with the theme among all the learnings and recommendations coded in that domain within Year 4. For example, a percent of 20% means that 20% of the learnings and recommendations were coded in the theme listed within the domain in Year 4.

Public Events/Perceptions The broader economic, political, and social environment affecting Help@Hand projects (N=7)	
 57.1%	**Local Conditions:** Success depended on being able to adapt to changes like the pandemic, technological advancements, and regulatory shifts. Regular feedback helped make sure that the technologies continued to meet consumer's needs and expectations, especially as they shifted often time. Counties/Cities also looked to other sectors for lessons on the use of technologies and to keep the project relevant and responsive.
Implementation Sites The places where Help@Hand projects occurred (sites, across Counties/Cities, etc.) (N=72)	
 63.9%	**Infrastructure:** The facilities and systems supporting Counties/Cities—including digital literacy resources, security and privacy measures, and staffing—were important for successful implementation. Counties/Cities needed specialized staff with expertise in technology, marketing, and outreach. Success depended on hiring people with expertise, providing ongoing staff support, and clearly defining roles to sustain the Peer workforce. Addressing low digital literacy among participants required additional resources and training.
 6.9%	**Available Resources:** Counties/Cities required adequate tools, staff, and funding to successfully distribute devices, address internet connectivity, and support digital literacy efforts. Limited resources and staffing made it difficult to offer the hands-on support needed for participants to fully engage with the technology.
 6.9%	**Information Technology:** Information technology infrastructure, including data systems and technology resources, supported successful implementation. Centralizing data and resources helped to avoid information silos and offered all team members consistent access to information. This centralization made it easier to manage participant data, retrieve reports, and maintain project consistency. Planning the technology infrastructure involved understanding participants' living environments to identify internet access issues before distributing devices.
People Involved The roles and characteristics of those involved in the Help@Hand project (N=66)	
 84.8%	**Consumers:** Counties/Cities actively supported community members in overcoming barriers as they engaged with the digital health tools provided. While some consumers participated enthusiastically, others discontinued use due to unmet needs or finding better alternatives. Digital literacy and limited access to technology significantly influenced engagement. By addressing these challenges with tailored strategies and personalized support, Counties/Cities improved the overall success of the implementation.
 9.1%	**Implementation Facilitators:** Peers valued learning opportunities, resource sharing, and information exchange created by Help@Hand. County/City behavioral health staff, who were often less familiar with technology development processes, benefited from better understanding this process and how it impacted the services and supports they were providing.
 6.1%	**County/City Staff:** Staff, including behavioral health department employees and Peer Coaches, benefited from clear guidance and experience. Providing clinic staff with clear instructions and increasing Peer Coaches comfort with digital tools were factors for success. Peer Coaches with more experience supporting others reported greater comfort and more positive experiences during the project.

Technologies and Programs

The mental health technologies and programs explored, piloted, and/or implemented in Help@Hand projects (N=29)

 51.7%	**Design:** Meeting specific consumer needs, such as addressing the specific mental health symptoms they were experiencing and providing products in their preferred language, encouraged adoption. Consumers needed easy access to technical assistance to overcome challenges that come up during use.
 37.9%	**Customizations:** Updating content and features to reflect changing consumer preferences kept technologies relevant and engaging. Updates, when possible, also helped engage more diverse populations. For example, adding more content in Spanish was necessary to better engage non-English speaking communities.

Processes

The activities and strategies used to plan and execute Help@Hand projects (N=507)

 26.6%	**Teaming:** Counties/Cities worked closely with stakeholders to anticipate barriers and set clear milestones. Externally, they collaborated with community organizations and outside experts to maintain progress despite staff turnover. Projects moved forward where there was alignment and consistent and timely communication across groups.
 22.1%	**Planning:** Initial small-scale tests or soft launches helped identify and address issues before larger deployments, such as device needs. Contract finalization addressed key aspects such as data access and timelines that aligned with project priorities (i.e, timeframe for distribution and use of licenses). Counties/Cities shift to a stronger focus on sustainability included budgeting for ongoing activities and ensuring continuity in mental health support for those receiving services from Help@Hand products.
 19.1%	**Engaging Consumers:** Reaching the individuals or groups who could use the technology required diverse strategies. Counties/Cities used tailored marketing, offered incentives, and addressed community needs like language barriers and digital literacy. Providing ongoing digital literacy training and technical support helped maintain consumer engagement, and involving Peers improved project inclusivity. Marketing efforts combined in-person and digital outreach, adapting to the specific needs of different populations and regions. Counties/Cities were to create future roadmaps and identify external resources to help communities maintain mental health support after the project ended.

Cross-County/City Process Evaluation from Year 4

In Year 4, the Help@Hand evaluation team was approved to begin conducting the Cross County/City Process Evaluation, which involved surveys and interviews with Tech Leads about each County/City's Help@Hand project.

Counties/Cities reported several shared successes and challenges in Year 4. Digital literacy training was recognized as a major success of the project and pilots and implementations began to proceed as more contracts were executed. Contracting difficulties were a commonly reported challenge as were staff shortages and competing demands. Complicating issues of staffing, the Counties/Cities recognized that the Help@Hand project required specialty training and knowledge and sometimes those skills were not present in current teams, including expertise in technology, marketing, and outreach.

The activities and the goals of Counties/Cities shifted in Year 4. Most Counties/Cities stated community outreach, evaluation, and device distribution were major goals for the next six months. As they prepared for the end of their Help@Hand projects, Counties/Cities began to inform consumers that their Help@Hand technologies would end and to share resources for them to use instead. Sharing learnings with their own communities as well as other Counties/Cities became priorities.

Surveys (N=24)* Identified the Following Successes, Challenges, Plans, Lessons Learned, and Recommendations in 2022 and Representative Quotes from Interviews (N = 10) Provide Further Details

Successes		Challenges		Plans	
Provided digital literacy training	◔	Staff shortages	◔	Outreach to community organizations	◔
Executed a contract	◔	Competing priorities/demands	◔	Outreach to community members	◔
Collaborated with other Counties/Cities	◐	Contracting difficulties	◔	Evaluate product/deployment	◐
Launched a product	◐	Delayed product launches	◔	Distribute devices	◐
Conducted data analysis	◐	Peer shortages	◐	Launch a product	◐
		Pandemic related disruptions	◐		
Lessons Learned		**Lessons Learned (continued)**		**Recommendations**	
Unanticipated delays required flexible timelines	●	Engaging all stakeholders from the start is essential	◐	Create a **roadmap** of activities (with budget implications) and allow Counties/Cities to decide if they want to participate in an activity	◐
Innovation projects benefit consumers, Peers, staff, and other core members	◔	Technologies change quickly and as such require continued adaptations and flexibility	◐	Work on **disseminating** information and learnings from Help@Hand project to non-participating Counties/Cities	◐
Technology projects require staffing with specialty skills	◔	Access to devices and digital literacy should be examined	◐	Create new opportunities to **review evaluation reports and learnings** together	◐
Dedicating staffing is necessary for project success	◔	Contracting requires knowledge that has not been present in current teams	◐	Create more **smaller sub-groups** within the project to share learnings in specific areas or domains	◐

*Two surveys were conducted in 2022- one between July-August 2022 and another between October – December 2022. Twelve Tech Leads responded to each survey resulting in 24 responses overall. ◐ 26-50% of Counties/Cities endorsed this item; ◔ 51-75%; ● 76-100%

"We actually got launched and [app] has, you know, really been widely received, and people like it."
– Tech Lead

"Each month it looks like there's been a steady uptick … While we haven't maybe hit our goal… they have a much better return rate on their outcome measures than we do in other parts of our system."
– Tech Lead

"…many challenges in regard to multiple projects implementation and coordination in the synchronization of timelines… sometimes these priorities conflict with each other."
– Tech Lead

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

"…my great challenge is staffing."
– Tech Lead

"… contracting hiccup that we delayed our launch."
– Tech Lead

Peer Evaluation from Year 4

During Year 4, Peers largely focused on creating materials as well as providing outreach, digital literacy trainings, and technical assistance. They continued to deliver meaningful insights for the project and to report benefits to community members as a result of Help@Hand. Peer Leads and Tech Leads in those Counties/Cities without a Peer Lead reported similar rates to the previous year regarding Peers becoming more visible by making presentations to partners both inside and outside their agency as well as participating in and providing input into local decisions for the Help@Hand project. Compared to Year 3, the Peer evaluation for Year 4 also demonstrated similar reports of perceived value of Peer input by colleagues and decreased workplace mental health stigma.

Peers identified several staffing challenges, especially reporting that Peer workforces were too small and that Peers' efforts were split across multiple projects. Counties/Cities also continued to report delays related to contract execution and/or research for devices and service providers as well as the need for translated Help@Hand materials.

Surveys (N=32)* Identified the Following Peer Activities, Successes and Challenges in 2022 and Representative Quotes from Interviews (N=10)* Further Describe the Peer Experience

Activities		Successes		Challenges	
Creating materials for communities	◔	Peer input delivered meaningful insights	◔	Recruiting qualified Peers	◐
Conducting community outreach	◔	Peers participated in local decision-making	◐	Hiring qualified Peers	◐
Testing technologies	◐	Peer input was integrated into local decisions	◐	Staff turnover	◐
Piloting technologies	◐	Peer input shaped outgoing communication	◐	Peers split across multiple projects	◔
Receiving digital literacy trainings	◐	Peers gained visibility	◐	Peer workforce too small	◔
Delivering digital literacy trainings	◔	Peers benefited personally	◐	Dissemination of information within site	◔
Distributing devices	◐	Community members benefited personally	◔	Flow of information with CalMHSA	◔
Providing technical assistance	◔	New cross-site collaborations developed	◐	Lack of clarity in Help@Hand Collaborative decision-making processes	◔
		Shared tools/resources with other Counties/Cities	◐	Frustration that Peer input not integrated	◔
		Local decisions informed by Collaborative	◐	Contract delays	◐
		Mental health colleagues valued Peer input	◐	Time to research devices or service providers	◐
		Mental health stigma decreased at workplace	◐	Need for translated materials	◐
		Hiring practices changed	◔	Uncertainty about program sustainability	◔

*Surveys were conducted in all four quarters, while interviews were conducted mid-year.

◔ 0-25% of Counties/Cities reported this on at least 2 surveys; ◐ 26-50%; ◔ 51-75%.

"There is a consciousness now about […] how emotional well-being is what is being addressed on [platform]- as opposed to mental illness. That is what we wanted to happen for the community trying to break through the cultural stigma."
– Peer Lead

"It is very gratifying when someone learns to use a tablet. I feel like that is what I was meant to do."
– Peer Lead

"There are some big differences across Counties. Hopefully there will be some common things so that we can learn from the project."
– Peer Lead

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

"We don't have the capacity to serve the entire County. The needs are so different. It is almost like several Counties in one. There is a whole community that needs a language other than Spanish and English."
– Peer Lead

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

YEAR 5

January 2023 – December 2024

Summary

In Year 5, City of Berkeley, Los Angeles County, Marin County, Mono County, Monterey County, Orange County, Riverside County, San Francisco County, Santa Barbara County, Tehama County, and Tri-City completed their participation in Help@Hand. Counties/Cities completed project activities as well as determined what activities to sustain and how to sustain them. In addition, Counties/Cities reflected on their achievements and lessons learned to inform future projects. CalMHSA supported this effort by hosting an in-person workshop with Help@Hand Counties/Cities in November 2023 to share learnings and prepare Counties/Cities as they ended their projects.

Jan 2023

- **Riverside** launched Man Therapy Initiative

Feb 2023

- **Los Angeles** and **Mono** concluded their Help@Hand participation

Mar 2023

- **Los Angeles's** Headspace, **Mono's** myStrength, and **Orange's** Mindstrong implementations completed

Apr 2023

- **Orange** concluded their Help@Hand participation
- **Riverside** and La CLAve began to offer digital literacy trainings

Jun 2023

- **Los Angeles** completed SyntraNet implementation

Jul-Dec 2023

- **Marin** implemented Digital Literacy Grant Program and digital literacy workshops/sessions

Aug 2023

- **Santa Barbara** launched Mommy Connecting to Wellness
- **Monterey** began distributing devices
- **Riverside** and Painted Brain began to offer digital literacy trainings

Sep 2023

- **Santa Barbara's** Mommy Connecting to Wellness, **Santa Barbara's** Headspace, and **Berkeley's** Headspace implementation completed

Oct 2023

- **Tehama** began offering digital literacy trainings and device access

Nov 2023

- **CalMHSA** hosted In-Person Collaboration Workshop
- **Tehama** launched their myStrength pilot

Dec 2023

- **Marin, Monterey, Tehama**, and **Tri-City** concluded their Help@Hand participation
- **Riverside's** A4i pilot, **Tehama's** myStrength pilot, and Tri-City's myStrength implementation, device distribution, and digital literacy workshops/Appy Hours completed

Feb 2024

- **Riverside** concluded their Help@Hand participation and their Recovery Record pilot and Needs Assessment completed

Mar-May 2024

- **Santa Barbara** conducted La CLAve trainings and conducted Dads Connecting to Wellness

Apr 2024

- **San Francisco** received County approval to continue Tech@Hand another year

May 2024

- **San Francisco** concluded their Help@Hand participation

Jun 2024

- **Berkeley** and **Santa Barbara** concluded their Help@Hand participation

Dec 2024

- Help@Hand evaluation completed

Key Insights by Themes for Year 5

The following table presents key insights derived by a synthesis of the learning and recommendations from the Help@Hand evaluation reports in Year 5. Each learning and recommendation was coded according to the CFIR framework. The total number of learnings and recommendations coded in each domain is provided after the domain description (N = X). The percent reflects the percent of all learnings and recommendations coded with the theme among all the learnings and recommendations coded in that domain within Year 5. For example, a percent of 20% means that 20% of the learnings and recommendations were coded in the theme listed within the domain in Year 5.

Public Events/Perceptions The broader economic, political, and social environment affecting Help@Hand (N=6)	
 50.0%	**Global Conditions:** Help@Hand existed within the broader state and global conditions. These conditions shaped the challenges and opportunities Help@Hand faced. Mental health stigma and the digital divide were barriers to community participation in Help@Hand projects. Policy changes and new legislation also impacted implementation such as Title II of the Americans with Disabilities Act (ADA), and the 21st Century Cures Act.
Implementation Sites The places where Help@Hand projects occurred (sites, across Counties/Cities, etc.) (N=73)	
 64.4%	**Infrastructure:** Proper staffing levels, work processes, and systems within settings supported successful implementation. Counties/Cities faced challenges in hiring and retaining staff and Peers. Staff were often not full-time on Help@Hand and had to deal with competing priorities. Staff with cultural competence or who could speak non-English languages were needed.
 9.6%	**Available Resources:** Funding, staff, and equipment were necessary to support Help@Hand. Counties/Cities found additional resources to support device distribution, digital literacy, and technological support. Understanding the potential resources for project sustainability required coordinating with personnel with knowledge of the costs required for Help@Hand projects and funds available for future efforts.
 8.2%	**Knowledge and Information:** Counties/Cities provided staff with guidance and training, including onboarding to the Help@Hand project and digital literacy training. Providing this orientation from the start of a staff member's involvement was useful to help them understand this complex project.
People Involved The roles and characteristics of individuals involved in the project (N=67)	
 73.1%	**Consumers:** Focusing on those who would stand to benefit from Help@Hand was a priority. Counties/Cities prioritized outreaching to communities who were less likely to access traditional mental health services. Additionally, Counties/Cities supported those who might be unlikely to use technologies through digital literacy training.
 14.9%	**Implementation Facilitators:** Peers made use of their lived experience and expertise to support the success of Help@Hand. Peers supported implementation through community outreach, technical support, and digital literacy training. The Peers also needed support themselves, including digital literacy training to increase their knowledge in the use of technologies.
 10.4%	**County/City Staff:** County/City staff, including Help@Hand staff and County/City providers, were needed to support Help@Hand. Staff and providers received training and support in their use of apps. They were helpful in catching and noting consumer experience and technical issues.

Technologies and Programs The mental health technologies explored, piloted, and/or implemented in Help@Hand projects (N=6)	
 66.7%	**Design:** The look and feel of the apps as well as the experience in using them and integrating them into care delivery pathways impacted the way consumers viewed the apps. Different features appealed to different consumers, making a one-size-fits-all solution challenging. Some consumers noted products were challenging to use.
 16.7%	**Customizations:** Products and programs often needed to be modified, tailored, and refined to meet local needs. Help@Hand products generally were not able to meet the need for culturally and linguistically tailored and appropriate products for core populations of Counties/Cities.
Processes The activities and strategies used to plan and execute Help@Hand projects (N=245)	
 26.6%	**Teaming:** Coordinating between different parties supported the success and impact of Help@Hand. CalMHSA was a central point-of-contact between Counties/Cities, vendors, and external organizations. Internally, Counties/Cities coordinated with their own leadership, IT departments, and staff. Counties/Cities also outreached to community organizations to support impact and sustainment.
 22.4%	**Planning:** Counties/Cities identified roles, responsibilities, challenges, and opportunities as the project drew to a close. The complexity of Help@Hand required navigating legal requirements and available resources while maintaining flexibility and adaptability. In the transition to project close out, Counties/Cities coordinated with their staff, outside partners, and vendors to support continuity or program end.
 20.8%	**Engaging Consumers:** Counties/Cities worked to attract and encourage participation. Community engagement efforts focused on reducing stigma, encouraging recruitment, and increasing participation in evaluation activities. These outreaches were tailored to communities of interest.

Cross-County/City Process Evaluation from Year 5

In Year 5, the most common successes reported related to community outreach, digital literacy training efforts, and executing contracts. Hiring and retaining sufficient staff and Peers for the project were major challenges as were difficulties with contracts and engaging consumers. Counties/Cities outlined their efforts to plan for the future including navigating project completion and supporting sustainability of effective aspects.

Two important lessons learned were the expertise and experience necessary for staffing projects that integrate technology and mental health services like Help@Hand and the need to maintain flexibility and adaptability. Continued collaboration and outreach were viewed as important avenues to increase access to care.

Surveys (N=19)* Identified the Following Successes, Challenges, Plans, Lessons Learned, and Recommendations in 2023 and Representative Quotes from Interviews (N = 11) Provide Further Details

Successes		Challenges		Plans	
Outreached to community organizations and community members	◔	Staff shortages	◔	Improve digital literacy of community members	◔
Provided digital literacy training	◔	Consumer engagement challenges	◔	Outreach to community organizations	◐
Executed a contract	◔	Contracting difficulties	◐	Finish a pilot project	◐
Distributed devices	◔	Peer shortages	◐	Apply lessons learned to projects outside Help@Hand	◐
Launched a product	◐				
Hired a new staff member	◐				
Lessons Learned		**Recommendations**		**Recommendations** (continued)	
Dedicated staffing is necessary for project success	◔	Continue **collaboration and outreach** to increase access to care at a larger scale	◔	Create a plan for **informing consumers** about project completion	◐
Innovation projects can benefit consumers, Peers, staff, and other stakeholders	◔	Have more **dedicated staff** and support staff with **carved-out** time for training and project operations	◔	Create new opportunities to **review evaluation reports and learnings** together	◐
Project delays require flexibility to amend and adapt project timelines	◔	Create a **roadmap** of activities (with budget implications) and allow Counties/Cities to decide if they want to participate in an activity	◔	Create more **smaller sub-groups** within the project to share learnings in specific areas or domains	◐
Unanticipated delays in projects are likely	◐	Work on **disseminating** information and learnings from Help@Hand project to non-participating Counties/Cities	◔	Secure **funding and resources** to sustain the project after Help@Hand ends	◐
Initial assumptions about access to devices and knowledge to use technology need to be examined/reconsidered	◐				
A full staff is necessary for project success	◐				

*Two surveys were conducted in 2023 -- one in April 2023 and another between October – November 2023. Eleven Tech Leads responded to Survey 1 and 8 Tech Leads responded to Survey 2 resulting in 18 overall. ◐ 26-50% of Counties/Cities endorsed this item; ◔ 51-75%.

"We are moving forward now with getting more contracts together."
– Tech Lead

"Everybody's been short staffed… I think that might be one of the challenges I've seen."
– Tech Lead

"This innovation will hopefully bring forward some learnings, and we can then follow up those learnings with new projects."
– Tech Lead

"The technology that did not meet our expectations was the distribution of tablets and technology for participants."
– Tech Lead

"I know we set a launch date, but we didn't have our marketing in place yet, we didn't have our peer support in place yet."
– Tech Lead

"It seems that [users] are enjoying it or benefiting it in some ways."
– Tech Lead

Peer Evaluation from Year 5

During Year 5, the activities reported by Peers most often were creating community-facing materials and delivering digital literacy trainings. Compared to the prior year, Peers were more likely to report participation in local decision-making for the project and decreased workplace mental health stigma. Rates of other successes remained similar to Year 4, including perceptions that Peer input provided meaningful insights on the project and that community members personally benefited from Help@Hand. Unsurprisingly, Peers reported more uncertainty about program sustainability as several projects ended in Year 5. Some Counties/Cities also continued to report challenges related to staff turnover, a small Peer workforce, and needing time to research devices or service providers.

Surveys (N=28)* Identified the Following Peer Activities, Successes and Challenges in 2023 and Quotes from Interviews (N=5)* Further Describe the Peer Experience

Activities		Successes		Challenges	
Creating materials for communities	◔	Peer input delivered meaningful insights	◔	Recruiting qualified Peers	◔
Conducting community outreach	◐	Peers participated in local decision-making	◔	Hiring qualified Peers	◔
Testing technologies	◐	Peer input was integrated into local decisions	◐	Staff turnover	◐
Piloting technologies	◐	Peer input shaped outgoing communication	◐	Peers split across multiple projects	◔
Receiving digital literacy trainings	◐	Peers gained visibility	◐	Peer workforce too small	◐
Delivering digital literacy trainings	◔	Peers benefited personally	◐	Dissemination of information within site	◔
Distributing devices	◔	Community members benefited personally	◔	Flow of information with CalMHSA	◔
Providing technical assistance	◐	New cross-site collaborations developed	◐	Lack of clarity in Help@Hand Collaborative decision-making processes	◔
		Shared tools/resources with other Counties/Cities	◐	Frustration that Peer input not integrated	◔
		Local decisions informed by Collaborative	◐	Contract delays	◔
		Mental health colleagues valued Peer input	◐	Time to research devices or service providers	◐
		Mental health stigma decreased at workplace	◔	Need for translated materials	◔
		Hiring practices changed	◔	Uncertainty about program sustainability	◐

*Surveys were conducted in all four quarters, while interviews were conducted mid-year.

◔ 0-25% of Counties/Cities reported this on at least 2 surveys; ◐ 26-50%; ◔ 51-75%.

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

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

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

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

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

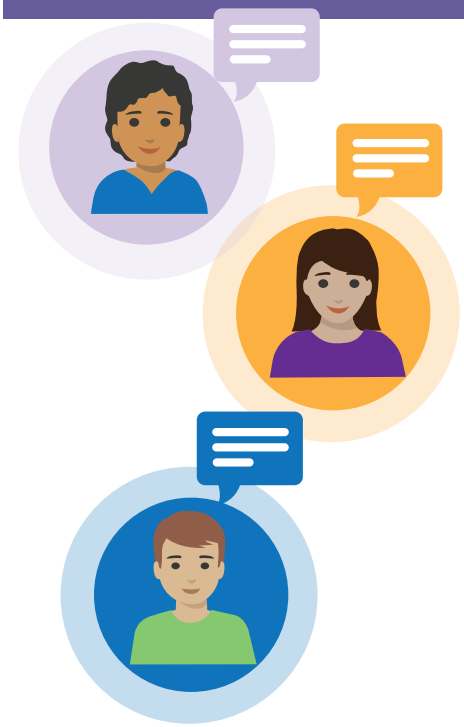
"Honestly, Peers haven't done much in the past 3-4 months. No active Peer Help@Hand workforce."
– Tech Lead

SPOTLIGHT

Help@Hand Peer Collaboration Meetings

Authored by CalMHSA:
Brittany Ganguly and Lorena Campos

Meeting Purpose



The purpose of the Help@Hand Peer Collaboration calls is to provide a space where Peers from each county can interact with one another, share their specific city/county project updates, gather feedback and input on project methods, and overall foster a collaborative community. Peers contribute to the Help@Hand project by sharing their input, expertise, knowledge and lived experience in all aspects of program planning and implementation. Program wide updates are provided during each call and individuals have the opportunity to share City/County specific updates.

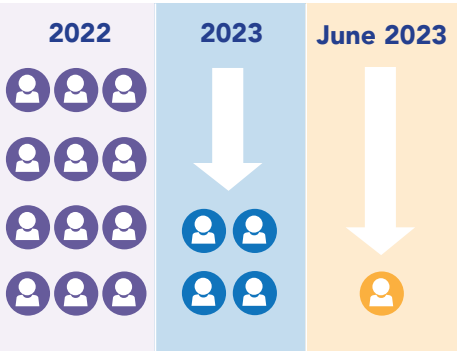
Attendees

- Participating Collaborative Peer team members
- CalMHSA staff (Peer Program Manager)

Meeting Structure

The Peers share local new developments in a virtual forum. Peers are encouraged to collaborate on anything that will advance the Peer vision and work in the Help@Hand project.

Meeting Objective and Cadence



Initially, Peer Collaboration Calls were led by and for Peers. The Peer & Community Engagement Manager hosted and led these meetings once a month. The Help@Hand Program Manager took over facilitation of the meetings on an interim basis when the former role became vacant.

The meetings had a significant shift in participation in the beginning of 2022. The participation in these meetings reflected Peer capacity within each local collaborative team. In the spring of 2022, Peers from different cities/counties were encouraged

to co-host the calls in order to highlight the Peer voice. In 2023 there was a continued decline in attendance and availability which led to the decision to move to quarterly meetings. The most recent Peer Collaboration meeting took place in June 2023 where only one peer attended.

The objective of the meeting has remained the same, to provide a space for Help@Hand Peers to share, collaborate, and inform Peers from each county of the ongoing operations and status of local Help@Hand project efforts. CalMHSA received continuous feedback from the Peer community in favor of hosting the calls.

Learnings

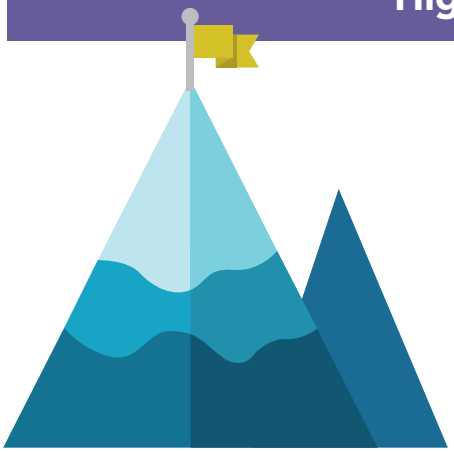
Peer Meetings offer an intimate space for Help@Hand Peer team members to connect regarding their project efforts. This has been different from other settings like the Collaboration (previously titled "Tech Lead meetings") meetings, where project management leads guide discussion.

CalMHSA utilized these meetings as a distinct opportunity to provide program-wide updates and bridge communication gaps and facilitate project cross-collaboration.

During Peer Meetings, team members are encouraged to share their thoughts and ideas, and to engage in meaningful discussions with each other. This creates a supportive environment where everyone's perspective is valued, and each person has an opportunity to contribute to the conversation. Additionally, the meetings provide a platform for team members to share their successes and challenges as well as learn from each other's experiences.

Overall, the Peer Meetings are a vital component of the program's success and a testament to the power of collaboration and communication in achieving shared goals.

Highlights & Accomplishments



Peer Collaboration meetings have offered an open and collaborative environment for Peers to exchange ideas, receive constructive feedback and share their expertise across project domains. Peers play a vital role in connecting with stakeholders to encourage adoption of projects within their community. During these meetings, Peers have showcased their successes and best practices, both formally and informally throughout the project's lifecycle. Many connections between Peers were formed during the meetings.

OUTCOMES EVALUATION

- STATEWIDE OUTCOMES EVALUATION
- HELP@HAND OUTCOMES EVALUATION

STATEWIDE OUTCOMES EVALUATION

Key Points and Overview

The California Health Interview Survey (CHIS) is the largest statewide survey in the nation. The CHIS was asked to a representative sample of individuals in California on a wide range of health topics, including mental health treatment need, use, and stigma. During the Help@Hand period (e.g., 2019-2022), project funds were used to add specific questions to the CHIS related to the use of mental health technologies (e.g., online tools to address mental health).

Overall, the CHIS helped understand trends related to the Help@Hand learning objectives.

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

This section presents the trends and changes in outcomes related to mental health treatment need, use, and stigma that may have occurred across California during the Help@Hand period. Differences between Help@Hand Counties/Cities (e.g., Counties/Cities participating in the Help@Hand program) and Comparison Counties/Cities (e.g., Counties/Cities that did not participate in the Help@Hand program) are also presented.

Key findings included:

Mental Health and Treatment

- **Psychological distress[7] increased for adults but decreased for teens between 2019-2022.** More adults in California in Help@Hand and Comparison Counties/Cities reported psychological distress and feeling that they needed mental health support and treatment between 2019-2022. In contrast, fewer teens reported psychological distress, while there were no changes in reported need for mental health support and treatment between 2019-2022.
- **Unmet mental health needs persisted among both adults and teens.** Approximately 41% of adults and 59% of teens who needed help did not receive it in 2019-2022.
- **Stigma related to seeking mental health help did not decrease for adults.** Approximately 40% of adults who needed help but did not receive it did not feel comfortable talking with a professional about their personal problems. More adults felt uncomfortable talking with a professional about their personal problems between 2019-2022. Concerns about what would happen if others found out about their problems did not change over time between 2019-2022. These questions were not asked to teens.

Use of Mental Health Technologies

- **Online tools may have helped adults, especially those in Help@Hand Counties/Cities, to increase mental health-related help-seeking between 2019-2022**. Adults sought more help from medical providers to address mental health concerns and received more psychological or emotional counseling between 2019-2022. During this same period, the use of online tools to address mental health concerns and connect with a mental health professional increased among adults even as their perception of the usefulness of online tools to address mental health did not change over time. Overall, adults in Help@Hand Counties/Cities were more likely to use online tools to connect with a mental health professional than adults in Comparison Counties/Cities between 2019-2022.
- **It is unclear how online tools may have contributed to mental health treatment for teens**. Teens received psychological and emotional counseling and used online tools to connect with a mental health professional most frequently in 2021. However, teen use of online tools to address mental health concerns did not change between 2019-2022.

[7] Psychological distress refers to symptoms of anxiety, depression, and stress. It was measured using the Kessler Psychological Distress Scale, where participants were asked questions about anxiety and depression symptoms that they may have experienced in the worst month over the past year. Participants were identified as having high, medium, or low/no psychological distress based on their responses. For this report, 5 was used as a cut off for medium distress based on the updated research (Prochaska, 2012).

- **Reasons for not using online tools to address mental health concerns differed among adults and teens**. Among people who did not use online tools to address mental health concerns, a quarter of adults said it was because they received traditional or face-to-face services. Over half of teens said it was because they did not feel that they needed it.
- **Adults aged 18-25 years as well as highly distressed adults and teens were most likely to use technology to address mental health concerns**. Adults aged 18-25 years were much more likely than adults aged 26+ years to use technology frequently, and to use online tools to address mental health concerns, to connect with a mental health professional, and to connect with people with similar concerns. Both adults and teens with high psychological distress used technology more frequently than those with lower levels of distress. These groups also used online tools more frequently than those with lower levels of distress to address mental health concerns, and to connect with mental health professionals and others with similar concerns.
- **Adult use of online tools for social connectedness increased between 2019-2022**. While adult use of online tools to connect with people with similar mental health concerns increased between 2019-2022, there was no change for teens.

Perceived Usefulness of Mental Health Technologies

- **Psychological distress shaped perceived usefulness of technology to address mental health concerns**. On average, 83% of adults and 78% of teens in California rated online tools as useful. Adults with medium psychological distress and teens with high distress in Help@Hand Counties/Cities rated online tools as more useful than their counterparts in Comparison Counties/Cities.

When reading this section…

- CHIS findings reflect a representative sample of both teens (aged 12-17 years) and adults (aged 18+ years) in California.
- All changes reported are at the 5% significance level ($p<0.05$).

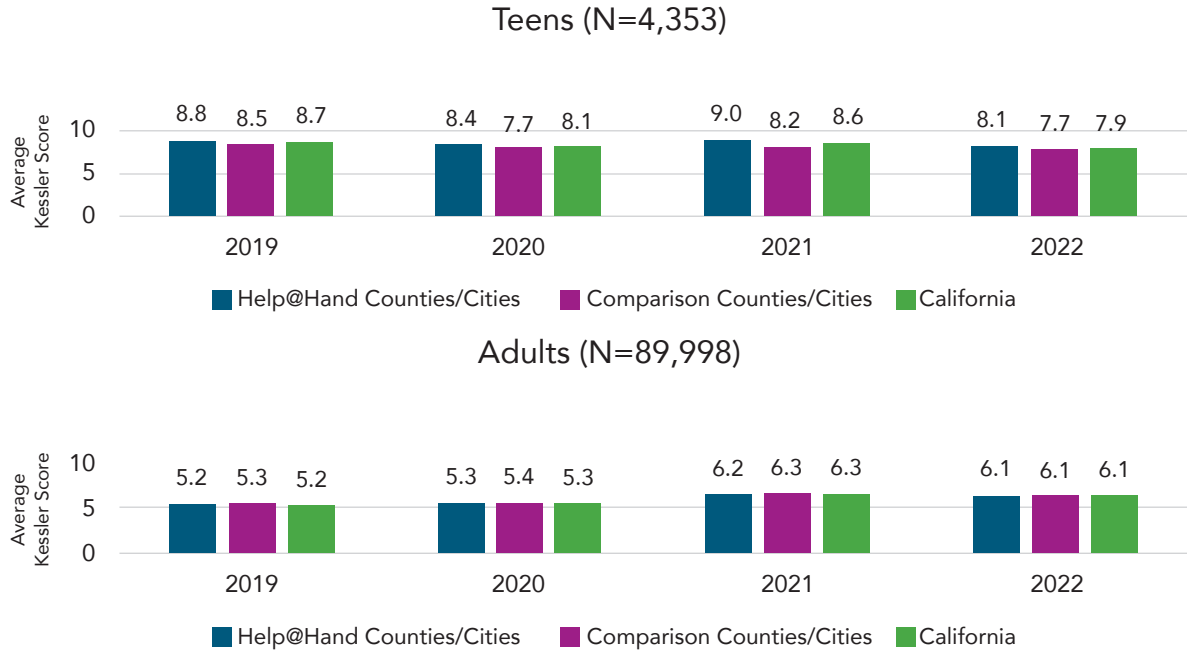
Learning Objective 1: Detect and acknowledge mental health symptoms sooner

This learning objective was measured by people's responses about their psychological distress and whether they thought they needed help.

Psychological Distress

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens	Experienced less distress over time[8]	Teens in Help@Hand Counties/Cities felt more distress than those in Comparison Counties/Cities[9]
Adults	Experienced more distress over time[10]	No difference in ratings of distress

Average Kessler Psychological Distress Score Experienced in the Worst Month Over the Past Year, 2019-2022



*This item was assessed by the Kessler Psychological Distress Scale.[11] The Kessler scores (scaled 0-4) from six questions were summed to create an individual score ranging from 0 to 24, where higher scores indicated higher psychological distress.

[8] On average, teens in California felt more distress in 2019 than in 2022 (estimate=0.73, t=2.06, p=0.04). This trend also held true for teens in Help@Hand and Comparison Counties/Cities.

[9] On average, teens in Help@Hand Counties/Cities felt more distress than teens in Comparison Counties/Cities between 2019-2022. (estimate=0.54, t=2.03, p=0.04)

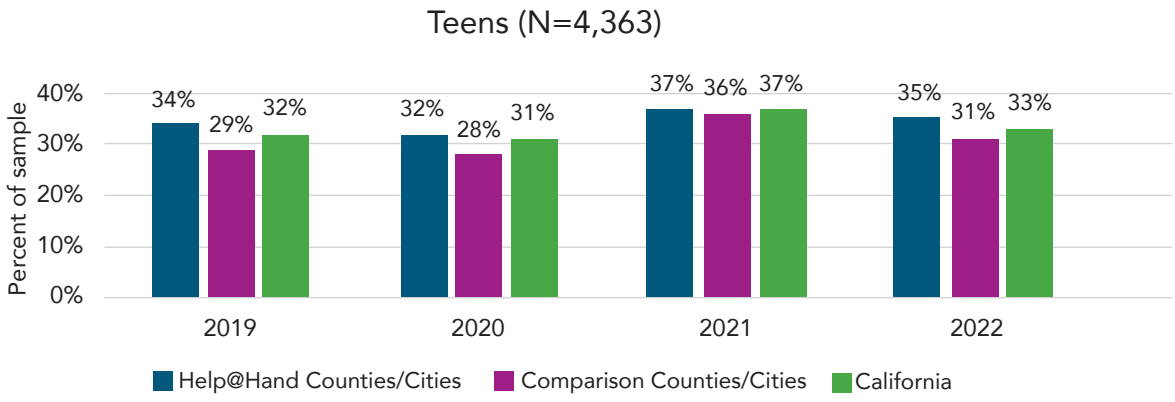
[10] On average, adults in CA felt more distress in 2022 than in 2019 (estimate=0.89, t=11.19, p<0.01). This trend also held true for adults in Help@Hand and Comparison Counties/Cities.

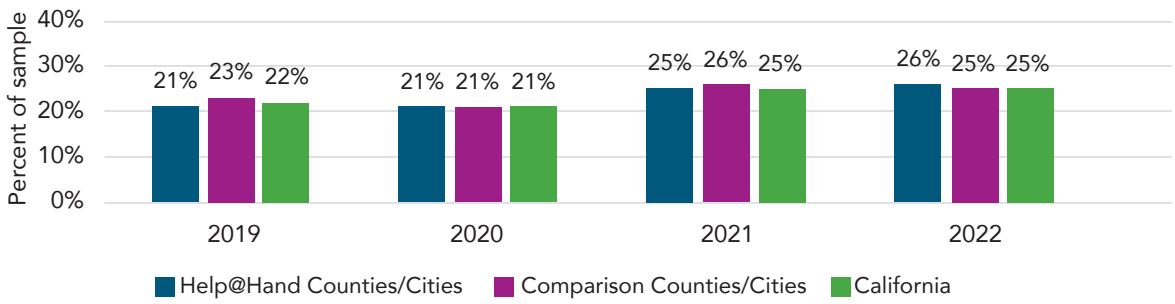
[11] Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., Walters, E. E., & Zaslavsky, A. M. (2002). Kessler Psychological Distress Scale (K6, K10) [Database record]. APA PsycTests. https://doi.org/10.1037/t08324-000

Perceived Need for Help with Emotional or Mental Health

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens	No change in perceived need over time[12]	Teens in Help@Hand Counties/Cities felt more perceived need than those in Comparison Counties/Cities[13]
Adults	Experienced more perceived need over time[14]	No difference in level of perceived need

Perceived Need for Help with Emotional or Mental Health, 2019-2022





*This item was assessed by the statement, "Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?"

[12] Perceived need for emotional and mental health among teens in California, including in Help@Hand and Comparison Counties/Cities, did not change over time (2019-2022). However, more teens in California needed help for their emotional or mental health in 2021 than in 2020 (OR=1.3 [1.1,1.6], p=0.005).

[13] Teens in Help@Hand Counties/Cities felt more needs than teens in Comparison Counties/Cities between 2019-2022 (OR=1.2[1.0, 1.4], p=0.04).

[14] More adults in California needed help in 2021 than in 2020 (OR=1.3 [1.2,1.3], p<0.001) and in 2022 than in 2019 (OR=1.2 [1.16,1.32], p<0.001). This trend also held true for adults in Help@Hand and Comparison Counties/Cities.

Learning Objective 2: Reduce stigma associated with mental illness by promoting mental wellness

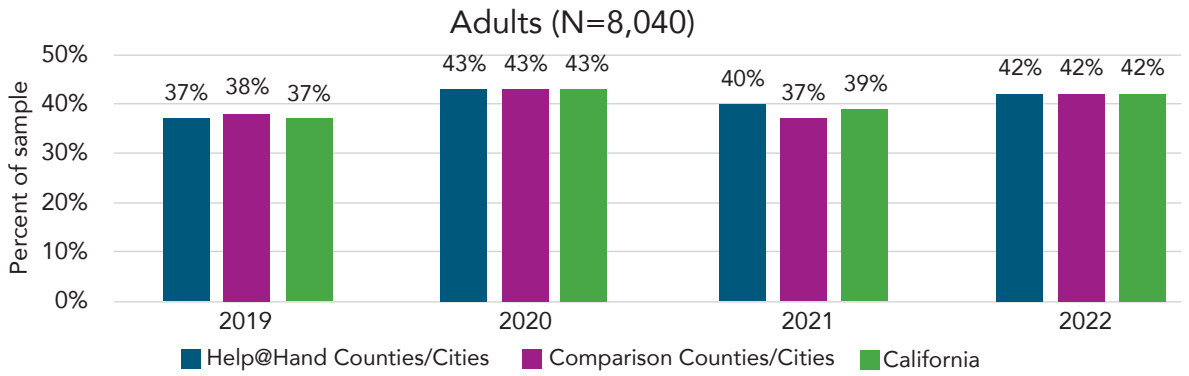
This learning objective was measured by people's responses about their comfort with talking to a professional about personal problems and their concern if someone found out they had a problem.

Feelings About Talking to Others About Mental Health

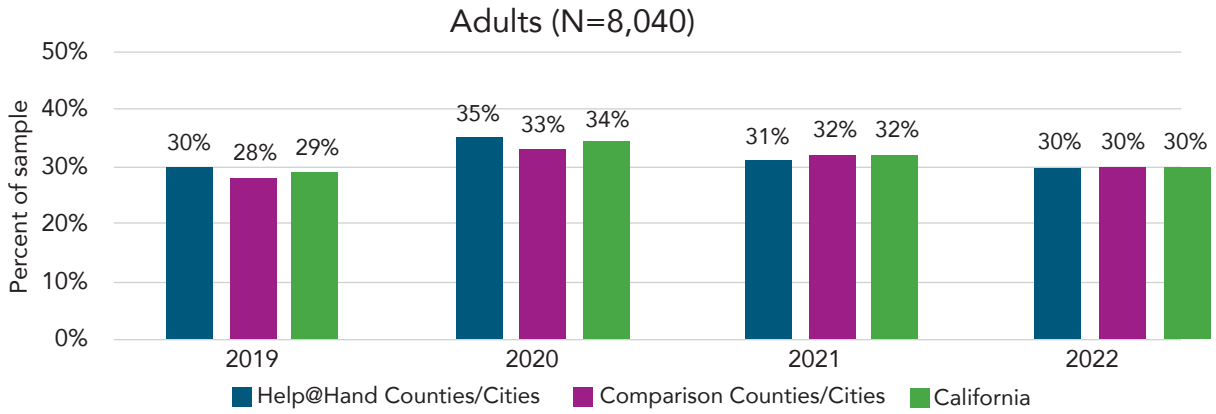
Among adults who needed help because of problems with mental health, emotions, nerves, or use of alcohol/drugs, but did not receive it:

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens[15]	Not asked	Not asked
Adults	↗ Experienced increased discomfort talking to a professional about personal problems over time[16]	No difference in discomfort talking to a professional about personal problems
	✕ No change in concerns about what would happen if others found out about problems over time[17]	No difference in concerns about what would happen if others found out about problems

Did Not Feel Comfortable Talking With a Professional About Their Personal Problems, 2019-2022



Concerned About What Would Happen if Someone Found Out They Had a Problem, 2019-2022



[15] CHIS did not ask teens about their mental health beliefs.

[16] Adults in California who needed help but did not receive any were more likely to not feel comfortable talking with a professional about their personal problems in 2020 than in 2019 (OR=1.3 [1.01, 1.6], p=0.04) and in 2022 than in 2019 (OR=1.2 [1.03, 1.5], p=0.02). This trend also held true for adults in Help@Hand and Comparison Counties/Cities.

[17] On average, 31% of adults in California had concerns if someone discovered their problems. For adults in California who needed help but did not receive it, there was no statistically significant difference in being concerned about what would happen if someone found out they had a problem between 2019-2022 (α=0.05). This trend also held true for adults in Help@Hand and Comparison Counties/Cities.

Learning Objective 3: Increase access to the appropriate level of support and care

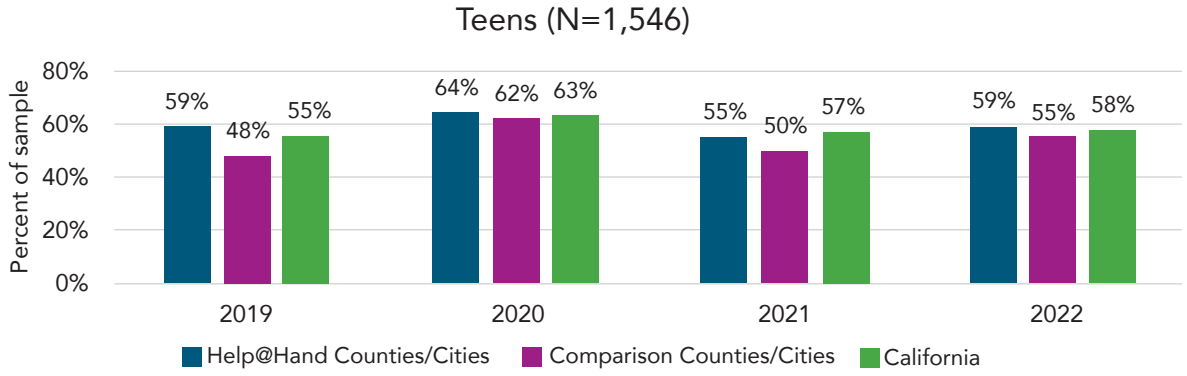
This learning objective was measured by people's responses about their mental health needs, whether they received mental health care, and their use of online tools to address mental health.

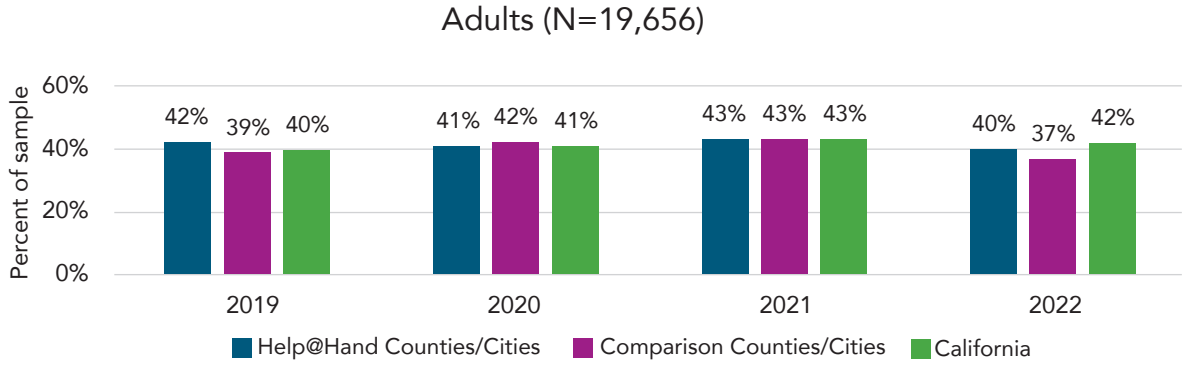
Unmet Mental Health Needs

Among teens and adults who reported needing help due to problems with mental health, emotions, nerves, or use of alcohol/drugs and did not receive it:

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens	No change in levels in unmet mental health needs over time[18]	No difference in teen unmet mental health needs
Adults	Levels of unmet mental health needs decreased over time[19]	No difference in adult unmet mental health needs

Needed Help Because of Problems with Mental Health, Emotions, Nerves, or Use of Alcohol/Drugs, and Did Not Receive It, 2019-2022





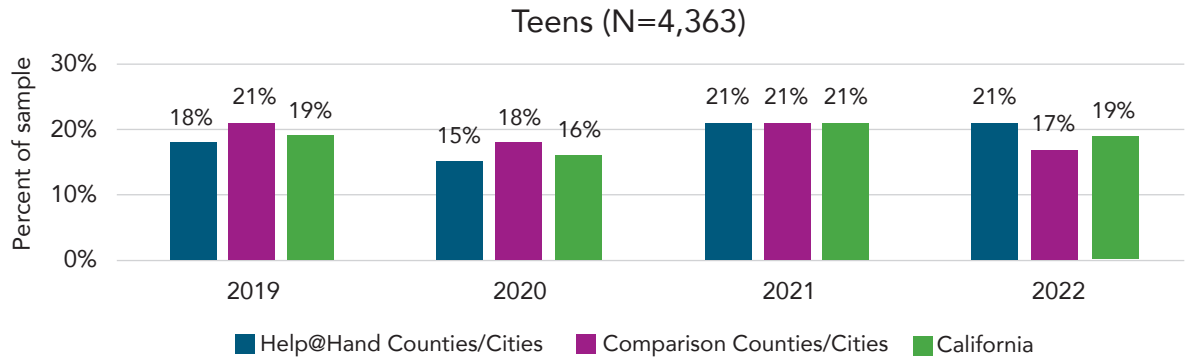
[18] On average, 58% of teens in California who needed help did not receive it between 2019-2022. Among teens who reported needing help due to problems with mental health, emotions, nerves, or use of alcohol/drugs, there was no statistically significant difference in receiving help between 2019 and 2022 among teens in California who needed help with α=0.05. This trend also held true for teens in Help@Hand and Comparison Counties/Cities.

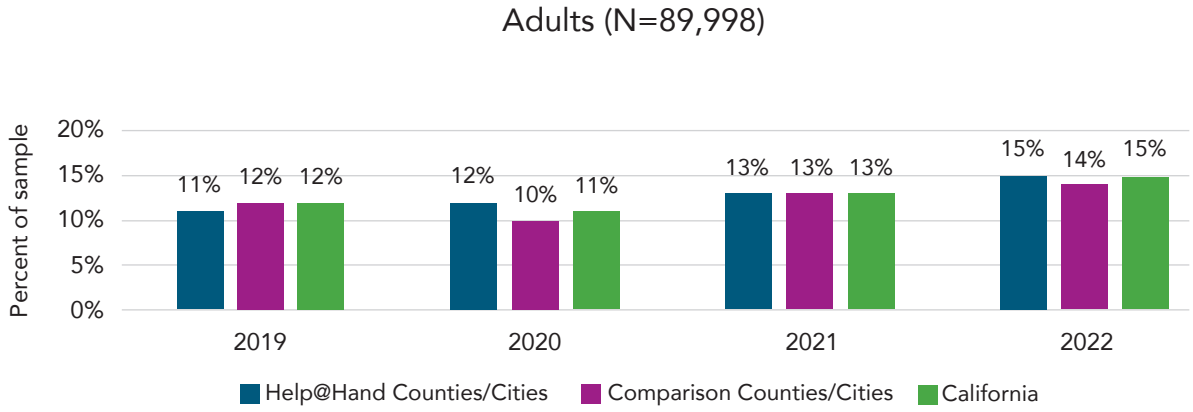
[19] On average, 41% of adults in California who needed help did not receive it. More adults in California who needed help received any help in 2022 than in 2021 (OR=1.2 [1.1,1.3], p<0.001). This trend also held true for adults in Comparison Counties/Cities. However, levels of unmet needs among adults in Help@Hand Counties/Cities did not change over time (2019-2022).

Received Psychological or Emotional Counseling

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens	No change in receipt of psychological or emotional counseling over time[20]	No difference in teen receipt of psychology or emotional counseling
Adults	Received more psychological or emotional counseling over time[21]	No difference in adult receipt of psychology or emotional counseling

Received Psychological or Emotional Counseling, 2019-2022





*This item was assessed by the statement, "In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?"

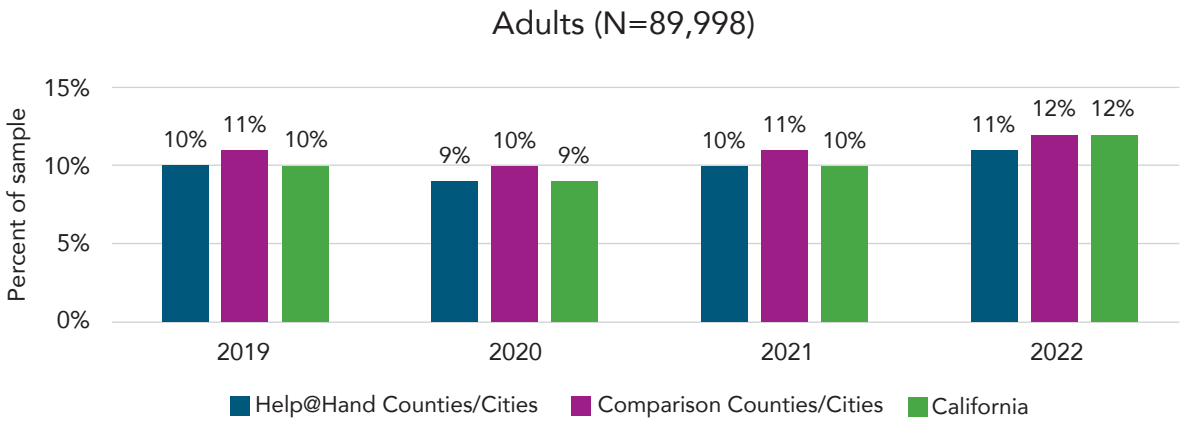
[20] On average, receipt of psychological or emotional counseling among teens in California, including in Help@Hand and Comparison Counties/Cities, did not change over time (2019-2022). However, teens in California received more psychological or emotional counseling in 2021 than in 2020 (OR=1.4 [1.1, 1.7], p=0.012). This trend also held true for teens from Help@Hand Counties/Cities.

[21] Across California, more adults received psychological or emotional counseling in 2022 than in 2019 (OR=1.3 [1.2, 1.4], p<0.001). This trend also held true for adults in Help@Hand and Comparison Counties/Cities.

Saw a Primary Care Physician or General Practitioner to Address Mental Health, Emotions, or Use of Alcohol/Drugs

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens[22]	Not asked	Not asked
Adults	Increased visits to a medical provider to address mental health over time[23]	Adults in Help@Hand Counties/Cities were less likely to see a medical provider to address mental health than those in Comparison Counties/Cities[24]

Saw a Primary Care Physician or General Practitioner to Address Mental Health, Emotions, or Use of Alcohol/Drugs, 2019-2022



[22] CHIS did not ask teens whether they saw a primary care physician or general practitioner to address mental health, emotions, or use of alcohol/drugs.

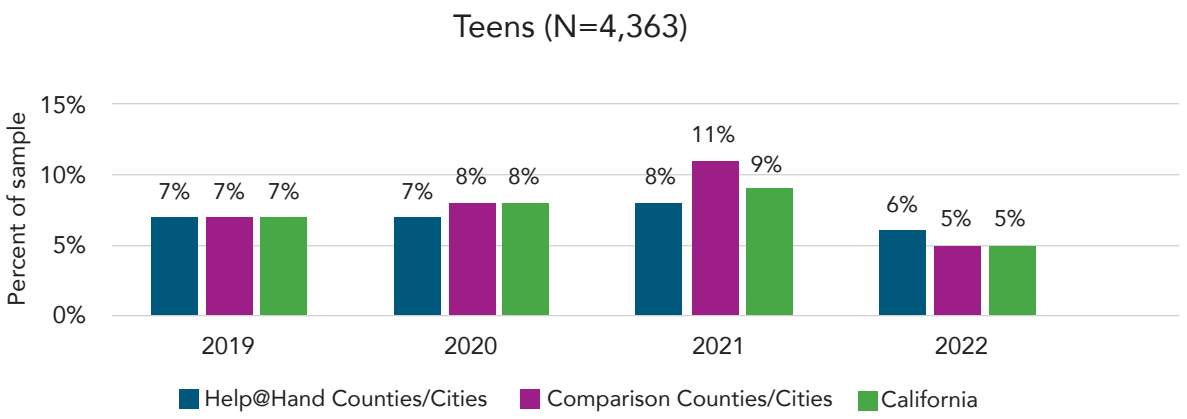
[23] Across California, more adults saw a primary care physician or general practitioner to address mental health, emotions, nerves, or use of alcohol/drugs in 2022 than in 2019 (OR=1.2 [1.1, 1.3], p=0.004). This trend also held true for adults in Help@Hand and Comparison Counties/Cities.

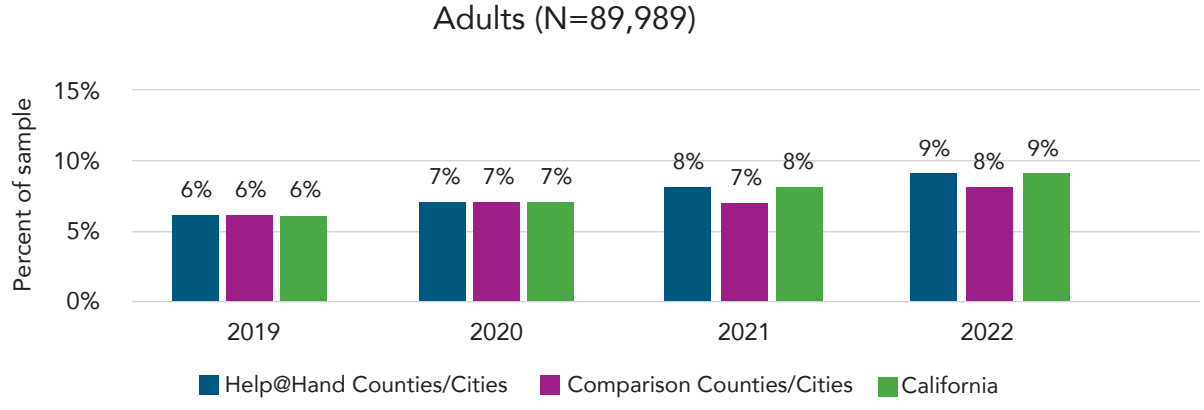
[24] Adults in Help@Hand Counties/Cities were less likely to see a primary care provider than adults in Comparison Counties/Cities during 2019-2022 (OR=0.9 [0.85,0.96], p=0.002)

Use of Online Tools to Address Mental Health or Alcohol/Drug Concerns

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens	No change in use of online tools to address mental health over time[25]	No difference in teen use of online tools to address mental health or alcohol/drug concerns
Adults	Used more online tools to address mental health over time[26]	No difference in adult use of online tools to address mental health or alcohol/drug concerns

Used Online Tools to Address Mental Health or Alcohol/Drug Concerns, 2019-2022





*This item was assessed by the statement, "In the past 12 months, have you tried to get help from an on-line tool, including mobile apps or texting services for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?"

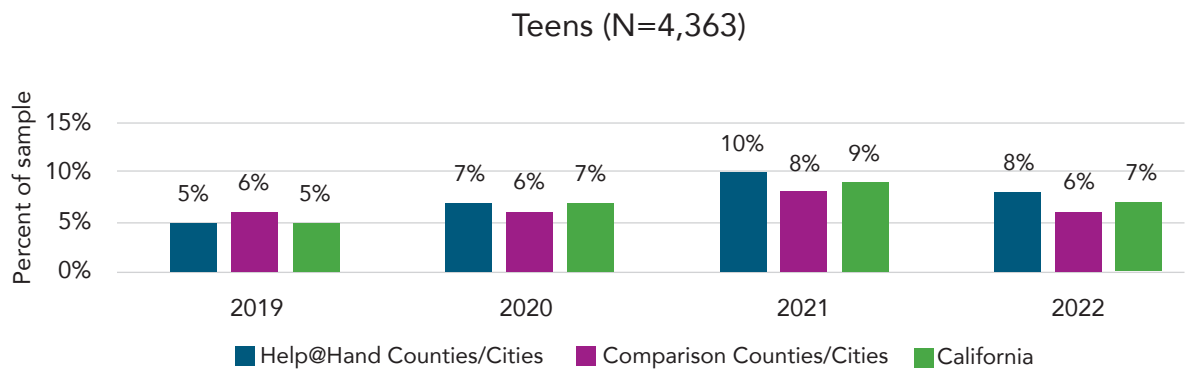
[25] Teens in California were more likely to use online tools for addressing mental health or alcohol/drugs in 2021 than in 2022 (OR=1.8 [1.3, 2.6], p=0.001). This trend was also true for teens in Help@Hand and Comparison Counties/Cities. However, use of online tools to address mental health or alcohol/drug concerns among teens in California and Comparison Counties/Cities decreased between 2021-2022.

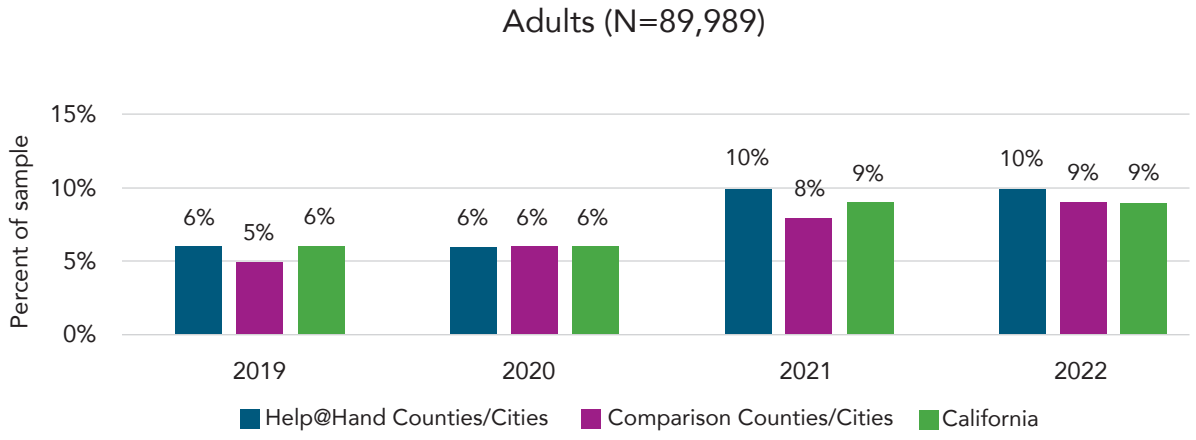
[26] Adults in California were more likely to use online tools for addressing mental health or alcohol/drugs in 2022 than in 2019 (OR=1.5 [1.3, 1.7], p<0.0001). This trend also held true for adults in Help@Hand and Comparison Counties/Cities.

Use of Online Tools to Connect with Mental Health Professional

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens	Increased use of online tools to connect with a mental health professional over time[27]	No difference in teen use of online tools to connect with a mental health professional
Adults	Increased use of online tools to connect with a mental health professional over time[28]	Adults from Help@Hand Counties/Cities were more likely to use online tools to connect with a mental health professional than those in Comparison Counties/Cities[29]

Used Online Tools to Connect With a Mental Health Professional, 2019-2022





[27] Teens in California and were more likely to use online tools to connect with a mental health professional in 2021 than in 2019 (OR=1.8 [1.2,2.6], p=0.005). This trend also held true for teens in Help@Hand Counties/Cities. In comparison, there were no changes in online tool use to connect with a mental health professional among teens in Comparison Counties/Cities over time (2019-2022).

[28] Adults in California were more likely to use online tools to connect with a mental health professional in 2021 than in 2020 (OR=1.5 [1.4,1.7], p<0.01). Use of online tools to connect with a mental health professional also increased among adults in Help@Hand and Comparison Counties/Cities over time (2019-2022).

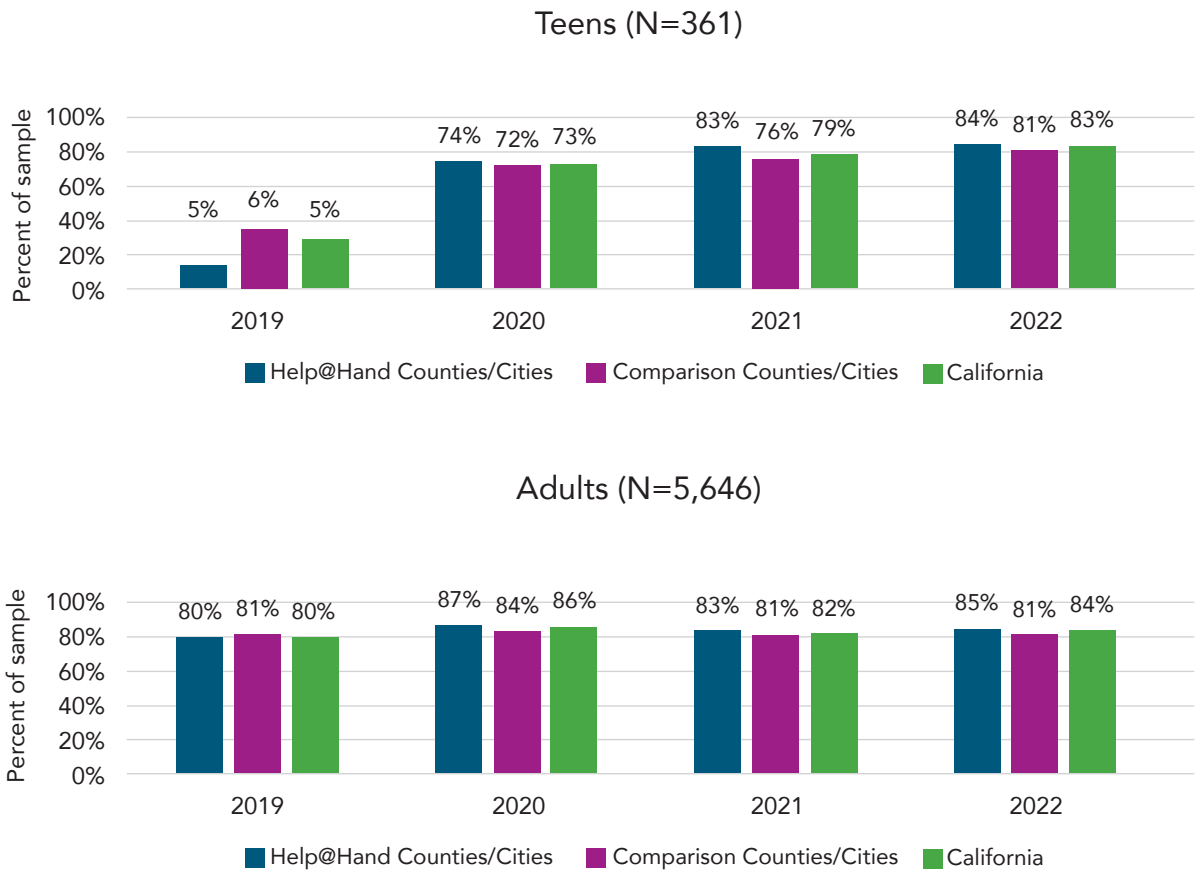
[29] Adults in Help@Hand Counties/Cities were more likely to use online tools to connect with a mental health professional than in adults in Comparison Counties/Cities between 2019 and 2022 (OR=1.1 [1.01,1.2], p=0.04).

Usefulness of Online Tools to Address Mental Health

Among teens and adults who used online tools to address mental health or alcohol/drug concerns:

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens[30]	Change in teen perceived usefulness of online tools to address mental health could not be tested	Difference in teen perceived usefulness of online tools to address mental health could not be tested
Adults	No change in perceived usefulness of online tools to address mental health over time[31]	No difference in adult perceived usefulness of online tools to address mental health

Usefulness of Online Tools to Address Mental Health, 2019-2022



*People who indicated they did use online tools for mental health concerns were asked, "How useful was this?"

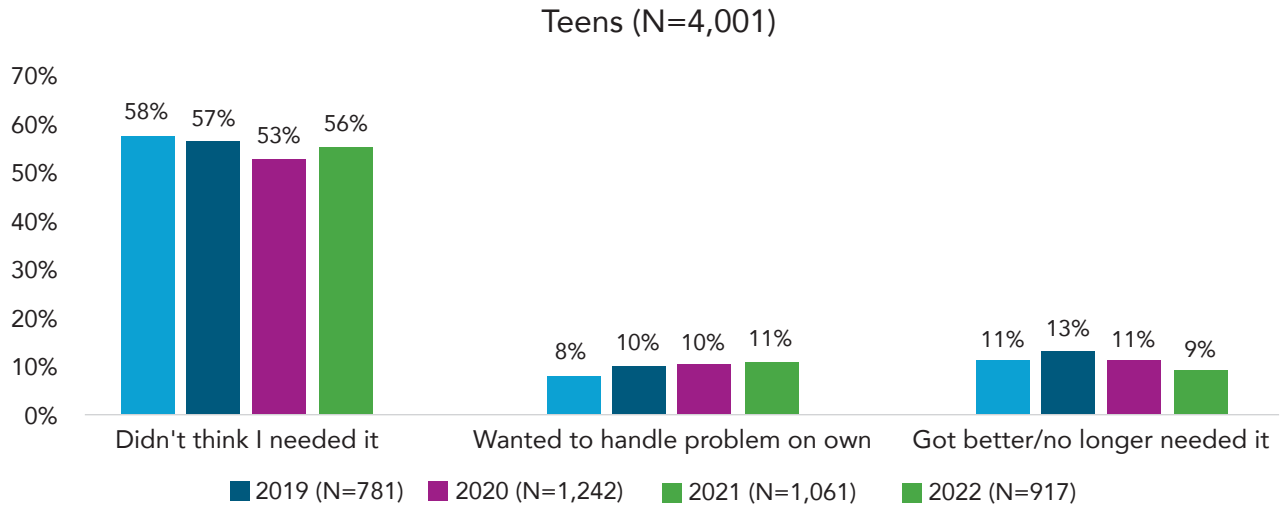
[30] Data for teens who rated the usefulness of online tools is not reported for 2019 due to small sample sizes (OR-1.3 [1.1, 1.4], p<0.01). Due to small sample sizes in some responses among teens who used online tools for their mental health or alcohol/drugs between 2019 and 2022, data was not available to perform any statistical significance testing for 2-way and/or the 3-way interaction between years between 2019-2022, Counties/Cities, and distress among teens for changes in their usefulness rating of online tools.

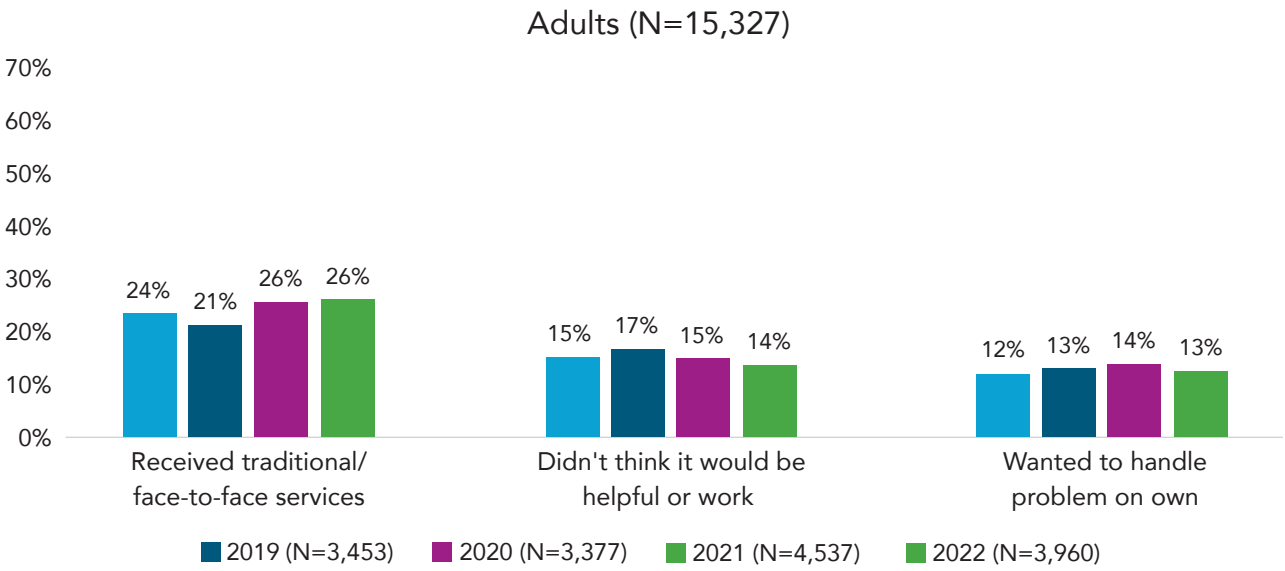
[31] On average, reported usefulness of online tools to address mental health or alcohol/drug concerns among adults in California, including in Help@Hand and Comparison Counties/Cities, did not change over time (2019-2022). However, adults in California were more likely to rate the online tools as useful in 2020 than in 2019 [OR=1.5 [1.1, 2.0], p=0.01). This trend also held true for adults in Help@Hand Counties/Cities.

Reasons Why People Did Not Use Online Tools to Address Mental Health

	Primary Reasons	Change Over Time (2019-2022)
Teens	• Low perceived need • Wanted to handle problems on their own • Got better or no longer needed help	☒ No difference in reasons why teens did not use online tools to address mental health over time
Adults	• Received traditional or face-to-face services • Low perceived effectiveness • Wanted to handle problems on their own	☒ No difference in reasons why adults did not use online tools to address mental health over time

Main Three Reasons for Not Using Online Tools, 2019-2022





*People who indicated they did not use online tools for mental health concerns were asked, "What is the main reason you did not try to get help from an on-line tool, including mobile apps, or texting services?"

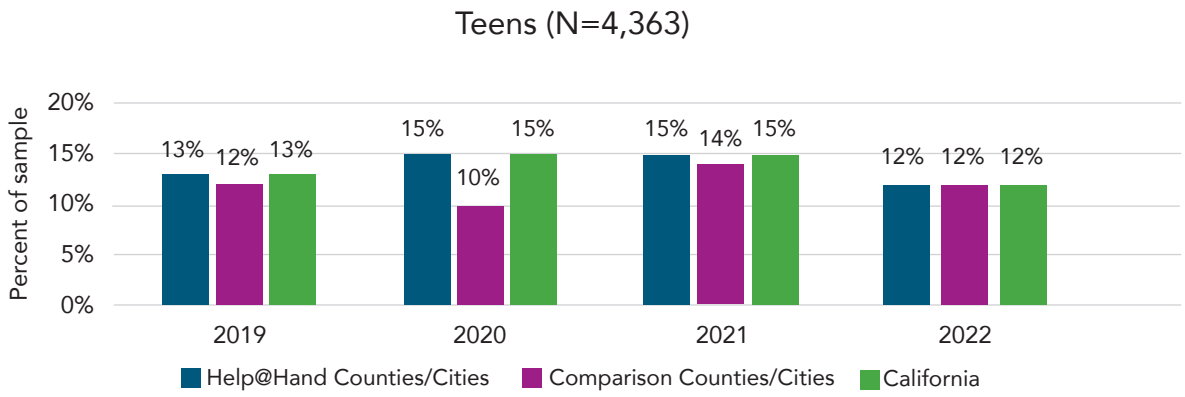
Learning Objective 4: Increase purpose, belonging, and social connectedness of individuals served

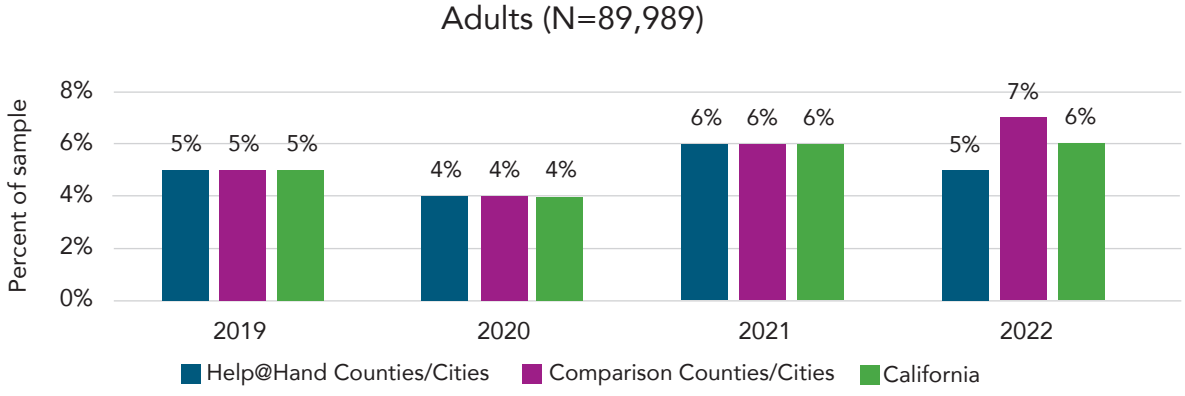
This learning objective was measured by people's responses about whether they used online tools to connect with others with similar mental health concerns.

Use of Online Tools to Connect with People with Similar Mental Health Concerns

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens	No change in use of online tools to connect with people with similar mental health concerns over time	No difference in teen use of online tools to connect with people with similar mental health concerns
Adults	Increased use of online tools to connect with people with similar mental health concerns over time[32]	No difference in adult use of online tools to connect with people with similar mental health concerns

Used Online Tools to Connect With People With Similar Mental Health Concerns, 2019-2022





*This item was assessed by the statement, "In the past 12 months, have you connected online with people that have mental health or alcohol/drug concerns similar to yours through methods such as social media, blogs, and online forums?"

[32] Across California, adults were more likely to use online tools to connect with people with similar mental health or alcohol/drug concerns in 2022 than in 2019 (OR=1.3 [1.2, 1.6], p<0.0001). This trend also held true for adults in Help@Hand and Comparison Counties/Cities.

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

This learning objective measured how psychological distress and age was associated with people's use of online tools, the internet, and social media.

Using Technology to Address Mental Health Concerns

Psychological distress as a factor for using technology to address mental health concerns

Teens

Compared to teens with low/no distress, teens with high distress were more likely to use online tools to:

- Address mental health or alcohol/drug concerns
- Connect with a mental health professional
- Connect with people with similar concerns[33]

Teens[34] (N=985)	Distress Levels: High vs. Medium	Distress Levels: Medium vs. Low/No
Used online tools for addressing mental health or alcohol/drug concerns	4X	4X
Used online tools to connect with a mental health professional	2X+	3X
Used online tools to connect with people with similar concerns	2X	4X

+: not statistically significant at 5% confidence level.

For example…

- Teens with high distress were 4x more likely than teens with medium distress to use online tools to address mental health concerns.
- Teens with medium distress were 4x more likely than teens with low/no distress to use online tools to address mental health concerns.
- Teens with high distress were 16x more likely to use online tools to address mental health concerns than teens with low/no distress (4x4=16).

[33] In 2022, teens in California with high distress used online tools for addressing mental health and alcohol/drugs more than teens with medium distress (OR=4 [2.2,7.2], p<0.0001), and teens with medium distress used online tools more than those with low/no distress (OR=4 [1.2,13.3], p<0.05). Across California, teens with high distress used online tools to connect with a mental health professional more than teens with medium distress (OR=2 [0.96,3.4], p=0.07), and teens with medium distress used online tools to connect with a mental health professional more than those with low/no distress (OR=3 [1.1,9.5], p<0.05). Across California, teens with high distress used online tools to connect with people with similar mental health or alcohol/drug concerns more than teens with medium distress (OR=2 [1.5,3.7], p=0.0006), and teens with medium distress used online tools to connect with people with similar concerns more than those with low/no distress (OR=4 [1.8,9.6], p<0.05).

[34] Teen N=985; Adult N=21,452 from 2022 datasets.

Adults

Compared to adults with low/no distress, adults with high distress were more likely to use online tools to:

- Address mental health or alcohol/drug concerns
- Connect with a mental health professional
- Connect with people with similar concerns[35]

Adults (N=21,452)	Distress Levels: High vs. Medium	Distress Levels: Medium vs. Low/No
Used online tools for addressing mental health or alcohol/drug concerns	3X	4X
Used online tools to connect with a mental health professional	3X	3X
Used online tools to connect with people with similar concerns	4X	4X

For example…

- Adults with high distress were 3x more likely than adults with medium distress to use online tools to address mental health concerns.
- Adults with medium distress were 4x more likely than adults with low/no distress to use online tools to address mental health concerns.
- Adults with high distress were 12x more likely to use online tools to address mental health concerns than adults with low/no distress (3x4=12).

[35] In 2022, adults in California with high distress used online tools for addressing mental health and alcohol/drugs more than adults with medium distress (OR=2.9 [2.4, 3.6], p<0.05), and adults with medium distress used online tools more than those with low/no distress (OR=4 [3.5, 5.7], p<0.05). Across California, adults with high distress used online tools to connect with a mental health professional more than adults with medium distress (OR=3.1 [2.6, 3.6], p<0.05), and adults with medium distress used online tools to connect with a mental health professional more than those with low/no distress (OR=4 [3.3, 5.2], p<0.05). Across California, adults with high distress used online tools to connect with people with similar mental health or alcohol/drug concerns more than adults with medium distress (OR=3.8 [3.1, 4.7], p<0.05), and adults with medium distress used online tools to connect with people with similar concerns more than those with low/no distress (OR=5 [3.6, 6.5], p<0.05).

Usefulness of Online Tools for Mental Health Concerns

Psychological distress as a factor for usefulness of online tools for mental health concerns

	Change Over Time (2019-2022)	Difference between Help@Hand and Comparison Counties/Cities
Teens	No change in teen perceived usefulness of online tools for mental health concerns by psychological distress over time	Teens experiencing high distress from Help@Hand Counties/Cities rated online tools as more useful than those from Comparison Counties/Cities[36]
Adults	Increase in usefulness of online tools for adults with medium distress in Help@Hand Counties/Cities over time, with a trend towards significance[37] Decrease in usefulness of online tools for medium distress counterparts in Comparison Counties/Cities over time, with a trend towards significance[39]	Adults experiencing medium distress from Help@Hand Counties/Cities rated online tools as more useful than those from Comparison Counties/Cities[38]

	Help@Hand Counties/Cities	Comparison Counties/Cities
Teens with High Distress	85% rated online tools useful in 2022 (N=22) Usefulness rating increased more than 25% between 2020-2022[40]	77% rated online tools useful in 2022 (N=22) Usefulness rating increased more than 15% between 2020-2022
Adults with Medium Distress	90% rated online tools useful in 2022 (N=363) Usefulness rating increased more than 7% between 2019-2022[41]	77% rated online tools useful in 2022 (N=363) Usefulness rating decreased more than 11% between 2019-2022

[36] Teen comparisons were made for years 2020-2022. Due to small sample sizes in teens data, we had 0 response in 2019 data among teens with low/no distress who chose 'Not at all', therefore, we could not perform any statistical testing for year*distress interaction and comments regarding County/City differences used raw data comparisons. The usefulness ratings among teens with high distress from Help@Hand Counties/Cities and Comparison Counties/Cities was 68% and 67%, respectively, in 2019.

[37] The p-value for the interaction between Year (2022 with 2019 as a reference year) * Distress (Medium Distress with Low/No Distress as a reference)*County/City (Help@Hand Counties/Cities with Comparison Counties/Cities as a reference) was 0.06.

[38] We do not show results for usefulness rating comparisons between adults with high and low/no distress because there was not a noticeable difference in the usefulness rating among adults with high distress and low/no distress in Help@Hand Counties/Cities and Comparison Counties/Cities between 2019-2022. The usefulness ratings among adults with high distress who used online tools in Help@Hand Counties/Cities and Comparison Counties/Cities were 79% and 82%, respectively, in 2022. The usefulness ratings among adults with low/no distress who used online tools in Help@Hand Counties/Cities and Comparison Counties/Cities was 89% for both in 2022.

[39] Adults with medium distress from Help@Hand Counties/Cities rated online tools as more useful than adults with medium distress from Comparison Counties/Cities at the 5% significance level [for 2022, OR=2.5 [1.3,4.9], p=0.008].

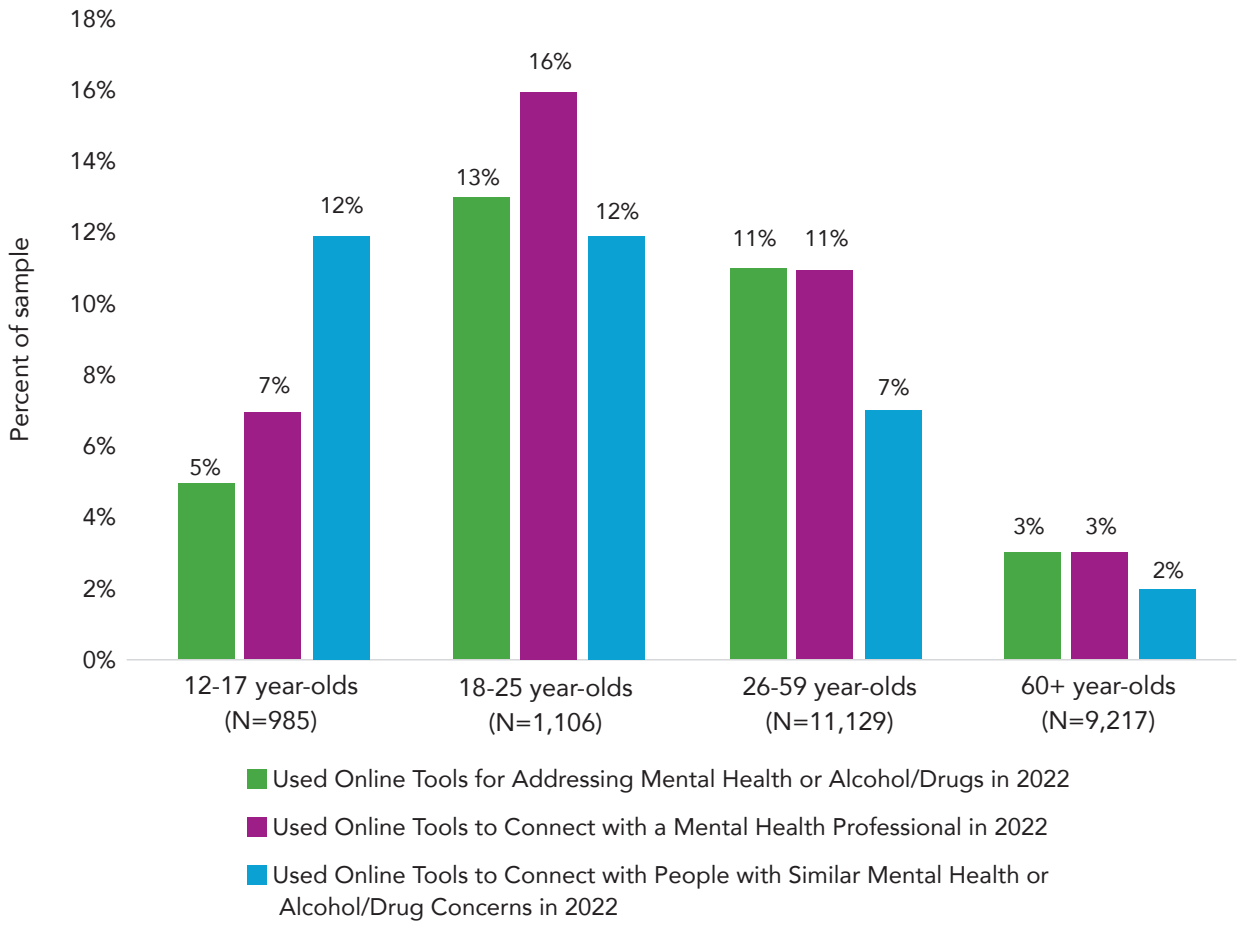
[40] Among teens with high distress from Help@Hand Counties/Cities, N=22 in 2022 and N=44 in 2020. Among teens with high distress from Comparison Counties/Cities, N=22 in 2022 and N=32 in 2020.

[41] Among adults with medium distress from Help@Hand Counties/Cities, N=363 in 2022 and N=245 in 2019. Among adults with medium distress from Comparison Counties/Cities, N=251 in 2022 and N=175 in 2019.

Age as a factor for using technology for mental health concerns

	Change Over Time (2019-2022)	Difference by Age
Teens	No age group analysis was conducted for teens	No age group analysis was conducted for teens
Adults ☒	No change in adult use of online tools to address mental health or alcohol/drug concerns, to connect with a mental health professional, and to connect with people with similar mental health or alcohol/drug concerns by age over time	Compared to adults aged 26+, adults aged 18-25 had more use of online tools to address mental health or alcohol/drug concerns, to connect with a mental health professional, and to connect with people with similar mental health or alcohol/drug concerns[42]

Use of Online Tools to Address Mental Health, Connect With a Professional, or Connect With Similar Mental Health Concerns by Age Group, 2022 (N=22,437)



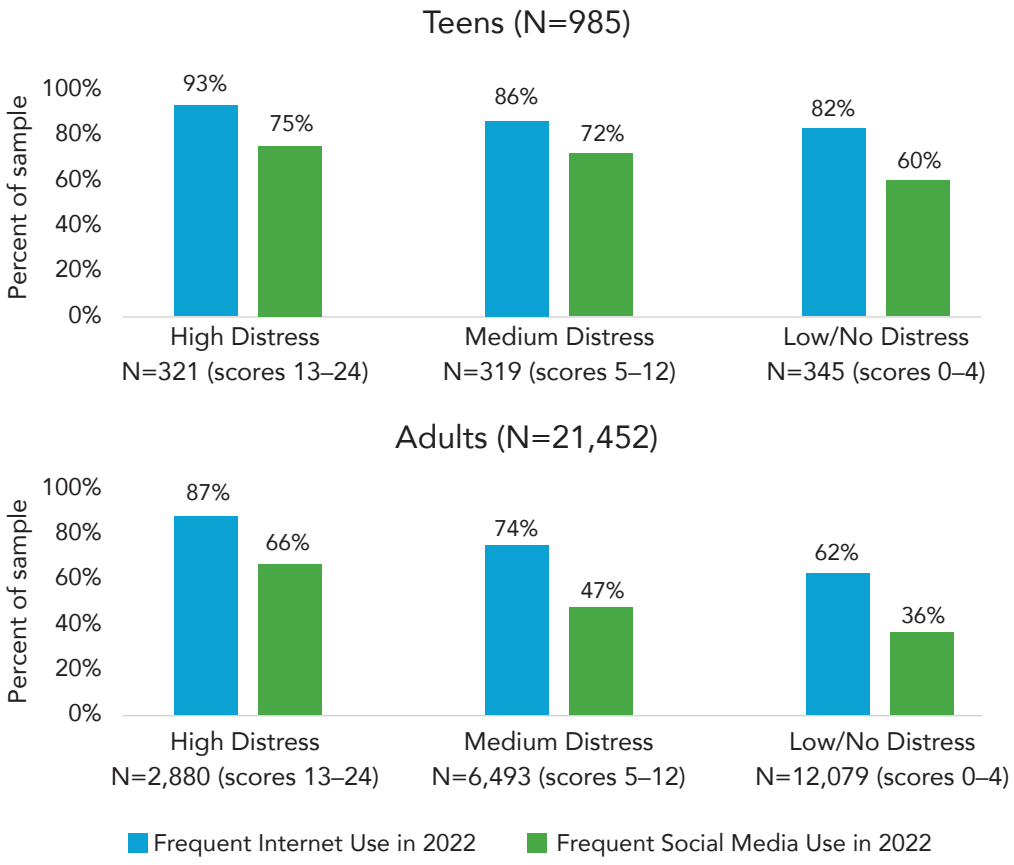
[42] Data from 2022 was presented to simplify the data presentation since the general patterns do not change over time with statistical significance. Among adults in 2022 across California, online tool use was highest among 18–25-year-olds (1) use online tools for addressing mental health or alcohol/drugs: 18-25 year-olds vs. 26–59 year-olds : OR=1.2 [1.0, 1.5], p<0.05; 18-25 year-olds vs. 60+ year-olds: OR=4.9 [3.7, 6.5], p<0.05; (2) use online tools to connect with a mental health professional: 18-25 year-olds vs. 26–59 year-olds : OR=1.5 [1.3, 1.8], p<0.05; 18-25 year-olds vs. 60+ year-olds: OR=5.6 [4.5, 6.9], p<0.05); (3) use online tools to connect with people with similar concerns: 18-25 year-olds vs. 26–59 year-olds: OR=1.9 [1.5, 2.3], p<0.05; 18-25 year-olds vs. 60+ year-olds OR=8.6 [6.3, 11.8], p<0.05).

Frequent Internet and Social Media Use

Psychological distress as a factor for frequent internet and social media use

	Change Over Time (2019-2022)	Difference by Psychological Distress
Teens	☒ No change in teen frequent internet or social media use by psychological distress over time	Compared to teens with low/no distress, teens with high distress were: • 3x more likely to use internet frequently • 2x more likely to use social media frequently
Adults	☒ No change in adult frequent internet or social media use by psychological distress over time[43]	Compared to adults with low/no distress, adults with high distress were: • 4x more likely to use internet frequently • 4x more likely to use social media frequently[44]

Frequent Internet and Social Media Use by Psychological Distress, 2022[45,46]



[43] 2022 teen data is shown because data did not significantly differ across years.

[44] Among teens, people with high distress were more likely to use internet frequently than people with low/no distress [OR=2.7 [1.6, 4.5], p<0.05]. Among teens, people with high distress were more likely to use social media frequently than people with low/no distress [OR=2.0 [1.4, 2.8], p<0.0001].

[45] 2022 adult data is shown because data did not significantly differ across years.

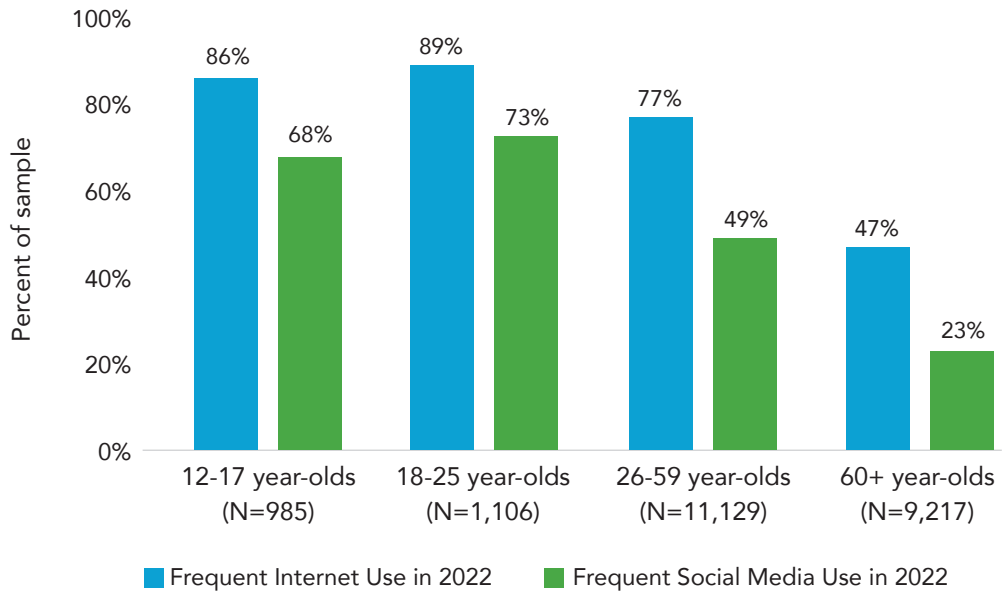
[46] Among adults, people with high distress were more likely to use internet frequently than people with low/no distress [OR=4.3 [3.6, 5.1], p<0.05]. Among adults, people with high distress were more likely to use social media frequently than people with low/no distress [OR=3.5 [3.0, 4.0], p<0.05).

Age as a factor for frequent internet and social media use

On average, 86% of teens in California aged 12-17 years used internet frequently while 68% used social media frequently.

	Change Over Time (2019-2022)	Difference by Age
Teens	No age group analysis was conducted for teens	No age group analysis was conducted for teens
Adults ☒	No change in adult frequent internet or social media use by age over time[47]	On average, adults in California aged 18-25 had higher frequent internet and social media use compared to adults aged 26+[48,49]

Frequent Internet and Social Media Use by Age Group, 2022 (N=22,437)



[47] The interaction between age and year was not statistically significant at the 5% level.

[48] In California, adults aged 18-25 years were more likely to use internet frequently than adults aged 26-59 years OR=2.4 [1.9, 3.2], p<0.04] and adults aged 60+ years [OR=9.4 [7.1, 12.5], p<0.05].

[49] In California, adults aged 18-25 years were more likely to use social media frequently than adults aged 25-59 years [OR=2.5 [2.5, 3.3], p<0.05] and adults aged 60+ years [OR=10.0 [7.7, 11.1], p<0.05].

LEARNINGS FROM THE STATEWIDE OUTCOMES EVALUATION

Key learnings from analyses of CHIS trends and changes in outcomes related to mental health treatment need, use, and stigma that may have occurred across California during the Help@Hand period included the following:

- **There were still many people, especially teens, who did not receive needed help for mental health concerns.** On average, 58% of teens and 41% of adults who needed help for mental health concerns did not receive help between 2019-2022.
- **Perceived need for mental health treatment did not consistently reflect psychological distress.** While teen psychological distress decreased over the four years, perceived need did not change. In contrast, both adult psychological distress and perceived need for treatment increased during the Help@Hand period.
- **Use of mental health services did not consistently reflect needs for mental health treatment.** For adults, the increasing use of mental health services during 2019-2022 may have reflected the increasing need for mental health treatment. For teens, there was a peak of need for mental health treatment and mental health service use in 2021 in spite of psychological distress overall decreasing during 2019-2022.
- **Among teens and adults who used online tools to address mental health or alcohol/drug concerns, the majority found them useful.** Over 70% of teens and 80% of adults rated online tools for addressing mental health concerns as useful, in both Help@Hand and Comparison Counties/Cities.
- **The Help@Hand project provided useful online tools to connect adults with mental health professionals.** Adults in Help@Hand Counties/Cities were more likely to use online tools to connect with a mental health professional than adults in Comparison Counties/Cities between 2019-2022.
- **Teens and adults had different reasons for not using online tools to address mental health concerns.** More than half of teens who did not use online tools to address mental health cited not needing help, while a quarter of adults said it was because they received traditional or face-to-face services instead. For adults who needed help for mental health but did not receive it, an increasing proportion did not feel comfortable talking to a professional about personal problems during 2019-2022.
- **There are opportunities to further leverage technology to help individuals with high psychological distress and adults aged 18-25 years to address mental health concerns.** Digital mental health technologies can be tailored toward groups who are more likely to use technology frequently, and to use online tools to address mental health concerns, such as teens and adults with higher levels of psychological distress and adults aged 18-25 years.

HELP@HAND OUTCOMES EVALUATION: FINDINGS FROM A META-ANALYSIS

Key Points and Overview

Help@Hand activities and programs sought to address five primary learning objectives:

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

The Help@Hand evaluation team conducted a meta-analysis to examine the impact of Help@Hand on Learning Objectives 1, 2, and 4. A meta-analysis is a statistical technique that combines data from multiple sources to draw a single conclusion about a common question.

The meta-analysis used available data from the four primary digital mental health technologies implemented throughout the Help@Hand project--Headspace, iPrevail, Mindstrong, and myStrength. These technologies were implemented in seven Help@Hand Counties/Cities (e.g., sites), including City of Berkeley, Tri-City, and Los Angeles, Mono, Orange, San Mateo, and Santa Barbara Counties. Data was not available to evaluate Objective 3, and Objective 5 was fulfilled through programmatic and evaluation efforts.

While some sites implemented more than one technology, not all the technologies were implemented in all sites. One analysis included a

combination of sites (e.g., myStrength's implementation in City of Berkeley, Mono County, and Tri-City). When taken together, these findings help understand potential improvements in mental health symptoms, stigma, and loneliness across each of the technology implementations in the seven Counties/Cities over time.

METHODS IN DEPTH

Baseline and follow-up survey results from participating individuals were put into a random effects model accounting for the differences between the Counties/Cities to estimate the overall effect of technologies on mental health symptoms, stigma, and loneliness.

Key findings included:

Reductions in Mental Health Symptoms

- **Mental health symptoms collectively decreased across the Counties/Cities.** On average, 47% of survey respondents who participated in the technology implementations across the Counties/Cities reported reductions in their mental health symptoms.

Improvements in Reducing Stigma Related to Mental Health

- **Stigma collectively reduced across the Counties/Cities.** On average, 25% of survey respondents who participated in the technology implementations across the Counties/Cities reported an improvement in resilience, 22% reported an improvement in stigma resistance, 26% reported a decrease in perceived stigma, and 27% reported a decrease in internalized stigma.

Improvements in Purpose, Belonging, and Social Connectedness

- **Loneliness collectively decreased across the Counties/Cities.** On average, 31% of survey respondents who participated in the technology implementations across the Counties/Cities reported a decrease in loneliness.

When reading this section…

- Meta-analysis findings reflect data collected from individuals who used at least one of the four available technologies and who provided two surveys over time. This data is drawn from seven Counties/Cities (out of the 14 Counties/Cities) who participated in Help@Hand.

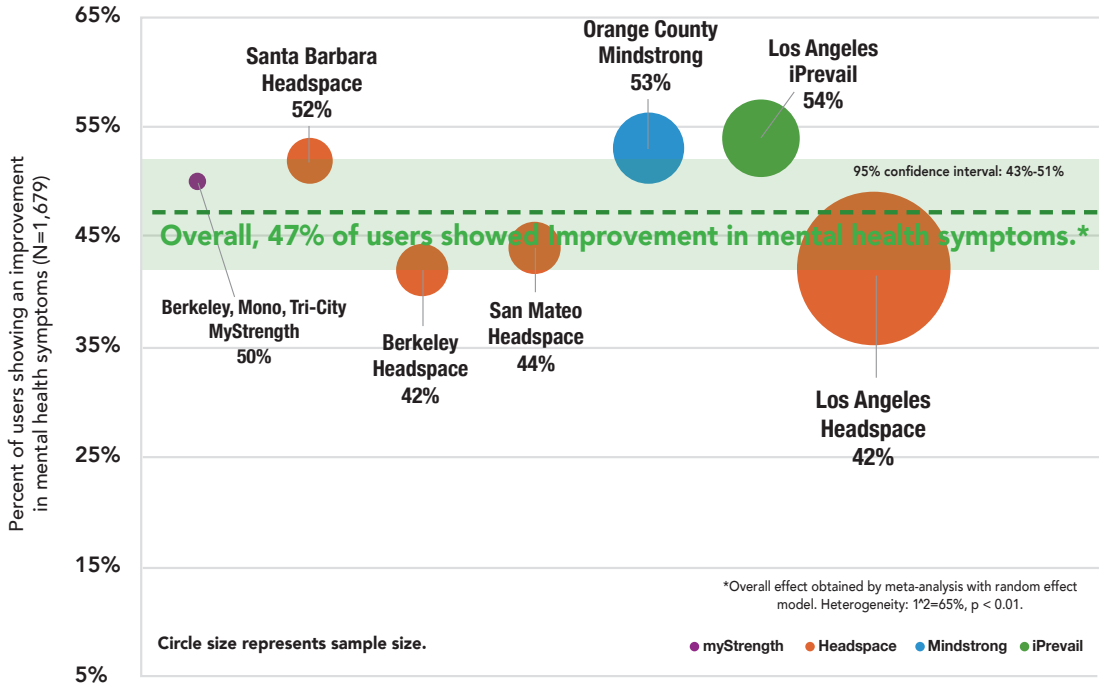
LEARNING OBJECTIVE 1:
Detect and acknowledge mental health symptoms sooner

DECREASED MENTAL HEALTH SYMPTOMS

47% of survey respondents reported decreased mental health symptoms

Range by technology: 42% - 54%

Percentage of Survey Respondents from Each Help@Hand County/City Reporting Decreased Mental Health Symptoms (N=1,679)



Note: Each individual County/City data is represented by its own circle. The percentage below the circle is the percentage of respondents who reported reductions in mental health symptoms among the County/City and the technology tested (e.g., Los Angeles had two technologies tested, Headspace with 42% and iPrevail with 54% of respondents reporting decreases in mental health symptoms). Note that technologies are distinguished by color (e.g., Los Angeles Headspace is shown in orange and Los Angeles iPrevail is shown in green).

Methods

Surveys included measures for self-reported mental health symptoms using the following validated surveys: the Kessler Psychological Distress Scale,[50] the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition),[51] and the GAD (Generalized Anxiety Disorder).[52] The Kessler scores (scaled 1-5) from ten questions were summed to create an individual score ranging from 10 to 50. The DMS-5 scores (scaled 0-4) from 22 questions were summed to create an individual score ranging from 0 to 88. The GAD scores (scaled 0-3) from seven questions were summed to create an individual score ranging from 0 to 21. For all three surveys, higher scores indicated more mental health symptoms.

Decreases in mental health symptoms was operationalized as at least 5% reduction in self-reported scores between the first and last surveys. Percentage of individuals reporting decreased mental health symptoms in the sample for the specific site-technology pair was operationalized to indicate an improvement in mental wellness.

[50] Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., Walters, E. E., & Zaslavsky, A. M. (2002). *Kessler Psychological Distress Scale (K6, K10)* [Database record]. APA PsycTests. https://doi.org/10.1037/t08324-000

[51] American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

[52] Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092–1097. https://doi.org/10.1001/archinte.166.10.1092

LEARNING OBJECTIVE 2:
Reduce stigma associated with mental illness by promoting mental wellness

INCREASED RESILIENCE
"I know when to ask for help"

25% of survey respondents reported improved resilience

Range by technology: 8% - 39%

INCREASED STIGMA RESISTANCE
"I am able to live life the way I want to"

22% of survey respondents reported improved stigma resistance

Range by technology: 16% - 26%

DECREASED PERCEIVED STIGMA
"People believe that having mental health challenges is a sign of personal weakness"

26% of survey respondents reported decreased perceived stigma

Range by technology: 19% -31%

DECREASED INTERNALIZED STIGMA
"I am embarrassed or ashamed that I have a mental illness"

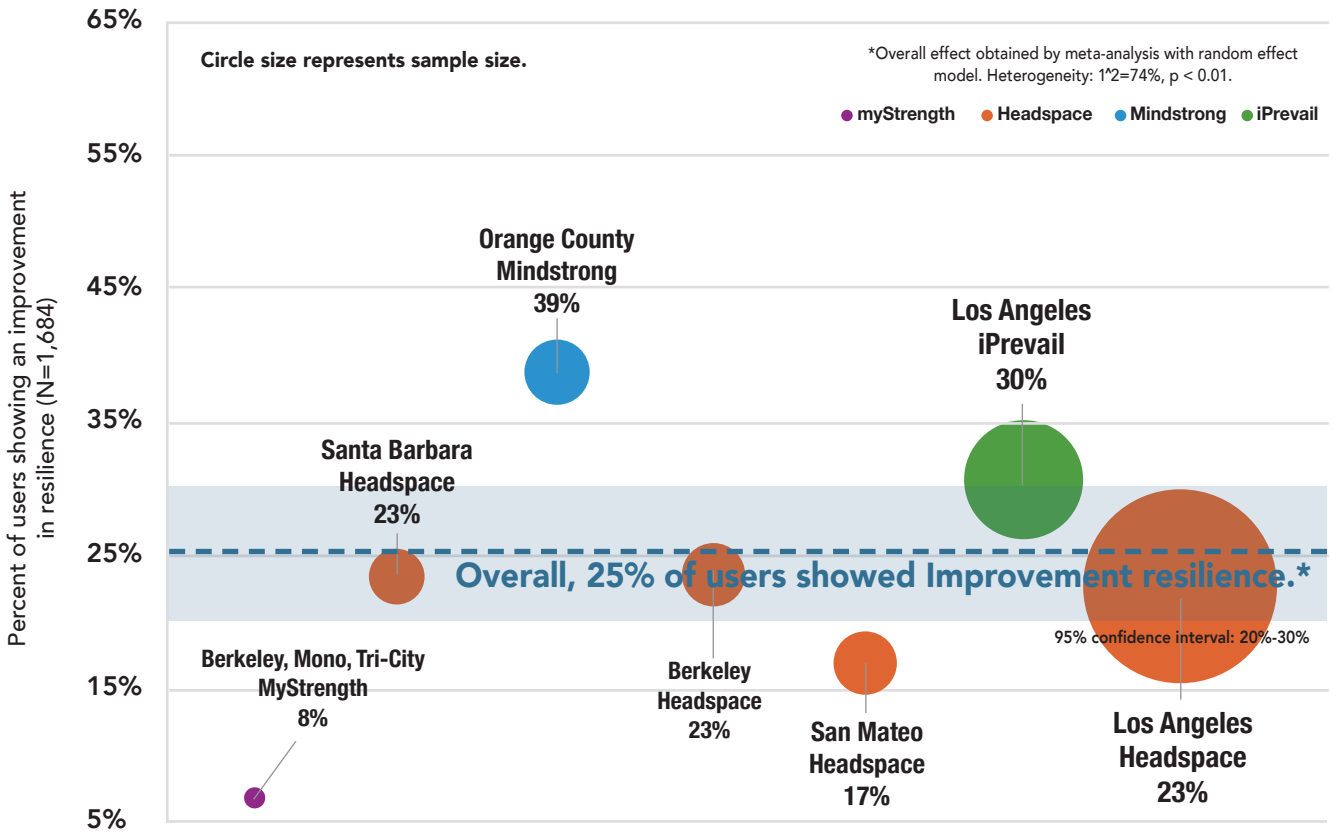
27% of survey respondents reported decreased internalized stigma

Range by technology: 8% - 39%

INCREASED RESILIENCE
"I know when to ask for help"

25% of survey respondents reported improved resilience

Range by technology: 8% - 39%



Note: Each individual County/City data is represented by its own circle. The percentage below the circle is the percentage of respondents who reported improvement in resilience among the County/City and the technology tested (e.g., Los Angeles had two technologies tested, Headspace with 23% and iPrevail with 30% of respondents reporting improvement). Note that technologies are distinguished by color (e.g., Los Angeles Headspace is shown in orange and Los Angeles iPrevail is shown in green).

Methods

Resilience was assessed by three questions from the Recovery Assessment Scale-Revised (RAS-R),[53] or responses to the statement, "I know when to ask for help." RAS-R scores (scaled 1-5) from the three questions were summed to create an individual resilience score ranging from 3 to 15, where higher scores indicated more resilience. Scores for the resilience statement were calculated from a 5-point scale, where 1-Strongly Disagree to 5-Strongly Agree, and higher scores indicated more resilience.

Improvement in resilience was defined as any increase in an individual's resilience score between the first and last surveys. Percentage of individuals reporting increases in resilience for the specific site-technology pair was operationalized to indicate an improvement in mental wellness.

[53] The three questions were taken from the personal recovery domain of the RAS-R. Corrigan, P. W., Salzer, M., Ralph, R. O., Sangster, Y., & Keck, L. (2004). Examining the factor structure of the recovery assessment scale. *Schizophrenia Bulletin*, 30(4), 1035–1041. https://doi.org/10.1093/oxfordjournals.schbul.a007118

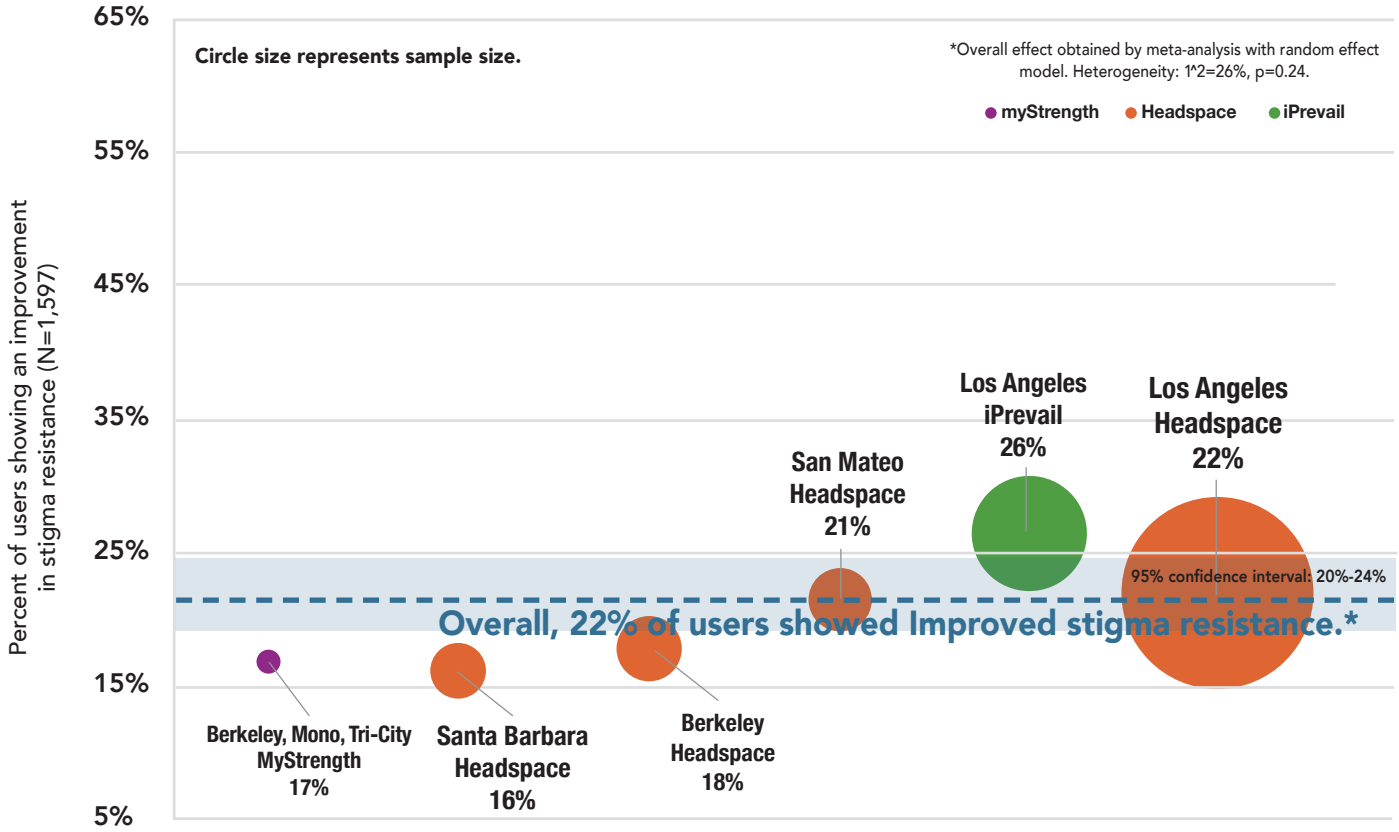
INCREASED STIGMA RESISTANCE

"I am able to live life the way I want to"

22% of survey respondents reported improved stigma resistance

Range by technology: 16% - 26%

Percentage of Survey Respondents from Each Help@Hand County/City Reporting Improved Stigma Resistance (N=1,597)



Note: Each individual County/City data is represented by its own circle. The percentage below the circle is the percentage of respondents who reported improvement in stigma resistance among the County/City and the technology tested (e.g., Los Angeles had two technologies tested, Headspace with 22% and iPrevail with 26% of respondents reporting improvement). Note that technologies are distinguished by color (e.g., Los Angeles Headspace is shown in orange and Los Angeles iPrevail is shown in green).

Methods

Stigma resistance was assessed by responses to the statement, "In general, I am able to live life the way I want to." Scores were calculated from a 5-point scale, where 1-Strongly Disagree to 5-Strongly Agree, and higher scores indicated more stigma resistance.

Improvement in stigma resistance was defined as any increase in an individual's stigma resistance score between the first and last surveys. Percentage of individuals reporting increases in stigma resistance for the specific site-technology pair was operationalized to indicate an improvement in mental wellness.

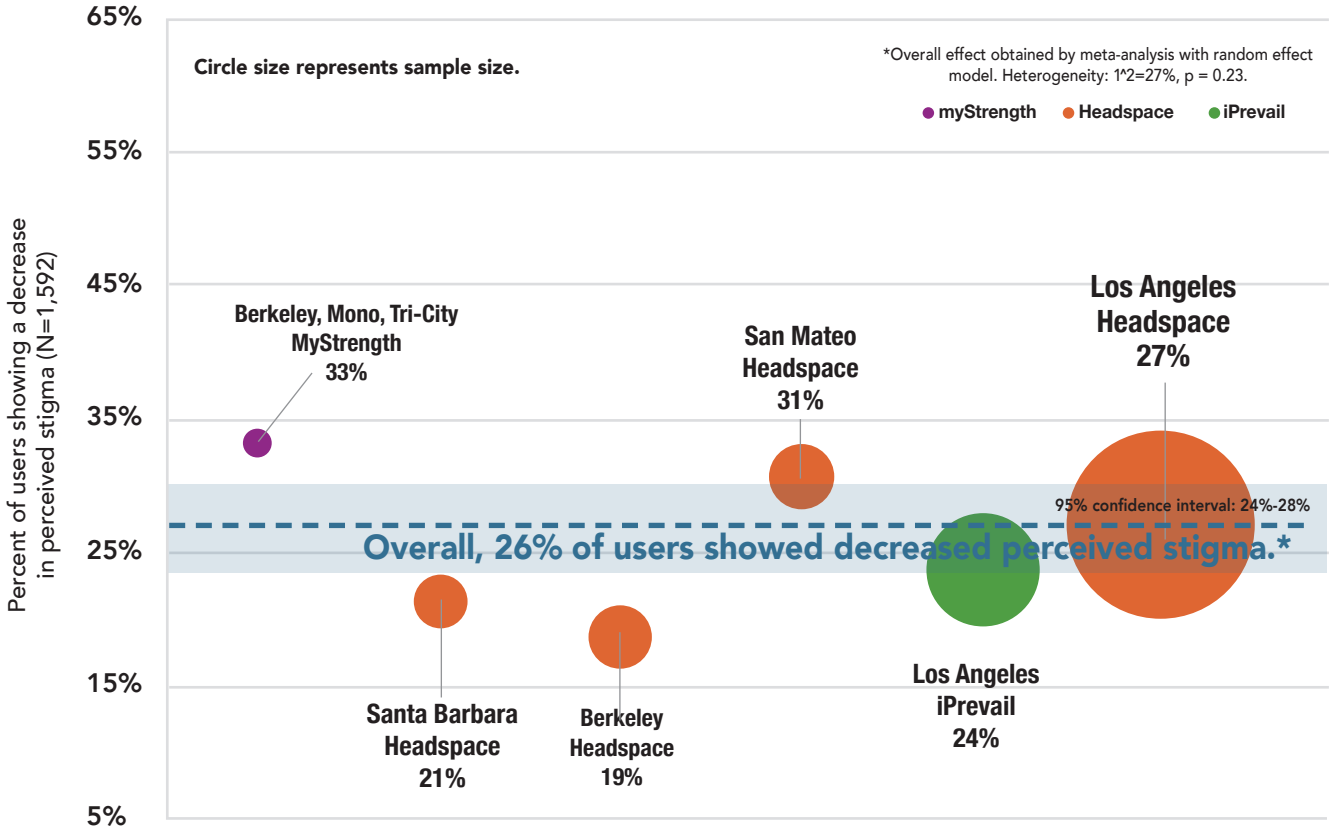
DECREASED PERCEIVED STIGMA

"People believe that having mental health challenges is a sign of personal weakness"

26% of survey respondents reported decreased perceived stigma

Range by technology: 19% -31%

Percentage of Survey Respondents from Each Help@Hand County/City Reporting Decreased Perceived Stigma (N=1,592)



Note: Each individual County/City data is represented by its own circle. The percentage below the circle is the percentage of respondents who reported decreased perceived stigma among the County/City and the technology tested (e.g., Los Angeles had two technologies tested, Headspace with 27% and iPrevail with 24% of respondents reporting decreases). Note that technologies are distinguished by color (e.g., Los Angeles Headspace is shown in orange and Los Angeles iPrevail is shown in green).

Methods

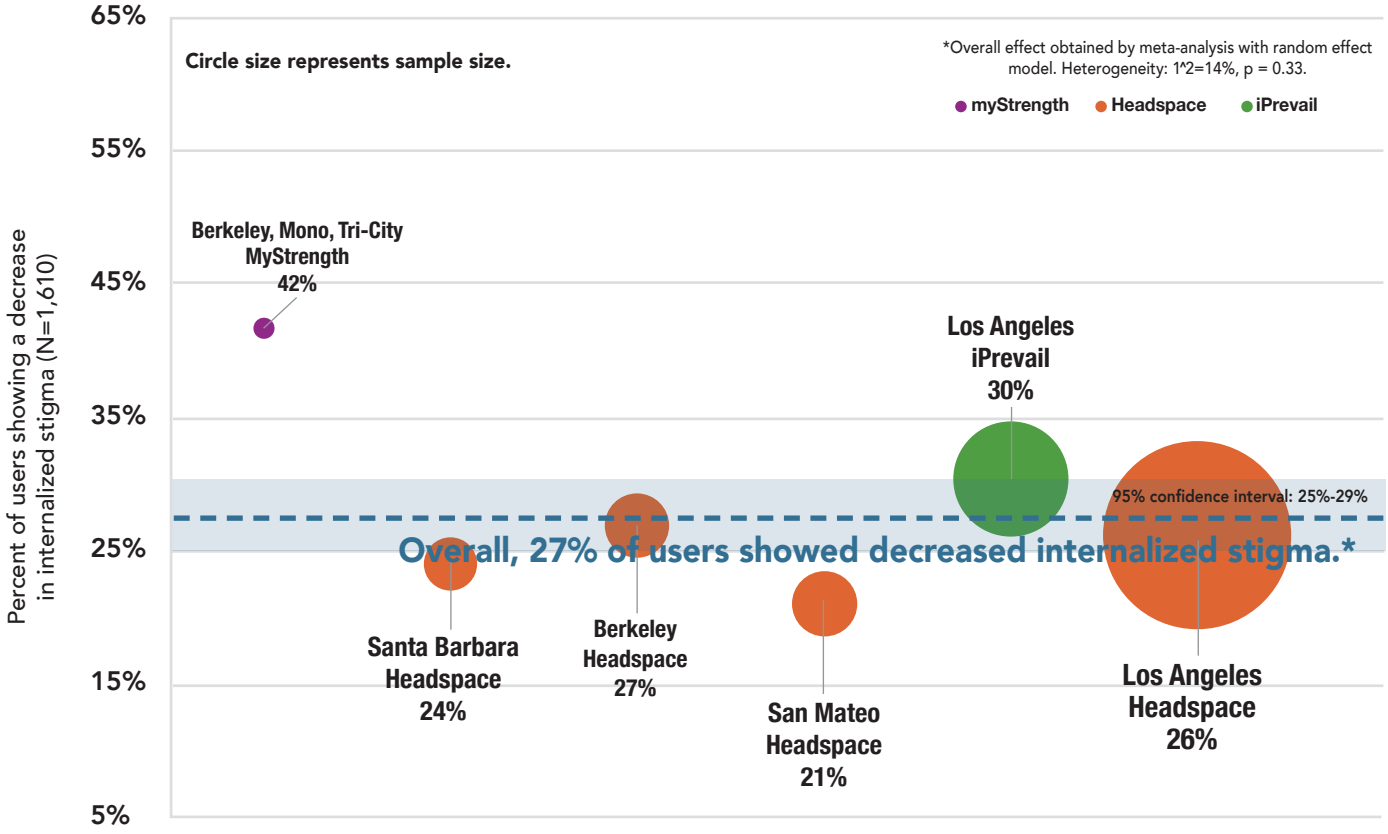
Perceived stigma was assessed by responses to the statement, "Most people believe that having mental health challenges is a sign of personal weakness." Scores were calculated from a 5-point scale, where 1-Strongly Disagree to 5-Strongly Agree, and higher scores indicated more perceived stigma.

Improvement in perceived stigma was defined as any decrease in an individual's perceived stigma score between the first and last surveys. Percentage of individuals reporting decreases in perceived stigma for the specific site-technology pair was operationalized to indicate an improvement in mental wellness.

DECREASED INTERNALIZED STIGMA
"I am embarrassed or ashamed that I have a mental illness"

27% of survey respondents reported decreased internalized stigma

Range by technology: 8% - 39%



Note: Each individual County/City data is represented by its own circle. The percentage below the circle is the percentage of respondents who reported decreases in internalized stigma among the County/City and the technology tested (e.g., Los Angeles had two technologies tested, Headspace with 26% and iPrevail with 30% of respondents reporting decreases). Note that technologies are distinguished by color (e.g., Los Angeles Headspace is shown in orange and Los Angeles iPrevail is shown in green).

Methods

Internalized stigma was assessed by responses to the statements, "Being around people who don't have mental health challenges makes me feel out of place or inadequate," or "I am embarrassed or ashamed that I have a mental illness." Scores were calculated from a 5-point scale, where 1-Strongly Disagree to 5-Strongly Agree, and higher scores indicated more internalized stigma.

Improvement in internalized stigma was defined as any decrease in an individual's internalized stigma score between the first and last surveys. Percentage of individuals reporting decreases in internalized stigma for the specific site-technology pair was operationalized to indicate an improvement in mental wellness.

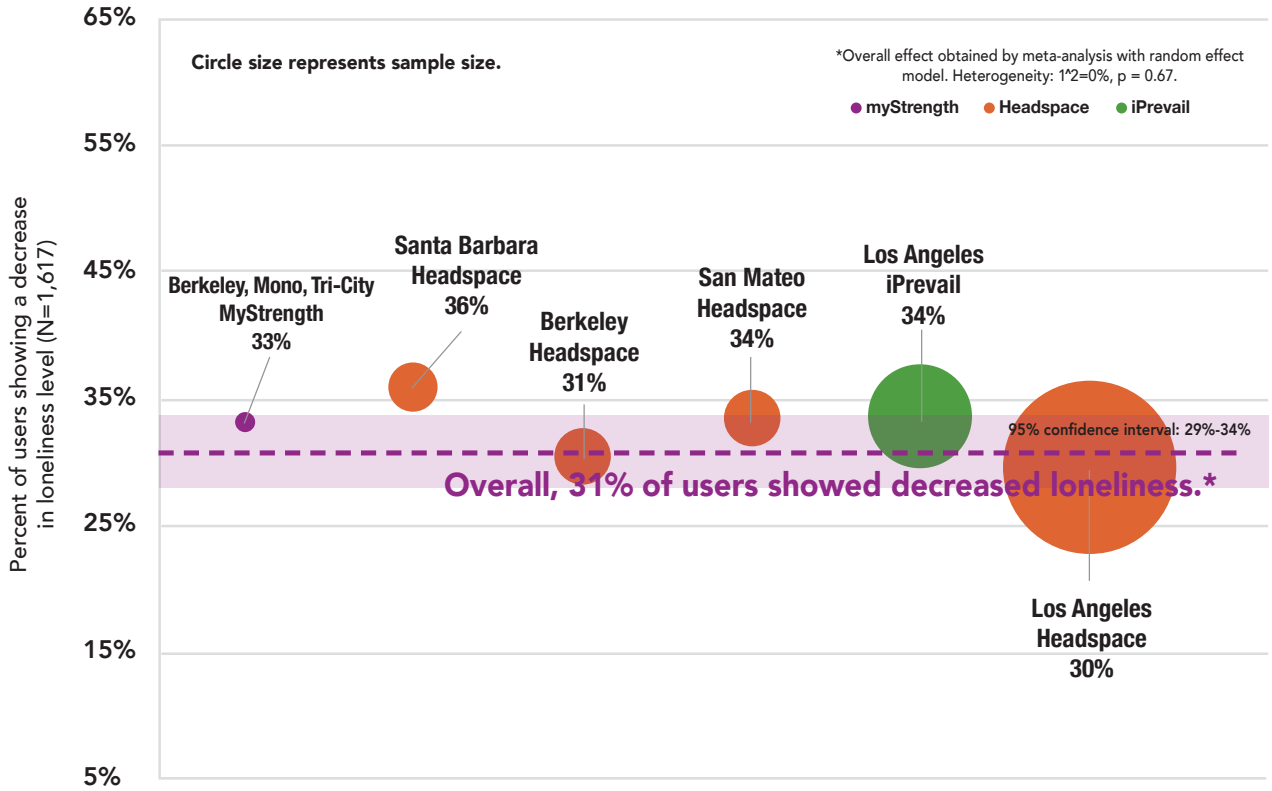
LEARNING OBJECTIVE 4:
Increase purpose, belonging, and social connectedness of individuals served

DECREASED LONELINESS
"In the past 12 months, have you felt: That you lack companionship? Left out? Isolated from others?"

31% of survey respondents reported decreased loneliness

Range by technology: 30% - 34%

Percentage of Survey Respondents from Each Help@Hand County/City Reporting Decreased Loneliness (N=1,617)



Note: Each individual County/City data is represented by its own circle. The percentage below the circle is the percentage of respondents who reported decreases in loneliness among the County/City and the technology tested (e.g., Los Angeles had two technologies tested, Headspace with 30% and iPrevail with 34% of respondents reporting decreases). Note that technologies are distinguished by color (e.g., Los Angeles Headspace is shown in orange and Los Angeles iPrevail is shown in green).

Methods

Loneliness was assessed by responses to the following questions: "In the past 12 months, have you felt a) that you lack companionship; b) left out; and c) isolated from others?" Scores (scaled 1-3) from the three questions were summed to create an individual loneliness score ranging from 3 to 9, where higher scores indicated more loneliness.

Improvement in loneliness was defined as any decrease in an individual's loneliness score between the first and last surveys. Percentage of individuals reporting decreases in loneliness for the specific site-technology pair was operationalized to indicate an improvement in purpose, belonging, and social connectedness.

Help@Hand Counties/Cities, Activities, and Technologies: Summaries and Evaluations

- Help@Hand Counties/Cities
- Help@Hand Activities
- Help@Hand Technologies

HELP@HAND COUNTIES/CITIES

Overview

This section reflects key activities conducted by Help@Hand Counties/Cities and may not include an exhaustive list of all supported technologies and programs. Key activities included the following:

- **City of Berkeley** implemented Headspace and myStrength.
- **Kern County** piloted 7 Cups and Mindstrong. The County also developed and distributed App Guides.
- **Los Angeles County** implemented 7 Cups, Mindstrong, Headspace, iPrevail, and SyntraNet. They also conducted a needs assessment and digital mental health literacy trainings, as well as developed and distributed App Brochures.
- **Marin County's** myStrength pilot included digital literacy classes and distribution of devices. The County also conducted digital literacy workshops and sessions, and offered grants to local organizations to provide digital literacy services.
- **Modoc County** implemented 7 Cups and Mindstrong. They also distributed App Brochures.
- **Mono County** implemented myStrength and distributed App Brochures.
- **Monterey County** developed and implemented WellScreen Monterey, conducted a needs assessment, and offered access to devices to their community.
- **Orange County** piloted and implemented Mindstrong. They also conducted digital literacy workshops.
- **Riverside County** developed and implemented TakemyHand™, as well as piloted A4i and Recovery Record. The County also conducted a needs assessment, developed and distributed App Brochures, offered digital literacy workshops and Appy Hours, distributed devices, installed kiosks, and digitized their Whole Person Health Score tool. In addition, they partnered with Man Therapy and La CLAve on mental health awareness initiatives.
- **San Francisco County** distributed devices as well as offered digital literacy workshops, courses, and office hours through their Tech@Hand program.
- **San Mateo County** piloted and implemented Wysa. They also implemented Headspace, offered digital mental health trainings, distributed devices, and worked on texting capacity for local crisis hotlines and Transition Age Youth (TAY) engagement in behavioral health education and supports through technology.
- **Santa Barbara County** piloted and implemented Headspace. They also developed and distributed App Brochures, distributed devices, and conducted digital literacy trainings, including the Mommy Connecting to Wellness program, Dad Connecting to Wellness program, and Eight Dimensions of Wellness and App workshops. In addition, they partnered with La CLAve to conduct trainings.
- **Tehama County** piloted myStrength, provided access to devices, and offered digital literacy trainings.
- **Tri-City** implemented myStrength, distributed devices, and provided digital literacy workshops and Appy Hours.

BERKELEY MENTAL HEALTH

Mental Health Services Act (MHSA) Innovations (INN) Technology Suite Project Plan

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
124,321	10	11,917.3	30%	99%	1%	$104,716

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

Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*[54]

Priority Issue(s)

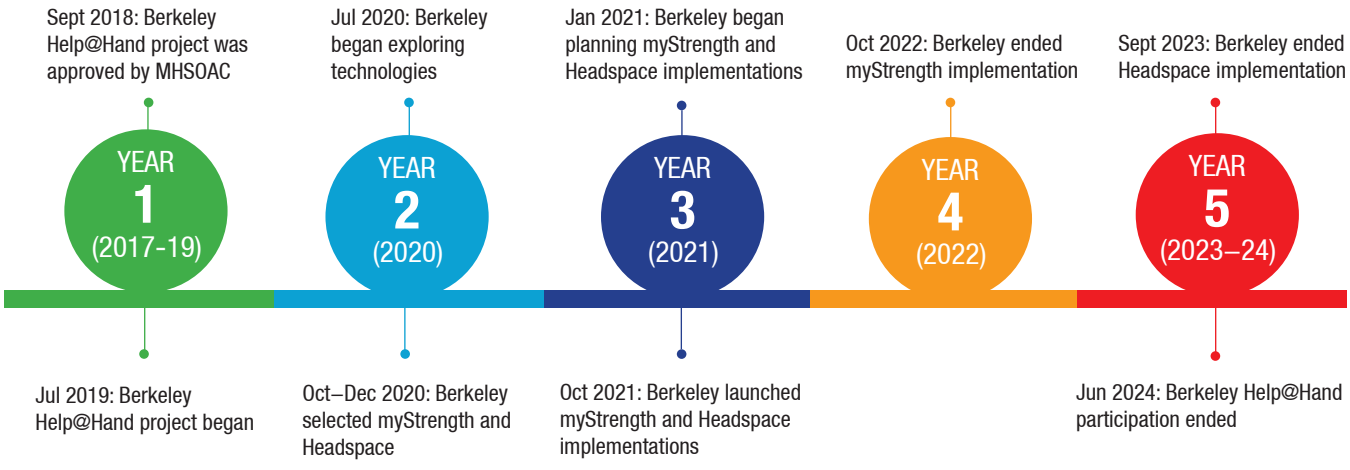
Priority Issue(s) Identified in County/City Proposal	Priority areas included access to/availability of services, coordination of services and transitions, stigma, and youth
Core Audience(s) Identified in County/City Proposal	• Youth and Transition Age Youth (TAY) • Individuals who are not able to access services at Berkeley Mental Health • Socially isolated individuals, including older adults or individuals with disabilities • Those with sub-clinical mental health symptom presentation, including those who may not recognize that they are in the early course of a mental health condition • Those at risk for mental illness or relapse of mental illness • Those experiencing high frequency of inpatient psychiatric care • Current behavioral health clients in need of additional support • Family members of children and adults with mental illness in need of additional support
Project Approval Date/ Start Date/ End Date	September 2018/July 2019/June 2024
Project Budget	$462,916

[54] Berkeley is a city in Alameda County. Percent of population in urban or rural regions reflect Alameda County values, as Berkeley city-level information is not provided in the Census. Alameda County is 99% urban, making it highly probable that Berkeley is urban.

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
Uniper (2020)	• TAY • Isolated Seniors • Communities of color • General populations	X						
HeyPeers (2020)	• TAY • Isolated Seniors • Communities of color • General populations	X						
Dance4Healing (2020)	• TAY • Isolated Seniors • Communities of color • General populations	X						
Headspace (2020–23)	• TAY • Isolated Seniors • Communities of color • General populations	X			X	X		
myStrength (2020–22)	• TAY • Isolated Seniors • Communities of color • General populations	X			X	X		

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Widened population to anyone who lived, worked, or went to school in Berkeley (2020)	Intended to provide additional populations with mental health support during the pandemic	Provided support for community mental health needs during the pandemic
	Expanded technology offerings to the general public (2021)	Increased the number of Headspace licenses to reach additional community members	Served more community members
	Did not focus on those with mental health symptoms or in need of mental health services (2021)	Expanded to reach a larger and general audience	Focused on supporting a broader core audience
Change in Technologies	Pivoted from Peer Chat and Digital Therapeutics to Therapy Avatar and Digital Phenotyping (2019)	Did not fit core audiences	Identified technologies that better fit core audiences
Change in Project Approach	N/A	N/A	N/A
Change in Timeline	Delayed timeline for launching products (2018–21)	Experienced delays in obtaining internal approvals on various aspects of the project due to staff vacancies and in identifying technologies to implement	Delayed technology deployments
Other County/City Specific Changes	N/A	N/A	N/A

Continuation of Project

Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/Activity
Will Not Continue			
myStrength and Headspace	No funding available to continue	County leadership and project team	N/A

Key Strategies to Disseminate Lessons Learned

Report

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Spotlight: City of Berkeley's myStrength and Headspace Evaluation**, page 91
- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations**, page 216
- **Headspace Evaluation**, page 344
- **myStrength Evaluation**, page 418
- **City of Berkeley's Help@Hand Evaluation Final Report**, link to report on page 721

SPOTLIGHT

City of Berkeley's myStrength and Headspace Evaluation

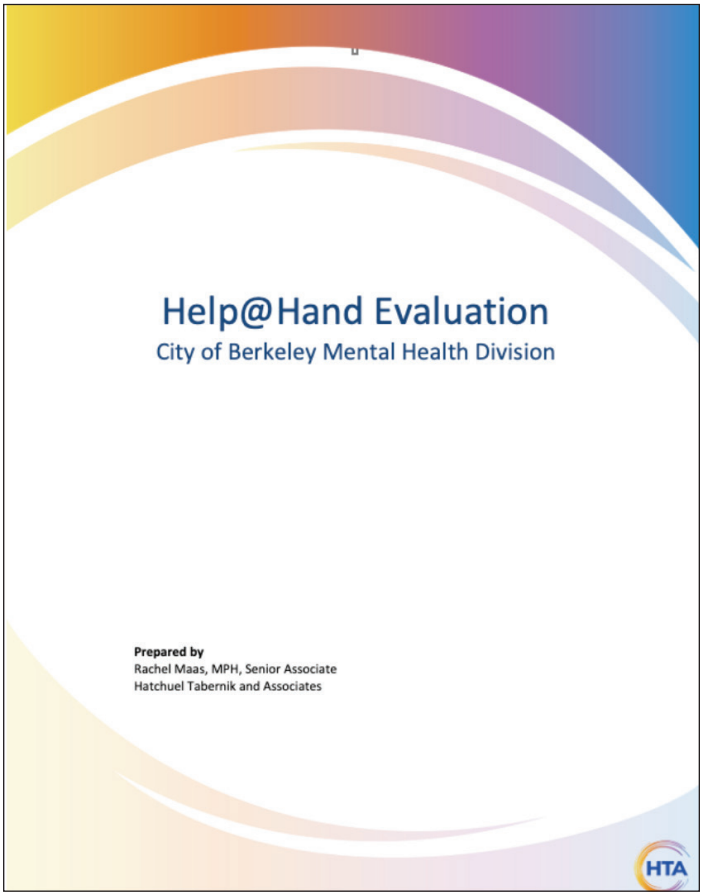
This spotlight was created by the Help@Hand evaluation team to highlight key takeaways from Hatchuel Tabernik and Associates (HTA) Consulting's report of the City of Berkeley's myStrength and Headspace implementations. The full report can be found in Appendix D.

INTRODUCTION

Background

In 2019, the City of Berkeley's Health, Housing and Community Services Department, Mental Health Division was allocated $462,916 for their Help@Hand project. Through their project, the City of Berkeley provided free subscriptions to myStrength and Headspace to support local residents and reduce stigma and barriers to mental healthcare.

Free subscriptions for the apps launched on October 1, 2021. myStrength subscriptions were funded for 13 months (through October 31, 2022), and Headspace subscriptions were funded for 24 months (through September 30, 2023). Overall, 1,720 individuals registered for myStrength subscriptions and 7,328 individuals registered for Headspace subscriptions.



Above: *Screenshot of Hatchuel Tabernik and Associates' City of Berkeley Help@Hand evaluation report*
Source: *Help@Hand Evaluation City of Berkeley Mental Health Division Report. Hatchuel Tabernik and Associates. 2024.*

Evaluation Objectives

The City of Berkeley partnered with Hatchuel Tabernik and Associates' (HTA) Consulting and the Help@Hand evaluation team to conduct a local evaluation to assess the City's implementation and overall effectiveness.

Evaluation Objectives

The evaluation sought to answer the following questions:

1. **Who did the project reach?**
   - Who used codes/downloaded the apps offered? Were there any differences by subpopulations?
   - Did they subsequently access the apps? Were there any differences by subpopulations (ex. age, gender, education, sexuality, income)?
2. **What was the impact on app users' mental health?**
   - Was there a change in stigma around mental health and help-seeking?
   - Was there a change in users' sense of belonging and purpose? Was there a change in users' sense of isolation and social connectedness?
   - Was there a change in users' nervousness, restlessness, depression, or sense of self-worth?
   - Was there a change in users' quality of life (e.g., sleep, physical activity, employment, school involvement)?
3. **What was the impact on app users from specific target populations?**
   - Are there differential impacts by age (specifically youth and Transition Age Youth (TAY), and older adults), race/ethnicity, gender, disability, sexual orientation, or socioeconomic status?

Evaluation Methods

HTA Consulting employed a mixed-methods approach, gathering feedback on myStrength and Headspace through focus groups and qualitative interviews with users. Qualitative data was collected in two phases, coinciding with the end of free subscriptions. Participants were recruited by email to participate in the myStrength evaluation in Winter 2022 and the Headspace evaluation in Winter 2023. Participants were given a $25 gift card for their participation.

Focus group, interview, and app user data was collected and analyzed by HTA. The Help@Hand Headspace pre- and post-surveys were collected and analyzed by the Help@Hand evaluation team. The table below summarizes the evaluation activities conducted and analyzed throughout the project.

myStrength	Headspace
60-minute virtual focus group (N=4)	60-minute virtual focus group (N=2)
30-minute phone interviews (N=2)	30-minute phone interviews (N=6)
App user data (N=1,720)[55]	App user data[56]
-	Help@Hand Headspace surveys (N=275)

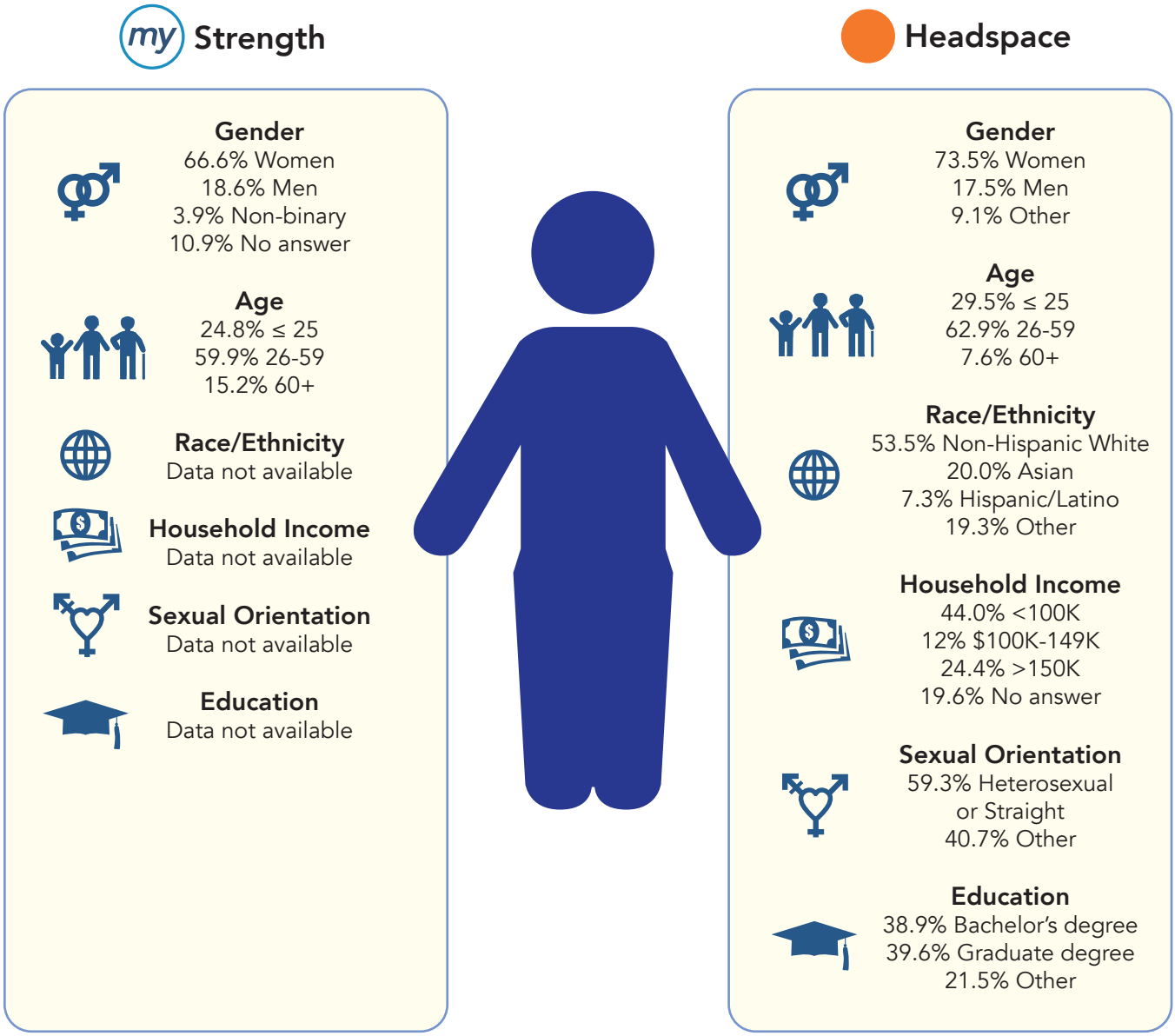
[55] App user data for myStrength included demographics, frequency of use, most commonly used app features, and outcome data where possible.
[56] App user data for Headspace included frequency of use, most commonly used app features, and outcome data where possible. N not reported.

EVALUATION FINDINGS

Evaluation Question 1: Who did the project reach?

Demographics[57,58]

The majority of Headspace users were women (73.5%), with the highest proportion being between the ages of 26-59 years, and most identified as Non-Hispanic White. Women and individuals aged 26-59 years were similarly overrepresented among myStrength users.



Above: *myStrength and Headspace demographics*
Source: *Help@Hand Evaluation City of Berkeley Mental Health Division Report. Hatchuel Tabernik and Associates. 2024.*

[57] Headspace did not provide demographic data for all Berkeley Help@Hand Headspace users. Some demographic data was obtained through the Help@Hand Headspace surveys (N=275). Demographic data for myStrength was attained through app user data (N=1,720).

[58] Ages were calculated from birth year. To distribute ages without exact birthdates, all users were assigned a birthdate of July 1st.

Engagement Rate and Use

Focus group and interview participants noted that they discovered the apps through school, work, social media, or online searches, and most downloaded the apps due to a need for support during a stressful period. They appreciated the accessibility and free nature of the program.

Engagement rates were highest in the first few months of the program and waned over time, with no significant differences found by age or gender.

myStrength	Headspace
• The average number of log-ins per user was 2.81 • 10.9% of users logged into the app five or more times • 53.1% of users only logged into the app once	• The average monthly engagement rate was 25%; however, engagement decreased from the first quarter (51%) to the final quarter (9%) • Self-reported 'daily' or 'several times a week' usage decreased from the Help@Hand Headspace pre-survey (66.8%) to post-survey (60.2%)

Source: *myStrength and Headspace app user data, Help@Hand Headspace surveys*

Sleep features and meditation and mindfulness exercises were the most popular features reported by myStrength and Headspace users during interviews and focus groups. Daily check-ins and topic-specific modules were also mentioned as useful tools. However, app usage data demonstrated the following most accessed courses and programs among myStrength and Headspace users:

myStrength	Headspace
Top 5 Wellness Programs Accessed (% of all users)	*Top 5 Courses Accessed (% of all course sessions)*
1. PTSD (25.3%) 2. Insomnia (15.5%) 3. Anxiety (13.8%) 4. Mindfulness and Stress Reduction (9.4%) 5. Depression (7.0%)	1. Managing Anxiety (75.2%) 2. Basics (10.8%) 3. Letting Go of Stress (9.3%) 4. Basics 2 (5.3%) 5. Sleep (4.2%)

Source: *myStrength and Headspace app user data*

Users' Perceptions of the Apps

Most focus group and interview participants valued the program and wished it continued, emphasizing that free access was crucial to their continued use and noting that even a small monthly fee might have prevented them from using the apps.

> *"How important this is to offer and continue to offer; I think it was incredibly valuable to me and could be incredibly valuable to others. I hope Berkeley continues; I can't emphasize that enough… And I would not have downloaded if it were just discounted-the fact that it was free."*
> – myStrength focus group

> *"It's been super impactful and I'm super grateful that I've been able to access it for free, because I wouldn't have paid for it, even though I should pay for it because it's super helpful."*
> – Headspace interview

Focus group and interview participants suggested that reminders, a calendar feature, and clearer data policies could enhance usability. Some expressed that the apps were less effective without personalized accountability.

> *"To be honest, I started therapy somewhere in the middle of using…I found that more effective and it held me accountable in a weird way. The app can feel impersonal and passive in a way."*
> – myStrength focus group

Evaluation Question 2: What was the impact on app users' mental health?

Mental Health and Help-Seeking Stigma

Focus groups and interviews with myStrength and Headspace participants asked about their opinions regarding using a mental health app. The majority of participants did not hesitate to download the apps.

While mental health stigma was not mentioned during focus groups and interviews as a reason to not download the app, Help@Hand Headspace survey responses showed a slight increase in the perception that mental health challenges reflected personal weakness. This may indicate a slight increase in stigma among Headspace users.

Changes in Stigma Reported in Help@Hand Headspace Surveys (N=275)

	Help@Hand Headspace Pre-Survey Average	Help@Hand Headspace Post-Survey Average
Please rate the extent to which you agree or disagree using a scale from Strongly disagree (1) to Strongly agree (5).		
Being around people who don't have mental health challenges makes me feel out of place or inadequate.	2.7	2.7
Most people believe that having mental health challenges is a sign of personal weakness.	2.7*	3.0*

*Indicate significant differences between Help@Hand Headspace pre-survey and post-survey responses based on a paired sample t-test.

Impact on Wellbeing

Focus groups and interviews with myStrength and Headspace participants asked about the impact of app use on their mental health, physical health, and broader wellbeing (e.g., work life, school life).

Participants reported that the apps were helpful in addressing anxiety, stress, and sleep issues.

> *"I guess it makes me more aware. It brings mindfulness to my daily life, and with that I've definitely noticed that my anxiety levels have reduced."*
> – Headspace interview

> *"I can see my problem, and I can solve my problem by myself, without asking for a specialist…This app helps for some people who are struggling to control their mood, light level of mental health."*
> – myStrength interview

Several participants noted the apps improved their work or school lives and reduced associated stressors.

> *"It has a positive effect on school because I mostly get anxiety because of schoolwork in the first place, and so using the Headspace app and the breathing exercises has had a positive effect on reducing my anxiety level."*
> – Headspace interview

> *"It feels as if our staff is always on fire. This app encouraged me to take breaks more frequently… It helped me to have a healthier relationship with my work."*
> – myStrength interview

Impact of Headspace Over Time

Help@Hand Headspace survey participants were asked questions to determine the impact of Headspace over time. Over time, there was a significant decline in the perceived ease of fitting Headspace into the user's everyday life, the usefulness of Headspace in daily life, and improvement in mental health and wellness.

Headspace Impact Over Time Reported in Help@Hand Headspace Surveys (N=275)

	Help@Hand Headspace Pre-Survey Average	Help@Hand Headspace Post-Survey Average
Please rate the extent to which you agree or disagree using a scale from Strongly disagree (1) to Strongly agree (5)		
It is easy to fit Headspace into my everyday life and activities.*	4.30*	4.17*
I find Headspace useful in my daily life.*	3.88*	3.71*
Using Headspace improves my mental health and wellness.*	4.31*	4.14*
Using Headspace makes me feel like I have more support when I am feeling down.	3.77	3.63
Using Headspace makes me feel like I have more support when I am stressed.	3.84	3.72
Using Headspaces helps me feel more confident seeking mental health and wellness services (such as therapy or counseling).	3.46	3.34
I currently use Headspace to support my wellness in between ther-apy sessions.	3.68	3.55
I think Headspace is easy to use.	4.38	4.50
Headspace values and respects cultural differences.	3.97	3.97

*Indicate significant differences between Help@Hand Headspace pre-survey and post-survey responses based on a paired sample t-test.

Evaluation Question 3: What was the impact on app users from specific target populations?

Analyses taken from Help@Hand Headspace survey responses were used to measure if there were any differences in the impact of Headspace by gender and/or age.

Impact of Headspace by Gender

As seen in the table below, there were not significant differences in impact based on gender.

Headspace Impact by Gender Reported in Help@Hand Headspace Surveys (N=275)

	Averages by Gender		
	Men	Women	Other
Please rate the extent to which you agree or disagree using a scale from Strongly disagree (1) to Strongly agree (5).			
It is easy to fit Headspace into my everyday life and activities.	3.98	4.22	4.00
I find Headspace useful in my daily life.	3.84	3.90	3.86
Using Headspace improves my mental health and wellness.	4.09	4.36	4.29
Using Headspace makes me feel like I have more support when I am feeling down.	3.78	3.88	4.24
Using Headspace makes me feel like I have more support when I am stressed.	3.88	3.99	4.14
Using Headspaces helps me feel more confident seeking mental health and wellness services (such as therapy or counseling).	3.44	3.52	3.68
I currently use Headspace to support my wellness in between therapy sessions.	3.38	3.43	4.33
I think Headspace is easy to use.	4.37	4.50	4.33
Headspace values and respects cultural differences.	3.80	3.87	3.95

*Indicate significant differences between Help@Hand Headspace pre-survey and post-survey responses based on a one-way ANOVA test.

Impact of Headspace by Age

Help@Hand Headspace survey responses indicated significant differences by age, with younger users reporting a more positive experience and finding the app more helpful for their mental health, as seen in the table below.

Headspace Impact by Age Reported in Help@Hand Headspace Surveys (N=275).

	Averages by Age		
	≤ 25 years	26-59 years	60+ years
Please rate the extent to which you agree or disagree using a scale from Strongly disagree (1) to Strongly agree (5).			
It is easy to fit Headspace into my everyday life and activities.	4.15	4.18	4.05
I find Headspace useful in my daily life.*	4.12	3.83	3.52
Using Headspace improves my mental health and wellness.*	4.30	4.40	3.57
Using Headspace makes me feel like I have more support when I am feeling down.	3.99	3.89	3.55
Using Headspace makes me feel like I have more support when I am stressed.	4.03	4.01	3.68
Using Headspaces helps me feel more confident seeking mental health and wellness services (such as therapy or counseling).*	3.79	3.47	2.95
I currently use Headspace to support my wellness in between therapy sessions.*	3.58	3.63	2.14
I think Headspace is easy to use.*	4.53	4.52	3.86
Headspace values and respects cultural differ-ences.*	4.01	3.86	3.38

*Indicate significant differences between Help@Hand Headspace pre-survey and post-survey responses based on a one-way ANOVA test.

CONCLUSIONS AND LEARNINGS

The City of Berkeley's myStrength and Headspace implementations engaged over 9,000 residents, with 1,720 individuals registering for myStrength and 7,328 individuals registering for Headspace. The local evaluation, conducted in partnership with HTA Consulting and the Help@Hand evaluation team, reported the following learnings:

- **Demographics.** For both myStrength and Headspace, participants were racially and ethnically representative of the City of Berkeley. The majority of users for both apps also identified as women and were aged 26-59 years.
- **Engagement.** App engagement waned over time and the majority of people who registered for the apps used them less than a handful of times. However, a considerable portion of individuals were active users, using the apps several times a week or more.
- **Impact.** Participants valued the apps for their ability to address anxiety, stress, and sleep concerns. Active users reported positive outcomes, including improved mental health and well-being. Focus group and interview participants noted the apps helped reduce their anxiety and stress levels, improve their sleep, and show up to work or school in a healthier way.
- **Access.** Focus group, interview, and Help@Hand Headspace survey participants also noted the importance of offering continued free access to these apps, as even small fees could deter use.
- **Recommendations.** Future iterations of the program should consider retaining subscriptions only for active users and canceling subscriptions for inactive users to optimize costs.

KERN BEHAVIORAL HEALTH & RECOVERY SERVICES (KERNBHRS)

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

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
909,235	8,135	111.8	45%	87%	13%	$63,883

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

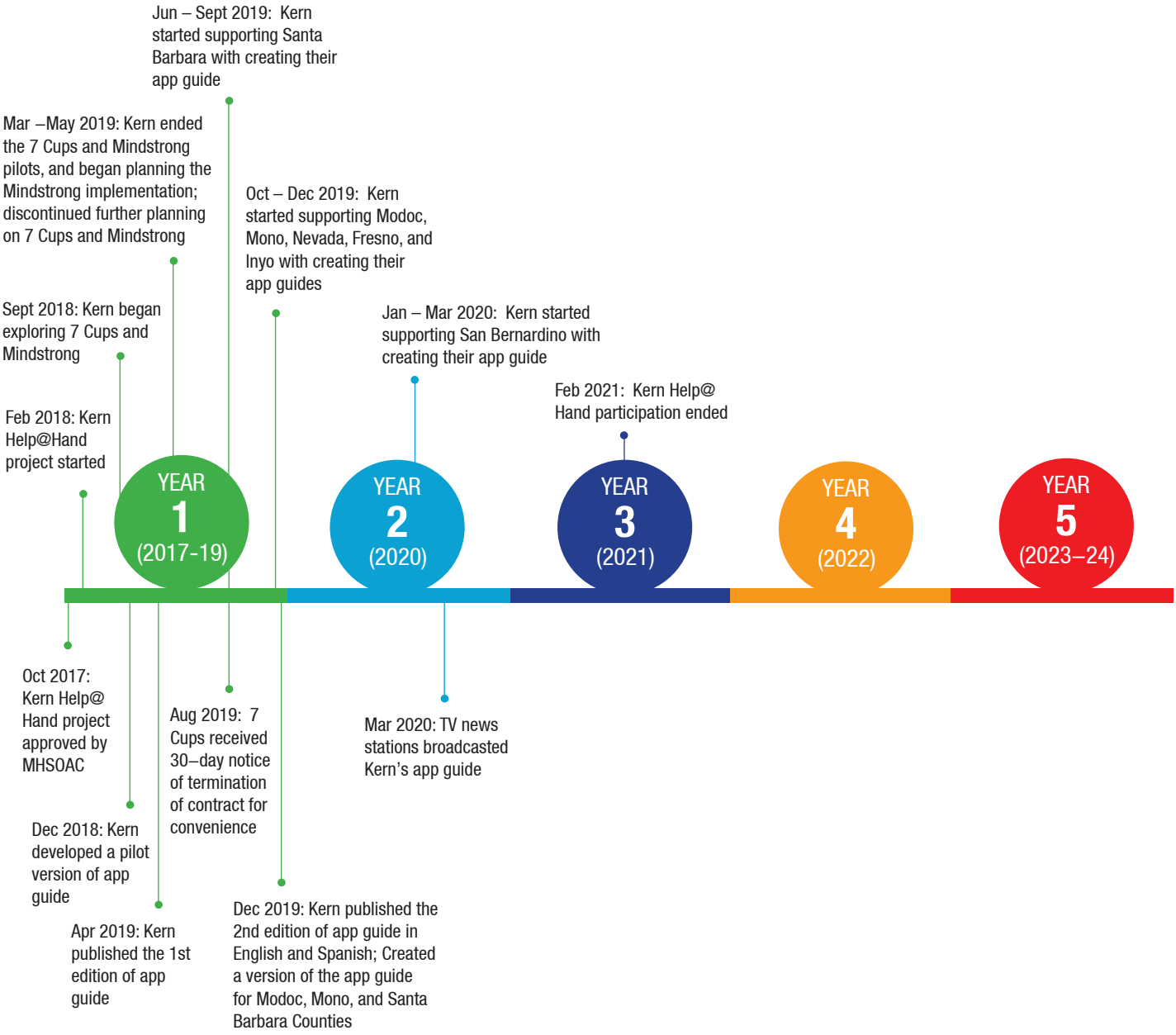
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	Increase access to mental health services to underserved groups
Core Audience(s) Identified in County/City Proposal	• Those with sub-clinical mental health symptom presentation, including those who may not recognize that they are in the early course of a mental health condition • Those at risk for mental illness or relapse of mental illness • Socially isolated individuals, including older adults • Those experiencing high frequency of inpatient psychiatric care • Current behavioral health clients in need of additional support • Family members of children and adults with mental illness in need of additional support
Project Approval Date/ Start Date/ End Date	October 2017/February 2018/February 2021
Project Budget	$2,000,000

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
7 Cups (2018–19)	• Clients with serious mental illness	X	X	X				
Mindstrong (2018–19)	• Clients with serious mental illness	X	X	X	X			
App Guides (2018–20)	• Clients with serious mental illness • Kern County Residents						X	X

Key Project Milestones



Project Changes

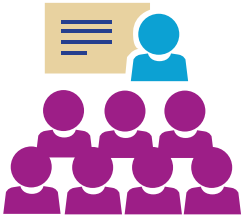
	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Expanded offerings to County residents (2019)	Produced an app guide which was appropriate to a broader audience	Reached larger audience
Change in Technologies	Discontinued 7 Cups (2019)	Determined 7 Cups did not fit core audiences	Focused efforts on app guide
	Discontinued Mindstrong (2019)	Determined Mindstrong did not fit core audiences and Mindstrong announced a programmatic pause	Focused efforts on app guide
Change in Project Approach	Broadened project to include app guide (2018–20)	Wanted to create a practical product for the project	Increased efforts were made to create the app guide
Change in Timeline	Delayed timeline (2018)	Had difficulty selecting technology that was available and best fit for core audience	Delayed technology selection and deployment
Other County/City Specific Changes	N/A	N/A	N/A

Continuation of Project

Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/Activity
Will Continue			
App Guides	App guides will continue to be available on the KernBHRS website	Not specified	N/A
Will Not Continue			
7 Cups and Mindstrong	Poor fit for core audience	Not specified	N/A

Key Strategies to Disseminate Lessons Learned

Report



Meetings

Academic Journal Article

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations**, page 216
- **App Guides/Brochures**, page 220
- **7 Cups Evaluation**, page 302
- **Mindstrong Evaluation**, page 381
- **Kern County's INN Tech Suite (Help@Hand) Final Report**, link to report on page 721
- **Kern County and Help@Hand Evaluation Team's Guide to Behavioral Health Apps**, link to journal article on page 721

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (LACDMH)

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

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

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

Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

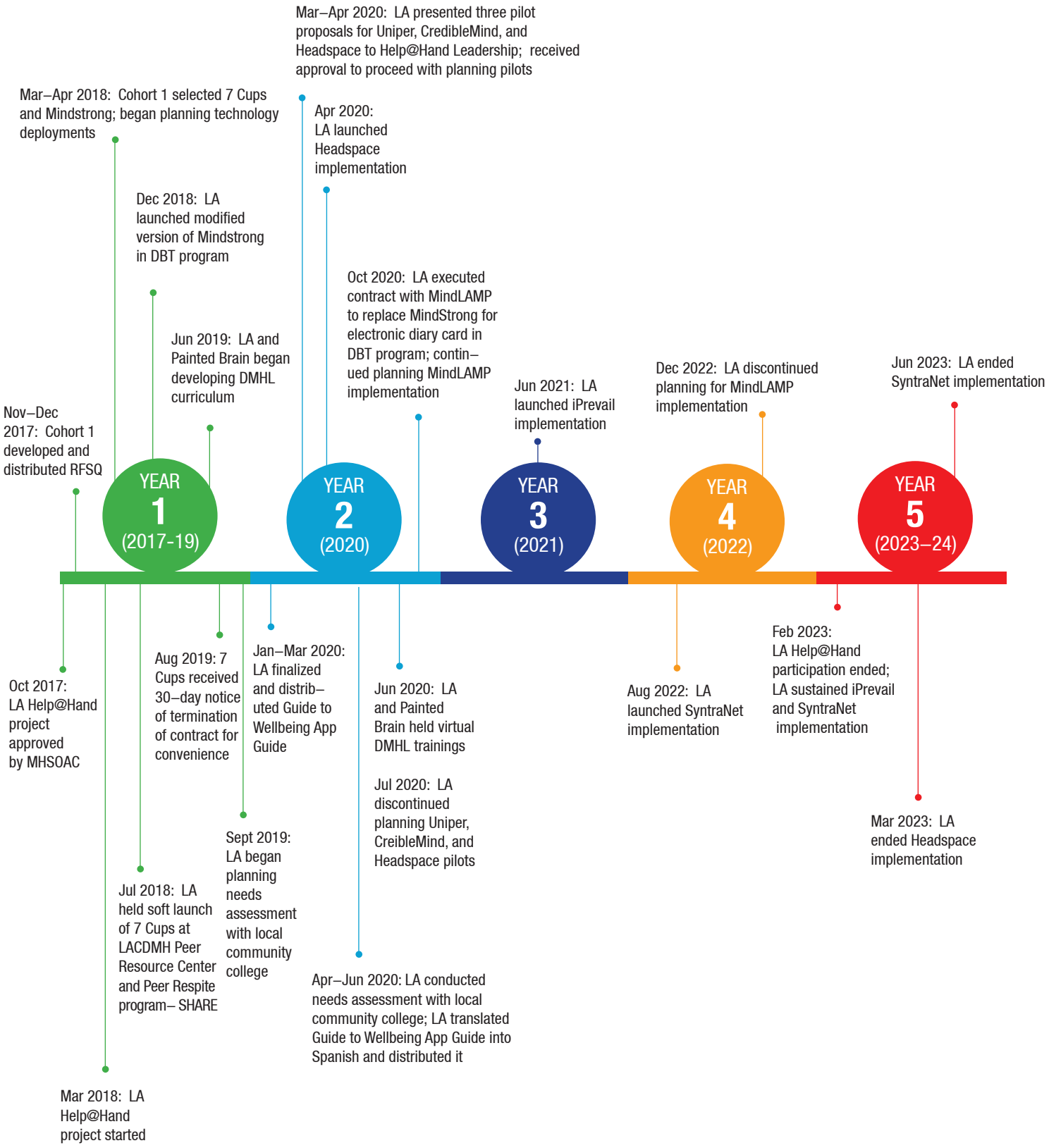
Priority Issue(s)

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

Project Activities During the Innovation Project

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

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Expanded technology offerings to general public (2020–23)	Recognized impact of COVID–19 on mental health of community	Intended to serve more com–munity members, particularly those affected by COVID–19
	Expanded technology offering to County providers (2021–23)	Needed to address technology needs of workforce	Offered resource for County providers that may improve their workflows
Change in Technologies	Pivoted from passive data technol–ogy to other technologies (2019)	Passive data technology did not fit core audiences	Had to find technologies that better fit core audiences, including addressing their mental health needs as a result of COVID–19
	Modified Mindstrong Health app (e.g., added digital DBT diary card) for DBT program (2018–19)	Explored digital options because clients frequently did not complete paper diary cards	Supported DBT clients
	Headspace, CredibleMind, and Uniper pilots no longer pursued (2020)	COVID–19 impacted discontinuation of pilots	Allocated resources and focused efforts on Headspace implementation
	Transitioned from modified Mind–strong to MindLAMP (2020)	• Mindstrong changed its busi–ness model to only support the full Mindstrong Care product line (not the DBT diary cards) • LACDMH wanted to manage a product in–house in order to easily make customizations that met clients' and County's needs	Aimed to meet increased needs of clients receiving DBT
	Discontinued planning MindLAMP implementation (2022)	Implementation challenges	Focused efforts on other implementations
Change in Project Approach	Considered piloting technologies with a small group (2020)	Approach agreed upon by Help@Hand Collaborative	Strategically used staff and resources for effective implementation
	Broadened project to include digital mental health literacy trainings (2019–20)	Learned core audiences needed help accessing and using technology	Improved access and use of technology among core audience
	Developed and distributed App Brochures (2019)	Recognized need to provide more resources to community through a Peer–engaged approach	Increased awareness of resources for the community to access
	Conducted needs assessment with community college students (2021)	Needed to learn more about the needs of this core audience	Appropriately planned efforts that met needs of the core audience
Change in Timeline	Delayed timeline (2019–21)	• Pivoted from Peer chat technology and passive data technology (2019) • Did not have capacity to support pilot projects as a result of COVID–19 (2020)	Delayed technology deployments
Other County/City Specific Changes	Changes in Tech Lead/Project Manager (2019–21)	Staff changes	

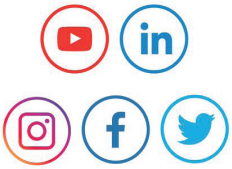
Continuation of Project

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

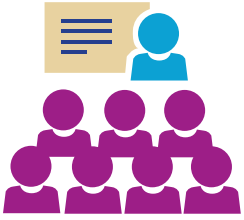
Key Strategies to Disseminate Lessons Learned

Report

Website



Social Media



Meetings

Presentations

Community Events

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Needs Assessments**, page 186
- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations**, page 216
- **App Guides/Brochures**, page 220
- **Digital (Mental Health) Literacy Trainings**, page 232
- **Headspace Evaluation**, page 344
- **iPrevail Evaluation**, page 367
- **Mindstrong Evaluation**, page 381
- **SyntraNet Evaluation**, page 476
- **Los Angeles County's Needs Assessment with Community College Students Report**, link to report on page 721

MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS)

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

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

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

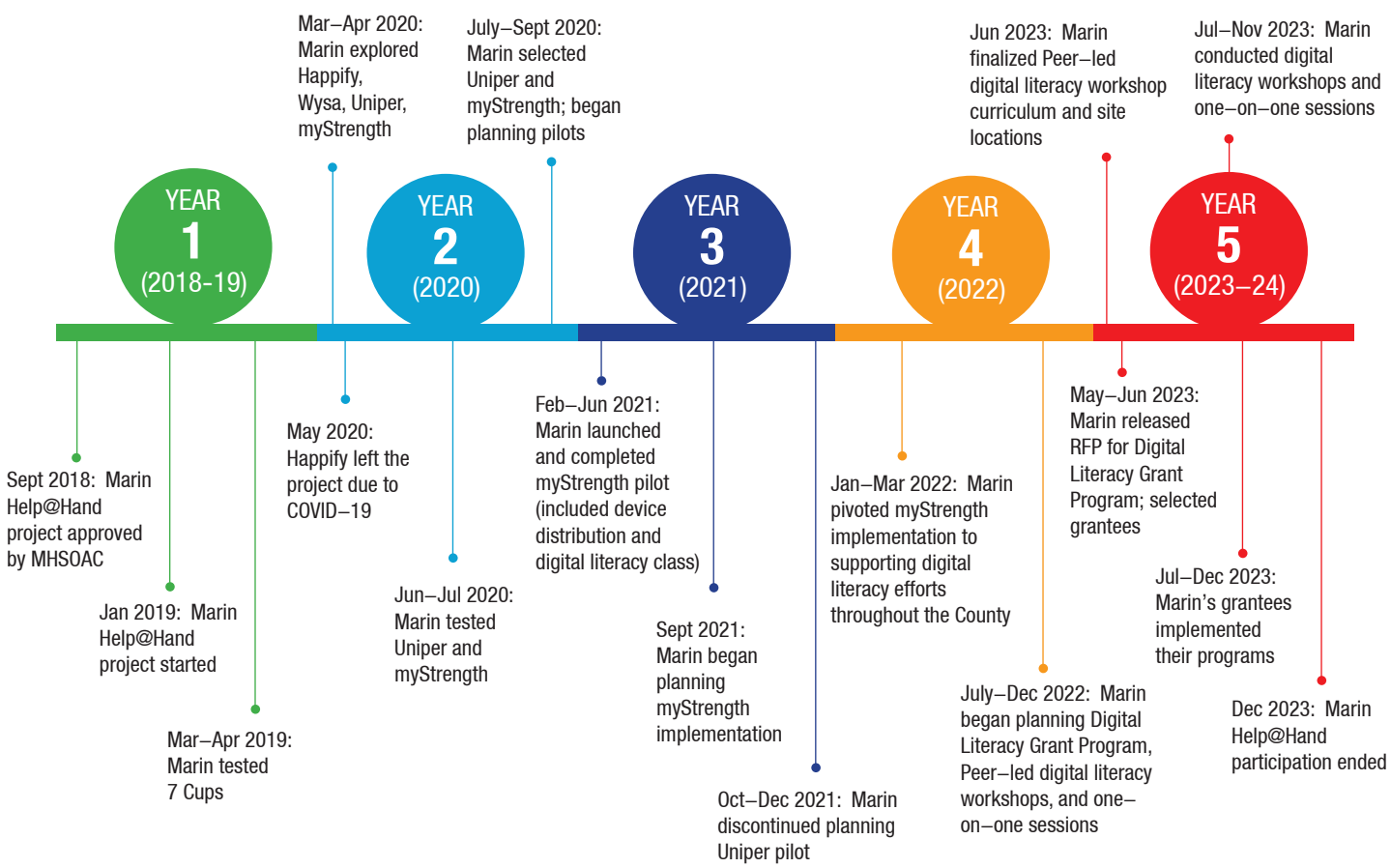
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

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

Project Activities During the Innovation Project

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

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Narrowed core audience to only older adults (2020)	In response to community feedback sessions emphasizing the importance of supporting the isolation and connectedness of the older adult community. This change focused on increasing digital literacy to enhance access to mental health services and support, and addressing crucial needs identified within the older community in Marin County	Focused efforts
Change in Technologies	Pivoted from 7 Cups and consid–ered other technologies (2019)	7 Cups not a fit for core audience	Had to find technologies that better fit core audiences
	Uniper pilot no longer pursued (2021)	Limited staffing capacity	Allocated resources and focused efforts on myStrength pilot
	Pivoted from broadly implement–ing myStrength (2022)	Advisory Committee advocated exploring how to integrate lessons learned from myStrength pilot with larger County initiatives on digital literacy and mental health needs of the most isolated older adults	Increased digital literacy support for core audience
	Pivoted to test/pilot with a small group before any implementation (2020)	Learned of the importance of such an approach	Strategically used staff and resources for effective imple–mentation
Change in Project Approach	Broadened project to include digital literacy and device distribution efforts (2020)	Learned core audiences had limited access to devices and differing levels of digital literacy	Improved engagement in the project
Change in Timeline	Delayed timeline (2019–20)	• Pivoted from 7 Cups (2019) • Pivoted to test/pilot with a small group before implementation (2020)	Delayed technology selection and implementation
Other County/City Specific Changes	Change in Tech Lead and Peer Support Specialist (2019–23)	High staff turnover	Delayed timeline
	Hired a new program supervisor to oversee the Help@Hand project. Recruited a new Tech Lead and Peer Counselor (2022)	Staff turnover	New program supervisor, Tech Lead, and Peer Counselor revived the project, providing fresh energy and focus into the project and approaching goals with renewed vigor and direction.

Continuation of Project

Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Not Continue			
myStrength	Pivoted from implementing myStrength to supporting digital literacy efforts throughout County	Advisory Committee	N/A
Device Distribution	Offered only during myStrength pilot	Advisory Committee	N/A
Digital Literacy Class	Offered only during myStrength pilot	Advisory Committee	N/A
Marin County BHRS' Digital Literacy Grant Program	Ceased due to the program's conclusion. However, digital literacy efforts were sustained through community–based organizations and alternative funding sources	Advisory Committee	N/A
Digital Literacy Workshops and One-on-One Sessions	Ceased due to the program's conclusion. However, digital literacy efforts were sustained through community–based organizations and alternative funding sources	Advisory Committee	N/A

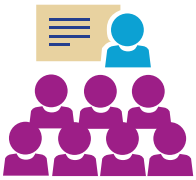
Key Strategies to Disseminate Lessons Learned

Report

Website

Academic Journal Article

Community Events



Meetings

Presentations

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations,** page 216
- **Device Distribution and Access,** page 225
- **Digital (Mental Health) Literacy Trainings,** page 232
- **Marin County's Digital Literacy Training Evaluation,** page 234
- **Marin County Digital Literacy Grant Program Evaluation,** page 247
- **myStrength Evaluation,** page 418
- **Uniper/Unipercare Evaluation,** page 493
- **Marin County's myStrength Pilot Report**, link to report on page 721

MODOC COUNTY BEHAVIORAL HEALTH (MCBH)

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

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
8,700	3,948	2.2	11%	0%	100%	$54,962

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

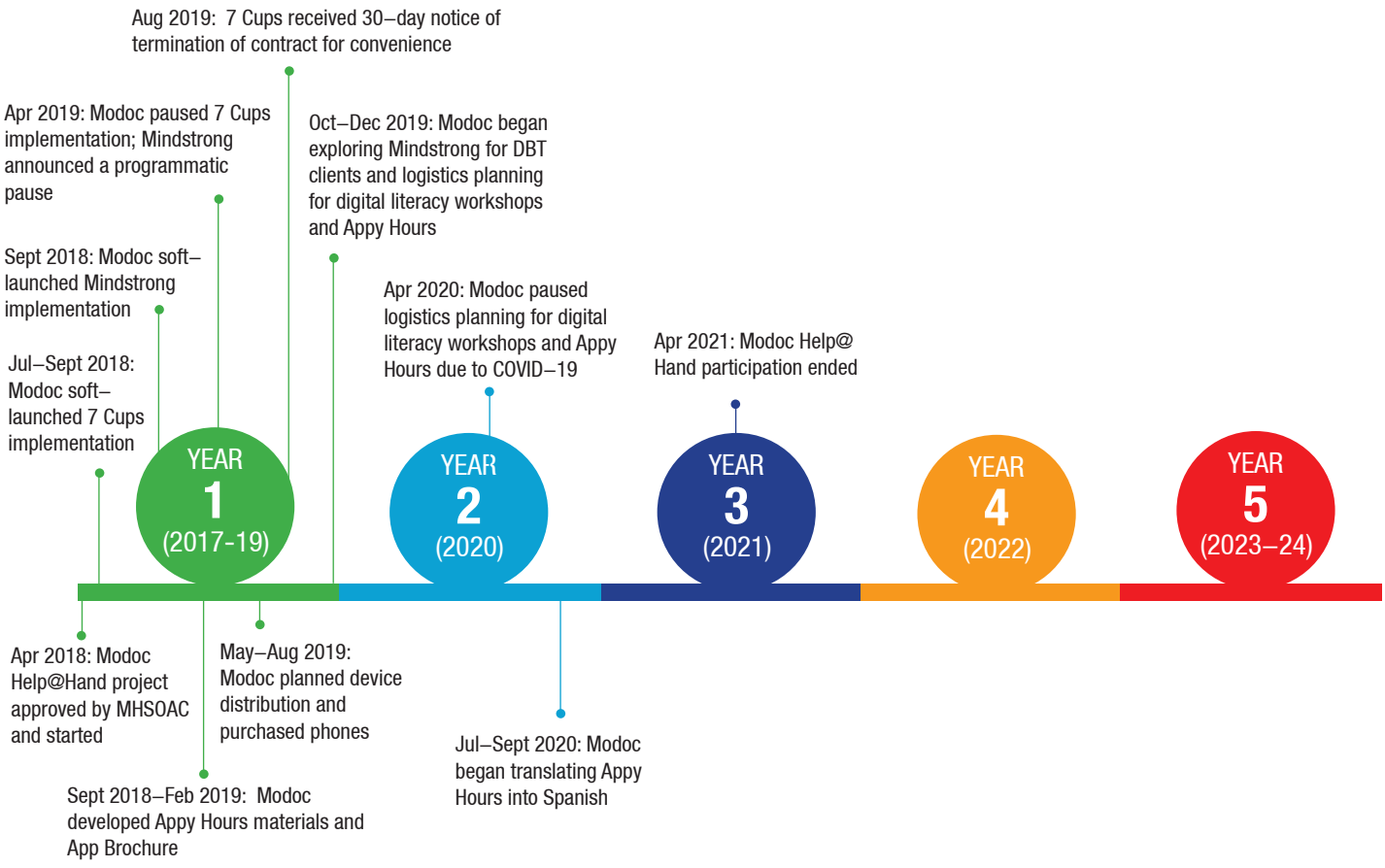
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	• A need to develop alternative pathways for accessing social support and services due to identified barriers (e.g., isolation and lack of social support, stigma, privacy concerns, discomfort with traditional modalities) • A need to improve the identification and monitoring of early mental illness onset and personal wellness
Core Audience(s) Identified in County/City Proposal	• Individuals with sub-clinical mental health symptom presentation, including those who may not recognize that they are in the early course of a mental health condition • Individuals at risk for mental illness or relapse of mental illness • Socially isolated individuals, including older adults • Individuals experiencing high frequency of inpatient psychiatric care • Current behavioral health clients in need of additional support • Family members of children and adults with mental illness in need of additional support
Project Approval Date/ Start Date/ End Date	April 2018/April 2018/April 2021
Project Budget	$270,000

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
7 Cups (2018–19)	• MCBH clients • County residents	X			X	X		
Mindstrong (2018–19)	• Current clients • County residents	X			X	X		
Device Distribution (2019–20)	• Those in Mindstrong implementation						X	
Digital Literacy Training and Appy Hours (2019–20)	• MCBH clients • County residents						X	
App Brochure (2019–20)	• MCBH clients • County residents						X	X

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Expanded technology offerings to general public (2018)	Sought to reach more people	Aimed to serve more people who could benefit from the technologies
Change in Technologies	7 Cups implementation no longer pursued (2019)	Identified that 7 Cups did not fit core audiences	Focused efforts on other activities
	Mindstrong implementation no longer pursued (2020)	Partnership with Mindstrong did not materialize due to economies of scale	Focused efforts on other activities
Change in Project Approach	Did not distribute devices (2019–20)	There were no active pilots or implementations	Devices were not distributed to participants
	Broadened project to include digital literacy training and Appy Hours (2019–20)	Learned core audiences needed help accessing and using technology	Developed training materials to improve digital health literacy among core audience
	Broadened project to include App Brochure (2019–20)	Sought to increase awareness of the project	Aimed to increase awareness of project
Change in Timeline	Delayed timeline (2019–20)	• Technology exploration was delayed due to changes in Help@Hand's app selection process (2019) • Digital literacy trainings and Appy Hours were delayed due to COVID–19 (2020)	Delayed and/or paused technology selection and digital literacy activities
Other County/City Specific Changes	N/A	N/A	N/A

Continuation of Project

Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/Activity
Will Continue			
Digital Literacy Training and Appy Hours	Stakeholders considered it highly important and County Peers developed their own Appy Hour classes for clients	Peers, staff, and other stakeholders	Not specified
App Brochure	Stakeholders considered it highly important	Peers, staff, and other stakeholders	Not specified
Will Not Continue			
7 Cups	Poor fit for core audience	Not specified	N/A
Mindstrong	Partnership with Mindstrong did not materialize due to economies of scale	Not specified	N/A

Key Strategies to Disseminate Lessons Learned

Report

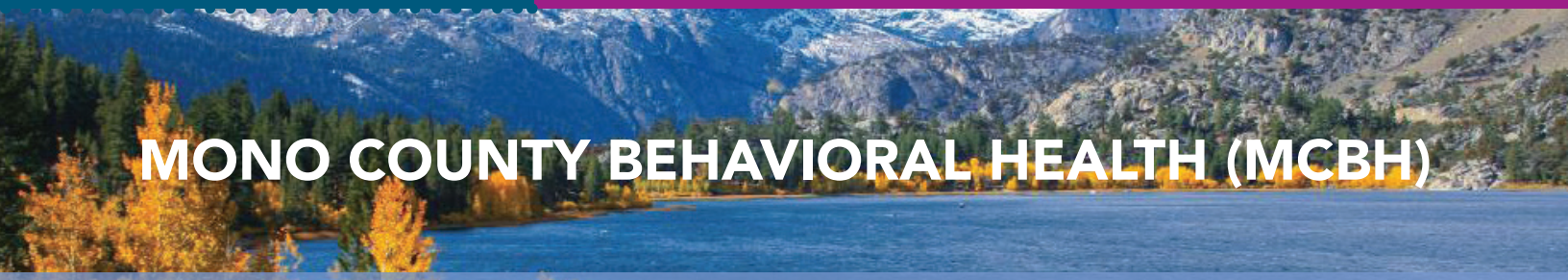
Website

Presentations

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations**, page 216
- **App Guides/Brochures**, page 220
- **Device Distribution and Access**, page 225
- **Digital (Mental Health) Literacy Trainings**, page 232
- **7 Cups Evaluation**, page 302
- **Mindstrong Evaluation**, page 381
- **Modoc County's INN Tech Suite (Help@Hand) Final Report**, link to report on page 721



MONO COUNTY BEHAVIORAL HEALTH (MCBH)

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

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

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

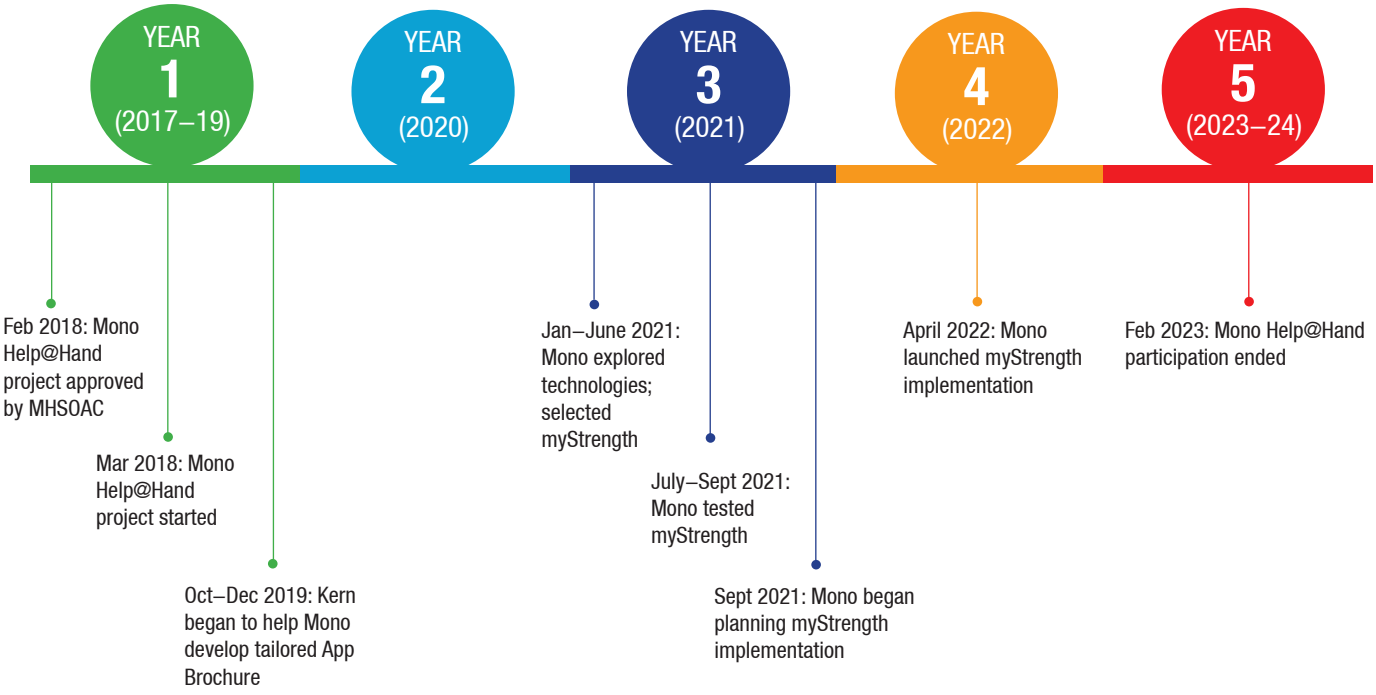
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	• Reduce isolation among those who lack social support/engagement • Increase access to mental health services • Identify onset of mental illness sooner among Transition Age Youth (TAY)
Core Audience(s) Identified in County/City Proposal	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes
Project Approval Date/ Start Date/ End Date	February 2018/March 2018/February 2023
Project Budget	$85,000

Project Activities During the Innovation Project

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

Key Project Milestones



Project Changes

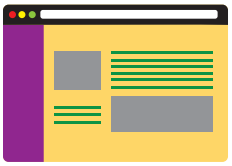
	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences 	Narrowed isolated individuals to isolated seniors (2021)	During COVID–19, isolated seniors were a high risk group and reluctant to re–engage with the world. The core audience was modified to support this community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

Continuation of Project

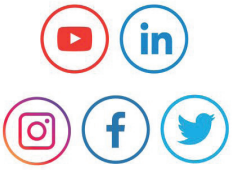
Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Not Continue			
App Brochure	Did not proceed with project and therefore App Brochure was no longer needed	N/A	N/A
myStrength	Too expensive (e.g., the minimum number of myStrength licenses required to purchase exceeded the number of licenses needed)	Advisory Board	N/A

Key Strategies to Disseminate Lessons Learned

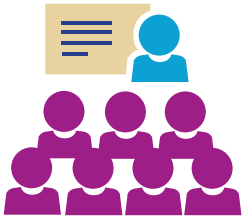
Report



Website



Social Media



Meetings

Presentations

Community Events

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations,** page 216
- **App Guides/Brochures,** page 220
- **myStrength Evaluation,** page 418

MONTEREY COUNTY BEHAVIORAL HEALTH SERVICES (MCBH)

INN-02: Screening to Timely Assessment

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

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

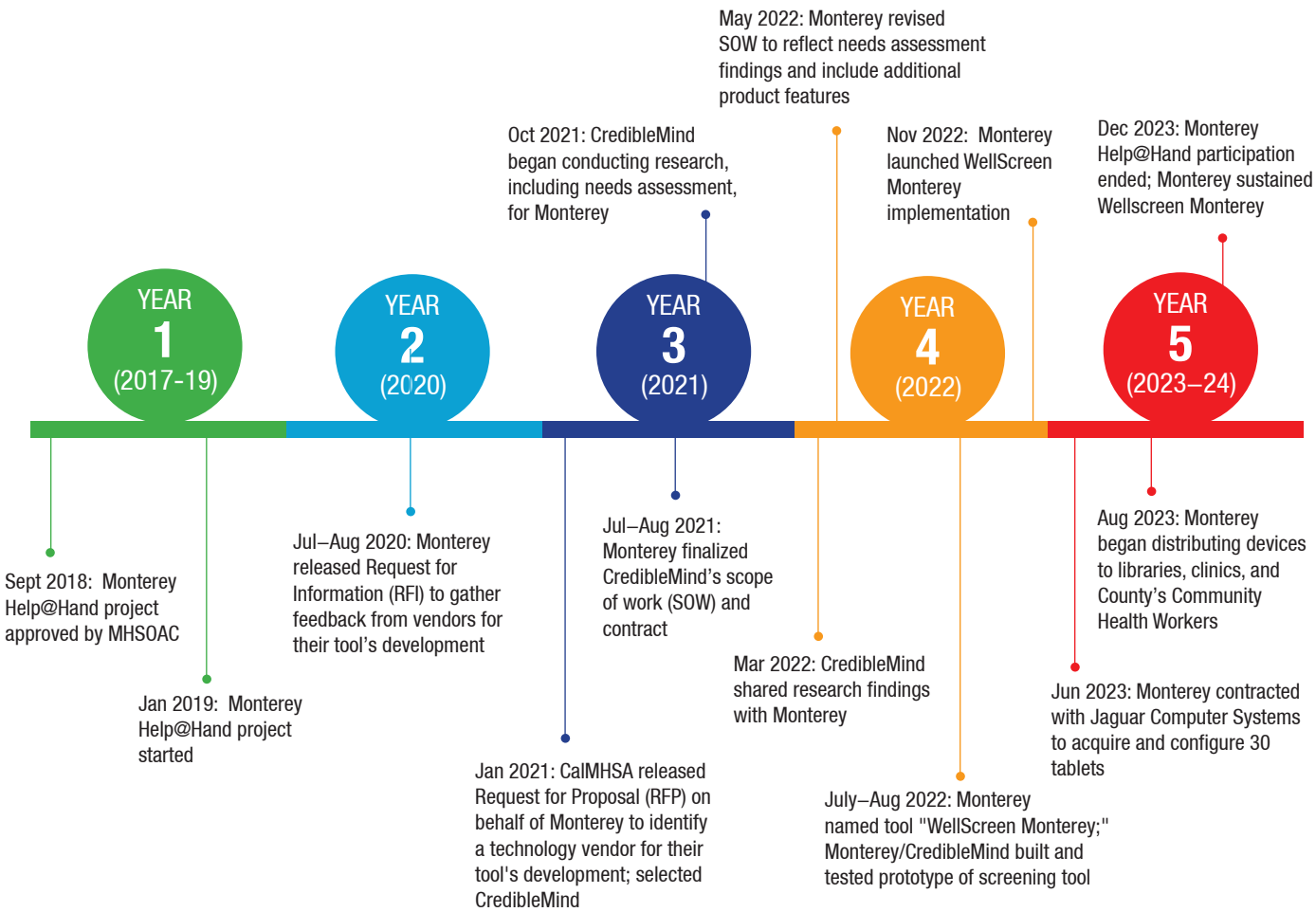
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

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

Project Activities During the Innovation Project

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

Key Project Milestones



Project Changes

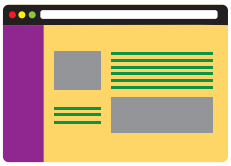
	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Included family members/friends of an individual experiencing a mental health disorder and community service providers conducting outreach activities in the core audience (2021)	Needs assessment identified additional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

Continuation of Project

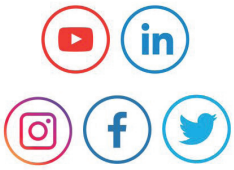
Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Continue			
WellScreen Monterey	Intention of original proposal and project	Stakeholders engaged in community planning process for original proposal	Not yet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

Key Strategies to Disseminate Lessons Learned

Report



Website



Social Media

Presentations

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Needs Assessments,** page 186
- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations,** page 216
- **Device Distribution and Access,** page 225
- **WellScreen Monterey Evaluation,** page 499
- **Monterey County's Needs Assessment with English-Speaking Community**, link to report on page 721
- **Monterey County's Needs Assessment with Spanish-Speaking Community**, link to report on page 721
- **Monterey County's WellScreen Monterey Evaluation Final Report**, link to report on page 721

ORANGE COUNTY HEALTH CARE AGENCY (OCHCA)

Mental Health Technology Solutions

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region	Median Household Income
3,186,989	793	4,019.7	46%	100%	0%	$109,361

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

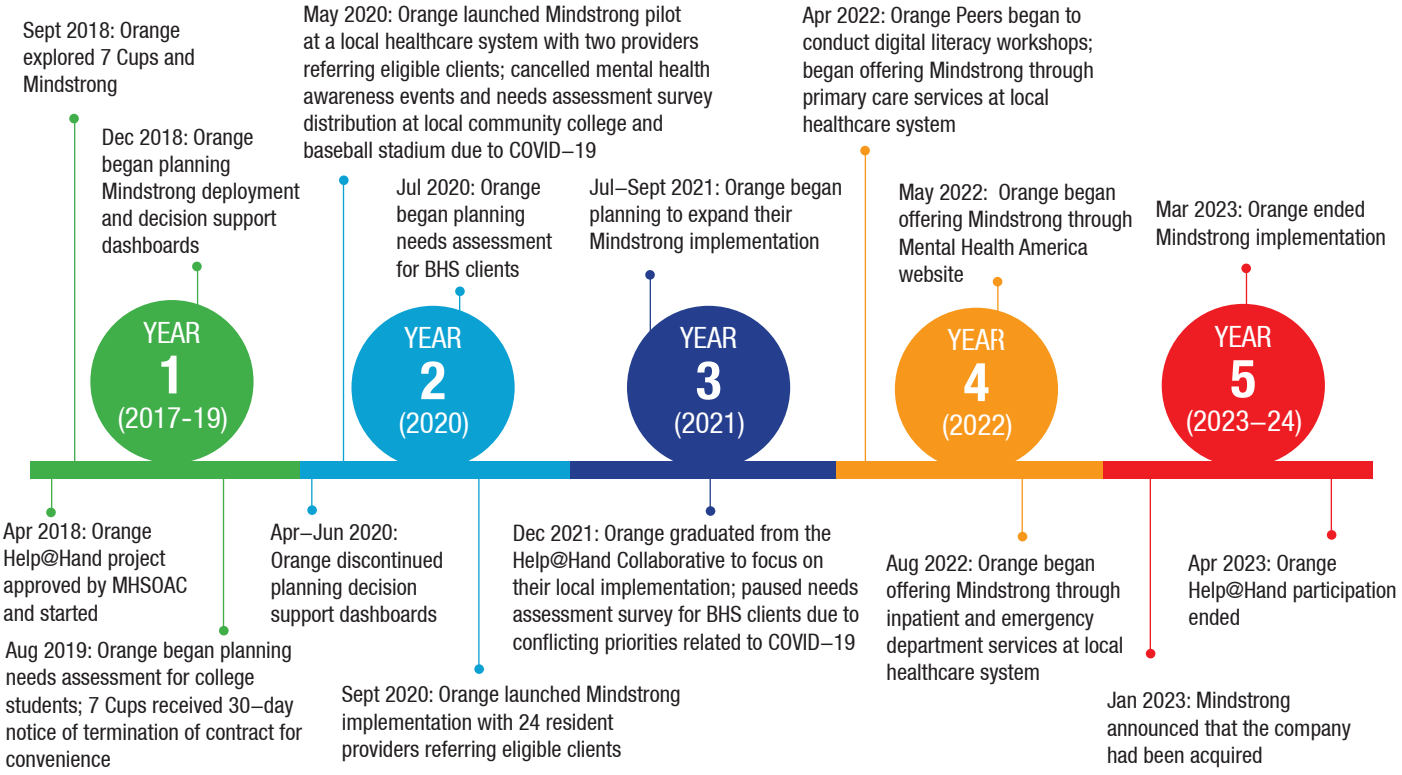
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	Lack of comprehensive case management, lack of family support services, challenges with system navigation, and a need for mental health stigma reduction and linguistic competence
Core Audience(s) Identified in County/City Proposal	• Individuals with sub-acute mental health symptom presentations, including those who may not recognize that they are experiencing symptoms • Family members of children or adults suffering from mental illness who are seeking support • Socially isolated individuals, including older adults at risk of depression • Clients or potential clients in outlying or rural areas who have difficulty accessing care due to transportation limitations • Individuals at increased risk or in the early stages of a psychotic disorder • Existing mental health clients seeking additional support or seeking care/ support in a non-traditional mental health setting • Individuals identified as at risk of developing mental health symptoms or relapsing back into mental illness • High utilizers of inpatient psychiatric facilities
Project Approval Date/ Start Date/ End Date	April 2018/April 2018/April 2023
Project Budget	$24,000,000

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
7 Cups (2018–19)	• Not specified	X						
Mindstrong (2018–23)	• Psychiatry patients in a local healthcare system • All County residents through Mental Health America and other departments in the local healthcare system	X	X	X	X	X		
Decision Support Dashboards (2018–20)	• Help@Hand Counties/Cities						X	
Needs Assessment (2019–20)	• Santiago Canyon College students						X	
Digital Literacy Workshops (2019–22)	• County residents						X	X
Needs Assessment (2020–21)	• OCHCA Behavioral Health Services (BHS) clients and parents of clients						X	

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Narrowed audience to those who met clinical criteria and had access to their own smartphone (2019)	Addressed Mindstrong program requirements that needed to be met	Focused efforts on those who could best benefit from Mindstrong
	Expanded technology offering to County residents (2022)	Wanted to reach more people	Offered Mindstrong to more people who could benefit from the technology
Change in Technologies	Pivoted from Peer chat to other technologies (2018–19)	Identified that 7 Cups did not fit core audiences	Had to find technologies that better fit core audiences
Change in Project Approach	Broadened project to include digital literacy workshops (2019–22)	Learned core audiences needed help understanding and managing digital identity and dealing with cyberbullying	Improved digital health literacy among core audience
	Planned to develop a decision support dashboard (2019–20)	Aimed to create a decision support dashboard for the overall Help@Hand program that would support Counties/ Cities	Although the decision support dashboard was not created, learnings were acquired in how to plan such a dashboard
	Planned to conduct needs assessment with community col–leges (2019) and BHS clients (2020)	Aimed to better understand populations	Although the needs assess–ments did not occur, learnings were acquired in the planning of the needs assessments
Change in Timeline	Delayed timeline (2018–20)	• Pivoted from peer chat to other technologies (2018–19) • Changed core audience and implementation site (2019)	Delayed technology deployments
	Discontinued needs assessment with community college students (2020) and BHS clients (2021)	Needed to address COVID–19 related challenges	Focused efforts on addressing COVID–19 related challenges
	Discontinued planning decision support dashboard (2020)	Faced implementation challenges	Focused on other efforts
Other County/City Specific Changes	N/A	N/A	N/A

Continuation of Project

Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Continue			
Digital Literacy Workshops	OCHCA will incorporate digital literacy trainings in other programs	County leadership and project team	Not specified
Will Not Continue			
Mindstrong	Mindstrong was acquired and discontinued all services, including OCHCA's Mindstrong implementation	County leadership and project team	N/A

Key Strategies to Disseminate Lessons Learned

Report

Presentations

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Needs Assessments,** page 186
- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations,** page 216
- **Digital (Mental Health) Literacy Trainings,** page 232
- **Mindstrong Evaluation,** page 381
- **Orange County's INN Tech Suite (Help@Hand) Final Report**, link to report on page 721

RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH (RUHS-BH)

Tech Suite

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region	Median Household Income
2,418,185	7,209	335.4	42%	95%	5%	$84,505

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

Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

Priority Issue(s)

Priority Issue(s) Identified in County/City Proposal	Stakeholders identified the following priority areas: • Service to hearing and visually impaired communities • Better outcomes for higher risk populations • Better engagement and culturally tailored services to traditionally under-served communities • Geographic service barriers to rural and frontier communities
Core Audience(s) Identified in County/City Proposal	• Riverside County residents • RUHS-BH consumers • High risk populations o Individuals with first onset psychosis o Individuals re-entering the community post-incarceration o Full-Service Partnership (FSP) consumers o Caucasian males at risk of suicide o Teens o Transition Age Youth (TAY)

Priority Issue(s) (continued)

	o Adults and older adults at risk of suicide o Traditionally underserved communities (Hispanic/Latinx, American Indian, African American, Asian-Pacific Islander, LGBTQ, Deaf and Hard of Hearing) o Residents living in the Mid-County and Desert regions of the County
Project Approval Date/Start Date/End Date	September 2018/February 2019/February 2024
Project Budget	$25,000,000

Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
Action for Happiness (2019)	• Core audience(s) not specified	X						
Booster Buddy (2019)	• Core audience(s) not specified	X						
BPLucky (2019)	• Core audience(s) not specified	X						
Daylio (2019)	• Core audience(s) not specified	X						
deVicer (2019)	• Core audience(s) not specified	X						
Emotional Intelligence (2019)	• Core audience(s) not specified	X						
Enchanted Forest (2019)	• Core audience(s) not specified	X						
Fabulous Self–Care (2019)	• Core audience(s) not specified	X						
Glide (2019)	• Core audience(s) not specified	X						
Habitica (2019)	• Core audience(s) not specified	X						
Happify (2019)	• Core audience(s) not specified	X						
Headspace (2019)	• Core audience(s) not specified	X						

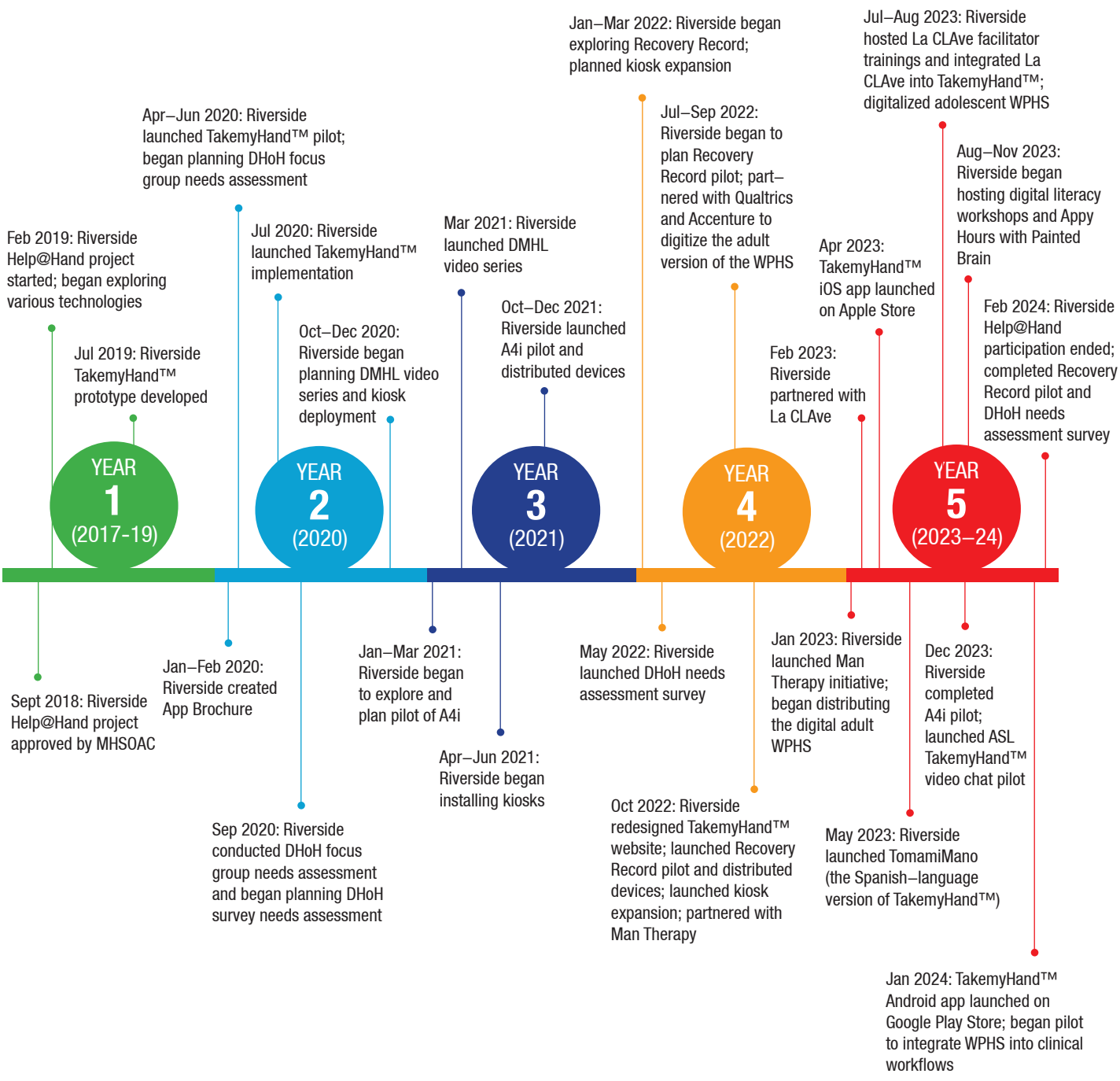
Project Activities During the Innovation Project (continued)

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
I am Sober (2019)	• Core audience(s) not specified	x						
InnerHour (2019)	• Core audience(s) not specified	x						
Meditation Game (2019)	• Core audience(s) not specified	x						
Meru (2019)	• Core audience(s) not specified	x						
Mindstrong (2019)	• Core audience(s) not specified	x						
My Oasis (2019)	• Core audience(s) not specified	x						
PeerStrong (2019)	• Core audience(s) not specified	x						
Rise Up (2019)	• Core audience(s) not specified	x						
Sanvello (2019)	• Core audience(s) not specified	x						
SilverCloud (2019)	• Core audience(s) not specified	x						
Tess (2019)	• Core audience(s) not specified	x						
TheraPeer (2019)	• Core audience(s) not specified	x						
What's Up? (2019)	• Core audience(s) not specified	x						
Woebot (2019)	• Core audience(s) not specified	x						
Wysa (2019)	• Core audience(s) not specified	x						
Youper (2019)	• Core audience(s) not specified	x						
Takemy–Hand™ (2019–24)	• Riverside County residents	x	x	x	x	x		
Focus (2020)	• Full Service Partnership (FSP) consumers	x						
Feel (2020–21)	• Core audience(s) not specified	x						

Project Activities During the Innovation Project (continued)

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
SageSurfer (2020–21)	• Core audience(s) not specified	x						
myStrength (2020–22)	• Core audience(s) not specified	x			x			
Needs Assessment (2020–24)	• Deaf and Hard of Hearing (DHoH) community						x	x
App Brochure (2020–24)	• Riverside County residents						x	x
Digital Literacy Workshops and Appy Hours (2020–24)	• Staff and Consumers						x	x
A4i (2021–23)	• FSP consumers	x	x	x				
Bambu (2021)	• Monolingual Spanish–speakers	x	x					
Device Distribution (2021–24)	• Participants in A4i and Recovery Record pilots						x	x
Kiosk Deployment (2021–24)	• Riverside County residents						x	x
Man Therapy Partnership (2022–24)	• Riverside County residents with focus on men over the age of 45 years						x	x
Recovery Record (2022–24)	• County consumers in eating disorder treatment	x	x	x				
Whole Person Health Score (WPHS) (2022–24)	• RUHS–BH consumers • RUHS–Medical Center clients • Community						x	x
La CLAve Partnership (2023–24)	• Riverside County residents with focus on Spanish–speakers						x	x

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Did not specifically serve the criminal justice re–entry population (2019–24)	Had limited resources and staffing bandwidth	• Served all other core audi–ences, including some who were recently incarcerated • Promoted A4i at the New Life (RE–Entry) Clinic to engage consumers who met the psychosis/schizophrenia criteria for the A4i app
Change in Technologies	myStrength and Bambú no longer pursued (2021–22)	• myStrength pilot was not pursued because staff members already had access to it as a part of their existing health benefits • Bambú changed from a free app to a paid app at a point in the timeline where it became challenging to engage with the vendor	Directed efforts to Takemy–Hand™ mobile app, Spanish landing pages, and Spanish Terms of Service video
Change in Project Approach	Offered App Brochure (2020)	Recognized need to provide more resources to community through a Peer–engaged approach	Increased awareness of resources for the community to access
	Conducted needs assessment (2020–24)	Needed to identify the needs of the DHoH population	Gathered data to inform mental health services for the DHoH population
	Broadened project to include digital literacy workshops, Appy Hours, device distribution, and kiosk deployments (2020–21)	• COVID–19 exacerbated the digital divide for low–income, rural, disabled, people of color, and older adults. • Provided RUHS–BH staff with needed digital literacy training to feel confident in supporting clients with their devices.	• Improved access and use of technology among consumers • Provided training for Peers and other staff to support clients with the use of devices. • Provided digital literacy support including Appy Hour workshops, DMHL video series in English and ASL, and “Learn and Earn” DMHL events.
	Broadened project to include WPHS (2022)	Needed to better screen consumers and clients on their health needs and allow the County to provide appropriate care	• Improved County and clinician knowledge of primary health needs of Riverside County consumers and clients. • Improved ability to provide appropriate care and resources for consumers and clients
	Broadened project to include additional innovative resources through partnerships with Man Therapy (2022) and La CLAve (2023)	Provided culturally–competent resources for men at risk of suicide and Hispanic/Latinx, respectively	Enhanced resource offerings for high risk populations

Project Changes (continued)

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Timeline 	Delayed launching technologies (2019–22)	Pivoted from technologies in 1st RFSQ (2019) to explore/pilot products (2020)	Delayed technology selection, pilots, and implementations
	Delayed launching WPHS (2022–2023)	Needed to conduct additional testing and develop additional operational workflows	Improved WPHS user experience and functionality
Other County/City Specific Changes	N/A	N/A	N/A

Continuation of Project

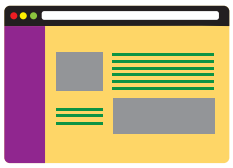
Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Continue			
A4i	Consumers, Peers, staff, and other stakeholders considered this activity highly important	• Ongoing Peer involvement • Advisory Committee	RUHS–BH Peer Support Services
Device Distribution	Plan for A4i participants and the Peer Resource Centers to retain their phones	• Ongoing Peer involvement • Advisory Committee	Local funds
Digital Literacy Workshops and Appy Hours; App Brochure and Free Mental Health Catalog of Digital Tools	Stakeholders considered this activity highly important	• Ongoing Peer involvement • Advisory Committee	RUHS–BH Peer Support Services
Kiosk Deployment	Kiosks that have already been installed will be maintained by RUHS IT. No new kiosks will be installed.	• Ongoing Peer involvement • Advisory Committee	Local funds
La CLAve Partnership	Consumers, Peers, staff, and other stakeholders considered this activity highly important	• Ongoing Peer involvement • Advisory Committee	MHSA Prevention and Early Intervention (PEI)
Man Therapy Partnership	Consumers, Peers, staff, and other stakeholders considered this activity highly important	• Ongoing Peer involvement • Advisory Committee	MHSA Prevention and Early Intervention (PEI)
Recovery Record	Consumers, Peers, staff, and other stakeholders considered this activity highly important	• Ongoing Peer involvement • Advisory Committee	RUHS–BH Innovations
TakeMyHand™	Consumers, Peers, staff, and other stakeholders considered this activity highly important	• Ongoing Peer involvement • Advisory Committee	RUHS–BH Peer Support Services

Continuation of Project (continued)

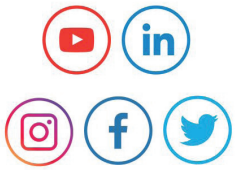
Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Continue			
Whole Person Health Score	Stakeholders considered this activity highly important	• RUHS–BH • RUHS–Medical Center	RUHS–Medical Center
Will Not Continue			
DHoH Needs Assessment	One–time activity to inform efforts	Center on Deafness Inland Empire (CODIE) stakeholder involvement throughout	Does not apply

Key Strategies to Disseminate Lessons Learned

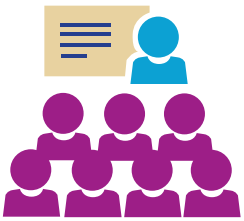
Report



Website



Social Media



Meetings

Presentations

Community Events

Academic Journal Article

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

SPOTLIGHT

Riverside County's Help@Hand Experience

Authored By:
Maria Martha Moreno, MS CIS
Mental Health Services Program Manager
Riverside University Health System – Behavioral Health

Riverside University HEALTH SYSTEM Behavioral Health

In 2019, Riverside County joined 13 California Counties/Cities in CalMHSA's Help@Hand Innovation program to discover if and how technology could fit within the behavioral health system of care. The County focused on supporting several groups to improve:

- Early detection for transitional age youth (TAY).
- Suicide prevention for men over the age of 45 years, adults over the age of 65 years, and TAY.
- Outcomes for high-risk populations for full-service partnership (FSP), re-entry, and eating disorder consumers.
- Service access to underserved communities, such as the Deaf and Hard of Hearing community, communities with geographic barriers (e.g., desert and rural regions), Latinos, African Americans, Asian-Pacific Islanders, and LGBTQ+.
- Access for individuals at risk of developing psychosis where effective intervention can delay the disorder.

Riverside County was determined to leverage the innovation program to reach a vast and diverse group of residents and provide mental health services. The Help@Hand project supported their ambitions with the management of implementation timelines and contracting processes, including legal consulting with technology vendors. This allowed the County to have more bandwidth to apply creative efforts around research, testing, identifying, and selecting beneficial technology and services, and implement marketing strategies to enhance their ability to reach their target populations. Community outreach activities were also embedded throughout the program.

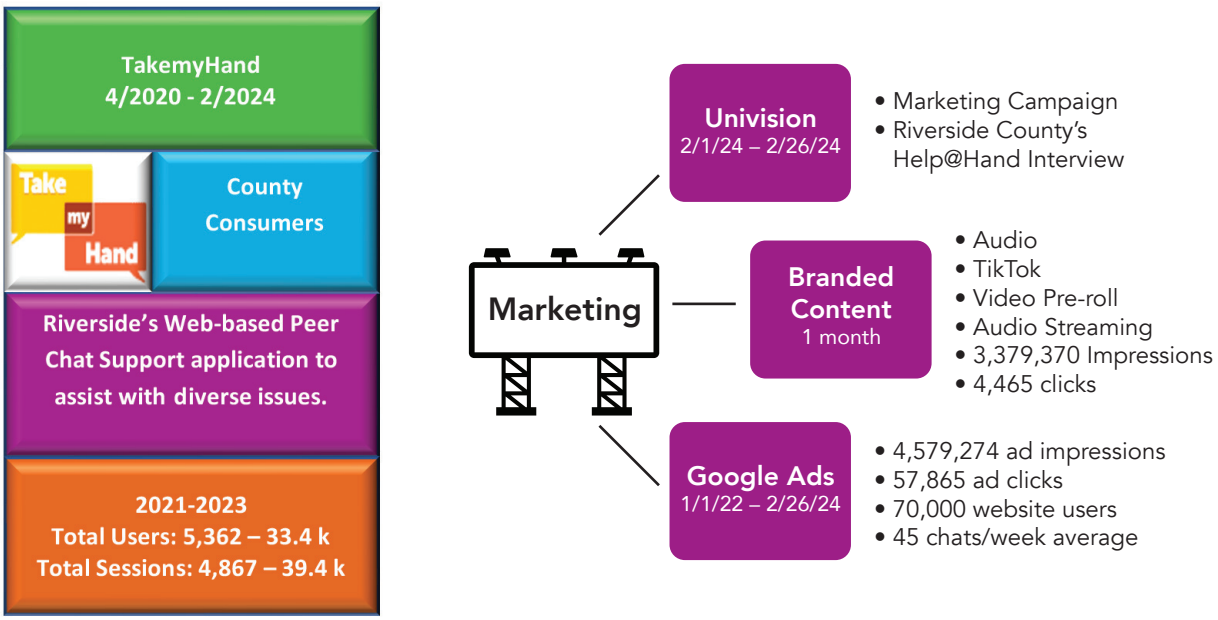
Project Goals/Achievements

Riverside County planned and implemented nine projects, all in alignment with their initial goals and objectives. This was a great accomplishment given the flexible and creative nature of innovation. Projects were completed on time, were within budget, and delivered results as planned. One of the greatest project successes was the County-developed mobile app called "TakemyHand™"[59] that served Riverside County's innovation ambitions over the course of the Help@Hand project and beyond.

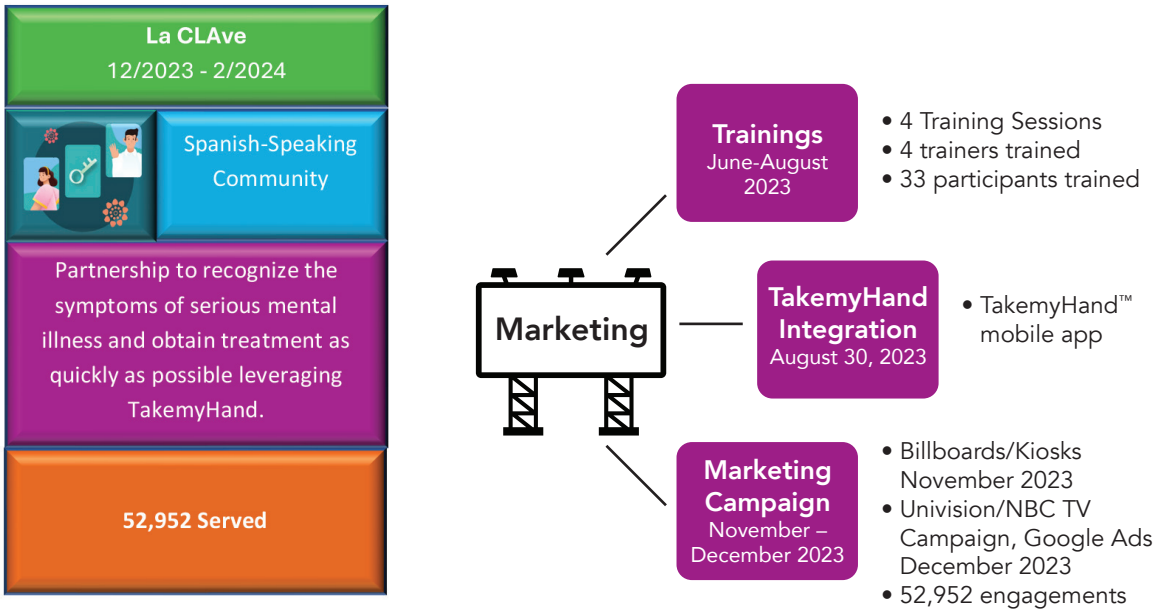
TakemyHand™ is a Peer-support chat platform designed by Riverside County that delivered peer-support to consumers and community members. TakemyHand™ also has a resources page offering a vast variety of wellness and community resources, including La CLAve and Man Therapy. It is available on the App Store and Google Play Store. The figure below

[59] To learn more about and access TakemyHand™, please visit https://takemyhand.co/.

displays marketing statistics from the Univision TV and marketing campaign,[60] County digital marketing efforts (e.g., branded content), and Google ads that increased the number of users and sessions for Riverside County community members between 2021 and 2023. In marketing, impressions are the number of times a site or ad is viewed. Clicks are the number of times viewers have shown interest in a site or ad.

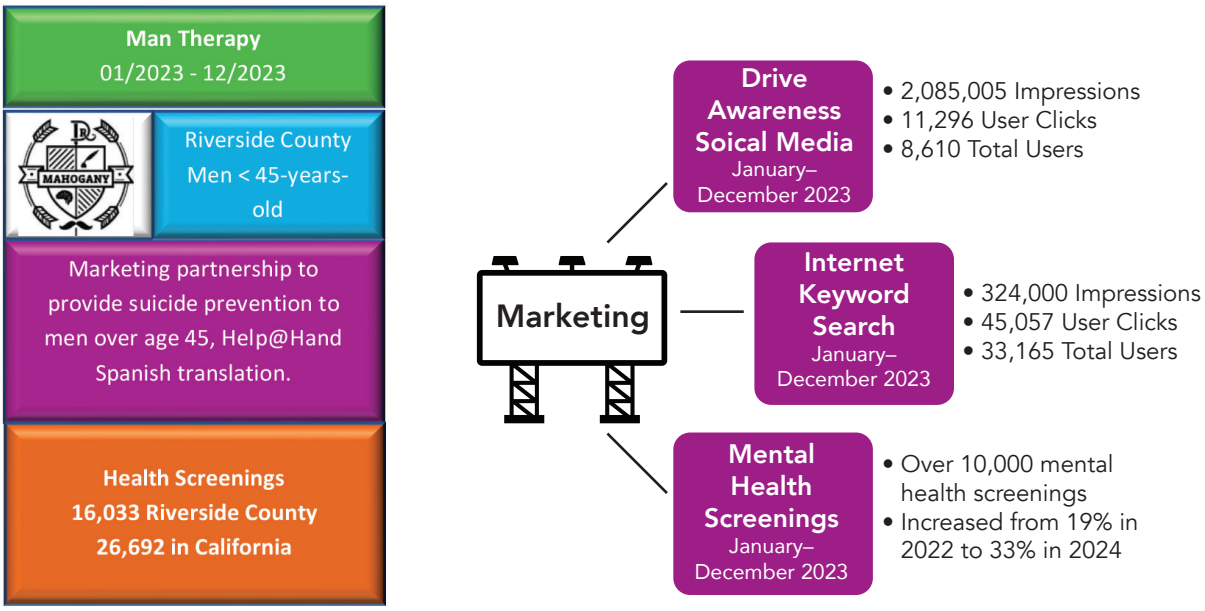


La CLAve[61] was integrated with TakemyHand™ in August 2020. Train-the-trainer sessions were provided to Help@Hand peer specialists and community based organizations (CBOs) in June 2023. Participants were then trained on how to use TakemyHand™ to engage with La CLAve. After an aggressive marketing campaign, Riverside County realized the benefits of their efforts by the end of the year with 52,952 engagements. Television interview segments and the "Break Stigma" campaign were also key components in the marketing strategy.[62]



[60] The English videos can be found at: https://vimeo.com/showcase/11106848. The Spanish videos can be found at: https://vimeo.com/showcase/11106895.
[61] To learn more about La CLAve, visit https://uselaclave.com/.
[62] The English videos can be found at: https://vimeo.com/showcase/11106748. The Spanish videos can be found at: https://vimeo.com/showcase/11106770.

Man Therapy[63] is an evidence-based tool that provides suicide prevention support for men. Riverside County's marketing strategy reached men through radio spots, social media, internet word-search optimization, and public ads, such as bus wraps, billboards, and digital displays. T-Shirts, posters, business cards, and koozies were also available as swag for distribution at outreach events. Below are statistics collected between January and December 2023 when the marketing program was implemented.



By the end of 2023, the partnership supported 56,444 participants through 64,889 website sessions and completed 16,033 screenings for Riverside County users. The County's grassroots efforts reached other community members outside the County with 26,692 screenings completed in California.

A4i[64] was piloted across two years for high-risk populations such as adults, older adults, and TAY on the schizophrenia spectrum. Consumers, peers, and clinicians shared their experience using the app at the Health Empowered by A4i Riverside Transformative Showcase (Hearts)[65] where they discussed feedback about the pilot. Consumers appreciated app features, such as those that helped them remain grounded in what was real; they appreciated peer support and opportunities to participate in workshops and trainings. Peers valued the relationship with consumers that was established through A4i and the ability to provide support when needed. The A4i app's dashboard tracking feature was greatly appreciated by clinicians as it provided insight into consumer mood and behavior based on indicators, such as sleep patterns.

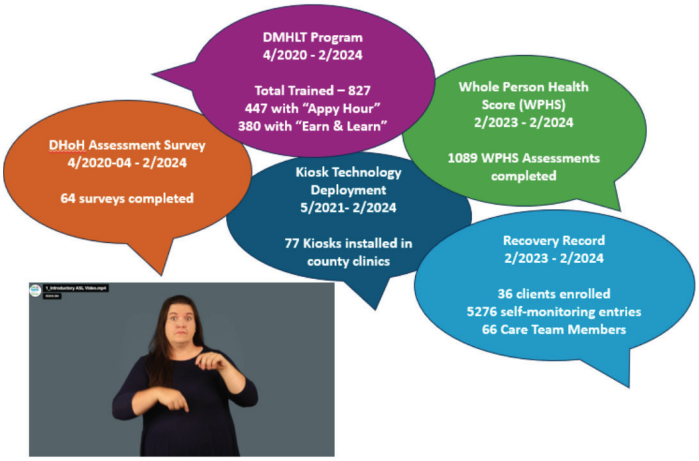
Pilot Timeline	Participants	Improved Satisfaction
11/2021 - 2/2024	102 Consumers	Emotional Wellbeing 67% Personal Relationships 44% Being Part of a Community 71%

A4i's value and benefit is illustrated by the percent improvement in mental health that participants felt after using the app.

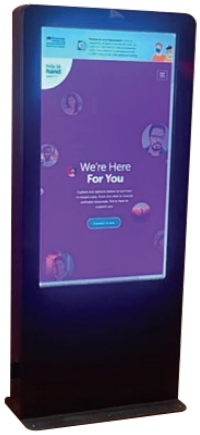
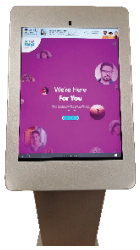
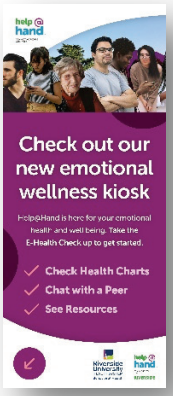
> *"It [A4i] reminds me of a mental health Facebook, kind of. It's cool because everybody who's on this app has some mental health challenges, and we're here to see that people are doing good. It makes me feel better about myself knowing that if they can get through it, I can too."*
> – A4i Participant

[63] To learn more about Man Therapy, visit https://mantherapy.org/.
[64] To learn more about A4i, visit https://www.a4i.me/.
[65] More information about Hearts is located at: https://vimeo.com/919207606?share=copy.

Riverside County completed an additional five projects to help prepare consumers access mental health services using technology. They educated adults, older adults, and TAY consumers through **digital mental health literacy training (DMHLT)**. Training was conducted in English, Spanish, and American Sign Language (ASL)[66] and as workshops leveraging a Peer-led training vendor, Painted Brain's, "Appy Hours" online platform. Training was also provided through Riverside County's "Learn & Earn" workshop sessions where consumers learned about accessible healthcare technology and were rewarded for their effort.



Kiosks were deployed in clinics and included a kiosk locator[67] to help consumers find where to learn more about available resources. Seventy-seven kiosks were strategically installed in county clinics and community organizations across different geographic regions.

55" Peerless AV	iPad Pro	Retractable lobby banners to inform on the kiosk resource
		

To understand community needs, Riverside County, in partnership with the Center of Deafness Inland Empire (CODIE), launched an **assessment survey[68] for the Deaf and Hard of Hearing (DHoH) community** to understand their unique challenges to accessing mental health services.

The **Whole Person Health Score (WPHS) tool** was launched for the general population to assess patients' physical and emotional health as well as resource utilization, socioeconomics, ownership or self-view, and nutrition and lifestyle – a holistic way to measure physical and mental health. More information about this assessment can be found in the WPHS Resource Publication.[69]

Recovery Record[70], an eating disorder tracking support mobile app, was piloted. After the pilot ended, on average, clients experienced significant improvement in their condition. Providers who worked with clients using Recovery Record found it easy to use and valuable in tracking client emotions and behaviors. More information for these projects can be found in the Help@Hand evaluation reports.[71]

[66] The ASL videos can be found at: https://helpathand.info/dmhl_asl/.
[67] The kiosk locator can be found at: https://www.arcgis.com/apps/webappviewer/index.html?id=ed80147599304fe69debb658468c485b&center=-12935917.1003%2C4000512.5%2C102100&scale=1155581.108577.
[68] The assessment survey can be found at: https://www.youtube.com/watch?v=SE2_z-294RA.
[69] More information can be found at: https://www.ruhealth.org/news/whole-person-health-score.
[70] To learn more about Recovery Record, visit https://www.recoveryrecord.com/.
[71] The Help@Hand evaluation reports can be found at: https://sites.uci.edu/helpathand/.

Community Outreach Champions!

Getting the message out to the community in English and Spanish about innovative mental health technology and services was an important step in Riverside County's innovation journey. Riverside County partnered with a marketing firm to develop a digital and electronic outreach strategy that included using social media and online ads. A more traditional marketing strategy was also launched using billboards, bus wraps and shelter ads, radio, kiosks in clinics, and Univision NBC TV.

Finally, Riverside County used the time-tested grassroots outreach strategy of attending stakeholder committee meetings, providing education, training, and participating in mental health fairs across the community. In every engagement opportunity, the County distributed flyers and swag for people to take home and remember that help was available. This outreach strategy engaged approximately 29,254 people between September 2021 and February 2024, which contributed to improved access to mental health services for the community.

Riverside Help@Hand Team

Collaboration Benefits

To accomplish their innovation project goals, Riverside County understood the value of leveraging all available resources, much like NASA (National Aeronautics and Space Administration). The federal agency's newsletter, *Open Innovation at NASA*, introduced a series of articles with these words: "Organizations across the globe harness the perspectives, expertise, and enthusiasm of "the crowd" outside their walls to reduce costs, accelerate projects, enhance creativity, and better engage their stakeholders." (NASA, 2023). As with NASA, Riverside County understood the benefit of harnessing the power of "the crowd"and the knowledge of a Collaborative and the community to achieve their goals.

There were two important ways in which Riverside County gained benefits from leveraging "crowd" knowledge and support – 1) they shared information with participating Collaborative County/City members and 2) partnered with CBOs.

County/County

Riverside County worked with several Counties/Cities to share information and experiences through their Help@Hand Innovation journey. For example, they employed a vendor to configure kiosks and mobile devices for consumers to gain access to technology. This experience was shared with Tri-City, another

Help@Hand Collaborative member that also used the same vendor to distribute technology to consumers and project participants. As a result, much time and cost were saved for the use of the same services. When Riverside County hosted a collaboration meeting with Sacramento County, the purpose was to understand lessons learned from Riverside County's eating disorder program and their experience using the Recovery Record app for clients with eating disorders. Although Sacramento County did not participate in the Help@Hand Innovation project, they still gained the benefits from those that did.

San Francisco County reached out for best practices on Riverside County's-branded tool, TakemyHand™, to determine whether to use it in their own pilot of the app. Riverside County also shared with Santa Barbara County how the County leveraged La CLAve to reach bi-lingual and monolingual communities using their culturally and linguistically-sensitive approach.

County/Community-Based Organizations (CBOs)

Partnering with CBOs helped build capacity to expand innovative technology and mental health services to the community and meet people where they were. The desire to share learnings helped to remove silos between organizations and agencies and increased the ability to serve a greater number of members in the community. This was a mutually beneficial experience between Help@Hand Collaborative members, with the community being the ultimate beneficiaries.

CalMHSA Processes

The CalMHSA project management team helped build the innovation foundation of contracts and project management used by the Collaborative to facilitate the administrative aspect of the statewide innovation program. With research, the development of many templates, guides, and facilitation of Collaboration meetings, Collaborative members stayed in-tune with the progress of meeting the statewide goals and objectives. Each Collaborative member had regular opportunities to share their successes, report on their accomplished milestones, and share strategies they used to successfully launch their various innovation initiatives. The Collaborative had a channel to stay informed and connected. The exchange of knowledge allowed Collaborative members to gain insights that they could utilize to advance on the expansion of technology options for the well-being of Californians, accelerate learning, and improve cost sharing.

Contract Negotiations, and Invoice Payments

CalMHSA's contract management processes for the Help@Hand Innovation project were used to negotiate and execute contracts on behalf of all Collaborative members. Riverside County benefited from the contract management approach by authoring and negotiating terms, coordinating reviews and approvals between parties, and executing contracts.

Project Management

The CalMHSA Help@Hand Implementation Managers played an important role in supporting Riverside County's capacity to successfully implement nine projects. They worked with the County to support the tracking of project schedules, deliverables, milestones, and invoices, while managing vendors on behalf of the County. Implementation Managers served as administrative and fiscal intermediaries to facilitate the program support aspect, including contracting with technology vendors, leaving Riverside County with the ability to focus more on meeting goals. This was done by strategically researching, developing, testing, selecting, and launching innovative solutions, creating marketing campaigns, and performing outreach activities.

Sustainability – Going Forward

Riverside County's Help@Hand Innovation engagement ended February 2024, but their commitment to the community continues along with many of the projects developed and implemented through the program.

- **TakemyHand™** will continue providing free, anonymous access to live Peer Chat support through Peers with lived experience in recovery from a behavioral health condition and trained to interact with others mutually and without judgment. TakemyHand™ will be under the oversight of Riverside County, Consumer Affairs.

- **A4i** will continue as a Peer-supported program partnering with clinicians and consumers using the app.
- **Man Therapy** will continue as a program offered through a partnership with the Suicide Prevention Coalition and the MHSA Prevention and Early Intervention unit. Their goals remain the same—to break stigma, increase help-seeking behavior, and reduce suicide among working-age men.
- **La CLAve** will continue as a program offering through the MHSA Prevention and Early Intervention unit to continue the mission to inform and motivate the Latinx community to seek early treatment for serious mental illness while reducing the time it takes for people with serious mental illness to obtain treatment.
- **Recovery Record** will continue as a digital resource for Eating Disorder Clinicians and their consumers with eating disorders.
- The usage of the **Whole Person Health Score** tool built within the Qualtrics platform will transfer to a different software platform and will be under the ownership of the countywide RivCoONE Integrated Service Delivery initiative.
- **Kiosks** will continue to be available to engage the community, introduce technology, and serve as a resource access point to educational and emotional wellness. Kiosk maintenance and support will transition to the RUHS BH IT department.
- **Digital Mental Health Literacy (DMHL)** activities will continue in the clinics. Consumer Affairs will continue supporting train-the-trainer activities.

Riverside County's journey through the Help@Hand Innovation project was long and vast, producing long-lasting results. The County met goals and objectives, identifying target populations and the best technology and mental health services for each group. They creatively planned and implemented projects that were received with appreciation by the people the County sought to service.

A quote that a participant shared about A4i is illustrated below. The vast number of community and consumer testimonies received are perhaps the greatest celebration of the hard work Riverside County put into the five-year Help@Hand Innovation program.

> *"[A4i] really helped me calm down after my anxiety started getting out of control. Feeling much better now. Thank you!"* - A4i Participant

SPOTLIGHT

Riverside County's 5-Year Retrospective Help@Hand Innovation Meeting

Authored By:
Biblia Cha, PhD, Help@Hand Evaluation Team

On February 21, 2024, Riverside University Health System - Behavioral Health (RUHS-BH) held their 5-Year Retrospective Help@Hand Innovation Meeting in Riverside, California. The intention of the Retrospective meeting was to recognize RUHS-BH Help@Hand projects and accomplishments, celebrate and reflect on RUHS-BH's learnings and achievements, hear from various Help@Hand partners, and gather ideas for future projects. Attendees included RUHS-BH administrators, RUHS-BH Help@Hand staff including peer support specialists, Riverside County community members, and a variety of external partners, including community organizations, vendors, California Mental Health Services Authority (CalMHSA) project management, and the Help@Hand evaluation team.

Above: *Retrospective meeting invitation; celebratory cakes at Retrospective meeting*
Source: *Riverside University Health System - Behavioral Health; Help@Hand Evaluation Team*

The Retrospective meeting began with a lunch during which attendees networked with others involved in the RUHS-BH Help@Hand projects over the past five years. After the lunch, Ms. Maria-Martha Moreno, the Mental Health Services Program Manager of RUHS-BH, provided a warm welcome and introduction to all attendees, highlighting the integral part that community members and partners played in RUHS-BH efforts.

Above: *Retrospective meeting agenda*
Source: *Riverside University Health System - Behavioral Health*

HELP@HAND CALIFORNIA REMARKS

After the introduction, Ms. Moreno invited several members from the CalMHSA team to speak about their experiences and reflections on their involvement in the Help@Hand project with RUHS-BH. The CalMHSA team commented on Riverside County's demonstration of heart, creativity, outreach, and integration of innovation throughout the project. They also praised the RUHS-BH team's ability to make pivots while navigating COVID-19-related challenges and commended Riverside County as a leader in the Help@Hand project.

HELP@HAND EVALUATION TEAM REMARKS

Ms. Moreno then introduced the Help@Hand evaluation team, and one evaluation team member highlighted how RUHS-BH provided innovations not only for the technology-related components of Help@Hand, but for community engagement. The Help@Hand evaluation team also reflected on RUHS-BH's approach to viewing challenges as learning opportunities, and commended their willingness to share their experiences and tools with other members of the Help@Hand Collaborative. They also recognized Ms. Moreno, who had received the 2023 County of Riverside Employee Recognition Winner for Innovation award, in large part due to her leadership for the RUHS-BH Help@Hand project.

PARTNER UPDATES

During the Partner Updates portion of the meeting agenda, Ms. Moreno invited each of the following partners to share with the group about their involvement and take-aways from the project: TakemyHand® development staff, App4Independence (A4i), the Center on Deafness Inland Empire, Man Therapy, Jaguar, Univision, and La CLAve.

GAME

The RUHS-BH team then facilitated a digital game based on Help@Hand trivia facts. Tables competed as teams to provide attendees a fun way to receive a refresher about the project.

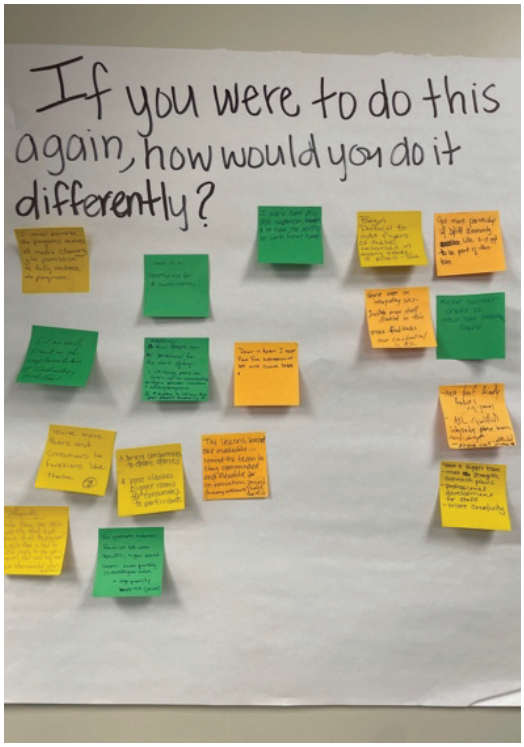
Above: *Banners indicating some programs implemented by RUHS-BH Help@Hand*
Source: *Help@Hand Evaluation Team*

STAKEHOLDER FEEDBACK

During the Stakeholder Feedback portion of the meeting, attendees anonymously answered the following questions using post-it notes:

- What have you learned? What can we improve on?
- If you were to do this again, how would you do it differently?
- What is one thing that will stick out in 6 months?

Feedback from partners was summarized and synthesized as learnings and recommendations as shown in the "Learnings and Recommendations from the Retrospective Meeting" section at the end of this Spotlight.



Above: *Examples of questions and responses*
Source: *Help@Hand Evaluation Team*

GAME

After a short break with Help@Hand-themed cakes and coffee, RUHS-BH staff invited attendees to participate in another group trivia game, providing a relaxed and team-oriented component to the Retrospective meeting.

CLOSING REMARKS

Ms. Moreno thanked all attendees for their presence. The meeting ended with attendees receiving RUHS-BH Help@Hand branded swag bags with various community incentives, such as pens, socks, bags, t-shirts, and stress toys shaped like keys.

LEARNINGS AND RECOMMENDATIONS FROM THE RETROSPECTIVE MEETING

The Help@Hand evaluation team transcribed the hand-written sticky notes provided during the "Stakeholder Feedback" portion of the Retrospective meeting. They synthesized the responses as the following learnings and recommendations as supported by attendee quotes.

LEARNINGS

Marketing, Outreach, and Consumer Recruitment

- **Participants emphasized the importance of proactively seeking community perspectives.** Multiple participants shared that to best serve the community, they must work with and listen to the community. This included incorporating Peer perspectives and leadership throughout the project.

> *"Boots on the ground are invaluable. Listening to feedback is as important as measurable data."*
> -Retrospective Meeting Participant

> *"I have learned we need to reach more actual members of the community, focus the attention on them and be there when they need us."*
> -Retrospective Meeting Participant

> *"Having Peers lead and guide initiatives was and is critical to this work."*
> -Retrospective Meeting Participant

- **Participants identified key strategies for enhancing community participation in the Help@Hand project.** Participants shared that providing services anonymously and with incentives increased community members' likelihood of participating in the project.

> *"Take My Hand: Expressing one's self and struggles anonymously increases one's chances of seeking out services in person."*
> -Retrospective Meeting Participant

Learning Collaborative

- **Collaboration was perceived as a critical part of successfully implementing the Help@Hand project.** Attendees shared about the value of working with diverse partners and collaborations throughout the innovation project, especially since the County had not previously implemented a similar project in the past.

> *"Collaborating on system features leads to success."*
> -Retrospective Meeting Participant

> *"Good ideas are out there. It takes a group of cheerleaders and drive-focused people to get the idea past the "idea" phase."*
> -Retrospective Meeting Participant

> *"We need a diverse group of skills and perspectives in an innovation project."*
> -Retrospective Meeting Participant

Consumer Experience

- **Participants felt that the Help@Hand project had a significant impact on real people and their lives.** They shared that the Help@Hand project was beneficial not only for the community, but for staff members and their family and friends. They noted that the project uniquely enhanced people's connectivity with both technology and others in the community. The following quotes were examples of things people wrote they would remember in 6 months:

> *"Not 6 months... for the rest of my life, I will remember the lives that were impacted (positively)."*
> -Retrospective Meeting Participant

> *"The amazing apps we used and the relationships that we created through the process. Also the stories of how we helped people."*
> -Retrospective Meeting Participant

> *"Connections made that make an ultimate difference in changing someone's day-to-day life for the better."*
> -Retrospective Meeting Participant

Staffing and Resources

- **The workplace context shaped the Help@Hand project implementation.** Participants felt that increased staffing would have better supported the Help@Hand project, and that County bureaucracy caused delays in meeting consumer needs in a timely manner.

Recommendations

Project Planning

- **Streamline the various Help@Hand projects to better serve community members and clinicians.** For example, participants suggested integrating Help@Hand pilot apps within clinical systems and centralizing the various technologies into a central website. This website would track all programs and tools, making it easier to match people with the appropriate resource.

Marketing, Outreach, and Consumer Recruitment

- **Greater efforts and resources should be focused on sharing Help@Hand resources and lessons with the broader community.** Participants experienced the benefits and resources from the Help@Hand project but felt that dissemination to the whole County was limited. They suggested publicizing the program more broadly across media channels, planning more strategic outreach plans, branding all their outreach materials, and creating a protocol to distribute Help@Hand resources for each RUHS-BH client intake.

> *"I have learned we have so many resources but still so many people don't know. We need to work on marketing broader- news! mail! These are amazing tools and people need to know."*
> -Retrospective Meeting Participant

Peers

- **Include more Peers and community members in the Help@Hand project processes and events.** Participants voiced the need to invite more Peers and community members/consumers to Help@Hand events like the Retrospective meeting, and highlighted that their stories could better convey the impacts of the project on their lives. They also suggested that Peers could help close communication gaps between the Help@Hand project and implementation sites. Participants also identified the need to increase partnerships and opportunities with specific communities, such as older adults and the Deaf and Hard of Hearing.

Staffing and Resources

- **Improve support for Help@Hand staff.** Several participants identified the need for a larger Help@Hand team, including more support staff to help the program staff. Suggestions also included streamlining supervision levels for program staff, offering tailored professional development opportunities, and fostering a culture of flexibility within the team to adapt to the demands of the innovation project. Participants also stressed the importance of enhancing communication channels at the County level to ensure transparency and collaboration.

Project Closing and Sustainability

- **Plan ahead for implementation and sustainability beyond project funding.** Participants recommended starting implementations as early as possible, while also looking proactively for ways to enhance sustainability of programs.

> *"Lean in on opportunities for sustainability."*
> -Retrospective Meeting Participant

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (SFDPH)

Innovations Learning Project Proposal: Technology-Assisted Mental Health Solutions

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region	Median Household Income
873,965	47	18,629.1	43%	100%	0%	$136,689

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

Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

Priority Issue(s)

Priority Issue(s) Identified in County/City Proposal	A need to increase access to mental health services for all individuals in San Francisco with a focus on Transition Age Youth (TAY) ages 16-24 years and socially isolated transgender adults
Core Audience(s) Identified in County/City Proposal	All individuals in San Francisco with a focus on TAY ages 16-24 years and socially isolated transgender adults
Project Approval/Start Date/ End Date	September 2018/June 2019/May 2024
Project Budget	$2,273,000

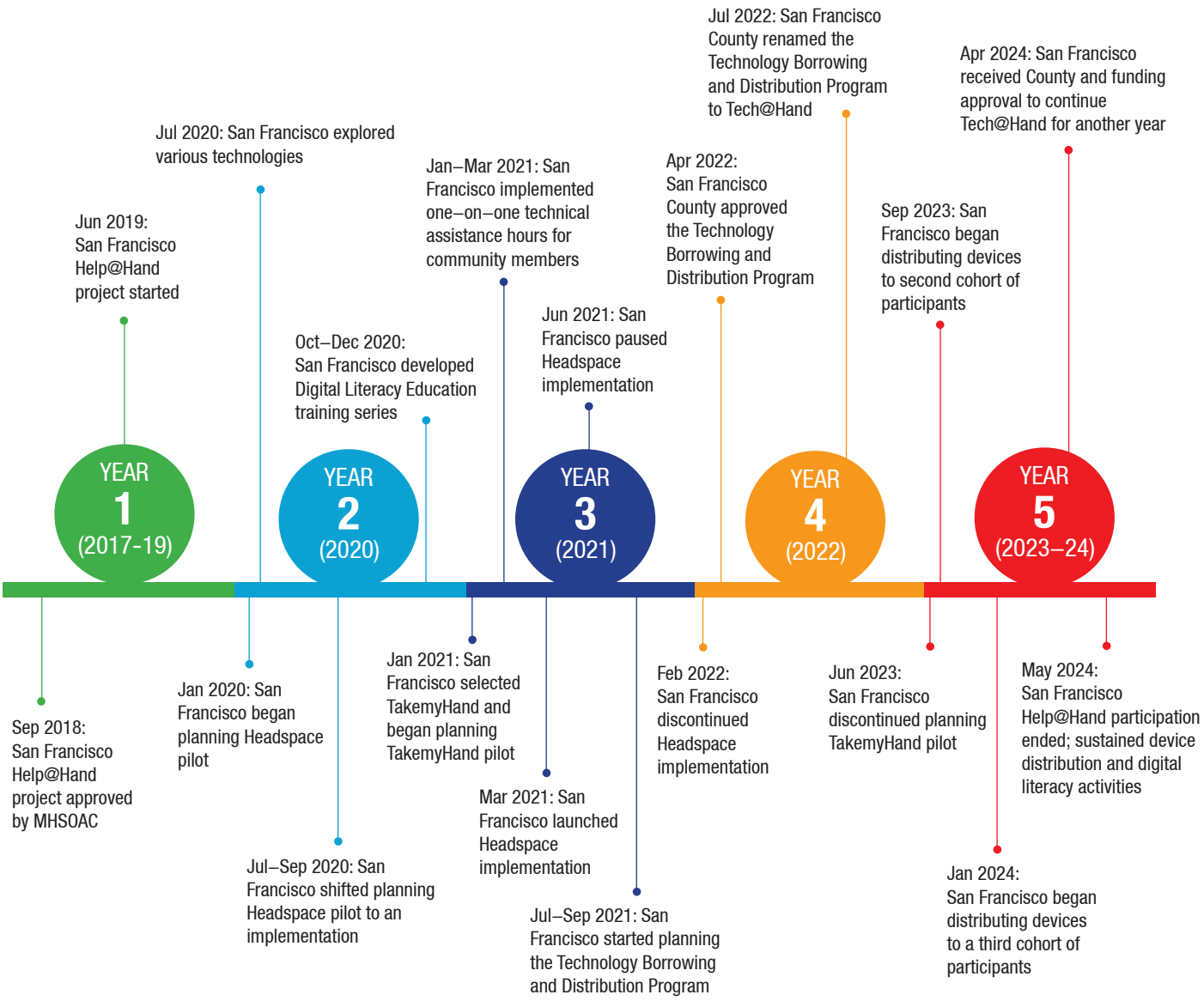
Project Activities During the Innovation Project

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
7 Cups (2019)	• All individuals in San Francisco with a focus on TAY ages 16–24 years and socially isolated transgender adults	X						
Hey Peers (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						
Ouchie (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						
SageSurfer (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						
PreRegistry (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						
Sharpen Minds (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						
SoberGrid (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						
Support Group Central (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						
Supportiv (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						
Uniper (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						
Wysa (2020)	• Community and mental health consumers/family members with a focus on TAY and Trans–identified individuals	X						

Project Activities During the Innovation Project (continued)

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
Headspace (2020)	• Mental Health Association of San Francisco (MHASF) clients • Mental health system clients, including Single Room Occupancy residents and Children, Youth and Families Department	X	X					
Headspace (2020–22)	• People who live/attend school/work in San Francisco and behavioral health consumers	X			X			
TakemyHand (2020–23)	• Historically–excluded San Franciscans, with an emphasis on TAY and Trans community members	X	X					
Device Distribution (2021–24)	• Historically–excluded San Franciscans, with an emphasis on TAY and Trans community members						X	X
Digital Literacy Workshops/ Courses/Office Hours (2021–24)	• Historically–excluded San Franciscans, with an emphasis on TAY and Trans community members						X	X

Key Project Milestones



Project Changes

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences 	N/A	N/A	N/A
Change in Technologies 	Pivoted from Peer chat technology and passive data technology to other technologies (2019)	Peer chat technology and passive data technology did not fit core audiences	Identified technologies that better fit core audiences
	Discontinued Headspace implementation (2022)	SFDPH privacy and security concerns	Re–allocated resources and focused efforts on other project activities
	TakemyHand pilot was no longer pursued (2023)	Challenges around contract approvals to start pilot (e.g., lack of consensus among par–ticipating parties over risk and responsibility)	Re–allocated resources and focused efforts on device distribution and digital literacy activities
Change in Project Approach 	Tested technologies with a small group before any implementation (2019)	Learned of the importance of such an approach	Strategically worked with staff and resources for effective implementation
	Pivoted from Headspace pilot to implementation (2020)	Responded to COVID–19 pandemic	Implemented Headspace on a wider scale
	Expanded device distribution and digital literacy efforts on a larger scale (2021)	Learned core audiences had limited access to devices and differing level of digital literacy	Improved engagement in the project
	Pivoted from technology pilot to focus on device distribution and digital literacy efforts (2023)	Challenges around contract approvals to start pilot (e.g., lack of consensus among participating parties over risk and responsibility)	Re–allocated resources and focused efforts on device distribution and digital literacy efforts
	Broadened project to include participant needs fund for people to request items they needed (2023)	Participants identified basic needs that could not be fulfilled through the Tech@Hand program (e.g. access to food, gender affirming supplies)	Mitigated barriers to participate in the program
Change in Timeline 	Delayed timeline (2019–23)	• Pivoted from Peer chat technology and passive data technology (2019) • Paused Headspace imple–mentation due to privacy and security concerns (2021) • Needed to review data sharing agreements with external parties regarding TakemyHand because of security and compliance clearance (2021–23)	Delayed technology selection, pilot, and implementation

Project Changes (continued)

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Other County/City Specific Changes	Changed staff in key positions (Tech Lead, Mental Health Tech Outreach Coordinator, Tech@Hand Program Manager) (2020–23)	Staff turnover	Resumed efforts
	Hired a Peer Program Coordinator and Digital Peer Navigators (2020–24)	Needed staff members to manage the Peer component of the project, establish rapport with participants, and provide a Peer perspective	Increased engagement and satisfaction among participants
	Renamed Technology Borrowing and Distribution program to Tech@Hand (2022)	The initial name was intended to reflect that devices would be borrowed, not given	Rebranded program

Continuation of Project

Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Continue			
Device Distribution and Digital Literacy Workshops	A preliminary impact report showed the outcomes and impact of the project, as well as high participant engagement	Community organizations that SFDPH partnered with were highlighted in the impact report. The organizations emphasized how the project was meeting a need for their participants and servicing a very specific population impacted by homelessness and unemployment	MHSA

Key Strategies to Disseminate Lessons Learned

Report

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations,** page 216
- **Device Distribution and Access,** page 225
- **Digital (Mental Health) Literacy Trainings,** page 232
- **San Francisco County's Tech@Hand Evaluation,** page 264
- **Headspace Evaluation,** page 344

SAN MATEO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS)

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

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

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

Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

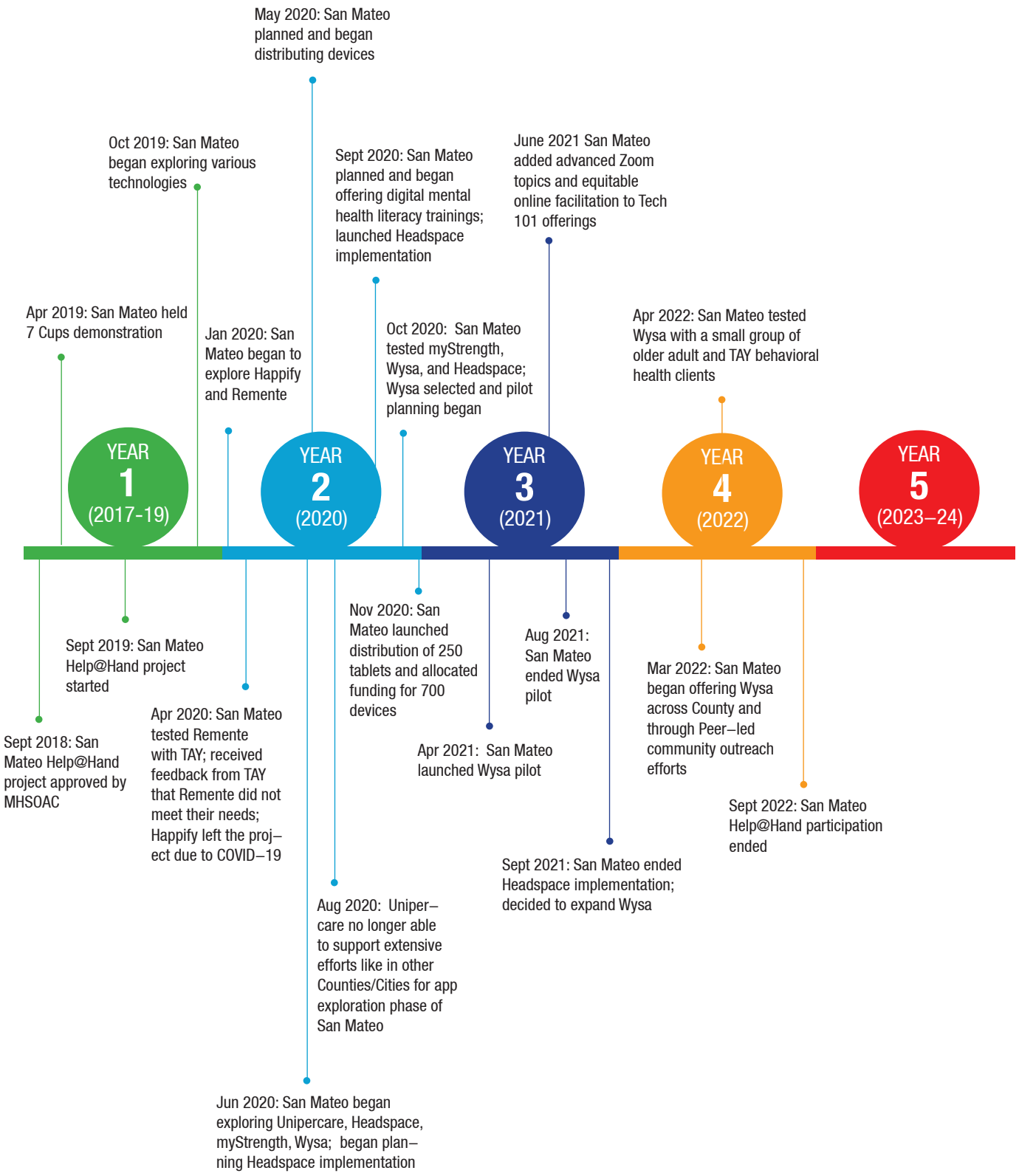
Priority Issue(s)

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

Project Activities During the Innovation Project

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

Key Project Milestones



Project Changes

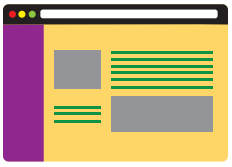
	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Did not focus on monolingual Chinese–speaking residents for an app (2019–20)	Considered apps did not have content in Chinese	Hired Chinese–speaking Peer Worker to provide digital behavioral health literacy supports and resources, "Get App–y" workshops
	Pivoted to TAY in general from TAY in crisis (2019–20)	Available market apps were not designed, nor did they have the appropriate clinical expertise, to support youth in crisis	Contracted with local 24–Hour Crisis Hotline provider with a teen–focused website, chat, and a youth outreach team to add text capacity for youth in crisis. The resources were promoted via the selected app
	Expanded technology offerings to general public (2020–21)	Recognized impact of COVID–19 on mental health of community	Served more community members, particularly those affected by COVID–19
Change in Technologies	Pivoted from Peer chat/support groups and digital phenotyping technology to other technologies (2019)	Peer chat/support groups and digital phenotyping technology did not fit core audiences. Had to find technologies that better fit core audience needs	Offered technology solutions, including texting capacity for TAY in crisis and an app that was vetted and selected by the core audiences and customized by the app developers for cultural responsiveness
Change in Project Approach	Considered piloting technologies with a small group (2019)	Approach agreed upon by Help@Hand Collaborative	Strategically used staff and resources for effective implementation
	Broadened project to include device distribution and digital mental health literacy trainings for Peers, BHRS clients, older adults, and vulnerable communities immediately post COVID–19 (2020–21)	COVID–19 exacerbated the digital divide for low–income, rural, disabled, people of color, and isolated older adults. BHRS clients and isolated older adults who specifically needed devices and/or help accessing and using technology. Peers needed digital literacy training to feel confident in supporting clients with their devices	• Improved access and use of technology among BHRS clients and older adults. • Provided training for Peer staff to support clients with the use of devices • Provided digital literacy supports including Technology 101 trainings, Tech Cafés and Get App–y Workshops for BHRS clients and other vulnerable communities more broadly.
	Broadened project to include wellness supports and education for TAY through technology–related mediums (social media, podcasts, apps) (2022)	TAY identified that the need was more broadly related to wellness supports and education in various spaces compared to one specific app	Implemented Help@Hand Youth Ambassador Program where youth developed social media strategies, podcasts and awareness about wellness apps more generally
Change in Timeline	Delayed timeline (2019–22)	• Pivoted from Peer chat/support groups and digital phenotyping technology (2019) • COVID–19 (2020) • Contract delays (2020–22)	Delayed technology deployments
	Delayed offering technologies to clients (2020)	Staff and stakeholders thought it more feasible to undergo app vetting, selection, piloting, and customization processes with community at–large not currently connected to services and then determine if the selected app could promote wellness and recovery for clients as a supplement to their ongoing mental health treatment	Completed BHRS adult and TAY client vetting in 2022
Other County/City Specific Changes	N/A	N/A	N/A

Continuation of Project

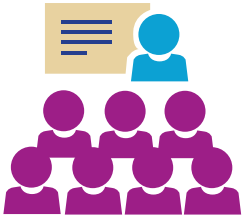
Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Continue			
Digital Behavioral Health Literacy for Peers (Painted Brain) and Older Adults (Get App-y Workshops)	Clients, Peers, staff, and other stakeholders considered this activity highly important for Peers and older adults	Advisory Committee[72]	Mental Health Services Act (MHSA) General System Development (GSD)
Device Distribution	Clients, staff, and other stakeholders considered this activity highly important, specifically for BHRS clients	Advisory Committee	MHSA Capital Facili–ties and Technological Needs (CFTN)
Texting Capacity for Local Crisis Hotline	TAY, staff, and other stakeholders considered this activity highly important for TAY	Advisory Committee	MHSA Prevention and Early Intervention (PEI)
TAY Engagement in Behavioral Health Education and Supports Through Technology	TAY, staff, and other stakeholders considered this activity highly important for TAY	Advisory Committee	MHSA PEI
Will Not Continue			
Wysa	Not able to garner enough interest in Wysa by the community, older adults, and TAY. Pivoted focus of continuation to BHRS clients only, but there was a vacancy in the program manager role	Advisory Committee	N/A
Headspace	Developers were unwilling to customize and refine Headspace to fit core audience's needs and priorities, including culturally relevant adaptations	Focus groups with older adults and TAY; Advisory Committee	N/A

Key Strategies to Disseminate Lessons Learned

Report



Website



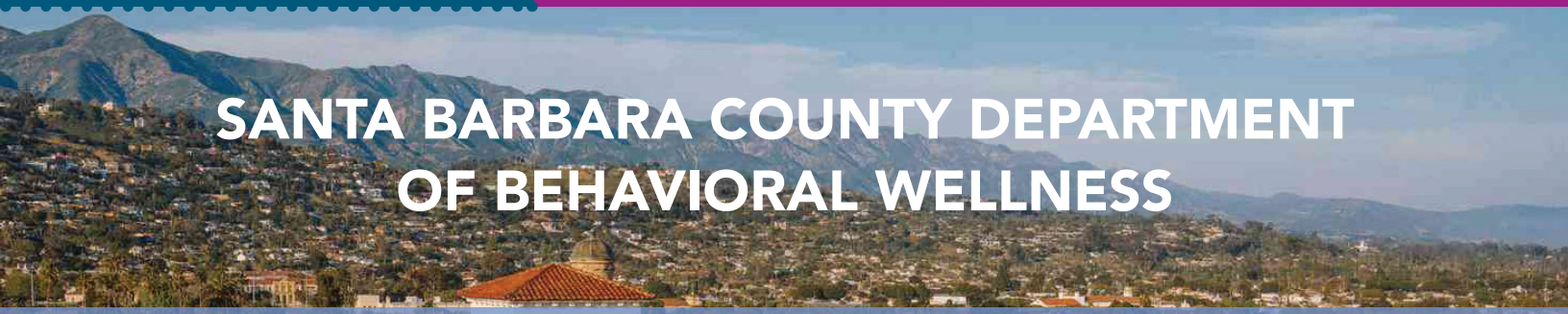
Meetings

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

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations,** page 216
- **Device Distribution and Access,** page 225
- **Digital (Mental Health) Literacy Trainings,** page 232
- **Headspace Evaluation,** page 344
- **myStrength Evaluation**, page 418
- **Wysa Evaluation,** page 514
- **San Mateo County's MHSA INN Final Report**, link to report on page 721



SANTA BARBARA COUNTY DEPARTMENT OF BEHAVIORAL WELLNESS

Using Technology to Advance Recovery, Referrals and Access to Care

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region	Median Household Income
448,229	2,734	164.0	40%	94%	6%	$92,332

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

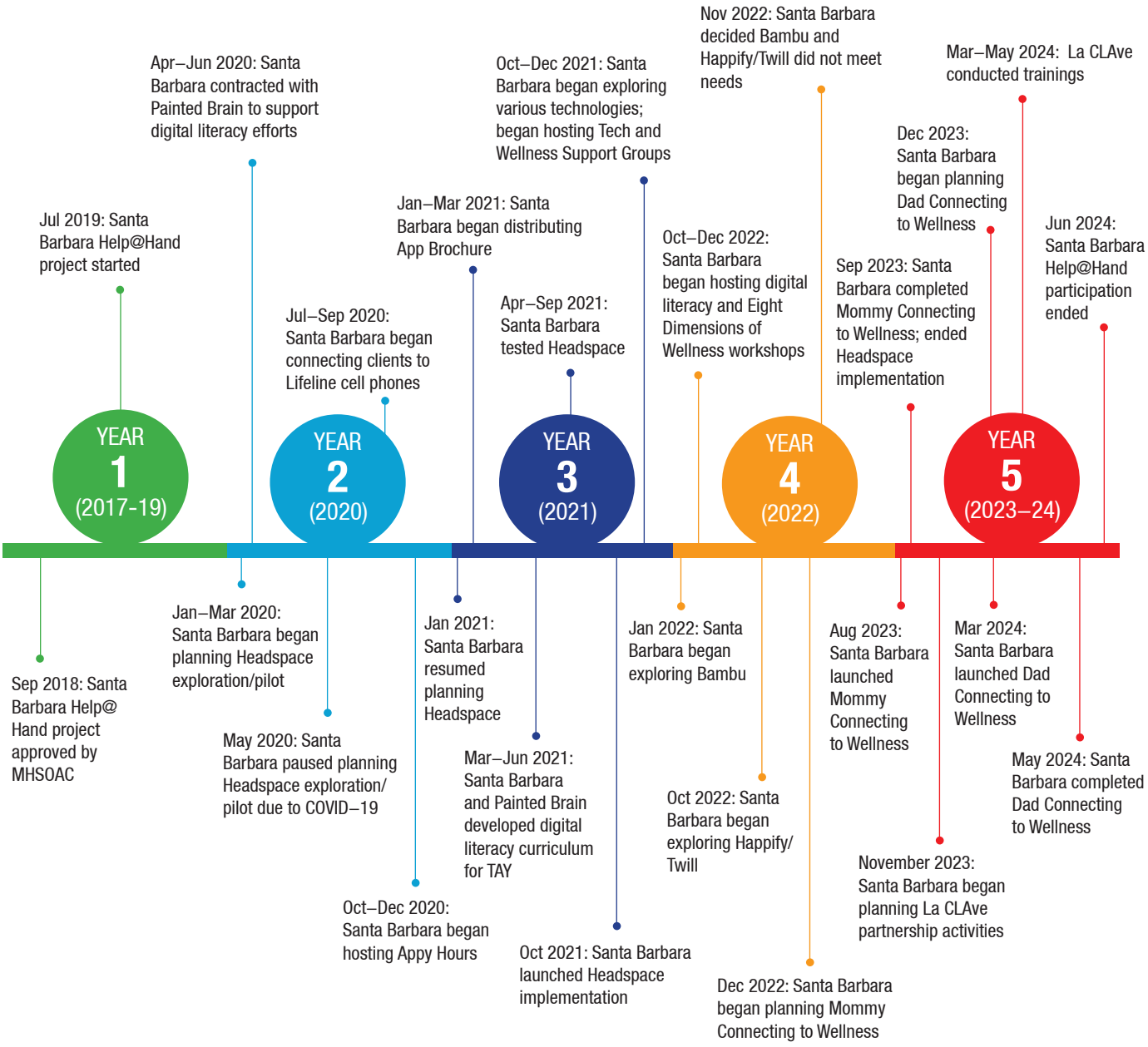
Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

Priority Issue(s)	
Priority Issue(s) Identified in County/City Proposal	• Immediate field response is not always available when needed • Peer opportunities and services are outdated or inadequate • Better use of technology would improve the quality, access to, and range of services • Transition Age Youth (TAY) have special needs and are inadequately served • Outreach and engagement efforts are currently failing to engage many clients, regardless of their respective types of service delivery
Core Audience(s) Identified in County/City Proposal	• Adults discharged from psychiatric hospitals and/or recipients of crisis services • TAY who are students at colleges and universities • Individuals aged 16 and over living in geographically isolated communities, such as Guadalupe and New Cuyama
Project Approval/Start Date/ End Date	September 2018/July 2019/June 2024
Project Budget	$ 4,912,852

Project Activities During the Innovation Project (continued)

Technology/ Activity (Years Worked On)	Intended Core Audience(s)	Built Own Technology Explored Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
App Brochure (2020–24)	• Santa Barbara County general population						X	X
Digital Literacy (2020–24)	• Santa Barbara County general population						X	X
Device Distribution (2020–24)	• Santa Barbara County general population						X	X
Headspace (2020)	• TAY in colleges and universities • Certain isolated adult clients • Adults discharged from psychiatric hospitals or who received crisis services	X	X	X				
Headspace (2021–23)	• Santa Barbara County general population	X			X	X		
Bambú (2022)	• Monolingual Spanish–speaking community • Individuals with disabilities	X						
Happify/Twill (2022)	• Monolingual Spanish–speaking community • Individuals with disabilities	X						
Mommy Connecting to Wellness (2022–23)	• Mothers of children 0–2 years						X	X
Eight Dimensions of Wellness (2022–24)	• Santa Barbara County general population						X	X
App Workshops (2022–24)	• Santa Barbara County general population						X	X
Dad Connecting to Wellness (2023–24)	• Fathers of children 0–2 years						X	X
LaCLAve (2024)	• County residents with focus on Spanish– speakers						X	X

Key Project Milestones



Project Changes

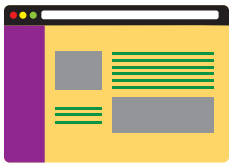
	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Headspace implementation was expanded to the general population (2021)	Received feedback from community stakeholders identifying need to expand access to Headspace to broaden reach and impact	Intended to reach a larger audience in the County
	Broadened the core audience to include mothers with children ages 0–2 years in the Mommy Connecting to Wellness Project (2022–23)	Identified need to support postpartum mothers, including monolingual Spanish speakers	Offered courses and workshops to teach community members on wellness and technology
	Broadened the core audience to include fathers with children ages 0–2 years in Dad Connecting to Wellness Project (2023–2024)	Based on the success of Mommy Connecting to Wellness, expanded program to support monolingual Spanish/English speaking fathers with children ages 0–2 years	Offered courses and workshops to teach community members on wellness and technology
Change in Technologies	Pivoted from Peer–to–Peer Chat Technology (2018)	Based on pivot from Help@Hand Collaborative	Focused on apps that better fit their audience
Change in Project Approach	Developed and offered App Brochure (2020–24)	Recognized the need to provide more resources to the community through a Peer–engaged approach	Intended to increase awareness of resources for the community to access
	Broadened project to include digital literacy and device distribution efforts (2020)	Recognized community needs with limited access to devices and limited knowledge on use of smartphone or tablet	Intended to improve access and use of technology among consumers
	Broadened project to include Mommy Connecting to Wellness, Eight Dimensions of Wellness and Apps Workshops, and Dad Connecting to Wellness (2022–24)	Identified the need to support the overall wellness needs of their community	Offered courses and workshops to teach community members on wellness and technology
	Planned to offer La CLAve within the County to sustain efforts to support County residents (2023)	Identified a need to continue supporting community needs post–Help@Hand project	LaCLAve was sustained within the County after their Help@Hand participation ended
Change in Timeline	Delayed timeline (2019–22)	• Pivoted away from Peer chat technology and passive data • Paused planning Headspace exploration/pilot due to COVID–19	Delayed technology selection, pilot, and implementation
Other County/City Specific Changes	Staffing changed (2021–23)	Staff turnover and leaves of absences occurred	The County had to adjust where they could provide support

Continuation of Project

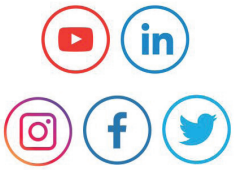
Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Continue			
App Brochure	Utilized by Peers to support their work with clients	Leadership and Peers	Local funds
Mommy Connecting to Wellness	Would continue supporting core audiences	County leadership, project team, and program participants	Activities will be funded through the agencies that utilize the curriculum
Eight Dimensions of Wellness	Would continue supporting County residents through County system/ programs and Promotores in the community	County leadership, project team, and Promotores Network	Trained County staff will incorporate into their work. Promotores Net–work will provide funding or continue as volunteers.
Apps Workshops	Would continue supporting County resident and clients	County leadership and project team	No additional funding needed as Peers would utilize workshop infor–mation when appropriate in their current roles
LaCLAve	Would continue supporting Spanish speaking audience	County leadership and project team	No additional funding needed as certified staff would utilize workshop information when appropriate in their current roles. Promotores and other trained CBO staff would include it to their services or volunteer their time
Will Not Continue			
Digital Literacy Class	Planned as pilot activity for project	Project team and leadership	N/A
Device Distribution	Planned as a one–time activity	County leadership and project team	N/A
Headspace	Planned as a one–time activity	County leadership and project team	N/A
Dad Connecting to Wellness	Planned as a one–time activity	County leadership and project team	N/A

Key Strategies to Disseminate Lessons Learned

Report



Website



Social Media

Presentations

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations,** page 216
- **App Guides/Brochures,** page 220
- **Device Distribution and Access,** page 225
- **Digital (Mental Health) Literacy Trainings,** page 232
- **Santa Barbara County's Mommy Connecting to Wellness Evaluation,** page 274
- **Santa Barbara County's Dad Connecting to Wellness Evaluation,** page 280
- **Mental Health Awareness Initiatives,** page 285
- **Headspace Evaluation,** page 344
- **Santa Barbara County's Mommy Connecting to Wellness Presentation**, link to presentation on page 721

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

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

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

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

Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*

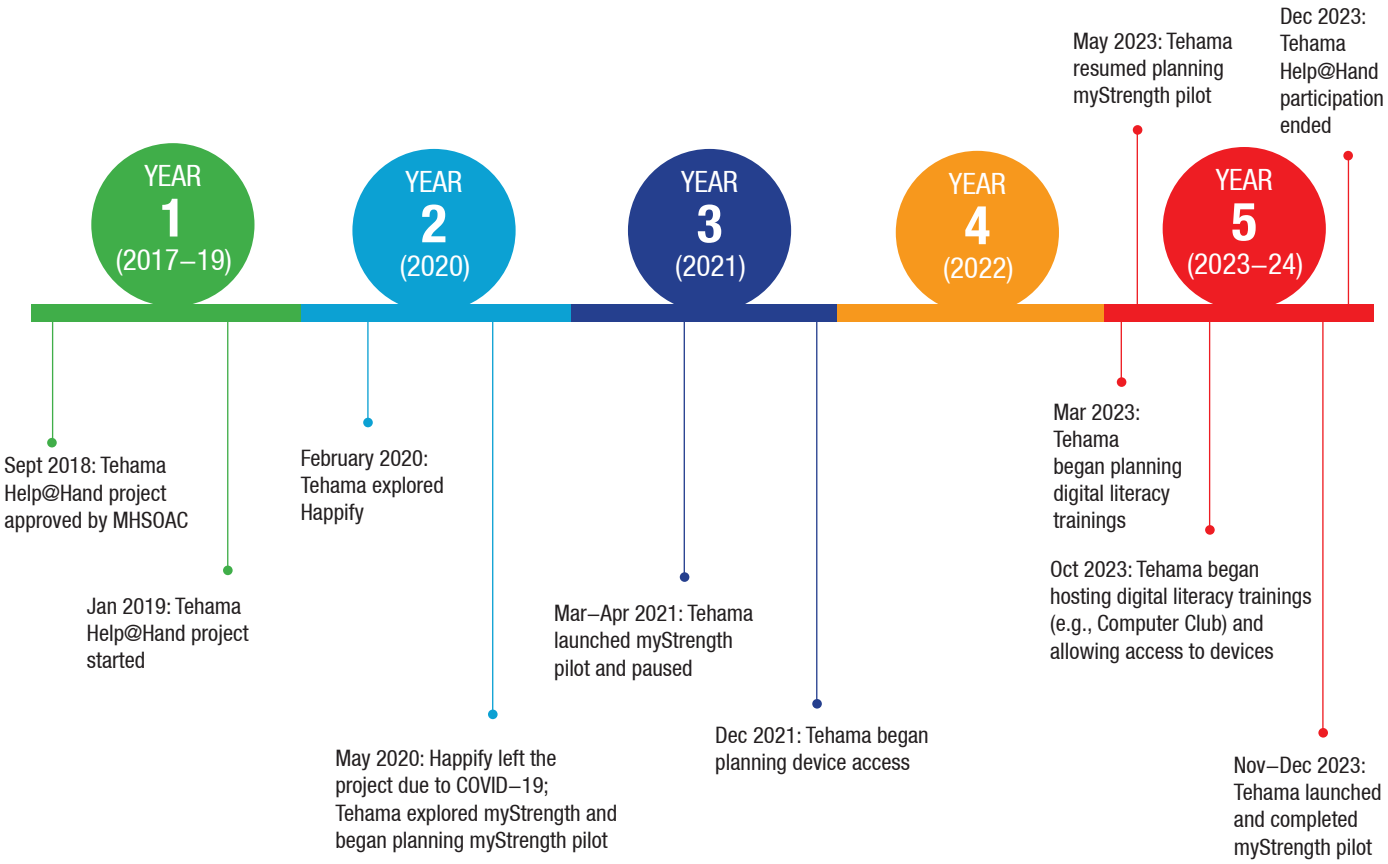
Priority Issue(s)

Priority Issue(s) Identified in County/City Proposal	Tehama County has high rates of geographic isolation and poverty. They also have high suicide rates among adult males. Use of mental health services are reduced due to lack of public transportation options, behavioral health workforce shortage, and limited knowledge of mental illness and mental health stigma.
Core Audience(s) Identified in County/City Proposal	• Individuals in remote, isolated areas who have limited or no access to social support and mental health services • Youth and Transition Age Youth (TAY) • Men at risk of suicide willing to engage in private and confidential services
Project Approval Date/ Start Date/ End Date	September 2018/January 2019/December 2023
Project Budget	$118,088

Project Activities During the Innovation Project

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

Key Project Milestones



Project Changes

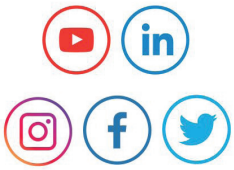
	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences 	Pivoted from TAY and men at risk of suicide to individuals experiencing homelessness and TCHSA–BH clients as core audiences in myStrength pilot (2020)	Increased demand for mental health services for individuals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

Continuation of Project

Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Continue			
Device Access	Had key staff and technology to support effort	Peers expressed enthusiasm to continue	Operational funds
Digital Literacy Trainings	• Community members attended trainings • Had key staff and technology to support trainings	Peers expressed enthusiasm to continue	Operational funds
Will Not Continue			
myStrength	Poor fit for core audiences	Involved staff and Peers in decision	N/A

Key Strategies to Disseminate Lessons Learned

Report



Social Media

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations,** page 216
- **Device Distribution and Access,** page 225
- **Digital (Mental Health) Literacy Trainings,** page 232
- **myStrength Evaluation,** page 418

TRI-CITY MENTAL HEALTH AUTHORITY (TCMHA)

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

Population	Square Mileage	Population Density (Population/ Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region*	Percent of Population in Rural Region*	Median Household Income
220,313	45	4,371.9	53%	99%	1%	$97,474

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

Source: *U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved October 1, 2024, from https://data.census.gov/*[73]

Priority Issue(s)

Priority Issue(s) Identified in County/City Proposal	A need to support students by expanding access to mental health services and providing alternatives to receiving services in a traditional clinical setting due to stigma. Challenges with accessing treatment for older adults, specifically home-bound older adults and those who lack transportation. Seventy-five percent of older adults indicated in Tri-City Mental Health Authority (TCMHA) community planning surveys that they would likely seek mental health support if it were provided online 24/7. Concerns with language capacity identified in community planning process.

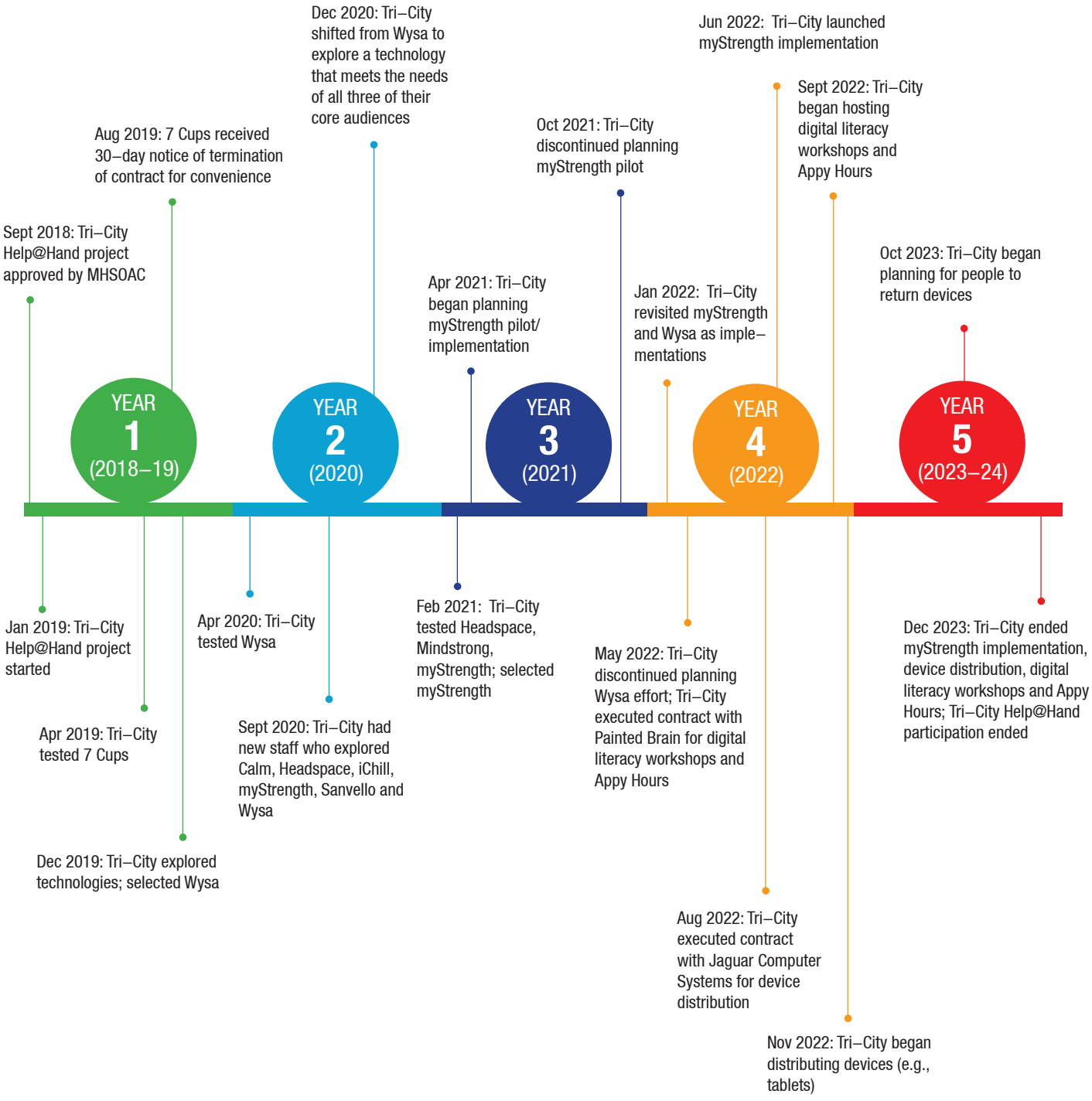
[73] Tri-City is a region in Los Angeles County and is composed of three cities- Claremont, La Verne, and Pomona. Population and square mileage were calculated as sums of the population and square mileage of Claremont, La Verne, and Pomona. Population density, percent who speak non-English language at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

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

Project Activities During the Innovation Project

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

Key Project Milestones



Project Changes

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

Project Changes (continued)

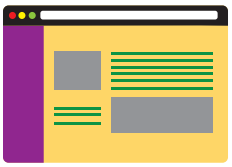
	Change (Year Change Occurred)	Reason for Change	Impact of Change
Other County/City Specific Changes	Change in Tech Lead (2019–23)	High staff turnover	Resumed implementation efforts on a delayed timeline
	Hired Peer Support Specialist (2023)	To provide a Peer perspective on the project, enhance outreach,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

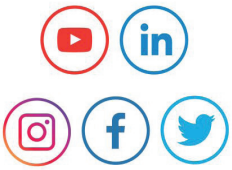
Continuation of Project

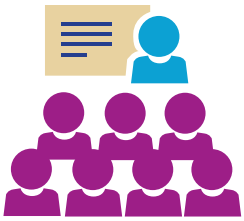
Completed Technology/ Activity	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/ Activity
Will Not Continue			
myStrength	No funding source available to continue	N/A	N/A
Device Distribution	No technology to further promote device distribution	N/A	N/A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

Key Strategies to Disseminate Lessons Learned


Report


Website


Social Media


Meetings


Presentations

Evaluation

The following sections include additional descriptions, evaluation findings, and learnings:

- **Tech Developments and Explorations**, page 197
- **Pilots and Implementations,** page 216
- **Device Distribution and Access,** page 225
- **Digital (Mental Health) Literacy Trainings,** page 232
- **myStrength Evaluation,** page 418

HELP@HAND ACTIVITIES

Key Points and Overview

This section presents the various activities planned and performed by Help@Hand Counties/Cities. These include:

- **Needs Assessments:** A method to identify the health-related needs of a core audience to inform programmatic and other decision-making
- **Tech Developments:** The process to create new technologies, improve existing ones, and make them available for use
- **Tech Explorations:** A method to vet and test apps and other technologies to understand how they performed in the broader marketplace, identify any major usability issues, and ensure they fit the intended core audiences
- **Pilots:** The process to test a technology and/or program with a small group of people for a short period
- **Implementations:** The process to offer a technology and/or program with a broad group of people for a long period
- **App Guides/Brochures:** A booklet designed to inform consumers of various technologies that support their mental health
- **Device Distributions and Access:** Any effort to distribute and/or provide access to devices and/or internet at little-to-no-cost
- **Digital (Mental Health) Literacy Trainings:** Trainings with core audiences to learn knowledge, skills, and behaviors to use technology
- **Mental Health Awareness Initiatives:** Platforms, campaigns, and other initiatives to increase mental health awareness and provide robust community wellness resources
- **Whole Person Health Score:** An assessment tool to screen an individuals' needs across six health domains - physical health, emotional health, resource utilization, socioeconomics, ownership, nutrition, and lifestyle

NEEDS ASSESSMENTS

A **needs assessment** is a tool designed to identify the health-related needs of a core audience to inform programmatic and other decision-making.

Four Help@Hand Counties/Cities designed needs assessments to better understand the following issues: 1) the broader unmet mental health needs of their core audiences; 2) how digital tools might address these unmet needs; and/or 3) the factors that may influence engagement with these tools. Of the four Help@Hand Counties/Cities, three completed their needs assessments.

These needs assessments involved surveys, interviews, and focus groups. Sample questions included the following:

- What mental health concerns, if any, have you experienced in the past 12 months?
- What barriers, if any, do you face to accessing mental health-related resources?
- When do you need support the most?
- Which resources and strategies do you **currently use** to manage your mental health?
- Which resources and strategies **would you like to use** to manage your mental health?
- In the past 12 months, have you tried to get help from an online tool, including mobile apps or texting services for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
- When thinking about using mental health apps, what aspects are important to you?

This section presents key evaluation findings from the needs assessments conducted in Los Angeles, Monterey, and Riverside Counties. It also includes a spotlight on Riverside County's needs assessment.

Needs Assessments in Help@Hand Counties/Cities	
Los Angeles County	• Survey with community college students between April -June 2020
Monterey County	• Key informant interviews with providers/staff in 2022 • Two focus groups with English-speaking adults and youth in 2022 • Two focus groups with Spanish-speaking adults in 2022
Orange County	• Survey with community college students in 2019 (not completed due to COVID-19) • Survey with Orange County Health Care Agency clients in 2020 (not completed due to COVID-19)
Riverside County	• Focus group and follow-up surveys with the Deaf and Hard of Hearing (DHoH) Community in September 2020 • Large-scale survey with DHoH Community between May 2022 – February 2024

Needs Assessment Evaluations

INTRODUCTION

Los Angeles, Monterey, and Riverside Counties conducted needs assessments to understand their core audiences and inform programmatic decisions. Below are key learnings from these needs assessments.

LOS ANGELES COUNTY COLLEGE STUDENT NEEDS ASSESSMENT

In partnership with a local community college and the Help@Hand evaluation team, Los Angeles County surveyed students at the college between April-June 2020 to assess students' mental health needs and how Help@Hand may help address these needs. 500 students completed the survey.

Appendix G has the full report. Key learnings included the following:

- **Stress, depression, and anxiety were the most prevalent mental health concerns of community college students:** Furthermore, many students indicated they had wanted to use professional services and resources to help them to work through negative emotions and thoughts, identify and recognize symptoms, and talk with other people to get/give support. A key recommendation from these learnings was that it could be useful to consider technologies that support these needs and requests.

- **Digital tools addressed unmet mental health needs:** Most students who participated in the survey had access to a smartphone, WiFi, and a data plan to use mental health apps. Given this, mental health apps might have served certain needs; however, it was important to address cost (selecting apps free to students whenever possible), privacy, and students' perceived needs when considering apps.

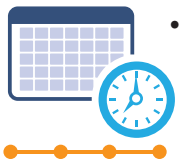
- **Common barriers to accessing digital tools were that students preferred to deal with issues on their own and concerns about costs and privacy:** Specifically, common reasons for not using online tools were that students did not think they needed it, they wanted to handle the problem themselves, and they did not think it would be helpful or work. These barriers were important to consider when offering digital tools to students and informed specific preferences for accessing and integrating mental health support.

MONTEREY COUNTY COMMUNITY NEEDS ASSESSMENT

Needs Assessment with English-Speaking Community

In partnership with CredibleMind, Inc., Monterey County assessed the mental health needs of their English-speaking community and the potential impact of their Help@Hand virtual screening tool. The tool aimed to screen for mental health disorders and direct individuals to local services or self-care resources. Their needs assessment involved 21 interviews with key informant providers/staff and two English-speaking community focus groups in 2022.

Appendix J has the full report. Key learnings included the following:



- **High demand and limited capacity of County providers caused prolonged wait times and confusion in screening and referral processes used before the development of their virtual screening tool:** Provider participants recommended improving efficiency by streamlining workflows, hiring more providers, and ensuring timely updates to referral information.

- **Limited resources offered by organizations other than Monterey County Behavioral Health (MCBH) significantly delayed referrals:** Participants recommended enhancing resource availability and maintaining updated local guides. Educating external providers (e.g., 211 Monterey County and Mobile Crisis Teams who played key roles in facilitating referrals) on available resources could have improved referral processes.

- **Effective and accessible mental health information was crucia:** Barriers to mental health literacy and understanding services persisted. Clear, culturally appropriate communication and outreach models, including telehealth, were important. Effective community education could have helped reduce stigma and improve mental health literacy.

- **Transportation issues and mental health stigma significantly hindered access to mental health services:** Addressing transportation challenges and the stigma associated with mental health helped clients access care and reduced barriers. Efforts to expand telehealth options aided those who could not receive in-person care. They focused on cultural competence to improve the quality of care and access to services, particularly for underserved populations.

Needs Assessment with Spanish-Speaking Community

Monterey County and CredibleMind, Inc. conducted a needs assessment to evaluate the experiences of adult Spanish-speaking community members with behavioral health services before the implementation of the Help@ Hand virtual screening tool. The needs assessment involved two community focus groups with bilingual and monolingual Spanish-speaking immigrant adults in 2022.

Appendix K has the full report. Key learnings included the following:

- **Language barriers, such as the availability of assessment questionnaires only in English and a shortage of Spanish-speaking staff, hindered effective mental health screening and assessment processes:**Focus group participants offered solutions such as developing culturally relevant assessment tools; offering screenings in languages like Spanish, Triqui, Mixteco, Zapoteco, and Chapino; and ensuring providers were culturally competent to improve accessibility and accuracy.

- **High demand and provider shortages along with client misunderstandings of referral information and limited cultural orientation to the U.S. mental health system delayed mental health referrals:** Solutions involved enhancing the availability of Spanish-speaking case managers and improving communication in the referral process.

- **Cultural stigma, limited English proficiency, and technology challenges prevented Hispanic/Latinx communities from seeking and receiving mental health information and services:** To overcome these barriers, communities needed comprehensive outreach efforts, culturally and linguistically appropriate resources, and enhanced mental health literacy through educational programs and technology training.

- **Telehealth played a crucial role during the COVID-19 pandemic by facilitating mental health referrals and connecting clients to services, particularly through trusted providers who spoke the same language as clients:** Strategies could have included integrating telehealth into comprehensive mental health care, bolstering community-based support systems, and expanding culturally specific mental health initiatives to improve accessibility and continuity of care.

RIVERSIDE COUNTY DHoH COMMUNITY NEEDS ASSESSMENT

Small-Scale Needs Assessment with the DHoH Community

Riverside County conducted a focus group and a follow-up survey in September 2020 to understand the mental health needs of the Deaf and Hard of Hearing (DHoH) Community and how mental health digital therapeutics, such as apps, could support these needs. Ten members of the Center on Deafness Inland Empire (CODIE)[74] took part in the focus group. The focus group was facilitated by the Help@Hand evaluation and supported by multiple interpreters.

Appendix N includes a journal article written by the Help@Hand evaluation team and Riverside County about the needs assessment. Key learnings included the following:

- **Participants acknowledged there was stigma within the community around mental health and seeking help:** They acknowledged that more acceptance was needed around mental health. Instead of using the term mental health, positive and uplifting terms around healing were preferred.

- **Participants expressed a need for increased education and awareness around mental health:** For example, short videos and having members of the community share their experiences could have helped. In particular, participants reported they wanted to access content related to depression, talk with other people to get/ give support (e.g., Peer support and chat), and suicide prevention, crisis support, and professional services. Participants emphasized the importance of raising public awareness about the benefits of mental health services and promoting the understanding that mental health is relevant to everyone.

- **Participants preferred an app that would have been useful for anyone:** They preferred an app that was not focused on the DHoH Community since it may have exacerbated feelings of being singled out.

- **Participants stressed the importance of the app being accessible, taking into account language, culture, available resources, and location:** They also valued having immediate and unlimited access to resources and services, rather than dealing with lengthy intake and waiting processes.

- **Support for a spectrum of language and linguistic needs within the community was needed:** Participants felt the primary issue was communication, access, and feeling welcome. Participants shared there were a range of language and linguistic needs within the community, with some people feeling more comfortable with English and American Sign Language (ASL). There were also different English literacy levels. Participants recommended providing different options to present content, such as text, videos, and icons, and providing ASL videos where possible. Participants also shared marketing suggestions to support a feeling of being welcome, for example, through visual advertisements that showed the step-by-step process of using the app.

- **People ideally preferred to directly communicate with a Deaf worker who had the sensitivity and experience to communicate with members of the community:** Participants also recommended involving community members in providing content and sharing feedback about improving app features.

Large-Scale Needs Assessment with the DHoH Community

Riverside County's local evaluation team described and highlighted key findings on the following page. The spotlight on page 194 and Appendix O has more information.

[74] The CODIE team comprised of members of the DHoH Community who advocated for the Community by empowering individuals with information, training and opportunities, and working to resolve challenges in areas such as communication barriers, Peer counseling, independent living skills, community education and outreach.

Riverside County's Needs Assessment with the DHoH Community Evaluation

Riverside County has one of the largest Deaf and/or Hard of Hearing (DHoH) communities in the U.S. RUHS-BH initiated an effort to conduct a needs assessment with the DHoH to understand ways to improve mental health services for this under-resourced community. Despite facing higher mental health risks, less than 2% of DHoH individuals receive needed treatment.[75] Specifically, the needs assessment survey was designed to better understand the DHoH community's mental health needs and inform the development of future digital tools. The survey was developed in partnership with Help@Hand evaluation team.

FINDINGS

Findings were synthesized from Riverside University Health System Behavioral Health Evaluations Unit's Help@Hand Innovation Project Evaluation Report 2021-2024 in **Appendix O**.

Evaluation Question 1: What does the DHoH community say about their general use of technology and mental health apps?

Majority of participants used both a smartphone and computer laptop or tablet, had reliable access to Wi-Fi, and had a mobile phone plan.

67%
Reported using both smartphone and a computer laptop or tablet

92%
Reported having reliable access to Wi-Fi

85%
Reported having a Mobile Phone Plan

Evaluation Question 2: What are the mental health needs among the DHoH community?

In general, items measuring distress indicated that most of the sample reported at least having a little of the symptoms noted below.

How have you been feeling during the past 30 days? (N=73)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Are you tired out for no good reason?	0%	44%	45%	11%	0%
Are you nervous?	0%	66%	30%	4%	0%
Are you so nervous that nothing could calm you down?	0%	81%	18%	1%	0%
Are you hopeless?	0%	80%	18%	2%	0%
Are you restless or fidgety?	0%	66%	29%	5%	0%
Are you so restless that you could not sit still?	0%	76%	16%	8%	0%
Are you depressed?	0%	67%	25%	7%	1%
Do you think everything was an effort?	0%	52%	34%	10%	4%
Are you so sad that nothing could cheer you up?	0%	80%	18%	1%	1%
Do you feel worthless?	0%	84%	15%	1%	0%

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

[75] Mental health care for DHH individuals: Needs, risk factors, and access to treatment. Retrieved from https://www.nationaldeafcenter.org/mental-health-research

A majority of respondents reported currently or previously experiencing a mental health challenge.

Have you ever experienced a mental health challenge? (N=73)[76]

30%
Never experienced a mental health challenge

52%
Currently or previously experienced a mental health challenge

Evaluation Question 3: What does use and interest in mental health resources look like among the DHoH community?

Most respondents currently used informal support and social media, with nearly half wanting to use Riverside County's TakemyHand™ LiveChat. However, most respondents did not want to use mental health hotlines, warm lines, peer chats, or mental health mobile apps.

Do you currently use or do the following? (N=73)

	I currently use	I would like to use	I do not use or want to use
Informal Support	60%	32%	8%
Professional Mental Health Services	18%	49%	33%
Mental Health Hotlines, Warm Lines, or Peer Chats	5%	41%	54%
Riverside's TakemyHand™ Live Peer Chat	5%	55%	40%
Social Media	40%	26%	34%
Online Forums or Communities	11%	43%	46%
Mental Health Websites	15%	43%	42%
Mental Health Mobile Apps	7%	43%	50%
Exercise Program or Physical Activities	36%	44%	20%
Art Activities	38%	45%	17%

Challenges Accessing Mental Health Resources

The main challenges reported were limited American Sign Language (ASL) support and long wait times, highlighting the need for ASL counselors. Many respondents doubted the usefulness of available resources and questioned the seriousness of their needs, and over half preferred handling issues independently.

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

[76] Percentages do not add up to 100% because 18% preferred not to answer.

A majority of respondents reported currently or previously experiencing a mental health challenge.

What challenges do you experience when accessing mental health related resources? (N=73)

89%
Reported limited support for ASL

75%
Reported long waiting time to access resources

55%
Reported preferring to deal with issues on their own

67%
Questioned how serious their needs were

73%
Questioned whether resources were helpful

Evaluation Question 4: What are important considerations for a mental health app among the DHoH community?

Respondents considered all app features important, with top priorities being privacy, ASL support, video captions, and strong visual content. The figure below displays the percentage of people who found each aspect important.

When thinking about using an app to support mental health what aspects are important to you ? (N=73)

99%
Supports ASL

95%
Connects directly with a person who knows ASL

97%
Contains lots of visuals and images

97%
Has video with captions

88%
Available in languages other than English

96%
Free

85%
Sensitive to culture, race, ethnicity, gender, and sexuality

85%
Similar people on the app

99%
Personal information kept private

90%
Does not have negative effect on device (e.g., drain battery)

88%
Parts of the app can be used offline

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

Qualitative Findings

The survey featured a section where respondents could provide comments on the symptoms or issues they believed should be addressed by a mental health app.

What symptoms or mental health concerns would you like an app for mental health to cover?

- **Depression and Anxiety:** Commonly mentioned issues include depression, loneliness, anxiety, and suicidal thoughts.
- **General Emotional Wellness:** Emphasized the need for comprehensive support covering all mental health aspects and emotions without limitations.
- **Relationships**: Respondents highlighted grief, relationship struggles, and toxic dynamics.
- **Specific Mental Health Concerns:** Included insomnia, eating disorders, panic attacks, and trauma/PTSD.
- **Access:** A strong need for ASL providers and resources tailored to the DHoH community's unique experiences and communication needs.

What else would you like to share with us?

- **Access:** Respondents emphasized the need for 24/7 access to mental health resources and services, regardless of location.
- **Communication Support:** There is a demand for apps that support ASL and include captions or transcripts to accommodate Deaf users.
- **Inclusive Options:** Suggestions included developing more resources available in ASL, visual formats, and English, along with direct services in ASL.
- **Age Considerations:** Comments reflected a concern that available resources often cater to children, leaving adults underserved.
- **Technology Interaction:** Many expressed a preference for human interaction over AI in mental health apps, highlighting the importance of personal connections.
- **Awareness and Improvement:** Overall, respondents appreciated the research's focus on enhancing access and support for the DHoH community.

FUTURE DIRECTIONS

RUHS-BH will use survey findings to improve services for the DHoH community, addressing challenges like service access, mental health stigma, and communication needs.

Recommendations from the ASL LiveChat trial included improving video accessibility, increasing ASL Peer Counseling availability, extending service hours, providing Deaf-sensitive training, and ensuring mobile app functionality. Next steps involve refining training, enhancing accessibility, and expanding outreach to better serve the DHoH community through TakemyHand™ LiveChat.

INITIAL ACTIONS TO ADDRESS NEEDS

RUHS-BH produced five ASL mental health educational videos covering topics like depression and suicide, which were posted on the TakemyHand™ website and YouTube.[77] A trial of ASL LiveChat ran from December 2023 to February 2024, staffed by trained Deaf Peer Support Specialists. Weekly engagement ranged from two to five 5 users, and community feedback highlighted technical challenges and the need for direct services and better communication access.

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

[77] Videos on the TakemyHand™ website can be found at: https://takemyhand.co/videos. The YouTube video can be found at: https://www.youtube.com/watch?v=whlwJO6Lmcl&t=27s.

SPOTLIGHT

Building Mental Health Access for People Who Are Deaf or Hard of Hearing (DHoH)

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Riverside County engages advisory groups to provide feedback and advice on working with underserved populations. These groups are made up of consumers, family members, parents, partner agencies, Department staff and general community volunteers. One advisory group recommended including people who are deaf or hard of hearing (DHoH) in the Help@Hand program. With the support of interpreters, a focus group of 10 participants from the Center on Deafness - Inland Empire (CODIE) discussed how mental health apps and technology could help people who are DHoH with communication barriers, independent living, community outreach and Peer counseling.

CODiE
CENTER ON DEAFNESS - INLAND EMPIRE

Riverside County was challenged with how to improve access to mental health technology for the DHoH community and include it as general population services. In 2020, a focus group of CODIE members that identified as members of the DHoH community was formed and surveyed to understand community needs and current strategies to manage mental health. With this feedback, Riverside County could identify the appropriate digital tools to support mental health services. Based on focus group feedback, Riverside translated the Digital Mental Health Literacy (DMHL) video series on the Riverside County and Help@Hand website into ASL format as a start to improving use of online tools. Additionally, Riverside offered Peer Support Specialist certification training to CODIE members with lived DHoH experience. The two members who completed their Peer training were contracted to operate the three-month TakemyHand™ ASL video chat pilot using the TakemyHand™ platform and launched specially to enhance emotional support to the DHoH community.

In 2022, focus group and survey findings were published in JMHR Human Factors, a journal for multi-disciplinary journal that focuses on understanding behavior and thinking that influences health care interventions and technologies. The article revealed findings that illuminated several needs: visual options (text, videos, icons and ASL) to help mitigate linguistic and literacy challenges when using digital mental health interventions, ability to directly communicate with providers in the same language, increased education on mental health to reduce stigma. Two major insights to barriers reported on the survey were

"…difficulty in finding mental health care providers that knew ASL" and "…barriers to using online mental health tools specifically" due to the difficulty of finding a tool that had ASL (Borghouts, 2022).

The survey was distributed to a wider group in 2022 to capture additional DHoH community needs. University of California, Irvine (UCI) Help@Hand evaluation team worked with Riverside to develop a 27-question needs assessment survey, with questions focusing on Eligibility, General Technology Use, Mental Health Needs, Use of and Interest in Mental Health Resources, Important Considerations for Mental Health Apps & Demographics. A vendor specializing in ASL interpretation was contracted to create the necessary ASL videos for the survey questions - 81 ASL videos were produced. The ASL videos included a video providing Riverside County local mental health resources and a video explaining the survey consent form. The assessment was completed by DHoH community members and available on desktop and mobile devices. The assessment was promoted through CODIE's website, events, and through direct email. Riverside received 64 completed assessments overall that will be analyzed by their local evaluation team.

Target Group: Challenges and Benefits

People who are deaf or hard of hearing face unique challenges compared to others. ASL is considered a universal language for this group but can be interpreted differently within the community or sometimes, not understood. Just like English is considered a common language and is spoken differently depending on the speaker's country of origin, ethnicity, cultural background, and dialect, ASL can be expressed in various ways. Additionally, visuals may exclude important details that support meaning.

In a Collaborative meeting, CODIE team members helped counties and cities understand the challenges the DHoH community faced. As was illuminated through the focus group and survey findings, ASL has varying ways in which it is expressed, similar to spoken language. In the case of interpreting mental healthcare information, topics like depression may produce unintended results if words do not translate accurately in silence. This is one of the unique challenges people who are DHoH regularly experience.

The greatest benefit of including this group in the Help@Hand project was the increased understanding of how to provide access to mental health technology solutions to the broader community. The participation of the DHoH group also resulted in Riverside being able to collect feedback to improve the Peer Support Specialist Training Curriculum. This helped to better serve the training needs of the DHoH members in Peer Support Certification. Conducting the needs assessment survey was the best option to learn more and the feedback informed Riverside of the need for ASL-trained Peers, and ASL-translated materials such as the DMHL videos found on the Help@Hand website. Overall, inclusivity was enhanced. Following are milestones and lessons learned that paved the way toward improved access to mental health services for the DHoH community using technology.

Milestones

- Translated DMHL video series on the Help@Hand website in ASL found that the DHoH community could benefit from.
- Launched a needs assessment survey to gain more insight to specific needs of the DHoH community.
- Administered ASL-inclusive Peer Support Specialist Training, with two participants completing the course and eligible to take the Medi-Cal certification exam.

- Launched the Peer-supported TakemyHand video chat pilot using Peer Support Specialists who are deaf or hard of hearing.
- Riverside adapted the DHoH Needs Assessment so that other Collaborative members could adopt and use to tool in their own communities

Lessons Learned

Riverside County provided a voice for the DHoH community at the mental health technology table. The County made many discoveries for this group, including:

- ASL interpreters with varying backgrounds are needed for events attended by ethnically and culturally diverse residents
- Visual marketing materials resonate differently for DHoH consumers, and more learning is needed
- DHoH community members included in mental health awareness planning paves a clear path to successfully providing what's needed

The needs assessment and resulting work done by Riverside County has provided a path for learning about DHoH community needs and how to help them better access mental health services technology. The information generated by this effort makes an invaluable contribution to one of Riverside's diverse communities. The needs assessment tool will continue improve access to mental health technology for DHoH people as other counties and cities have requested its use to help their own community members.

TECH DEVELOPMENTS AND EXPLORATIONS

Monterey and Riverside Counties used **tech development** to create new technologies to address unmet needs in their communities. In particular, Monterey and Riverside Counties developed WellScreen Monterey and TakemyHand™.

A **tech exploration** allowed for vetting and testing of apps and other technologies to understand how they performed in the broader marketplace, identify any major usability issues, and ensure they fit the intended core audiences.

Help@Hand Counties/Cities performed tech explorations with technologies identified through Help@Hand's Request for Statement of Qualifications (RFSQ)[78] or other technologies that interested Counties/Cities. Tech explorations helped Counties/Cities to understand the technologies better, identify technologies to pilot or implement, and make recommendations to vendors on how to improve their products.

Tech explorations included market scans, heuristic evaluations, and early technology testing with staff and consumers.

Market scans reviewed information about apps and technologies (e.g., data about apps and other technologies, such as app descriptions, features, number of downloads, and number of active users). Sample questions included the following:

- What apps and technologies are similar to those included in the Help@Hand project?
- What are the features of the apps and technologies?
- How many times do consumers download these apps and technologies? How do they use them?

The Help@Hand evaluation team conducted market scans for apps and technologies in the Help@Hand project as well as comparable apps and technologies not included in the Help@Hand project. This section includes a synthesis of the Help@Hand evaluation team's market scans during the project.

A **heuristic evaluation** involved an expert (e.g., someone with extensive experience in consumer experience and mental health app reviews) reviewing the overall experience of apps and other technologies. Sample questions included the following:

- Is it easy to use?
- Does it work properly?
- How good does it look?
- Is the content well-written and accurate?
- Is it interesting and fun to use?
- Is it interactive?

The Help@Hand evaluation team conducted heuristic evaluations of 7 Cups and Mindstrong, which are located in the Help@Hand Technologies section on page 299 of this report.

[78] The RFSQ was an opportunity for technology vendors to submit applications to include their products in Help@Hand. The Help@Hand Counties/Cities reviewed these applications and selected those that would fit the project. More details describing the RFSQ process can be found in the Help@Hand Year 1 Annual Evaluation Report located at: https://sites.uci.edu/helpathand.

Early technology testing with staff and consumers gathered input from staff who worked closely with core audience members and representative groups of the core audience. Staff testing helped determine which technologies best fit the needs and scope of the core audience and helped in developing strategies to offer these technologies to consumers. Consumer testing involved quickly capturing initial input that may indicate the likeliness of consumers using a technology and their satisfaction with it.

Sample questions to gather feedback include the following:

- Consumer needs (e.g., How well do you feel that this product can support your wellness/ mental health?)
- Usability (e.g., How easy was it to download and set up the app?)
- Lifestyle fit (e.g., How well does this product fit with other techniques and tools (apps and non-apps) that you use to manage your mental health or well-being?)
- Product safety (e.g., Do you have any concerns that using this product may lead you to experience negative consequences related to your mental health?)
- Security and privacy (e.g., Are you concerned that your data may not be private when you use this product and that others may see your data?)
- Satisfaction (e.g., Overall, how satisfied or unsatisfied are you with this product?)
- Other barriers and/or facilitators (e.g., What challenges might you experience in trying to use this product?)

Help@Hand Counties/Cities tested various technologies. The Help@Hand Technologies section on page 299 includes findings from A4i, Headspace, myStrength, Uniper, and Wysa testing.

Tech Exploration in Help@Hand Counties/Cities through Market Scans, Heuristic Evaluations, and/or Early Technology Testing[79]			
City of Berkeley	Dance4Healing	Headspace	HeyPeers
	myStrength	Uniper	
Kern County	7 Cups	Mindstrong	
Los Angeles County	7 Cups	CredibleMind	Headspace
	iPrevail	MindLAMP	Mindstrong
	SyntraNet	Uniper	
Marin County	7 Cups	Happify	myStrength
	Uniper	Wysa	

[79] Monterey County did not explore technologies since they focused their Help@Hand project on developing WellScreen Monterey.

Modoc County	7 Cups Mindstrong
Mono County	Headspace myStrength Wysa
Orange County	7 Cups Mindstrong
Riverside County	A4i Action for Happiness Bambú Booster Buddy BPLucky Daylio deVicer Emotional Intelligence Enchanted Forest Fabulous Self-Care Feel Focus Glide Habitica Happify Headspace I am Sober InnerHour Meditation Game Meru Mindstrong My Oasis myStrength PeerStrong Recovery Record Rise Up SageSurfer Sanvello SilverCloud Tess TheraPeer What's Up? Woebot Wysa Youper

San Francisco County	7 Cups	Headspace	Hey Peers
	Ouchie	PreRegistry	SageSurfer
	Sharpen Minds	SoberGrid	Support Group Central
	Supportiv	TakemyHand	Uniper
	Wysa		
San Mateo County	7 Cups	Happify	Headspace
	myStrength	Remente	Unipercare
	Wysa		
Santa Barbara County	Bambú	Happify/Twill	Headspace
Tehama County	Happify	myStrength	
Tri-City	7 Cups	Calm	Headspace
	iChill	Mindstrong	myStrength
	Sanvello	Wysa	

Market Scan Evaluations

INTRODUCTION

The Help@Hand evaluation team conducted market scan evaluations in Years 1-3 to gain an in-depth understanding of the digital mental health landscape during the Help@Hand project. The evaluations explored key factors such as app features, accessibility, user experience, and user engagement, with the goal of informing future strategies related to the selection, pilot/implementation, evaluation, and long-term adoption of mental health apps tailored to the diverse needs of public health settings. More information about the evaluations can be found in the Help@Hand Annual Evaluation Reports for Years 1-3.[80]

KEY TAKEAWAYS

Year 1: 7 Cups, Mindstrong, and Comparable Apps

- Apps that were comparable to 7 Cups and Mindstrong had considerable overlap between 24/7 support, 1-on-1 support, and chatbot features.
- Despite high market variability, chatbot AI had a high average download rate compared to other app categories, such as 24/7 support or 1-on-1 support.
- Retention trends declined sharply upon the first week of download, then stabilized through the rest of the month of usage.

Year 2: Meditation, Peer Support, Chatbot, and Digital Phenotyping Apps

- Many mental health apps reviewed offered engaging user experiences, but limited accessibility features (e.g., languages, assistive technologies) created barriers for some users.
- Chatbot apps had higher user experience, downloads, and engagement than meditation or peer support apps.
- Digital phenotyping was largely unavailable in public mental health apps, although several were in development.
- Help@Hand request for Request for Statement of Qualifications (RFSQ)-approved technologies tended to be less downloaded and less used than the average app of similar categories in the marketplace.

Year 3: Headspace, myStrength, and Comparable Apps

- Mindfulness was a common feature in many mental health apps reviewed in the market scan.
- Apps were not available to broad audiences – most were in English only, and required internet connectivity to access the content.
- User experience was an important metric, but did not guarantee high user adoption and sustainment. Engagement strategies were required and key performance metrics were needed to determine whether those engagement strategies were working.

[80] The reports can be found at: https://sites.uci.edu/helpathand.

FINDINGS

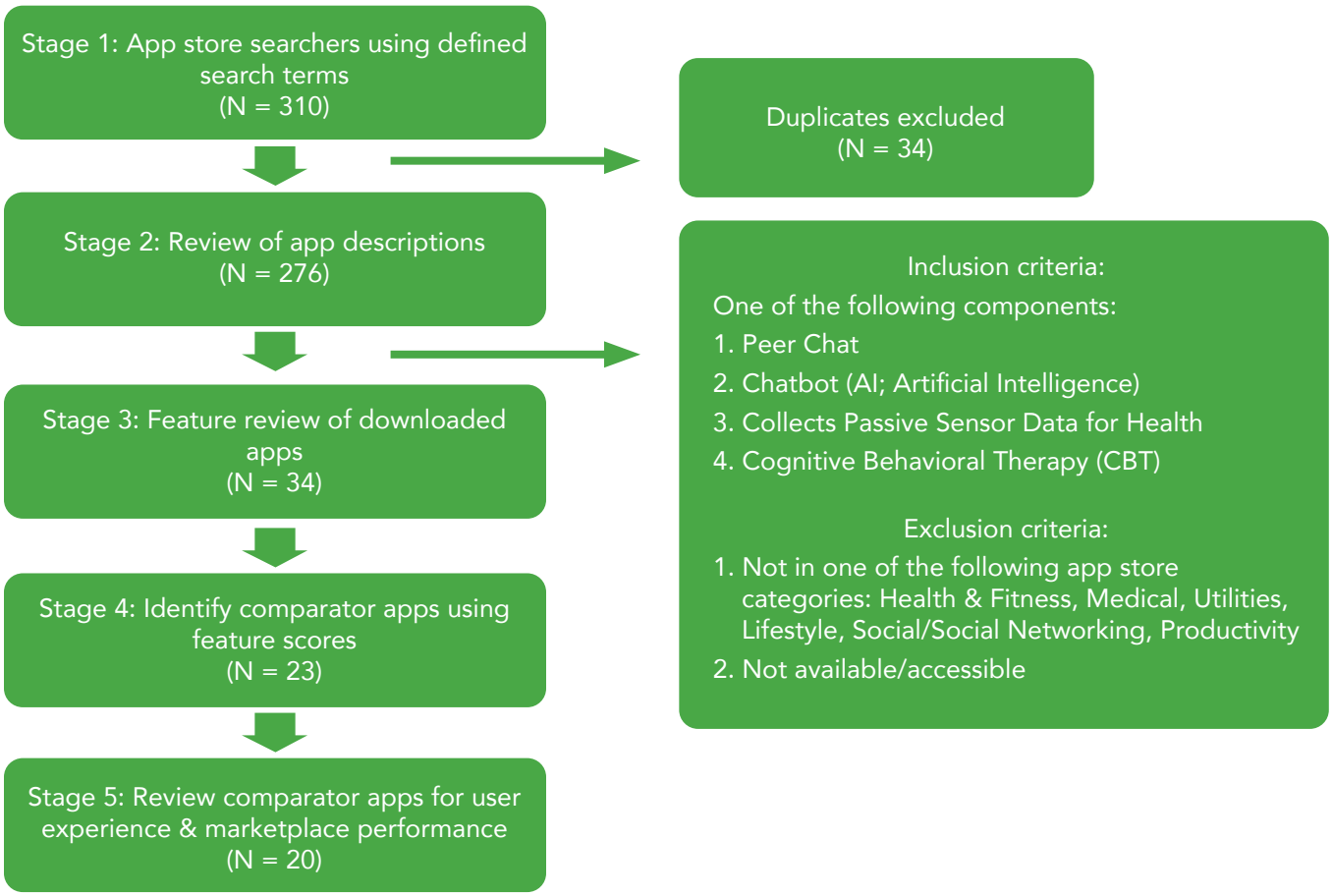
Year 1: 7 Cups , Mindstrong, and Comparable Apps

In Year 1, the market scan evaluation focused on the two Help@Hand technologies at the time – 7 Cups and Mindstrong – and comparable apps.

The following figure illustrates the process used. A search using relevant keywords on Google Play and iTunes identified 310 apps comparable to 7 Cups and Mindstrong at the time. The evaluation team narrowed the list to 20 comparable apps through multiple review stages. This included identifying apps that had one of the following components:

- **Peer Chat** (e.g., a communication platform where individuals or a group of people could instantly message one another
- **Chatbot/Artificial Intelligence (AI)** (e.g., a computer program designed to mimic the language and communication of a human)
- **Digital Phenotyping** (e.g., passively collected sensor data used to assess, measure, or predict health status)
- **Cognitive Behavior Therapy (CBT)** (e.g., a structured, goal-oriented form of therapy that helps individuals identify and modify negative thought patterns and beliefs that contribute to distressing emotions and behaviors). Apps were excluded if: 1) they were not located in one of the following app store categories: Health & Fitness, Medical, Utilities, Lifestyle, Social/Social Networking, Productivity; 2) they were not available/accessible.

Market Scan Process in Year 1



Key Features

Apps that included the above components were downloaded and reviewed for the presence or absence of 12 key features, with emphasis on the following features that were particularly relevant to Help@Hand:

- **24/7 Support:** Users could receive support at any time on any day.
- **1-on-1 Support:** Users could speak with someone from the app through a chat or messaging medium.
- **Chatbot/AI:** Users could have a conversation with a chatbot, which mimics the language and communication of a human.
- Digital Phenotyping (none of the apps identified had the digital phenotyping feature).

The table below presents the 20 comparable apps by key feature. There was considerable overlap between features, especially for 24/7 support and 1-on-1 support, as many apps offered both features.

Apps Comparable to 7 Cups and Mindstrong by Key Features[81]

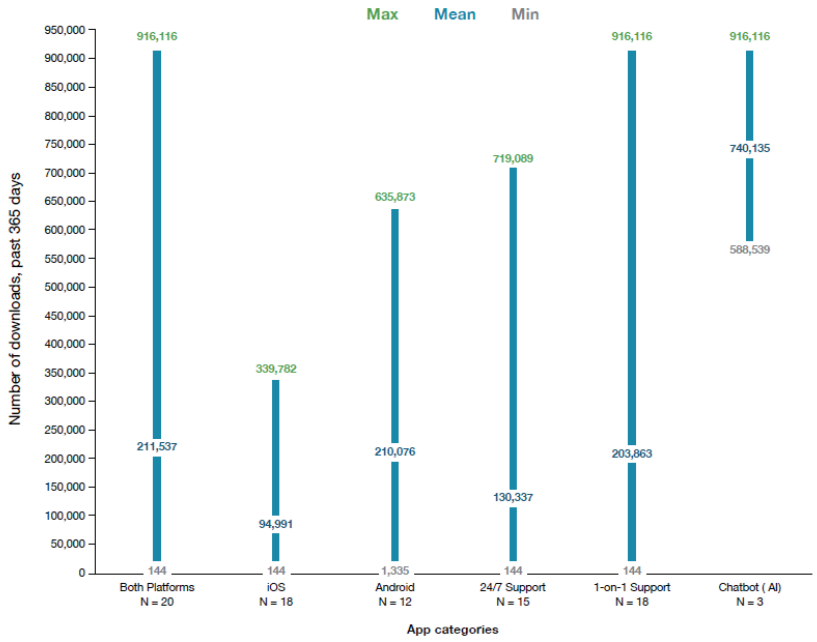
App Name	24/7 support	1-on-1 support	Chatbot (AI)
Good Grief: Chat & Messaging	•	•	
HealthUnlocked Communities	•	•	
iPrevail	•	•	
Joyable		•	
MoodTrack	•	•	
PSY: Mental health chat psychological help	•	•	
Psychology Chat	•	•	
Replika		•	•
rTribe	•	•	
Sanvello	•		
Sibly	•	•	
TalkLife	•	•	
UP!		•	
Wakie	•	•	
We Are More	•	•	
What's Up	•		
Wisdo	•	•	
Woebot		•	•
Wolf+Friends	•	•	
Youper	•	•	•
Total	**15**	**18**	**3**

[81] Digital phenotyping is not included as none of the apps identified had the feature at the time.

Downloads

Downloads represent the number of new users installing an app for the first time. The figure below shows the total downloads for apps comparable to 7 Cups and Mindstrong by platform (e.g., iOS and Android) and key feature (e.g., 24/7 support, 1-on-1 support, and chatbot/AI). The number of downloads varied greatly from over 900,000 to less than 150, which highlighted the market's variability. chatbot/AI apps had higher average downloads compared to other app categories.

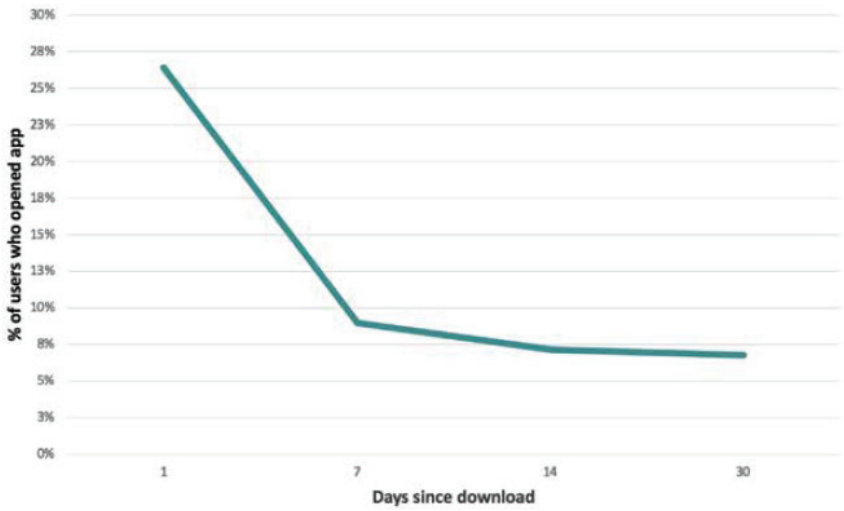
Total Downloads in Year 1 for Apps Comparable to 7 Cups and Mindstrong by Platform and Key Features



Retention

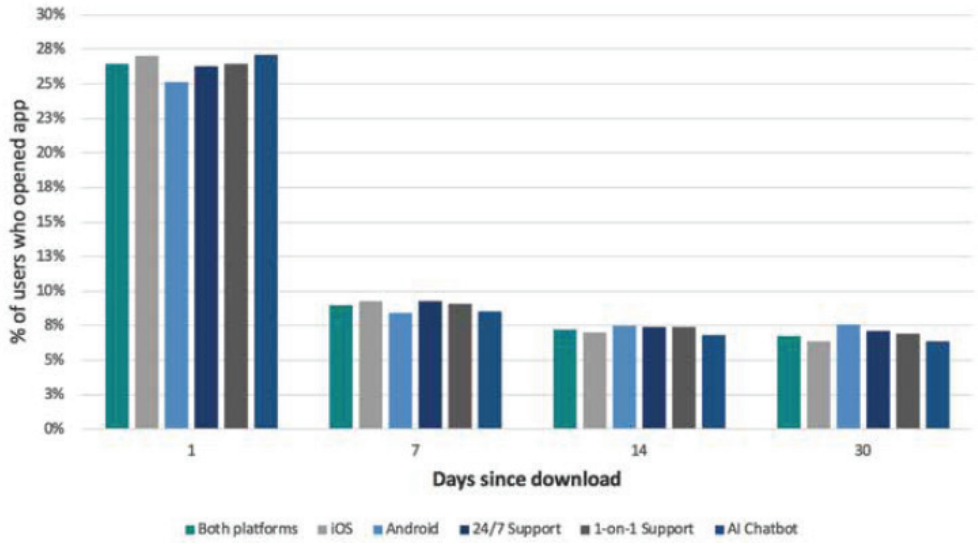
Retention refers to ongoing app use after the initial download (e.g., Day 2 indicates that the app was used for two days since download). The figure below shows retention trends for the 20 comparable apps from Day 1 to Day 30. There was a sharp decline from Day 1 to Day 7, followed by stable rates through Day 30.

Overall Retention Over 30 Days in Year 1 for Apps Comparable to 7 Cups and Mindstrong



The figure below shows retention by platform (e.g., iOS and Android) and by key feature (e.g., 24/7 support, 1-on-1 support, and chatbot/AI). Although the key features varied in other metrics like downloads, retention rates were consistent.

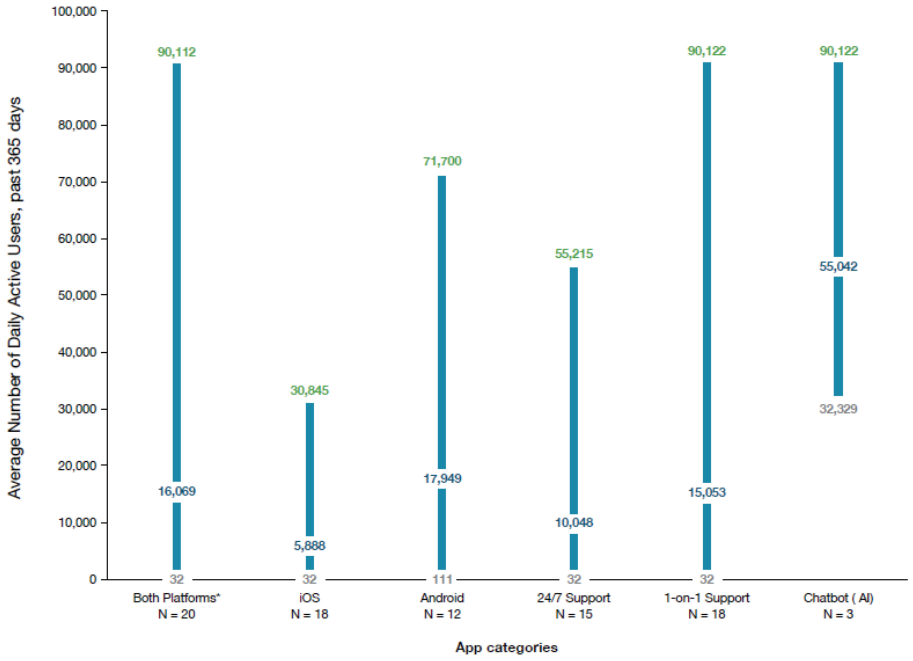
Overall Retention Over 30 Days in Year 1 for Apps Comparable to 7 Cups and Mindstrong by Platform[3] and Key Features



Active Users

Active users are those who opened the app at least once within a specific time frame. The figure below shows the average number of daily active users in 2019. iOS apps had fewer active users than Android apps. This was likely due to Android's larger market share (87% in 2019) and its lower-priced devices.

Average Daily Active Users in Year 1 for Apps Comparable to 7 Cups and Mindstrong by Platform[82] and Key Features



[82] In Figure 5, the sample for "both platforms" combines the average number of iOS users with the average number of Android users.

LEARNINGS

In Year 1, the Help@Hand evaluation team conducted a market scan evaluation of apps similar to 7 Cups and Mindstrong. Learnings included the following:

- **Digital phenotyping apps were not widely available for the public.** Mindstrong was the only app identified by the evaluation team with a digital pheotyping component at the time.
- **A lot of variability existed in the app marketplace.** Few apps had identical patterns of features and the functionality of mental health apps varied significantly. There were also wide ranges of downloads and active users among the apps that were examined.
- **Only a small number of users used apps after they downloaded them.** Retention data indicated low uptake and sustained use of the apps in the market scan, emphasizing the need for active strategies to enhance user retention.

Year 2: Meditation, Peer Support, Chatbot, Digital Phenotyping, and Help@Hand RSFQ-Approved Apps

In Year 2, the Help@Hand evaluation team conducted market scan evaluations with:

- **Meditation, Peer Support, and Chatbot Apps**
- **Digital Phenotyping Platforms**
- **Technologies in the Help@Hand RFSQ (Request for Statement of Qualification)**

In addition, the evaluation team developed the following learning briefs, which can be found in the Help@Hand Year 2 Annual Evaluation Report[83]:

- Free Apps with COVID-19 Content Brief reviewed 10 free apps with COVID-19 content that could support the community during the pandemic.
- Selected Mental Health App Performance during COVID-19 Brief examined marketplace performance data of selected apps identified since the onset of COVID-19.
- Mental Health Apps Provided or Recommended by Insurance Plans in California Brief identified mental health apps available for the community by major insurance companies in California.
- myStrength and Apps Similar to myStrength Brief summarized features and research on RFSQ-approved technologies that were similar to myStrength.

Meditation, Peer Support, and Chatbot Apps

In Year 2, Counties/Cities were required to implement mental health technologies that met the approved components shown in the figure below. Therefore, Counties/Cities considered three types of apps that met these criteria: meditation apps, chatbot apps, and peer support apps.

Approved Components of Help@Hand Tehnologies[84]

Peer Chat and Digital Therapeutics: Use technology-based mental health solutions to intervene and offer support	**Virtual Evidence-Bases Therapy Using an Avatar:** Use an avatar or other technologies for self-care	**Digital Phenotyping:** Use passive data for early detection and intervention

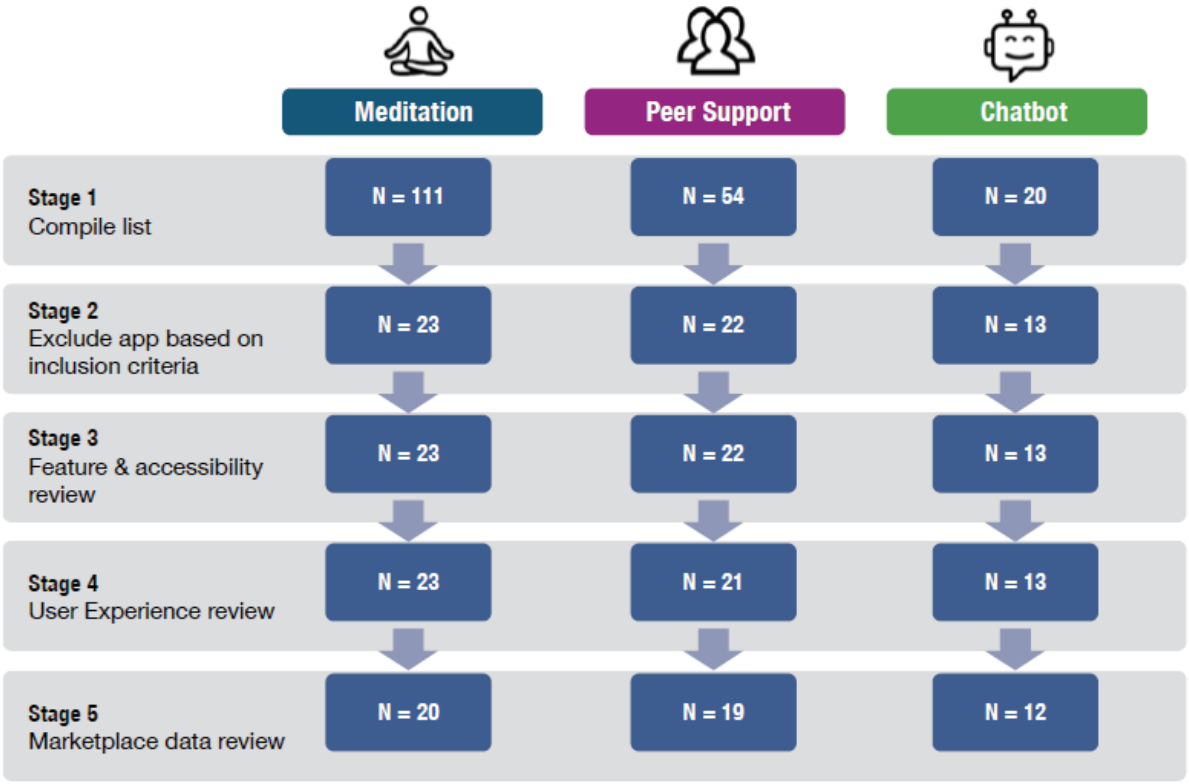
[83] The report can be found at: https://sites.uci.edu/helpathand/files/2024/09/H@H-Yr2-Annual-Help@Hand-Evaluation-Report.pdf

[84] Definitions of required components are from the RFSQ Vetting Process and Scoring Tool Criteria.

The evaluation team evaluated meditation, peer support, or chatbot apps. The figure below describes the process used by the team, which included:

- Stage 1: The evaluation team identified a comprehensive list of apps using app store searches and their expertise in digital mental health.
- Stage 2: Apps not meeting the inclusion criteria[85] were excluded.
- Stage 3: The team downloaded and examined the apps to assess various features, including accessibility options (e.g., language, internet access, assistive technology).
- Stage 4: Experts and consumers evaluated user experience using the Mobile App Rating Scale (MARS), a validated tool for assessing engagement, functionality, aesthetics, and content quality (Stoyanov et al., 2015).
- Stage 5: Marketplace data, including monthly active users and downloads over the past year, was collected from Apptopia, a third-party analytics platform.[86]

Meditation, Peer Support, and Chatbot App Market Scan Process in Year 2



[85] The inclusion criteria for meditation and peer chat apps were: 1) available on both iOS and Android; 2) updated within the last 12 months; and 3) had either meditation or peer support as its primary feature. The inclusion criteria for chatbot apps were that it had a chatbot component as its primary feature. Since there were fewer chatbot apps available in the marketplace at the time, fewer criteria were applied.

[86] Apptopia, Marketplace data was not available for every app because apps needed to rank within the top 1500 apps for iOS and within the top 200 apps for Google Play in order to have marketplace data available on Apptopia. This explains why the number of apps reviewed in stage 5 differed from stage 3 and 4. In addition, the number of apps differed between the stages because apps are frequently added and removed from the marketplace.

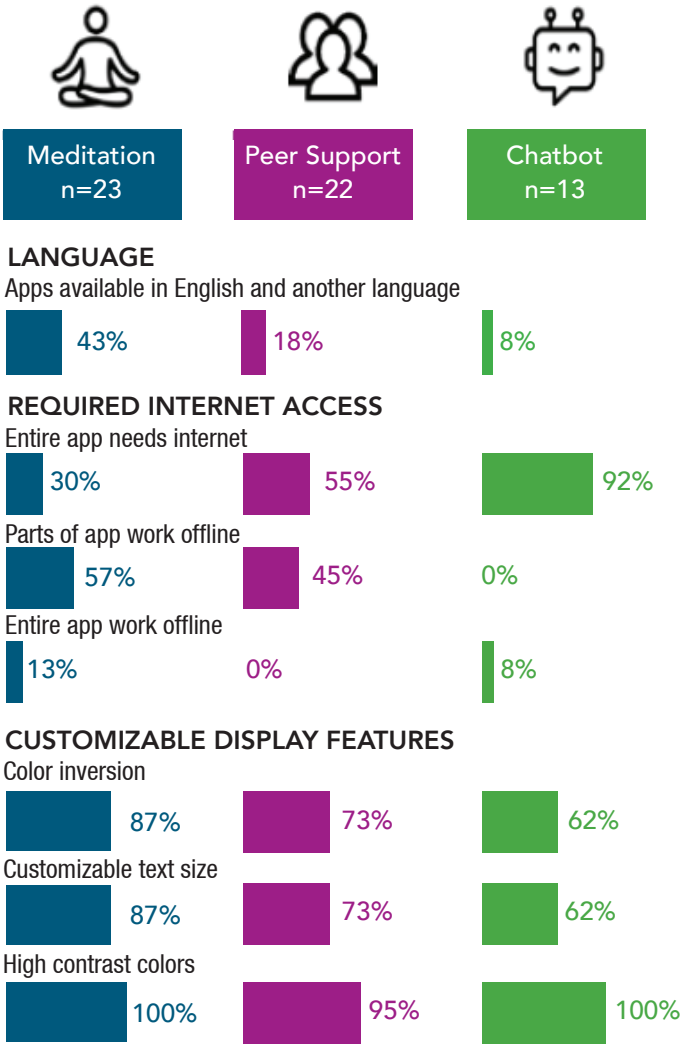
Accessibility

Accessibility involves making apps user-friendly for a diverse audience. Limited usability for certain users can widen the gap in accessing care.

A review of meditation, peer support, and chatbot apps focused on language availability, internet access, and customizable display features. The figure below shows key findings, which included:

- **Language:** Most apps were available only in English. Availability in other languages did not guarantee cultural appropriateness, as it may only reflect translated text.
- **Internet Access:** Most reviewed apps required an internet connection, posing challenges for those with limited access. However, around 45% of peer support apps offered some offline content, like assessments and journals, while forums and chatrooms required online access.
- **Customizable Features:** Screen readers could only access some app content, limiting usability for users who rely on text-to-speech. Customizable text size, contrast, and color settings enhanced readability.

Accessibility Reviews of Meditation, Peer Support, and Chatbot App in Year 2

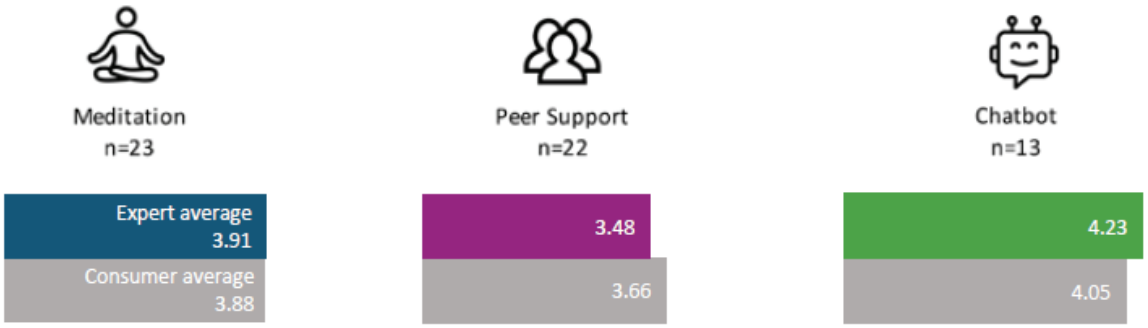


User Experience

User experience refers to how users interact with an app, focusing on factors like ease of use, engagement, functionality, design, and content quality.

In Year 2, two experts and one consumer assessed each app using the MARS. Most chatbot apps scored above 4.00 on MARS (77% of apps based on expert ratings, 62% of apps based on the consumer rating), indicating the experts and consumers considered these apps as high quality. While chatbot apps rated higher than meditation and peer support apps, only 13 chatbot apps were reviewed. As such, results should be interpreted cautiously.

Average User Experience Reviews for Meditation, Peer Support, and Chatbot Apps in Year 2



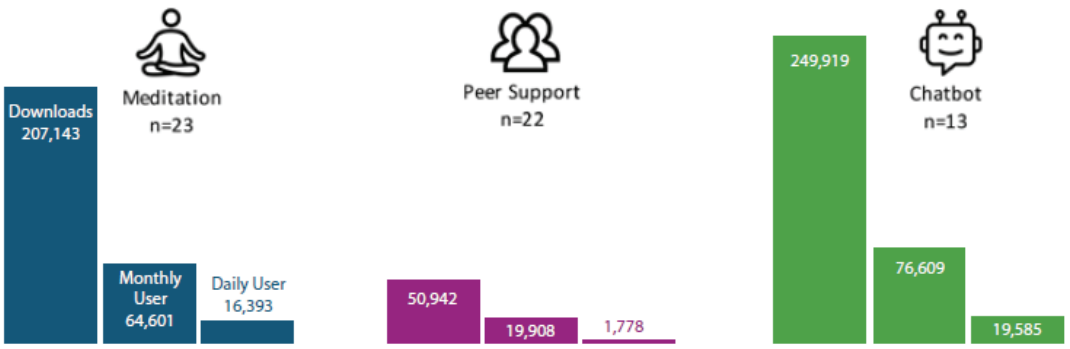
Marketplace Data

Marketplace data was analyzed to assess user engagement with meditation, peer support, and chatbot apps, focusing on three key metrics:

- **Downloads:** New users downloading the app.
- **Daily Active Users (DAU):** Users opening the app at least once per day.
- **Monthly Active Users (MAU):** Users opening the app at least once in 30 days.

Chatbot apps showed higher median downloads and engagement (e.g., DAU and MAU) than meditation and peer support apps. However, there were fewer chatbot apps available, and top performers in downloads and engagement were from the meditation category (e.g., Calm and Headspace). Thus, meditation and peer support apps exhibited a wider range of performance, while chatbot apps demonstrated more consistent results.

Median Downloads, Monthly Users, and Daily Users of Meditation, Peer Support, and Chatbot Apps in Year 2



Review of Digital Phenotyping Platforms

In Year 2, the market scan evaluation also assessed digital phenotyping platforms, which are technologies that passively collect data (e.g., gathered in the background, with user consent, and reflected users' interactions with their devices, potentially indicating their mental states) to monitor mental health.

In Year 1, only Mindstrong was identified since many platforms were still in development. In Year 2, the Help@Hand evaluation team expanded the scan to include 11 platforms through literature and expert knowledge to highlight emerging products and feature variations.

Findings included the following:

- **Passive Data Collection:** Six types of passive data collected via digital phenotyping platforms were identified:
  a. **Location Features** included Global Positioning System (GPS), or specific locations from other databases, such as Google Places location types. Location data was collected by 9 of 11 platforms (82%).
  b. **Interaction Features** referred to the way a person used or interacted with their phone and included keystrokes, time and length of messages, typing movement, phone swipes, etc. Interaction data was collected by 4 of 11 platforms (36%).
  c. **Communication Features** included call and text logs that provide information such as number, timing, and length of phone calls and text messages, and social media. Communication data was collected by 8 of 11 platforms (73%).
  d. **Movement Features** included accelerometer data, step counts, exercise data, and metabolic equivalent of task. Movement data was collected by 10 of 11 platforms (91%).
  e. **Physiology Features** included galvanic skin response, heart rate, and heart rate variability. Physiological data was collected by 3 of 11 platforms (27%).
  f. **Other Features** included battery life, weather data, ambient light, facial expressions in "selfie" photos, and BlueTooth sensor triggers. Data from other features was collected by 8 of 11 platforms (73%).
- **Active Data Collection:** The evaluation team identified three types of active data collections via digital phenotyping.
  a. **Surveys** included both standard assessments and customizable assessments. Surveys could either be available for users to complete as desired, at fixed intervals, or triggered by passive data. Survey data was collected by 11 of 11 platforms (100%).
  b. **Cognitive Tasks** required individuals to actively process information to assess cognitive processes like memory, attention, or learning. Data from cognitive tasks was collected by 3 of 11 platforms (27%).
  c. **Voice Recordings** allowed users to provide information through speech, and this data was collected by 2 of 11 platforms (18%).
- **Interventions:** Six platforms (54%) included interventions. These interventions included the following:
  a. **Tracking Features** allowed the user to track their symptoms, mood, and behaviors.
  b. **Linkage to Care Provider** was offered directly by Mindstrong, while MindLAMP facilitated this through a provider dashboard.
  c. **Triggered Interventions** were provided by MoviSensXS through ecological momentary interventions based on user actions, delivered as text, audio, or video.
  d. **Additional Interventions** MindLAMP included mindfulness and psychoeducation modules and a dashboard for providers to integrate their appointments with the activities completed through the apps.

Marketplace Data Review of Help@Hand RFSQ-Approved Technologies

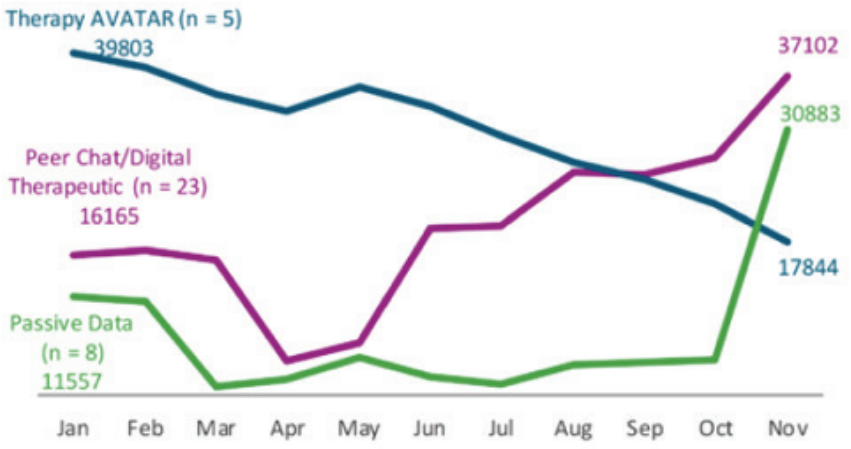
The market scan evaluation expanded to assess technologies recently included in Help@Hand through the RFSQ. The evaluation focused on three categories: peer chat/digital therapeutics (N=75), therapy avatars (N=75), and digital phenotyping (N=41).

Downloads

While downloads for peer chat/digital therapeutic apps generally increased, therapy avatar apps saw a decline, with month-to-month fluctuations. These trends aligned with broader market patterns, so Counties/Cities needed to factor this into their analyses.

Apps in the RFSQ had lower engagement than those in the broader marketplace, with median monthly downloads between 100-500 compared to approximately 17,000 for meditation, 4,000 for peer support, and 21,000 for chatbots.

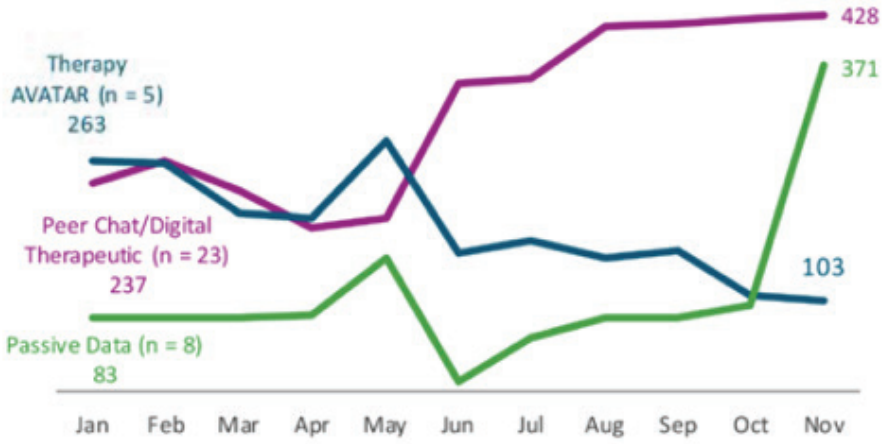
Median Downloads of Help@Hand RFSQ Apps in Year 2[87]



Active Users

Monthly active users ranged from 10,000 to 40,000 for apps in the RFSQ, while similar apps in the marketplace had 20,000 to 76,000 users. This suggests Help@Hand RFSQ-approved apps were less popular, raising concerns about their long-term viability.

Median Monthly Active Users of Help@Hand RFSQ Apps in Year 2



[87] N's for Therapy AVATAR, Peer Chat/Digital Therapeutic, and Passive Data represent the number of apps approved for inclusion in each category.

LEARNINGS

In Year 2, the Help@Hand evaluation team conducted a market scan evaluation of Meditation, Peer Support Chatbot and Digital Phenotyping Apps. Learnings included the following:

- **More language options needed to be integrated.** Many of these apps were not suitable for Counties/Cities targeting non-English-speaking populations since they did not provide resources in languages other than English.
- **Apps needed to work offline to improve accessibility.** Most apps required an internet connection, limiting access for geographically isolated populations or those with limited data plans who may not have been able to access on-demand mental health support.
- **Improving screen reader compatibility was necessary.** While most apps allowed some customization of content display (e.g., increasing text size), many did not support screen readers, limiting usability for users who relied on text-to-speech technology.
- **Chatbots generally offered a better user experience.** Chatbots received higher user experience scores than meditation and peer support apps from both experts and consumers.
- **Many people engaged with meditation and chatbot apps.** Marketplace data showed that peer support apps were far less popular, with lower downloads and engagement compared to meditation and chatbot apps, indicating that users preferred the latter.
- **Chatbots needed to provide more meaningful mental health support.** Some chatbots only helped users navigate the app rather than offering actual mental health support, and many failed to respond appropriately when users indicated they were in crisis.
- **Digital phenotyping platforms were mostly limited to research purposes.** These platforms collected passive data but offered limited active data collection modes and were primarily used for research and assessment, with few opportunities for clinical interventions.
- **Passive data collection focused on location, communication, and movement.** These were the most common forms of passive data collected by digital phenotyping platforms.
- **Surveys were the primary form of active data collection.** Most digital phenotyping platforms relied on surveys as their main method for gathering active data.
- **Most platforms were available on both major mobile operating systems.** The majority of platforms reviewed were available on both Android and iOS.
- **Help@Hand technologies showed fluctuating engagement and lower usage compared to competitors.** RFSQ-approved apps demonstrated significant variations in monthly downloads and usage, generally performing worse than similar apps in the marketplace.

Year 3: Headspace, myStrength, and Comparable Apps

In Year 3, the Help@Hand evaluation team conducted market scan evaluations of apps considered by several Help@Hand Counties/Cities – **Headspace, myStrength, and comparable apps (e.g., Calm, MyLife, Happify, and SilverCloud).**

The market scans reviewed the apps' features, internet requirements, language availability, and cost. It also reviewed analytics data – total downloads over the past year, daily active users (e.g., the number of users who opened the app at least once in a day), and monthly active users (e.g., the number of users who opened the app at least once in a 30-day period). In addition, two experts in health apps and one user with lived experience used each app and rated them.

Key findings from the market scan evaluation included the following:

Mindfulness and sleep-related content were widely available across the reviewed apps.

Individuals with reliable internet access were likely to benefit most from these apps, as they could access content anytime.

English speakers were positioned to gain the most from these apps. Even when an app was translated, audio or video content was often not translated and instead people needed to read subtitles. Moreover, translating the text of an app did not ensure cultural relevance.

It was important to exercise caution when interpreting app performance data (e.g., download numbers) as target user demographics for different apps varied significantly. Some products had different entry points to use; for example, Happify was available for anyone to download while SilverCloud needed to be accessed through an insurance provider.

Multiple metrics, such as downloads, engagement, and benefits like symptom improvements, were necessary to fully understand use of the apps. Downloads alone could not indicate that people would benefit from these products, since someone could have downloaded the app and never actually opened it.

While a good user experience did not always correlate with high marketplace performance, it remained a key factor in selecting apps. User experience scores did not always align with marketplace performance, as exemplified by MyLife outperforming Happify in marketplace data but underperforming in user experience, while Headspace had the highest user and expert user experience scores yet did not match Calm's number of downloads, This illustrated that a good user experience (e.g., appealing graphics, layout, ease of use) did not always translate to real-world engagement.

LEARNINGS

In Year 3, the Help@Hand evaluation team conducted a market scan evaluation of Headspace, myStrength, and comparable apps. Learnings included the following:

- **It was important to ensure the app's content aligned with goals.** For example, if supporting non-English speakers was key, prioritize apps that offer multi-language options. If apps with CBT activities were the focus, select apps with strong CBT content.
- **Engagement strategies should have been developed.** By defining expected usage patterns, such as, "This app worked best when used X times per week" or "Used this app during specific situations," Counties/Cities could have set clear benchmarks.
- **Key metrics should have been established.** Monthly Active Users provided better insight into engagement than download numbers.
- **User experience factors should have been considered.** User experience was not the only factor in engagement, as apps with high marketplace performance did not always have the best user experience. Additional factors, such as trust or perceived benefits, motivated users to stay engaged.
- **Alternative options should have been promoted.** While Calm and Headspace were well-known, their download rates did not fully reflect the broader app market, and outreach efforts introduced users to other apps with a wider range of wellness tools beyond meditation.

PILOTS AND IMPLEMENTATIONS

Help@Hand Counties/Cities launched their technology-related programs through pilots and implementations.

Pilots tested a technology and/or program with a small group of people for a short period. Pilots provided an opportunity to collect the following information that help Counties/Cities to decide how to proceed with the technology and/or program after the pilot.

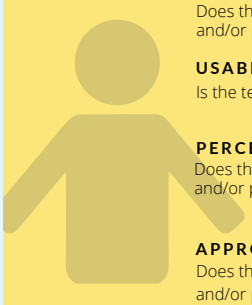
HELP@HAND EVALUATION

CREATED APRIL 2020

HELP@HAND PILOT EVALUATION

What information should Counties/Cities collect during pilots?

CORE AUDIENCE EXPERIENCE



ACCEPTABILITY
Does the user like the technology and/or program?

USABILITY
Is the technology easy to use?

PERCEIVED USEFULNESS
Does the user feel that the technology and/or program is useful?

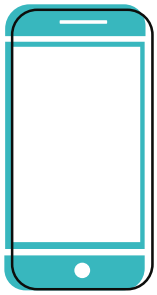
APPROPRIATENESS
Does the user feel that the technology and/or program is is well matched to their needs?

USER BEHAVIOR

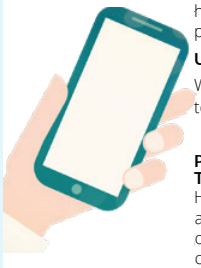
ADOPTION
Of the users offered the technology and/or program, how many choose to enroll?

ABANDONMENT
How many users stop using the technology and/or program?

ENGAGEMENT
When do users use the technology and/or program?



IMPLEMENTATION



BARRIERS AND FACILITATORS TO IMPLEMENTATION
What is getting in the way of using the technology and/or program? What is helping users of the technology and/or program?

USEFULNESS OF TRAINING
Was the training helpful for users of the technology and/or program?

PROVIDER USE AND BENEFIT TO CARE
How are providers using the technology and/or program? Is the technology and/or program helping with the care of clients?

PEER ROLES AND ACTIVITIES
How are Peers involved with using the technology and/or program?

OUTCOMES

CONNECTION
Do users feel more connected to others after using the technology and/or program?

MENTAL WELLNESS
Do users feel that the technology and/or program improved their mental health?

STIGMA
Do users feel that the technology and/or program reduced stigma?

ACCESS TO CARE
Do users feel that the technology and/or program increased their access to care?

DETECT SYMPTOMS
Do users feel that the technology and/or program helped them detect symptoms related to mental health?

Collecting this necessary information will help Counties/Cities make decisions about how to proceed with a technology/program after the pilot.

Implementations offered a technology and/or program to a broad group of people for a long period.

The table below depicts technologies planned (e.g., those that were planned but were not executed) or executed (e.g., those that were launched and completed or discontinued) as pilots and implementations during the Help@Hand project. The Help@Hand Technologies section on page 299 presents findings from pilots and implementations for which the Help@Hand evaluation team had data.

Pilots and Implementations in Help@Hand Counties/Cities

	Pilots	Implementations
City of Berkeley	–	**Headspace** (Planned/ Completed) **myStrength** (Planned/ Completed)
Kern County	**7 Cups** (Planned/ Completed) **Mindstrong** (Planned/ Completed)	**Mindstrong** (Planned)
Los Angeles County	**CredibleMind** (Planned) **Headspace** (Planned) **MindLAMP** (Planned) **Uniper** (Planned)	**7 Cups** (Planned/ Completed) **Headspace** (Planned/ Completed) **iPrevail** (Planned/Completed) **MindLAMP** (Planned) **Mindstrong** (Planned/Completed) **SyntraNet** (Planned/ Completed)
Marin County	**myStrength** (Planned/ Completed) **Uniper** (Planned)	**myStrength** (Planned)

	Pilots	Implementations
Modoc County	–	**7 Cups** (Planned/ Completed) **Mindstrong** (Planned/ Completed)
Mono County	–	**myStrength** (Planned/Completed)
Monterey County	–	**WellScreen Monterey** (Planned/Completed)
Orange County	**Mindstrong** (Planned/Completed)	**Mindstrong** (Planned/Completed)
Riverside County	**A4i** (Planned/Completed) **Bambú** (Planned) **Recovery Record** (Planned/Completed) **TakemyHand** (Planned/ Completed)	**myStrength** (Planned) **TakemyHand** (Planned/Completed)
San Francisco County	**Headspace** (Planned) **TakemyHand** (Planned)	**Headspace** (Planned/Discontinued)
San Mateo County	**Wysa** (Planned/Completed)	**Headspace** (Planned/ Completed) **Wysa** (Planned/ Completed)

	Pilots	Implementations
Santa Barbara County	**Headspace** (Planned/Completed)	**Headspace** (Planned/Completed)
Tehama County	**myStength** (Planned/Completed)	–
Tri-City	**myStrength** (Planned) **Wysa** (Planned)	**myStrength** (Planned/ Completed) **Wysa** (Planned)

APP GUIDES/BROCHURES

App Guides/Brochures informed consumers about various technologies that could support their mental health. Help@Hand Counties/Cities recognized that there were many technologies that might benefit their core audiences, but it could often be difficult to learn about these products. The goal of creating an app guide/brochure was to provide clear and vetted information on a technology's functionality, benefits, and usability to help bridge the gap between individuals and available mental health support. In addition, app guides/brochures fostered greater and more informed engagement with digital mental health technologies.

Kern, Modoc, Mono, Riverside, Los Angeles, and Santa Barbara Counties developed app guides/brochures, which are described in this section.

INTRODUCTION

Help@Hand Counties/Cities worked with community partners, consumers, and subject matter experts to develop their App Guides/Brochures in the following ways.

KERN COUNTY

Kern County convened a committee of stakeholders, including 12 Peers with mental health experience, in 2018. The committee identified apps and formally evaluated them based on criteria such as cost, availability in Spanish, and ease of use. They then developed a pilot guide, which featured 30 apps. With support from their marketing staff, Kern County published the guide and disseminated over 6,500 copies. The committee continued to update the guide over the course of their Help@Hand project. Additional information about Kern County's app guide can be found in Kern County's Help@Hand Final Report in Appendix E and in the academic article in Appendix F.

Above: *Third Edition of Kern County's App Guide in English (left) and Spanish (right).*
Source: *Kern County Behavioral Health & Recovery Services. (2020). Retrieved from https://es.kernbhrs.org/appguide*

MODOC AND MONO COUNTIES

Modoc and Mono Counties partnered with Kern County in 2019 to adapt their app guide. This involved updating Kern County's app guide based on input from stakeholders in the other Counties. This process exemplified successful collaborations between Help@Hand Counties/Cities. Additional information about Modoc and Mono Counties' app guide can be found in Modoc County's Help@Hand Final Report in Appendix I and Kern County's Help@Hand Final Report in Appendix E.

Above: *First Edition of Modoc County's App Guide in English (left) and Spanish (right).*
Source: *Modoc County Behavioral Health. (n.d.). Retrieved from https://behavioralhealth.co.modoc.ca.us/information___resources/mental_health_resources.php.*

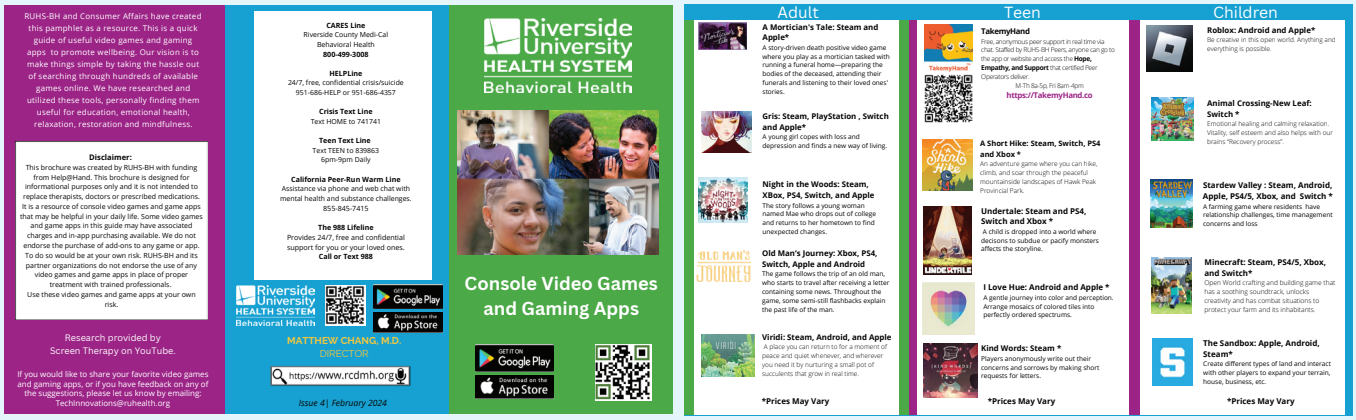
Above: *Second Edition of Mono County's Behavioral Health Apps in English (left) and Spanish (right).*
Source: *Mono County Behavioral Health.(2019). Retrieved from https://behavioralhealth.co.modoc.ca.us/information___resources/mental_health_resources.php*

RIVERSIDE COUNTY

Riverside County used Kern County's app guide as a model to create their own Free Apps Brochure. Over the course of their Help@Hand project, Riverside County's Help@Hand Peer Team gathered, researched, and tested free Android and iOS apps to ensure the English and Spanish versions of the Free App Guide remained current. The guide was updated regularly by replacing apps that were no longer free with other available free apps.

Above: *Riverside County's App Guide in English (left) and Spanish (right).*
Source: *Riverside County -Riverside University Health System – Behavioral Health. (n.d.).*

The Help@Hand Peer Team also researched console games and video games to promote well-being. The team utilized these game tools and found them valuable for education, emotional health, relaxation, restoration and mindfulness.



Above: *Riverside County's Console Video Games and Gaming Apps Guide.*
Source: *Riverside County -Riverside University Health System – Behavioral Health. (n.d.).*

LOS ANGELES COUNTY

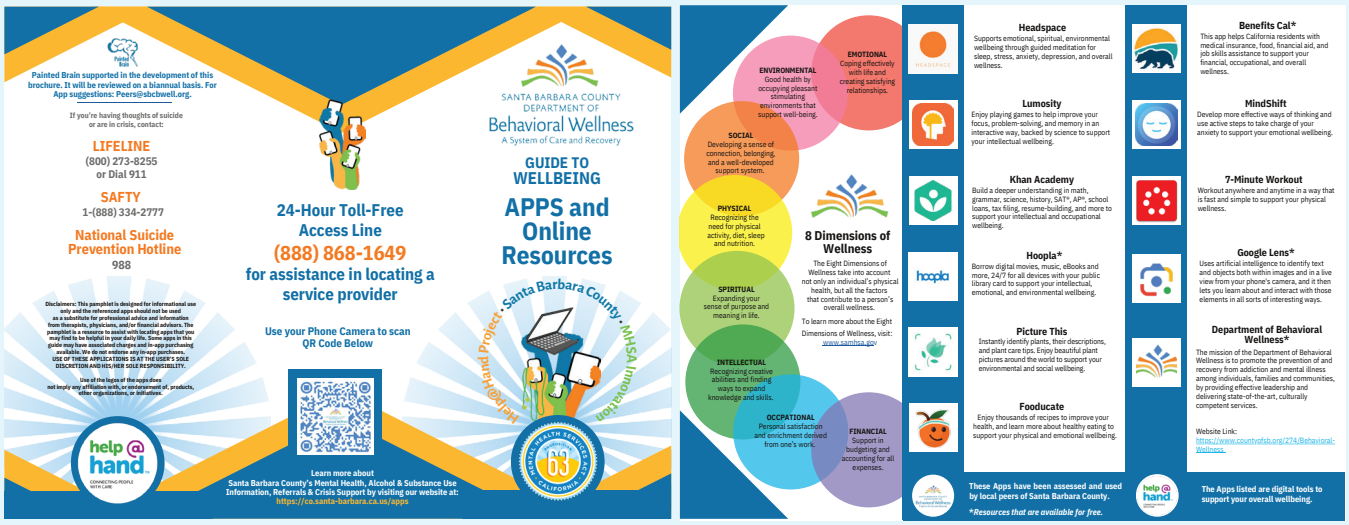
Los Angeles County contracted with Painted Brain, a Peer-run organization that seeks to address mental health challenges and social injustice through community-based solutions,[88] to develop their app guide in 2019. Painted Brain conducted workshops and surveyed over 500 people to understand community interests and needs. They also convened a Peer Learning Collaborative of 12-15 Peers, consumers, and other stakeholders to identify and evaluate apps to develop an app guide prototype. Feedback from key stakeholders on early versions resulted in a revised app guide in both English and Spanish. Additional information about Los Angeles County's app guide can be found in the Help@Hand Year 2 Quarter 1 Evaluation Report.

Above: *Los Angeles County's App Guide in English (top) and Spanish (bottom).*
Source: *Los Angeles County Department of Mental Health. (n.d.).*

[88] More information about Painted Brain can be found at their website: https://paintedbrain.org/.

SANTA BARBARA COUNTY

Santa Barbara County also contracted with Painted Brain in 2020. Their brochure listed 12 apps that supported overall well-being based on Painted Brain's assessment and evaluation of several mental health apps. It also included other resources. Additional information about Santa Barbara County's app guide can be found in the Help@Hand Year 2 Annual Evaluation Report.



Above: *Santa Barbara County's App Guide in English (top) and Spanish (bottom).*
Source: *Santa Barbara County Department of Behavioral Wellness. (n.d.).*

DEVICE DISTRIBUTION AND ACCESS

While planning their Help@Hand programs, Counties/Cities discovered that some core audiences did not have access to appropriate devices (e.g., computers, smartphones, tablets, etc.) that were required to participate in the programs. In response to this need, Counties/Cities distributed or provided access to devices and/or internet at little to no cost.

Device distribution and access referred to any effort to distribute and/or provide access to devices and/or internet at little-to-no-cost. These efforts included the following in Help@Hand:

- Engaging different stakeholders to understand the device and digital literacy needs of communities
- Providing digital literacy trainings to device recipients and Peers
- Involving Peers in device distribution and access tasks
- Leveraging outside technology providers (e.g., LifeLine, broadband providers, phone service providers, etc.) to provide resources
- Contracting with external groups with expertise in IT support to provide technical support
- Developing flexible funding models that allow Counties/Cities to purchase different technologies to meet community needs

This section presents key evaluation findings from interviews and surveys with Help@Hand Counties/Cities about their device distribution activities in 2022. It also includes highlights from Riverside County's kiosk implementation.

Device Distribution and Access in Help@Hand Counties/Cities	
Marin County	• Distributed tablets and provided internet service to older adults enrolled in the County's myStrength pilot in 2021
Modoc County	• Purchased phones between 2019-20 to distribute to participants in the County's Mindstrong implementation
Monterey County	• Distributed tablets in 2023 for clinics and community health workers to screen community members with WellScreen Monterey
Riverside County	• Distributed phones and tablets to participants in the County's A4i and Recovery Record pilots between 2021-24 • Deployed kiosks in lobbies within Riverside University Health System and partner clinics throughout Riverside County between 2021-24
San Francisco County	• Distributed tablets and provided internet service to historically excluded County residents, with a focus on transitional aged youth (TAY) and transgender individuals between 2021-24[89]

[89] The Tech@Hand Evaluation on page 264 includes evaluation findings from these activities.

Device Distribution and Access in Help@Hand Counties/Cities (continued)	
San Mateo County	• Distributed tablets, smartphones, and device accessories (e.g., covers, screen protectors, headphones, stylus pens, phone grips) to behavioral health clients between 2020-22
Santa Barbara County	• Distributed Tracfones to individuals discharged from psychiatric facilities in 2021 • Installed the Headspace app on tablets in the County's clinic lobbies in 2022 for community members to use • Distributed tablets to participants in the Mommy Connecting to Wellness and Dad Connecting to Wellness pilots between 2023-24
Tehama County	• Purchased laptops in 2023 to use during the County's digital literacy trainings and for community members to access during designated times
Tri-City	• Distributed tablets to community members and those enrolled in the County's myStrength implementation between 2022-23

Device Distribution Evaluation

INTRODUCTION

In 2022, the Help@Hand evaluation team interviewed and surveyed Help@Hand Counties/Cities (N=6) about their device distribution and digital literacy efforts at that time.

Below are key findings. The full learning brief is in Appendix C.

INTERVIEWS AND SURVEYS WITH HELP@HAND 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.**"*
> – Help@Hand County/City

> *'Over 100,000 people in [our country] either **don't have access to broadband internet** at home or **have basic digital literacy skills.**"*
> – Help@Hand County/City

How did device distribution and internet connectivity support the community?

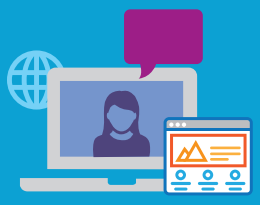
> *"Access to a device is critical to engaging with technology, especially for individuals who are geographically isolated. Many project participants in our pilot suggested that **having access to technology was invaluable** with one describing the experience as **'life changing.'**"*
> – Help@Hand County/City

> *"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."*
> – Help@Hand County/City

> *"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."*
> – Help@Hand County/City

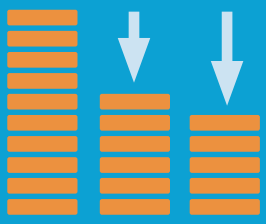
> *"It is our hope that this technology distribution program will proved participants with the **ability to connect** to the digital space while also **creating relevant learning opportunities** so that participants can be comfortable engaging in the digital space."*
> – Help@Hand County/City

What device distribution activities were most impactful?



Help@Hand Counties/Cities perceived **providing digital literacy trainings to device recipients** (Perceived Impact Rating of 4.8 out of 5.0 and rated by 5 of 6 Counties/Cities) and **developing flexible funding models** (Perceived Impact Rating of 5.0 out of 5.0 and rated by 2 of 6 Counties/Cities) as most impactful.

What challenges did Help@Hand Counties/Cities experience with device distribution?



Help@Hand Counties/Cities perceived lack of time, expertise, and/or budget (4.8 out of 5 on Perceived Impact Rating; rated by 4 of 6 Counties/Cities) as having the greatest impact.

"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."

– Help@Hand County/City

"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."

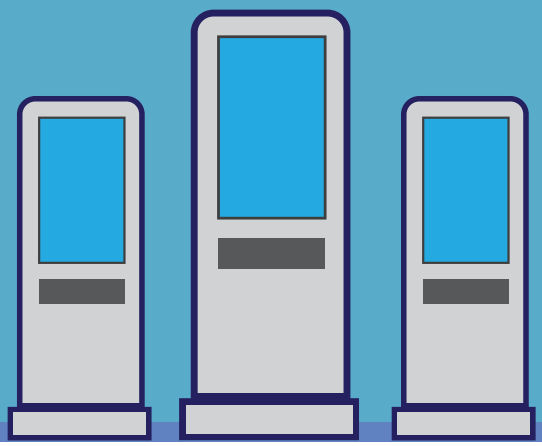
– Help@Hand County/City

Help@Hand Counties/Cities reported the following device distribution related challenges:

Challenge	Description	Percent of Help@Hand Counties/ Cities (N=6)
Managing Infrastructure	It was challenging to create the necessary infrastructure to distribute devices.	100%
Balancing Other Projects	It was challenging to balance device distribution efforts alongside multiple other projects.	83%
Supporting Resources	It was challenging to identify and use resources to support device distribution, such as LifeLine programs.	67%

Challenge	Description	Percent of Help@Hand Counties/ Cities (N=6)
 Lacking Time, Expertise, and Budget	It was challenging to distribute devices given time, expertise, and budget constraints.	67%
 Ensuring Sustainability	It was challenging to ensure the device distribution program would be sustainability in our city/county.	50%
 Funding Sustainment	It was challenging to identify funding that could sustain device distribution programs in our city/county	50%
 Engaging Clients in Digital Literacy Efforts	It was challenging to engage clients in digital literacy programs.	50%
 Establishing User Agreements	It was challenging to set up appropriate agreements to provide devices to users and for those users to return devices.	50%
 Evaluating Efforts	It was challenging to measure success and evaluate if device distribution led to increased engagement with behavioral health technologies.	50%
 Managing Software	It was challenging to load and configure software on devices before they were distributed.	50%
 Determining Eligibility	It was challenging to identify the individuals who needed the devices and determine their eligibility.	33%
 Obtaining Data Plans	It was challenging to identify appropriate internet providers and data plans that met individual needs.	33%
 Identifying devices	It was challenging to identify appropriate, usable devices to distribute.	17%

Riverside County's Kiosks Terminals



INTRODUCTION

Kiosks are interactive computer terminals that provides access to information and digital applications. RUHS-BH deployed Kiosks for public access in multiple community locations. These are self-service terminals designed to be used by anyone in the locations they were deployed. The content is interactive providing information to educate on mental illness and symptoms as well as reduce stigma by promoting mental wellness. The Kiosks content is designed to connect consumers to wellness tools, digital resources and RUHS-BH services.

Implementation Highlights

The idea for the deployment of Kiosks originated from our Peer Support workforce. The Deputy Director of Consumer Affairs brought forward the idea after seeing the Kiosks in other health systems outside of Riverside County. The content to add to the Kiosks was developed in unison with the TakemyHand™ website content so that the interface on the Kiosks was the TakemyHand™ website.

The installation began in 2021 and was accomplished by utilizing contracts with two vendors, Jaguar and G/M Business Interiors. The Kiosks were installed in two phases across Riverside County Departments and partner locations.

Phase I of the implementation occurred between 2021-2022. This phase included the installation of 32 iPad Pro Kiosks and 8 large 55" Kiosks in public behavioral health outpatient clinic facilities. In phase II during 2022-2023, an additional 37 Kiosks were deployed at new sites some of which were the 55" and some were iPad Pro units.

Overall, in Phase I and Phase II RUHS-BH deployed 77 Kiosks: 62 iPad Pro style and 15 larger 55" Kiosks. Additionally, RUHS-BH purchased 10 iPad Pro size Kiosks bolted on tabletops to fulfill requests from other community organizations.

Kiosks Locations

Outpatient Mental Clinics
41 Kiosks at 32 facilities across the County

Substance Abuse Clinics
6 Kiosks at 6 sites across the County

Mental Urgent Care facilities
3 Kiosks one in each region of the County

Peer Support and Recovery Centers
5 Kiosks at 3 Regional facilities

Residential Facilities
7 Kiosks at 6 sites
Adult residential and Crisis residential

Adult and Youth Probation facilities
2 Kiosks at 2 sites

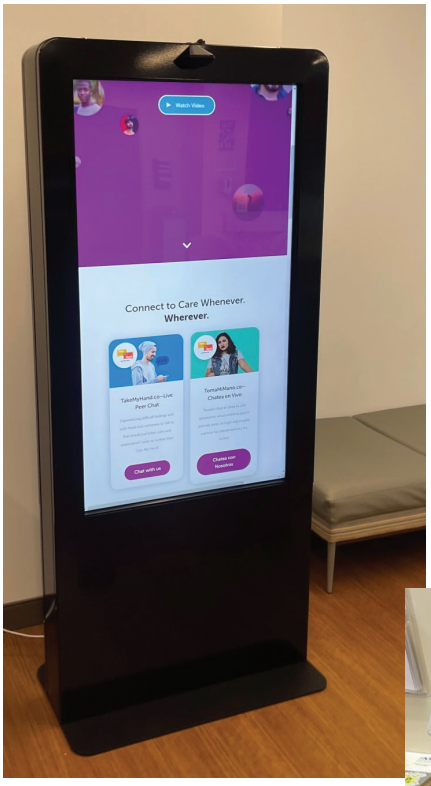
Medical Facilities
7 Kiosks at 4 primary care clinics and 2 hospitals

Community Organizations
7 Kiosks at y sites including 2 College campuses

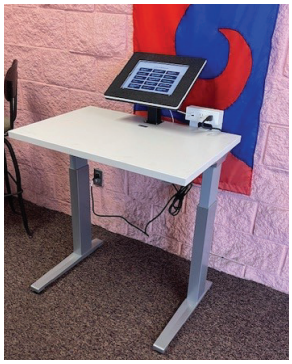
An interactive map showing the locations of the Kiosks can be accessed at: https://arcg.is/bmLmv

This page was created and shared by Riverside County.

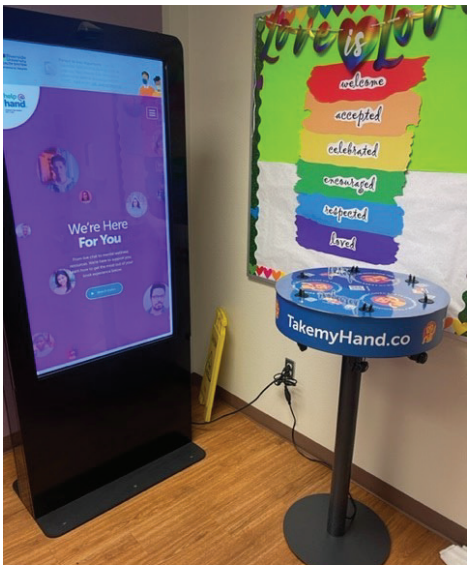
Kiosks Terminals

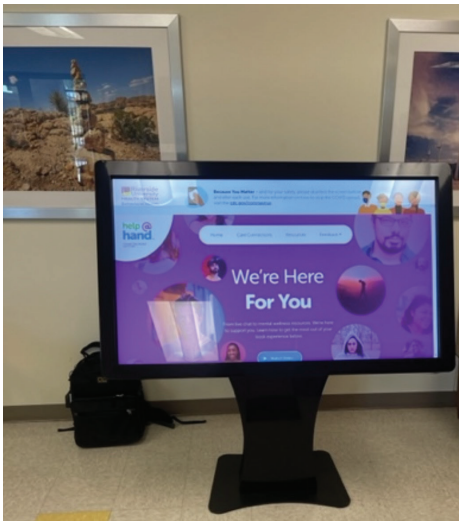


Kiosks were located in general areas in the lobby or open public spaces.



Charging Stations were installed to support the ability to charge devices while been exposed to content. The charging stations have a QR code to download the TakemyHand™ app.





Dual branding to support La CLAve dissemination was rolled out on Kiosks in 2023.

Future Directions: RUHS-BH will continue to maintain Kiosks installed at County sites. The IT support for Kiosks transitioned to RUHS IT team. Kiosks installed at Community locations will be maintained by the organization itself. County leader hip approved the installation of more Kiosks at two more college campuses. RUHS-BH has begun discussions on installing Kiosks in detention settings to serve as a resource for inmates to facilitate enrollment in Medi-Cal and behavioral health services upon release.

DIGITAL (MENTAL HEALTH) LITERACY TRAININGS

Digital literacy refers to having knowledge, skills, and behaviors to effectively use digital devices (e.g., smartphones, tablets, laptops, and desktop PCs) for communication, expression and collaboration. **Digital health literacy** refers to applying health information from electronic sources to address a health problem, while **digital mental health literacy** use electronic sources to address mental health and well-being (Cortez et al., 2023, Yeo et al., 2024).

While planning their Help@Hand projects, Counties/Cities learned that people had different levels of digital literacy, digital health literacy, and digital mental health literacy skills. Help@Hand Counties/Cities established programs to help people gain these necessary skills. It included CalMHSA's Peer Manager collaborating with Help@Hand Counties/Cities to understand community concerns and needs with technology in order to develop a Digital Mental Health Literacy Curriculum. Several Help@Hand Counties/Cities offered variations of the curriculum to their core audiences. Some offered additional activities to support their communities.

This section includes evaluation findings from Marin County's digital literacy trainings for their myStrength pilot participants, Marin County's Digital Literacy Grant Program, Riverside County's digital mental health literacy project, San Francisco County's Tech@Hand Program, as well as Santa Barbara County's Mommy Connecting to Wellness and Dads Connecting to Wellness Programs.

Digital (Mental Health) Literacy in Help@Hand Counties/Cities	
Los Angeles County	• Digital mental health literacy trainings for County's general public between 2019-20
Marin County	• Digital literacy class for English and Spanish speaking older adults enrolled in County's myStrength pilot in 2021 • Digital literacy workshops and one-on-one sessions for older adults in 2022-2023 • Marin County Digital Literacy Grant Program serving older adults in 2023
Modoc County	• Planned digital literacy trainings and Appy Hours[90] for County clients and residents between 2019-20
Orange County	• Digital literacy workshops for County residents between 2019-22
Riverside County	• Digital literacy workshops and Appy Hours for staff and consumers between 2020-24. Included train-the-trainer workshops and Appy Hour training sessions by Painted Brain for consumers and staff as well as digital literacy workshops by County Peers.
San Francisco County	• Digital literacy workshops, courses, and office hours for historically excluded County residents, with a focus on transitional aged youth (TAY) and transgender individuals through the County's Tech@Hand Program between 2021-24

[90] Appy Hours were drop-in events that served as a safe space for core audience members to "drop in" to learn about mental health, technology, and/or digital literacy.

Digital (Mental Health) Literacy in Help@Hand Counties/Cities (continued)	
San Mateo County	• Digital mental health trainings for Peers and family partner staff, providers, clients, older adults, community-based organizations, and general public between 2020-22. Included Appy Hours for older adults in the County's pilot and train-the trainer trainings conducted by Painted Brain for County's Peer workforce and community partners.
Santa Barbara County	• Digital literacy workshops for County's Peers between 2020-22 • Digital literacy workshops and Appy Hours for County's general public between 2020-24 • Mommy Connecting to Wellness Program for mothers with children under 2 years in 2023 • Eight Dimensions of Wellness and App Workshops with the County's general public between 2022-24 • Dads Connecting to Wellness Program for fathers with children under 2 years in 2024
Tehama County	• Digital literacy trainings for those in County's client and those in County's myStrength pilot in 2023
Tri-City	• Digital literacy workshops and Appy Hours with community members between 2022-23

Marin County's Digital Literacy Training Evaluation

INTRODUCTION

Marin County offered digital literacy trainings to 30 English and Spanish speaking older adults enrolled in their myStrength pilot between January-March 2021. Technology4Life (Tech4Life), an organization whose mission was to teach adults of all ages how to use technology, designed a digital literacy training with input from Marin County staff. With support from staff professionals (e.g., Marin County staff, nurse interns, and promotores), Tech4Life conducted four classes as described below:

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

All 30 participants were invited to complete a pre-training survey before the digital literacy training, a post-training survey after the training, and an interview. The two surveys assessed their experience with the training and the technology skills they gained. Participants could complete the surveys online or over the phone. A total of 29 participants completed the surveys and 30 (including one who did not complete the training) completed the interview. The Help@Hand evaluation team collected and analyzed the data.

Twenty Tech4Life and staff professionals supporting the trainings were asked to complete surveys and semi-structured interviews. The surveys and interviews assessed their impressions of the training, program impact, and factors affecting participant success. Nineteen staff professionals completed the survey and interview; one staff professional chose not to complete a demographic survey. The Help@Hand evaluation team collected and analyzed the data.

Please note that the sample size for each question is provided in the corresponding tables or section headers. Some percentages may not add up to 100% due to non-responses. Although 30 participants were offered the training, percentages are not always calculated from all 30 participants; they are based on the number of responses to each question. If a participant did not provide data for a specific table or figure, they were excluded from that calculation. Additionally, findings are only considered statistically significant if explicitly stated.

Findings from this training can be found in Appendix H. They have also been published in Implementation Research and Practice in 2024 (Hernandez-Ramos et al., 2024).

KEY TAKEAWAYS

Participant Evaluation

Trainings were satisfactory: The majority of participants (78%) were satisfied with the digital trainings and reported that they were more likely to use technology due to taking part in the digital literacy training.

Digital literacy challenges posed as barriers: Participants faced significant barriers, including low digital literacy, lack of access to devices or the internet, and limited support from family or friends. This was difficult since trainings occurred during COVID-19 and were only offered virtually. These challenges impacted their readiness to engage with the training and program.

Participants generally had a positive experience: Although many participants struggled with technical readiness, they reported a generally positive experience with the training. Most participants were satisfied, attended live classes, and felt more likely to use technology as a result of the program.

Participants reported improved digital skills and well-being: Participants gained new technical skills, such as using email, accessing health information, and connecting with others online. They also reported improved feelings of connectedness and reduced loneliness as a result of the program.

Participants reported increased confidence with technology: Participants showed significant improvements in their confidence using technology to look up information and support their well-being after the training.

Using mental health tools was difficult: Even after the training, some participants still felt overwhelmed by digital tools and lacked confidence in using them for mental health support. Common barriers included preferring to handle issues independently and concerns about privacy and cost.

There was room for improvement: Participants suggested hosting more in-person classes, offering more advanced courses, and providing flexible scheduling to accommodate different needs.

Tech4Life and Staff Professional Evaluation

Participants preferred in-person training: The virtual format posed significant barriers for participants with low digital literacy. Staff observed that in-person sessions would have been more effective.

Technology readiness eased use and understanding of the training: Participants with prior experience using digital devices had an easier time engaging in the training, highlighting the gap between beginners and more advanced users.

Self-motivated participants benefitted the most: Participants who were self-motivated showed more progress, indicating that motivation was crucial for successfully adopting new digital skills.

Fear of technology was a barrier: Staff noted that participants who overcame initial fears of technology were more likely to apply the skills they learned and engage with mental health resources.

Participants appreciated non-English language support: Offering training and materials in participants' preferred language, such as Spanish, made the program more inclusive and accessible.

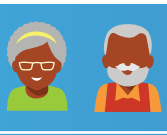
Flyers were practical resources: Flyers that broke down complex topics into easy-to-understand pieces were useful, allowing staff to introduce new concepts more effectively.

PARTICIPANT EVALUATION

About the Participants

Demographics

The table below represented demographic information from participants who completed surveys. The average age of the sample was 72 years and predominantly female, Latinx, preferred to speak Spanish, had an education level of more than high school, had an annual household income of less than $80,000, had health insurance and insurance that covers mental health, and were not confident with using technology.

Participant Demographics (N=29)	
 **Average Age** (standard deviation, range)	**72 years** (7.8 years, 60-80 years)
 **Gender**	**93%** Female **7%** Male
 **Race/Ethnicity**	**56%** Hispanic/Latinx **38%** White **3%** Black **3%** Biracial
 **Preferred language**	**48%** English **52%** Spanish
 **Education**	**28%** High school or less **62%** More than high school **10%** Preferred not to answer
 **Annual Household Income**	**66%** Less than $80,000 **14%** More than $80,000 **20%** Preferred not to answer
 **Mental Health Concerns**	**38%** Experienced mental health concerns **41%** Did not experience mental health concerns **7%** Other **14%** Preferred not to answer
 **Insurance**[91]	**86%** Has health insurance **52%** Has insurance that covers mental health
 **Technical readiness prior to pilot**	**21%** Needed support accessing Wi-Fi **21%** Never accessed the Internet **72%** Not confident using technology

[91] Respondent could pick more than one answer.

Participants' Technical Readiness

Lack of Technical Readiness

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

While participants were excited about the digital literacy training and myStrength pilot, they experienced a general lack of technical readiness to begin the program. Challenges included the following:

- Low digital literacy
- Lack of devices or internet connection
- Limited support from family or friends
- Limited in-person training and support due to COVID-19 safety issues and lockdown requirements

Pre-Training Technical Readiness (N=28)

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

36%
of participants had access to a mobile data plan

61%
of participants most often accessed internet from home

Available Program Support

Although the trainings were designed to be completely in-person, they were transitioned to be online and had limited in-person support due to COVID-19. Substantial in-person support was needed for many tasks, such as getting participants connected to Wi-Fi, teaching them how to access email and Zoom links, and answering their questions.

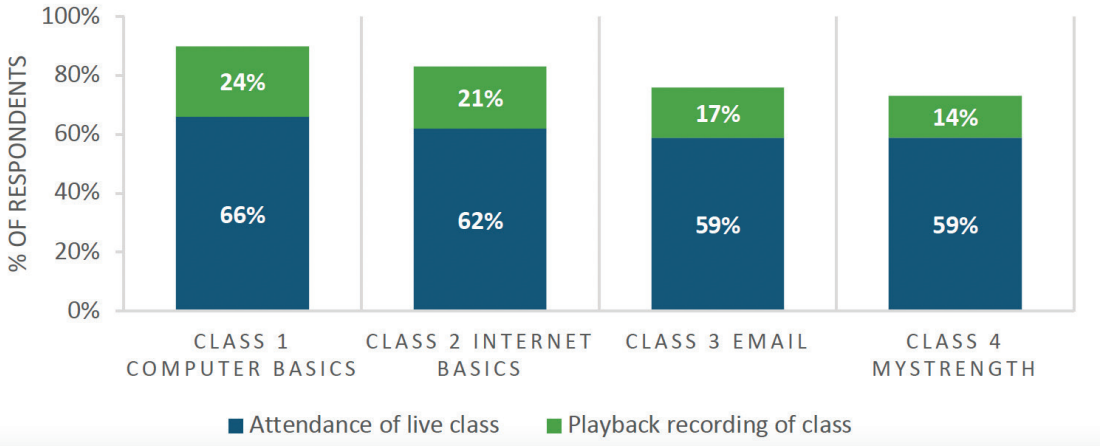
Despite these challenges, participants reported an overall positive experience with the digital literacy training classes.

Participant Experience with the Digital Literacy Trainings

Training Class Format

The majority of participants attended the classes live rather than watching a playback recording of the class. Percentages for each category did not add up to 100% because participants were able to choose more than one response. Because none of the classes added up to 100%, this indicated that none of the classes received full attendance.

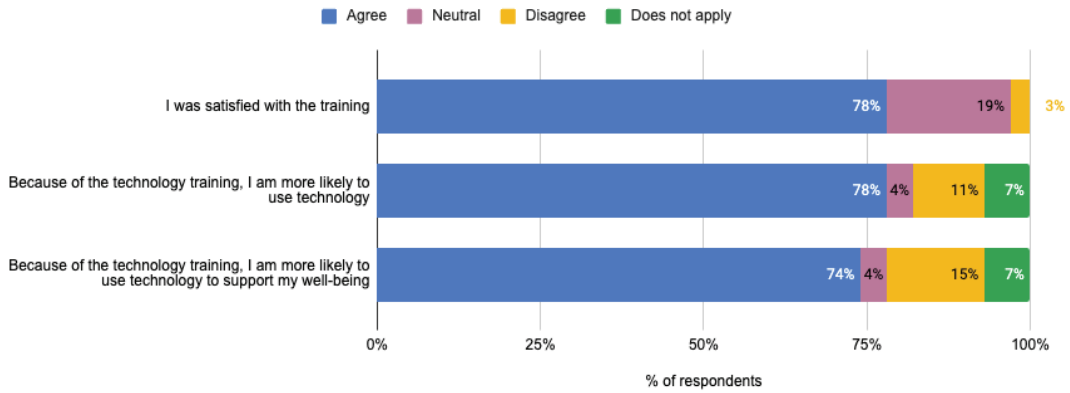
Attendance by Training Class Format (N=29)



Participant Satisfaction with Trainings

Most participants were satisfied with the training and agreed that they were more likely to use technology because of the training.

Post-Training Satisfaction (N=27)

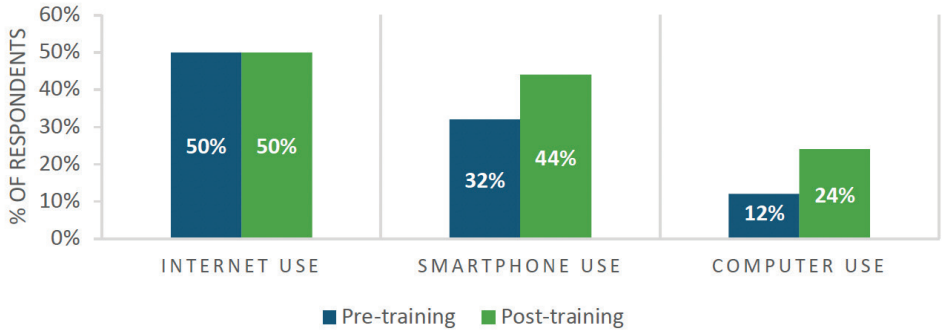


Participant Improvements in Digital Literacy and Social Connectedness

Use of Technology

Because of the digital literacy training, participants reported using smartphones and computers more than before.

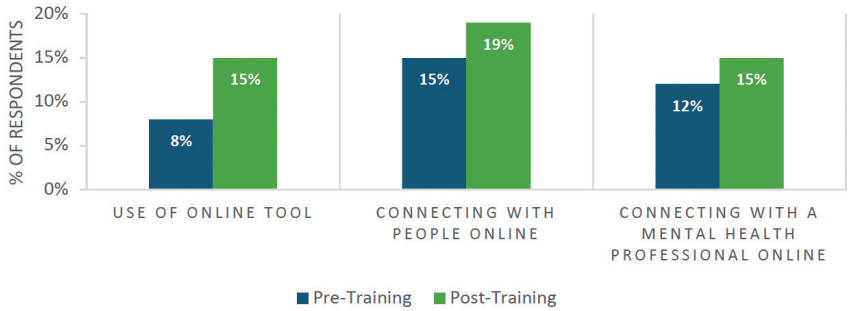
Pre- and Post-Training Responses with Technology Use (N=25)



Digital Mental Health Engagement

Participants reported slight increases in the use of online tools and connecting with people and mental health professionals online after participating in the training.

Pre- and Post-Training Responses with Digital Mental Health Engagement (N=26)



Digital Literacy

Participants reported learning skills taught during the training. Overall, there was an increase in skill learning after the training across all skills—using email, using the internet, getting health information, downloading apps, adding new contacts, uploading photos.

Pre- and Post-Training Responses with Digital Literacy Skills (N=18)

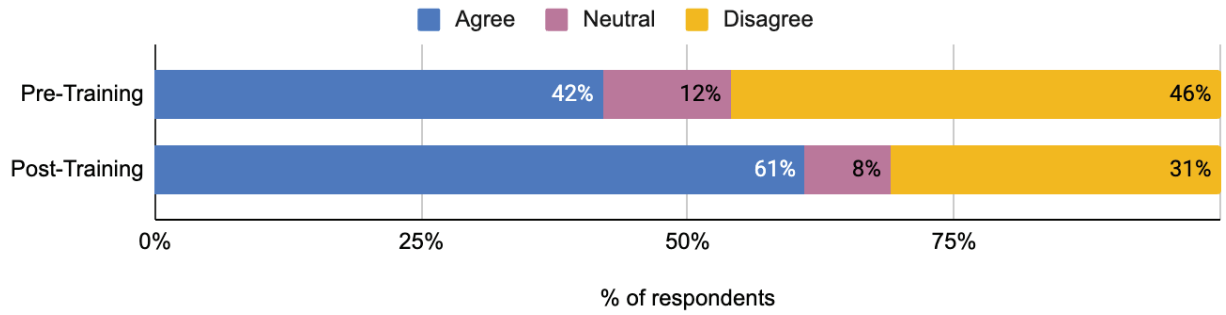
Pre-Training		Post-Training
67%	Use email	89%
67%	Use the internet	84%
33%	Get health information	66%
28%	Download apps	50%
28%	Add new contacts	56%
22%	Upload photos	50%

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

Confidence Using Technology to Search Information and Support Well-Being

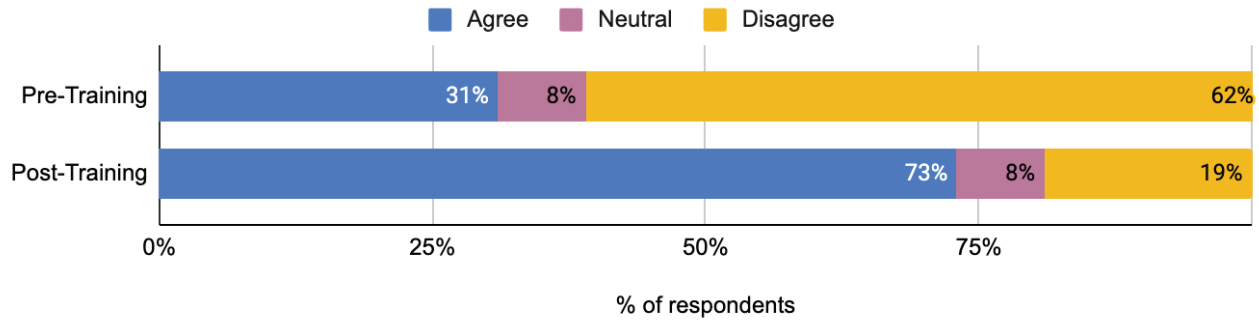
Less than half of participants (42%) agreed to being confident in using technology to look up information before the digital literacy training, compared to 61% after the digital literacy training. The increases in participants' confidence were statistically significant ($t(25) = 2.74$, $p=0.01$).

Pre- and Post-Training Responses with Using Technology to Look Up Information (N=26)



Less than a third of participants agreed to being confident in using technology to support their well-being before the digital literacy training, compared to 73% after the digital literacy training. This increase was statistically significant ($t(25)=5.22$, $p<0.01$).

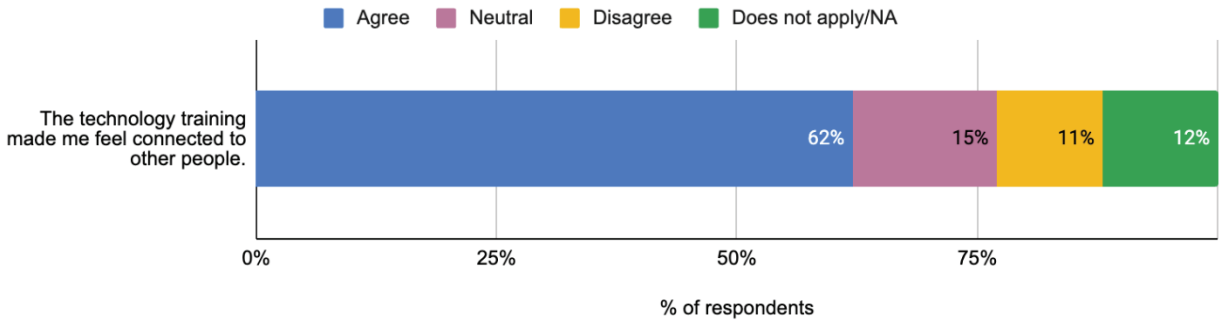
Pre- and Post-Training Responses with Using Technology to Support Well-Being (N=26)



Social Connectedness

Participants not only gained skills specifically taught during the digital literacy training, but also reported improved feelings of connectedness. Some participants reported that the program helped with loneliness and made them feel more connected by interacting with other people. Participants also learned to connect with family and friends using technology through the digital literacy training classes.

Post-Training Report on Social Connectedness (N=27)



"I think it's WhatsApp or something like that?... Yeah, they, my friends have been telling me, so that way you don't have to pay long distance phone calls... So that's what I remember. So I think, you know, it's good to have that."
– English-speaking Participant

"Well, for a long time, I found it quite confusing. And somehow I guess I was feeling negative at first and thinking, Oh, dear... It's sort of a new speak, you know? [laughs] (…) But later, I began to see some of the value in it [digital literacy training] and realized it wasn't really the way I was feeling it would be... Well, it's certainly helped to be able to be in touch with family. And so, that was lovely."
– English-speaking Participant

Digital Literacy Trainings Feedback

Some participants reported feeling overwhelmed at times by the trainings and the wide range of digital tools and resources they were introduced to. This feeling of being overwhelmed may have explained why some participants did not feel confident enough in their digital literacy skills to use an online tool for mental health after the training. The table below displayed the most common reasons participants gave for not using an online tool for mental health pre- and post-training.

Reasons For Not Using An Online Tool (N=26)

	 Did not know about these apps	 Limited confidence in digital literacy skills	 Did not think I needed it
Pre-Training	19%	8%	8%
Post-Training	8%	19%	19%

Participant Recommendations

Participants were enthusiastic and had recommendations to improve the digital literacy training. These included the following:

- Hosting classes in-person
- Having more classes, including basic and advanced courses
- Offering classes at different times and dates to accommodate participants' schedules

LEARNINGS

Participant surveys and interviews from Marin County's digital literacy training found the following:

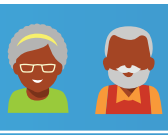
- **Older adults preferred in-person to online support.** Substantial help was needed for in-person tasks such as getting connected to Wi-Fi, highlighting the limitations of virtual-only training formats.
- **Participants' recommendations for more flexible program designs suggest opportunities for refinement.** Suggestions for offering a wider variety of courses, including both basic and advanced levels, and more flexible scheduling options indicate that programs need to be adaptable to the population being served.
- **Participants' satisfaction and increased digital confidence highlight the training's value.** The digital literacy training successfully enhanced participants' likelihood of using technology and improved their confidence in specific skills, such as looking up information and supporting their well-being.
- **The positive impact on social connectedness illustrates technology's potential to address isolation.** By learning to connect with family and friends through digital tools, participants experienced reduced loneliness and greater social interaction.

TECH4LIFE AND STAFF PROFESSIONAL EVALUATION

About the Staff Professionals

Demographics

The table below represented demographic information from Marin County's Tech4Life and staff professionals. The average age of the sample was 33 years and predominantly female, American Indian/Alaskan Indian, attended high school or less, and were nurse interns.

Staff Professionals Demographics (N=19)[92]	
 **Average Age** (standard deviation, range)	**33 years** (12.4 years, 22-57 years)
 **Gender**	**84%** Female **16%** Male
 **Race/Ethnicity**	**42%** American Indian/Alaskan Indian **37%** Hispanic/Latinx **16%** Multiracial **5%** White
 **Education**	**53%** High school or less **42%** College degree or less **5%** Master's or doctoral degree
 **Role**	**65%** Nurse interns **20%** Promotores **15%** In-house County staff

About the Digital Literacy Trainings

Impressions of Trainings

Tech4Life and the staff professionals thought the digital literacy trainings were seen as helpful when coupled with prior experience with technology. Although the COVID-19 pandemic presented challenges around in-person teaching, the training was instrumental in aiding the use of myStrength for this pilot.

> *"What was really challenging was delivering it all over virtual, you know, over Zoom. Definitely I would recommend if we go forward for people who are inexperienced I think they really needed the personal, kind of the in-person aspect."*
> – Tech4Life/Staff Professional

[92] N=19. Sociodemographic data is missing for one participant user, who chose not to complete a demographic survey.

"Para el cliente sí, yo algunas cositas ya sabía de todo lo de la computadora, de lo que puedes usar y todo, pero para el cliente sí le[fueron útiles las clases] porque ella dijo que estaba bíen especificado todo... a ella le encantó.
– Tech4Life/Staff Professional

English Translation

"For the client, yes, I already knew about everything about the computer, what you can use and everything, but for the client, [the classes were useful] because they said that everything was well specified... they loved it."

Factors Affecting Participant Success

Familiarity with Technology

Tech4Life and staff professionals shared that the participants who were already familiar with using technology had more success during the training compared to those who were new to using a smart device.

"There was a lot of challenges in the group that was new to devices. They had a lot of challenges. I think the people who already had some familiarity, we were able to work with them more successfully.
– Tech4Life/Staff Professional

Motivation

Tech4Life indicated that the level of motivation played a key role in the participants engaging with the technology. If the participants were motivated to learn, they benefited from the training regardless of their previous knowledge of technology.

"[The participants] were excited to come to the classes, so I think then, you know, it went on for several weeks. So, they were pretty engaged and active with that. And developed new skills. You know we focused on giving them confidence in using the device in general."
– Tech4Life/Staff Professional

Program Impact

The digital literacy trainings helped participants gain a better understanding of technology and had a positive impact on their ability to use myStrength. The time spent during the digital literacy training classes resulted in participants feeling more confident using smart devices, learning more about technology and how to use it, and reducing the fear and apprehension around using technology for their wellness.

> ***"[The participants] were excited to come to the classes, so I think then, you know, it went on for several weeks. So, they were pretty engaged and active with that. And developed new skills. You know we focused on giving them confidence in using the device in general."***
> – Tech4Life/Staff Professional

> ***"We got a lot of feedback [from participants] that they were just, they felt more comfortable with technology, so it took away some of their fear and apprehension about using these devices. So, that was I think the main thing that they gained more confidence in their ability."***
> – Tech4Life/Staff Professional

"Cuando hablamos siempre me está hablando con ansiedad sobre la pandemia y sé que la situación de salud mental para ella es muy importante. Es una persona mayor, de 70 y plus años, está sola. No ha visto a sus nietos de un año, nomás por video, cuando apenas están a 20 minutos de camino en carro. Entonces, pienso que [myStrength tiene] unas buenas páginas [que] serían de mucha ayuda para ella."
– Tech4Life/Staff Professional

English Translation

"When we talk, she always speaks anxiously about the pandemic, and I know that the mental health situation is very important to her. She is an older person, over 70, [and] she is alone. She has not seen her 1-year-old grandchildren, only via video, [and] they are only a 20-minute drive away. So, I think [myStrength has] some good pages [that] would be very helpful to her."
– Participant

myStrength Flyers

myStrength provided topic-based flyers to help staff professionals facilitate discussions with participants about using the platform. These flyers were found to be very effective in helping clients understand the various features of this app.

> *"The flyers acted as an icebreaker to talking about mental health between participants and the Marin County staff and nurse interns/promotores."*
> – Tech4Life/Staff Professional

> *"Since the flyers were in Spanish, it was much easier to talk about. Because they would be able to read it. And then I would go over the videos with them."*
> – Tech4Life/Staff Professional

LEARNINGS

Tech4Life and staff professionals' surveys and interviews from Marin County's digital literacy training found the following:

- **Hosting trainings in the virtual format was challenging.** Delivering digital literacy training over Zoom was difficult due to participants' unfamiliarity with technology. In-person training would have been more effective.
- **Success varied based on experience.** Participants already familiar with technology had more success in the training, while those new to devices struggled significantly.
- **Motivation was as a key factor.** Participants who were motivated to learn benefited from the training, regardless of their initial knowledge. Engagement and enthusiasm were crucial for skill development.
- **Trainings helped build confidence.** The training helped participants feel more comfortable and less fearful of technology, which was key in their ability to engage with digital tools like myStrength.
- **Flyers were helpful resources.** The topic-based flyers acted as conversation starters and helped facilitate discussions about mental health tools, making it easier to introduce mental health concepts to participants.

Marin County's Digital Literacy Grant Program Evaluation

INTRODUCTION

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

The Digital Literacy Grant Program evaluation included:

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

Digital Literacy Grant Program Evaluation

KEY TAKEAWAYS

Importance of Digital Literacy: The program highlighted the crucial role of digital literacy to improve access to resources and enhance the overall well-being of participants, particularly older adults who might feel isolated or disconnected.

Flexibility in Delivery: Offering a variety of session types, such as one-on-one training and work-shops, allowed participants to engage at their own pace and according to their individual needs, which contributed to the program's success

Community Engagement: Effective community engagement was key to the program's success. Tailoring the content to meet the specific needs of participants and offering support in their preferred languages were critical factors in making the program accessible and impactful.

Challenges in Outreach: Recruiting participants proved challenging despite extensive outreach efforts. This underscored the need for strategies to engage hard-to-reach populations effectively.

Positive Participant Outcomes: Participants not only acquired new digital skills, but also experienced improvements in their mental wellness through increased social connections and reduced isolation. The program's impact went beyond digital literacy, contributing to a better quality of life for those involved.

DIGITAL LITERACY GRANT PROGRAM EVALUATION

About the Grantees

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

July 2023
4 Grantees in Initiation Phase
2 Grantees in Planning Phase
1 Grantee in Execution Phase

August 2023
2 Grantees in Initiation Phase
1 Grantee in Planning Phase
4 Grantees in Execution Phase

September 2023
1 Grantee in Initiation Phase
1 Grantee in Planning Phase
5 Grantees in Execution Phase

October 2023
1 Grantee in Initiation Phase
6 Grantees in Execution Phase

November/December 2023
6 Grantees in Execution Phase
1 Grantee Completed Program

Number of Sessions and Attendees

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

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

Program Services

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

Digital Literacy Sessions

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

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

Digital Literacy App

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

Device Distribution

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

– Marin County BHRS Grantee

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

– Marin County BHRS Grantee

Participant Engagement

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

– Marin County BHRS Grantee

Cultural Competency and Stakeholder Involvement

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

Translation

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

– Marin County BHRS Grantee

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

– Marin County BHRS Grantee

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

– Marin County BHRS Grantee

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

– Marin County BHRS Grantee

Participant Feedback

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

– Marin County BHRS Grantee

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

– Marin County BHRS Grantee

About the Participants Served

Demographics

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

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

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

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

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

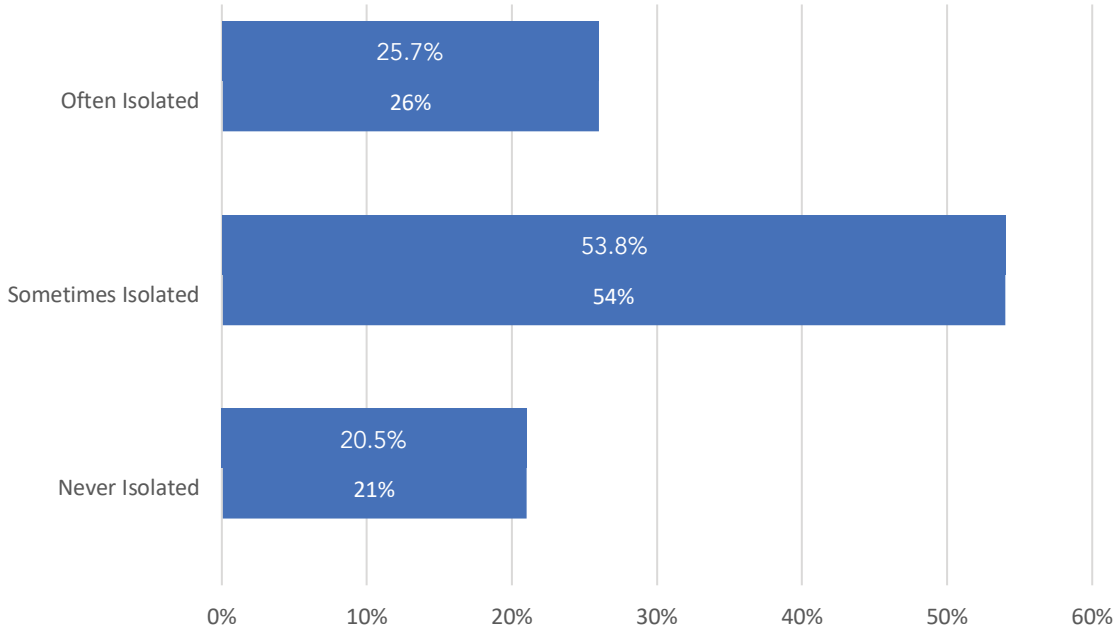
Disability (n=274)
42% Reported a Disability
37% Did Not Report a Disability
3% Unsure of a Disability
18% Preferred Not to Answer

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

Feeling Isolated or Left Out

Most participants felt isolated because they felt others could do things on a computer, smartphone, or tablet

Feeling of Isolation Due to Digital Literacy (N=346)

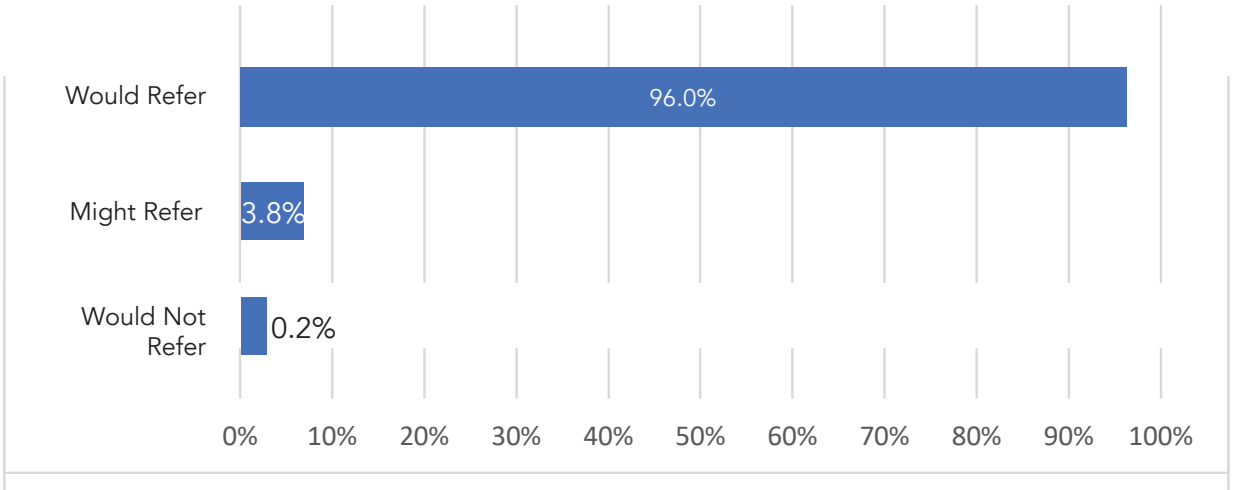


Program Satisfaction and Skills Learned

Satisfaction with Sessions

Almost all participants would refer the sessions to a friend.

Referring Sessions to a Friend (N=420)



Comfort with Technology

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

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

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

Digital Literacy Skills Participants Learned

Grantees reported that participants learned the following skills.

Using a cell phone

Connecting to the internet

Using the internet

Understanding the basics of using a computer

Connecting with apps

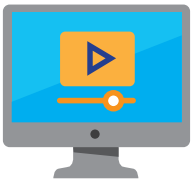
Using documents or photos

Utilizing email

Using computer programs

Using a tablet

Video conferencing



Streaming services

Employment skills[93]

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

What Participants Most Wanted to Do with Their Digital Literacy

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

Connect with friends, family, and community access

Get help with general health concerns

Receive help with depression, loneliness, anxiety, or boredom

Find employment

Get news, articles, blogs, or books

Learn new things

Do online research

Take online classes

Banking

Shopping

Program Impact, Challenges, and Lessons Learned

Program Impact

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

Increase in Digital Literacy Skills

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

– Marin County BHRS Grantee

Increased Levels of Confidence with Technology

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

– Marin County BHRS Grantee

"The one-on-one sessions immediately became popular with Participants who appeared to be more relaxed after getting to know both Digital Literacy Coaches and Team. Participants soon started to request their own focused sessions."

– Marin County BHRS Grantee

"Overall, their feelings of being isolated or left out because of their lack of digital skills was removed as they became more confident in using their skills, even if it was just setting up a Gmail account and knowing how to connect to and use the internet for resources made them feel better and more confident."

– Marin County BHRS Grantee

"One specific participant, with both mental health and physical limitations, was adamant about NOT working on computers or anything that had to do with online, phone, etc. In fact, they had several anxiety attacks trying to prepare her resume. She also reported falling at the grocery store and did not know what to do. Good news! Through the Digital Literacy Program, and in this short time, she built enough confidence to tackle the computer and her cellphone. During this time and working in one-on-one sessions, she received support and completed her resume, uploaded documents, applied for jobs, and learned how to order groceries using her cellphone. She is still learning and appreciates the patience and training resources available to her through this program."

– Marin County BHRS Grantee

Increase in Participation for Existing Services

"The last six months saw some of the largest attendance numbers in our computer lab and workshops yet. Students were better informed about the programs offered in the lab, and we had many repeat students who returned for multiple sessions of workshops to continue learning more. We are seeing fewer instances of certain technical issues, as a result of student skills improving (solving problems on their own), and many students are now able to independently perform research for their classroom assignments and personal projects."

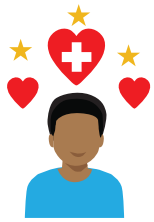
– Marin County BHRS Grantee

"During the 121-day period between August 1, 2023 and November 30, 2023, the … Program hosted 132 one-hour appointments. In the 121 days prior to the expansion (April 2, 2023 to July 31, 2023), the program hosted 78 one-hour appointments. Therefore, we were able to increase our tech tutoring appointments by 69% during the grant period. We intend to continue expanding our program now that we have established a strong foundation for scaling up through a volunteer training curriculum and a streamlined system for appointment scheduling and confirmation."

– Marin County BHRS Grantee

Program Impact on Participants' Mental Wellness

The grantees reported that participants improved their mental wellness by learning new skills, connecting with others, and reducing isolation.



Learned Skills

"So helpful, like life-saving help, when drowning in ignorance and going down deeper in complicated technology. I want to learn so much and have. Thank you so much from my heart."

– Marin County BHRS Grantee

"Individuals were excited to meet and see others who were also interested in learning more about digital literacy. This helped create synergy and encouraged engagement as well as sharing individual needs."

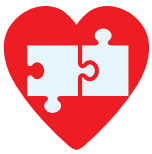
– Marin County BHRS Grantee

"Prior to the training, most students were comfortable with limited texting but did not feel comfortable using facetime or Zoom. After the training, they reported much more confidence in using video conferencing tools and increased texting skills. A student remarked "the Iphone does so much more than simple texting and learning what to use and how to go about it is great. Voice texting is fun, easy and a short-cut worth learning!"

– Marin County BHRS Grantee

"We continue to receive positive feedback about our training sessions and the one-on-one training we are providing. The overwhelming feeling is that there is a big need for older adults to receive help with the technology, so they are not being left behind and missing out on things."

– Marin County BHRS Grantee



Connected with Others

"The work is definitely impacting participants mental wellness enabling them to connect to both family members and groups via Zoom, such as book clubs and exercise class, and other online resources and apps, such as podcasts."

– Marin County BHRS Grantee

"Many of the members who we have helped this month are isolated in their homes and rarely leave. A member who we helped set up and access Zoom was able to finally participate in her book club and then a information program from the country about transportation in the same week, not only feeling connected to her friends in the book club, but also learning about other transportation resources to be able to get out of her home and feel more connected."

– Marin County BHRS Grantee

"The culture within the computer lab is growing more and more collaborative, and students are forming new connections and friendships through their time in the lab. Many students have reported a sense of independence now that they know how to perform certain tasks on a computer. Others have reported feeling busier, and that their mental health improves when they have something productive to do, which the workshops and drop-in sessions provide."

– Marin County BHRS Grantee

"The individuals impacted by the Digital Literacy Program shared joy, eagerness, and a compelling sense satisfaction. Seniors felt that they were not 'forgotten' and appreciated the time, workshops, connecting with others both young and old."

– Marin County BHRS Grantee

"We believe that this work alleviated the feelings of isolation and loneliness from our participants as well as increased their confidence levels and reduced their fear of technology…"

– Marin County BHRS Grantee

Reduced Feelings of Isolation

"Several participants reported feeling less anxiety over their coursework after taking workshops. One student said that he feels like he is genuinely cared about when we offer these workshops. Two students said that our computer lab and workshops make them look forward to the future."

– Marin County BHRS Grantee

Program Challenges

Grantees reported challenges with participant recruitment despite numerous outreach efforts. Recruiting and retaining staff and volunteers to support the programs was also a challenge. The short implementation timeline and difficulty collecting participant surveys were additional challenges.

"Through community engagement and individual feedback, the term 'Digital Literacy' put many seniors off, many of whom did not understand the concept. In addition, many seniors expressed frustration and a lack of confidence."

– Marin County BHRS Grantee

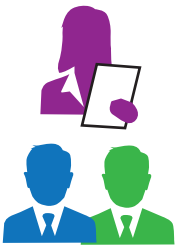
"Outreach has been one of the biggest challenges: Approximately 125, door to door flyers were passed around the community complex, the course was featured on .. [a] monthly newsletter, outreach during community events was done, and at this moment it is unclear why students are not signing up for class."

– Marin County BHRS Grantee

Participant Recruitment Challenges

"Attendance for workshops was low this month. In response, we created flyers to advertise our October workshops and sent out a mailer to all students with news and updates about the lab, encouraging folks to attend open lab sessions and workshops if they haven't been in a while."

– Marin County BHRS Grantee



Staff and Volunteer Recruitment and Retention Challenges

"It was more difficult to obtain mentors and mentees than expected, with mentors being slightly more difficult (even with a stipend being offered). Part of the delay with launching the program was due to this challenge and was also due to the ultimate limitations of the partnership we decided to rely on when securing mentors."

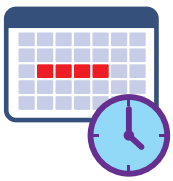
– Marin County BHRS Grantee

"… we have faced challenges recruiting Spanish-speaking volunteer tech tutors. We are collaborating with our Human Resources team to target our recruitment efforts more effectively to the Spanish-speaking population in Marin. Given that the volunteer tech tutor position is unpaid, recruitment of volunteers has generally been challenging. We are currently expanding our recruitment efforts to high school programs in hopes that we can identify and deliver tutoring appointments in Spanish."

– Marin County BHRS Grantee

"Staffing transitions have been a challenge, and we are working through them."

– Marin County BHRS Grantee



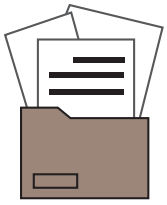
Timeline Challenges

"The challenge in implementing this grant was the very tight time frame from award of grant in mid-June to implementing the grant as of July 1st, including the challenge to obtain data from participants for Country grant report."

– Marin County BHRS Grantee

"We faced some challenges in developing the app and recruiting students and completing the project with a very aggressive time schedule."

– Marin County BHRS Grantee



Difficulty Collecting Participant Surveys

"…We also did not collect feedback forms after our 5 workshops this month, as they were in-class workshops and part of the course material. Unfortunately, this left us lacking in our reporting."

– Marin County BHRS Grantee

"We also found that program participants were reticent when it came to completing the post-service survey. It seemed clear that many were put off by the specificity of some of the questions, which seemed to indicate that people were consciously drawn to participating in our programs to improve their technology competency rather than potentially improving their mental health as a result of feeling more connected because of technology…"

– Marin County BHRS Grantee

Lessons Learned

Grantees reported that one-on-one sessions benefited participants and that the pace was noted as being comfortable. In addition, grantees reported how important it was to get community engagement early on in the program and to collect survey feedback.

Sessions Benefited Participants

"The students liked the pace of the videos and the clear, easy to follow instruction. We learned that self-paced training could be successful by keeping the videos short, informal, and accessible. The most common feedback was the desire for more training."

– Marin County BHRS Grantee

"In addition, we learned that 1 on 1 interactions were enhanced with a focus on building trust and community first and understanding that intergenerational learning can happen for both mentor and mentee, and we can take that approach forward in other programs."

– Marin County BHRS Grantee

Community Engagement

"Throughout the project we experienced an extremely positive response from the community that there is an enormous pent-up demand for help with technology among older adults in Marin. Even among our members who have had technology help available, but haven't taken advantage of it, they have expressed a huge need for this help. We believe there will continue to be a demand for technology help and will continue and expand the technology training we conducted under this project."

– Marin County BHRS Grantee

"We assumed that having a location and training onsite in a large, underserved community with high needs and provide monetary incentives would provide us with enough participants for the success of the program. Due to the short grant period and implementation model, we chose, we were not able to do our due diligence in a needs assessment for the community. The lesson we learned was that we need to slow down and do a community needs assessment, asking community stakeholders for their input prior to developing a program based on a lot of assumptions. In the future, we will take the time needed to develop the right partnership that are aligned with our goals and values, gather community input, and develop a program with community voice at the center."

– Marin County BHRS Grantee

Survey Feedback

"Collecting evaluations after each workshop was a great way to keep a pulse on students' feelings about the computer skills curriculum we're offering. I plan to use this feedback to shape our future offerings, and I plan to continue collecting these evaluations in future semesters for ongoing feedback."

– Marin County BHRS Grantee

Riverside County's Digital Mental Health Literacy Training Evaluation

Early in the Help@Hand program, Help@Hand Counties/Cities recognized the need to enhance staff and consumer digital literacy to support digital therapeutics for underserved communities. To address this, RUHS-BH partnered with Painted Brain for train-the-trainer workshops and "Appy Hour" sessions aimed at boosting staff and consumer confidence in using mental health apps. RUHS-BH Peer Support Specialists conducted workshops to promote the safe use of digital tools and assisted consumers in accessing their behavioral health records through the County's electronic health record portal, myHealthPointe.

Findings were synthesized from Riverside University Health System Behavioral Health Evaluations Unit's Help@Hand Innovation Project Evaluation Report 2021-2024 in **Appendix O**.

FINDINGS

Evaluation Question 1: Was there a change in staff confidence and knowledge to encourage the use of digital therapeutic tools?

Train the Trainer DMHL

A total of six workshops were conducted countywide between April 18, 2023 and May 9, 2023, with 45 staff attendees. Twenty-one post-satisfaction surveys were collected afterward.

Participant quotes on what they learned and liked about the Train-the-Trainer workshops

Things I learned in the Train-the-Trainer Workshop were:

"Types of bad actors, types of scams, how to avoid scams, things we can do to increase privacy while browsing online."

"I learned more about the Help@Hand program and the anti-phishing and anti-scamming issues."

"Why it's so important to be aware."

What I liked about the Train-the-Trainer Workshop were:

"I liked that the trainers were on top of everyone's questions and encouraged sharing."

"Learning more about App permissions."

"I liked the topic and I did learn more about the types of scams and bad actors."

Evaluation Question 2: Did DMHL Appy Hour Workshops increase consumers' knowledge, confidence, and skills when using online or phone apps focused on mental wellness?

DMHL Appy Hour Workshops

Appy Hours were organized at County clinic locations and Peer Support and Recovery Centers to enhance consumers' knowledge and skills in using mental wellness apps. A total of 39 workshops were conducted from August 22, 2023 to November 1, 2023, focusing on empowering consumers, providing hands-on learning, and teaching online safety. Each workshop covered various wellness apps, and participants received incentives for attending and completing the sessions.

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

Appy Hour Workshop Descriptions

Don't Panic
(English/Spanish)
Included tools to help connect with one's thoughts and feelings, manage mood swings, and recognize indicators of sadness and anxiety. Tools included coping with extreme emotions and ways to manage suicidal thoughts.

PTSD Coach
(English/Spanish)
Offered knowledge about PTSD, details on professional care, a PTSD assessment tool, opportunities to connect with support, and tools that helped cope with demands of daily life.

SuperBetter
(English)
Incorporated gaming to overcome hurdles in many aspects of life. Players can adopted a secret identity, activated power-ups, battled opponents, accomplished objectives, and checked-in with allies.

Online Safety Workshop
Focused on how consumers can keep themselves safe online. Content included online safety tips including how to use the privacy setting, enable multi-factor authentication, and identify potential scammers.

Anti-Phishing/Scamming Workshops
Included information on how phishing could be used to steal sensitive personal and financial information. Information was provided on the different types of scams that could occur online and ways to avoid them.

A majority of the participants were generally satisfied with the workshops and reported they were likely to use a mental health app in the future.

97%
Reported that the workshop they attended was useful

93%
Reported that they will be able to use information gained from the workshop

92%
Were satisfied/very satisfied with the workshop

89%
Agreed/strongly agreed that this workshop has helped them learn how to use a mental health app

93%
Were satisfied/very satisfied with the trainers in the workshop

85%
Reported being likely/very likely to use a mental health app in the future

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

Evaluation Question 3: What did consumers' participation look like in the Learn and Earn workshops?

"Learn and Earn" Workshops

The Learn and Earn Workshops, held by RUHS-Behavioral Health Peer Support Staff from December 2023 to February 2024, educated consumers on the Whole Person Health Score and their electronic health record portal, myHealthPointe. Each 1.5-hour session assisted participants with registration and navigation of myHealthPointe for accessing their behavioral health records, offering incentives for completing the Whole Person Health Score (see page 293).

Learn and Earn Engagement Statistics

32
Learn and Earn Workshops

426
Attendees

423
Completed Post-Satisfaction Surveys

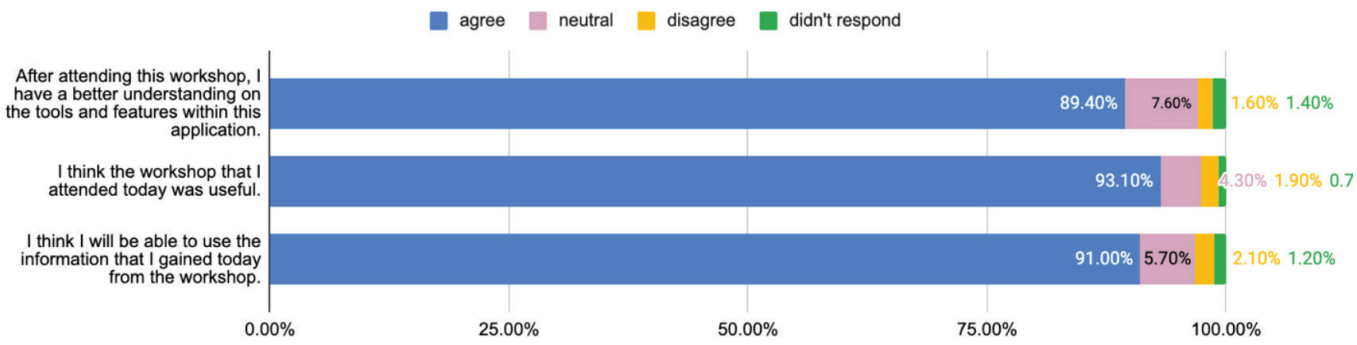
Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

Evaluation Question 4: What were consumers' feedback on Learn and Earn workshops?

"Learn and Earn" Workshops

After attending the workshops, consumers were highly satisfied with usefulness, information gained, and increased understanding.

Satisfaction Survey Outcomes

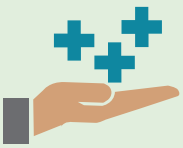


94%
Were satisfied or very satisfied with workshops

93%
Felt the trainers were effective

96%
Would recommend others to attend workshops like this

Key Takeaways From the Learn and Earn Workshops



Benefits

Learned how to use apps for tracking medications

Learned how to take care of themselves

Information was presented clearly

Now have direct access to health records

Challenges

Complicated information

Crowded rooms

Struggled with general use of phone technology

FUTURE DIRECTIONS

- Continue promoting myHealthPointe to encourage consumers to register and access their free electronic health records.
- Continue implementing the Whole Person Health Score (WPHS) as a screening tool for social determinants of health across all County clinics, helping connect new consumers to necessary resources.

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

San Francisco County's Tech@Hand Evaluation

TECH@HAND
MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO

INTRODUCTION

The Tech@Hand program was launched in 2022 and served historically excluded residents in San Francisco County, with a focus on transitional aged youth (TAY) and transgender individuals. Program participants could borrow free iPads as well as receive internet service and digital literacy trainings. Peer Navigators helped program participants utilize digital resources to support mental health and wellness.

The Tech@Hand program evaluation assessed the experiences of **program participants** and **Peer Navigators**. It also aimed to understand the perspective of **community members**. San Franisco County and their subcontractor, Mental Health Association of San Francisco (MHASF) collected the evaluation data. The Help@Hand evaluation team analyzed the data.

KEY TAKEAWAYS

Evaluation with Participants and Community Members

- Program participants valued the compassionate and consistent support they received from the Peer Navigators.
- Access to iPads and internet was vital in allowing participants to meet basic needs, such as finding a job or housing. Participants emphasized that it would have been nearly impossible to address such needs without these resources. Participants gained new skills and confidence to meet their needs. Technology also helped them better connect with communities online.
- Participants felt Peer Navigators were able to address their technology related issues. Some reported wanting to learn more advanced skills.

Evaluation with Peer Navigators

- Peer Navigators supported participants to establish and progress through technology and mental health-related goals as needed. Coordinators and supervisors developed workshop curriculum, managed participant incentives, and supported evaluation efforts.
- Peer Navigators employed a variety of strategies to support participants. Supervisors provided adequate support to help Peer Navigators better assist participants, while ensuring Navigators' mental health-related needs were also met.
- Program success for Peer Navigators included observing participants learning, working on their goals, and sharing tools to help other participants. Peer Navigators also appreciated how the program supported their recovery and helped them support others.
- Program challenges included high workloads and lack of resources. Another challenge was difficult experiences in the program that affected the Peer Navigators' mental health.
- Peer Navigators recommended hosting more office hours, giving iPads instead of lending them to participants, and teaching Zoom early in the workshop curriculum.

EVALUATION WITH PARTICIPANTS AND COMMUNITY MEMBERS

MHASF conducted fifteen interviews with program participants and three focus groups with community members in 2024. This section presents findings from 14 interviews[94] and all focus groups.

About the Program

Importance of the Peer Navigator

Support through Lived Experience

Peer Navigators provided participants with compassionate and consistent support through in-person one-on-one meetings and text messages. Participants felt that it was easy for them to ask for assistance in the meetings, while the text messages made participants feel as though they were consistently supported and that their needs were followed up on.

The support from the Peer Navigators addressed both their mental health-related concerns and technical issues. It was thought that the support was more holistic than the assistance offered by other programs. It allowed participants to work towards their specific goals rather than having these goals forced upon them.

Participants also noted that they felt the fact that the Peers had lived experience allowed them to feel more comfortable in engaging with them. Furthermore, some clients felt inspired to support others through their lived experience as well, particularly since such support was lacking in the community.

> *"...and that I think the best thing is that the weekly check ins definitely did make a impact on my goals and well being and accountability. Because it would almost galvanize me to prepare for meetings and to make progress in in anticipation for the next meetings. But also when I requested that I get weekly check ins just through texts or email that I did. Get those get those and it did really help me and reminding me to work towards those goals and to take care of myself the entire time as well. Making sure that I'm taking some off time to relax and also take care of myself and sleep. Well yeah."*
> – Participant

> *"Right. So the one who was assigned to me, Theo, was really helpful. He actually helped me when I was struggling to navigate like a dental problem and he actually gave me a ride to a dentist all the way out in Emeryville, which was great because getting all the way back from Emeryville back and forth without a car and then you know, having to do a dental procedure and navigate your way back without help was, would have been really hard. So I just really appreciated his support there. Like stepping into the shoes of my my case manager who probably should have been the one to help me figure all that out. But he helped me there. That's a really specific example that he stepped up to be supportive in random areas unexpectedly."*
> – Participant

> *"Feel like working with a peer actually made it easier. Because I'm able to trust more that this person understands my challenges. And is able to guide me better and I'm better relaxed because I know that this person has multiple levels of experience with navigating issues while dealing with mental challenges. So for me that is something that is very very important."*
> – Participant

> *"It makes all the difference. And oh, that's another tangible thing because of having a peer navigator with lived experience. I realized how important that is to me and that I want to be able to be providing that kind of support to others as well..."*
> – Participant

[94] The recording for one interview was difficult to understand and transcribe. As such, it was not included in the analysis.

Benefits of the iPad and Technology

Gaining Skills and Meeting Basic Needs

Access to iPads and the internet was a tremendous resource for interviewees and focus group attendees. In fact, many reported using the iPad every day. **Overall, participants appreciated the encouragement and guidance on how to use the iPad in what they felt was a non-traditional manner** (e.g., Several participants believed iPads and technology were distractions prior to the program. However, the program taught them that technology can actually help them.)

Participants felt that improving their ability to use technology helped them better meet their basic needs and be more marketable for jobs. **Without iPads and the internet, it was very difficult for participants to obtain basic resources such as food, employment, or housing. The program helped participants feel more confident to look for resources on their own and look to themselves to support their basic needs**.

While most participants did not have issues accessing resources online, some community members noted that searching for resources online was difficult since the information available may not always be accurate. As such, they believed it was easier and more accurate to obtain information by word-of-mouth.

> *"The tool is – I don't know how to put it, but the idea or strategy of giving the tools or getting the tools to the participants seemed kind of holistic, where learning doesn't stop. When the navigators leave here, you know, you keep learning on your own with the tools provided. And it goes beyond just learning skills, but also personal wellness. And also this could, you know, be a gateway to economic empowerment as well. You know so it's just like rippling effects of outcomes, you know, even in the long term. This is really what makes the program stand out."*
> – Participant

> *"My experience with this program was different from other programs in the sense that I didn't feel pressured to meet some sort of end goal. It was more tailored around my mental health and meeting me where I was at. And that's what kind of defined it from other programs. I didn't have to be something that I wasn't at that moment. Everything that happened was- was based on my mental health and was supported whether I was doing good one day or whether I was doing bad one day. They met me where I was at and that really stuck out to me and was different from other programs."*
> – Participant

Addressing Mental Health and Physical Health Needs

Participants and community members found that they could use technology to meet their mental health and physical health needs in several ways. For example, they used technology to listen to music or engage in activities such as writing to "escape" and practice mindfulness. Participants reported that they searched online for methods of engaging in physical activity or cooking healthy foods. They also used technology to communicate with health providers. In addition, participants felt that seeing and learning about the experiences of individuals with similar identities allowed them to bolster their own confidence and identify ways of overcoming problems.

At the same time, participants expressed a desire for access to alternatives to technology to address their mental health needs. Examples included such as meeting with a therapist or engaging in outdoor activities.

> *"These applications meet my needs in a really good way. I- It may sound funny but I need them. I need them to you know- to make myself feel happy and to get through life in these stressful times and make the day better. Period."*
> – Participant

> *"It's helped because it helps me keep up with my- because I- my health insurance is through Kaiser so it helps me stay in touch with my primary care doctor and other resources for therapy..."*
> – Participant

> *"…when I get ready to go to the gym, I look at different techniques and things of that nature before I get there, so I would know what to expect."*
> – Participant

> *"It's definitely helped with improving my confidence and self esteem because I'm one of those types who do a lot of research on a lot of things. And I'll give an example. At one point, I was feeling so down and I was like, you know what, this just is not working. I have to go back to North Carolina. And then somehow I found this article on Halle Berry, and how she moved to New York City from her home state and she ran out of money and her savings quickly and ended up being in a shelter. And she called her mother for help for money and her mother refused. And she said I stayed in that shelter, and refused to leave until I found a job as a waitress and then I built my way from there. And now she's fucking Halle Berry. So I was like, okay, I got this. If she can do it like that, then I can do it too. And so just researching whenever I'm feeling some type of way, and I'm like, What can I do? What answers are there for this? And I just go into researching and finding solutions, or finding answers and then making solutions."*
> – Participant

Using Technology to Engage with Community

Participants generally used the iPad and internet access to communicate with groups they were already a part of instead of finding new communities online. They engaged with people who were not geographically close by sharing art, messaging, or gaming together.

Nonetheless, participants and community members did consider online communities and support groups as important. Participants stated the importance of online communities, particularly for those who identify as a member of the LGBTQ+ community. They felt that online communities could allow people who are not geographically close to other transgender or queer individuals to find support and learn from individuals with similar experiences. Community members expressed a desire to identify support groups for the LGBTQ+ community online and share their thoughts about relevant societal issues online.

However, both participants and community members identified concerns with online communities. Participants reported that online communities sometimes had harmful content, which some thought should be ignored and others thought should be removed. Community members expressed concerns with safety and stated the importance of being aware of what information technologies collect about users. As participants noted, there were various advantages to engaging with others online (e.g., people had flexibility to respond to messages when they had time or leave an online space if it became dangerous), but meeting others in-person was more conducive to truly understanding someone as it would make it easier to see the person's body language.

"It's funny, but I have like WhatsApp group with people that I see from my country that I never met them in person. And it's like, I feel that I know them but I- it's just online and we are a great community because we are all women. It's great."
– Participant

"Now I'm using this Reddit. I don't really understand it all, there's so many groups in this thing. But a lot of them are where I'm at. It almost makes me feel like I have other people. I mean it's dangerous being a trans woman in the United States at this time in history."
– Participant

"I'm scared of online. I've been hacked so many times I'm scared of it. If it was really totally up to me, and I've been open about everything. I wouldn't have a phone or anything. But don't get me wrong, I really appreciate the use of this tablet and I will miss these great games, but that's besides the point."
– Participant

"I meet a lot of people through different digital spaces, and I know a lot of people do. And I think it's become one of the ways that we're able to – it's one of the – the best things about technology is that we're able to connect with people who we aren't kind of, even in proximity to and – and meet people from all over that we would normally otherwise have the opportunity to do so easily…"
– Community Member

"…it's difficult to find community emotional support through technology."
– Community Member

"…monitored to keep it safe. Having trusted people within the community the administrators and and having some verification before people are allowed to join. And also having moderators at all times revealing what's going on."
– Participant

"Well, with connecting online, for me, it's sometimes easier because face to face can be intimidating and it's easier to write down your answer and be able to like review it and draft it and then send it but at the same time, like it's easier to actually get to know someone face to face because anyone can make up a story about who they are online. You know, so it's important to have both I think."
– Participant

Program Challenges

Technical Support and Desire to Learn Advanced Skills/Apps

Although participants rarely had challenges using their iPads, one participant experienced difficulty accessing the internet, which made it hard for them to use the iPad. **Participants felt that the support provided by the Peer Navigators was sufficient to address most concerns**.

Some participants reported that they wanted to learn more advanced skills through the program, such as coding or the ability to use different types of software. Participants also requested access to the paid or "premium" versions of apps. **Overall, participants would appreciate having hands-on learning experiences**. Attitudes towards different types of educational resources from reading materials to one-on-one sessions varied; participants noted the importance of being able to move at their own pace, having the opportunity to ask questions, and ensuring that the materials was directly relevant to their needs.

In contrast, community members had greater difficulty using technology. Their concerns largely pertained to safety, although others expressed a desire to learn more basic skills, such as using Excel to manage their finances.

> *"I did not experience any barriers or challenge- challenges using these applications. I'm familiar with technology. And I kind of grew up alongside these apps and applications. So the process for me was pretty easy and I really didn't have any questions or challenges or barriers met with it."*
> – Participant

> *"What data are they collecting? How are they using that?… privacy is like making sure that, like, the information that I'm putting out there is not being collected in some way to then be like used in any kind of capacity."*
> – Participant

> *"[I] would love to learn how to develop a spreadsheet to record my payments and keep track of expenses, which I currently do manually."*
> – Community Member

EVALUATION WITH PEER NAVIGATORS

This section presents findings from three interviews with current and past Peer Navigators, coordinators, and supervisors in the Tech@Hand program. The interviews were conducted by San Francisco County and analyzed by the Help@Hand evaluation team.

About the Program

Role of Peer Navigators, Coordinators, and Supervisors

Peer Navigators engaged with program participants on a weekly basis. They helped participants develop technology and mental health-related goals as needed and followed up to ensure participants worked towards these goals. Coordinators and supervisors, on the other hand, developed the workshop curricula, managed the financial incentives received by participants, and collected evaluation data.

> *"I'm setting really specific digital and mental health goals per participant and making sure that they had the skills and tools needed to show up to our sessions that were biweekly.*
>
> *And then in the off weeks that we weren't meeting, making sure they still were keeping up with the goals and expectations that we had set during that during our meeting."*
> – Peer Navigator

> *"So for the past about three to, like two to three months, I've just been assisting in workshops and and having that more one on one interaction, "How are you doing? Are you absorbing the content?" Kind of, yeah."*
> – Peer Navigator

Strategies Employed in Working with Participants

Strategies used by Peer Navigators included using the Northstar Digital Literacy assessment to gauge the skill level of participants, prioritizing those individuals with less experience with technology, utilizing group-oriented workshops when appropriate, working with participants to set metal health-related goals, summarizing action items after meetings, and sending reminders to participants about commitments. One Peer Navigator also approached clients who were less engaged to understand why they were not engaged and worked to address these obstacles.

> *"And so, for instance, of my clients, I think about seven or eight of them were within the Saint James Infirmary shelter system and were using like an iPad for the very first time. And so for them these like 7 clients in person meetings was something that I prioritized over other participants who were a little bit more tech savvy, could navigate the iPad."*
> – Peer Navigator

> *"And so making sure I sent reminders to participants about meetings a day and the day of ,like, a day before, and then the day of, just to make sure that they are aware of their commitment with me and like the goals that we had."*
> – Peer Navigator

> *"And because we work with majority, a homeless population or at-risk of being homeless population, it was mainly a financial access barrier as to why like engagement was slipping off. So we did begin the participant needs fund after that was basically the resounding answer we were getting from the majority of our folks."*
> – Peer Navigator

Support from Supervisors

Peer Navigators felt the weekly team meetings were helpful. During meetings, Peer Navigators discussed different participant needs or obstacles. In response, supervisors—who tended to have more experience—provided resources or took on tasks Peer Navigators needed help with.

Supervisors shared strategies that had previously been found to be effective or provided resources needed to improve the program. Supervisors were also mindful of the possible emotional and mental health challenges experienced by staff in their work and provide staff the time and space to process these events.

"And so really like those team check-ins, where at time that I could ask for help and also be really clear on things I didn't know and where I needed more support as well. And just that it felt much more of like an organic way of like delegating responsibilities to other folks in my team, umm, when when I'm like trying to keep track of all of these people to then be able to pinpoint specific sorts of support that I need help researching or like picking apart. And it was nice because my supervisors have been in this role for a while and have different resources as well."
– Peer Navigator

"Umm, I don't want to get too specific but there was a participant who was in crisis and it affected myself and my teammate. Our supervisor suggested we take the rest of the day off. That felt compassionate because it really was so traumatizing."
– Peer Navigator

"So throughout being able to work hybrid, this is my first time working a job where I'm able to be like somewhat remote and I think that's incredibly helpful for me to like get to the gym and like, ensure my mental health is doing good and and taking myself, taking care of myself in that capacity."
– Peer Navigator

Program Successes

One program success was observing participants take ownership of their learning, work to achieve their goals without extensive prompting, and even provide tools to the Peer Navigators to better meet the needs of other participants. It was noted that a strength of the program was ensuring that goal setting was flexible so that a participant's needs could be met even as they changed.

Peer Navigators also felt their recovery was supported by participating in the program, and felt that they could use this experience to better counsel and support the participants. For example, Peer Navigators shared techniques to support healthy behaviors that worked for them with participants. They also were inspired by participants to engage in more positive health behaviors. **Additionally, it was thought that working with other program staff who were so invested in their roles was a tremendous strength of the program. Peer Navigators also valued that the program focused on an underserved population.**

"Another person explained just how incredibly lonely and isolated they felt in their lives and just having support and someone to check in on a weekly basis was really comforting and reassuring"
– Peer Navigator

"There are no other digital literacy programs in the city for queer people besides the one at Curry Senior Center. But that's only for people who live there and the residences."
– Peer Navigator

"I think one particular client that I especially loved working with just ended up really taking on a lot of the requirements of the program really enthusiastically and in a way where they would generate a like meeting agenda for us. But like when I used to start doing that and then they started to take like ownership over their learning and stuff like that and actually would like send it to me ahead of time."
– Peer Navigator

"We have seen people go through living in a shelter to getting housing, not having a job, to having a stable income. We've seen people get into relationships, leave relationships. We've seen so much. We've seen people, you know, actively transitioning and having life changing experience and to be able to witness and hold space during that time is really like I said, an honor, truly."
– Peer Navigator

"And he told me that he didn't need it in the way that they needed it. But he talked about how the activities on the iPad were so engaging that he noticed his mom wasn't using as much as she used to, and his brother was staying out of trouble. Those were his words. Through the iPad, and he called, thanking us profusely. Explaining, that it had been a really positive impact, our support that we lent to him. He was able to support his family and so it had a ripple effect of change."
– Peer Navigator

Program Challenges

Peer Navigators reported one program challenge was the high workload and the lack of resources needed to efficiently do their jobs. This in turn reduced the amount of time spent with participants, which Peer Navigators thought contributed to participants leaving the program. A way of overcoming these challenges was hosting office hours during the weeks in which participants and Peer Navigators did not have scheduled meetings.

In some cases, working with participants with certain experiences was difficult and affected the Peer Navigators' mental health. They noted that practicing self-care and obtaining support were important to help them.

Peer Navigators recommended giving iPads to participants rather than lending them. Participants became very comfortable using their devices and found them as helpful in accessing basic needs.

Peer Navigators reported that virtual workshops and office hours were challenging for participants with low digital literacy skills at the beginning of the program. This affected their access and engagement in the program, and may have contributed to them leaving the program. To address this issue, **Peer Navigators recommended teaching participants how to use Zoom early in the workshop curriculum.**

"So for instance, maybe one of the first workshops that we could put on rather than it being one of the last ones that clients had access to is the zoom one-on-one, so that it teaches folks how to log on to a session with me and allow us be like language and ability to meet virtually much earlier, umm, and so basically mapping the workshops and such a way where it supports the strongest digital literacy skills that clients need to be able to engage in the program as well."
– Peer Navigator

"And I also don't really understand the point of teaching somebody all of these skills and then just having to take the device away from them and that's it. And like I, we have to end that relationship knowing that this person doesn't have the funds to purchase a new device. They only had these six months to have this device and that's it. I think that is something that I'm actually, I I really want to change about this program and I wanna change before we launch the next cohort. And I also think that would really help with just a feeling of accomplishment at the end of the program of like, 'Wow, I earned this device. I did all the work. I showed up. I did everything I was supposed to and I earned this.'"
– Peer Navigator

"And it also brings down the morale of my staff when they're asking me for things that they need just to do their job, not because they want the pretty laptop.'"
– Peer Navigator

"…for the first two months of the program, I was meeting weekly, making weekly contact, but once my caseload did double, I was I had to switch to biweekly instead, just to account for all of the people that I was now serving… it allowed them to fall off a little bit more in terms of contact since I just wasn't as actively like making it following up on like a weekly basis any longer."
– Peer Navigator

Santa Barbara County's Mommy Connecting to Wellness Evaluation

INTRODUCTION

Santa Barbara County's Mommy Connecting to Wellness program, a six-week course offered between August-September 2023, integrated mental wellness and technology access for mothers with children under 2 years old. The program's goal was to help mothers understand the importance of mental wellness, as part of a whole-person care approach. A key component of the program involved working with promotoras, Latina community members with specialized trainings, to provide basic health education, digital literacy support, and help with Headspace.

As such, the County worked with the Help@Hand evaluation team to understand the experiences of both **mothers** and **promotoras**. In addition, the evaluation examined the program's impact.

KEY TAKEAWAYS

Mental Health

- Mothers participating in the program reported a 50% reduction in moderate or severe psychological distress and 78% reduction in reported loneliness after the program.

Technology

- Most mothers reported success with using technology to support their health before and after the program.
- Eighty-eight percent (88%) of mothers used Headspace in the 6-week period, and 72% reported using Headspace daily or several times a week by the end of the program.

Program Impact

- The program was well-received. Mothers valued the mental health support and group dynamic, which fostered a sense of community and shared learning.
- The promotoras viewed the program as positive and noted meaningful changes in the mothers' lives.

PARTICIPANT EVALUATION

The program had 22 mothers who were organized into two cohorts. Fifteen attended the Spanish-speaking cohort and seven attended the English-speaking cohort. Attendees received psychoeducation from an expert in the field, Dra. Dulce Lopez, Psy.D., a well-known psychologist, who created the Metamorfosis Maternal Health curriculum to teach psychoeducation and self-help skills. They also received digital literacy support from the promotoras and access to Headspace. The community expert and promotoras helped program participants with language translation and hands-on Headspace navigation support.

The mothers who participated in the program were asked to complete surveys at the beginning (e.g., **Survey 1**) and end (e.g., **Survey 2**) of the program to assess their overall well-being, digital literacy, Headspace use, and impressions of the program. Of the 22 mothers who enrolled in the Mommy Connecting to Wellness program, 18 completed both Survey 1 and Survey 2.

About the Participants

Demographics

Mothers in the program identified as Mixteca or other Latina/Hispanic.

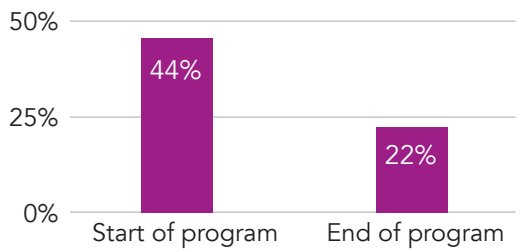
Mixteco/a/x are Indigenous Mesoamerican people of Mexico who speak the Mixtec language, a complex set of regional dialects. Although Mixtec-speaking participants attended the sessions conducted in Spanish and completed the surveys in Spanish, they may have encountered language barriers given the differences between Mixtec and Spanish. Although some support was available through promotoras, these limitations may have affected the quality and accuracy of the data collected. Acknowledging these barriers is crucial for understanding the context of the findings and for guiding improvements in future initiatives.

Race/Ethnicity (N=18)
50% Mixteca
50% Other Latina/Hispanic

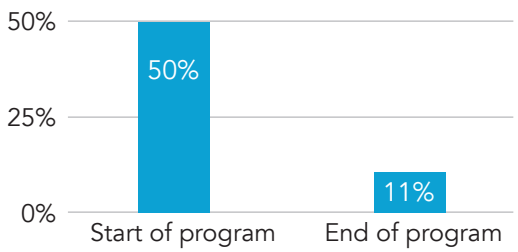
About the Program

Mental Health (Survey 1: N=22; Survey 2: N=18)

The percent of mothers who reported moderate or severe psychological distress decreased over time

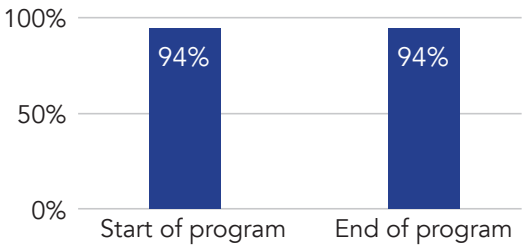


The percent of mothers who reported they experienced loneliness decreased over time

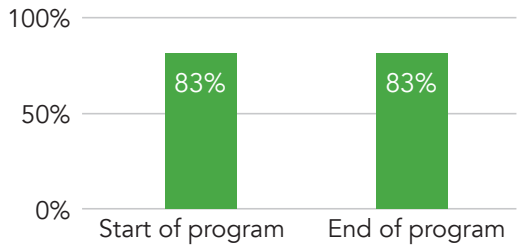


Digital Literacy (Survey 1: N=22; Survey 2: N=18)

The percent of mothers who felt confident to use technology to look up information did not change over time



The percent of mothers who felt comfortable using resources to support their child/children did not change over time



Headspace (Survey 1: N=22; Survey 2: N=18)

- **88%** of mothers tried Headspace once in the 6-week period.
- **72%** reported using Headspace daily or several times a week by the *end* of the program.
- **83%** agreed that using Headspace helped them feel more confident seeking mental health and wellness services, such as therapy or counseling, by the *end* of the program.

Overall Program Experience

The surveys at the end of the program asked mothers to share what parts of the program were most beneficial, what improvements they would like to see, and their overall experience.

The mothers shared what they learned and how the program impacted their lives. Below are quotes from three Spanish-speaking mothers with their English translations.

"En el programa aprendí mucho en convivir y sobre todo que me escuchen mis opciones y conocer personas que tienen el mismo pensamiento es bueno."
– Participant

English Translation

"In the program, I learned a lot about living together, and above all, having my opinions listened to. Meeting people who have the same thinking is good."
– Participant

"Que lo extendieran también para mujeres embarazadas. Que haya más clases sobretodo para recibir más información. Que Headspace siga siendo gratis."
– Participant

English Translation

"They [should] extend these classes to pregnant women as well. That there are more classes, especially to receive more information. Keep Headspace free."
– Participant

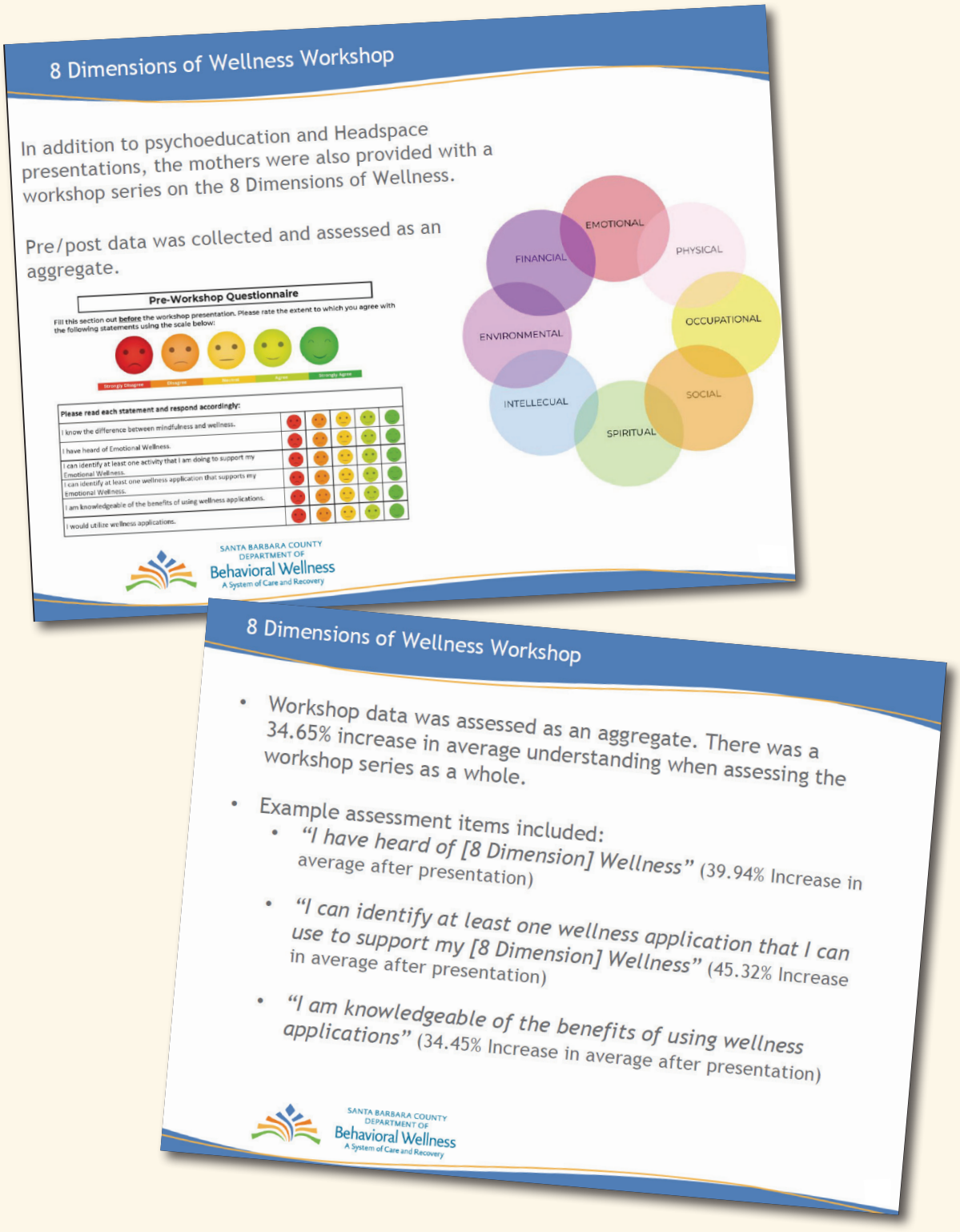
"Se me iso muy importante las ocho dimensiones de nuestras vidas que debemos de tener alineados ya de otra para estar bien y la importancia de reconocerlas en nosotras mismas."
– Participant

English Translation

"It seemed very important to me [that] the Eight Dimensions of our lives must align with each other in order to be well, and the importance of recognizing them in ourselves."
– Participant

Dimensions of Wellness Workshop

The mothers participating in the program completed surveys from the Help@Hand evaluation team, as well as from the County. This page captures findings presented by Santa Barbara County, Department of Behavioral Wellness. The full presentation can be found in Appendix Q.



Data on this page shared by Santa Barbara County, Department of Behavioral Wellness.

PROMOTORA EVALUATION

Promotoras supporting the Mommy Connecting to Wellness program completed surveys approximately ten days after the program started (e.g., **Survey 1**) and six days after the program ended (e.g., **Survey 2**). In addition, promotoras participated in a **focus group** three-weeks after the end of the program to elaborate on their experience. All six of the promotoras supporting the program completed both surveys and attended the focus group.

About the Program

Workshop Sessions (Survey 2: N=6)

- **83%** of the promotoras strongly agreed that they liked the workshop sessions.
- **83%** agreed or strongly agreed the workshop sessions improved the support they provided the mothers and that the workshop sessions motivated mothers to engage in wellness.
- The promotoras were asked what features of the **workshop sessions** they enjoyed using themselves and with the mothers. The most common response was the relaxation exercises.

Headspace (Survey 2: N=6)

- **83%** of the promotoras agreed or strongly agreed that Headspace was very useful in Santa Barbara County.
- **83%** agreed or strongly agreed that Headspace motivated participants to participate in wellness activities.
- **83%** agreed or strongly agreed that participants could find information on Headspace.
- The promotoras were asked what features of **Headspace** they enjoyed using themselves and with participants. The most common responses were the breathing, meditation, and relaxation exercies.[95]

[95] It is important to note that some of Headspace's features were available only in English and not in Spanish.

Overall Program Experience Identified in Focus Group

The promotoras viewed the program positively and thought the mothers also had a positive experience. They voiced the need for mental health support for mothers and the Mixteca community. They also highlighted the importance of programs like Mommy Connecting to Wellness where mothers had a space to express their feelings and could enjoy the closeness and bond of the group.

Promotoras shared the following about the program:

Mental Health: The mothers expressed how the program allowed them to open up about their mental health. They felt comfortable sharing their experiences in the program.

Content: Promotoras thought mothers enjoyed the weekly content from the workshop sessions (e.g., wellness and mediation) and applied what they learned into their personal lives.

Eight Dimensions of Wellness: The mothers expressed learning a lot from the Eight Dimensions of Wellness and how important it was to them.

Rapport Building: Promotoras highlighted the importance of building trust with the mothers.

Resources: Promotoras noted the benefit of offering Headspace as a free resource for mothers with financial burdens.

Program Challenges Identified in Focus Group

Promotoras shared the following challenges:

Cultural Expectations: The promotoras observed that the program encouraged mothers to prioritize themselves, which often differed from cultural expectations.

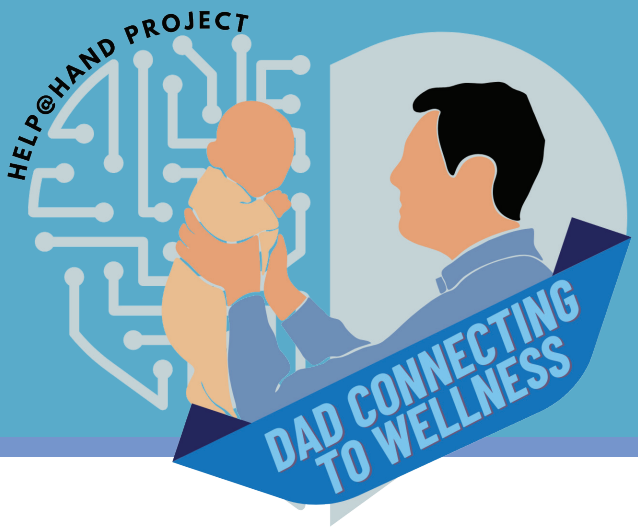
Transportation: Mothers did not have easy access to buses or other modes of transportation. Some expressed that they felt rushed or scrambled to find transportation to the in-person sessions.

Childcare: Mothers often struggled to find someone to care for their children.

Language: Apps had limited translated content in Spanish and no translated content in a Mixtec language since Mixteco is not a written language. For a similar reason, the language in the evaluation surveys was not translated in the Mixtec language, which many mothers spoke. However, there was support with interpretation services.

Digital Literacy: Some mothers did not have a valid email address or had difficulty navigating their devices. The promotoras helped them create an email address and walked through the devices.

Santa Barbara County's Dad Connecting to Wellness Evaluation



INTRODUCTION

The Dad Connecting to Wellness program was offered by Santa Barbara County between March and May 2024 to fathers with children under 2 years old. This six-week course was similar to Mommy Connecting to Wellness, in that it actively integrated mental wellness and technology access. The program aimed to help fathers understand the importance of mental wellness as part of a holistic approach to care. The program involved partnering with promotores, Hispanic/Latino community members with specialized training, to receive health education, digital literacy support, and help with Headspace.

KEY TAKEAWAYS

Mental Health

- The program introduced fathers to the importance of mental wellness, including education on postpartum depression.
- However, there was a 62% increase in reported moderate or severe psychological distress after the program.

Technology

- There was a slight increase (8%) with fathers' confidence in using technology to look up information at the end of the program.
- A few fathers (8%) reported using Headspace daily and 62% reported using Headspace several times a week by the end of the program.

Program Impact

- The availability of trusted community resources, such as familiar experts and free digital tools like Headspace, played a crucial role in making fathers feel comfortable and supported.
- The program fostered community and support, which were valued by the fathers and the promotores. This group dynamic was a key factor in the program's success.

PARTICIPANT EVALUATION

The program had 14 fathers who participated – ten fathers attended the Spanish-speaking cohort and four attended the English-speaking cohort. All fathers received psychoeducation from an expert in the field, Dr. Jonathan I. Martinez, Ph.D., an Associate Professor at California State University, Northridge who created the curriculum, "Psychoeducation — Signs and Symptoms of Internalizing Mental Health Issues" to teach fathers how to identify symptoms of common internalizing mental health issues and their impact on families. They also received digital literacy support from the promotores and access to Headspace. Dr. Martinez and the promotores helped the fathers with language translation and hands-on Headspace navigation support.

The fathers who participated in the program were asked to complete surveys at the beginning (e.g., **Survey 1**) and end (e.g., **Survey 2**) of the program to assess their overall well-being, digital literacy, Headspace use, and

impressions of the program. Of the 14 fathers who enrolled in the Dad Connecting to Wellness program, 13 completed both Surveys 1 and 2.

About the Participants

Demographics

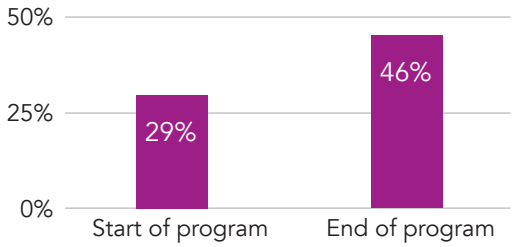
The majority of fathers in the program identified as Mixteco.

Mixteco/a/x are Indigenous Mesoamerican people of Mexico who speak the Mixtec language, a complex set of regional dialects. Although Mixteco-speaking participants attended the Spanish-speaking sessions and completed surveys in Spanish, they may have faced difficulties due to the technology and evaluation tools not being specifically designed for Mixtec speakers. Despite limited support from bilingual Mixtec fathers and bilingual promotores, language-related challenges may have impacted the evaluation. Recognizing these barriers is essential for understanding the context of these findings and for improving future initiatives.

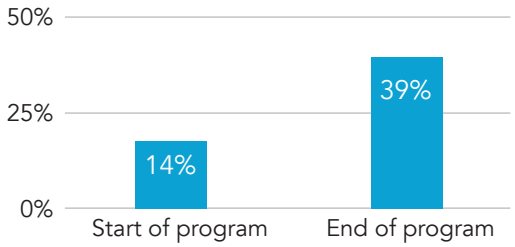
Race/Ethnicity (N=13)
62% Mixteco
38% Other Latino/Hispanic

Mental Health (Survey 1: N=14; Survey 2: N=13)

The percent of fathers who reported moderate or severe psychological distress increased over time

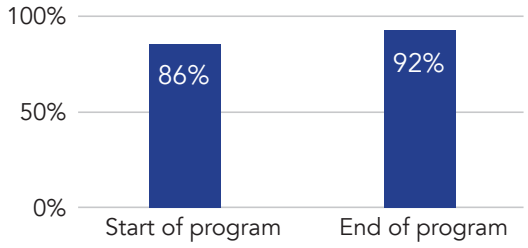


The percent of fathers who reported they experienced loneliness increased over time

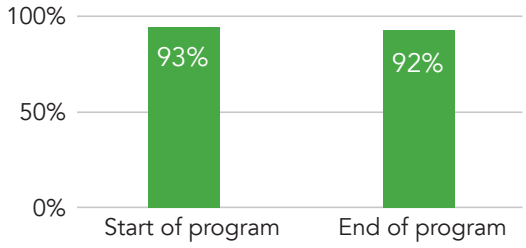


Digital Literacy (Survey 1: N=14; Survey 2: N=13)

The percent of fathers who felt confident to use technology to look up information increased over time



The percent of fathers who felt comfortable using resources to support their child/children slightly decreased over time



Headspace (Survey 2: N=13)

- **92%** of fathers tried Headspace once in the 6-week period.
- **69%** reported using Headspace daily or several times a week by the end of the program.
- **85%** agreed that using Headspace helped them feel more confident seeking mental health and wellness services, such as therapy or counseling, by the end of the program.

Overall Program Experience

In **Survey 2**, fathers were asked about the most beneficial parts of the program, suggested improvements, and overall experience participating in the program.

The fathers reported that the program positively impacted their lives. The quotes below are from three Spanish-speaking fathers with their English translations.

"Me gustó mucho los 8 dimensiones."
– Participant

English Translation

"I really liked the 8 dimensions."
– Participant

"Por ahora estoy satisfecho y feliz con este información."
– Participant

English Translation

"For now I am satisfied and happy with this information."
– Participant

"Me gustò todo el programa."
– Participant

English Translation

"I liked the whole program."
– Participant

Above: *Pictures from Dads Connecting to Wellness*
Source: *Santa Barbara County, Department of Behavioral Wellness (2024)*

PROMOTORES EVALUATION

Promotores supporting the Dad Connecting to Wellness program completed surveys approximately ten days after the program started (e.g., **Survey 1**) and the day after the program ended (e.g., **Survey 2**). Additionally, promotores were invited to participate in a **focus group** approximately three weeks after the program ended to share their experience. All five promotores completed both surveys and attended the focus group.

About the Program

Workshop Sessions (Survey 2: N=5)

- **80%** of the promotores agreed or strongly agreed they liked the workshop sessions.
- **80%** of the promotores agreed or strongly agreed the workshop sessions improved the support they provided the fathers and that the workshop sessions motivated fathers to engage in wellness.
- The promotores were asked what features of the **workshop sessions** they enjoyed using themselves and with the fathers. The most common response was the relaxation and meditation exercises.

Headspace (Survey 2: N=5)

- **60%** of the promotores agreed or strongly agreed that Headspace was very useful in Santa Barbara County.
- **40%** of the promotores agreed or strongly agreed that Headspace motivated participants to participate in wellness activities.
- **80%** of the promotores agreed or strongly agreed that participants could find information on Headspace.
- The promotores were asked what features of **Headspace** they enjoyed using themselves and with participants. The most common responses were breathing, child support, mediation, and relaxation exercises.

Overall Program Experience Identified in Focus Group

Similar to Mommy Connecting to Wellness, the promotores had a favorable view of the program and believed the fathers had a positive experience as well. They emphasized the need for mental health support specifically for fathers and the Mixteco community. They also underscored the value of programs like Dad Connecting to Wellness, which provided a space for fathers to share their feelings and benefit from the sense of connection and support within the group.

Promotores described the following about the program:

Interpreter: The promotores expressed how an interpreter supporting their Mixtec audience benefited the fathers.

Familiarity: The program had the support of a well-respected expert in Santa Barbara County. The fathers felt a sense of comfort since the expert was well known in the community.

Resources: Promotores noted the benefit of offering Headspace as a free resource for fathers with financial burdens.

Postpartum Education: During the program, the fathers learned about postpartum depression and how it affects both parents.

Program Challenges Identified in Focus Group

Promotores described the following challenges:

Cultural Differences: The promotores noted that the fathers were initially very hesitant to express themselves, largely due to cultural norms that discourage sharing personal feelings.

Childcare: Similar to the mothers who participated in the Mommy Connecting to Wellness program, fathers struggled to find childcare for their children.

Enrollment: Some fathers did not have a valid email address and would use their partner's. Those who did not regularly check their partner's emails experienced delays with completing the survey.

Language Barrier: The promotores noted that some fathers faced difficulties with the surveys because they were only available in Spanish. Many Mixtec-speaking fathers were not fully fluent in Spanish, which made it challenging for them to understand and accurately respond to the questions.

MENTAL HEALTH AWARENESS INITIATIVES

To provide additional support for their core audiences, Riverside County partnered with Man Therapy and La CLAve to increase mental health awareness and provide robust community wellness resources. Santa Barbara County had a similar partnership with La CLAve.

Man Therapy is a digital platform and campaign aimed at reducing mental health stigma, promoting health-seeking behaviors, and supporting suicide prevention efforts for working-aged men. Riverside County promoted Man Therapy through: 1) paid social media, meta social, and radio ads; 2) Google ad words; 3) billboards; 4) bus ads; 5) marketing materials (e.g., posters, wallet cards, coasters, stickers, and T-shirts); and 6) community presentations about Man Therapy. In addition, Man Therapy trained three Riverside County Peer Support Specialists as Man Therapy Ambassadors who were knowledgeable about the platform and trained other staff and community members about it. Lastly, the partnership involved Riverside County adding resources to the Man Therapy website ManTherapy.org.

This section describes and provides data from Riverside County's Man Therapy Marketing Program. Appendix O has more information about this effort.

La CLAve is an initiative to educate Latino community members on the symptoms of severe mental illness and encourage them to seek early treatment for themselves or their loved ones. In 2023, Riverside County and La CLAve conducted a community meeting and facilitator trainings as well as integrated La CLAve learning materials in the County's TomaMiMano™. In addition, they launched a marketing campaign, which included La CLAve branded materials, billboards, Google ads, along with televised interviews and commercials.

In 2024, Santa Barbara County partnered with La CLAve to train individuals to raise awareness and promote education about serious mental illness and early treatment. These individuals would work closely with Santa Barbara County. The partnership also allowed the County to use La CLAve print and video media in apps, health fairs, community presentations, and other forums to support psychosis literacy.

This section spotlights Riverside County's partnership with La CLAve. **Appendix O** has more information about Riverside County and La CLAve's partnership.

Above: *Pictures from Santa Barbara County's La CLAve Training.*
Source: *Santa Barbara County Department of Behavioral Wellness. (n.d.).*

Man Therapy

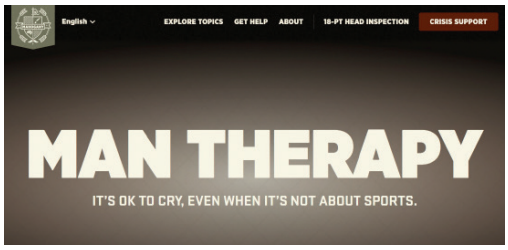
RUHS-BH Help@Hand partnered with the Man Therapy website[96], a suicide prevention campaign in Riverside County, focusing on men aged over 45 years. Launched in January 2023, the partnership promoted mental health by reducing stigma, increasing help-seeking, and providing resources like a mental health assessment. A Spanish version was added in February 2024. The campaign used billboards, bus ads, radio, digital media, and social media to reach the community.

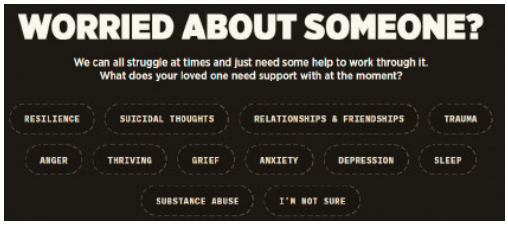
Man Therapy utilized an impact-driven model to direct users to its website content.

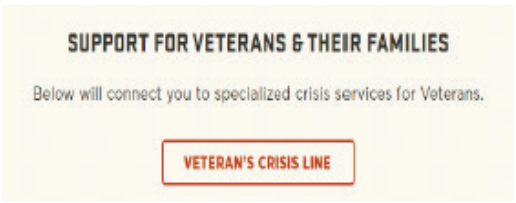
Man Therapy Campaign	Man Therapy Website Experience + Head Inspection	Website Impact Data Measurement
Strategy: Drive community awareness, action, and outreach through branded marketing assets.	Strategy: Mental health screening, access to psychoeducation, connection to national and local resources, and navigation to care.	Strategy: Provide confidential, aggregate user engagement data at the state and community levels

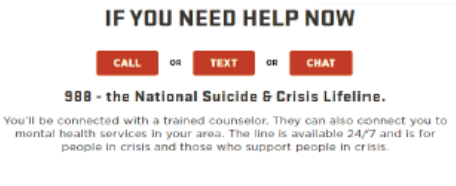
MARKETING

Man Therapy's website topics included resilience, suicidal thoughts, relationships, and friendships. Marketing strategies included billboards, digital ads, posters and t-shirts, and bus ads.









Above: *Man Therapy Marketing and Website*
Source: *Riverside University Health System Behavioral Health Help@Hand Innovation Project Evaluation Report 2021-2024 (2024).*

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

[96] Website can be accessed at mantherapy.org

ENGAGEMENT

Findings below have been synthesized from Riverside University Health System Behavioral Health Evaluations Unit's Help@Hand Innovation Project Evaluation Report 2021-2024.

Engagement statistics were captured through Google, GA4, and Mixpanel data.

Man Therapy Basic Engagement Data (January 1, 2023-February 29, 2024)

42,658 sessions

38,736 users

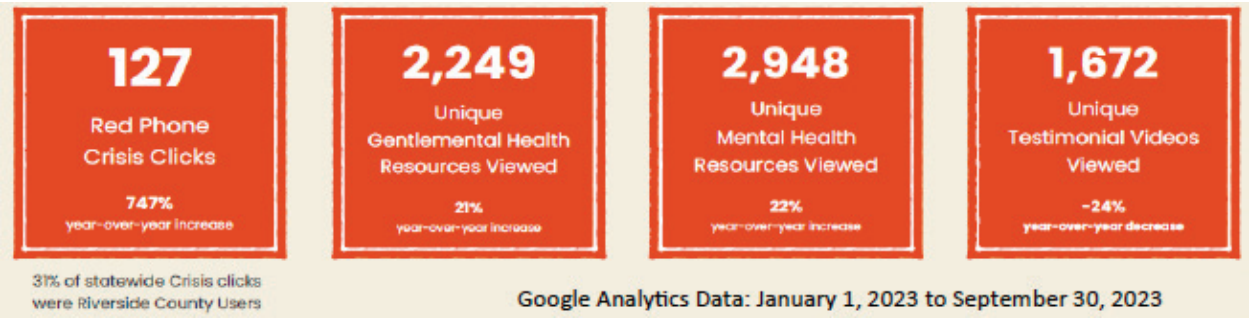
37,967 new users

12,840 head inspections completed

145 crisis actions (red phone click, chat click, and vets)

Engagement for Red Phone Crisis, Gentlemental Health Resources, and Mental Health Resources increased between January 1, 2023 to September 30, 2023.

Red Phone Crisis, Gentlemental Health Resources, and Mental Health Resources Engagment Statistics



Above: *Man Therapy Engagement Statistics*
Source: *Riverside University Health System Behavioral Health Help@Hand Innovation Project Evaluation Report 2021-2024 (2024).*

FUTURE DIRECTIONS

- Funding to continue the RUHS-BH partnership with Man Therapy was approved through MHSA's Prevention and Early Intervention as part of the County's Suicide Prevention Coalition efforts.
- Peer Support Specialists trained as Man Therapy Ambassadors will maintain community outreach and promote the website.
- The Spanish version will remain active, and remaining marketing materials will be used.
- Links to the Man Therapy site will also be added to the County's Suicide Prevention Coalition's website.

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

La CLAve

La CLAve was a program developed for Spanish-speaking communities to help families recognize symptoms of serious mental illness and seek early treatment. The project, which started in Mexico and Los Angeles, expanded to other areas, using a mnemonic device – **C**reencias falsas (false beliefs), **L**enguaje desorganizado (disorganized speech), **A**lucinaciones (hallucinations), **V**er cosas (seeing things), and **E**scuchar sonidos (hearing sounds) – along with culturally relevant resources to promote conversations about mental health and reduce treatment delays.

MILESTONES

RUHS-Behavioral Health and La CLAve Collaboration Timeline

Above: *RUHS-BH and La CLAve Collaboration Timeline*
Source: *Riverside University Health System Behavioral Health Help@Hand Innovation Project Evaluation Report 2021-2024 (2024).*

MARKETING

RUHS-BH integrated La CLAve marketing strategies into several initiatives:

- **Community Mental Health Promotors Program (CMHPP):** La CLAve content was included in this program, which involved training promotors to provide mental health education to the Latinx community at various locations.
- **TakemyHand™ Website:** La CLAve resources were added to the site in English and Spanish, offering caregivers and providers user-friendly access to educational materials, videos, self-assessments, and treatment resources.
- **Website and Social Media Integration:** Links to TakemyHand™ and La CLAve resources were embedded across multiple websites and RUHS-BH social media.

Above: *La CLAve Marketing Materials*
Source: *Riverside University Health System Behavioral Health Help@Hand Innovation Project Evaluation Report 2021-2024 (2024).*

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

FACILITATOR TRAINING FINDINGS

Findings below have been synthesized from Riverside University Health System Behavioral Health Evaluations Unit's Help@Hand Innovation Project Evaluation Report 2021-2024.

In June and August 2023, RUHS-BH Help@Hand conducted four in-person and one hybrid facilitator training session and gathered feedback from participants, including over a third who were Peer Support Specialists. Thirty-three facilitators were trained, and 73% were Hispanic/Latinx.

A majority of the facilitators reported high satisfaction with the facilitator trainings.

La CLAve Overall Satisfaction with Facilitator Trainings

90.0%
Were satisfied with the La CLAve Facilitator Trainers

96.7%
Were satisfied with the La CLAve Facilitator Training

The satisfaction survey also assessed attendees' views on the content's usefulness and their confidence in applying it to their work. Participants rated five usefulness items on a 5-point scale ranging from "Strongly Agree" to "Strongly Disagree."

La CLAve Usefulness Assessment

83.3%
Reported better understanding of serious mental illness signs and symptoms

96.7%
Believed they could use La CLAve materials with Latinx clients

96.7%
Believed they could use La CLAve materials with Latinx clients' families

93.3%
Reported confidence in their ability to help clients use what they learned from the La CLAve Facilitator Training Program

96.7%
Reported that the La CLAve Facilitator Training content was presented in a way that was easy to understand

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

SPOTLIGHT

La CLAve in Partnership with TakemyHand™ Serves the Latinx Community

Authored By:
Maria Martha Moreno, MS CIS
Mental Health Services Program Manager
Riverside University Health System – Behavioral Health

In February 2023, Riverside County partnered with La CLAve[97] to bring their program for the Spanish-speaking population to identify the signs of serious mental illness and seek treatment quickly. In addition to marketing La CLAve's program, Riverside County worked with La CLAve to integrate their content into Riverside County's TakemyHand™ website and mobile app to make it more accessible to the community. The choice to partner with La CLAve came from community or stakeholders feedback to promote schizophrenia-related support and education content for Spanish-speaking individuals and family members.What made this partnership unique is La CLAve's approach to serving the Latinx community. They educate residents by providing a guide to symptoms of serious mental illness using culturally identifiable content. In this way, a connection is made that motivates people to seek timely treatment for ongoing problems they may have previously dismissed. La CLAve helped to develop marketing materials for the Latinx community. They also helped to train organizational representatives, mental health professionals and county staff to deliver La CLAve educational curriculum.

Target Group: Challenges and Benefits

A large number of Riverside County residents are from the Latinx community. This population uses the same technologies as other groups but tend to use them with greater importance placed on cultural and linguistic factors. La CLAve works to improve access to mental health services for the Latinx community by addressing the reasons that can prevent them from seeking help. The top 5 reasons that Latinos do not seek help for mental illness (La CLAve, 2023) include:

- Not knowing the signs of mental illness
- Limited access to language and culturally competent providers
- Lack of health insurance
- Faith or spiritual beliefs
- Stigma

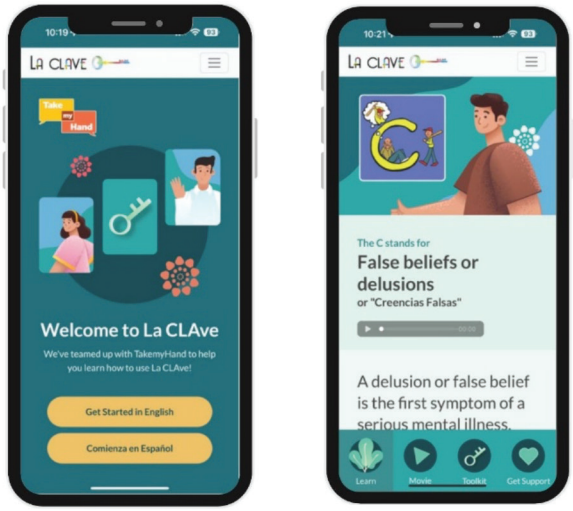
[97] Visit https://uselaclave.com/language/en/what-is-la-clave/ to learn more about La CLAve.

The benefit of the partnership between TakemyHand™ and La CLAve is that the app's capabilities are integrated into the awareness of Latinx cultural sensitivities. The relationship makes La CLAve's content easier to access and learn in an interactive digital format; expands TakemyHand™'s resources for both English and Spanish-speaking populations; and offers users free and anonymous Peer chat support through the TakemyHand™ app if further support is needed.

Milestones

Below are milestones achieved within the short timeline for the partnership between La CLAve and Riverside County. The image below was published in the La CLAve Collaboration 2023 report that was presented to Riverside leadership on the program's progress.

- Completed community outreach the first half of 2023
- Completed facilitator trainings on La CLAve programming in January 2024.
- Integrated La CLAve content into TakemyHand's English and Spanish websites and mobile app.
- Displayed marketing billboards and kiosks in 3 geographic areas.
- Increased promotion through Univision/NBC and Google ads December 2023-February 2024.



Through strategic outreach, training sessions, and savvy advertising, in less than a year, Riverside County and La CLAve brought mental health services technology to over 60,000 people in the Latinx community. And the numbers continue to rise.

Achievements

As a result of this extraordinary partnership, Riverside County made many achievements through their Collaboration Timeline. Riverside County:

- Expanded TakemyHand™'s reach within the Latinx community by partnering with La CLAve.
- Recognized the importance of using culturally identifiable content as a connection to a community.
- Total visits to the La CLAve website, UseLaClave.com went up 30% from 2022 to 2023. There were 52,953 visits to the website in 2023 in comparison to 37,643 visits in 2022. This was the result of Billboards, TV interviews and google ads directing users to the website.
- The "Learn About La Clave" page in the TakemyHand™ website was accessed 1,519 times during the months of November-December 2023. This was the result of the Riverside County's Learn La CLAve by visiting TakemyHand.co™ TV campaign and Google Ads directing users to TakemyHand.co™.
- Established Univision/NBC partnership after Billboard.
- Expanded marketing and outreach through Univision/NBC partnership, Google Ads, video commercials, news segments, and radio ads.
- Trained 36 participants; trained four new facilitators to train others.

The Spanish videos of the Univision/NBC Interview segments and 30 second "Break Stigma" commercials can be found at: https://vimeo.com/showcase/11106770. The English videos can be found at: https://vimeo.com/showcase/11106748.

More information on the LaCLAve and TakemyyHand™ partnership is on page 116 of the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report located at https://helpathand.info/.

WHOLE PERSON HEALTH SCORE

Riverside County created the **Whole Person Health Score (WPHS)** assessment tool to screen an individual's needs across six health domains (physical health, emotional health, resource utilization, socioeconomics, ownership, nutrition, and lifestyle) and help clinical care teams to support them.

This section presents evaluation findings from WPHS. In particular, Riverside County analyzed the WPHS assessment tool response data from the Qualtrics platform and shared summary reports of response data with the Help@Hand evaluation team. The Help@Hand evaluation team synthesized and summarized the reports.

Riverside County's Whole Person Health Score Evaluation

INTRODUCTION

The Whole Person Health Score (WPHS) tool is a 28-question assessment that provides a "snapshot" of an individual's health across six domains: physical health, emotional health, resource utilization, socioeconomics, ownership, and nutrition and lifestyle.[98]

In January 2023, Riverside University Health System (RUHS) and Riverside University Health System- Behavioral Health (RUHS-BH) began distributing the digital version of the adult WPHS assessment tool to patients, clients, and consumers. The tool was distributed by three different departments:

- **Medical Center/Community Clinics:** RUHS medical clinicians and patient navigators emailed and texted unique links to patients seen at RUHS and Riverside Community Health Clinics. Patients also had the option to complete the assessment on iPads and kiosks located at County locations.
- **Behavioral Health:** At first, RUHS-BH selected the Corona clinic to automatically distribute texts and emails to their 70 consumers in their current caseload. Consumers received a unique link of the WPHS assessment survey. This approach was not successful; only three consumers completed the assessment. The team decided to introduce the WPHS during their "Learn and Earn" digital literacy workshops. In addition, all RUHS-BH Staff members were invited to have their consumers take the WPHS survey. Staff was provided with a "WPHS Overview and Guide – A Clinical Perspective" and consumers were offered an incentive for taking the WPHS. Consumers could access the assessment on County iPads and kiosks, through a text or email link, and by a QR code located on flyers, banners, and promotional materials.
- **RivCoONE:** RivCoONE is an integrated services delivery initiative in Riverside County. Through RivCoONE, RUHS distributed WPHS tools to community members who access various County services, such as Riverside County Department of Public School Services, Riverside County Probation, Riverside County Veterans Services, and Riverside County Office on Aging.

This section includes findings from the WPHS assessment tool and is organized by departments that distributed the survey (e.g., Medical Center/Community Clinics, Behavioral Health, and RivCoONE). The information was shared by RUHS and represents WPHS response data collected from January 2023-January 2024.[99]

[98] More information on the Whole Person Health Score can be found at: https://www.ruhealth.org/news/whole-person-health-score. An assessment can be completed at: https://www.riversidehelpathand.org/.

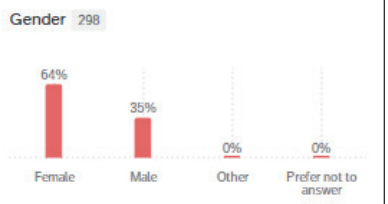
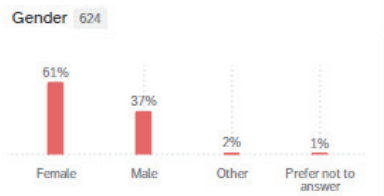
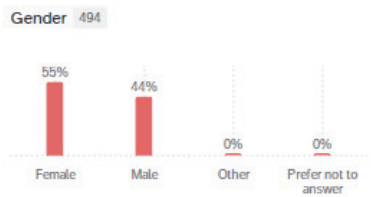
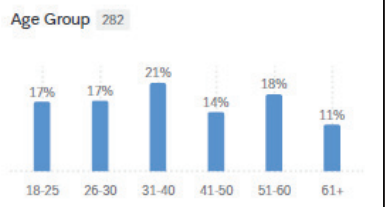
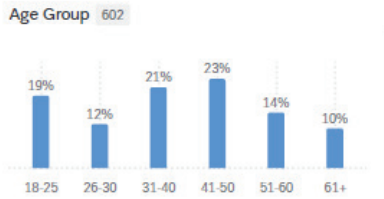
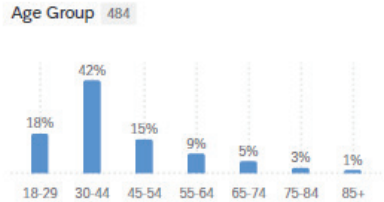
[99] RUHS published preliminary findings from the implementation of the WPHS assessment (Khura, 2022). The WPHS assessment tool has not yet been validated and discussions are underway with an external agency to validate the tool in the future.

WHOLE PERSON HEALTH SCORE EVALUATION

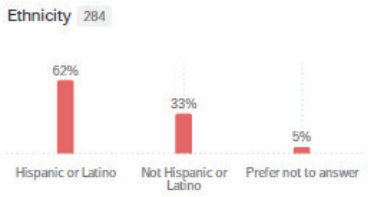
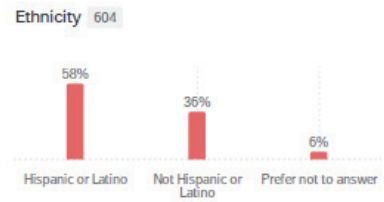
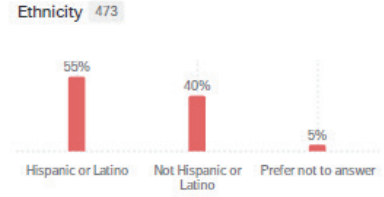
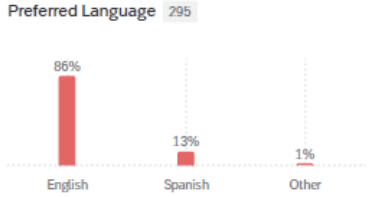
Demographics

This section presents a summary of the demographics of individuals who completed the WPHS assessment through the Medical Center/Community Clinics, Behavioral Health, and RivCoONE.

More people who completed the WPHS self-identified as females than males. Age varied across cohorts.[100]

Medical Center/Community Clinics (N=301)	Behavioral Health (N=629)	RivCoONE (N=496)
		
		

The most commonly reported ethnicity was Hispanic or Latino and the most commonly reported race was White. The most commonly reported preferred language was English.

Medical Center/ Community Clinics (N=301)	Behavioral Health (N=629)	RivCoONE (N=496)
		
		

[100] The RivCoONE cohort used different categories for age than the medical center/community clinics and behavioral health cohorts.

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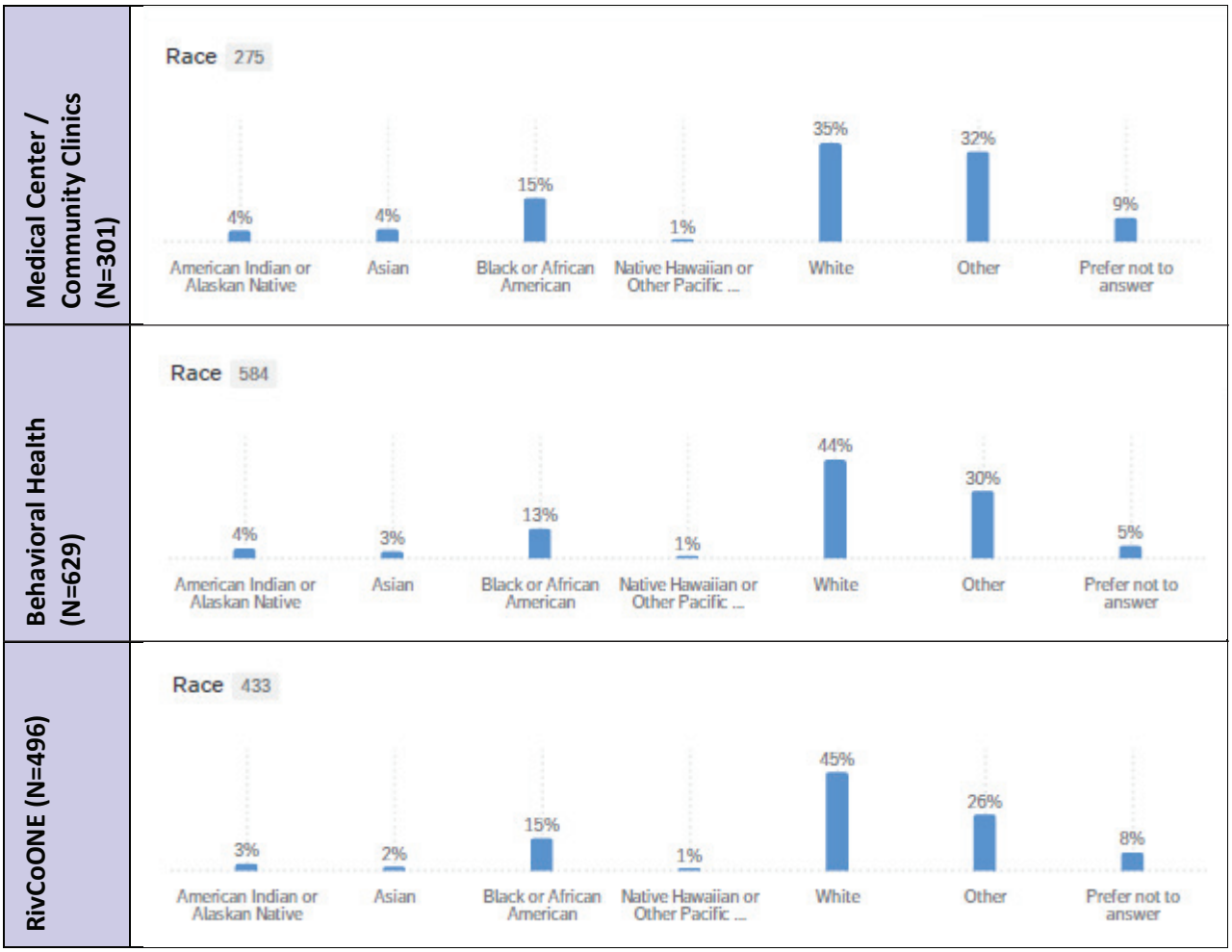

Distribution of WPHS Assessment Scores by Domain

The WPHS assessment tool includes a rating across each of six domains: 1) physical health; 2) emotional health; 3) resource utilization; 4) socioeconomic; 5) ownership; and 6) nutrition and lifestyle.

Overall scores for each domain were assigned a color (green, yellow, red, or grey) and letter designation ("A" being best and "Z" being worst) to represent a holistic snapshot of the individual's health status.

A-F	**Good:** You are doing well in this area of health.
G-O	**Fair:** This area of health is likely impacting your overall well-being. Consider seeking additional support or help.
P-Z	**Needs Improvement:** This area of health is already impacting your overall well-being and needs immediate or continued attention.
NS	**Not Scored:** A question went unanswered. As a result, a score could not be calculated.

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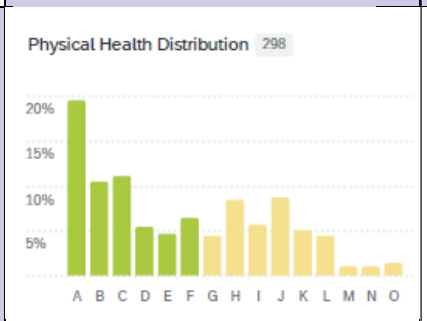
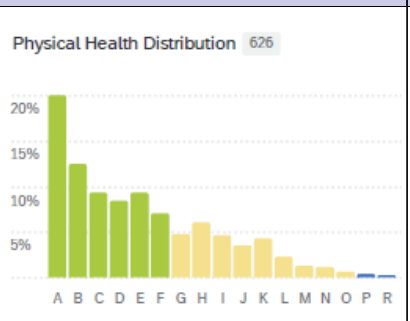
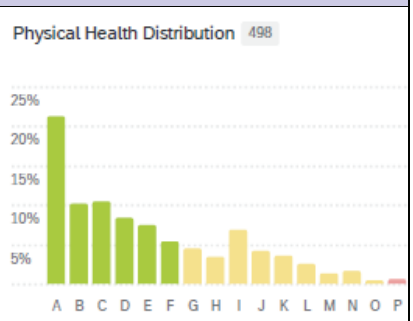
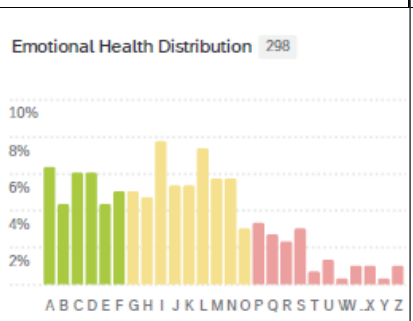
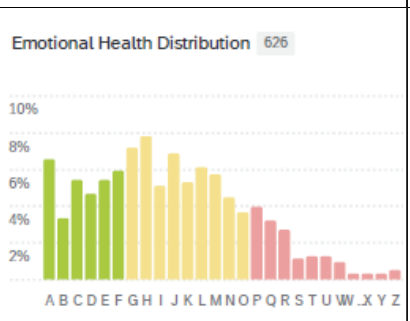
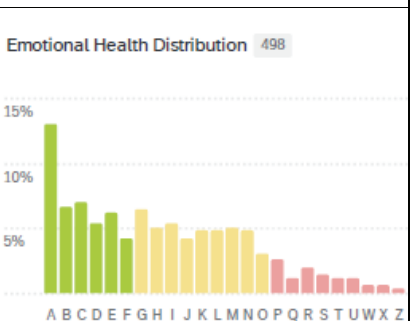
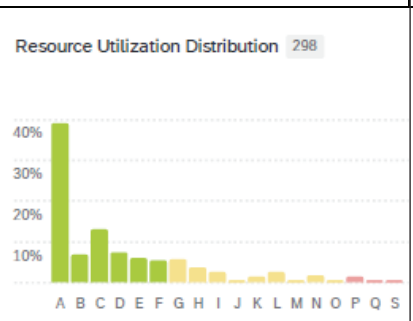
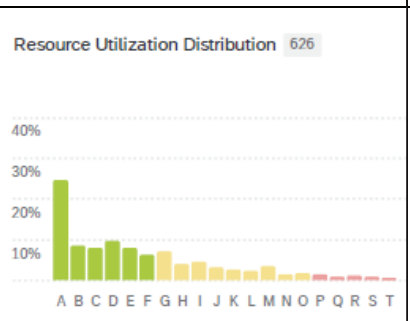
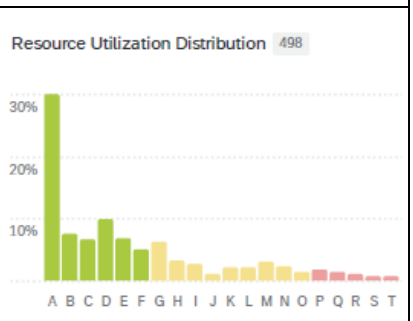
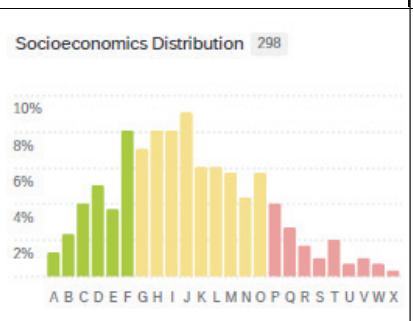
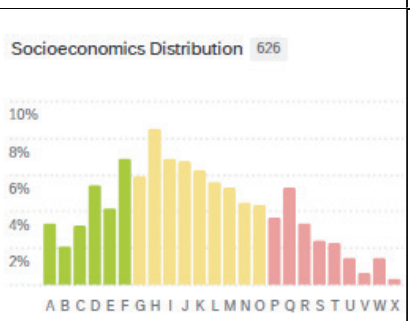
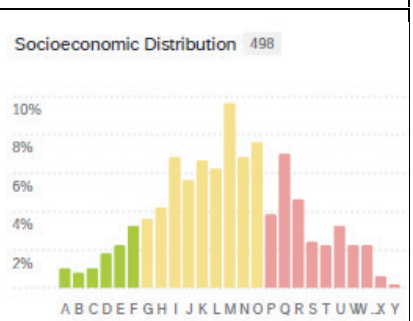
A summary of the distribution of scores by domain is below. The distributions below indicate those completing the tool needed more support in the domains of emotional health, socioeconomics, and nutrition and lifestyle than the other domains (physical health, resource utilization, and ownership).

	Medical Center/Community Clinics (N=301)	**Behavioral Health** (N=629)	**RivCoONE** (N=496)
Physical Health			
Emotional Health			
Resource Utilization			
Socioeconomics			

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Potential Areas for Intervention

Emotional Health: Trust primarily affected lower emotional health scores across all three departments. Individuals who did not have someone that they can talk to about their problems, worries, or themselves were more likely to have their emotional health impact their overall wellbeing.

Potential areas for intervention could include connecting individuals to a social worker or therapist to allow for space to talk about their problems and worries.

Socioeconomics: Many variables affected lower socioeconomic scores (e.g., lack of transportation, living situation, lack of money, finances, education, job status). The primary variable affecting the score varied across the three departments.

- **Medical Center and Community Clinics:** Finance primarily affected lower socioeconomic scores. Those rating poorer overall household finances were more likely to have their socioeconomics impact their overall wellbeing.
- **Behavioral Health:** Education primarily affected lower socioeconomic scores. Those with lower levels of education were more likely to have their socioeconomics impact their overall wellbeing.
- **RivCoONE:** Lack of transportation primarily affected lower socioeconomics scores. Those experiencing transportation issues were more likely to have their socioeconomics impact their overall wellbeing.

Potential areas of intervention include connecting individuals to accessible General Education Development (GED) resources and social service programs that can assist with financial support and transportation options.

Nutrition and Lifestyle: Many variables affected lower nutrition and lifestyle scores (e.g., smoking, alcohol and drugs, and eating habits). Smoking and alcohol and drugs primarily affected scores across all three departments. Those who smoked more frequently and/or reported using alcohol or drugs in a way that affected their life or someone else's life negatively were more likely to have their nutrition and lifestyle score impact their overall wellbeing.

Potential areas of intervention include connecting individuals with a medical provider to support smoking cessation and supporting individuals with substance use and addiction services.

RUHS-BH produced the visualization of the data on this page

HELP@HAND TECHNOLOGIES

Key Points and Overview

Help@Hand evaluated technologies explored, piloted, and/or implemented by Counties/Cities through the following methods:

- **Tech Explorations:** Tech explorations involved using methods to vet and test apps and other technologies to understand the major features of the product, identify any major usability and/or privacy/security issues, and ensure product fit with intended core audiences. Tech explorations in Help@Hand included market scans, heuristic evaluations, and early technology testing. These methods are described on page 197.
- **Pilot Evaluations:** Pilots involved using methods to test the implementation of the technology and/or program with a small group of people for a short period to vet product feasibility (e.g. acceptability, usability, perceived usefulness, appropriateness), adoption, abandonment, engagement, barriers and facilitators to implementation, and short-term outcomes (e.g. satisfaction). Pilot evaluations in Help@Hand included collecting and analyzing app data, surveys, interviews, and/or focus groups with those using the technology in the pilot (e.g., clients, consumers, pilot participants, users).[101] It also included collecting and analyzing surveys, interviews, and/or focus groups with those supporting the pilot (e.g., Peers and providers).
- **Implementation Evaluations:** Implementations involved offering a technology and/or program to a broad group of people for a long period. Implementation evaluations in Help@Hand included collecting and analyzing app data, surveys, interviews, and/or focus groups with those using the technology in the implementation (e.g., consumers and users). It also included collecting and analyzing surveys, interviews, and/or focus groups with those supporting the implementation (e.g., Peers, providers, and other stakeholders).

This section presents technology evaluations that were available to the Help@Hand evaluation team. Help@Hand evaluation reports present learnings for County/City's technology exploration, pilot, and implementation.[102] For the purpose of this final report, data and learnings have been synthesized across County/City to answer specific learning objectives.

[101] Although the Help@Hand evaluation team prefers the term "consumer," other terms are used in this section as it was preferred by some Counties/Cities and/or technology vendors.
[102] All Help@Hand evaluation reports can be found at: https://sites.uci.edu/helpathand/.

This section includes the following evaluations:

Technology	Evaluation
7 Cups	• Tech Exploration: Heuristic Evaluation • Kern and Modoc Counties 7 Cups Pilot and Implementation: Consumer Evaluation • Kern and Modoc Counties 7 Cups Pilot and Implementation: Provider and Leadership Evaluation • Kern and Modoc Counties 7 Cups Pilot and Implementation: Peer Evaluation
A4i	• RUHS-BH Tech Exploration: Early Technology Testing • RUHS-BH A4i Pilot: Client Evaluation • RUHS-BH A4i Pilot: Provider Evaluation
Headspace	• San Mateo County Tech Exploration: Early Technology Testing • Santa Barbara County Headspace Pilot: Pilot Participant Evaluation • City of Berkeley, Los Angeles County, San Francisco County, San Mateo County, and Santa Barbara County Headspace Implementation: Consumer Evaluation
iPrevail	• Los Angeles County iPrevail Implementation: User Evaluation • Los Angeles County iPrevail Implementation: Peer Coach Evaluation
Mindstrong	• Tech Exploration: Heuristic Evaluation • Kern, Modoc, and Orange Counties Mindstrong Pilot and Implementation: Consumer Evaluation • Kern, Los Angeles, Modoc, and Orange Counties Mindstrong Pilot and Implementation: Provider, Leadership, Tech Lead, and Peer Evaluation
myStrength	• Marin and San Mateo Counties Tech Exploration: Early Technology Testing • Marin County, Tehama County, City of Berkeley, Mono County, and Tri-City myStrength Pilot and Implementation: Consumer Evaluation • Marin County, Tehama County, Mono County, and Tri-City myStrength Pilot and Implementation: Staff Evaluation

This section includes the following evaluations:

Technology	Evaluation
Recovery Record	• RUHS-BH Recovery Record Pilot: Client Evaluation • RUHS-BH Recovery Record Pilot: Provider Evaluation
SyntraNet	• Los Angeles County SyntraNet Implementation: Provider Evaluation
TakemyHand	• RUHS-BH TakemyHand™ Pilot and Implementation: User Evaluation
Uniper/Uniper Care	• Marin County Tech Exploration: Early Technology Testing
WellScreen Monterey	• Monterey County WellScreen Monterey Implementation: User and Stakeholder Evaluation
Wysa	• San Mateo County Tech Exploration: Early Technology Testing • San Mateo County Wysa Pilot, Implementation, and Further Technology Testing: Consumer Evaluation

7 CUPS EVALUATION

Description	Chat messaging platform, accessible via mobile and web, offering emotional support and counseling by trained volunteers (Listeners), certified therapists (for a fee), and self-help resources.

At-a-Glance in Help@Hand

Activity	Evaluation
Tech Exploration (completed) Kern County, Los Angeles County, Marin County, Modoc County, Orange County, San Francisco County, San Mateo County, and Tri-City	This section presents evaluation findings from a heuristic evaluation of 7 Cups conducted by the Help@Hand evaluation team. Findings from a market scan with 7 Cups can be found on page 201. Evaluation data was not available from other tech explorations.
Pilot (completed) Kern County **Implementation (completed)** Los Angeles County, Modoc County	This section also presents evaluation data from consumers, providers, and Peers in Kern County's pilot and Modoc County's implementation. Data collection efforts included the following collected and analyzed by the Help@Hand evaluation team: *Consumer Evaluation* • Kern County: Surveys and focus groups with consumers in December 2018 • Modoc County: Surveys, focus groups, and interviews with consumers in March 2019 *Provider and Leadership Evaluation* • Kern County: Surveys and interviews with providers and leadership in December 2018 and between November-December 2019 • Modoc County: Surveys and interviews with providers and leadership in March and October 2019 *Peer Evaluation* • Kern County: Surveys and interviews with Peers in December 2018 • Modoc County: Surveys with Peers in March 2019 • Multiple Counties/Cities: Surveys with Peers between September 2018-August 2019 and September-December 2019 Evaluation data was not available from Los Angeles County's 7 Cups implementation.

INTRODUCTION

7 Cups is an online chat messaging platform that offers 24/7 emotional support by volunteer Listeners.[103] Kern, Los Angeles, and Modoc Counties offered 7 Cups to consumers, consumers' family and caregivers, and individuals with serious mental illness between 2018-2019.

This section presents evaluation data from a heuristic evaluation conducted in February 2019 by Help@Hand human-computer interaction (HCI) experts (N=18). Surveys (N=2 Kern, N= 31 Modoc), focus groups (N= 2 Kern, N=14 Modoc), and interviews (N=0 Kern, N=7 Modoc) were conducted with Kern consumers in December 2018 and Modoc consumers in March 2019. Surveys and interviews were conducted with providers and leadership in Kern County in December 2018 (N=19 surveys, N=6 interviews) and between November-December 2019 (N=2 surveys, N=1 interview), and in Modoc County in March 2019 (N=12 surveys, N=11 interviews) and October 2019 (N=5 surveys, N=1 interview). Surveys (N=3) and interviews (N=3) were conducted with Peers in Kern County in December 2018, and surveys (N=3) were conducted with Peers in Modoc County in March 2019. Additionally, surveys (N=13 Wave #1, N=7 Wave #2) with Peers in multiple Counties/Cities were conducted between September 2018-August 2019 and September-December 2019.

While there were some small sample sizes and varying participant numbers across surveys and focus groups, the insights provided valuable information about 7 Cups.

KEY TAKEAWAYS

Tech Exploration: Heuristic Evaluation (February 2019)

Heuristic Evaluation: HCI experts reviewed the 7 Cups interface and found it had a pleasing look and feel as well as understandable language usage throughout. However, HCI experts also found that at times, the app presented too many options for users and therefore could be overwhelming and confusing for users.

Kern and Modoc Counties 7 Cups Pilot and Implementation: Consumer Evaluation (December 2018-March 2019)

Consumer Perceptions: Consumers noted that they did not currently use 7 Cups due to a lack of accessibility or assistive technology features, being too busy to use the app, concerns with not understanding which features were free and which required payment, and concerns about volunteer Listeners[1] not being true Peers nor being able to relate to the consumer's lived experiences. However, they noted that 7 Cups made them aware of their mental health symptoms sooner.

Stigma and Privacy: Modoc County participants had concerns about sharing their mental health experiences within their small community. They expressed concerns related to stigma and privacy.

Kern and Modoc Counties 7 Cups Pilot and Implementation: Provider and Leadership Evaluation (December 2018-March 2019)

Provider Perceptions: Modoc County providers noted facilitators of using 7 Cups in their clinics, such as interest and optimism about the potential for mental health apps, usefulness of initial app trainings, and high confidence in the ability to successfully promote the app. They also noted barriers, such as limited and consistent smartphone access to support app usage, competing time and resource demands, and prioritization of assistance with accessing basic needs over technology use.

Kern and Modoc Counties 7 Cups Pilot and Implementation: Peer Evaluation (September 2018-December 2019)

Peer Experience: Peers were instrumental in developing test scenarios to understand how potential people might use this product; safety and privacy concerns were identified, and it was determined that 7 Cups was not a good fit for participating Counties/Cities.

[103] Volunteer Listeners refer to volunteers who provide emotional support through active listening on 7 Cups.

App Sustainability: Overall, 7 Cups did not meet expectations of being "turnkey". Modoc County chose to refocus its efforts to rebuild trust with clients and identify apps that clients felt were safer and more comfortable to use. Kern County shifted efforts to develop and disseminate an app guide, which listed available apps that could be downloaded by a consumer.

TECH EXPLORATION: HEURISTIC EVALUATION (February 2019)

LEARNING GOAL #1

What were the initial views of 7 Cups during the heuristic evaluation?

Initial Views of 7 Cups

The Help@Hand evaluation team conducted a heuristic evaluation of 7 Cups with 18 HCI experts in February 2019. The heuristic evaluation provided important information to improve Help@Hand products by identifying potential issues that could affect user adoption and abandonment of the 7 Cups app. HCI experts noted the following facilitators and barriers to app usage:

Facilitators

Pleasing look and feel of the app (e.g., color scheme)

Understandable language used throughout the app

Industry standards were generally used appropriately across the technology

The chatbot was well designed and reduced burden on the user, actively listened, and used positive terminology

App features helped the user understand and navigate the system (e.g., buttons listed action items such as "Start Exercise")

Barriers

Overwhelming, disorganized, and confusing consumer interface

Information overload made it difficult to understand next steps

Difficulty navigating 7 Cups, caused by poor organization of the website/app

Error feedback was helpful in preventing repeated mistakes (i.e., inputting the wrong email when logging in)

Privacy concerns about system's ability to detect consumers' location

Concerns about County branding that did not align with the users' Counties, leading to feelings of inaccessibility

Difficult to locate help on website

KERN AND MODOC COUNTIES 7 CUPS PILOT AND IMPLEMENTATION: CONSUMER EVALUATION (December 2018-March 2019)

DEMOGRAPHICS

KERN COUNTY

No relevant data available

MODOC COUNTY

Consumer Demographics

The Help@Hand evaluation team conducted surveys (N=31), a focus group (N=14[104]), and interviews (N=7) with community members in Modoc County in March 2019. Participant demographics showed an even age breakdown across groups (18-24, 25-34, 35-44, 45-54, 55-64, and 65-74 years), with nearly equal gender representation (female=16, male=14).[105] The majority identified as White (n=24), followed by Hispanic, Latinx, or Spanish origin.[106] The majority of participants had a high school diploma or equivalent, followed by less than a high school degree. Twenty-eight participants answered the annual income question, with the majority reporting making less than $10,000 per year, followed by $10,000-$19,999.

LEARNING GOAL #1

What factors influenced if a person downloaded 7 Cups and used it over time?

KERN COUNTY

Reasons for Using 7 Cups

A focus group and surveys were conducted with two consumers to assess their experience with 7 Cups. Participants noted the following as their initial reasons to use 7 Cups as well as the aspects of the app that they liked.

Felt 7 Cups was promising

In-app online questionnaires were helpful

Accessible on the web or through the app

Had assistive technology on the website

Overall Consumer Perceptions of 7 Cups

The consumers (N=2) felt that 7 Cups was useful in their recovery process, helped them become aware of mental health symptoms sooner, and reduced stigma.

[104] Although 14 were present during the focus group, not everyone spoke during the focus group session.
[105] Although an open-ended question was used to record gender identification, participants only reported identifying as female or male.
[106] Participants could choose more than one category.

In the surveys, consumers were asked to rate 7 Cups on a variety of characteristics (N=2).

Characteristics	Description/Items	Average score
 Usability	Assessed using the System Usability Scale (SUS), where scores were provided out of 100. Higher scores indicated better usability than lower scores.	67.5
Effectiveness 	Assessed based on responses to: 1. App is effective in treating my mental health issues 2. App is useful in my recovery process 3. Using app improves my life 4. App has reduced my need to seek in-person professional mental health services or treatment *Scores were provided out of 5. Higher scores indicated better levels of perceived effectiveness than lower scores.*	3.75
 Ability to Detect and Acknowledge Mental Health Symptoms Sooner	Assessed based on responses to: 1. Using app helped me become aware of mental health symptoms sooner than I would have if I didn't use the app. *Scores were provided out of 5. Higher scores indicated better perceptions of the apps' ability to detect and acknowledge mental health symptoms sooner.*	5
Ability to Reduce Stigma 	Assessed based on responses to: 1. App makes it feel like mental health issues are a natural part of life 2. Using app makes me feel better about having mental health issues *Scores were provided out of 5. Higher scores indicated better perceptions of the app's ability to reduce stigma.*	5
Ability to Increase Access to Support and Care 	Assessed based on responses to: 1. Using app has helped me get access to support sooner than I would have if I did not use it 2. App has provided me with access to mental health services 3. App has made me more aware of mental health services available to me 4. Because I used app, I am more likely to reach out for help 5. Because I used app, I have talked with my doctor about my mental health concerns *Scores were provided out of 5. Higher scores indicated better perception of app's ability to provide access to support and care.*	3.7
Ability to Increase Belonging and Social Connectedness 	Assessed based on responses to: 1. App makes me feel connected to other people 2. Using app has increased my interactions with people 3. I feel a sense of belonging from using app 4. Using app makes me feel like I'm part of a community *Scores were provided out of 5. Higher scores indicated better perception of app's ability to increase belonging and social connectedness.*	3.75

Challenges Reported by Users

The two consumers participating in the evaluation discontinued their use of 7 Cups by the time of the focus group and surveys. They noted the following reasons for not continuing to use the app:

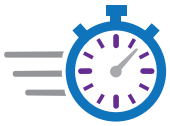
Lack of accessibility/assistive technology features to aid in reading and writing on 7 Cups

AI bot did not work on iPhone or iPad

Concerns with what was free and what required payment, given that wording about treatment implied that these were paid services

Felt some stigma related to asking about treatment

Concerns about volunteer Listeners not being able to relate to consumers' experiences



Too busy to use the app

MODOC COUNTY

Community Interest in Mental Health Technology Use

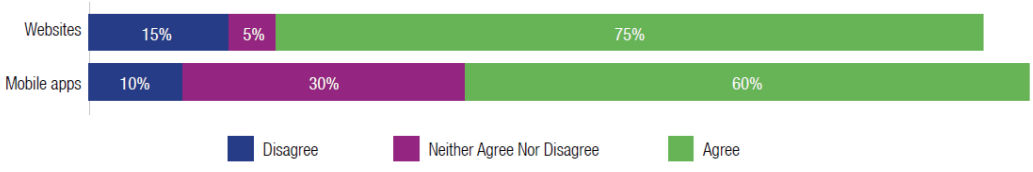
Surveys with community members (N=31) revealed only six used 7 Cups in the past, while less than five used it at the time of the survey. This was since 7 Cups had not been "hard launched" within the community at the time. However, survey results revealed a potential opening for the introduction of mental health apps based on participants' current mental health technology use and interest.

Two-thirds to three-quarters of participants reported interest in using mental health apps. However, most participants had not used (n=22) or were not currently using (n=25) any technologies to support or manage their mental health.

To understand whether participants wanted to use tools like 7 Cups, general questions were asked about their interest in websites and apps for mental health.

- On a scale from 1-Strongly Disagree to 5-Strongly Agree, the average interest score for websites was 3.9 (SD=1.2).
- The average interest score for apps was 3.7 (SD=1.1), which indicated that participants were generally interested in using technology to manage their mental health.
- As seen in the figure below, approximately 75% of participants somewhat or strongly agreed that they were interested in websites and approximately 60% somewhat or strongly agreed that they were interested in apps.

Interest in Using Technology for Mental Health



Potential Reasons for Using 7 Cups

Survey data was supported by focus groups conducted with participants (N=14) about their perceptions of 7 Cups. Participants felt that mental health apps could be beneficial. A reported possible benefit of 7 Cups was the capability to provide anywhere, anytime support (e.g., having someone with which to speak).

Potential Barriers for Using 7 Cups

Survey participants (N=31) noted limited access to smartphones and poor internet access as barriers to using a mental health app. While the majority of participants reported having smartphone access, approximately 20% somewhat or strongly disagreed that they had smartphone access. Approximately 21% somewhat or strongly disagreed that they had access to a stable internet connection.

Additionally, nearly 70% of participants reported cost as a barrier to using 7 Cups. On a scale from 1-Strongly Disagree to 5-Strongly Agree, the average score was 3.9 (SD=1.3), which indicated participants had financial concerns over the use of these technologies.

Focus group participants (N=14) also identified challenges with access to smartphones, reliable internet, and timely support after hours.

> *"Well, at my house – I live like [distance redacted] miles out of town. I don't have any Internet service. I don't have a phone at my house…Especially up here, where the Internet does kind of – it's funky sometimes. It'll go out, especially in the wintertime."*
> – Modoc County Community Member

> *"I mean, you had the Obama phones. And then, all of a sudden, there's a switch in government. And then, now, it's another kind of phone. The contracts end. Also, if you can access there, you can't really talk. It's more of a text, and it's not very private."*
> – Modoc County Community Member

> *"It's also not convenient; like in my case, I need to talk at 3:00 in the morning. I'm fine here at [location redacted]. It's just when the [location redacted] closed, what do I do?"*
> – Modoc County Community Member

Stigma and Privacy

Survey participants (N=31) were asked nine questions about mental health stigma on a scale from 1-Strongly Disagree to 4-Strongly Agree from the Internalized Stigma of Mental Illness Inventory (ISMI-9)[107] (Hammer & Toland, 2016). This was then scored by adding the score for each item and dividing the sum by the total number of questions answered. The mean score was 2.6, which indicated moderate internalized stigma.[108]

During the focus group (N=14), participants reported concerns about sharing their mental health experiences within their small community, which not only included elements of stigma but also concerns about privacy. Specific concerns related to:

[107] Scores are interpreted by a 4-category method (following the method used by Lysaker et al., 2007): 1.00-2.00: minimal to no internalized stigma; 2.01-2.50: mild internalized stigma; 2.51-3.00: moderate internalized stigma; 3.01-4.00: severe internalized stigma.

[108] "The stigma of mental illness is the prejudice and discrimination that results from endorsing negative stereotypes about people with mental illness (Corrigan & Watson, 2002). Internalized stigma of mental illness is the harmful psychological impact that results from internalizing this prejudice and directing it toward oneself." (http://drjosephhammer.com/research/internalized-stigma-of-mental-illness-scale-9-ismi-9/)

Sharing their mental health experiences within a small community

"There's been one concern and that is that we're in a small community and like I know [person 1 is] a Listener, but what if I didn't want to tell [person 1] what I'm up to. [Person 1] doesn't have to say he's [person 1]. His name is [user name 1], what? ... So there's no way that I would know that it's [person 1]. And then, all of a sudden, I'm talking about [person 2]. I log on. Then, I talk to [user name 1] about [person 2]. And then, he knows that I'm talking about her. How do you make it so that-- how do you have protection? That's the only thing that I would worry about."

Reliability of protecting private information

"So how about ethics and boundaries? I mean, is something there that would prevent that [loss of anonymity] from happening? Even though they are volunteers. They're volunteers, so wouldn't there still be something that would prevent them from crossing that line? So my question would be, how would you filter that then? How would that get filtered if you're in a small county and if it's to really get more services without-- with the anonymous. Stigma is so bad, I mean, really bad in small communities because well everybody knows everybody's business, unfortunately."

LEARNING GOAL #2

How was 7 Cups used?

KERN AND MODOC COUNTIES

No relevant data available

LEARNING GOAL #3

What are potential benefits of using 7 Cups?

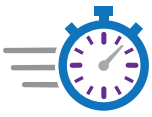
KERN COUNTY

No relevant data available

MODOC COUNTY

Potential 7 Cups Benefits

Timely support, empathetic and personalized support, and different methods of support were among the noted community needs that 7 Cups could potentially address by focus group participants (N=14).



Timely Support

Users expressed an opportunity for mental health technologies like 7 Cups to be able to provide support at the time it is needed rather than waiting for limited opening hours in the health department.

Empathetic, Personalized Support

Both users and non-users highlighted the importance of empathetic, personalized support. However, 7 Cups users raised concerns about volunteer Listeners lacking appropriate experience, potentially due to factors like age or empathy skills.

Preferred Methods of Support

Users desired diverse support options, including one-on-one remote support from 7 Cups and therapy. However, technologies could not fulfill all preferences, such as group support or late-night chatting.

LEARNINGS

Learnings from the 7 Cups consumer evaluation included:

- **Community members saw the potential value of using mental health apps.** They were excited about their potential in the recovery process, particularly around increasing access to care by providing timely support and care on demand.
- **Community members revealed barriers to adoption and continued use of mental health technologies.** Noted barriers included lack of access to smartphones, poor internet access, related financial costs, and concerns related to privacy and confidentiality of their data while using the technologies.

KERN AND MODOC COUNTIES 7 CUPS PILOT AND IMPLEMENTATION: PROVIDER AND LEADERSHIP EVALUATION (December 2018-March 2019)

LEARNING GOAL #1

What factors make a setting ready for a product like 7 Cups?

KERN COUNTY

Experiences of Leadership and Clinical Providers

Nineteen semi-structured interviews and six surveys were conducted with Kern County leadership and clinicians in December 2018. Results include information about 7 Cups and Mindstrong, as these technologies were evaluated together at this stage.

Overall, Kern County leadership and clinical providers reported both favorable and constructive evaluations about using 7 Cups and Mindstrong in their clinic and setting:

- Providers and leadership liked the idea of extending clinical support, especially crisis support, to clients outside of the regular clinic hours. They liked giving clients opportunities to work at their own pace and comfort with mobile technologies.
- Providers wanted deeper understanding of how these products worked and how they were applicable to their workflow.
- Providers thought strategies to boost individual knowledge and shared learning (e.g., train-the-trainer, clinic champions to support ongoing training and consultation, clinical supervision) would be useful to build clinician knowledge and competence.

Leadership and Providers' Perceptions of 7 Cups[109]

In the surveys, providers were asked to rate 7 Cups and Mindstrong on acceptability (perception that the app is satisfactory), appropriateness (perceived fit of the app with the setting), and feasibility (extent to which the app can be successfully used in the setting). It is important to note that four of the six providers responded to a combination of 7 Cups and Mindstrong, while one provider responded only about 7 Cups.

	Provider Surveys (N=6)	7 Cups and Mindstrong Mean Score (N=4) Higher mean scores (closer to 5) indicate more favorable attitudes.	7 Cups Mean Score (N=1) Higher mean scores (closer to 5) indicate more favorable attitudes.
	Acceptability *Example item: "I like 7 Cups."*	2.7	4.0
	Appropriateness *Example item: "7 Cups seems fitting for my work."*	2.4	5.0
	Feasibility *Example item: "7 Cups seems possible."*	2.7	4.8

[109] One provider responded only about Mindstrong. Data for those responses are not included.

During follow-ups between November-December 2019, there was a marked shift in the leaderships' and clinicians' attitudes. In a semi-structured interview with the Help@Hand Lead in December 2018, the Lead reported that 7 Cups and Mindstrong were seen as "disappointing" and a poor fit for their communities overall. They shifted focus to develop and disseminate an app guide, which listed available apps that could be downloaded by a consumer.

Facilitators Reported by Providers

Providers shared their perceptions about using the apps in their clinic settings. They noted the following facilitators to adoption of 7 Cups:

Providers felt 7 Cups could bring about beneficial change.

Providers felt 7 Cups seemed innovative and forward thinking and could appeal to clients who may be interested in technology.

Providers were enthusiastic about the capability for growth in 7 Cups and the ability to receive support on their own time and at their own pace.

Challenges Reported by Providers

Providers shared their perceptions about using the apps in their clinic settings. They noted the following barriers to adoption of 7 Cups:

Providers did not know who to turn to with questions and where to access examples of the clinical successes of the apps.

Providers felt there was a lack of fit with clients' needs and resources (e.g., clients lack smartphones and data plans to support apps like 7 Cups).

Providers felt they had a lack of knowledge to introduce and onboard clients.

Providers perceived a lack of fit between business models and operating practice of the vendors and the mental health services (e.g., tools need to integrate better with existing practices).

MODOC COUNTY

Experiences of Leadership and Clinical Providers

Eleven pre-implementation semi-structured interviews and twelve surveys were conducted with leadership and clinical providers in March 2019.

During the pre-implementation evaluation, Modoc leadership and clinical providers reported both favorable and constructive evaluations about using 7 Cups in their clinic and setting.

- Providers and leadership liked the idea of extending clinical support, especially crisis support, to clients outside of the regular clinic hours and to providers for ongoing client updates
- Providers expressed concerns about the mismatch between the apps and their clientele's clinical needs or presentations (e.g., those in treatment for substance use or experiences of paranoia)
- Providers expressed concerns about their clientele's social and economic issues that might limit the utility of the apps

- Providers reported challenges onboarding clients to the use of the apps
- Providers reported a desire for greater understanding of how the apps work, how they were applicable to their current and expected workflow and who to consult for additional training or questions
- Providers recommended targeted strategies to boost individual knowledge and shared learning (e.g., train-the-trainer, clinic champions to support ongoing training and consultation, clinical supervision) to build clinician knowledge and competence

Providers' Perceptions of 7 Cups

Providers were asked to rate 7 Cups on acceptability (perception that the app is satisfactory), appropriateness (perceived fit of the app with the setting), and feasibility (extent to which the app can be successfully used in the setting).

Providers reported moderately favorable perceptions about the acceptability, appropriateness, and feasibility of 7 Cups. In general, providers reported interest and optimism about the potential for 7 Cups to bring about beneficial change. Providers who had previous experience using 7 Cups were generally more positive about the potential benefits.

	Provider Surveys (N=12)	Mean Rating Higher mean scores (closer to 5) indicate more favorable attitudes.
	Acceptability *Example item: "I like 7 Cups."*	3.6
	Appropriateness *Example item: "7 Cups seems fitting for my work."*	3.6
	Feasibility *Example item: "7 Cups seems possible."*	3.8

Facilitators Reported by Providers

During the pre-implementation evaluation, providers shared their perceptions about using 7 Cups in their clinic settings. They noted the following facilitators to adoption of 7 Cups during the pre-implementation interviews:

Interest and optimism about the potential for mental health apps

Having previous experience using mental health apps

App that doesn't have technical bugs

High confidence in the ability to successfully promote the app

Interest to impart meaningful change in mental health services, particularly for settings with limited mental health resources

Initial trainings by the app vendors to understand the app and onboard clients

Physical (e.g., 7 Cups tent cards) and procedural (e.g., discussion about the Tech Suite in weekly team meetings) reminders

Challenges Reported by Providers

While providers were interested and optimistic about the use of mental health apps like 7 Cups, they noted the following barriers to adoption during the pre-implementation interviews:

Lacking knowledge about the apps

Reluctance from clients with substance use issues or concerns about legal oversight due to fears of privacy/security breaches and potential for law enforcement to track their activities

Lack of consistent access to devices or data plans to support apps

Not knowing who to turn to with questions and where to access training materials

Competing time and resource demands

Providers' need to often prioritize assistance with accessing basic needs (e.g., housing, food) over technology use

Lack of knowledge with introducing and onboarding clients

Difficulty accessing additional or ongoing training/consultation opportunities

LEARNING GOAL #2
How did providers use 7 Cups?

KERN COUNTY

In November 2019, a virtual post-implementation semi-structured interview was conducted with the Help@Hand Lead to learn what occurred in the County since the pre-implementation site visit in December 2018, and two follow-up surveys were sent to the Help@Hand Lead in December 2019. Since the pre-implementation evaluation at Kern County in December 2018, Kern County leadership determined that 7 Cups did not meet the needs of the County and discontinued use of this product. They shifted their focus to develop and disseminate an app guide, which lists available apps that could be downloaded by a consumer.

MODOC COUNTY

In October 2019, one semi-structured interview was conducted with leadership and the Help@Hand Lead, one survey was sent to leadership, and four surveys were completed by clinicians to learn what occurred in the County since the pre-implementation site visit in December 2018. Since the pre-implementation evaluation at Modoc County in March 2019, the County discontinued its contract with 7 Cups. As a result, Modoc County halted activities with 7 Cups. No new clinicians were trained, nor clients onboarded. Modoc County worked with Kern County to adapt the Kern County Behavioral Health & Recovery Services Peers' Guide to Behavioral Health Apps for the Modoc County community.

LEARNING GOAL #3
What were providers' attitudes towards 7 Cups?

KERN COUNTY
Attitudes Towards 7 Cups

In November 2019, a semi-structured interview was conducted with the Help@Hand Lead and two follow-up surveys were sent in December 2019 to learn what occurred in the County since the pre-implementation site visit in December 2018. The following attitudes towards 7 Cups emerged:

Positives		Negatives	
December 2018 N=19 interviews	November-December 2019 N=1 interview; N=2 surveys	December 2018 N=19 interviews	November-December 2019 N=1 interview; N=2 surveys
• Liked the idea of extending clinical support, especially crisis support, to clients outside of regular clinic hours • Liked giving clients opportunities to work at their own pace and comfort with mobile technologies	• Although the product was not adopted for full implementation, it led to significant growth of the Peer workforce, which enabled Kern County to continue activities related to their app guide	• Providers wanted deeper understanding of how these products worked and how they were applicable to their workflow • Providers wanted targeted strategies to boost individual knowledge and shared learnings to build clinician knowledge and competence	• Overall, 7 Cups was determined to not fit the needs for Kern County

MODOC COUNTY

Attitudes Towards 7 Cups

Interviews and surveys with leadership, the Help@Hand Lead, and clinicians identified the following attitudes toward 7 Cups:

Positives		Negatives	
March 2019 N=11 interviews, N=13 surveys	October 2019 N=1 interview, N=5 surveys	March 2019 N=11 interviews, N=13 surveys	October 2019 N=1 interview, N=5 surveys
• Liked the idea of extending clinical support, especially crisis support, to clients outside of regular clinic hours and to providers for ongoing client updates	• The apps and the overall Help@Hand program appeared to have increased conversations and awareness around mental health topics among MCBH and community members • Although clinicians did not feel strongly towards or against 7 Cups, interest and hope about the potential of the overarching purpose of the Help@Hand program and general mental health technology remained	• Concerns about mismatch between 7 Cups and their clientele's clinical needs or presentations (e.g., those in treatment for substance use or experiences of paranoia) • Concerns about social and economic issues that might limit engagement and utility of the apps • Clinicians wanted a deeper understanding of how these products worked and how they were applicable to their workflow	• Overall, 7 Cups did not meet County's initial expectations of being "turnkey" • Modoc County Behavioral Health (MCBH) leadership did not expect to spend as much time and resources customizing these products to meet the specific needs of their population • Clinicians reported that 7 Cups was neither helpful nor hurtful to their clientele

LEARNINGS

Learnings from the 7 Cups provider and leadership evaluation included:

- Clinicians who were more familiar with 7 Cups tended to be more positive, whereas clinicians who were less familiar were less confident in using the apps with their clients.
- Clinicians felt somewhat positive towards the acceptability, appropriateness, and feasibility of 7 Cups.
- Clinicians identified numerous facilitators (e.g., interest to impart meaningful change in mental health services, initial trainings by app vendors, physical and procedural reminders about 7 Cups) and barriers (e.g., competing time and demands, need to prioritize assistance with accessing basic needs over technology use, lack of consistent access to devices or data plans to support apps, difficulty accessing additional or ongoing training/consultation) to implementing 7 Cups.
- Ultimately, 7 Cups was determined to not fit the needs of Kern and Modoc Counties.

KERN, MODOC, AND OTHER COUNTIES 7 CUPS PILOT AND IMPLEMENTATION: PEER EVALUATION (September 2018-December 2019)

LEARNING GOAL #1

What factors make a setting ready for a technology like 7 Cups?

KERN COUNTY

Peer Experience

A Peer was a person with lived experience with mental health challenges and the recovery process. Peers had the important role of vetting and implementing 7 Cups, due to their expertise with mental health challenges and recovery.

Three Peers were surveyed about 7 Cups in December 2018. Key findings included:

- **Training:** None of the Peers reported receiving formal training to prepare them with onboarding clients to 7 Cups. One Peer trained with 7 Cups staff, one was trained on the job, and another did not receive any training and wished they had.
- **Experience with 7 Cups:** One Peer was a volunteer Listener. Another had prior experience with 7 Cups at the time of the survey. Peers were active participants of 7 Cups - setting it up on their work phones so that they could have lived experience as well as practicing both listening and calling the Peer Support offered by 7 Cups. All of the Peers expressed confidence in their ability to use and understand 7 Cups.
- **Vetting 7 Cups:** Peers were instrumental in developing test scenarios to vet 7 Cups. Ultimately, it was determined by the Peers that 7 Cups did not fit the needs of Kern County clients.

MODOC COUNTY

Peer Experience

Three Peers were surveyed in March 2019. All three received formal training to prepare them for onboarding clients to 7 Cups. Peers were satisfied with the training, but had mixed confidence in their ability to onboard clients.

LEARNING GOAL #2

How did Peers use 7 Cups?

KERN AND MODOC COUNTIES

No relevant data available

LEARNING GOAL #3
What were Peers' attitudes toward 7 Cups?

KERN COUNTY

Peers' Views of 7 Cups Overall

Overall, Peers surveyed (N=3) had a sense that 7 Cups was useful for only a subset of clients (e.g., those not in crisis and not severely mentally ill) and that there was room for improvement with the app.

- Two Peers were very confident in the way the County was piloting 7 Cups and their own ability to help someone learn to use 7 Cups, while one Peer expressed less confidence.
- Peers thought that 7 Cups was "somewhat useful" for assisting users to seek mental health services.
- There was a lack of consensus on how useful 7 Cups was to assist users to seek social support. In the interviews, Peers (N=3) noted the following:

"It's a helpful tool for those who need it."
– Kern County Peer

"7 Cups provides a person, one on one, which is important for non-crisis members."
– Kern County Peer

"If they use it correctly"
– Kern County Peer

"It's a good start for the community but the website needs to be restructured to see resources easier."
– Kern County Peer

"I believe the purpose of 7 Cups is for support, I have not used it for resources/services except refer to crisis hotline."
– Kern County Peer

"Depending on the scenario and severity of mental illness."
– Kern County Peer

MODOC COUNTY

Peers' Views of 7 Cups Overall

Overall, Peers (N=3) had high confidence in using 7 Cups; however, they had mixed confidence signing people up for the app and in the usefulness and appropriateness of the app for clients/users. Peers with previous experience with 7 Cups reported higher levels of confidence.

MULTIPLE COUNTIES/CITIES

Peers' Attitudes towards 7 Cups and Mindstrong[110]

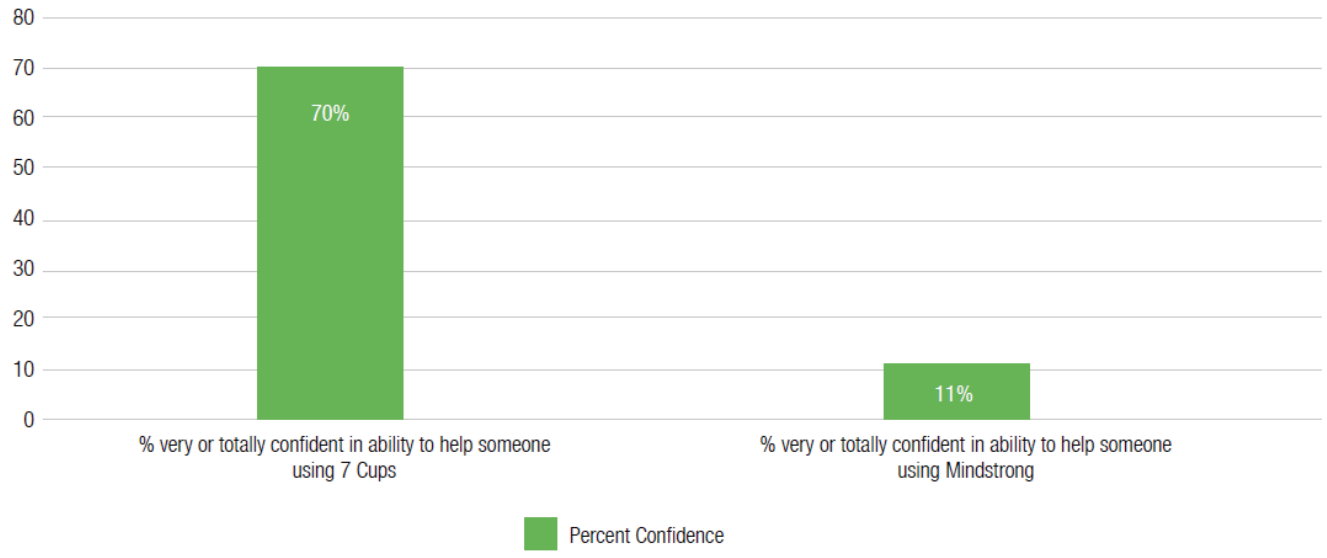
Peers in Kern, Los Angeles, Modoc, and Orange Counties were also engaged in an anonymous survey in two waves. Because of the small number of Peers in each County, and the desire to protect their confidentiality, data below includes all Help@Hand Peers across the Collaborative. Thirteen Peers responded to the Wave #1 survey (September 2018-August 2019), representing two Counties/Cities. Seven Peers responded to the Wave #2 survey (September-December 2019), representing three Counties/Cities.

Peer Lead Interviews and Peer Surveys

County/City	Wave #1 (September 2018-August 2019)	Wave #2 (September 2019-December 2019)
Kern	x	x
Los Angeles	x	N/A
Modoc	N/A	x
Orange	x	x
Mono	N/A	N/A

Most Peers (70%) reported in the Wave #1 survey that they were very confident or totally confident in their ability to help someone use 7 Cups, and 11% were very confident or totally confident in their ability to help someone use Mindstrong. Peers were less confient in helping others with Mindstrong because many of them had no experience with the app at all and their role with it was still being determined.

Peers' Confidence in Their Ability to Help Others with 7 Cups and Mindstrong



[110] Results include information about 7 Cups and Mindstrong, as these technologies were evaluated together at the time.

The Wave #2 surveys showed that Peers were overwhelmingly supportive of the concept that mental health apps were useful for assisting individuals seeking support for mental health needs (100% of respondents reported that mental health apps were "very useful"). In addition, the Wave #2 data indicated that Peers were very confident that including Peers in Help@Hand would be effective for improving access to mental health needs, decreasing mental health services stigma, and providing early intervention for individuals seeking mental health services. However, Peers eventually decided that the 7 Cups and Mindstrong technologies were not an acceptable means to help clients with their mental wellbeing.

LEARNINGS

Learnings from the 7 Cups Peer evaluation included:

- **Peers surveyed had mixed endorsement of 7 Cups for being useful to clients.** There was a sense that 7 Cups was useful for only a subset of clients (e.g., those not in crisis and not severely mentally ill), and that there was room for improvement with the app.
- **Peers confidence with 7 Cups varied.** Peers mostly had high confidence in using 7 Cups, but had mixed confidence in their ability to sign clients up to use the app.
- **Peers were instrumental in developing test scenarios to ascertain the exact weaknesses of 7 Cups.** Ultimately, it was determined by the Peers that the technology was not an appropriate fit for clients in their Counties.

A4I EVALUATION

Description	An evidence-based, peer-to-peer mobile app and care coordination portal for providers and people living with schizophrenia and psychosis.

At-a-Glance in Help@Hand	
Activity	**Evaluation**
Tech Exploration (completed) Riverside County	This section presents evaluation findings from early technology testing of A4i with clients receiving services from Riverside University Health System- Behavioral Health (RUHS-BH) between October-November 2020. Data collection efforts included a demographic survey and focus group collected by RUHS-BH and analyzed by the Help@Hand evaluation team.
Pilot (completed) Riverside County	This section also presents evaluation findings from Full-Service Partnership (FSP) clients and providers in RUHS-BH's A4i pilot. Data collection efforts included the following: *Client Evaluation* • Surveys and interviews with clients collected and analyzed by RUHS-BH between November 2021-January 2024 *Provider Evaluation* • Surveys and interviews with providers collected and analyzed by the Help@Hand evaluation team between February 2022-May 2023

INTRODUCTION

Riverside University Health System-Behavioral Health (RUHS-BH) facilitated focus groups and collected surveys between October-November 2020 to explore and test A4i with 24 clients receiving services from RUHS-BH. The Help@Hand evaluation supported the analysis of the data.

In addition, RUHS-BH piloted A4i with their FSP clients between 2021-2023. The RUHS-BH's local evaluation team conducted the client evaluation, which included the evaluation activities summarized in the below table. A more detailed report of RUHS-BH's A4i pilot's client evaluation can be found in Appendix O.

RUHS-BH's A4i Pilot: Client Evaluation Activities (November 2021-January 2024)

Time	Evaluation Activity with Pilot Participants
Intake	• Technology Use Surveys • Quality of Life Surveys • BASIS-24® Scale
1- month after beginning the pilot	• Structured interviews
3- months after beginning the pilot	• Quality of Life Surveys • BASIS-24® Scale • User Experience Surveys
6-months after beginning the pilot	• Structured interviews • Quality of Life Surveys • BASIS-24® Scale • User Experience Surveys

The Help@Hand evaluation team simultaneously conducted the provider evaluation. The team requested interviews and surveys from 22 providers participating in the A4i pilot as shown in the figure below.

RUHS-BH's A4i Pilot: Provider Evaluation Activities (February 2022-May 2023)

KEY TAKEAWAYS

RUHS-BH Tech Exploration: Early Technology Testing (October-November 2020)

Positive Perceptions: Overall early technology testing participants positively perceived A4i's ability to connect them with care teams, with others with similar concerns, and helped them track their goals.

Privacy Concerns: Some early technology testing participants raised concerns about sharing private information on the app with their care team, and about notifications that could potentially share private information.

A4i Features: Early technology testing participants had positive perceptions of the various A4i features.

RUHS-BH A4i Pilot: Client Evaluation (November 2021-January 2024)

Positive Perceptions: Clients perceived A4i positively and found it easy to use (90% in Post User Experience Survey). Some clients even continued using A4i after ending the pilot.

A4i Features: App utilization data showed that 91% of clients used the newsfeed, 82% used goal tracking, and 65% used notes to communicate with their provider.

Client Outcomes: In 6-month interviews, A4i pilot participants reported better quality of life and symptoms outcomes after using A4i for 6 months. They also reported experiencing improved connections with peers and providers.

A4i Use and Provider Communication: Interviews also indicated that pilot participants who had high A4i use reported the most communication and engagement with their providers.

Technical Issues: In 1-month interviews, clients reported technical challenges with certain A4i features, such as medication reminders.

RUHS-BH A4i Pilot: Provider Evaluation (February 2022-May 2023)

Positive Perceptions: Providers perceived A4i positively and reported optimism about future A4i implementation.

A4i Features: Providers perceived that clients benefited from various A4i features, such as engaging with other participants on the A4i newsfeed, receiving support from staff outside of office hours, and medication reminders.

Client Outcomes: 82% of providers reported in the follow-up survey that they could see how A4i helped clients improve during the recovery process.

Training: 57% of providers interviewed mid-pilot reported hands-on practice prepared them to use A4i with clients, but 43% of interviewees also desired more formal, longer, in-depth A4i trainings, while 14% suggested regular meetings with other colleagues using A4i to maintain engagement and motivation.

Technical Issue: 64% of providers interviewed mid-pilot reported technical issues posed some of the primary challenges to providers when implementing A4i, including platform glitches, inability to see the reasons for receiving notifications, and clients' lack of familiarity with technology.

Organizational Support: 78% of providers interviewed mid-pilot reported feeling senior leaders were committed to sustaining A4i both during and after implementation.

RUHS-BH TECH EXPLORATION: EARLY TECHNOLOGY TESTING (October-November 2020)

DEMOGRAPHICS

Participant Demographics

Participants aged 17-59 years participated in the early technology testing (N=24). Participants filled out a demographic survey and were shown A4i through PowerPoint slides and live demonstrations at the start of the focus group.

Average Age (SD)
35.6 years (15.4 years)

Age Group
46% Transitional Age Youth (TAY) (16-25 years)
54% Adults 26+ years

Gender
14 Female
<10 Male
<5 Non-binary

Race/Ethnicity
33% Latinx/Hispanic
33% White
33% Black/African American, more than one race, or Asian

Sexual Orientation
54% Straight/Heterosexual
~10 Bisexual, Pansexual, Asexual, Gay/Lesbian/Same-Gender Loving, and/or as another sexual orientation

Device Ownership and Access
12 owned a mobile phone or cell phone (not a smartphone)
10 owned a laptop computer
9 owned a smartphone
5 owned a tablet
1 owned a desktop computer
12 had a mobile data plan
24 had access to internet at home
16 could access internet in a public place
2 could access internet at work

LEARNING GOAL #1

What were the initial views on A4i during early technology testing?

Initial Views on A4i

Perceived Strengths

In general, early technology testing participants rated A4i positively for its ability to share information and leave notes for one's care team, to connect with other clients through the Newsfeed feature, and to allow one to track progress with goals. Some participants referred to A4i as a guide for wellness. While adults felt that A4i would help them feel more connected with others, TAY liked tracking progress in meeting their goals. Some participants felt it would be useful if someone who had daily panic attacks could benefit from reminders related to their goals. It would also help to see progress in completing homework given by their therapist.

Perceived Weaknesses

Though participants liked being able to leave notes for their care provider in A4i, there were concerns about the possibility of a provider not replying to a note. Participants suggested the option to label the importance of a note so that urgent notes were more visible than others.

Participants also raised **concerns about trusting A4i and sharing information**. One TAY participant said that it took them some time to trust their care team, and that it would similarly take time to trust the technology and give honest answers about their mood. Another TAY participant said that opening up to other people through the technology sounded nerve-wracking at first.

TAY thought that **A4i might be intrusive**, particularly if its notifications contained private information which could be seen by others when appearing on their phone screen. They suggested that notifications should show general information and that private information should be shown only once the client opens the app

Perceived Strengths	Perceived Weaknesses
• A4i improved communication with care team • Notes feature allowed clients to leave memos for their care team, such as their provider, and helped them stay informed • A4i provided connection with others through a Newsfeed feature • A4i allowed clients to see progress in meeting goals, which was motivating	• Notes were potentially not seen by providers, which was perceived negatively if users had to wait a long time to get a reply • Clients indicated sharing information with others within the app required a high level of trust • Notifications related to mental health or medication felt intrusive to receive on their phone • Clients perceived frequency of notifications about meeting goals to be too high

LEARNING GOAL #2

What were the initial experiences with A4i during early technology testing?

Feedback on Privacy Concerns

Overall, early technology testing participants did not indicate major privacy concerns if the technology was password-protected and information in A4i would only be visible to their care team. However, they indicated that A4i may be hard for people who were more private. Some raised questions on who would be able to see the information.

Feedback on A4i Features

Participants in the early technology testing provided feedback about the various features of A4i, including teams, notes feature, newsfeed, tracking goals, reminders, reports, and ambient sound detector.

Teams

A4i enabled clients to add members of their care team to the technology, who could see their information. Participants generally liked this feature and felt it would improve communication with their provider and care team. One TAY participant said that it would be good to use A4i when they showed more active symptoms so their provider could be aware and adjust their care plan accordingly. Participants raised questions about who would be on their team, and if everyone would be able to see all information on the app, or if they could send certain information to specific people on their care team. One participant expressed wanting their parent to also see their A4i information.

> *"It can be a really good way to communicate with your provider, and it would just be really helpful to anyone who is going through a lot – that way the care team can generally be on top of it."*
> - Early Technology Testing Participant

Notes Feature

The Notes feature allowed clients to leave notes for their care team. Participants expressed positive opinions about the Notes feature, especially by adult participants who felt it could help them when they had trouble reaching their provider.

Newsfeed

The Newsfeed referred to a feature with content tailored to what the client was interested in. It also allowed clients to post content themselves and view other clients' posts. Participants thought it would be a good way to connect to others. Some thought that it could be helpful to include tips and to encourage and motivate other people in their wellness journey.

Tracking Goals

A4i included a feature allowing users to set goals and track progress in achieving these goals. Clients also received notifications to remind them to work on their goals. Participants liked being able to see progress in meeting their goals and had differing opinions on an appropriate frequency. One participant preferred reminders multiple times a day, whereas others preferred reminders on a bi-weekly basis.

Reminders

The Reminders feature allowed users to set reminders. Participants in the TAY focus groups mentioned that they were already using reminders on their phone and might not need another reminder feature. However, they could see the Reminders feature as useful to send positive affirmations. Adult participants commented that the Reminders feature would be useful to remind them about appointments and taking their medication.

> *"I think reminders would help me more than anything else, because I write things down and put them in my wallet, and then, I don't know how, but I can't find them in my wallet… I have a real hard time keeping up with all of my appointments and so on."*
> - Early Technology Testing Participant

Reports

The Reports feature showed an overview of all information collected in A4i, such as progress in meeting goals and mood over time. Participants said it was good to reflect on information, even regarding days that they may want to forget, and that it could be motivating to see accomplishment of goals. One participant commented that information about their mood would not be useful as it changes frequently but did see value in seeing progress with their goals.

Ambient Sound Detector

The Ambient Sound Detector helped assess the validity of auditory hallucinations by determining whether sounds were observed in someone's environment or not. Two TAY participants thought the feature would be helpful. One TAY participant also suggested it would be helpful to keep a log of when something was a hallucination. One adult participant thought the feature would be helpful, whereas two participants said they would not use it. One participant commented that it might give false negatives by indicating a sound was not real when it was real, which could lead to unintended consequences for clients.

RUHS-BH A4i PILOT: CLIENT EVALUATION (November 2021-December 2023)

Key Evaluation Question 1: How did pilot participants rate their experience with A4i in terms of acceptability, likeability, usability, usefulness of features, and successful adoption (frequency of use, retention rate)? Are there any variations in these factors among different target populations?

A4i was generally received positively. The majority of pilot participants expressed enjoying using the app, felt it was easy to use, thought the information was credible and worthy, thought language was easy to understand, and found information and navigated within the app easily.

94% Enjoyed using the A4i app

93% Would recommend the A4i app

90% Thought A4i was easy to use

87% Thought A4i's information was credible & worthy

94% Thought language was easy to understand

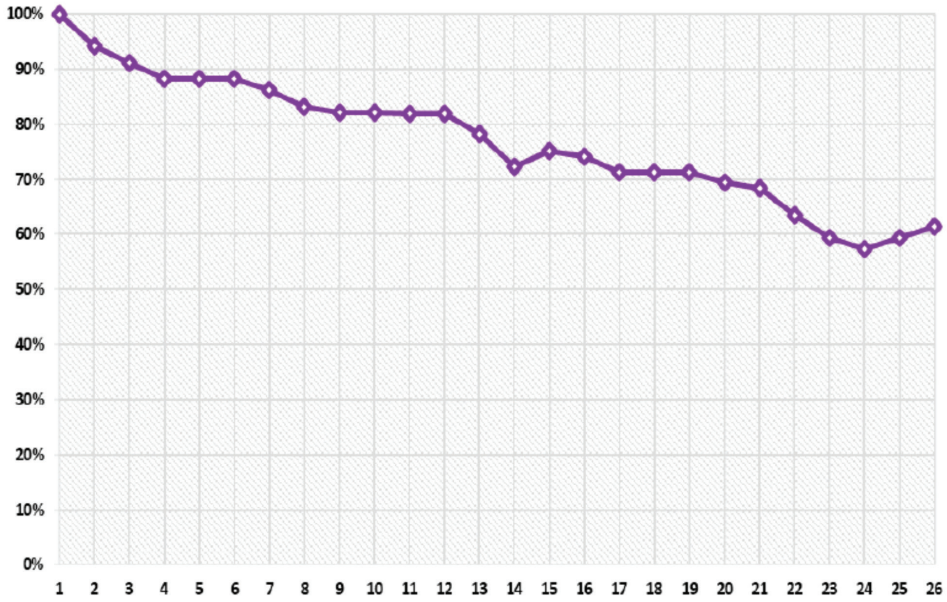
84% Found it easy to find information in the app

83% Found it easy to navigate within the app

Adoption

Engagement data from 101 participants who enrolled, installed, registered, and actively used the A4i app indicated fairly consistent usage throughout the 6-month pilot. The following plot summarizes the proportion of consumers engaged in the A4i app each week, with week numbers on the x axis and engagement percentage on the y axis. While there was a slight decline in usage over time, the participation rate remained relatively high by the end of the pilot. On average, engagement in the app was 76.9% each week. The weeks represent each consumer's initial week of use, rather than merely reflecting a six-month period.

A4i Engagement Over 6 Months (N=101)



Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

Key Evaluation Question 2: What impact has the A4i pilot had on participants' reported levels of overall well-being, symptom reduction, social connectedness, and sense of connection to their care team?

Overall Well-Being

The Quality of Life (QOL) measure was assessed at enrollment, three months, and six months, with final analysis focusing on participants who completed the six-month pilot (N=69). Results showed overall improvements in QOL, particularly in emotional well-being and feelings of meaningful activity.

Pre- to Post- Measurement of the Quality of Life - Meaningful Activity and Relationship Related Items (N=69)

	Satisfaction Increased—*Ratings 4-6*		
Scale of 1 (Unhappy/Terrible) to 6-(Delighted)	Pre	Post	% Increase
1. How do you feel about your life in general?	47.8%	63.8%	33.5%
2. How do you feel about your emotional well-being?	43.5%	71.0%	63.2%
3. How do you feel about the way you spend your spare time?	52.2%	58.0%	11.1%
4. How do you feel about the amount of meaningful activity (e.g. work, school, volunteer, leisure) in your life ?	47.8%	65.2%	36.4%
5. How do you feel about the amount of time you spend with other	43.5%	65.2%	49.9%
6. How do you feel about the amount of friendship in your life?	53.6%	62.3%	16.2%

The table below shows changes in QOL ratings, with overall satisfaction increasing and dissatisfaction decreasing. The biggest improvement was an 81.8% increase in feeling connected to the community.

Pre- to Post- Measurement of the Quality of Life - Satisfaction with Life and Sense of Belonging Related Items (N=69)

	Dis-Satisfaction Decreased *Ratings 1-4*			Satisfaction Increased *Ratings 7-10*		
Scale of 1 (Not Satisfied) to 10 (Completely Satisfied)	Pre	Post	% Decrease	Pre	Post	% Increase
7. How satisfied are you with your life as a whole?	26.1%	17.4%	-33.3%	42.0%	66.7%	58.8%
8. How satisfied are you with feeling part of your community?	29.0%	24.6%	-15.2%	31.9%	58.0%	81.8%
9. How satisfied are you with your personal relationships?	30.4%	13.0%	-57.2%	43.8%	68.1%	55.5%

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

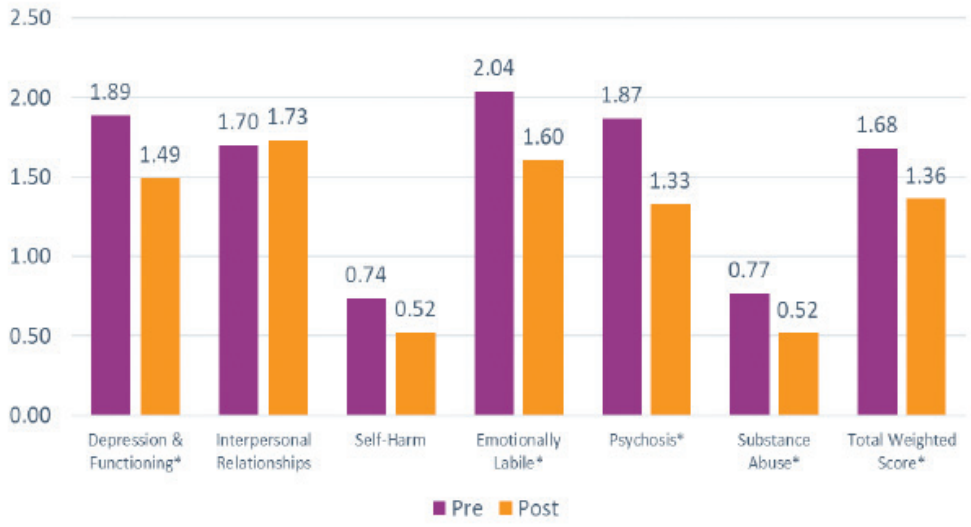
Key findings from six month interviews found improved well-being—many participants reported that A4i positively impacted their well-being. This improvement was described as feeling less isolated and lonely, becoming more self-aware of their mental and physical health, and experiencing a reduction in daily stress and anxiety.

> *"The app helps keep me calm when I check in. It's a big source of support."*
> – Pilot Participant

Symptom Reduction

The Behavior and Symptom Identification Scale (BASIS-24) was used to measure distress in six areas and was administered at enrollment, three months, and six months. Analysis of results from 69 participants showed significant improvements in Depression, Functioning, Emotional Lability, Psychosis, Substance Abuse, and overall scores.

Pre- to Post- Measurement of the BASIS-24 (N=69)



** Statistically significant results (p<=.05)*

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

Social Connectedness

Key findings from six month interviews found increased social connections. Most participants noted that A4i helped them strengthen their social connections. Many users felt a greater sense of belonging to a community of people facing similar challenges after using the app.

> *"Knowing that there are people on the app, sharing their experiences and posting mental health quotes, allowed me to feel connected, knowing that others have shared experiences and I don't feel alone."*
> – Pilot Participant

Sense of Connection to Care Team

Key findings from six month interviews found increased connection to care team. Participants appreciated the "Notes to my Care Team" feature as it allowed them to easily connect with their care team and receive prompt responses.

> *"I liked how I can just message my care team and I would get a response so I always felt connected like my problems were being taken care of."*
> – Pilot Participant

Key Evaluation Question 3: How does using A4i affect consumers' ability to set and achieve personal goals?

The A4i app includes a Goal-Setting tool designed to support users on their wellness journey. Once goals are established, the app tracks progress through regular check-ins. These daily prompts and responses allow users to monitor their achievements. A4i also offers support by providing coping strategies and suggestions, and alerts the care team if ongoing challenges arise. Setting and reaching personal goals, no matter how small, played a crucial role in helping users on their path to wellness.

82%
Used the "Goals Check-In" feature

5,461
"Goals Check-In" logs were recorded

79%
Used the "Goals Check-In" feature at least 10 times

24%
Liked the Goal tracking feature

> *"I'm bipolar so I'm like everywhere. Using goals tacking helped me to stay focused on my goals aspect on completing them and building up my confidence in the fact that I completed a goal to help me articulate better."*
> – Pilot Participant

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

Key Evaluation Question 4: To what extent can the A4i technology be utilized by the clinical care team to detect changes in participants' mental health status, prompting staff to initiate timely interventions?

A4i features functionality where a participant can send notes to their mental health provider, and providers can view their patients' clinical dashboards to see all the notes that they have sent. Participants appreciated this feature because it allowed them to easily connect with their care team and typically receive quick responses.

65%
Used "Notes to my Care Team" at least once

266
"Notes to my Care Team" were recorded

25%
Appreciated getting direct responses from their care team

"I liked that I could message my care team and receive a response right away, which made me feel supported and reassured that my issues were being addressed."
– Pilot Participant

"If they weren't here, I probably could have done it on my own but probably would not do anything. But knowing that they look at my progress and then check on me and leave notes for me, it was like a natural light and a small Facebook for me. I also like how it tells us everyday, like good morning, to check messages and stuff like that. So for me that helps a lot."
– Pilot Participant

FUTURE DIRECTIONS

The collaboration with A4i persisted beyond the Help@Hand Innovation and led to app upgrades through a partnership with MemoText. As a result, RUHS-BH was able to maintain access to the app for its consumers, with many choosing to continue using A4i and retaining the phones provided during the pilot.

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

RUHS-BH A4i PILOT: PROVIDER EVALUATION (February 2022-May 2023)

DEMOGRAPHICS

Provider Demographics

Initial Survey Demographics

Initial surveys were collected one month after providers connected with their first A4i client(s) (N=19). The average age of providers in the A4i pilot was 41.5 years. Most were female, identified as White, worked as clinical therapists, and exclusively served adults ages 25-59.

Average Age (SD[111])
41.5 years (11.4)

Gender
74% Female
26% Male

Race/Ethnicity
42% White
26% Hispanic or Latino
16% African American
11% Multiracial
5% Asian American/Pacific Islander

Role
42% Clinical Therapist
32% Peer Support Specialist
21% Behavioral Health Specialist
5% Peer Support Specialist & Behavioral Health Specialist

Clients Served by Provider
63% Only Adults (25-59 years)
16% Only Transitional Age Youth (TAY) (16-25 years)
11% Only Older Adults (60+ years)
11% Multiple Populations (Adults, TAY, and/or Older Adults)

[111] SD refers to standard deviation, which measures how clustered or spread out responses are relative to the average. Low standard deviation indicates data are largely gathered around the mean, while high standard deviation indicates data are spread out.

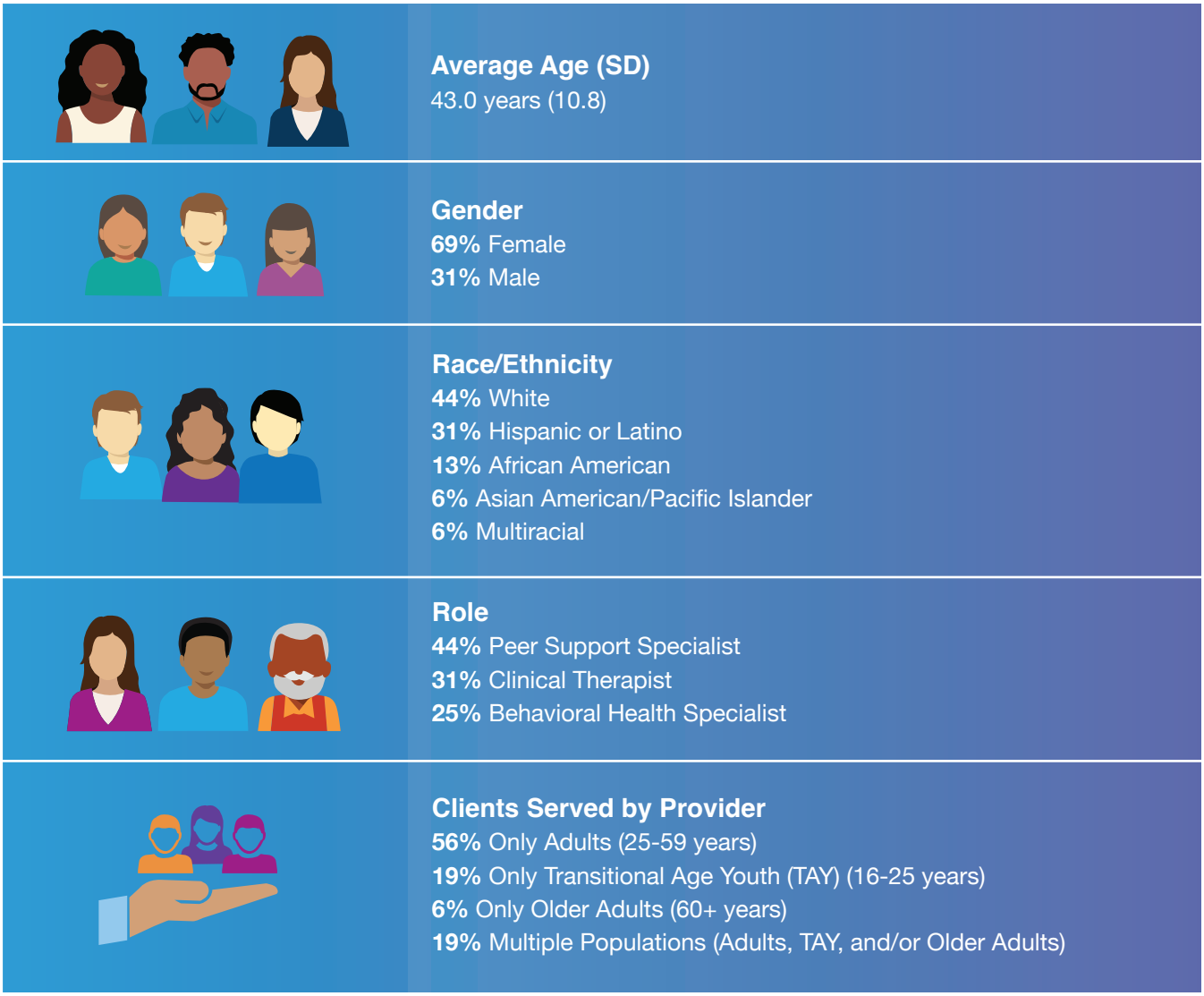
Mid-Pilot Interview Demographics

Mid-pilot interviews were collected three months after providers connected with their first A4i client(s) (N=14). Similar to the initial survey demographics, most providers interviewed mid-pilot worked as clinical therapists.

Role
43% Clinical Therapist
36% Peer Support Specialist
14% Senior Peer Support Specialist
7% Behavioral Health Specialist

Follow-Up Survey Demographics

Follow-up surveys were collected six months after providers connected with their first A4i client(s) (N=16). The average age of providers who responded to the follow-up survey was 43.0 years, and most reported being female. The largest segment of providers was White, worked as a Peer Support Specialist, and exclusively served adults ages 25-59 years.



Average Age (SD)
43.0 years (10.8)

Gender
69% Female
31% Male

Race/Ethnicity
44% White
31% Hispanic or Latino
13% African American
6% Asian American/Pacific Islander
6% Multiracial

Role
44% Peer Support Specialist
31% Clinical Therapist
25% Behavioral Health Specialist

Clients Served by Provider
56% Only Adults (25-59 years)
19% Only Transitional Age Youth (TAY) (16-25 years)
6% Only Older Adults (60+ years)
19% Multiple Populations (Adults, TAY, and/or Older Adults)

LEARNING GOAL #1
What factors make a setting ready for a technology like A4i?

Organizational Support for A4i

- **Varying Organizational Support:** 64% of providers interviewed mid-pilot reported positive reception of A4i from their organization, though they reported lower levels of supervisory support.

78% of providers felt senior leaders were committed to sustaining A4i

64% of providers reported positive reception from their organization

64% of providers perceived there were mechanisms in place to sustain A4i

14% of providers reported supervisor support and engagement for A4i

Data reported in mid-pilot interviews (N=14).

- **Staff Willingness to Participate:** Some providers interviewed mid-pilot reported resistance to participating in the A4i pilot from staff.

21% of providers reported some staff had been "volun-told" to participate

7% of providers reported staff-level reluctance/ resistance because of limited bandwidth

Data reported in mid-pilot interviews (N=14).

Trainings

- **Varying Training Formats:** Providers interviewed mid-pilot reported varied training formats with A4i.

57% of providers attended in-person training

43% of providers received an A4i booklet

29% of providers watched a training video

Data reported in mid-pilot interviews (N=14).

- **Useful Components of Training:** Providers interviewed mid-pilot identified several useful components of the training.

57% of providers reported hands-on practice was useful for training

36% of providers reported that it was useful to be walked through A4i with someone already familiar with it

14% of providers reported viewing both provider and client dashboards was useful for training

Data reported in mid-pilot interviews (N=14).

> *"And I think honestly, me holding the phone and using it myself was probably one of the greatest tools. Like she brought it in and had an example and […] I could see how this could be really beneficial for the client versus just having a picture of what it may be like."*
> - Clinical Therapist

- **Improved Support and Training:** After using A4i for six months, the majority of providers reported in the follow-up survey that they received sufficient training and support resources for their use of A4i with clients.

81%
of providers felt that there were resources and tools available to support their use of A4i

81%
of providers reported that instructional materials about A4i were helpful

75%
of providers felt they had received adequate training to feel prepared to successfully use A4i with clients

Data reported in follow-up survey (N=16).

Additional Trainings Needs

- **Areas for Further Support and Training:** Providers interviewed mid-pilot gradually recognized areas where they could benefit from further training and support as they continued to use A4i with clients.

43%
of providers requested more formal, longer, and in-depth trainings

14%
of providers requested more instruction for integrating A4i into their daily workflows

14%
of providers suggested regular provider check-ins

Data reported in mid-pilot interviews (N=14).

LEARNING GOAL #2
How did providers use A4i?

Frequency of Provider A4i Use

- **A4i Connected Providers with Clients:** 84% of providers reported in the initial survey that A4i's communication features allowed them to stay connected with their clients approximately one month after connecting with their A4i clients.
- **Varied Frequency of Provider Use:** However, providers interviewed mid-pilot varied in their frequency of using A4i at three months. Providers who did not check A4i regularly attributed their lack of engagement to their existing heavy caseloads or their clients' limited use of A4i.

43% of providers checked A4i daily

22% of providers checked A4i weekly/monthly

22% of providers checked A4i only when notified

14% of providers did not check A4i regularly

Data reported in mid-pilot interviews (N=14).

Use of A4i

- **Monitored Client Well-Being:** 57% of providers interviewed mid-pilot reported that A4i helped them monitor their clients' well-being outside of appointments, while 29% indicated that A4i provided a way for clients to have 24/7 access to the care team after office hours.
- **Stayed Connected to Clients:** Providers interviewed mid-pilot typically checked client notes, reviewed/approved pending newsfeed posts, reached out to clients through the messaging feature, and communicated with additional staff as necessary.
- **Used A4i During In-Person Sessions:** Providers interviewed mid-pilot also noted that they actively reviewed A4i activity during in-person therapy sessions and liked having the ability to receive notifications and review/approve clients' posts on the newsfeed.

"I don't get a lot of insight as a therapist by what they tell me. [A4i] is literally something that I can see visually […] You can explore more with them. And I think that provided an opportunity that I really didn't have previously. Especially on those days where they don't want to talk."
- Clinical Therapist

"To be honest, what I really enjoyed the most are the notifications because like even if I didn't log in, I knew I would be alerted of, you know, anything that was like, like on the dashboard, the message board, missed medications, or increasing like missed doses, things like that. That's what I found most useful…it's too much time to go in there and do all that (laughs)."
- Clinical Therapist

Useful Features

- **Helpful Features of A4i:** Providers interviewed mid-pilot reported the following as helpful features.

57% reported the A4i newsfeed

36% reported the sound detection feature

22% reported the medication newsfeed

21% reported the goal-setting feature

Data reported in mid-pilot interviews (N=14).

LEARNING GOAL #3
What were providers' attitudes towards A4i?

Provider Expectation with A4i

- **Positive Perceptions:** A significant majority of providers reported in both the initial and follow-up surveys that they had positive perceptions of A4i before and after using A4i (Initial Survey=84%, Follow-up Survey=81%).
- **Varied Provider Expectations:** 50% of providers interviewed mid-pilot reported initial excitement for the A4i pilot since it allowed them to connect with clients outside of appointments. However, 29% of providers interviewed mid-pilot reported initially having low or no expectations. Some viewed A4i as an added obligation. A few providers (14%) reported perceptions that A4i would be burdensome for staff or clients.

> *"[My expectations] weren't high, I'm not gonna lie, I'm gonna be completely transparent (laughs), I just felt like, 'okay, something else we have to look at.'"*
> - Clinical Therapist

- Providers also indicated that the various features, such as sound detection or the newsfeed, led to their high expectations of A4i:

> *"I was really excited and couldn't wait to kind of learn what kind of difference those things were going to make […] I believe those features [are] what caused A4i to stand out and ultimately won out over the other [app], so you know I did have an expectation of this being huge and making a difference."*
> - Peer Support Specialist

Provider Satisfaction with A4i

- **Useful Resource:** The majority of providers felt that A4i was a useful resource for their clients (Initial Survey=90%, Follow-up Survey=81%) and added value to the work that they did (Initial Survey=95%, Follow-up Survey=94%).
- **Easy Recommendation Process:** Most providers reported that recommending A4i to clients was an easy process (Initial Survey=84%, Follow-up Survey=81%).
- **Positive Perceptions of A4i:** After completing the pilot, 81% of providers reported in the follow-up survey that the platform was easy to use and 88% reported they would refer future clients to A4i. In addition, 81% of providers perceived that A4i supported clients to engage in treatment, and 69% of providers perceived that A4i enhanced client care.
- **Most Providers Felt that A4i Fit Their Work:** Compared to the initial survey, fewer providers reported in the follow-up surveys that they felt A4i seemed fitting for their work (Initial Survey=89%, Follow-up Survey=75%) and that the A4i care model was a significant innovation that could benefit their clients (Initial Survey=95%, Follow-up Survey=81%).

Provider Challenges with A4i

- **Technical Glitches:** 64% of providers interviewed mid-pilot reported that technical glitches were common both on A4i and RUHS-BH's platforms.
- **Clunky Provider Dashboard:** 43% of providers interviewed mid-pilot reported using A4i exclusively from their desktops. Providers reported lack of familiarity with tablets or wanting to avoid logging in through the tablet internet browser to access the A4i provider dashboard. In contrast, clients could access their A4i dashboard directly through an app. Providers perceived clients' app-based access as more intuitive and user-friendly, and recommended that A4i develop an app version of the provider dashboard.
- **Time-Consuming Notifications:** 21% of providers interviewed mid-pilot reported the generic A4i notification of client A4i activity as time-consuming. A4i notifications did not provide details about which client had been active on A4i, or the reason for notification, requiring providers to check each client profile manually.

Data reported in mid-pilot interviews (N=14).

Provider Views of A4i with Clients

Provider Views of Client Reception to A4i

- **Clients Liked A4i:** Overall, providers reported that clients generally liked the A4i platform and several pilot participants chose to stay on the A4i app even after their pilot program officially ended.

> *"Once the first 6-month group completed, more than half of them wanted to stay on for their own wellness. So they've continued on and to me, and that's amazing! That just shows how beneficial and how much they really appreciate and need the app."*
> - Senior Peer Support Specialist

- **Clients Used A4i to Stay Connected to Care:** 71% of providers interviewed mid-pilot reported that clients expressed appreciation that they could use A4i to stay connected to their care team members.

> *"[The client] loves it. He reports every time I've asked him to bring it out. He's like super excited and smiling and like, 'Let me show you this week I did this.'"*
> - Clinical Therapist

> *"[The client] wants to make sure his care team member is aware of what he's got going on the daily […] for him, that's the way that he's able to keep that communication with his care team member, feeling connected."*
> - Peer Support Specialist

Data reported in mid-pilot interviews (N=14).

- **Focus on People with Serious Mental Illness:** Other clients expressed excitement that the RUHS-BH intentionally planned services specifically for people who had serious mental illness.

> *"He says that he's found that this is the first thing he's been really passionate about in a long time […] just being excited in general that 'there's something out there for people like me […] just the fact that the county is doing this is showing me that they care about someone like me.'"*
> - Peer Support Specialist

Provider Views of Client Use of A4i

- **Clients Received Extra Support:** Providers interviewed mid-pilot shared that clients felt that the A4i platform helped them receive extra support from the care team and foster a sense of community with other pilot participants on the A4i newsfeed.
- **A4i Newsfeed:** Though clients could not directly respond to each other on the newsfeed, 88% of providers reported in the follow-up survey that the A4i newsfeed was useful for clients. Similarly, a provider interviewed mid-pilot shared:

> *"[The newsfeed is] a safe community where they can post […] they don't have to worry about being judged and it's a safe environment, because we're approving all of the posts."*
> - Senior Peer Support Specialist

- **Clients Liked Features:** Providers perceived that their clients liked several A4i features:

29% of providers reported that clients liked the emotional regulation toolkits

29% of providers reported that clients liked the sound detection feature

21% of providers reported that clients liked the medication notification

Data reported in mid-pilot interviews (N=14).

Provider Views of Improved Client Outcomes

- **Client Improvements:** 82% of providers reported in the follow-up survey that A4i produced improvements in their clients that they could actually see. Providers interviewed mid-pilot also shared stories of how A4i helped their clients improve.

> *"[My client] was always going into crisis and calling before the A4i and then she started to use the A4i and then the crisis drastically reduced. I believe that A4i was very helpful because it allowed her to do those things to distract herself, and the little hints she said, she liked it, and so it was nice to have the phone app reinforcing the things that I've been working with her on, and because she's on the younger scale […] I think it was more powerful for her to see that the telephone was recommending the same things that I did, so it gave me credibility [laughs]."*
> - Clinical Therapist

Provider Perceived Client Challenges to Using A4i

- **Low Client Engagement:** 29% of providers interviewed mid-pilot identified low engagement of clients with A4i as a challenge. According to providers, clients disengaged with A4i due to general low motivation or circumstances, such as when they were placed in programs that prohibited device use or were unhoused:

> *"They go into different situations that they stop using their phones like they'll either get into trouble and be homeless out on the streets getting into trouble, and they stop using the phone and they'll disconnect like totally from the phone, and it will have to reconnect them, and it kind of takes some time to do to get them back on track."*
> - Clinical Therapist

- **Difficulty with New Device:** 29% of providers interviewed mid-pilot identified having a separate or new A4i device as a challenge for clients. Clients were initially given a RUHS-BH-issued device pre-loaded with A4i and other emotional regulation toolkits. Providers reported that some clients expressed reluctance to having a separate device specifically for A4i or having to learn a new operating system for the A4i Android phone. Others had low digital literacy. However, providers interviewed mid-pilot observed that clients could download A4i on their own personal devices at some point during the pilot.

- **Overwhelming Notifications:** 14% of providers interviewed mid-pilot identified clients feeling overwhelmed by notifications. Some clients felt overwhelmed with the number of daily A4i notifications that they received.

Data reported in mid-pilot interviews (N=14).

Recommendations for A4i

Overall, providers largely felt that A4i would be very successful if implemented in RUHS-BH in the future and provided several recommendations to improve the A4i experience.

- **Technical Recommendations:** Providers interviewed mid-pilot recommended several technical changes to make it easier for them to use A4i with clients.

14% 
of providers recommended notifications provide details about the client and reason for notification

7% 
of providers recommended allowing providers to indicate that a client note was viewed

7% 
of providers recommended developing an A4i app for the provider dashboard

Data reported in mid-pilot interviews (N=14).

- **Implementation Recommendations:** 36% of providers interviewed mid-pilot recommended expanding availability of the platform beyond those with schizophrenia. Based on providers' positive experiences, they also felt that A4i and its resources could benefit additional clients.

LEARNINGS

Learnings from providers in RUHS-BH's A4i pilot included:

- **Providers had positive experiences with A4i.** Most providers (81% in follow-up surveys) perceived A4i positively. They also reported it was easy to use and was useful for their clients.
- **Organizational support for the A4i pilot was important.** Providers reported that senior leadership provided strong support for A4i both during and after the pilot (78% of providers reported in mid-pilot interviews). However, they also reported some barriers at the staff level, such as limited bandwidth.
- **Hands-on practice prepared providers to use A4i with clients.** In the training phase, 57% of providers interviewed mid-pilot reported benefiting from hands-on practice with the A4i dashboard during the training process. While most felt they received adequate training to successfully use A4i with clients, some also desired more formal, longer, in-depth A4i trainings and regular meetings with other colleagues using A4i to maintain engagement and motivation.
- **Providers reported clients benefited from several A4i features.** Most providers perceived that their clients benefited especially from engaging with other participants on the A4i newsfeed, receiving support from staff outside of office hours, and medication reminders. Providers also reported seeing how A4i helped clients improve during the recovery process.
- **Providers encountered largely technology-related challenges when using A4i.** 64% of providers interviewed mid-pilot reported technical issues that posed primary challenges when implementing A4i, including platform glitches, inability to see the reasons for receiving notifications, and clients' lack of familiarity with technology.
- **Providers made both technical and programmatic recommendations to improve the A4i experience.** Several suggested technical changes, such as an easy way to see reasons for notifications and a provider-specific dashboard. In addition, they recommended integration of A4i into daily workflows, support with regular check-ins, and expansion to other groups.
- **Providers reported optimism about a future A4i implementation.** Providers largely felt that both leadership support and mechanisms in place sustained successful A4i implementation after the pilot, especially after addressing technical issues.

HEADSPACE EVALUATION

Description	An app to improve mental wellness through evidence-based meditation and mindfulness tools.

At-a-Glance in Help@Hand

Activity	Evaluation
Tech Exploration (completed) City of Berkeley, Los Angeles County, Mono County, Riverside County, San Francisco County, San Mateo County, Santa Barbara County, Tri-City	This section presents evaluation findings from early technology testing of Headspace with Transitional Aged Youth (TAY) in San Mateo County in October 2020. Data collection efforts included a survey and focus group collected by San Mateo County and analyzed by the Help@Hand evaluation team. Findings from a market scan with Headspace can be found on page 201. Evaluation data was not available from other tech explorations.
Pilot (planned) Los Angeles County, San Francisco County **Pilot (completed)** Santa Barbara County	This section presents evaluation findings from participants in Santa Barbara County's Headspace pilot. Data collection efforts included the following: *Pilot Participant Evaluation* • Survey with pilot participants collected and analyzed by Santa Barbara County in collaboration with the Help@ Hand evaluation team between June-September 2021 No pilot evaluation data was collected or analyzed from Los Angeles or San Francisco Counties.
Implementation (discontinued) San Francisco County **Implementation (completed)** City of Berkeley, Los Angeles County, San Mateo County, Santa Barbara County	This section also presents evaluation findings from consumers in the Headspace Implementation by the City of Berkeley, Los Angeles County, San Francisco County, San Mateo County, and Santa Barbara County. Data collection efforts included the following: *Consumer Evaluation* • App data provided by Headspace • Consumer surveys collected and analyzed by the Help@ Hand evaluation team between July 2021-October 2023 The spotlight on page 91 and Appendix D has additional evaluation data for the City of Berkeley's Headspace implementation. Evaluation data from the use of Headspace in Santa Barbara County's Mommy and Dads Connecting to Wellness are on page 274 and 280.

INTRODUCTION

Headspace is an evidence-based meditation and mindfulness app that aims to help people create life-changing habits to support mental health and wellness.

This section presents evaluation data collected across various County/City efforts. Early technology testing surveys (N=5) and focus groups (N=3) were conducted with San Mateo County TAY in October 2020. Pilot testing surveys (N=19) were conducted with Santa Barbara County pilot participants between June-September 2021. During Headspace implementation, app data was collected and surveys (Survey 1 N=2,915; Survey 2 N=1,342) were conducted with City of Berkeley, Los Angeles County, San Francisco County, San Mateo County, and Santa Barbara County consumers between July 2021-October 2023.

Some of the early technology testing and pilot testing include a small number of participants, and learnings should be used to provide insight into valuable information, rather than be used to generalize beyond these specific contexts.

KEY TAKEAWAYS

San Mateo County Tech Exploration: Early Technology Testing (June-October 2020)

Initial Perceptions of Headspace: TAY Tech Exploration participants found Headspace easy to use, visually pleasing, and useful for their daily lives. However, the content did not always meet the users' needs and some users experienced cultural and language barriers.

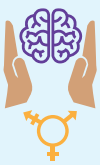
Santa Barbara County Headspace Pilot: Pilot Participant Evaluation (June-September 2021)

Likeability and Usefulness of Headspace: Pilot study participants found Headspace easy to use and would recommend Headspace to a friend. However, reviews were mixed on if Headspace met their mental and wellness needs, provided support when stressed, or respected cultural differences.

City of Berkeley, Los Angeles County, San Francisco County, San Mateo County, and Santa Barbara County Headspace Implementation: Consumer Evaluation (July 2021-October 2023)

Users and Abandoners: Current users were more likely to report mental health concerns than abandoners. Abandoners tended to be older and more highly educated.

Mental Health by Gender Identity: Consumers who identified with a gender identity other than male or female were initially more likely to report experiencing mental health challenges, scored higher on distress and loneliness, and experienced significantly higher levels of mental health stigma compared to self-identified female and male consumers at the time of Survey 1, which was first sent in July 2021 to all consumers who had signed up for Headspace up until that point and then was sent to every new consumer within one week of signing up.



Mental Health by Age: Consumers aged 18-25 were more likely to initially report having experienced mental health challenges, scored higher on distress and loneliness, experienced higher levels of mental health stigma, and were less likely to know when to ask for help. Compared to other age groups, they disagreed more on being able to live the life they wanted to at the time of Survey 1, which was first sent in July 2021 to all consumers who had signed up for Headspace up until that point and then was sent to every new consumer within one week of signing up.

Reasons for Not Using Headspace: Consumers reported abandoning their use of Headspace because they were engaged with other strategies and tools for their mental health or they just wanted to try out Headspace briefly.

Headspace User Experience: Consumers who self-identified as female rated Headspace's usefulness the highest. Compared to consumers aged 18-25 years, consumers aged 60+ years self-reported using Headspace significantly more but also rated the usefulness of the app significantly lower.

Benefits of Using Headspace: Confidence to seek mental health services improved over time, fewer users reported moderate to severe distress and loneliness over time, and symptoms of distress decreased over time.

SAN MATEO COUNTY TECH EXPLORATION: EARLY TECHNOLOGY TESTING (June-October 2020)

DEMOGRAPHICS

Participant Demographics

Five Transitional Aged Youth (TAY) participated in surveys (N=5) and three TAY participated in focus groups (N=3) to provide stakeholder feedback for Headspace. Focus groups occurred in October 2020. Focus group participants used the technology for 1-6 hours and gave feedback on their experience with Headspace.

TAY (N=4)[112]	
	**Age** Between 15-20 years old The average age was 17.0 years old with a standard deviation of 2.4 years
	**Gender** **4** Female/Woman
	**Race** **2** Latina/o/x/Hispanic **1** Black/African American 1 Asian
	**Preferred Language** **3** English **1** Spanish
	**Sexual Orientation** 4 Identified as Straight/Heterosexual
	**Education** 2 Some High School 1 Completed High School 1 Some College

[112] One TAY participant did not take the demographic survey

TAY (N=4)	
	**Annual Household Income** 2 Less than $30,000 1 Don't Know 1 Declined to answer
	**Mental Health Challenges** 1 Experienced mental health concerns 1 Had not experienced mental health concerns 2 Declined to answer/Skipped question
	**Additional Support or Accommodations** 3 Did not need assistance or physical accommodations 1 Declined to answer/Skipped question

LEARNING GOAL #1

What were the initial perceptions of Headspace during the early technology testing?

Initial Perceptions of Headspace

The TAY shared the following perceived strengths and weaknesses in the surveys and focus groups.

Perceived Strengths

- **Easy to use and navigate** the large amount of information available on the application, due to the color-coding of topics, which guided users through the material

> "I still need to get comfortable with [Headspace] because there's a lot on there, but it's not difficult. I think even [though] there's a lot you can navigate it. They ask [what] you want to focus on and explore. Whereas [myStrength] just give you lots of options and you don't know where to go or what to choose. The colors and animations help on Headspace too."
> -TAY Tech Exploration Participant

Perceived Weaknesses

- **Content did not always meet needs**, as it was sometimes deemed to be too specific and didn't have frequent check-ins

> "I agree about having the topic range. [Headspace tries] to connect body, mind, and spirit...For community stories, the only story right now is grief. Maybe they can add other issues. We're all facing different issues right now. Having the community story reflect on how we are constantly going through different shocks in the story could be more relatable."
> -TAY Tech Exploration Participant

Perceived Strengths

- **Few barriers** experienced by participants, and users reported easily moving between devices to access the application
- **Visually pleasing**, which participants noted kept them engaged with the application

> "When though there is a lot of information, [Headspace] is color coded and organized for the user in a helpful way."
> -TAY Tech Exploration Participant

- **Useful in daily life** due to the variety of content offered
- **Offers content in different languages**, though not all of the content is translated

> "A lot of the languages are European based. It's a start though and incorporates many of the major languages used in the world."
> -TAY Tech Exploration Participant

- **Relatively high cultural sensitivity rating** and included content involving different racial groups

> "I really enjoyed that [Headspace] put Black and Brown bodies and voices... When I logged in, I had a story of a BIPOC meditation establishment in Brooklyn. And then the WNBA too. You saw all the different range of how People of Color are featured on the app. I watched the stress release video workout, and it was led by a black woman. But for the meditation, you're only able to choose a gender and you're not able to choose a voice for the core meditation. The videos have a lot more range to choose from."
> -TAY Tech Exploration Participant

- **Few privacy concerns**

Perceived Weaknesses

> "I think it's interesting how [Headspace] had the one survey in the beginning, and then I think it's monthly. I like daily check ins, but they don't have that. But people can always find something to do on the app."
> -TAY Tech Exploration Participant

- **Content was not always accessible by all users** due to the resources required to participate in an activity
- **Cultural and language barriers prevented deeper engagement**

> "I was surprised that [Headspace] didn't have Chinese. I think they're missing a large demographic. I was also surprised they didn't have Move for the Spanish version."
> -TAY Tech Exploration Participant

> "The language and culture barrier prevents [me] from completely diving into using Headspace."
> -TAY Tech Exploration Participant

LEARNING GOAL #2

What were initial experiences with Headspace during early technology testing?

Initial Experience with Headspace

Participants were asked on the survey how much they agreed on a scale from 1-Strongly Disagree to 5-Strongly Agree about their experience using Headspace. Most users found Headspace enjoyable and would continue to use Headspace. However, most users found that Headspace did not allow them to connect with others.

	% of participants who "agreed" or "strongly agreed" (N=5)
Agreed that they would continue to use Headspace	80%
Agreed that using Headspace would make them more likely to access mental health services	80%
Accessed Headspace on their smartphone	60%
Found Headspace to be enjoyable	60%
Agreed that they would tell their friends and family about Headspace	60%
Found that Headspace allowed them to connect with others	20%

SANTA BARBARA COUNTY HEADSPACE PILOT: PILOT PARTICIPANT EVALUATION
(June-September 2021)

Santa Barbara Behavioral Wellness Headspace App Pilot Study

Behavioral Wellness Research & Evaluation

BACKGROUND

Headspace was offered to Behavioral Wellness clients and staff to explore its potential to meet the needs of Santa Barbara target population clients. This exploration was part of the Help@Hand project, which is funded by the Mental Health Services Act through Prop 63. Headspace is a mobile application that can be used on a smartphone, tablet, wearable, smart speaker or desktop to explore guided exercises, videos and articles. The pilot study began in June 2021 and lasted until September 2021.

PURPOSE

To understand participants perception of the Headspace mobile application and feasibility of using the app to meet the needs of Santa Barbara target population clients (e.g., receiving crisis services, clients living in geographically isolated communities) and staff.

DESCRIPTION OF PILOT

From June-September 2021, approximately 60 people took part in the Headspace Pilot study. Participants included Behavioral Wellness clients (Transition Age Youth, Crisis Residential Treatment), Peer Empowerment Conference attendees and Staff. Participants were provided licenses to Headspace that they could then access via their personal cell phone, county issued iPhone, county issued android, or desktop computer.

EVALUATION OF PILOT

To evaluate the likeability and usefulness of the Headspace app a brief survey via SurveyMonkey participants were invited to participate via an email or survey link. To increase the survey response rate, weekly reminders were sent to participants. Additionally, a Help@Hand team member called and emailed Headspace pilot participations. The survey was aligned with evaluation efforts from the Help@Hand Evaluation team. The Behavioral Wellness internal evaluation team worked with the Help@Hand evaluation team to receive feedback on the survey and compare it to the broader evaluation of Headspace within Help@Hand. The survey asked participants to rate their experience using Headspace on seven questions using a Likert-type scale from Strongly disagree (1) to Strongly agree (5).

RESULTS

A total of 19 participants completed the survey of the approximately 60 pilot participants (32.7%). Participants were consistent in endorsing that Headspace was easy (94.4% somewhat or strongly agree) and that they would recommend Headspace to a friend (94.7% somewhat or strongly agree). Participants were more mixed in their assessment of whether Headspace met their mental and wellness needs, provides support when they are feeling stressed, or respects cultural differences. However, even in these questions the majority of participants agreed that Headspace was useful in these regards or had these qualities. As such, these results support the promise of Headspace while noting some areas where some participants expressed less enthusiasm.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
(1) I think Headspace is easy to use.	1 (5.6%)	0 (0.0%)	0 (0.0%)	4 (22.2%)	13 (72.2%)
(2) Headspace meets my mental health and wellness needs.	0 (0.0%)	3 (15.8%)	2 (10.5%)	7 (36.8%)	7 (36.8%)
(3) I find Headspace useful in my daily life.	1 (5.6%)	1 (5.6%)	1 (5.6%)	6 (33.3%)	9 (50.0%)
(4) Using Headspace makes me feel like I have more support when I am feeling stressed.	1 (5.6%)	0 (0.0%)	3 (16.7%)	7 (38.9%)	7 (38.9%)
(5) Headspace values and respects cultural differences.	1 (5.6%)	0 (0.0%)	3 (16.7%)	9 (50.0%)	5 (27.8%)
(6) I have the resources necessary to use Headspace.	1 (5.3%)	1 (5.3%)	1 (5.3%)	5 (26.3%)	11 (57.9%)
(7) I would recommend Headspace to a friend.	1 (5.3%)	0 (0.0%)	0 (0.0%)	3 (15.8%)	15 (78.9%)

Note: some participants skipped some questions, percentages are based on the number of respondents for that question.

CITY OF BERKELEY, LOS ANGELES COUNTY, SAN FRANCISCO COUNTY, SAN MATEO COUNTY, AND SANTA BARBARA COUNTY HEADSPACE IMPLEMENTATION: CONSUMER EVALUATION (July 2021-October 2023)

Current Users and Abandoners

The implementation consumer evaluation included data from Headspace and consumer surveys. Consumers completed two surveys about their use of Headspace and experience of mental health challenges. In both Survey 1 and Survey 2, more current users completed the surveys than abandoners.

Current Users: Consumers who indicated they were using Headspace when they completed Surver 1 and/or Survey 2

Abandoners: Consumers who indicated they used Headspace, but were no longer using it when they completed Survey 1 and/or Survey2

	Description	 Current Users	 Abandoners
Implementation Consumer Survey 1 (N=2,915)*	A survey of consumers to assess their experience with Headspace. Survey 1 was first sent in July 2021 to all consumers who had signed up for Headspace up until that point and then was sent to every new consumer within one week of signing up.	**77%** of consumers completing Survey 1 were current users[113] (N=2,317)	**20%** of consumers completing Survey 1 were abandoners (N=598)
Implementation Consumer Survey 2 (N=1,342)*	A follow-up survey of consumers to learn about their ongoing use of Headspace and any self-reported changes that might have occurred over time. Survey 2 was sent to consumers one-month after they started Survey 1.	**80%** of consumers completing Survey 2 were current users (N=1,079)	**18%** of consumers completing Survey 2 were abandoners (N=239)

*Data for an additional 104 respondents who reported that they never used Headspace was removed from these analyses.

[113] Survey responses might be more biased towards people who are using Headspace.

DEMOGRAPHICS

Implementation Consumer Survey 1

Below are the demographics of current users and abandoners who completed Survey 1. Current users were significantly more likely to report mental health concerns than abandoners,[114] while abandoners were older[115] and more highly educated.[116]

Current Users (N = 2,317)		Abandoners (N = 598)
Age **12%** aged 18-25 years old **82%** aged 26-59 years old **6%** aged 60+ years old		**Age** **9%** aged 18-25 years old **81%** aged 26-59 years old **9%** aged 60+ years old
Ethnicity **46%** Non-Hispanic White **18%** Hispanic/Latino/a/x **15%** Asian **21%** Other/Prefer not to answer		**Ethnicity** **43%** Non-Hispanic White **18%** Hispanic/Latino/a/x **20%** Asian **20%** Other/Prefer not to answer
Gender **73%** Female **23%** Male **2%** Genderqueer/Gender Non-Conforming/Non-Binary **2%** Other/Prefer not to answer		**Gender** **72%** Female **21%** Male **3%** Genderqueer/Gender Non-Conforming/Non-binary **4%** Other/Prefer not to answer
Mental Health **75%** Experienced mental health concerns		**Mental Health** **70%** Experienced mental health concerns
Highest Education Level **3%** High school **9%** Some college **5%** Associate's degree **80%** Bachelor's, graduate and/or professional degree **3%** Other/Prefer not to answer		**Highest Education Level** **2%** High school **6%** Some college **3%** Associate's degree **85%** Bachelor's, graduate and/or professional degree **3%** Other/Prefer not to answer

Implementation Consumer Survey 2

The demographics of current users and abandoners for Survey 1 and 2[117] were largely similar, except those completing Survey 2 were slightly older than those completing Survey 1.[118]

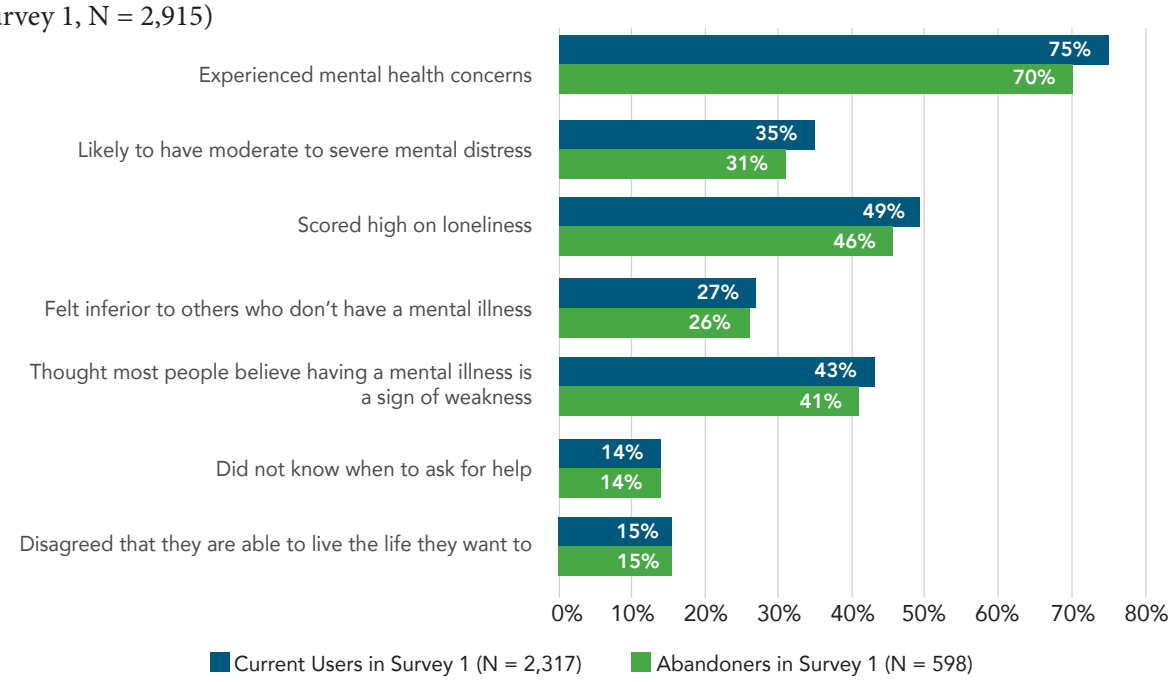
[114] Current users were significantly more likely to report having mental health problems, p = 0.02.
[115] Abandoners were more likely to report being 60+ years old, p = 0.02.
[116] Abandoners were more likely to have a Bachelor's degree or higher, p= 0.04.
[117] Survey 2 demographics only included respondents who completed both Survey 1 and 2.
[118] Survey 2 respondents were more likely to report being 60+ years old, p = 0.004.

LEARNING GOAL #1

What factors influenced if a person downloaded Headspace and used it over time?

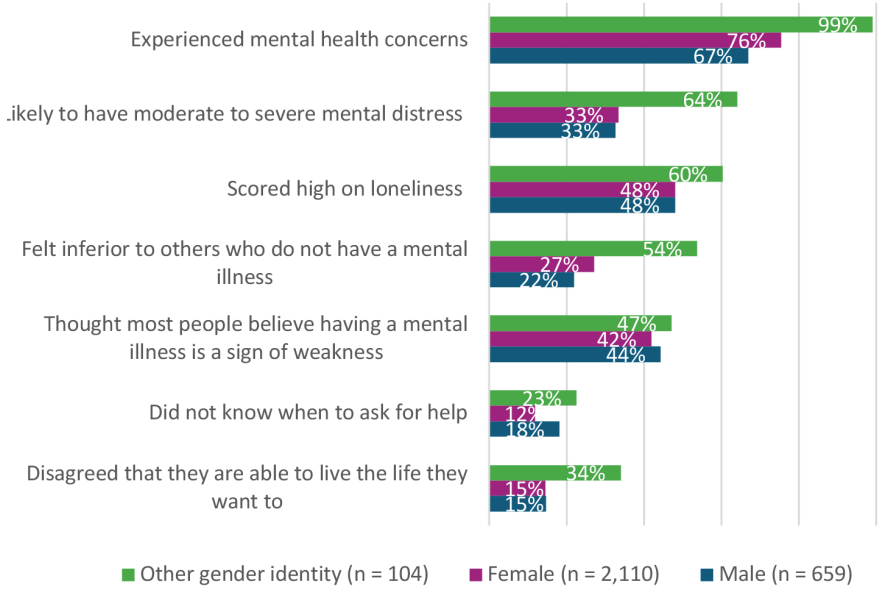
Initial Reported Mental Health Symptoms and Stigma

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



Findings by Gender

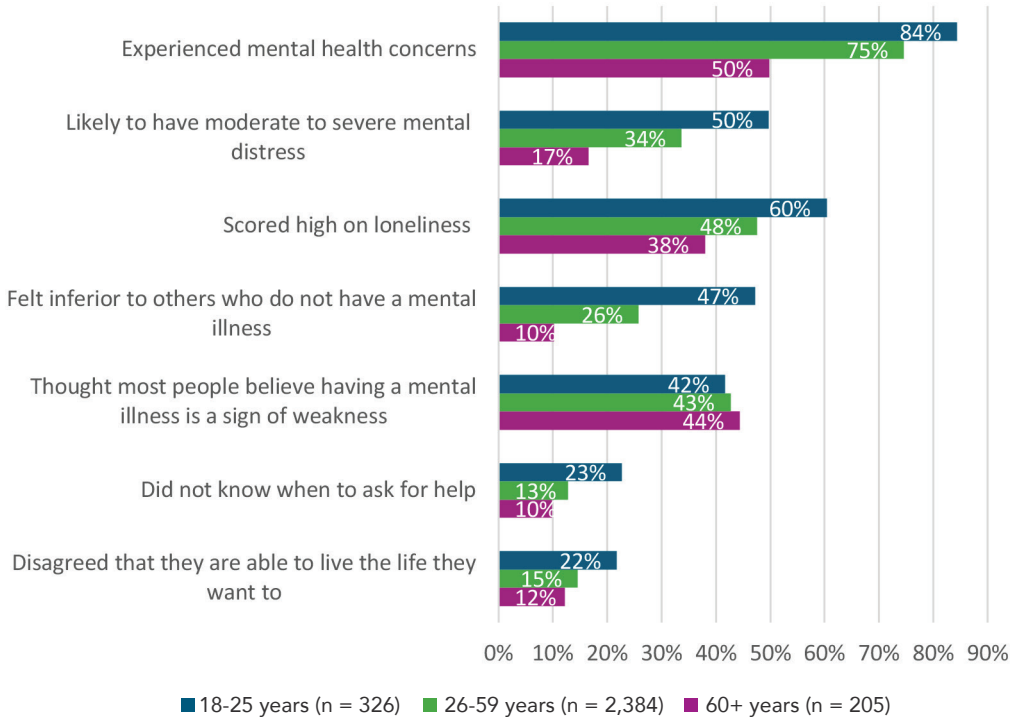
Consumers who self-identified as Other on the gender identity question scored significantly higher on mental health concerns at the time of Survey 1 compared to female and male consumers (e.g., they were more likely to report experiencing mental health challenges and scored higher on distress and loneliness). They also experienced significantly higher levels of mental health stigma (e.g., felt inferior to others who did not have a mental illness and disagreed they were able to live the life they wanted to). (Survey 1, N=2,875)



*Individuals who did not answer the demographic question regarding gender were excluded from the analysis by gender (n=40).

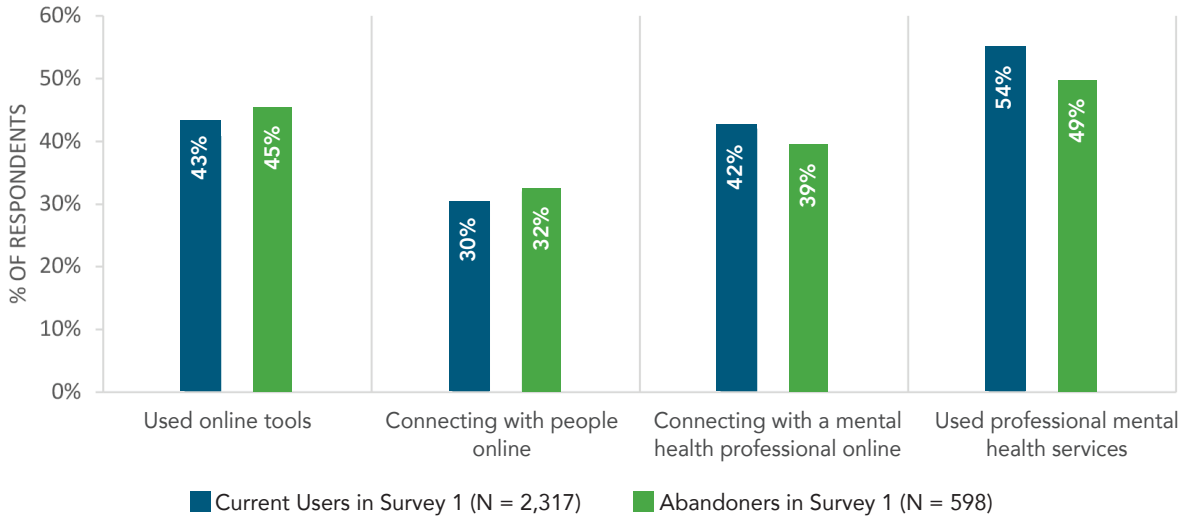
Findings by Age

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



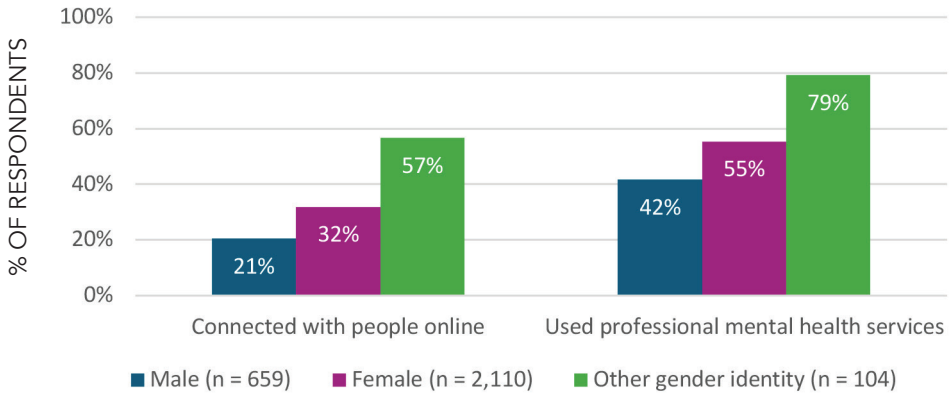
Initial Reported Use of Mental Health Resources Other Than Headspace

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



Findings by Gender

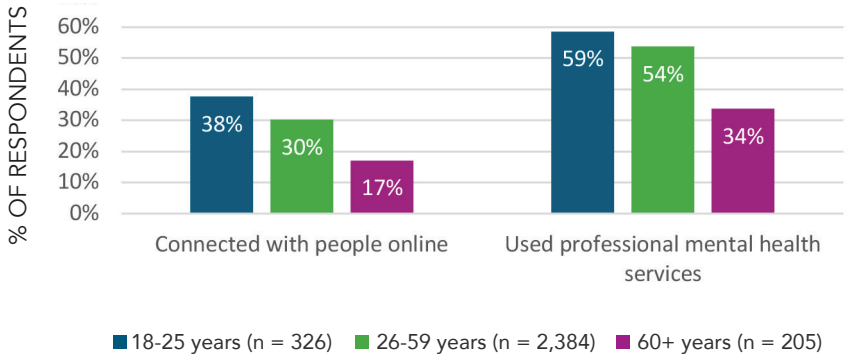
Consumers who self-identified with another gender identity used mental health resources other than Headspace significantly more in the past 12 months than male or female consumers at the time of Survey 1 (e.g., connected with people online and made use of professional mental health services). (Survey 1, N=2,875)



*Individuals who did not answer the demographic question regarding gender were excluded from the analysis by gender (n=40).

Findings by Age

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



LEARNING GOAL #2
How was Headspace used?

Number of People who Enrolled in Headspace

The number of people enrolled in Headspace in each County/City varied considerably with a range of 537 to 38,286.

County/City	Headspace Implementation Dates	Core Audiences	Number of People who Enrolled in Headspace (as of September 2023)
City of Berkeley	October 2021–September 2023	All City residents	7,312
Los Angeles County	April 2020–March 2023	All County residents	38,286[119]
San Francisco County	March 2021–March 2022[120]	All County residents	537
San Mateo County	September 2020–September 2021	All County residents	3,292
Santa Barbara County	October 2021–September 2023	All County residents with focus on: • Transitional Age Youth (TAY) • Geographically isolated individuals • Clients receiving crisis support from the Department of Behavioral Wellness	2,583

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

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

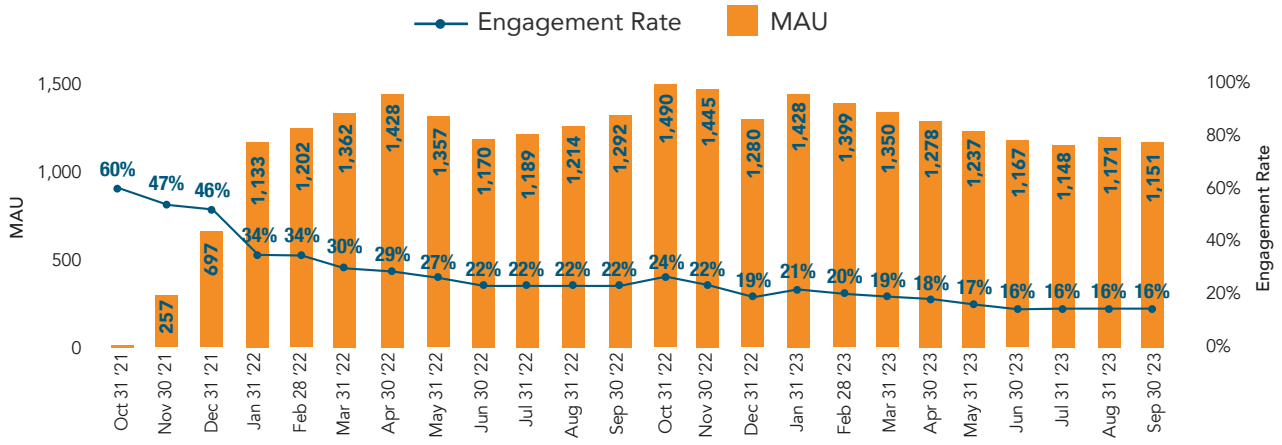
Monthly Active Users (MAU) and Monthly Engagement Rate

MAU refers to the number of unique devices that had at least one session (e.g., opened the app) in a monthly period. Monthly engagement rate refers to the percentage of enrolled Headspace members who engaged with at least one piece of content in Headspace in the month. Both MAU and engagement rates varied for each County/City due to their implementation efforts as shown in the figure below.

MAU and Engagement Rates by County/City

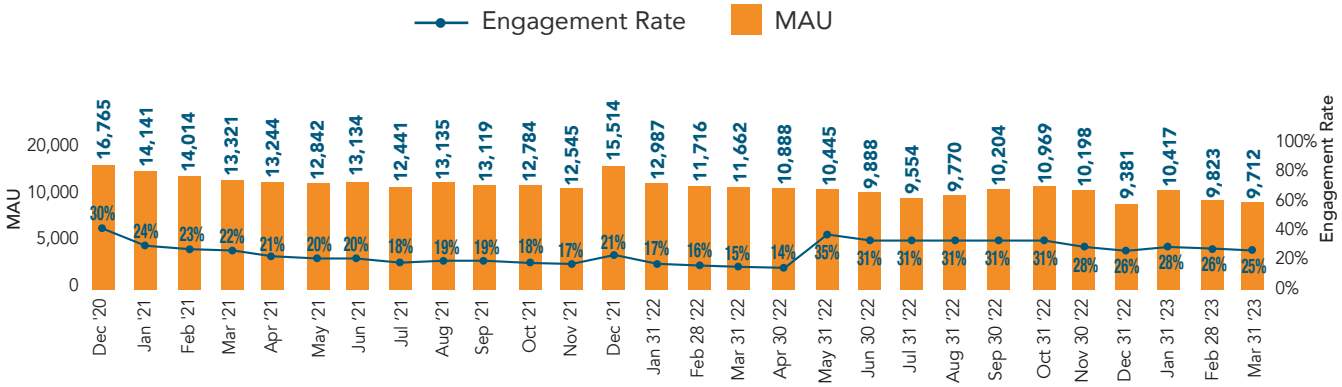
City of Berkeley

The City of Berkeley first made Headspace available in October 2021. In early 2022, the MAU increased as a result of additional licenses purchased and increased marketing efforts. Beginning in April 2022, both the engagement rate and MAU slowly decreased and increased throughout the year. During the last year of implementation, the engagement rate and MAU started to decline and level off.



Los Angeles County

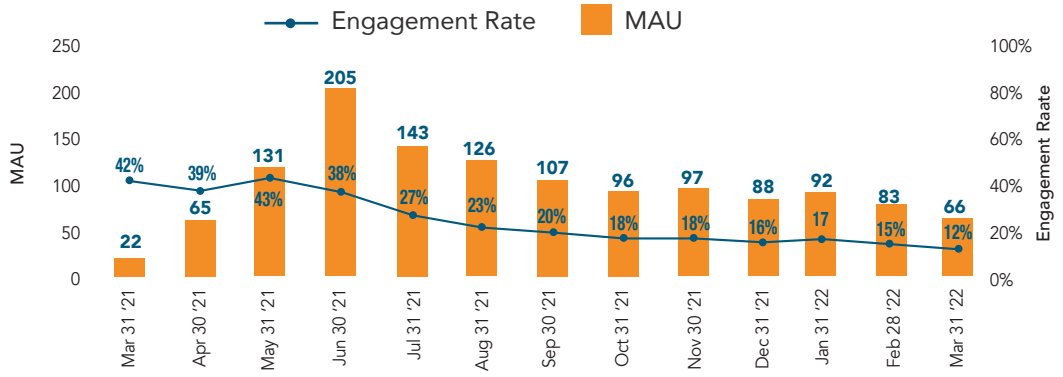
Los Angeles County had two time periods where engagement rate was at 30% or higher during its implementation. One time period was in December 2020 and the other time period was between May 2022-October 2022. After a local peak of MAU in December 2021, the number of MAU decreased and leveled off, while engagement rates peaked in May 2022 before decreasing and leveling off.



** Data from April 2020-November 2020 was not available.*

San Francisco County

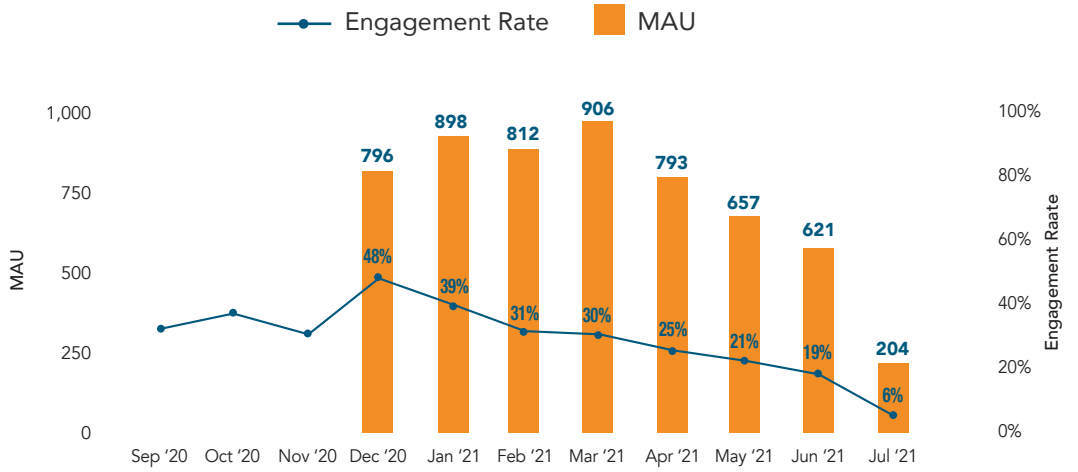
San Francisco County had its highest number of MAU in June 2021. The County's engagement rate was at its highest in May 2021 and slowly declined as it neared the discontinuation of Headspace in February 2022.



**San Francisco County paused enrollments of new members in June 2021.*

San Mateo County

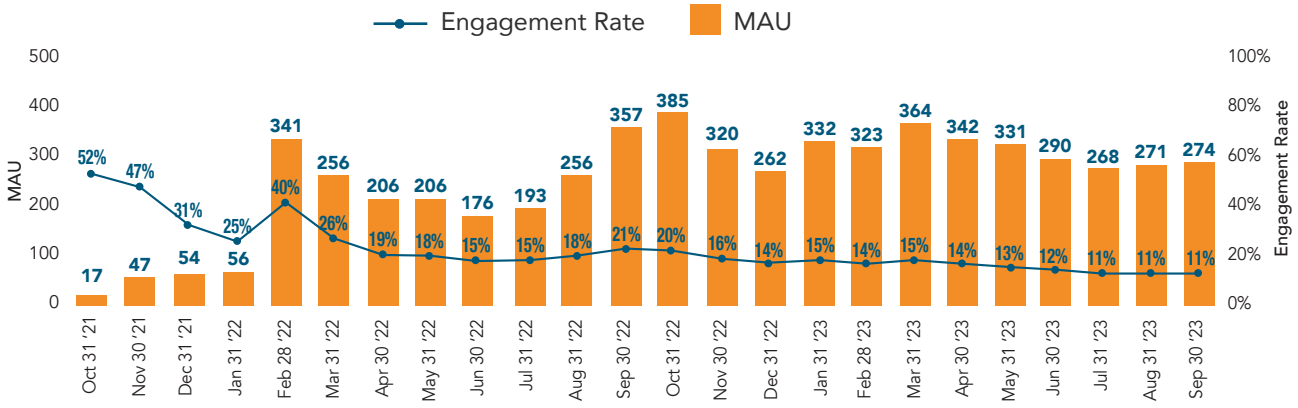
San Mateo County had its highest MAU in March 2021 and the highest engagement rate in December 2020. Engagement rate appeared to decrease consistently during the period of implementation.



**The last available engagement report was from July 2021.*

Santa Barbara County

Santa Barbara County had a marked increase in MAU and engagement rate in February 2022. This increase resulted from the County installing Headspace on tablets in their clinic lobbies. Similarly, between July-October 2022, MAU had an upward trend when the county worked with Uptown Studios. MAU continued to decrease and increase from November 2022 until the end of the County's implementation in October 2023.



Engagement by Content Type

The figure below shows the number of Headspace members in each County/City engaging with each section in Headspace. This detailed understanding of app use might support marketing, messaging, and integration with County/City services.

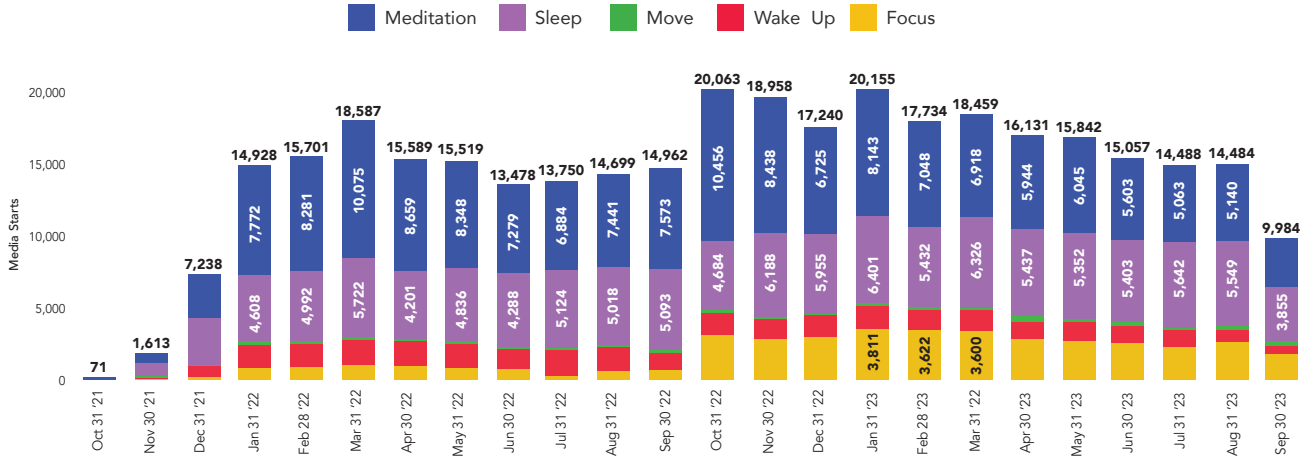
The Headspace sections included:

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

Number of Times Headspace Members Engaged with Specific Content by County/City

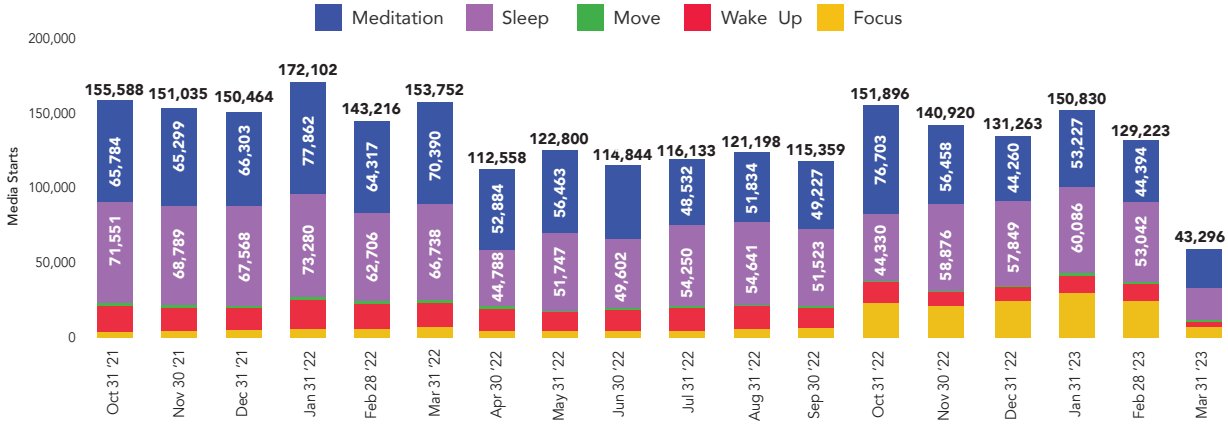
City of Berkeley

In 2022, the meditation content was used most. This trend continued until July 2023 when the sleep content was used more frequently until the end of the implementation.



Los Angeles County

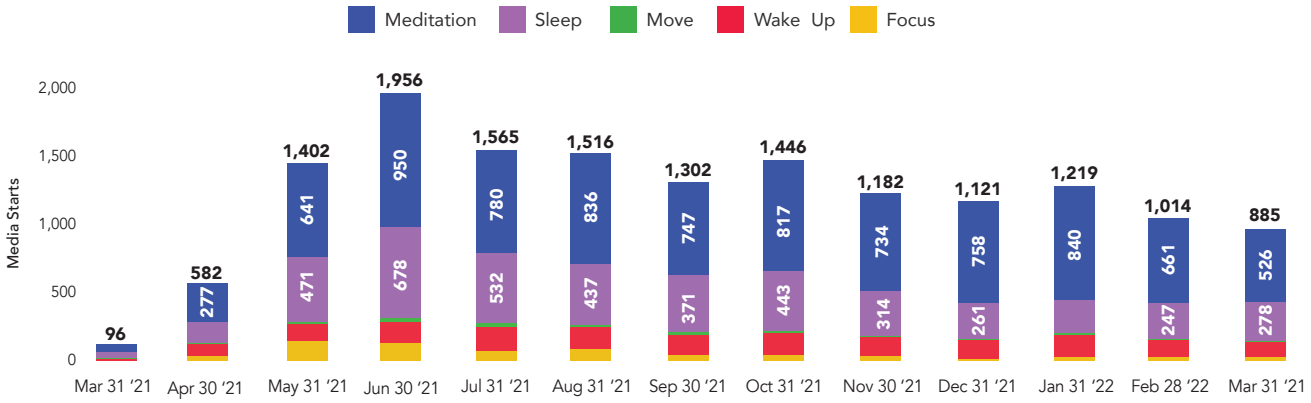
Both sleep and meditation were used the most in Los Angeles County during its Headspace implementation. From October 2022-February 2023, there was a increase in the focus content.



**Data from April 2020-November 2020 was not available.*

San Francisco County

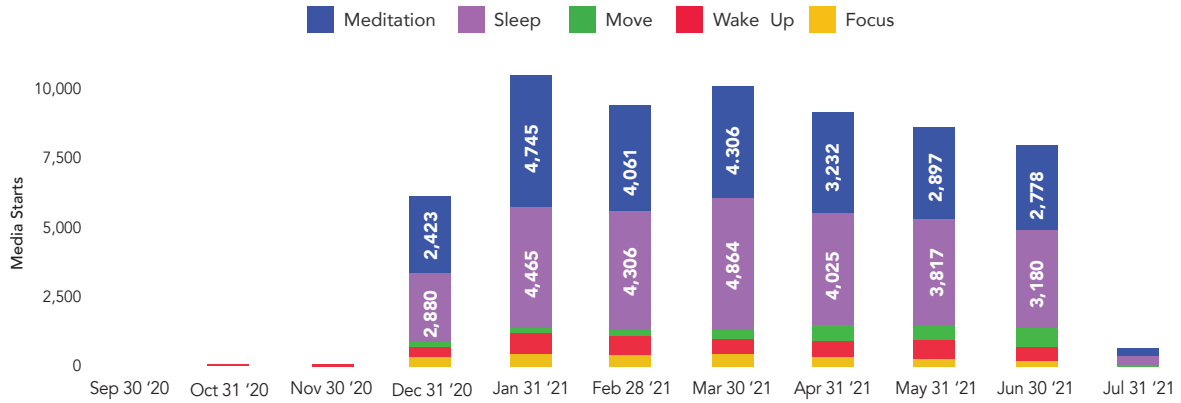
During San Francisco's Headspace implementation, the meditation content was used most followed by the sleep content.



**Note that San Francisco paused enrollments of new members in June 2021*

San Mateo County

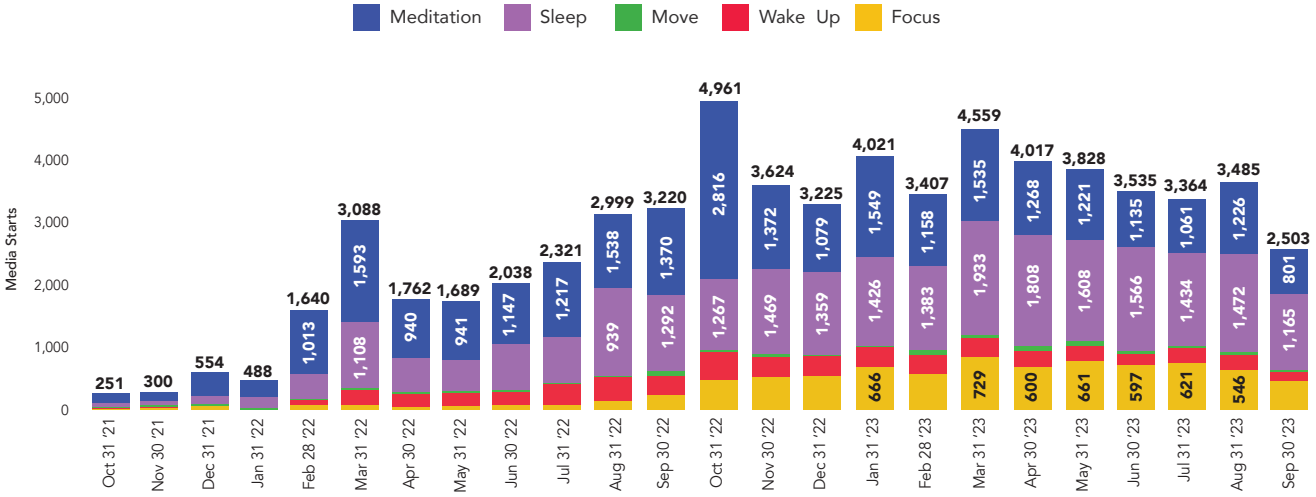
During San Mateo County's Headspace implementation, the sleep content was used most frequently amongst members.



**The last available engagement report was from July 2021.*

Santa Barbara County

Meditation and sleep content were used the most in the County from the beginning of their Headspace implementation in October 2021 until the end of the County's Headspace implementation. In addition, the County had a spike in the meditation content in October 2022.



Frequency of Headspace Use

In Survey 1, current users reported using Headspace more frequently than abandoners. Sixty-five percent of current users used Headspace daily or several times a week while 33% of abandoners used Headspace daily or several times a week before they abandoned Headspace. (Survey 1, N=2,915)

Findings by Gender

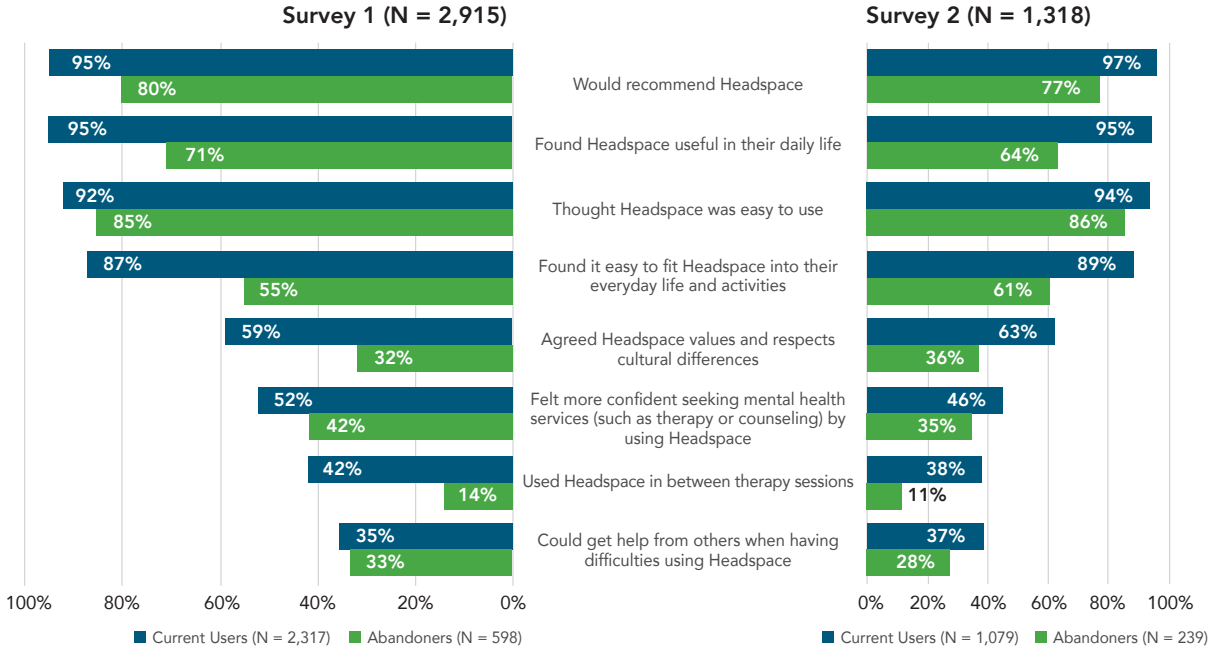
There were no gender differences in how frequently consumers used Headspace. (Survey 1, N = 2,875)[121]

Findings by Age

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

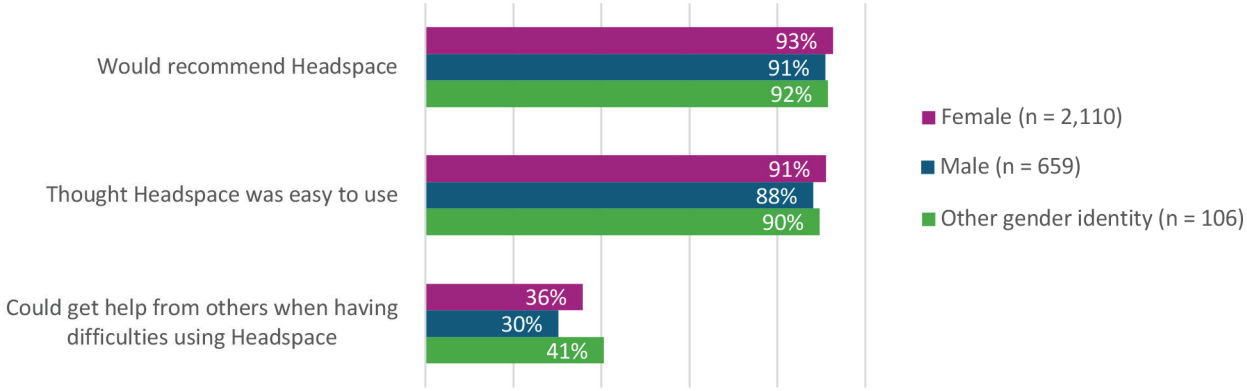
Headspace Experience

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



Findings by Gender

Overall, consumers who self-identified as female rated Headspace's usefulness the highest, and significantly higher compared to consumers who self-identified as male (e.g., they found it easier to use and could more easily get help from others if they had difficulties using Headspace). (Survey 1, N=2,875)

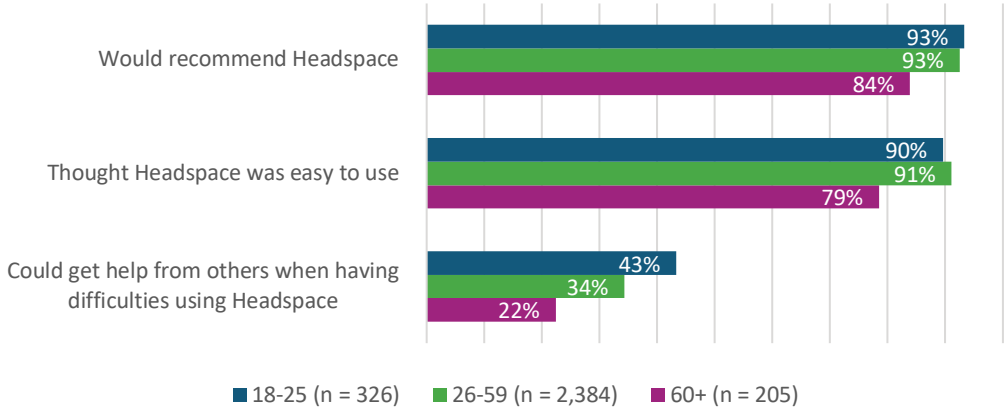


*Individuals who did not answer the demographic question regarding gender were excluded from the analysis by gender (n=40).

[121] Individuals who did not answer the demographic question regarding gender were excluded from the findings by gender analyses (n=40)

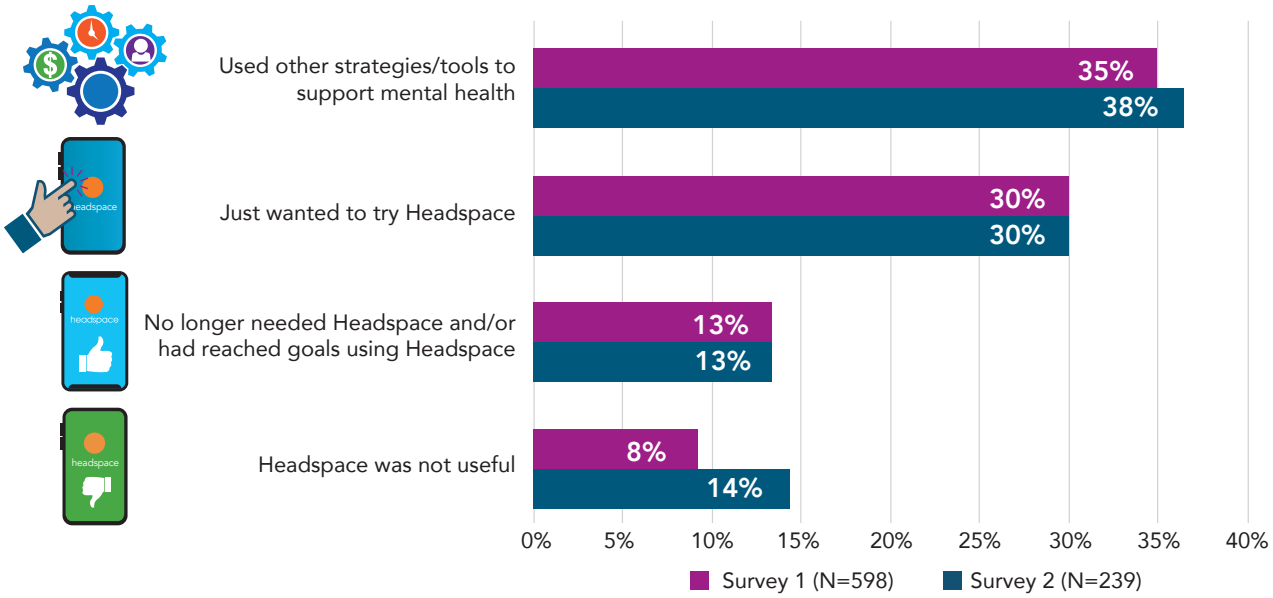
Findings by Age

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



Reasons for Not Using Headspace

Abandoners stopped using Headspace because they were using other strategies/tools or they just wanted to try out Headspace to support their mental health. These reasons were cited in Survey 1 (N=598) and Survey 2 (N=239).



Findings by Gender (Survey 1, N = 598)

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

Findings by Age

Among consumers who abandoned Headspace, those aged 60+ years were more likely than consumers aged 26 to 59 years to state "Headspace was not useful" and "Use of other strategies/tools to support mental health" as reasons for no longer using Headspace. (Survey 1, N=598)

LEARNING GOAL #3
What were the potential benefits of using Headspace?

Changes in Mental Health Service Seeking

Improved	**Confidence to seek mental health services, such as therapy and counseling, improved** by almost half of current Headspace users and remained consistent across surveys (N=947, Survey 1=52%, Survey 2=46%).

Improvement in Mental Health Symptoms

Distress Level Improved	**Fewer current users reported moderate to severe distress**[122] **over time**. The percentage of current users reporting moderate to severe distress decreased from 30% to 26% (N=947).
Distress Score Improved	**0.38** Distress scores were **reduced by 0.38 points** over time, on average[123]. This indicates that mental health symptoms improved for users (N=947, p<0.01)

Changes in Purpose, Belonging, and Social Connectedness

Loneliness Level Improved	**Fewer current users reported high levels of loneliness**[124] **over time.** The percentage of current users reporting high levels of loneliness decreased from 48% to 40% (N=947).
Loneliness Symptoms Not changed	There was **no significant change** in symptoms of loneliness over time (N=947, p=0.06)

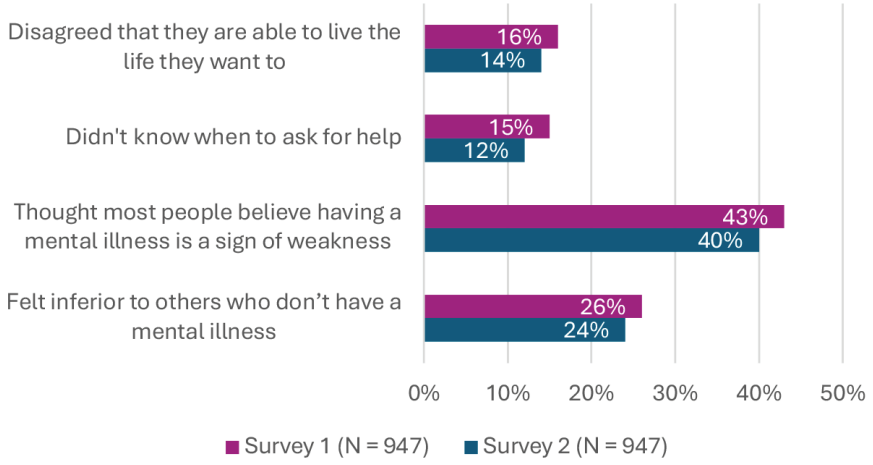
[122] Distress was measured using the Kessler Psychological Distress Scale. Participants were asked to rate ten statements thinking about the past 30 days (e.g., "During the last 30 days, about how often did you feel tired out for no good reason?") on a 5-point Likert scale ranging from None of the time (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.)

[123] Survey 1: Mean = 21.6, SD = 7.5, Survey 2: Mean =21.1, SD = 7.2, p<.01.

[124] 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'.

Changes in Mental Health Stigma

In general, there were no significant improvements in mental health stigma among Headspace users over time.



LEARNINGS

Learnings from the Headspace implementation's consumer evaluation included:

Learnings from Headspace App Data

- **Both monthly active users and engagement rates showed periods of fluctuation and stability.** Generally, rates tended to fluctuate as Counties launched their programs and then found stability through the end of the implementation. In Counties with shorter implementations, there was less stability.
- **Headspace's sleep and meditation content gained popularity over time.** The sleep and meditation content experienced a spike in usage in 2023. Considering its growing popularity, emphasizing this content in marketing could be beneficial.
- **Marketing vendors could help increase enrollment of new users through various advertisement efforts, like through flyers, radio ads, and community outreach.** For example, Santa Barbara County's MAU's had an upward trend between July-October 2022 when the County worked with Uptown Studios, a marketing firm.

Learnings from Headspace Consumer Surveys

- **Consistency in Headspace experience.** Over 90% of consumers who continued to use Headspace had a positive experience with the app; this trend remained across surveys. These findings indicate that people's experience remained stable.
- **Providing technology support.** Only a third of consumers said they could get help from others if they had difficulties using the app. This finding indicated that there was a need to provide additional support for those experiencing difficulties with the app.

- **Reasons for abandoning Headspace.** The most common reasons for abandoning Headspace were that people were already using other strategies to support their mental health and/or no longer needed Headspace. The trend remained across surveys. This suggested that abandonment of Headspace may not have been related to a negative experience with Headspace, but that consumers may already have had strategies in place or access to other resources that were helpful.
- **Headspace as a mental health resource.** Over half of consumers experienced mental health challenges, as reported in Survey 1, and current users were significantly more likely than abandoners to report having mental health problems. These findings suggest that Headspace may continue to be used by those with higher mental health concerns who also had a need for mental health resources.
- **Demographic differences.** While female consumers rated Headspace the highest, those who identified with a gender identity other than male/female scored higher on mental health concerns and stigma and more frequently used other mental health resources. Additionally, older consumers used Headspace the most but rated it the lowest and used other mental health resources less. Younger consumers aged 18-25 years scored higher on mental health concerns and stigma. These findings highlight the importance of considering how people's socio-demographic characteristics may differentially influence their needs and interactions with the product.
- **Benefits of using Headspace.** Consumers reported improved confidence to seek mental health services over time, fewer users reported moderate to severe distress and loneliness over time, and symptoms of distress decreased over time. However, there was no significant change in symptoms of loneliness over time nor significant improvements in mental health stigma.

iPREVAIL EVALUATION

Description	A platform offering assessments, interactive lessons, topic-based support groups, and chats with Peer Support Coaches.

At-a-Glance in Help@Hand

Activity	Evaluation
Tech Exploration (completed) Los Angeles County	Evaluation data was not available.
Implementation (completed) Los Angeles County	This section presents evaluation findings from users and Peer Coaches in Los Angeles County's iPrevail implementation. Data collection efforts included the following which were collected by Los Angeles County and iPrevail and analyzed by the Help@Hand evaluation team: *User Evaluation* • App data (including surveys) with iPrevail users in Los Angeles County between May 2021-February 2023 *Peer Coach Evaluation* • Surveys with Peer Coaches between December 2021-April 2022

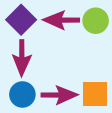
INTRODUCTION

iPrevail launched in Los Angeles County as a tool for County residents in June 2021. The platform offered assessments, interactive lessons, support groups, and chats with Peer Coaches.

The Help@Hand evaluation team analyzed data collected by Los Angeles County and iPrevail. App data (N=31,264) and surveys (N=4,679) were collected from Los Angeles County residents that used iPrevail between May 2021-February 2023. In addition, Peer Coaches were asked to share their insights and experiences with iPrevail through a survey (N=42) between December 2021-April 2022.

KEY TAKEAWAYS

Los Angeles County iPrevail Implementation: User Evaluation (May 2021-February 2023)



User Groups: iPrevail users had the option of two ways to engage with the platform. Path A users created a profile and followed a structured path organized by the iPrevail platform. Path B users created a profile and chose to follow their own self-paced and open-ended path.

Initial Mental Health Concerns: Moderate or severe symptoms of stress were reported by 81% of Path A users, while 71% experienced moderate or severe symptoms of anxiety.

iPrevail Use: Path A users engaged an average of 1.8 days with iPrevail and participated in an average of four activities per day.

Community Groups: 49% of PATH A users (5,367 of 11,016) engaged with a community group within iPrevail. Community groups related to stress were most popular.

Chat Use: Users with one or more mental health symptom(s) at the start of their use of iPrevail chatted longer and participated more in structured activities than users with no symptoms.

Improved Mental Health Symptoms: Mental health symptoms (e.g., stress, anxiety, depression, PTSD) improved over time among users who took a mental health assessment in the app at least twice.

Los Angeles County iPrevail Implementation: Peer Coach Evaluation (December 2021-April 2022)

Peer Coach Perceptions of iPrevail: 95% of Peer Coaches surveyed reported iPrevail made it simple for them to use their skills and abilities to support residents, and 86% felt they received adequate training to successfully use iPrevail with residents.

LOS ANGELES COUNTY iPREVAIL IMPLEMENTATION: USER EVALUATION (May 2021-February 2023)

User Groups

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

11,016 PATH A Users

PATH A users created a profile and chose to follow a structured path organized by the iPrevail platform. The path included assessments (mental health assessments, demographic surveys, user surveys, and other related questionnaires)[125], structured activities (programs that helped people learn techniques to address their symptoms, including guided learning[126], program homework tools[127], and interactive lessons[128]), and community groups (support groups that connected users with others who faced similar situations). They also had access to non-structured activities (e.g., chats[129]).

20,248 PATH B Users

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

DEMOGRAPHICS

User Demographics

Of the 11,016 PATH A users, 5,673 users took demographic surveys (51.5% response rate) and 4,679 took a mental health assessment (42.5% response rate). Path B users did not complete a demographic survey or mental health assessment.

[125] Mental health assessments showed people where they may need added mental health support and allowed them to track their progress.
[126] Program activities that provided information.
[127] Tools assigned to people using iPrevail to complete before their next lesson or chat session.
[128] Watchable content meant to teach core mental health principles.
[129] Connect people with experienced Peer Coaches who listen, support, and provide referrals. Chats less than 10 seconds were considered as texts (as defined by data analysis conducted by iPrevail and Help@Hand evaluation team).

PATH A users had meaningful diversity that mirrored the diversity of Los Angeles County.[130] In general, iPrevail users were more likely to be non-binary or decline to indicate their gender, were more diverse in sexual orientation, and were more diverse in race/ethnicity (e.g., more likely to report two or more races) compared to the general population of Los Angeles County. iPrevail users also were more likely to speak English and were less likely to be disabled compared to other Los Angeles County residents. Users who used the iPrevail app were much more likely to report having a mental health symptom compared to residents across Los Angeles County.

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

[130] Data on Los Angeles County residents was collected from the California Health Interview Survey (CHIS). CHIS is the largest state health survey in the United States and asks questions on a wide range of health topics to a random sample of individuals throughout the state of California.

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

Initial Mental Health Concerns of Users

A total of 4,679 users took one or more mental health assessments. Stress and anxiety were most common among PATH A users who completed the first mental health assessment.[131] Moderate or severe symptoms of stress were reported by 81% of users, while 71% experienced moderate or severe symptoms of anxiety.

Stress **81%**	Anxiety **71%**	Eating Disorder **64%**
Post-Traumatic Stress Disorder (PTSD) **61%**	Stigma **60%**	Depression **60%**

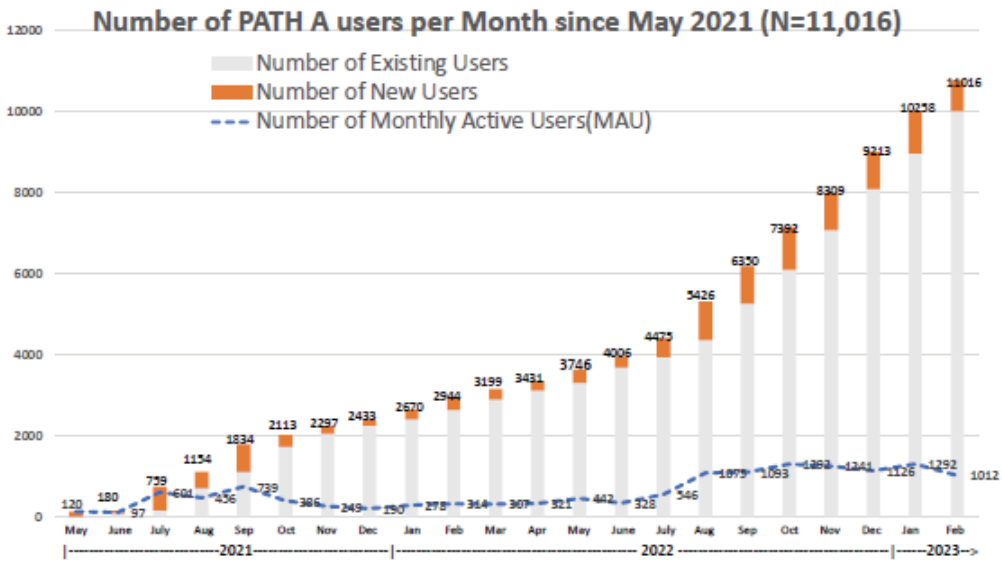
Users' Initial Expectations of iPrevail

- 76% of Path A users believed iPrevail would be easy to use at the start of their use of iPrevail (N=1,403)[132]
- 60% of Path A users thought it would be easy to fit iPrevail into their everyday life and activities at the start of their use of iPrevail (N=1,370)[133]

LEARNING GOAL #2
How was iPrevail used?

New Users and Monthly Active Users

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



[131] Among the 4,679 users who took a mental health assessment, 2,751 (58.8% response rate) users took the stress survey and 2,229 (81.0%) users had moderate or severe symptoms; 3,151 (67.3% response rate) users took the anxiety survey and 2,251 (71.4%) users had moderate of severe symptoms; 2,630 (56.2% response rate) users took the eating disorder survey and 1,682 (64.0%) users had moderate or severe symptoms; 2,865 (61.2% response rate) users took the PTSD survey and 1,740 (60.7%) users had moderate or severe symptoms; 762 (16.3% response rate) users took the stigma survey and 457 (60.0%) users had moderate or severe symptoms; and 3,365 (71.9% response rate) users took the depression survey and 2,022 (60.1%) users had moderate or severe symptoms.

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

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

App data provided insight into the average number of days Path A users engaged with iPrevail overall, the average number of engaged activities, the percentage of users who used the app for more than one day, and the average number of days between signing up and the last day of use.

1.8 days
Average number of days Path A users engaged overall

4 activities
Average number of activities Path A users engaged each day

26% of users
Used the app for more than 1 day

Users engaged more than 1 day	Users engaged more than 2 days
4 days Average number of days users engaged if they engaged more than 1 day	**6 days** Average number of days users engaged if they engaged more than 2 days
19 days Average days between signing-up and the last day of use among users who engaged more than 1 day	**105 days** Average number of days between signing-up and the last day of use among users who engaged more than 2 days

iPrevail Activities Engaged by Users

Assessments

- **80%** of PATH A users (8,904 of 11,016) completed at least one assessment. Assessments showed people where they may need added mental health support and allowed them to track their progress.

Structured Activities

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

Structured Activity Name	Number of Users (%) (N = 7,355 Users)	Number of Engagements (%) (N = 34,271)
Enrolled in a program offering	6,147 (84%)	8,011 (23%)
Guided Learning	2,045 (28%)	2,394 (7%)
Homework Tool	1,318 (18%)	2,558 (7%)
Interactive Lesson	1,313 (18%)	4,659 (14%)
Other Program Activity	5,091 (69%)	16,649 (49%)

Community Engagement

- **49%** of PATH A users (5,367 of 11,016) engaged with a community group within iPrevail. Community groups were support groups that connected users with others who faced similar situations.
- Community engagement where the topic area was related to stress was most popular over time for 5,367 PATH A users. Community engagement around the topics of anxiety, depression, and PTSD stayed relatively consistent over time.[134]

Community Engagement Topic	Number of Users (%) (N=5,367)	Number of Engagements (%) (N=27,170)
Stress	3,109 (58%)	5,788 (21%)
Anxiety	3,803 (71%)	3,942 (15%)
Depression	3,362 (63%)	3,513 (13%)
Other	994 (19%)	3,564 (13%)
Eating Disorder	2,619 (49%)	3,078 (11%)
Post Traumatic Stress Disorder	2,553 (48%)	3,002 (11%)
Loneliness	1,073 (20%)	1,150 (4%)
COVID-10	673 (13%)	676 (2%)
Grief	536 (10%)	562 (2%)
Sleep Disorders	535 (10%)	541 (2%)
Alcohol	531 (10%)	541 (2%)
Managing Self Esteem	497 (9%)	512 (2%)
Substance	262 (5%)	301 (1%)

Chats

- Chats connected users with experienced Peer Coaches who listened, supported, and provided referrals. Chats less than 10 seconds were considered as texts (as defined by data analysis conducted by iPrevail and the Help@Hand evaluation team).
- **6,388** PATH A users and **14,020** PATH B users used iPrevail to chat (including texting).[135]
- **52%** of PATH A users and **68%** of PATH B users used the chat function at least once.
- These PATH A and PATH B users chatted **28,498 times**. PATH A users engaged in **47%** of the total chats and PATH B users engaged in **53%** of the total chats.

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

[135] There were 19,440 unique Path A and Path B users that used iPrevail to chat. Some users were counted twice as they engaged in both chatting and texting.

Path A Users (N=11,016)		Path B Users (N=20,248)
4,690 Users	Number of Users who Chatted	10,574 Users
2.3 Chats (3.6 Chats)	Average Number of Chats per User (SD)*	1.5 Chats (2.1 Chats)
39.2 Minutes (66.7 Minutes)	Average Chat Time in Minutes per Chat (SD)*	30.3 Minutes (22.9 Minutes)
1,698 Users	Number of Users who Texted	3,446 Users
3.7 Texts (5.6 Texts)	Average Number of Texts per User (SD)*	1.0 Texts (0.3 Texts)

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

Mental Health Symptoms and Use of iPrevail

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

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

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

Satisfaction of Users with iPrevail

67% of users would recommend iPrevail to someone like themselves (N=1,430).[136]

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

[136] A total of 1,567 people completed at least one survey that assessed their initial expectations of iPrevail and its benefits. Of these people, 1,430 people responded to this question.

LEARNING GOAL #3
What were the potential benefits of using iPrevail?

Improvement in Mental Health Symptoms

50% of users thought iPrevail improved their mental health and wellness (N=1,306).[137]

Mental health symptoms improved over time among users who took a mental health assessment in the app at least twice (N=389).[138,139]

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

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

*Stress was measured with the Perceived Stress Scale (scale range from 0-40 points). Depression was measured with the Patient Health Questionnaire (PHQ-8; scale range from 0-24 points). Anxiety was measured with the Generalized Anxiety Disorder (GAD-7; scale range from 0-21 points). PTSD was measured with the Post Traumatic Stress Disorder Checklist (PCL-5; scale range from from 0-80 points).

Changes in Purpose, Belonging, and Social Connectedness

There was no change in loneliness over time.[140]

Loneliness	
Not changed	**0.3** Loneliness scores were reduced by 0.3 points over time, on average. Even though this change was not statistically significant, there was a trend toward improvement. (N=358, p=0.07)[141]

*Loneliness was measured as the sum score of three questions: 1) How often do you feel that you lack companionship?; 2) How often do you feel left out?; and 3) How often do you feel isolated from others?. The sum score ranged from 3-9 points.

[137] A total of 1,567 people completed at least one survey that assessed their initial expectations of iPrevail and its benefits. Of these people, 1,306 people responded to this question.
[138] Of the 389 users who took at least one mental health assessment twice, the average time between the first and last assessment that consumers completed was 175 days (SD=154)
[139] Paired t-tests were used to determine whether the means were significantly different between the first and last scores (alpha=0.05).
[140] 358 PATH A Users took Survey 2 in 75 days on average (SD=77 days) after taking Survey 1.
[141] Paired t-tests were used to determine whether the means were significantly different between the first and last scores (alpha=0.05).

Changes in Mental Health Stigma

In general, there were few improvements in mental health stigma among iPrevail users over time. However, people did report an increase in resilience (e.g., willingness to ask for help) over time.[142]

Internalized Stigma: Resistance

Not changed

0
Stigma resistance scores did not change over time (N=358, p>0.05).

Mental Health Treatment Stigma: Self-esteem

Not changed

-0.1
Self-esteem stigma scores were reduced by 0.1 points over time, on average. However, this did not indicate a statistically significant change (N=358, p>0.05).

Resilience: Willingness to Ask for Help

Improved

0.2
Willingness to ask for help improved by 0.2 points over time, on average. This indicates an improvement (N=358, p<0.05).

Perceived Stigma

Not changed

-0.1
Perceived stigma scores were reduced by 0.1 points over time, on average. However, this did not indicate a statistically significant change (N=358, p>0.05).

LEARNINGS

Learnings from users in Los Angeles County's iPrevail implememtation included:

- **Users with more mental health symptoms engaged more actively.** It was statistically significant that PATH A users with at least one symptom engaged more actively with structured activities and chats than PATH A users with no symptoms.
- **Users had positive experiences with iPrevail.** Most users (76%) thought iPrevail was easy to use and 67% would recommend iPrevail.
- **iPrevail users experienced improved mental health symptoms over time.** iPrevail users who completed mental health surveys repeatedly within the app experienced a significant improvement in symptoms related to stress, depression, anxiety, and PTSD over time.
- **There were few decreases in mental health stigma among iPrevail users over time.** However, people reported an increased willingness to ask for help over time.

[142] 358 PATH A Users took Survey 2 in 75 days on average (SD=77 days) after taking Survey 1. Paired t-tests were used to determine whether the means were significantly different between the first and last scores (alpha=0.05).

LOS ANGELES COUNTY iPREVAIL IMPLEMENTATION: PEER COACH EVALUATION (December 2021-April 2022)

DEMOGRAPHICS

Peer Coach Demographics

Peer Coaches were individuals who supported iPrevail's chats by listening, supporting, and providing referrals for users. A one-time survey was collected from Peer Coaches in Los Angeles County between December 2021-April 2022. They had the following experience by the time they completed surveys during Los Angeles County's iPrevail implementation (42 of the 62 Peer Coaches completed the survey, 67.7% response rate).

Peer Coaches had on average **1.4** years[143] with iPrevail

Peer Coaches had on average **4.9** years[144] experience as a Peer supporting others[145]

LEARNING GOAL #1

What factors make a setting ready for a technology like iPrevail?

Trainings, Instructional Materials, and Tools

- **95%** of Peer Coaches surveyed reported they had the knowledge to successfully support Los Angeles County residents using iPrevail (N=42)
- **86%** felt they received adequate training to successfully use iPrevail with residents (N=42)
- **93%** thought the instructional materials they received on iPrevail were helpful (N=42)
- **95%** believed that iPrevail provided the tools needed to do their jobs well (N=42)

Support and Feedback

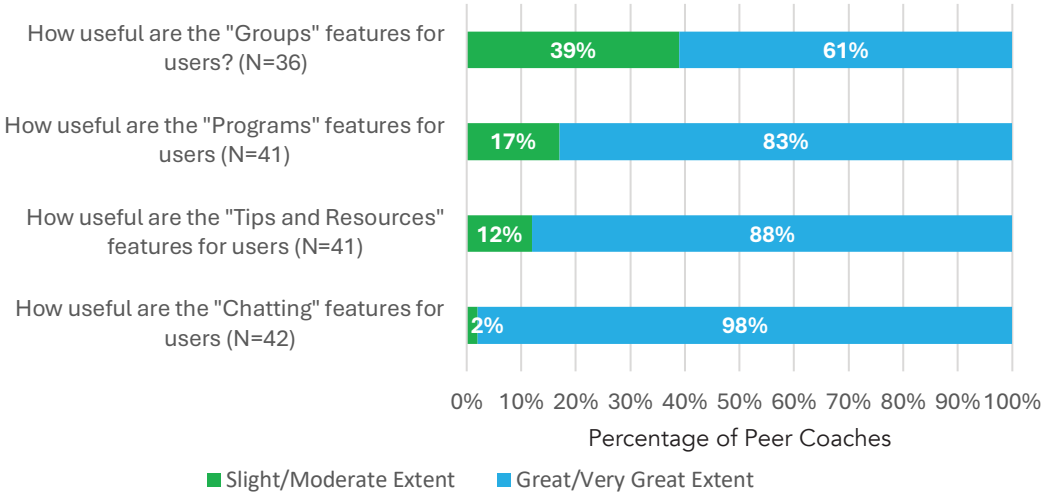
- **83%** of Peer Coaches surveyed knew where to go if they had problems using iPrevail with residents (N=41)
- **88%** had an outlet for providing feedback on the use of iPrevail (N=41)

[143] The standard deviation was 1.3 years.
[144] The standard deviation was 6.4 years.
[145] This includes supporting others as an iPrevail Peer Coach or outside of iPrevail. 17.6, df = 2959.6, p-value < 0.00001 from Welch Two Sample t-test.

LEARNING GOAL #2
How did Peer Coaches use iPrevail?

Useful iPrevail Features

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

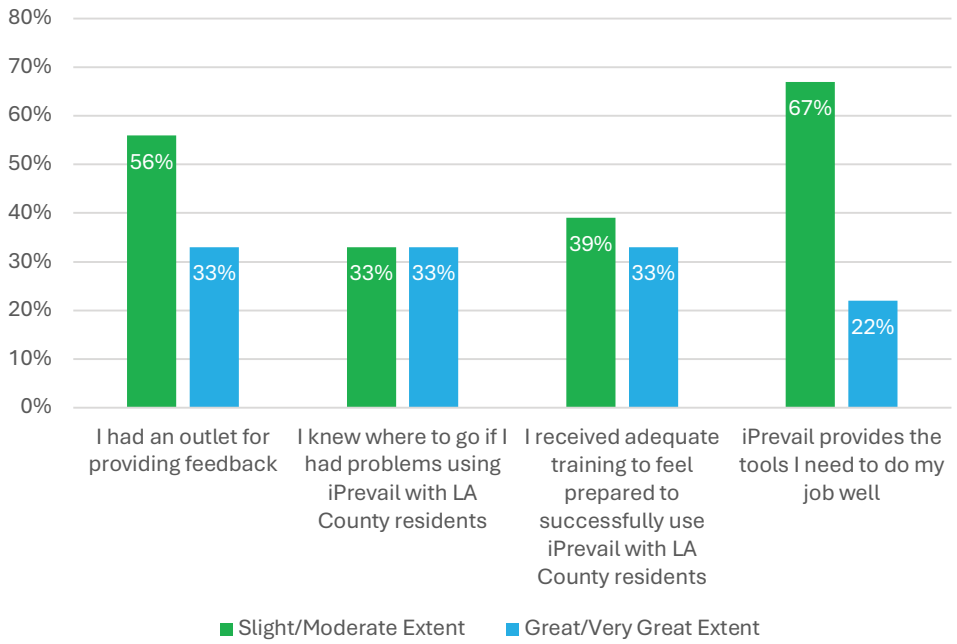


LEARNING GOAL #3
What were Peer Coaches' attitudes toward iPrevail?

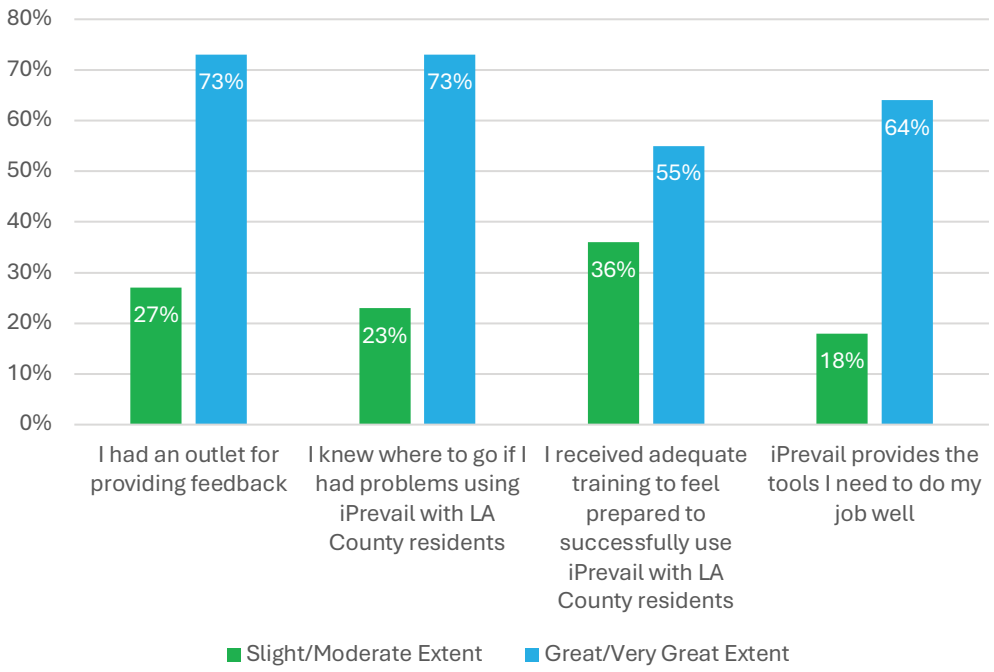
Peer Coaches' Views of iPrevail Overall

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

Views of iPrevail among Peer Coaches with Less Experience (0-2 Years as a Peer Supporting Others) (N=42)



Views of iPrevail among Peer Coaches with More Experience (2+ Years as a Peer Supporting Others) (N=42)



Peer Coaches' Views of iPrevail for Los Angeles County

- **67%** of Peer Coaches surveyed thought people they connected with had appropriate expectations of the services provided; however, many Peer Coaches reported that people misconstrued iPrevail as offering therapy services. (N=42)
- **95%** of Peer Coaches considered iPrevail as a good match for the needs of the Los Angeles County residents they worked with through the app, with 76% agreeing to a great extent. (N=42)
- **65%** of Peer Coaches agreed to a great extent that they saw recognizable improvements among those they coached. (N=42)

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

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

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

LEARNINGS

Learnings from Peer Coaches in Los Angeles County's iPrevail implementation included:

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

MINDSTRONG EVALUATION

Description	A digital phenotyping app that passively collects data to predict or monitor mental health and wellness. Mindstrong is also a virtual health platform that provided coaching, therapy, and psychiatry services through its mobile app.

At-a-Glance in Help@Hand

Activity	Evaluation
Tech Exploration (completed) Kern County, Los Angeles County, Modoc County, Orange County, Riverside County, Tri-City	This section presents evaluation findings from a heuristic evaluation of Mindstrong conducted by the Help@Hand evaluation team. Findings from a market scan with Mindstrong can be found on page 201. Evaluation data was not available from other tech explorations.
Pilot (completed) Kern County, Orange County **Implementation (planned)** Kern County **Implementation (completed)** Los Angeles County, Modoc County, Orange County	This section also presents evaluation data from consumers and providers in Kern, Los Angeles, Modoc, and Orange Counties. Data collection efforts included the following collected and analyzed by the Help@Hand evaluation team: *Consumer Evaluation* • **Kern County:** Surveys and interviews with consumers in December 2018 and April 2019. • **Modoc County:** Surveys, interviews, and focus groups with consumers in March 2019. • **Orange County:** App (including surveys) and electronic medical record (EMR) data from Mindstrong users between May 2020-March 2023. *Provider, Leadership, Tech Lead, and Peer Evaluation* • **Kern County:** Surveys and interviews with peers and providers in Kern County in December 2018, and surveys and interviews with providers in November-December 2019. • **Los Angeles County**: Surveys and interviews with leadership and providers in September 2018, June 2019, and in 2020. • **Modoc County:** Surveys and interviews with provider, leadership, Tech Lead, and peers in March 2019 and October-November 2019. • **Orange County:** Surveys and interviews with providers between June 2020-December 2022.

INTRODUCTION

Mindstrong is a digital phenotyping app that passively collects data to predict or monitor mental health and wellness, and a virtual therapy health platform that provided coaching, therapy, and psychiatry services through its mobile app. In 2019, the Help@Hand evaluation team conducted a heuristic evaluation with 10 human-computer interaction experts to provide perspectives on Mindstrong's design and usability. In addition, four Counties piloted and implemented Mindstrong from 2018-2023. Survey, interview, focus group, app, and EMR data were collected for consumer and provider evaluations.

KEY TAKEAWAYS

Tech Exploration: Heuristic Evaluation (April 2019)

Easy to Understand: Heuristic evaluation participants reported that generally Mindstrong was intuitive to understand and that the messaging feature was easy to navigate.

Data Collection Unclear: However, participants also reported Mindstrong did not clearly show what type of data was being collected and how biomarkers were computed.

Challenges with Use: Participants noted it was difficult to set up and log into the Mindstrong app.

Kern, Modoc, and Orange Counties Mindstrong Pilot and Implementation: Consumer Evaluation (December 2018-March 2023)

Consumer perceptions of Mindstrong: Overall, users were satisfied with their interactions with Mindstrong providers.

Decreased Stigma: Mindstrong users showed some decreases in internalized stigma, though there was no change in loneliness over time.

Reasons for Use: Users saw value in Mindstrong because it was free and the ability to access providers on-demand, though some users had concerns about sharing private information in the context of small communities.

Challenges Understanding Data: Some users, however, expressed in general a lack of understanding about their data.

Difficulty with Appointments: Across the Counties/Cities where Mindstrong was implemented, challenges with enrolling, scheduling appointments, and/or negative interactions with providers discouraged use.

Kern, Los Angeles, Modoc, and Orange Counties Mindstrong Pilot and Implementation: Provider, Leadership, Tech Lead, and Peer Evaluation (December 2018-December 2022)

Provider Perceptions: Across the Counties/Cities where Mindstrong was implemented, providers generally perceived it was generally acceptable, appropriate, and feasible to implement in their settings.

Organizational Climate: Several Counties/Cities reported having a workplace that was invested and excited about using mental health apps such as Mindstrong.

Training Needs: Some providers, however, expressed the desire for longer and more formal training.

Limited Access to Devices and Wi-Fi: Providers also reported challenges using Mindstrong due to limited client access to smartphones, clinic access to devices, and unreliable clinic Wi-Fi.

Questionable Usefulness of Biomarkers: Some providers questioned the utility and validity of the biomarkers feature.

Differing Opinions: Modoc and Los Angeles Counties/Cities reported that Mindstrong was an overall disappointment or transitioned to other technologies. Orange County was the only County to engage in deep effort to integrate Mindstrong fully into clinical practice. As such, they completed a full implementation of the program.

TECH EXPLORATION: HEURISTIC EVALUATION (April 2019)

LEARNING GOAL #1

What were the initial views of Mindstrong during the heuristic evaluation?

Initial Views of Mindstrong

In general, heuristic evaluation experts (N=10) rated Mindstrong positively for its design and messaging feature. They also noted that Mindstrong clearly indicated what it was doing, such as when it was searching, checking, loading, or saving data.

However, the experts noted that Mindstrong was difficult to set up and log into. Importantly, they reported that Mindstrong did not clearly show what type of data was being collected and how biomarkers were computed. Finally, certain features, such as the "Anatomy of the Chart," was likely too difficult use for a casual user.

Perceived Strengths	Perceived Weaknesses
• App design was consistent with color, text placement, and design of the messaging system • App did a good job of helping users diagnose and recover from errors • App was intuitive to understand when data is collected • Biomarker chart was easy to understand • Messaging feature was easy to understand • Clearly showed system status (e.g., loading, saving, checking, searching)	• Was difficult to set up the app and log in • Did not clearly explain what data was being collected and how biomarkers were being computed • Anatomy of the chart documentation was too complicated for the lay person

LEARNINGS

Learnings from the Mindstrong heuristic evaluation included:

- **Mindstrong was easy to understand.** Hueristic evaluation participants reported that the Mindstrong app was intuitive to understand, and that the messaging feature was easy to navigate.
- **Participants had difficulty getting onto the app.** However they also noted that Mindstrong was difficult to set up and log into.
- **Data collection and biomarkers were unclear.** Participants reported it was not clear what type of data was being collected and how biomarkers were computed.

KERN, MODOC, AND ORANGE COUNTIES MINDSTRONG PILOT AND IMPLEMENTATION: CONSUMER EVALUATION (December 2018-March 2023)

DEMOGRAPHICS

KERN COUNTY

Pilot User Demographics

Of the 13 Mindstrong users in Kern County that the Help@Hand evaluation team contacted for the post-pilot evaluation, four completed surveys and participated in one-on-one interviews over the phone. Below are their demographics.

	Pre-Pilot (Dec 2018) (N= 2 Surveys; N=2 Interviews)	Post-Pilot (Apr 2019) (N= 4 Surveys; N=4 Interviews)
Age	Data not reported	Ranged between 18-24 and 45-54 years old
Gender		**50%** Female **50%** Male
Race/Ethnicity		**75%** White **25%** Hispanic/Latinx/Spanish origin
Houshold Income		Ranged from under $10,000 to $20,000-$29,000

MODOC COUNTY

Implementation User and Non-User Demographics

The Help@Hand evaluation team surveyed, interviewed, and conducted focus groups with Mindstrong users and non-users in Modoc County during the pre-implementation evaluation. Below are their demographics.

	Pre-Implementation (Mar 2019) (N= 31 Surveys; N=7 Interviews; N=14 in focus group[146])
Age	Even age breakdown across groups (18-24, 25-34, 35-44, 45-54, 55-64, and 65-74)
Gender	**53%** Female **47%** Male (N=30)
Race/Ethnicity	Majority identified as White (n=24), followed by Hispanic, Latinx, or of Spanish origin[147]
Education	Most had a high school diploma or equivalent
Income	Majority reported annual household incomes below $20,000
Technology Use	**71%** Had not used any technologies to support or manage their mental health **81%** Currently did not use any technologies to support or manage their mental health <5 participants reported using Mindstrong in the past <5 participants reported currently using Mindstrong

[146] Although 14 were present during the focus group, not everyone spoke during the focus group session.
[147] Participants could choose more than one category.

ORANGE COUNTY

Pilot and Implementation Consumer and Comparison Patient Demographics

In Orange County, Mindstrong app data, electronic medical record (EMR) data, and survey data show that the majority of both Mindstrong consumers and comparison patients were female and between 26-59 years old.[148] Comparison patients were a sample of patients at the local healthcare system that were not enrolled in the Mindstrong program.

	Mindstrong Consumers (App Data, N=377)	**Mindstrong Consumers** (EMR Data, N=368)	**Comparison Patients** (EMR Data, N=368)	**Subset of Mindstrong Consumers** (Survey Users and Non-Users, N=108)
Gender 	**64%** Female **32%** Male **4%** Another Gender or Missing Data	**68%** Female **32%** Male	**68%** Female **32%** Male	**69%** Female **25%** Male **6%** Transgender Man/Woman or Missing Data
Age 	**14%** 18-25 years **70%** 26-59 years **17%** 60+ years	**17%** 18-25 years **66%** 26-59 years **17%** 60+ years	**22%** 18-25 years **61%** 26-59 years **17%** 60+ years	**24%** 18-25 years **57%** 26-59 years **13%** 60+ years **6%** Missing Data
Ethnicity 	Data Not Collected	Data Not Collected	Data Not Collected	**53%** Non-Hispanic White **21%** Hispanic/ Latino/a/x **8%** Asian **18%** Missing Data
Highest Education Level 	Data Not Collected	Data Not Collected	Data Not Collected	**11%** High school **29%** Some college **44%** Associates, Bachelors, or Graduate Degree **16%** Missing Data

[148] There was no statistically significant difference in the age and gender distribution between the 368 Mindstrong consumers and 368 comparison patients.

Mental Health

Based on EMR data with County residents using Mindstrong (N=368) and comparison patients (N=368), on average, Mindstrong consumers had 3.7 mental health diagnoses (SD =2.5) and comparison patients had 2.9 mental health diagnoses (SD = 2.1) ($p<0.001$). Mindstrong consumers were significantly more likely to have anxiety, recurrent depressive disorders, and bipolar disorder diagnoses than comparison patients ($p<0.05$). Comparison patients were significantly more likely to have substance use related disorders than Mindstrong consumers ($p<0.05$).

	Mindstrong Consumers (EMR Data, N=368)	**Consumer Patients** (EMR Data, N=368)
Mental Health Diagnosis	**89%** Anxiety **20%** Recurrent Depressive Disorders **17%** Substance Use Related Disorders **16%** Bipolar **11%** Eating and Sleeping Disorders **8%** Personality Disorders **8%** Schizophrenia and Related Psychotic Disorders	**82%** Anxiety **12%** Recurrent Depressive Disorders **26%** Substance Use Related Disorders **8%** Bipolar **11%** Eating and Sleeping Disorders **5%** Personality Disorders **6%** Schizophrenia and Related Psychotic Disorders

Mental Health Stigma

Data from user initial surveys (N=96) also showed that 40% of Mindstrong users felt ashamed for having a mental illness and 40% felt inferior to others without a mental illness.

40% felt ashamed for having a mental illness

40% felt inferior to others without a mental illness

LEARNING GOAL #1

What factors influenced if a person downloaded Mindstrong and used it over time?

KERN COUNTY

Overall Perceptions of Mindstrong

Before Mindstrong was fully piloted in Kern County, users were asked about its usability, effectiveness, ability to detect mental health symptoms early, reduce stigma, increase access to care, and foster social connectedness. After Kern County's Mindstrong pilot, users shared positive feedback through surveys and interviews. They highlighted the app's usefulness, usability, data privacy, and features like mental health information, the biomarkers dashboard, and provider chat.

Characteristic	Description	Pre-Pilot (Dec 2018) (N= 2 Surveys; N=2 Interviews)	Post-Pilot (Apr 2019) (N= 4 Surveys; N=4 Interviews)
Usability[149] 	Assessed using the System Usability Scale (SUS) *Scores were provided out of 100. Higher scores indicate better usability than lower scores.*	73.8	Users scored 72.5-100
Effectiveness 	Assessed based on responses to: • App is effective in treating my mental health issues • App is useful in my recovery process • Using app improves my life • App has reduced my need to seek in-person professional mental health services or treatment *Scores were provided out of 5. Higher scores indicated better levels of perceived effectiveness than lower scores.*	2.5	Data not reported
Usefulness 	Assessed based on responses to: • Usefulness of Mindstrong using a scale with responses Very/extremely useful to Extremely not useful	Data not reported	• **75%** of users rated Mindstrong as very/ extremely useful • **25%** of users rated Mindstrong as slightly useful
Ability to Detect and Acknowledge Mental Health Symptoms Sooner 	Assessed based on responses to: • Using app helped me become aware of mental health symptoms sooner than I would have if I didn't use the app *Scores were provided out of 5. Higher scores indicated better perceptions of the apps' ability to detect and acknowledge mental health symptoms sooner.*	2.5 2.5	Data not reported

[149] Kortum, P., & Sorber, M. (2015). Measuring the Usability of Mobile Applications for Phones and Tablets. International Journal of Human-Computer Interaction Measuring the Usability of Mobile Applications for Phones and Tablets. *International Journal of Human-Computer Interaction*, 31(2015), 518–529. https://doi.org/10.1080/10447318.2015.1064658

Ability to Reduce Stigma 	Pre-Pilot: Assessed based on responses to: • App makes it feel like mental health issues are a natural part of life • Using app makes me feel better about having mental health issues *Scores were provided out of 5. Higher scores indicated better perceptions of the app's ability to reduce stigma.* Post-Pilot: Assessed using Internalized Stigma of Mental Illness Inventory (ISMI-9) (Hammer & Toland, 2016)		**50%** No internalized stigma **25%** Moderate internalized stigma **25%** Severe internalized stigma
Ability to Increase Access to Support and Care 	Assessed based on responses to: • Using app has helped me get access to support sooner than I would have if I did not use it • App has provided me with access to mental health services • App has made me more aware of mental health services available to me • Because I used app, I am more likely to reach out for help • Because I used app, I have talked with my doctor about my mental health concerns *Scores were provided out of 5. Higher scores indicated better perception of app's ability to provide access to support and care.*	2.8	Data not reported
Ability to Increase Belonging and Social Connectedness 	Assessed based on responses to: • App makes me feel connected to other people • Using app has increased my interactions with people • I feel a sense of belonging from using app • Using app makes me feel like I'm part of a community *Scores were provided out of 5. Higher scores indicated better perception of app's ability to increase belonging and social connectedness.*	2.9	Data not reported
Privacy 	Assessed based on responses to six items on a 5-point Likert scale. Scores were computed by taking the mean of the individual items. Possible scores range from 1 to 5. Higher scores indicate more privacy concerns.	Data not reported	• Users scored between 1 and 3.5 (Low to moderate privacy concerns)[150]

[150] Higher scores indicated more privacy concerns based on a modified 5-point Likert scale

Reasons for Using Mindstrong

Participants used Mindstrong because of the app's ability to detect and intervene before crises, provide personalized feedback, and provide on-demand care. They also used it because their healthcare provider encouraged them to use it, the app provided support to improve their mental health, and they liked trying new technologies.

Pre-Pilot (Dec 2018) (N=2 Surveys; N=2 Interviews)	Post-Pilot (Apr 2019) (N=4 Surveys; N=4 Interviews)
• Ability to detect and intervene before crisis • Received personalized feedback • Provided care on-demand	• Healthcare provider encouraged them to use it • Wanted support to improve their mental health • Liked trying new technologies

Challenges Reported by Users

Before the pilot, users generally reported confusion about their data and felt that some clinician responses seemed overly scripted. After the pilot, they encountered challenges with access, including being unable to use Mindstrong during hospitalizations.

Pre-Pilot (Dec 2018) (N=2 Surveys; N=2 Interviews)	Post-Pilot (Apr 2019) (N=4 Surveys; N=4 Interviews)
• Did not know what to do with data • Desired more 'human' responses	• Lack of access (e.g., got a new phone and couldn't get an access code) • Unable to use Mindstrong during hospitalizations

MODOC COUNTY

Mental Health Technology Awareness and Access

Among survey participants (N=31), approximately 20% became aware of technologies like Mindstrong through Peer recruiters. The remaining participants were informed of the technology through co-workers, friends, family members, and other individuals. Very few indicated learning about the technology via social media or advertisements

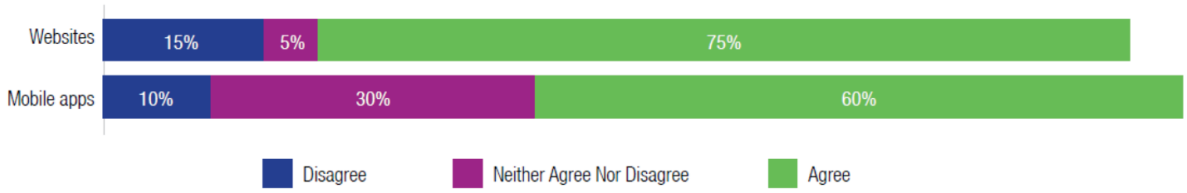
Cost and technology access emerged as likely barriers to using Mindstrong. Nearly 70% reported cost as a barrier to using a technology like Mindstrong. Approximately 21% and 20% somewhat or strongly disagreed that they had a stable internet connection or access to a smartphone, respectively.

Interest in Using Websites and Apps for Mental Health

Survey participants (N=31) were asked general questions about their interest in websites and apps for mental health to understand whether or not they wanted to use tools like Mindstrong.

- The average interest score for websites was 3.9 (SD=1.2) on a scale from 1 (strongly disagree) to 5 (strongly agree). For apps, it was 3.7 (SD=1.1), which indicated that participants were generally interested in using technology to manage their mental health.
- 75% of the sample somewhat or strongly agreed that they were interested in websites, and approximately 60% somewhat or strongly agreed that they were interested in apps.

Interest in Using Technology for Mental Health (N=31)



Stigma and Privacy

Survey participants (N=31) were asked 9 questions about mental health stigma on a scale from 1-Strongly Disagree to 4-Strongly Agree from the Internalized Stigma of Mental Illness Inventory (ISMI-9)[151] (Hammer & Toland, 2016). This was then scored by adding the score for each item and dividing the sum by the total number of questions answered. The mean score was 2.6, which indicates moderate internalized stigma.[152]

Focus group participants (N=14) also raised concerns about sharing about their mental health experiences and the protection of private information in the context of small communities, as demonstrated by the quotes below.

> *"There's been one concern and that is that we're in a small community and like I know [person 1 is] a Listener, but what if I didn't want to tell [person 1] what I'm up to. [Person 1] doesn't have to say he's [person 1]. His name is [user name 1], what? ... So there's no way that I would know that it's [person 1]. And then, all of a sudden, I'm talking about [person 2]. I log on. Then, I talk to [user name 1] about [person 2]. And then, he knows that I'm talking about her. How do you make it so that-- how do you have protection? That's the only thing that I would worry about."*
> – Focus Group Participant

> *"So how about ethics and boundaries? I mean, is something there that would prevent that [loss of anonymity] from happening? Even though they are volunteers. They're volunteers, so wouldn't there still be something that would prevent them from crossing that line? So my question would be, how would you filter that then? How would that get filtered if you're in a small county and if it's to really get more services without-- with the anonymous. Stigma is so bad, I mean, really bad in small communities because well everybody knows everybody's business, unfortunately."*
> – Focus Group Participant

[151] Scores are interpreted by a 4-category method (following the method used by Lysaker et al., 2007): 1.00-2.00: minimal to no internalized stigma; 2.01-2.50: mild internalized stigma; 2.51-3.00: moderate internalized stigma; 3.01-4.00: severe internalized stigma.

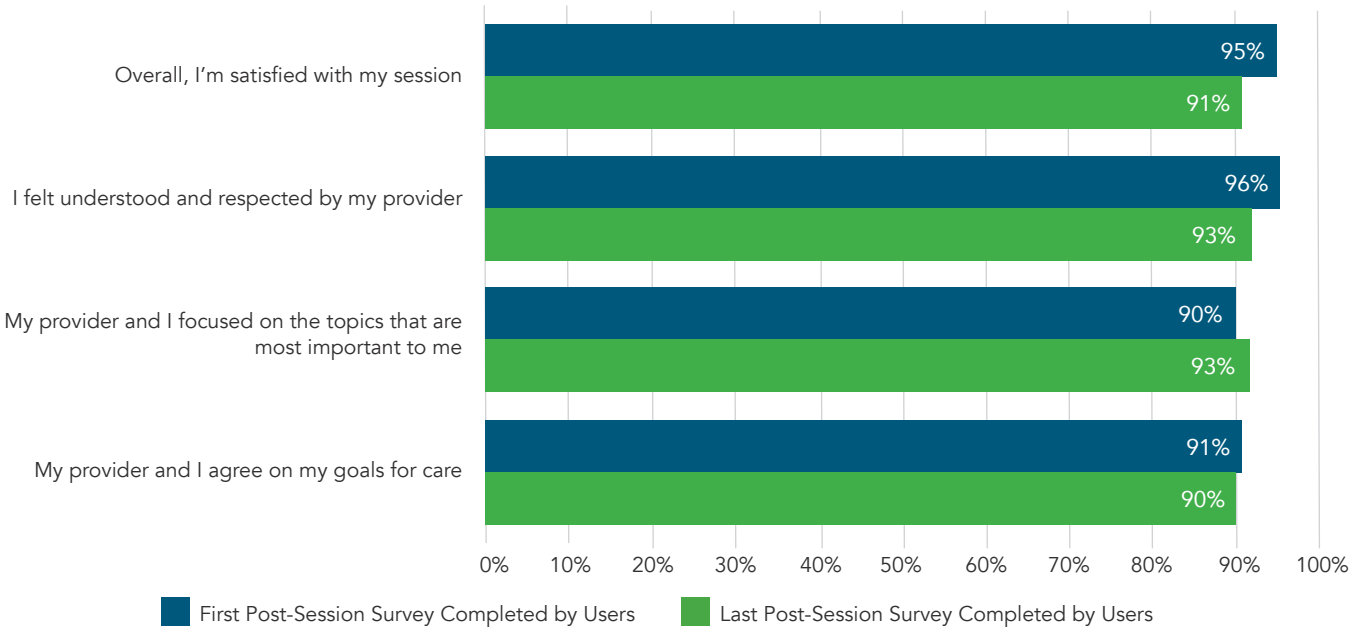
[152] "The stigma of mental illness is the prejudice and discrimination that results from endorsing negative stereotypes about people with mental illness (Corrigan & Watson, 2002). Internalized stigma of mental illness is the harmful psychological impact that results from internalizing this prejudice and directing it toward oneself." (http://drjosephhammer.com/research/internalized-stigma-of-mental-illness-scale-9-ismi-9/)

ORANGE COUNTY

Satisfaction with Mindstrong

App data showed that satisfaction was high both on the first and last in-app survey (e.g., the surveys consumers completed after their first and last session with a provider, respectively) consumers completed (N = 167), indicating a consistently positive experience over time.[153] Over 90% of consumers were satisfied with their session with a provider and had positive sentiments toward the provider they saw.

Consumer Satisfaction with Mindstrong (N=167)



Predictors of Mindstrong App Engagement

People who thought Mindstrong would be useful when they first started using it[154] tended to use and the app longer. In contrast, users who reported being lonelier at the beginning of the program tended not to use the app long (User Initial Survey, N=84).[155] Neither confidence in using technology or privacy concerns were related to length of time on Mindstrong (User Initial Survey, N=84).

[153] The average time between the first and last post-session survey that consumers completed was 240 days.

[154] Consumers were asked to rate 3 statements related to Mindstrong's usefulness (e.g. 'I believe Mindstrong will be useful in my daily life') on a 5-point Likert scale ranging from Strongly disagree (1) to Strongly agree (5). The survey items were based on the Unified Theory of Acceptance and Use of Technology questionnaire, which is used to evaluate technology acceptance and adoption. The ratings were combined as a single mean usefulness score that could range from 1-5.

[155] The cox proportional hazard model was used to estimate the likelihood of leaving Mindstrong. Analysis indicated that lower perceived usefulness and higher loneliness both increased the likelihood of leaving Mindstrong early. (The coefficient for perceived usefulness=0.57, p-value <0.01, and the coefficient for loneliness = 1.80, p-value=0.04, where the coefficient represents the likelihood of leaving Mindstrong early and a coefficient > 1 indicated a higher likelihood of leaving Mindstrong early.) Other variables were examined and determined not to be significant, including stigma scores, the therapeutic alliance with their psychiatrist at the local healthcare system, DSM-5 scores, digital literacy, privacy concerns, access to care, mental health detection, interest in using mental health technology, and the onboarding experience with Mindstrong.

Reasons for Using Mindstrong

Consumer survey data found privacy, price, and the effect on their device to be key factors that users considered in mental health technology (User Initial Survey, N = 84).[156]

89%

Personal information is kept private

76%

The app is free

61%

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

Reasons for Not Using Mindstrong

Five non-users (42%) were eligible for Mindstrong, but chose not to sign up for the program. Seven non-users (58%) had started the onboarding process, but never downloaded the app on their phone. The three most common reasons that non-users did not sign up for or download Mindstrong were because they were busy, had other strategies in place to support their mental health, and did not think Mindstrong would be useful (Non-user One-Time Survey, N=12)

Busy / no time

Used other strategies to support mental health

Did not think it would be useful / wanted to handle problem myself

Users shared the following most common reasons for no longer using Mindstrong. Similar reasons were given across Follow-up Surveys.

Felt Mindstrong was not useful

Experienced difficulties using Mindstrong

Did not understand biomarkers

Had difficulties making an appointment for a therapy session / felt they had too little time during therapy session

Had a bad experience with Mindstrong providers

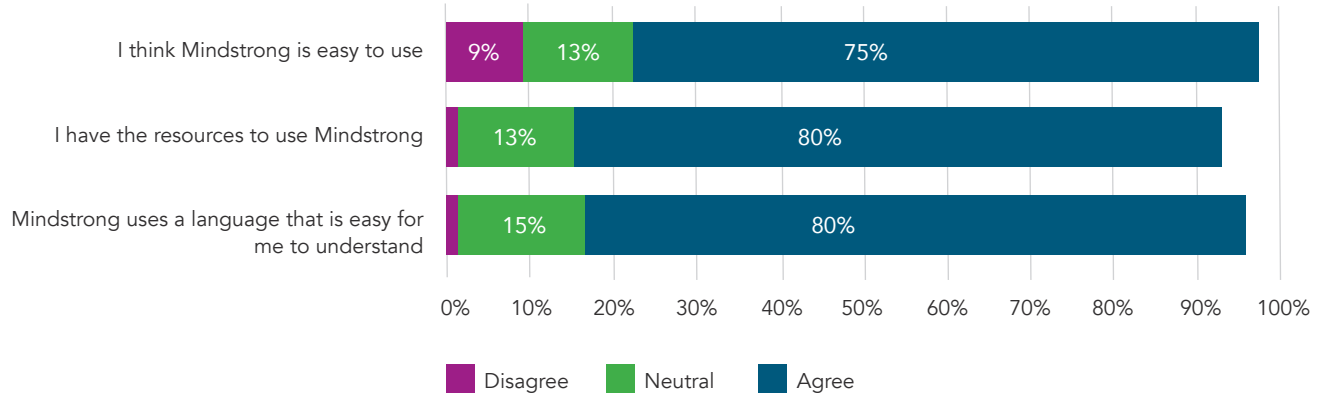
Wanted to use traditional mental health services

[156] Sections that compare findings from the initial, follow-up, and one-time surveys will refer to these as Initial Survey, Follow-Up Survey 1-5, and One-Time Survey and only include data from those survey respondents.

Perceived Ease of Using Mindstrong

The majority of users thought Mindstrong was easy to use (75%), had the resources to use Mindstrong (80%), and felt Mindstrong used a language that was easy to understand (80%) (User Follow-up Survey 1, N = 55).

Users' Perceived Ease of Using Mindstrong (N=55)



Challenges Reported by Users

Users who continued to use Mindstrong shared the following most common challenges they experienced. Similar challenges were found across Follow-up Surveys.

Experienced difficulties using Mindstrong

Did not understand biomarkers

Had a bad experience with Mindstrong providers

Had difficulties making an appointment for a therapy session / felt they had too little time during therapy session

LEARNING GOAL #2
How was Mindstrong used?

KERN AND MODOC COUNTIES

No relevant data available

ORANGE COUNTY

Mindstrong Enrollment and Activity

As of January 2023, app data (N=377) indicated the majority of consumers had taken part in a therapy session, and/or had sent patient messages through the Mindstrong app. A small subset of consumers made an urgent session request after hours.

377

Consumers Enrolled in OCHCA's Mindstrong Program

43

Consumers Discharged from OCHCA's Mindstrong Program

509

Average Number of Days Consumers Stayed Enrolled in OCHCA's Mindstrong Program

308

Average Number of Days Consumers Were Active in OCHCA's Mindstrong Program

75%

of consumers had at least one therapy session; each consumer had an average of 14.3 therapy sessions

74%

of consumers had Phone Therapy Sessions with a Mindstrong Clinical Specialist

14%

of consumers had Chat Therapy Sessions with a Mindstrong Clinical Specialist

11%

of consumers had Video Therapy Sessions with a Mindstrong Clinical Specialist

86%

of consumers had sent a patient message

11%

of consumers made an urgent session request after hours and/or the weekend

9

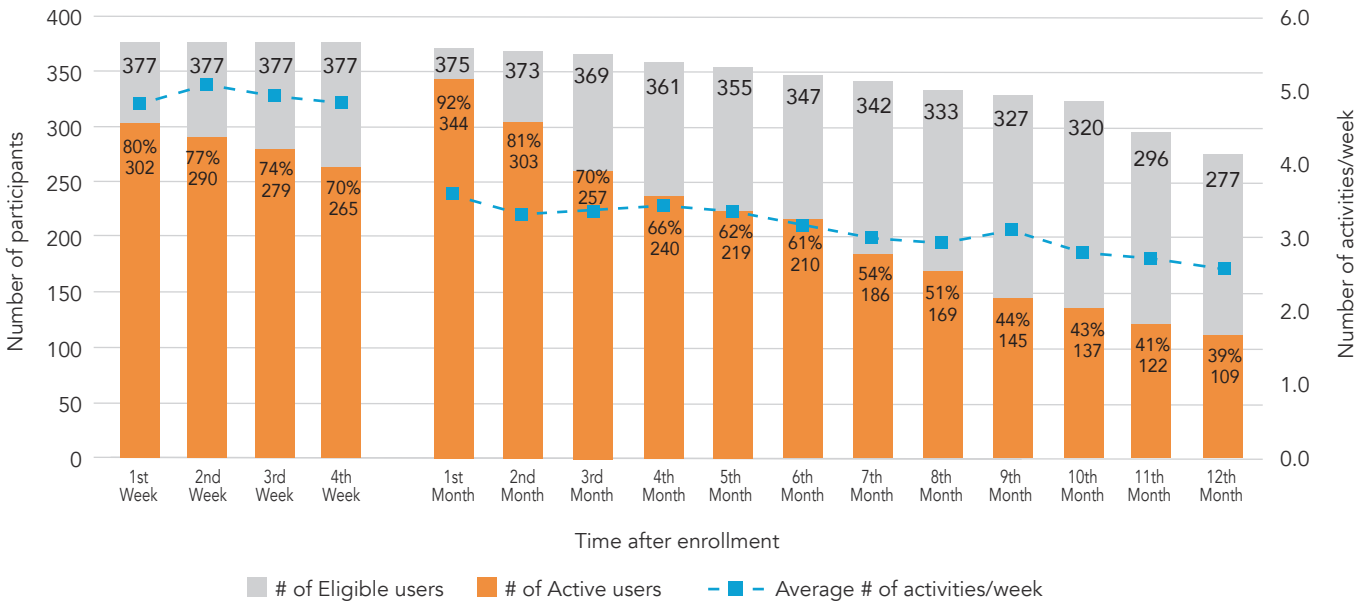
referrals were made to the Crisis Assessment Team (CAT)

Mindstrong App Engagement

App data (N=377) showed that the percentage of active users decreased over time, but engagement remained largely stable among consumers engaged with Mindstrong.

Consumers were most active in the first month of enrollment, with 92% of eligible users remaining active in the first month. After the first month, the total number of active users declined. The number of activities remained largely stable, and active users completed on average between 2.5 and 3.5 activities per week.

Number of Active Users and Average Activities/Week by Month (N=377)[157]



[157] App activities are defined as 1) viewing biomarkers, 2) taking part in therapy sessions, 3) completing surveys, 4) sending patient messages, and 5) taking part in care partner sessions.

LEARNING GOAL #3
What are the potential benefits of using Mindstrong?

KERN COUNTY

Perceived Benefits of Using Mindstrong

Before the pilot, participants valued Mindstrong's potential to detect crises early and provide mental health support. After the pilot, they found it helpful for self-reflection and symptom management, with most reporting improved well-being, though its impact on recovery and connectedness was mixed.

Pre-Pilot (Dec 2018) (N=2 Surveys; N=2 Interviews)	Post-Pilot (Apr 2019) (N=4 Surveys; N=4 Interviews)
• Crisis Detection	• Provided tangible data related to their mental health that they would not otherwise have • Helped them manage mental health symptoms, was useful for recovery, and made them more likely to reach out for help • Did not have much of an impact on their feelings about having a mental health condition and feelings of connectedness. • Increased well-being after using Mindstrong (except for one who reported decreased well-being[158])

Survey Item[159]	Mean (SD)
Mindstrong has helped me get access to support sooner than I would have if I did not use it.	4.8 (0.5)
Mindstrong is effective in helping me manage my mental health symptoms.	4.3 (1.5)
Mindstrong is useful in my recovery process.	4.3 (1.5)
Because I used Mindstrong, I am more likely to reach out for help.	4.3 (1.5)
Using Mindstrong makes me feel better about having mental health issues.	3.3 (1.7)
Using Mindstrong makes me feel connected to other people.	3.8 (1.9)

[158] Scores ranged from 2.9 to 14.4 before using Mindstrong (mean=8.7, SD=5.3) and from 4.8 to 40.0 after using Mindstrong (mean=22.9, SD=14.5) based on the Outcome Rating Scale.
[159] Scores were based on responses where 1=Strongly disagree to 5=Strongly agree.

"There were actually several occurrences that I would be in the process of a breakdown, and a couple hours into my breakdown I'd get a kick from-- or a ping from the app … So I would respond to the automatic services which would then direct me to their in-house techs who I would then speak with, which would then go about the process of helping me find who I need to speak with. There were several times that I contacted the places, but I could never remember their fricking numbers, and Mindstrong had their numbers readily available at any point that I needed them." – Interview Participant

"I had more care because of [Mindstrong] when I needed it... It's hard for me to reach out when I'm struggling because you're in the midst of struggling through something … So [Mindstrong] made it easier for them to see when something was going up and down and then reach out to a therapist for me." – Interview Participant

"I pretty much felt like I was getting 24/7 therapy care, is what I felt like…Even though my therapist was a phone call away where we could talk for a few minutes, but if I really needed to express something I was able to go on the app and just express that to the person that was there. And it was usually the same girl." – Interview Participant

MODOC COUNTY

Perceived Benefits of Using Mindstrong

Focus group participants (N=7) shared about the various needs of their communities, which technologies like Mindstrong could potentially address.

Timely Support: Participants expressed an opportunity for mental health technologies to be able to provide support at the time it is needed rather than waiting for limited opening hours in the health department.

Empathetic, Personalized Support: Participants highlighted the importance of empathetic, personalized support.

Preferred Methods of Support: Participants desired diverse support options, including therapist connections through Mindstrong. However, technologies could not fulfill all preferences, such as group support or late-night chatting.

ORANGE COUNTY

Improved Mental Health Symptoms

App data (N=377) indicated that mental health symptoms improved over time among users who took at least two mental health assessments.[160,161]

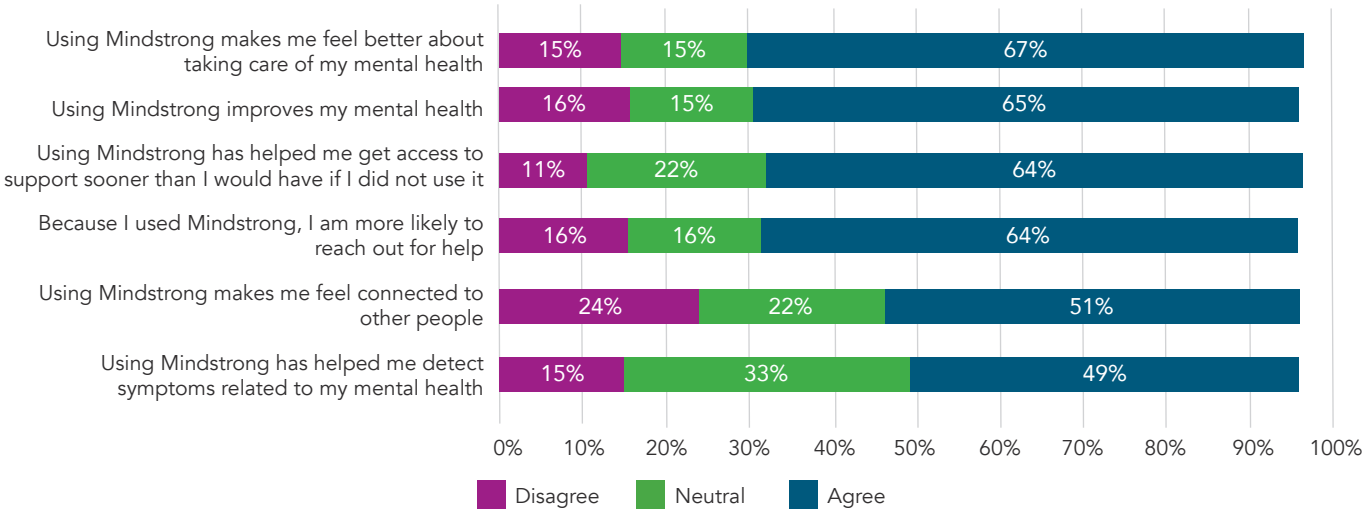
↘	Decreased mental health symptoms
↘	Decreased depression and anxiety symptoms
↘	Decreased number of unhealthy days
X	No change in general health

Among Mindstrong users who completed at least one DSM-5 survey in the app, those who had more therapy sessions with a Mindstrong provider had a significantly better improvement in their mental health (e.g., DSM-5 scores) over time, compared to those who had less therapy sessions. Biomarker engagement did not predict significantly better improvement in mental health over time (N=258).[162]

Mental Health Benefits

The majority of users felt using Mindstrong made them feel better about taking care of their mental health (67%) and improved their mental health (65%) (User Follow-Up Survey 1, N=55).

Users' Perceived Benefits of Using Mindstrong (N=55)



[160] Of the 377 Mindstrong consumers, 236 took at least one mental health assessment twice in the Mindstrong app. The average time between the first and last assessment that consumers completed was 192 days.

[161] Paired t-tests were used to determine whether the means were significantly different between the first and last scores (alpha=0.05).

[162] A multilevel regression model was used. The model controlled for the number of days since the first survey, age, and gender. (b = -0.2, p= .01)

Access to Appropriate Levels of Support and Care

According to survey data (N=108), Mindstrong users had significantly more healthcare visits within the healthcare system than comparison patients. Those using Mindstrong stayed longer for each healthcare visit ($p< 0.05$).[163]

Although Mindstrong users had more healthcare visits than comparison patients, they had significantly fewer emergency department visits, were less likely to have behavioral health-related emergency visits and hospitalizations compared to comparison patients.[164]

Perceived Benefits of Interactions with Mindstrong Provider

The majority of users also felt their Mindstrong therapist was on their side and found talking with a Mindstrong therapist useful. 75% felt Mindstrong accepted them no matter how they responded (User Follow-Up Survey 1, N = 55).

81%

Agreed their **Mindstrong therapist was on their side** and tried to help them

71%

Found talking with a **Mindstrong therapist very or extremely useful**; this was rated as **the most useful Mindstrong feature**

77%

Felt accepted by Mindstrong no matter how they responded

Mental Health Stigma

Mindstrong consumers felt less mental health stigma as they used the app over time. Specifically, consumers felt less internalized stigma related to feeling alienation (e.g., feelings of embarrassment or shame), and more personal resilience (e.g., willingness to ask for help and having fewer symptoms interfere with life). There were no changes in internalized sigma related to social withdrawal (e.g., avoiding social situations) (User Initial Survey and Follow-Up Surveys 1-5, N=68).[165]

↘	Decreased internalized stigma related to alienation
X	No change in internalized stigma related to social withdrawal
↗	Increased personal resilience related to asking for help
↗	Increased personal resilience related to symptoms interfering with life

Loneliness

There were no changes in loneliness over time (User Initial Survey and Follow-Up Surveys 1-5, N=68)[166,167]

[163] T-tests were used to determine if the means were significantly different between Mindstrong consumers and comparison patients (alpha=0.05).

[164] T-tests were used to compare means, while chi-square tests were used to compare distributions between Mindstrong consumers and comparison patients. Emergency department visits included visits that did not result in hospitalization. Behavioral health-related emergency visits and hospitalizations were combined for analysis due to small sample sizes.

[165] Paired t-tests were used to determine if the means were significantly different between the score on the first survey and the last survey. (alpha=0.05)

[166] Loneliness related to the average score of three questions: 1) How often do you feel that you lack companionship?; 2) How often do you feel left out?; and 3) How often do you feel isolated from others?

[167] Paired t-tests were used to determine whether the means were significantly different between the first and last loneliness scores. (alpha=0.05)

LEARNINGS

Learnings from the Mindstrong consumer evaluation included:

- **Mindstrong users perceived Mindstrong positively.** Overall, users were satisfied with Mindstrong provider interactions. They also found Mindstrong useful to managing symptoms and getting help, though some responses were also mixed.
- **Some consumers reported decreased internalized stigma.** Some Mindstrong users showed decreases in internalized stigma, though there was no change in loneliness over time.
- **Mindstrong was a valuable free resource that quickly connected consumers with providers.** Users used Mindstrong because it was free resource that allowed them to connect with providers on-demand. However, some users had concerns about privacy of personal information.
- **Consumers did not understand their data.** Consumers generally lacked understanding of their data and struggled with how to interpret it.
- **Some key challenges related to enrolling and scheduling appointment.** Across the Counties/Cities where Mindstrong was implemented, users experienced challenges with enrollment, scheduling or keeping appointments, Mindstrong provider turnover, and provider interactions.

KERN, LOS ANGELES, MODOC, AND ORANGE COUNTIES MINDSTRONG PILOT AND IMPLEMENTATION: PROVIDER, LEADERSHIP, TECH LEAD, AND PEER EVALUATION (December 2018-December 2022)

DEMOGRAPHICS

KERN COUNTY

Provider, Peer, and Tech Lead Demographics

Within Kern County, the first interviews and surveys were conducted with providers and peers. The Tech Lead completed an interview and two surveys after the pilot.

	Pre-Pilot (Dec 2018) (N=9 Surveys)	Post-Pilot (Nov-Dec 2019) (N=1 Interview, N=1 Survey)
Role	**67%** Providers **33%** Peers	No data reported

LOS ANGELES COUNTY

Provider and Leadership Demographics

Providers and leadership in Los Angeles County from the Dialectical Behavior Therapy clinic at Harbor-UCLA Medical Center were surveyed and interviewed both before and after implementation.

	Pre-Implementation (Sept 2018) (N=13 Surveys)	Post-Implementation (Jun 2019) (N=13[168] Interviews, N=20 Surveys)	Post-Implementation (Oct 2020) (N=4 Interviews)
Role	No data reported	Survey: • **55%** Clinical Psychologists • **45%** Social Workers Interview: • **52%** Clinical Psychologists • **38%** Social Workers	No data reported

[168] Only 12 of the 13 interviewees provided information about their roles.

MODOC COUNTY

Provider, Leadership, Tech Lead, and Peer Demographics

Pre-implementation interviews were conducted using a semi-structured interview guide (e.g., a guide with preset questions that allows flexibility for the interviewer to ask additional questions as needed). The majority of survey respondents were providers and supervisors.

Leadership, the Tech Lead, and clinicians were surveyed and interviewed after the implementation.

	Pre-Implementation (Mar 2019) (N=16 Surveys)	Post-Implementation (Oct-Nov 2019) (N=2 Interviews, N=2 Surveys, N=4 Clinican Surveys)
Role	**81%** Providers and supervisors **19%** Peers	No data reported

ORANGE COUNTY

Provider Demographics

Surveys and annual interviews were conducted with psychiatry providers at the local healthcare system who referred their patients to the Mindstrong program between June 2020 and December 2022. This section presents data from the second survey and the annual interview conducted in 2020 (N=16), 2021 (N=21), and 2022 (N=13). Respondents varied across surveys and interviews, but tended to be female, Asian American/Pacific Islander, and were most often either a 3rd or 4th year resident.[169]

	2020 N=16 (72% response rate)	2021 N=21 (87% response rate)	2022 N=13 (81% response rate)
 **Gender**	**56%** Female **44%** Male	**67%** Female **33%** Male	**62%** Female **31%** Male **8%** I prefer not to answer
 **Race/Ethnicity**	**56%** Asian American/ Pacific Islander **38%** White **6%** Multiracial	**62%** Asian American/ Pacific Islander **24%** White **5%** Hispanic or Latino **10%** I prefer not to answer	**54%** Asian American/ Pacific Islander **31%** White **8%** Hispanic or Latino **8%** I prefer not to answer
 **Role**	**6%** 1st year resident **31%** 2nd year resident **31%** 3rd year resident **31%** 5th year resident	**33%** 2nd year resident **29%** 3rd year resident **38%** 4th year resident	**46%** 3rd year resident **54%** 4th year resident

[169] Resident psychiatry providers are medical school graduates that are participating in a post-graduate training program. Residents provide care under the supervision of senior psychiatry providers.

LEARNING GOAL #1
What factors make a setting ready for a technology like Mindstrong?

KERN COUNTY

Perceptions of Mindstrong

Providers shared about their perceived facilitators and barriers to Mindstrong use in Kern County. Overall, they gauged Mindstrong to moderately acceptable, appropriate, and feasible for their residents, and felt that their department was very supportive of the app's use. However, certain Mindstrong features, logistical challenges, fit with client needs, and its lack of integration into the existing organization were cited as barriers to its potential use. After the pilot, clinicians perceived Mindstrong as fairly acceptable, appropriate, and feasible for their contexts.

	Pre-Pilot (Dec 2018)* Mindstrong & 7 Cups Mean Score (N=4)/ Mindstrong Mean Score (N=2) *Higher mean scores (closer to 5) indicate more favorable attitudes.*	**Post-Pilot (Nov-Dec 2019)** Mindstrong Mean Score (N=1) *Higher mean scores (closer to 5) indicate more favorable attitudes.*
Acceptability *Example item: "Mindstrong/7Cups meets my approval."*	2.69 / 3.38	3.92
Appropriateness *Example item: "Mindstrong/7Cups seems fitting for my work."*	2.44 / 4.38	3.92
Feasibility *Example item: "Mindstrong/7Cups seems possible."*	2.65 / 3.50	4.12

*Note: Results include information about 7 Cups and Mindstrong, as these technologies were evaluated together at this stage.

Facilitators Reported by Providers

In the pre-pilot evaluation interviews (N=19), providers reported several facilitators that helped them use Mindstrong.

- **Organizational Climate:** Providers reported very positive views about their organizational climate and culture around initiatives such as the use of Mindstrong. Providers felt supported to try new things and comfortable sharing their expertise with others, and some were even wearing pins to encourage people to ask them about Mindstrong. Many people talked positively of the lessons learned through a regular meeting of providers and supervisors involved with the Help@Hand project.

- **Familiarity with Technology:** Providers also cited their own general comfort level with computer and mobile technology, and their interest in learning to use technology in their clinical work as facilitators for the potential use of Mindstrong.

- **Vendor Involvement:** Providers described that the initial trainings by Mindstrong and when Mindstrong staff were in the clinic helped them to initially understand the app and to onboard clients. Providers also reported that Mindstrong vendors appeared willing to make changes to Mindstrong, though changes did not always align with Kern County requests.

Challenges Reported by Providers

In the pre-pilot evaluation interviews (N=19), providers reported several perceived challenges with regard to using Mindstrong in Kern County.

- **Mindstrong Features:** Providers also indicated two reasons for bein hesitant about Mindstrong: 1) Providers were not confident in the predictive validity of the app (i.e., its ability to detect crises), and 2) Providers observed that clients were confused by the "biomarkers" and how to interpret them. Overall, providers viewed the potential of client-facing Mindstrong features more positively than the provider-facing Mindstrong features.

- **Logistical Challenges:** Providers also discussed some logistical or operational challenges with implementing Mindstrong as part of the Help@Hand project, including knowing who to turn to with questions and where to access examples of the clinical successes of the project.

- **Fit with Client Needs:** Providers also discussed challenges regarding the fit of products like Mindstrong to their clients' needs and resources. Many providers reported their clients did not have smartphones or data plans to support apps like Mindstrong.

- **Connecting Clients to Mindstrong:** Providers reported lacking knowledge about how to introduce and onboard clients to Mindstrong.

- **Lack of Integration between Mindstrong and the County:** Although initial Mindstrong training and support was helpful, when Mindstrong vendors left clinics, providers reported that continued or new use of the app slowed down or halted. Some providers attributed some of these challenges to a perceived lack of fit between the business models and operating practice of Mindstrong and the models and practices of mental health services. It was noted that for tools to be useful, they need to integrate with existing practices.

LOS ANGELES COUNTY

Provider Experiences with Mindstrong

Mindstrong implementation commenced in December 2018. In June 2019, most providers were using Mindstrong and 44 clients installed Mindstrong with 19 still transmitting biomarker data and 12 record DBT diary cards within the previous month. Given that providers typically carried a caseload of 1-2 DBT clients, this represented a significant portion of caseloads who had used and were still using Mindstrong at the time of the evaluation.

In post-implementation surveys (N=19[170]) approximately half of providers indicated they felt they received too little training and materials for Mindstrong, while the other half reported it was just right. On the other hand, 74% of surveyed providers felt that they received too little supervision when using Mindstrong in their practice.

Provider Perceptions of Mindstrong

Providers reported relatively high perceived agreement regarding Mindstrong's acceptability, appropriateness, and feasibility. In post-implementation, providers reported moderate perceived agreement regarding Mindstrong's acceptability, appropriateness, and feasibility, with mean scores generally lower than pre-implementation.

[170] Of the 20 surveys, only 19 participants completed this question.

		Pre-Implementation (Sept 2018) (N=13 Surveys) *Higher mean scores (closer to 5) indicate more favorable attitudes.*	Post-Implementation (June 2019) (N=20 Surveys) *Higher mean scores (closer to 5) indicate more favorable attitudes.*
	**Acceptability** *Example item (of 4): "Mindstrong meets my approval."*	3.92	3.4
	**Appropriateness** *Example item (of 4): "Mindstrong seems fitting for my work."*	3.92	3.8
	**Feasibility** *Example item (of 4): "Mindstrong seems possible."*	4.12	3.9

During pre-implementation, providers perceived the DBT diary card to have a higher impact on client care than the biomarker feature of Mindstrong.

		Pre-Implementation (Sept 2018) (N=13 Surveys)	
	Impact[171] of Mindstrong on:	**Biomarker (n=12) Mean**	**DBT Diary Card (n=13) Mean**
	Ability to identify the need for clinical intervention before clients reach a crisis situation	3.0	3.4
	Your ability to monitor your clients' symptoms and functioning	3.1	3.7
	Your clients' insight into their symptoms and functioning	3.1	3.5
	Your clients' motivation to participate in treatment	2.9	3.0

[171] Ranked from 1 = negative effect, 3 = no effect, 5 = positive effect

Post-implementation, providers reported on perceived usefulness of Mindstrong features, rating the biomarker data and Mindstrong-initiated communications low:

Post-Implementation (June 2019) (N=20 Surveys)	
Features	**Mean**
Mindstrong (overall)	3.3
Biomarker data	1.9
DBT diary card	3.4
Communication from Mindstrong (i.e., alerts or notifications)	1.8

Facilitators Reported by Providers

Providers viewed Mindstrong (and its combination with 7 Cups) as moderately acceptable, appropriate, and feasible, though those rating both apps had slightly lower scores, possibly due to discomfort with using multiple tools. Clinicians remained optimistic about Mindstrong's appeal to tech-savvy clients and its potential for positive change.

Pre-Implementation (Sept 2018)* (N=7 Interviews)	Post-Implementation (June 2019) (N=13 Interviews)
• Excited, invested, and engaged leadership team • Clinic's regular use and sharing of evidence-based practices • County reviewed IT and security issues related to Mindstrong promptly • Mindstrong team responsive to suggested adaptations • Providers described themselves as familiar with technology, and were optimistic of their ability to implement new innovations with clients	• DBT diary card was useful in clinical practice, including during in-person sessions • Mindstrong was easy to use and learn • Mindstrong was free from technical bugs • Providers had prior mental health app experience outside of Los Angeles County • Providers had high degrees of training as well as openness and curiosity to try new things • Meetings and supervision encouraged Mindstrong use and troubleshooting issues • Mindstrong was a clinical champion • Mindstrong was helpful and responsive to provider needs and suggestions

*Note: Results include information about 7 Cups and Mindstrong, as these technologies were evaluated together at this stage.

Concerns Reported by Providers

In spite of the positive expectations of Mindstrong, provider also shared multiple anticipated concerns about implementing Mindstrong during interviews. Importantly, very few providers could reliably explain Mindstrong's functions or purpose.

Pre-Implementation (Sept 2018) (N=7 Interviews)	Post-Implementation (June 2019) (N=13 Interviews)	Post-Implementation (Oct 2020) (N=4 Interviews)
• Client access to smartphones affecting digital biomarkers • Non-English-speaking clients • Clinic technology infrastructure (Wi-Fi and/or cellular service) and lack of devices (smartphones, tablets) to use with clients during sessions	• Lack of a mobile app version for providers to review client data • Clinical workflow and technical infrastructure issues to support Mindstrong implementation were not addressed prior to implementation	• Mindstrong was perceived as "a black box" in that providers had limited knowledge of client use (e.g., they did not know what information or services clients were offered, or which clients engaged with Mindstrong unless clients directly informed the providers)

- Few providers with direct experience with mental health apps due to lack of County approval
- Limited coordination and operational support by Mindstrong staff while clinic leadership had to coordinate and get feedback on Mindstrong on top of existing duties
- Over-prioritization of DBT diary card at the expense of other Mindstrong features

- Lack of devices in some treatment rooms, software incompatibility, and poor WiFi in clinic
- Concern and confusion about the validity of Mindstrong's biomarkers and their utility in clinical practice
- Failed to consider clients' needs regarding technology access, familiarity, and coping abilities for new treatment approaches
- Providers found their clients to discontinue use because of poor compatibility or their episode of care was ending
- Needing to rely solely on digital formats for diary card entries during sessions, possibly disrupting treatment process and therapeutic alliance
- Collecting research data from a vulnerable clinical population to improve and advance Mindstrong

- Mindstrong's biomarker function was not clear to the general consumer or their provider
- Los Angeles County wanted a technology that could be used as part of their clinical services they offer. Features that could not be incorporated with Mindstrong were more directly incorporating the DBT diary card and providing real-time assessments, such as client self-report questionnaires.
- The use of the Mindstrong DBT diary card feature required consistent access to a smart phone or computer. Clients who did not have consistent access were unable to use Mindstrong.

MODOC COUNTY

Perceptions of Mindstrong

Provider surveys (N=13) assessed Mindstrong on Acceptability, Appropriateness, and Feasibility. Mean scores for each scale are displayed below, with responses ranging from 1 (completely disagree) to 5 (completely agree). Higher mean scores indicated more favorable attitudes.

	Mindstrong (N=13)[172]	Mean Rating out of 5
	**Acceptability** *Example item (of 4): "Mindstrong meets my approval."*	3.4
	**Appropriateness** *Example item (of 4): "Mindstrong seems fitting for my work."*	3.1
	**Feasibility** *Example item (of 4): "Mindstrong seems possible."*	3.5

Facilitators Reported by Providers

Participants reported that the Help@Hand project and general exposure to Mindstrong increased conversations and awareness around mental health topics among MCBH and community members. They reported general hope and interest regarding mental health technology even if not specifically related to Mindstrong.

[172] Only 13 of the 15 survey respondents completed these items.

Pre-Implementation (Mar 2019) (N=11 Interviews)	Post-Implementation (Oct-Nov 2019) (N=4 Surveys, N=2 Interviews)
• Interest and optimism about the potential for mental health apps • Having previous experience using mental health apps • Weekly check-ins about the status of enrolled users on Mindstrong • App that does not have technical bugs • Interest to impart meaningful change in mental health services, particularly for settings with limited mental health resources • High confidence in the ability to successfully promote the app • Initial trainings by the app vendors to understand the app and onboard clients • Physical and procedural (e.g., discussion about the Tech Suite in weekly team meetings) reminders	• Exposure to overall Help@Hand project and Mindstrong increased awareness • Hope and interest about mental health technology • Future digital literacy education through "Appy Hour" events and through app guide

Barriers Reported by Providers

Challenges included client resistance due to privacy concerns related to substance use issues, limited smartphone access, and a lack of knowledge on how to onboard clients to Mindstrong. Additionally, clinicians faced competing time demands, difficulty balancing resources with other projects, and concerns about the validity of Mindstrong's biomarkers, particularly for substance use populations.

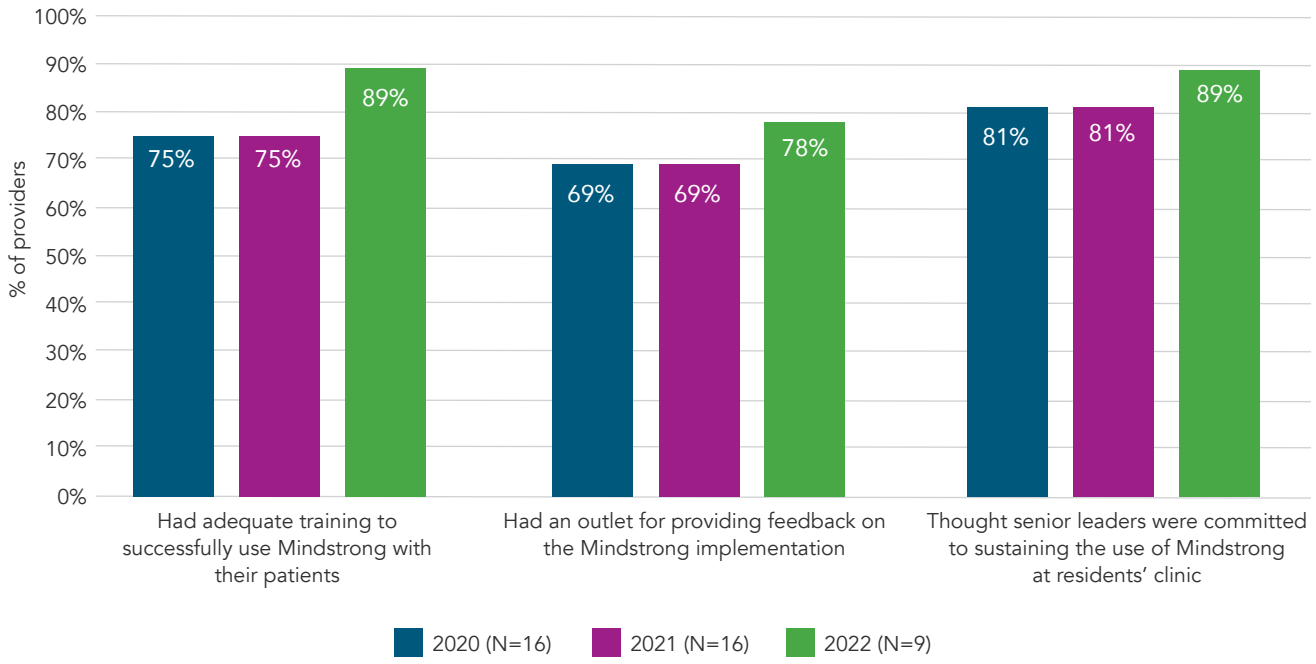
Pre-Implementation (Mar 2019) (N=11 Interviews)	Post-Implementation (Oct-Nov 2019) (N=4 Surveys, N=2 Interviews)
• Resistance from clients with substance use issues or legal concerns due to privacy related fears • Limited and consistent smartphone access to support use of the apps • Not knowing who to turn to with questions and where to access training materials • Competing time and resource demands • Prioritization of assistance with accessing basic needs (e.g., housing, food) over technology use • Lack of knowledge with introducing and onboarding clients to Mindstrong • Concern and confusion about the validity of Mindstrong's biomarkers, particularly in substance use populations • Difficulty accessing additional or ongoing training/consultation opportunities	• Challenges balancing time and resources with other MCBH projects and mandates • Difficulty using newly purchased phones and contracts due to pause in Mindstrong activities • Competing time demands for clinicians

ORANGE COUNTY

Workplace Readiness

Over the three years, providers felt that their clinics were ready for Mindstrong implementation. The positive perception of training, feedback, and sustainability were highest in the third year of implementation, which may in part indicate that clinic environments grew in readiness over the years. Over 80% of providers in each year agreed that the Mindstrong implementation would be sustainable long-term.

Providers' Perceived Workplace Readiness for Mindstrong



Facilitators Reported by Providers

Providers reported several facilitators for their referral of patients to Mindstrong.

Patients could conveniently participate in therapy virtually

Patients had timely access to therapy services

Patients did not have to pay for services

Patients were motivated to start therapy but had difficulty finding someone that was accepting patients, especially given the COVID-19 pandemic

Barriers Reported by Providers

Although the overall experience with Mindstrong was positive, providers reported several barriers. Challenges below are those reported by providers in the surveys. Providers did not have first-hand experience with the consumer-facing side of the application, so challenges reported by providers are largely based on patient feedback to providers.

Enrollment Barriers	Rapport Barriers
Patients were not contacted, or had a delay in contact, after being referred to Mindstrong	Mindstrong only offered brief therapy sessions
Patients were contacted but did not receive a message with callback information	Mindstrong therapists rotated between sessions
Enrollment process was too difficult for some patients	Mindstrong therapists frequently canceled sessions

Providers also reported enrollment and rapport barriers in the interviews.

> *"A lot of patients, you know, I've placed the referral and then they've said they were never contacted and, you know, they likely just didn't answer the phone. They got a call from an unknown number."*
> – Mindstrong Provider

> *"So, a couple of patients would tell me that they start to develop some rapport with the therapist. But then that person had to leave and then they had to find someone to fill in."*
> – Mindstrong Provider

Some providers commented on barriers related to technology.

> *"So, we have lots of elderly patients who are just like, 'Yeah, I mean, I can't do that.' Even if they get referred, they're like, 'I don't know how to use my smartphone. I don't know how to use Zoom. I don't know how to figure it out.'"*
> – Mindstrong Provider

> *"Some had technical difficulties pretty frequently."*
> – Mindstrong Provider

LEARNING GOAL #2
How did the County/City use Mindstrong?

KERN COUNTY

Kern County decided to discontinue Mindstrong and redirected their efforts to develop and disseminate an app guide for consumers.

LOS ANGELES COUNTY

While data was not explicitly collected regarding how providers used Mindstrong, it was clear that providers referred clients to Mindstrong to supplement their existing treatment with the psychiatric provider.

MODOC COUNTY

While the data did not address providers' Mindstrong use explicitly, the provider evaluation findings indicated that Modoc County refocused its efforts to rebuild trust with clients and identify additional apps that clients view as safer and more comfortable to use.

ORANGE COUNTY

While data was not explicitly collected regarding how providers used Mindstrong, it was clear that providers referred clients to Mindstrong to supplement their existing treatment with the psychiatric provider.

LEARNING GOAL #3
What were attitudes towards Mindstrong?

KERN COUNTY

Attitudes Toward Mindstrong

Prior to piloting Mindstrong, providers reported favorable and constructive evaluations of Mindstrong in their clinic and setting. They liked the idea of providing clinical support to clients outside of regular hours, and giving clients opportunities to work at thir own pace and comfort level with mobile technologies.

At the same time, providers reported Mindstrong was not what they expected. For example, providers thought Mindstrong would help clients understand their own mental wellness, but in reality, the bio-markers feature was confusing for clients to interpret. They also wanted the mobile app to offer Dialectical Behavioral Therapy (DBT), but did not ultimately feel comfortable having Mindstrong communicate directly with clients. Finally, providers reported that Mindstrong was not very sensitive, as two clients had incidents that were not flagged or prevented by their Mindstrong use.

During the post-pilot evaluation, providers overall perceived Mindstrong as "disappointing" and a poor fit for their communities. As a result, Kern County decided to discontinue Mindstrong.

Pre-Pilot (Dec 2018) (N=19 Interviews)	**Post-Pilot (Dec 2019)** (N=1 Interviews)
Providers liked the idea that Mindstrong could do the following: • Provide support to clinical support, including clinical support, outside of regular hours • Allow clients to work at their own pace	None
On the other hand, there were several factors that led providers to express doubts about Mindstrong: • Bio-markers feature was difficult for clients to interpret • Mindstrong did not meet providers' primary clinical needs • Mindstrong was not sensitive enough to flag or prevent some client hospitalizations	Overall, providers perceived Mindstrong to be incompetent and lacking scientific support. As a result, they indicated the app was a poor fit for Kern County and decided to discontinue the technology.

LOS ANGELES COUNTY

Attitudes Toward Mindstrong

Overall, the interviewed providers and leadership were enthusiastic about Mindstrong and their ability to use Mindstrong in their practice to help their clients in spite of limited experience using mental health apps in their clinic. Upon implementing Mindstrong in their clinics, interviews and surveys with providers revealed mixed enthusiasm for the use of Mindstrong.

Pre-Implementation (Sept 2018) (N=7 Interviews)	Post-Implementation (Jun 2019) (N=13 Interviews)
Overall, the interviewed providers and leadership were enthusiastic about Mindstrong and their ability to use Mindstrong in their practice to help their clients in spite of limited experience using mental health apps in their clinic.	There was a general sense that Mindstrong had been useful for many clients and added value to treatment, especial the digital DBT diary card which allowed clients to fill them out more consistently throughout the week on their devices and allowed providers to monitor client progress.
None	On the other hand, there was considerably less enthusiasm for the biomarker data due to the following factors: • The collection of biomarker data through the Mindstrong keyboard that was described as "clunky" • Lack of provider clarity as to how to use those data in clinical practice • Concerns about the clinical validity of the data

MODOC COUNTY

Attitudes Toward Mindstrong

Mindstrong was viewed as "disappointing" and did not meet Modoc County Behavioral Health's (MCBH) expectations, leading to a focus on rebuilding client trust and finding more secure apps. Clinicians considered Mindstrong neutral but remained optimistic about mental health technology and the increased awareness from the Help@Hand program.

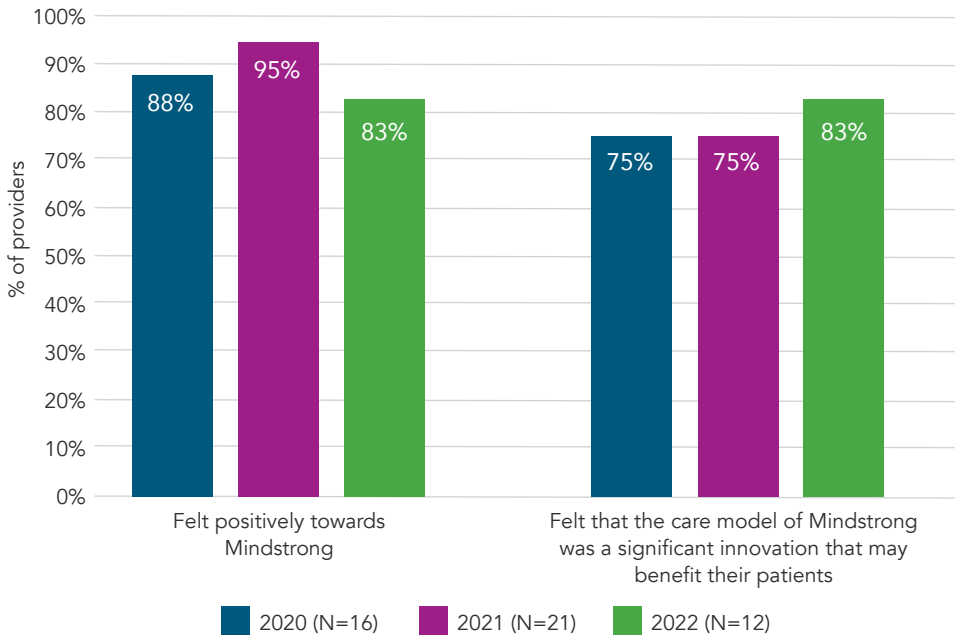
Pre-Implementation (Mar 2019) (N=16 Surveys)	Post-Implementation (Jun 2019) (N=4 Clinician Surveys, N=2 Leadership Interviews, N=2 Leadership Surveys)
Overall, Mindstrong was viewed as "disappointing" and not the "turnkey" solution Modoc County Behavioral Health (MCBH) had anticipated, requiring more customization than expected. Consequently, MCBH decided to prioritize rebuilding trust with clients and identifying apps that felt safer and more comfortable for them.	MCBH leadership reported that they did not expect to spend as much time and resources customizing Mindstrong to meet the specific needs of their population.
The Help@Hand program has fostered increased conversations and awareness around mental health among MCBH and community members. While clinicians were neutral about Mindstrong, they remained hopeful about the overall potential of the Help@Hand program and mental health technology	Modoc County clinicians indicated that Mindstrong was neither helpful nor hurtful to their clientele. However, there was still general enthusiasm for the mental health apps.

ORANGE COUNTY

Provider Attitudes Toward Mindstrong

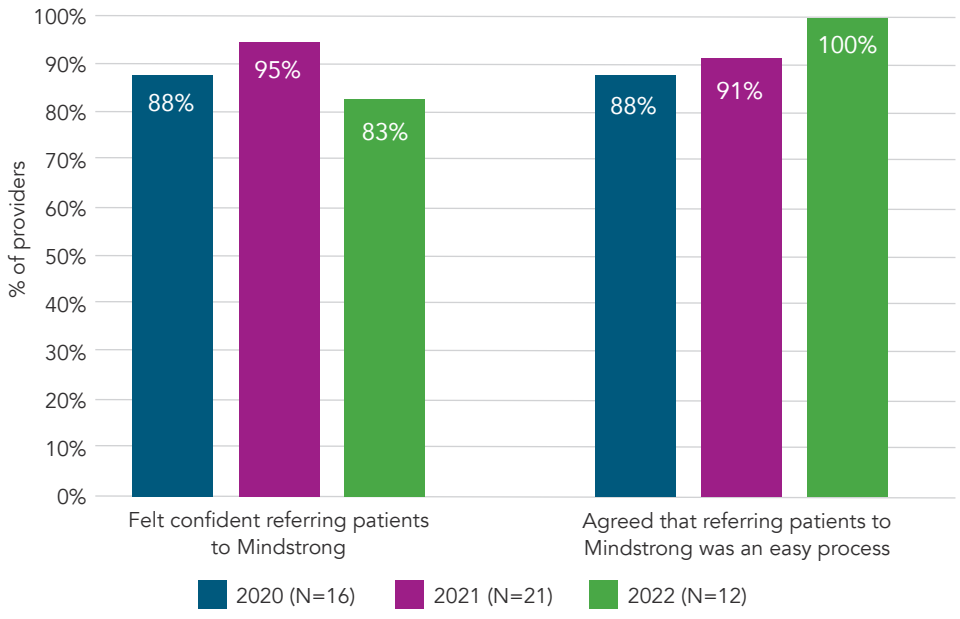
Overall, providers had positive feelings toward Mindstrong. Over the years, the majority of provider respondents indicated feeling positively towards Mindstrong. Specifically, the innovation of the Mindstrong care model was perceived as likely to benefit their patients, with over 75% of respondents in each year reporting this sentiment.

Provider Attitudes Towards Mindstrong



Providers' Confidence and Perceived Ease for Making Mindstrong Referrals

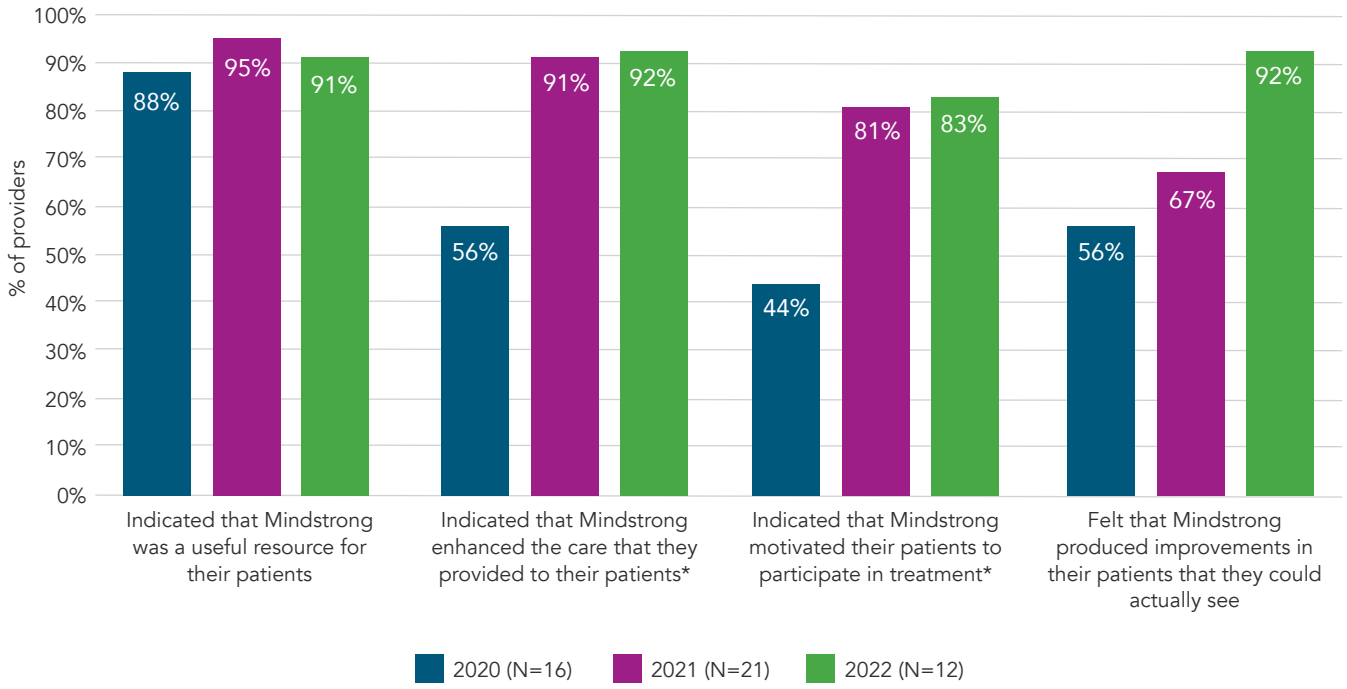
In addition, providers reported high levels of confidence referring patients to Mindstrong. Over 80% of provider respondents over all three years reported they felt confident in making referrals to Mindstrong. An even higher percentage perceived that it was easy to make Mindstrong referrals.



Provider Perceived Benefits of Mindstrong

Providers reported several perceived benefits of Mindstrong that motivated their referrals. Approximately 90% of providers in each year indicated that Mindstrong was a useful resource for their patients. In addition, providers' perception that Mindstrong enhanced their patient care, motivated patients to participate in treatment, and produced discernible patient improvements generally increased over the course of the Mindstrong implementation.

Providers' Perceived Benefits of Mindstrong



*There was a statistically significant increase in 2021 compared to 2020 with alpha = .05

LEARNINGS

Learnings from the Mindstrong provider evaluation included:

- **Providers generally had positive perceptions of Mindstrong.** Providers perceived Mindstrong as useful for extending clinical support to consumers after hours. They also perceived the app was generally acceptable, appropriate, and feasible to implement in their settings.
- **Providers felt they had organizational support to implement Mindstrong.** Several Counties/Cities reported having strong leadership and workplace that was invested and excited about using mental health apps such as Mindstrong.
- **However, training was lacking.** Providers reported desiring further training to use Mindstrong more effectively. Some expressed concern that training was largely self-study and a 5-minute video.
- **Client access to technology and workplace infrastructure were barriers to using Mindstrong.** In spite of their positive perceptions, providers also reported challenges using Mindstrong due to limited client access to smartphones, clinic access to devices, and unreliable clinic Wi-Fi.
- **Providers varied in their opinion of Mindstrong features.** Providers felt that the Mindstrong DBT diary was useful, though the digital-only format could be challenging. On the other hand, providers across the Counties/Cities expressed concern about the limited utility or validity of the biomarkers feature in clinical practice.
- **Overall, Mindstrong implementation was discontinued in all the sites.** While some Counties/Cities reported that Mindstrong was an overall disappointment or transitioned to other technologies, others felt more positively over the duration of implementation. However, Mindstrong was eventually discontinued in the Counties/Cities and ultimately Mindstrong was sold to SonderMind in 2023.[173]

[173] https://www.sondermind.com/resources/announcement/mental-health-leader-sondermind-to-provide-more-personalized-care-with-acquisition-of-mindstrong-technology/

MYSTRENGTH EVALUATION

Description	A flexible and comprehensive digital program with tools and dedicated support for stress, depression, sleep and more.

At-a-Glance in Help@Hand

Activity	Evaluation
Tech Exploration (completed) City of Berkeley, Marin County, Mono County, Riverside County, San Mateo County, Tehama County, Tri-City	This section presents evaluation findings from early technology testing of myStrength with older adults in Marin County in June 2020 as well as older adults and transitional aged youth in San Mateo County in September 2020. Data collection efforts included a demographic survey, technology experience survey, and focus group collected by the Counties and analyzed by the Help@Hand evaluation team. Findings from a market scan with myStrength can be found on page 201. Evaluation data was not available from other tech explorations.
Pilot (planned) Tri-City **Pilot (completed)** Marin County, Tehama County	This section also presents evaluation data from consumers and providers in Marin County, Tehama County, City of Berkeley, Mono County, and Tri-City. Data collection efforts included the following collected and analyzed by the Help@Hand evaluation team: *Consumer Evaluation* • **Marin County:** Surveys, interviews, and app data with pilot participants between February-June 2021 • **Tehama County**: Surveys and app data with pilot participants between December 2023-January 2024 • **City of Berkeley, Mono County, and Tri-City:** myStrength app data from consumers in these Help@Hand implementations between October 2021-December 2023. Consumer surveys were collected, but not presented due to low response rates and small sample sizes.

Activity	Evaluation
Implementation (planned) Marin County, Riverside County **Implementation (completed)** City of Berkeley, Mono County, Tri-City	*Staff Evaluation* • **Marin County:** Interviews and surveys between April-May 2021 with staff professional supporting the pilot • **Tehama County:** A survey between December 2023-January 2024 with staff (including Peers) supporting the pilot • **Mono County:** Two surveys between May-December 2023 with staff supporting the implementation • **Tri-City:** Two interviews in June 2022 and June 2023 with the Help@Hand Tech Lead supporting the implementation

INTRODUCTION

myStrength is a flexible and comprehensive digital program with tools and dedicated support to combat stress, depression, sleep and more. In 2020, Marin and San Mateo Counties conducted early technology testing of myStrength for older adults and transitional aged youth (TAY) to provide perspectives for these respective communities. In addition, two Counties collected pilot myStrength data from February 2021-January 2024, while implementation evaluation data were collected were completed by City of Berkeley, Mono County, and Tri-City from October 2021-June 2023.

KEY TAKEAWAYS

Marin and San Mateo Counties Tech Exploration: Early Technology Testing (June and September 2020)

Marin County

- **Older adults perceived myStrength positively.** Most participants (77%) reported enjoying myStrength and 67% were likely to continue using the app.
- **Participants perceived older adults would need additional support.** Participants identified the need for digital literacy and technical support for older adults to continue using myStrength.

San Mateo County

- **While older adults generally perceived myStrength positively, TAY were less enthusiastic.** While 100% of older adult participants reported enjoying myStrength, only 40% of TAY reported enjoyed the app. Similarly, 57% of older adults were likely to continue using the app, only 20% of TAY reported this, in large part due to concerns about the organization of information and the lack of visual appeal of myStrength.

Marin County, Tehama County, City of Berkeley, Mono County, and Tri-City myStrength Pilot and Implementation: Consumer Evaluation (February 2021-January 2024)

Marin County

- **myStrength was rated positively.** Nearly three-quarters (74%) of participants found myStrength useful and 65% reported it was easy to use.
- **After participating in the Marin County Help@Hand program, participants reported decreased loneliness and social isolation.** Over three-quarters (77%) of participants reported being lonely pre-pilot, compared to 41% after the pilot. Similarly, 32% reported being socially isolated pre-pilot, compared to 18% after the pilot.
- **Consumers need support.** Nearly half (42%) of pilot participants were not confident using technology, and 21% needed support getting access to Wi-Fi before the program.
- **Digital literacy trainings help consumers.** Most participants (78%) were satisfied with the digital literacy training and reported they were more likely to use technology as a result.

Tehama County

- **Engagement with myStrength over time was relatively high.** Most participants (86%) used myStrength for more than one day, while 71% were still using after 4 weeks.
- **myStrength consumers had high ratings for product support, but low confidence that myStrength would improve their mental wellness.** Consumers using myStrength felt that they could get support from others when they had difficulties using the app (75%). However, the low confidence in myStrength addressing consumers' mental wellness needs (20%) may reflect a disconnect between the product and the anticipated benefit of consumers.
- **Privacy was important for consumers when considering mental health technologies generally.** Some of the top considerations for consumers when choosing a mental health technology included concerns around privacy, cost, and its impact on their device, which 100% of consumers reported was important for mental health technologies to consider.

City of Berkeley, Mono County, and Tri-City

- **Continued engagement among subset of consumers.** The majority of consumers (about 70%) stopped using myStrength after a day, but a small percentage continued to use myStrength beyond 4 weeks to a year.
- **Gender differences.** Consumers who self-identified as non-binary scored lower on well-being and higher on anxiety and depression compared to those who self-identified as female or male.
- **Age differences.** Consumers aged 60+ years had higher well-being scores and lower levels of anxiety and depression compared to those aged 14-25 years.
- **Mood improvement.** A third of consumers who tracked their mood over time reported an improvement in mood using myStrength. Those with an improved mood were on average younger than those who reported no change or a decrease in mood.
- **Variety of interests.** myStrength offered varied interest topics, including those related to Mental Health Conditions, Health Topics, Lifestyle, and Spirituality. The most popular interests among consumers were related to Lifestyle and Spirituality. Lifestyle was the most popular interest among those aged 14-25 years and 26-59 years and those who identified as male or non-binary. Spirituality was more popular among those aged 60+ years and those who self-identified as female.

- **Variety of use.** Consumers completed a variety of activities on myStrength, with the most popular activities related to post-traumatic stress disorder (PTSD) and sleep. PTSD was the most recommended program for those aged 14-25 years and 26-59 years as well as those who self-identified as female and non-binary. Sleep was the most recommended program for those aged 60+ years and those who self-identified as male.

Marin County, Tehama County, Mono County, and Tri-City myStrength Pilot and Implementation: Staff Evaluation (April 2021-January 2024)

Marin County

- **Staff professionals, including Marin County staff, nurse interns, and promotores, felt positively about myStrength.** Most staff professionals (88%) perceived myStrength to be useful in Marin County and that it would be feasible for their clients (67%). However, its usefulness was acknowledged to depend on clients' digital literacy.
- **Staff professionals rated several myStrength features as moderately useful.** Features rated most useful included the sleep diary, behavioral health care planning resources, and goals features.

Tehama County

- **Staff felt positively about myStrength.** Most staff (75%) reported feeling positively toward myStrength and would recommend it to their clients.
- **However, staff expressed mixed reviews regarding perceived support when using myStrength.** While 75% felt that there were resources and tools available to them, only half reported knowing where to get help with myStrength or having an outlet for providing feedback on the technology.

Mono County

- **Staff initially had positive experiences with myStrength, but this generally decreased over time.** In Survey 1, nearly 100% of staff initially felt myStrength was useful for their clients, and 73% felt positively toward the technology. However, these perceptions were lower in Survey 2, with slightly over half of staff feeling positively towards myStrength. Surprisingly, even after using myStrength for nearly 6 months, only 33% of staff felt they had the knowledge to be successful in using myStrength with clients in Survey 2.
- **More training was needed when launching myStrength.** Initially, most staff (67% in Survey 1) did not feel they had received adequate training to use myStrength successfully with their clients.

Tri-City

- **Pre-launch project planning.** Project planning before launching myStrength implementation was important, including preparing marketing materials and ensuring buy-in from staff.
- **Enrollment challenges.** While individuals who signed up consistently used myStrength, enrollment was overall a challenge due to the multiple forms, steps, and incorrect QR codes on marketing materials. Social media marketing contributed to increased sign ups.
- **Older adult engagement challenges.** Tri-City had difficulty engaging older adults due to their hesitance about technology and the need to provide hands-on guidance.

MARIN AND SAN MATEO COUNTIES TECH EXPLORATION: EARLY TECHNOLOGY TESTING (June and September 2020)

DEMOGRAPHICS

MARIN COUNTY

Participant Demographics

Older Adults

Twelve older adult participants aged 60+ years participated in the early technology testing in June 2020. Participants filled out a demographic survey (N=11), used myStrength for 1-8 hours over one week, completed a technology experience survey (N=12), and then participated in a focus group.[174] Participants had the following demographics (N=11).

Age Group
9% 60-64 years
55% 65-84 years
9% 85-89 years
27% Declined to answer

Gender
55% Women
45% Men

Race/Ethnicity
55% White
9% Latinx/Hispanic
9% Black/African American
9% Southeast Asian
18% Declined to answer

Language
91% Preferred English
9% Preferred Spanish

[174] The number of individuals who participated in the focus group is unknown.

Education
9% Some college experience
18% Bachelor's degree
73% Graduate or professional degree

Household Annual Income
64% Under $50,000
18% $75,000 or over
18% Declined to answer

Mental Health
55% Experienced mental health concerns
36% Have not experienced mental health concerns
9% Declined to answer

Digital Literacy
91% were confident using technology
9% were not confident using technology

SAN MATEO COUNTY

Participant Demographics

Older Adults

Eight older adults aged 55-80 years participated in the early technology testing and provided feedback for myStrength in September 2020. Participants filled out a demographic survey (N=8), used myStrength for 1-6 hours, completed another survey (N=7), and then participated in a focus group (N=6). Participants had the following demographics (N=7[175]).

Age Mean (Standard Deviation)
66.1 years (8.9 years)

Gender
100% Female/Women

Sexual Orientation
100% Straight/Heterosexual

[175] While a total of 8 older adults participated in the demographic survey, only 7 participants took the technology experience survey. The responses of the person who declined the technology experience survey was removed from the demographic survey analysis and resulted in a N=7 for demographics.

Race/Ethnicity
57% White
29% Asian
14% More than one race

Language
100% Preferred English

Education
14% Some college
57% Bachelor's Degree
29% Graduate or professional degree

Household Annual Income
14% Less than $30,000
29% Between $50,000-$74,999
43% Over $100,000
14% Declined to answer

Mental Health (N=10)
71% Experienced mental health concerns
14% Current mental health concerns
14% Have not experienced mental health concerns

Additional Support or Accommodations
14% Need accommodations for physical mobility, long-term health needs, and independent living
86% Did not report needing assistance or physical accommodations

Transitional Aged Youth (TAY)

Five TAY aged 15-20 years participated in early technology testing and provided feedback for myStrength in September 2020. Participants filled out a demographic survey (N=4), used myStrength for 1-6 hours, completed a technology experience survey (N=5), and then participated in a focus group (N=3). Participants had the following demographics (N=4[176]).

Age Mean (Standard Deviation)
17.0 years (2.4 years)

Gender
100% Female/Women

Race/Ethnicity
50% Latina/o/x/Hispanic
25% Black/African American
25% Asian

Language
75% Preferred English
25% Preferred Spanish

Education
50% Not completed high school
25% Completed high school
25% Some college

Household Annual Income
50% Under $30,000
25% Do not know
25% Declined to answer

Mental Health (N=10)
25% Experienced mental health concerns
25% Have not experienced mental health concerns
50% Declined to answer

Additional Support or Accommodations
75% Did not need assistance or physical accommodations
25% Declined to answer

[176] While five TAY participated in the early technology testing for myStrength, only four completed the demographic survey.

LEARNING GOAL #1

What were the initial views of myStrength during the early technology testing?

SUMMARY OF MARIN AND SAN MATEO COUNTIES

Initial Views of myStrength

	Marin County Older Adults Focus Group[177]	**San Mateo County** Older Adults Focus Group (N=6)	**San Mateo County** TAY Focus Group (N=3)
Perceived Strengths 	• Provided credible and easy-to-understand information • Provided content specific to mental health conditions, such as depression and anxiety • Tracking features, especially sleep-tracking, were perceived as useful	• Few technical issues • Information perceived as trustworthy and easy to understand • Variety of topics discussed and flexibility in how to engage topics • Perceived as useful in daily life • Perceived to meet the needs of older adults without serious mental illness • Perceived to be culturally sensitive and inclusive of older adults	• Minimal barriers to using myStrength, including cost or technical issues • myStrength was perceived as useful in daily life • Content in Spanish appeared to make myStrength more accessible
Perceived Weaknesses 	• Required technology support when getting started with app • Required too many log-ins when using across devices • Some content was redundant • Some content was provided in language that was too simple • A certain level of mental health literacy was needed to interpret information provided • Was not culturally inclusive, as shown through language inconsistencies, lack of language options, and images • Lacked community-connection feature • Lacked connections to local resources and immediate support	• Did not allow for exploration of exercises according to mental health needs without re-starting partially-completed activities • No opportunities to connect with others, including providers	• Difficult to use and navigate due to large amount of content • Content was not organized in a way that was user-friendly or aesthetically-pleasing • Privacy concerns due to amount of demographics information users were asked to share • Complex language on myStrength was perceived as dense • Was not perceived as culturally sensitive, even while having activities for specific groups

[177] The number of individuals who participated in the focus group is unknown.

MARIN COUNTY

Initial Views of myStrength

Older Adults

Overall, participants reported that myStrength was visually appealing and that the app provided credible information that was easy to understand. Others appreciated that it provided content that was geared to specific mental health conditions, such as depression and anxiety. Furthermore, participants felt the sleep tracker was particularly helpful and would motivate them to keep coming back to myStrength.

The most common expected barrier for isolated older adults was their own lack of digital literacy and the lack of on-going technical support. Some observed that they needed technology support when getting started with the app, and that users would also likely need some level of mental health literacy needed to interpret information provided.

While content was considered easy to understand, some participants felt that the language used to was too simple, and that content was often redundant, which meant they did not continue to gain new knowledge. Furthermore, participants noted that myStrength's language inconsistencies, lack of language options, and images indicated low levels of cultural inclusivity.

Finally, participants observed that myStrength did not provide opportunities to connect with others to build community, a primary challenge for older adults in Marin County. They also noted that myStrength did not provide connections to local resources (such as referrals or connections to other mental health services) or immediate support (such as hotlines, or 911).

> *"What I was surprised by is that [myStrength] did not sound like what I thought it would be when we discussed what would be helpful to isolated people in Marin. It is useful information and goodness knows getting a good night sleep is important for all of us…but it doesn't do anything to address the big issue, which is isolation. You will finish these exercises and be in the same situation when you started."*
> – Early Technology Testing Participant

SAN MATEO COUNTY

Initial Views of myStrength

Older Adults

Overall, participants perceived myStrength positively, and rated it highly for the variety of content and activities it possessed, as well as its ability to allow participants to customize their experience with the technology according to their daily needs. However, participants pointed out that partially-completed activities automatically re-started when participants began other modules. Furthermore, participants disliked the limited amounts of activities provided to users each day. Nevertheless, myStrength was perceived to provide a holistic approach to health management, perhaps due to the variety of activities offered.

TAY

Participants perceived that myStrength could be useful and that it was accessible, with no cost and a relatively comprehensive Spanish translation. However, they also observed that information provided by myStrength was dense and not easy to navigate, especially if seeking to engage TAY.

LEARNING GOAL #2

What were initial experiences with myStrength during early technology testing?

SUMMARY OF MARIN AND SAN MATEO COUNTIES

Initial Experiences with myStrength

	Marin County Older Adults Surveys (N=12)	**San Mateo County** Older Adults Surveys (N=7)	**San Mateo County** TAY Surveys (N=5)
Enjoyed using myStrength	88%	100%	40%
Rated myStrength as useful[178] (Maximum rating=5)	3.4	86%	0%[179]
Likely to continue to use myStrength	67%	57%	20%
Found myStrength visually appealing	72%	100%	20%
Found myStrength easy to use	58%	Participants generally reported myStrength was very easy to use[180]	Participants generally reported myStrength was moderately easy to use[181]
Rated myStrength easy to navigate[182] (Maximum rating=5)	3.4	3.6	3.2
Felt myStrength was appropriate	67% felt myStrength was appropriate for older adults	71% felt myStrength was appropriate for their needs	60% felt myStrength was appropriate for their needs
Reported privacy concerns for myStrength[183] (Maximum rating=5)	2.9	2.3	2.9

178 Participants responded to three statements related to myStrength's usefulness (such as, "I found myStrength to be useful in my daily life.") and scored 1=Strongly Disagree to 5=Strongly Agree.

179 While 5 participants completed the survey, only 4 responded to this question.

180 Participants responded to two statements related to ease of use (such as, "myStrength is easy to use.") and scored 1=Strongly Disagree to 5=Strongly Agree. The myStrength composite score was 4.3.

181 Participants responded to two statements related to ease of use (such as, "myStrength is easy to use.") and scored 1=Strongly Disagree to 5=Strongly Agree. The myStrength composite score was 3.6.

182 Participants responded to three statements related to whether they would continue to use myStrength (such as, "I would continue to use myStrength if given the opportunity.") and scored 1=Strongly Disagree to 5=Strongly Agree.

183 Participants responded to three statements related to privacy (such as, "I feel that as a result of using myStrength, information about me is out there that, if used, will invade my privacy.") and scored 1=Strongly Disagree to 5=Strongly Agree.

MARIN COUNTY

Initial Experiences with myStrength

Older Adults

Overall, early technology testing participants rated myStrength positively. Not only did most participants enjoy using myStrength and find it visually appealing, but most also felt it was appropriate for isolated older adults. However, only 44% found it easy to use. There were additional specific concerns that participants raised in the survey.

Resources Required

Although overall participants reported having the resources necessary to use myStrength[184], some also felt that myStrength would require extra support for particular communities, and expressed concern about the lack of technical assistance as well as the digital literacy required to use myStrength.

> *"Lack of a support system to assist in the tech trouble shooting [could be a challenge]. If an adult is already feeling isolated, they might not feel it is worth it to change since no one may notice."*
> – Early Technology Testing Participant

Cultural Sensitivity

Participants rated myStrength as fairly low for cultural sensitivity.[185] Participants noted issues with translation and cultural competency. Specifically, two participants who were Spanish-speaking and explored the Spanish version of myStrength strongly agreed that the language of myStrength was easy to understand but were split (between disagree and agree) on whether the language and content was appropriate for Spanish-speaking adults. One problem was the lack of videos available in Spanish on myStrength. Other issues were with translations and consistencies in language on myStrength.

Information & Language

Participants rated myStrength as fairly high in providing information and language that is credible and easy to understand.[186] However, some participants found the content in myStrength to be repetitive and unoriginal.

> *"[myStrength content] seemed redundant to me. I did not learn anything new. I would have liked to have had more novel information. There wasn't any."*
> – Early Technology Testing Participant

[184] Participants responded to two statements related to resources required to use myStrength (such as, "I have the resources necessary to use myStrength.") and scored 1=Strongly Disagree to 5=Strongly Agree. The myStrength composite score was 4.2.

[185] Participants responded to four statements related to myStrength's cultural sensitivity (such as, "myStrenth values and respects cultural differences.") and scored 1=Strongly Disagree to 5=Strongly Agree. The myStrength composite score was 2.8.

[186] Participants responded to two statements related to information provided by myStrength (such as, "The information on myStrength is credible and trustworthy.") and scored 1=Strongly Disagree to 5=Strongly Agree. The myStrength composite score was 4.3.

SAN MATEO COUNTY

Initial Experiences with myStrength

Older Adults

Overall, early technology testing participants had positive ratings of myStrength. All reported enjoying using myStrength and 100% agreed that myStrength was visually appealing. They pointed to the variety of content and information provided, and the ability to customize their experience, and myStrength's promptings to users on a daily basis, reminding them to use the technology.

> *"I enjoyed the chronic pain discussion as well as other various topics like racism and spirituality [in myStrength]."*
> – Early Technology Testing Participant

In light of the COVID-19 pandemic and its resulting isolation, participants also observed that it was important for them to have an application that they could engage with on a daily basis and obtain support. Participants also discussed that such technology like myStrength could aid those who enjoy consistent, repetitive engagement in therapy but are not always able to access those resources. Additionally, participants commented that myStrength was helpful in mitigating everyday stressors.

> *"[myStrength] contains most situations that [cause] stress and anxiety in everyday living and has activities to help you work through it."*
> – Early Technology Testing Participant

Fit With Different Populations

There were additional specific concerns that participants raised in the survey and focus group. Participants reported that myStrength was not suitable for individuals with severe mental distress, and suggested providing a feature that would easily connect myStrength users to healthcare providers in emergency situations. Participants also mentioned that myStrength could be better attuned to the changes in a user's psychological state and allow for greater exploration of the application, according to a person's daily needs.

Participants also expressed the importance of ensuring older adult users have access to clear and understandable technical support.

> *"…a lot of older adult[s] don't know how to download on their phone, have to be willing to support tech issues, number to call, step-by-step early instructions."*
> – Early Technology Testing Participant

Connection with Others

Nearly three-quarters (72%) reported that myStrength did not provide them opportunities to connect with others, and 86% were neutral about its use making it more likely for users to access mental health services. Participants made the suggestion that the technologies could be improved if they had the ability to be intersected with their mental health services.

Resources Required

Although participants were moderately in agreement that they had the resources to use myStrength, during the focus groups, they noted difficulties they had with certain devices, and in response, turned to other avenues of accessing the technologies. Participants also suggested the importance of being mindful of the possibility that users may possess older types of devices that may not be compatible with the technologies.

> *"If I did not have a laptop or table it would [be] more difficult. I don't think I would like [myStrength] on my cell phone because the screen is too small."*
> – Early Technology Testing Participant

Cultural Sensitivity

In surveys, participants rated myStrength as moderate for cultural sensitivity.[187] However, participants did not comment on why they felt this during the focus group.

Information & Language

Participants rated myStrength as fairly high in providing information and language that they trusted and was easy to understand.[188] However, participants perceived myStrength to use more technical language and some language was considered polarizing.

> *"Not everyone who is interacting with [myStrength] is familiar with technical behavioral health language."*
> – Early Technology Testing Participant

TAY

Overall, early technology testing participants had mixed ratings of myStrength. Most had the resources to access myStrength, with 80% of participants reporting accessing myStrength on a smartphone. Participants generally enjoyed the daily mood-related questions myStrength asked users, which allowed them to reflect on how they felt,

[187] Participants responded to two statements related to myStrength's cultural sensitivity (such as, "myStrength respects my culture and the culture of others" and "myStrength knows about my culture.") and scored 1=Strongly Disagree to 5=Strongly Agree. The myStrength composite score was 3.2.

[188] Participants responded to two statements related to information provided by myStrength (such as, "I trust the information I find on myStrength," and "The language in myStrength was clear and easy to understand.") and scored 1=Strongly Disagree to 5=Strongly Agree. The myStrength composite score was 4.1.

and felt that myStrength was fairly comprehensive, and that it offered information pertaining to different groups and topics, including the LGBTQ+ community and the Black Lives Matter movement. One participant also felt that it met their needs with its activities pertaining to nutrition and meditation.

However, only 20% of participants reported that myStrength helped them connect with others and that it would make them more likely to access mental health services. In addition, though 60% felt myStrength was appropriate for their needs, 0%[189] reported that it actually met their needs, 25% reported it did not meet their needs, and 75% were neutral.

There were additional specific concerns that participants raised in the survey and focus group, as described below.

Organization of Information

Some participants expressed community-specific activities were difficult to find and that myStrength's visual aesthetic was complex, which was not appealing to TAY and made it difficult to navigate the app. Overall, myStrength was difficult for participants to use due to the large amount of information and participants perceived it was not organized in a user-friendly manner.

> *"I think when you're looking at the TAY population, I feel like [myStrength] gets the job done, there's a lot you can [do]. But I feel like it's not hitting all the points, and it has to do with the interface. If they made it more modern and less clinical, it could appeal to more youth."*
> – Early Technology Testing Participant

> *"I think the daily mood tracker gives incentive for people to use [myStrength] every day. I missed one day and was disappointed I didn't see the graph and how I was doing that day. The mood tracker is the initial steppingstone to get people into the app to use additional features."*
> – Early Technology Testing Participant

Cultural Sensitivity

In surveys, participants rated myStrength as fairly low for cultural sensitivity.[190] However, participants did not comment on why they felt this during the focus group.

Information & Language

Participants rated myStrength as fairly high in providing information and language that they trusted and was easy to understand.[191] However, they did comment on the incomplete translation of the application, perceived some of the language to be misleading, and felt that it could be more concise.

> *"I don't think it was the language, but I feel like sometimes things were misleading. I'd click on a video that I thought would be a video on meditating but then there would be questions. I didn't expect that. Also, sometimes when they are explaining the activities, they explain them in paragraphs. I feel like it could be shortened or in a bullet points instead of paragraphs."*
> – Early Technology Testing Participant

[189] While 5 participants completed the survey, only 4 responded to this question. Participants were also asked how much they agreed, on a scale from 1-Strongly Disagree to 5-Strongly Agree, with the following statement: "myStrength met my needs."

[190] Participants responded to two statements related to myStrength's cultural sensitivity (such as, "myStrength respects my culture and the culture of others" and "myStrength knows about my culture.") and scored 1=Strongly Disagree to 5=Strongly Agree. The myStrength composite score was 2.6.

[191] Participants responded to two statements related to information provided by myStrength (such as, "I trust the information I find on myStrength," and "The language in myStrength was clear and easy to understand.") and scored 1=Strongly Disagree to 5=Strongly Agree. The myStrength composite score was 4.3.

MARIN COUNTY

Feedback on myStrength Features

Marin County older adults reported that they varied in their use of myStrength features. Older adults and TAY in San Mateo County did not report on these features in their surveys.

Features	Description	Marin County Older Adults Surveys (N=12)
 Community	A tool on myStrength where users could view and share quotes and images.	33% of participants used this tool
 Activities	Sets of activities on myStrength that focus on a particular topic.	92% of participants used this tool
 Tracker	A feature on myStrength that provides ways to log behaviors and techniques to improve.	58% of participants used the Sleep tracker

Older Adults

The Community feature was considered easy to use, but participants were split (between strongly disagree and agree) on whether the feature would be useful and on whether they would use it.

Overall, Activities were rated easy to use, with 74% reporting it would be useful in daily life, 55% reporting they would use it often. The most commonly activity was for Controlling Anxiety, with 73% of participants reporting use.

Among Trackers, the Sleep feature was the most positively rated. Of the seven participants who used it, 86% reported it would be useful in daily life, and 71% reported it met their wellness needs and they would use this feature often.

> *"I am using this [Sleep Feature] to sleep. I began one week ago and it really helps me. And I am amazed because I am sleeping better…It had small tips and I am using that and it was really helpful."*
> – Marin County Early Technology Testing Participant

SAN MATEO COUNTY

Feedback on myStrength Features

Older Adults

During focus groups, older adult participants mentioned they were limited to a certain number of activities each day. In addition, they did not like that activities would re-start if they explored other activities.

TAY

Participants used the mood tracker and enjoyed answering questions pertaining to their mood on a daily basis. They also noted that this feature prompted them to consistently engage with the application, in order to be able to assess their mood over a period of time. Participants felt that this feature might act as an incentive for users to begin using the application, and eventually explore other features.

LEARNINGS

Learnings from Marin and San Mateo Counties' myStrength early technology testing included:

Marin County

- **Older adults perceived myStrength positively.** While 77% of participants reported enjoying myStrength, 67% were likely to continue using the app.
- **Participants perceived older adults would need additional support.** Participants identified the need for digital literacy and technical support for older adults to continue using myStrength.

San Mateo County

- **While older adults generally perceived myStrength positively, TAY were less enthusiastic.** While 100% of older adult participants reported enjoying myStrength, only 40% of TAY reported enjoyed the app. Similarly, 57% of older adults were likely to continue using the app, but only 20% of TAY reported this, in large part due to concerns about the organization of information and the lack of visual appeal of myStrength.

MARIN COUNTY, TEHAMA COUNTY, CITY OF BERKELEY, MONO COUNTY, AND TRI-CITY MYSTRENGTH PILOT AND IMPLEMENTATION: CONSUMER EVALUATION (February 2021-January 2024)

DEMOGRAPHICS

MARIN COUNTY

Consumer Demographics

Twenty-nine individuals (14 English-speaking older adults and 15 Spanish-speaking adults) participated in the consumer evaluation. However, only 28 completed the demographic survey as shown below. (N=28)

Age
93% Over 65 years old
7% Under 65 years old

Gender
93% Female
7% Male

Preferred Language
48% Preferred English
51% Preferred Spanish

Ethnicity
55% Latine
38% White
4% Black
4% Asian

Highest Educational Level
28% High school or less
62% More than high school
10% Declined to answer

Household Income
41% <$19,000
10% $20,000-$39,000
28% >$40,000
21% Declined to answer

Mental Health Concerns
38% Experienced mental health concerns
41% Did not experience mental health concerns
21% Other or Declined to answer

TEHAMA COUNTY

Consumer Demographics

The number of consumers from Tehama County who participated in the myStrength pilot between November-December 2023 was equal to or less than 10 individuals. The exact number is not provided to protect the confidentiality of consumers.

Slightly more than half of the consumers who used myStrength were female, slightly less than 30% were males, and the remainder identified as non-binary. All consumers selected English as their language option.

Mental Health Symptoms of myStrength Consumers

At registration, 57% of consumers scored moderate or severe for anxiety and 57% scored moderate, moderately severe or severe for depression.[192]

	Total N≤10
Moderate or Severe Anxiety	57% of consumers
Moderate, Moderately Severe, or Severe Depression	57% of consumers

CITY OF BERKELEY, MONO COUNTY, AND TRI-CITY

Consumer Demographic

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

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

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

Language
99.8% English
0.2% Spanish

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

Mental Health Symptoms of myStrength Consumers

Overall, consumers scored somewhat low on well-being at registration (N = 1,711). Over a third of consumers scored high on anxiety (35%) and depression (41%) at registration.

39 Average **Well-Being** score (SD=21; range 0-100)

35% Scored high on **Anxiety**

41% Scored high on **Depression**

Differences by Gender

Consumers who self-identified as non-binary scored lower on well-being (p=.02), and higher on anxiety (p=.02) and depression (p=.001) compared to those who self-identified as female or male.

Differences by Age

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

LEARNING GOAL #1
What factors influenced if a person downloaded myStrength and used it over time?

MARIN COUNTY

Consumer Views of Mental Health Technologies

Reasons for Using Smartphone/Tablet

Generally, the majority of survey participants (N=28) wanted to use a smartphone/tablet to connect with friends and family, for entertainment, and to get help with general health concerns. In addition, 33% of participants reported wanting to a smartphone/tablet to get mental health support during the day. (N=27)

75%
Connect with friends and family

75%
Use it for entertainment

71%
Get help with general health concerns

Participant Priorities for Mental Health Technology

Survey participants (N=28) were asked about the factors that they considered to be important in their selecting and using mental health technology products. Participants noted that it was most important to them that products kept personal information private and were free (both 71%, respectively).

71%
Personal information is kept private

71%
The app is free

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

57%
Availability in languages other than English

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

54%
Parts of the app can be used offline

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

46%
The app is sensitive to my culture

46%
The app can be easily used by people who are Deaf or Hard of Hearing

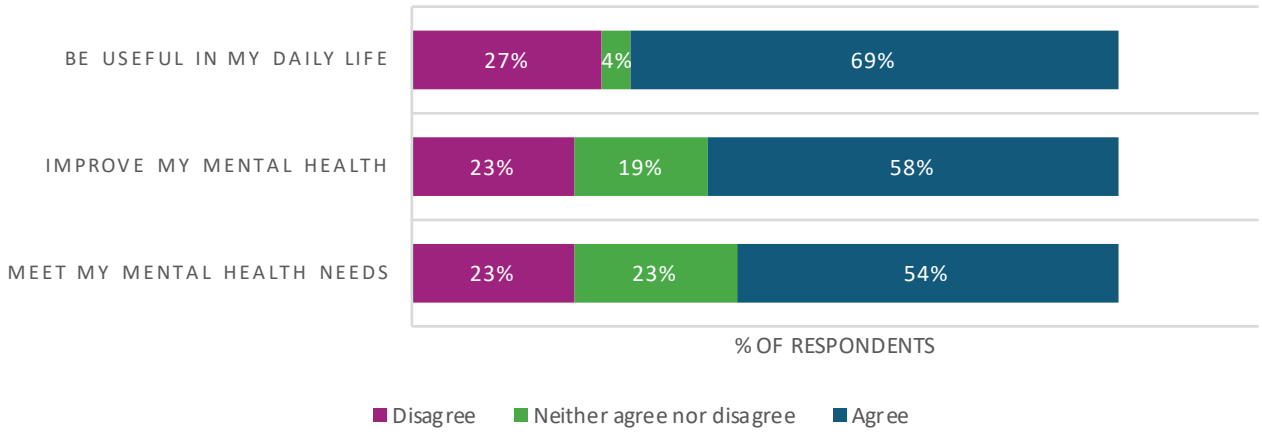
Reasons for Using myStrength

Survey participants (N=28) reported they primarily wanted to participate in the myStrength pilot due to:

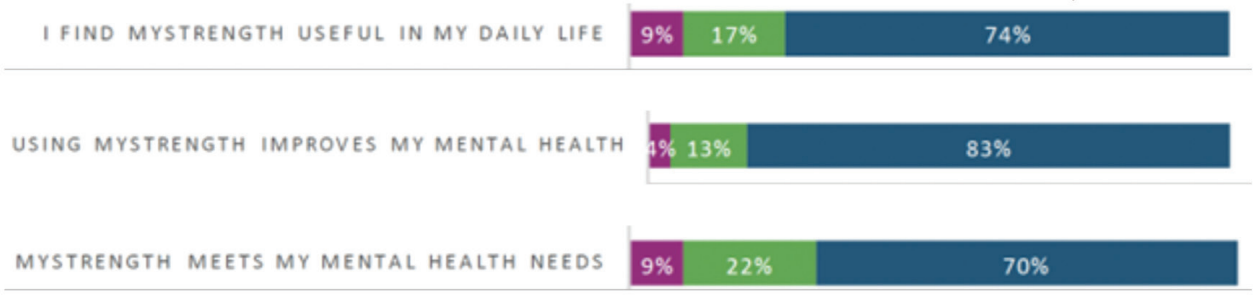
- Their interest in learning something new, especially technology
- Wanting to support a program aimed at helping people
- Their belief in the recommendation from trusted others who had participated in other offered programs

Consumer Perceptions of myStrength

At the start of the myStrength pilot, participants had positive expectations about myStrength. The majority of survey participants (N=26) felt that it would be useful in their daily life and improve their mental health (69% and 58%, respectively).



At the end of the pilot, participants continued to feel positively about myStrength (N=23).



Access to Support

Most survey participants (N=23) also perceived that they could get help from others when having difficulties through using myStrength (65%), and that using myStrength helped them get access to support sooner than if they had not used it (78%).

Cultural Relevance

Overall, participants agreed that myStrength valued and respected cultural differences and demonstrated knowledge about their culture. There were, however, areas that they identified that could be improved, including more content in Spanish and English and full voiceover of videos into Spanish.

Satisfaction with myStrength

The majority of participants, including English- and Spanish-speaking participants, (N=23) reported that myStrength was useful, easy to use, and that they would recommend it to others.

65%
Easy to use

74%
Useful in daily life

78%
Would recommend to others

Challenges with myStrength

While survey participants (N=28) were excited for the program, they experienced a general lack of technical readiness to begin the program. Challenges included lack of support from family or friends, and additional hurdles around meeting people in-person to provide needed support and/or training created by the need to address COVID-19 safety issues and lockdown requirements.

Specifically, they also reported needs related to internet access and data.

21%
Participants needed staff support to get access to Wi-Fi

36%
Participants had access to a mobile data plan

61%
Participants most often accessed Internet from home

As a result, Marin County staff provided significant assistance to prepare participants to be able to participate in the technology component of the program, including supporting people in accessing the Internet and working closely with participants to troubleshoot issues. Twenty-one devices were distributed to participants.

Reasons for Discontinuing myStrength

Participants who completed a survey at the end of the pilot shared various reasons they stopped using myStrength during the duration of the two-month pilot, including lack of time, issues accessing myStrength (e.g., difficulties with Wi-Fi/Internet, and logging in/password; need for ongoing technical support and guidance), and low perceived need.

A number of participants described current health conditions (chronic and acute) that may have limited their abilities to engage in social activities and technologies and affected their overall well-being. Some examples included vision, hearing, memory, mobility, arthritis, and dental issues. Some participants also mentioned that the health conditions commonly experienced by older adults, such as vision issues and chronic fatigue, could make the low contrast and text-heavy technology of myStrength difficult to use.

31%

Busy / no time

31%

Health reasons

23%

Issues accessing myStrength

15%

Don't think I needed it

TEHAMA COUNTY

The findings below reflected consumer survey perspectives after an average of 23.6 days (SD=5.5) of using myStrength, reflecting consumers early experiences and attitudes towards the mental health technologies generally, and the myStrength product specifically.

Views on Mental Health Technologies

In general, most people (80%) were interested and confident in using technology to support their mental health. Each percentage indicates agreement to the statements below.

High Interest and Confidence Toward Tech to Support Mental Health	**80%** Interested in using technology to support mental health	**80%** Confident in their ability to use technology to support mental health

Key Aspects of Technology to Support Mental Health

Consumers indicated that the most important aspects of using technology to support mental health were related to the following key issues. Each percentage indicates agreement to the statements below.

Mental health technologies must…	**100%** Keep personal information private	**100%** Not cost money	**100%** Not impact their device functioning
It was also important that the app…	**80%** Be available offline	**40%** Be usable by people with visual or hearing impairments	**20%** Be sensitive to culture

Perceptions of myStrength

All consumers (100%) reported that they felt that they had the resources they needed to use myStrength. A majority (80%) felt that myStrength would be useful in their daily lives and 75% felt that they could get support from others when they had difficulties using the app.

Interestingly, a minority (40%) of consumers felt that myStrength would improve their mental wellness, and only 20% of consumers felt that myStrength would meet their mental wellness needs. Together, these findings suggest that consumers selected to use myStrength for reasons other than meeting their mental health needs specifically.

Each percentage indicates agreement to the statements below.

High Ratings for Perceptions of Accessibility and Usefulness	**100%** Had access to necessary resources to use myStrength	**80%** Felt myStrength would be useful in their daily lives	**75%** Could get support from others when having difficulty using myStrength
Low Confidence in myStrength Addressing Mental Wellness Needs	**40%** Felt myStrength would improve their mental wellness	**20%** Felt myStrength would meet mental wellness needs	

CITY OF BERKELEY, MONO COUNTY, AND TRI-CITY

No relevant data available

LEARNING GOAL #2
How was myStrength used?

MARIN COUNTY

Experiences with myStrength

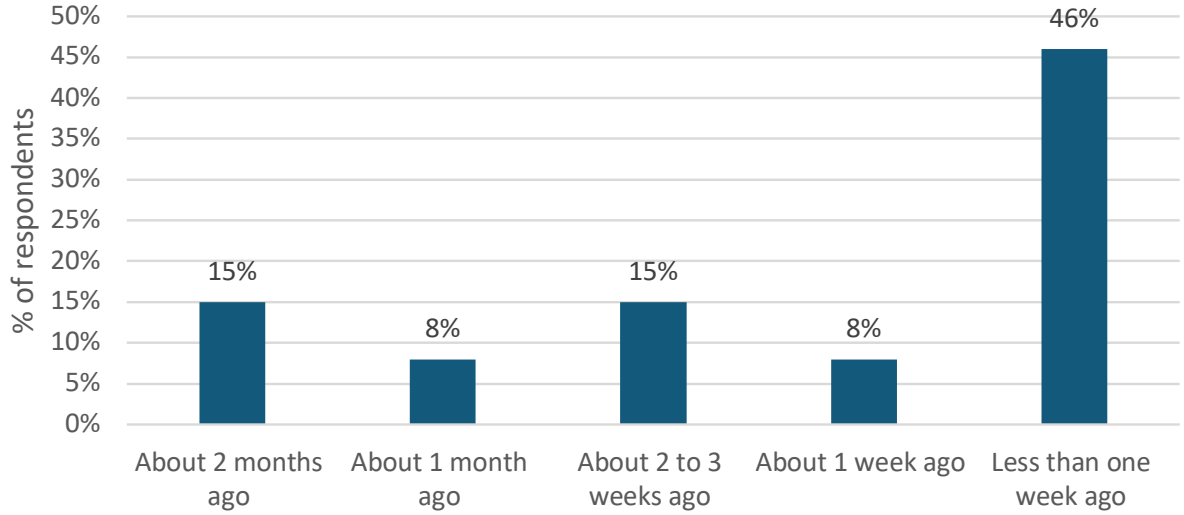
myStrength Use

At the end of the pilot, 70% of survey participants (N=23) used myStrength for the duration of the two-month pilot period. Most (52%) used it daily or several times a week.

70%	52%	39%
Used myStrength for 2 months or more	Used myStrength daily or several times a week	Used myStrength continuously during the pilot

Discontinuation of myStrength

Among survey participants who took the survey after the pilot ended (N=13), nearly half had stopped using myStrength in the final week of the pilot.



TEHAMA COUNTY

Experiences with myStrength

Consumer Logins and Engagement

On average, consumers (N≤10) logged into myStrength 6 times and used it for 45 days between the time they registered until their last login. Almost all consumers (86%) used myStrength for more than one day and 71% still used myStrength after 4 weeks.

45

Days on average from a consumer's registration to their last login onto myStrength

6

Average number of logins for all consumers who registered for myStrength

86%

Used the app for more than a day

7

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

71%

Still used after 4 weeks

7

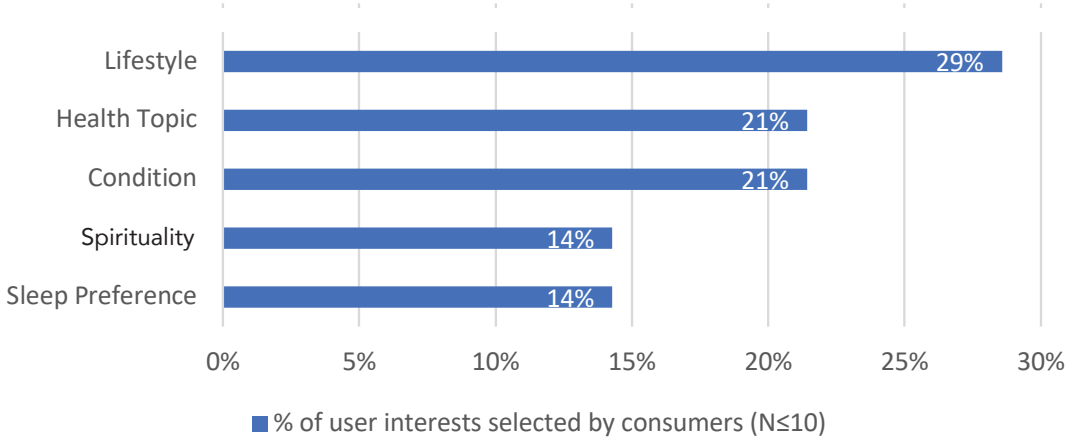
Average number of logins for consumers still using myStrength after 4 weeks

User Interest

myStrength offered a set of selected topics from a predefined list from which consumers could add one or more of these interests to their profile. myStrength organized user interests into five categories: Lifestyle, Spirituality, Health Topic, Sleep Preference, and Condition.

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

All consumers in the Tehama County pilot added one or more user interests to their profile. myStrength used this selection to customize the resources shown to them. Consumers added between 1-5 user interests, with two selected on average.



CITY OF BERKELEY, MONO COUNTY, AND TRI-CITY

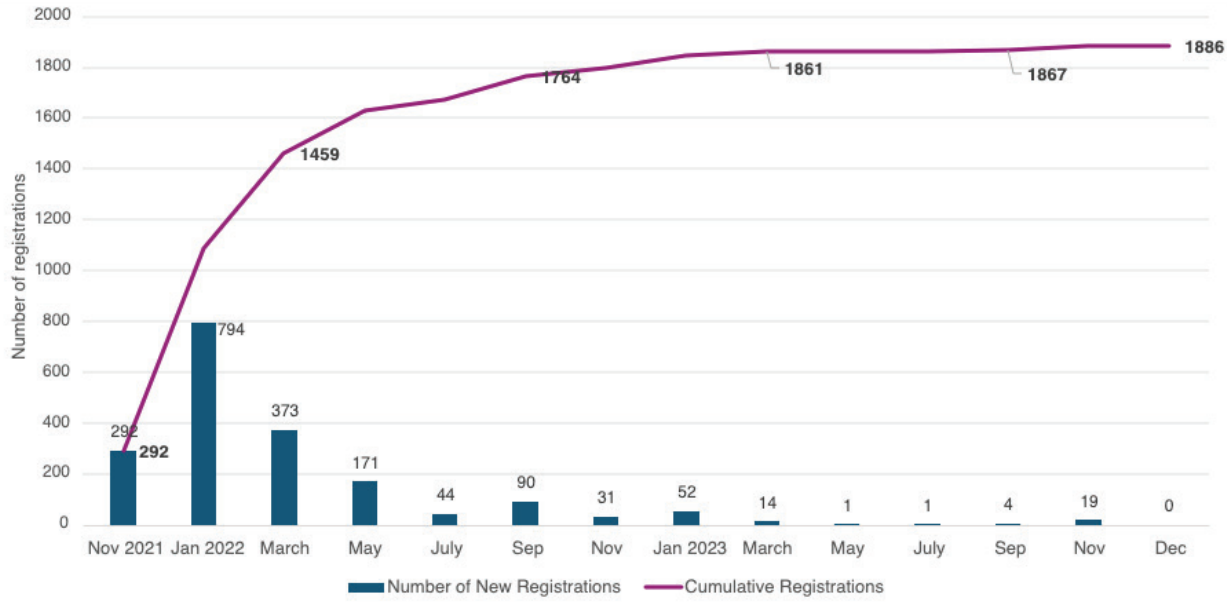
Experiences with myStrength

The table below summarizes the users in the City of Berkeley, Mono County, and Tri-City's myStrength implementations.

County/City	Time Period of Pilot/ Implementation	Core Audiences	Number of Users
City of Berkeley	October 2021 – October 2022	All City residents	1,720
Mono County	May 2022 - March 2023	All County residents, with a focus on: • College students • Monolingual Spanish speakers • Isolated populations	116
Tri-City	June 2022 - December 2023	All County residents, with a focus on: • Transition Aged Youth (TAY) • Monolingual Spanish speakers • Older adults	50

Consumer Enrollments

The figure below shows consumer enrollments over time. The majority of consumers enrolled between November 2021 and May 2022 (App Data, N = 1,886).



Consumer Logins and Engagement

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

3

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

29

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

7

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

10

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

Active Users

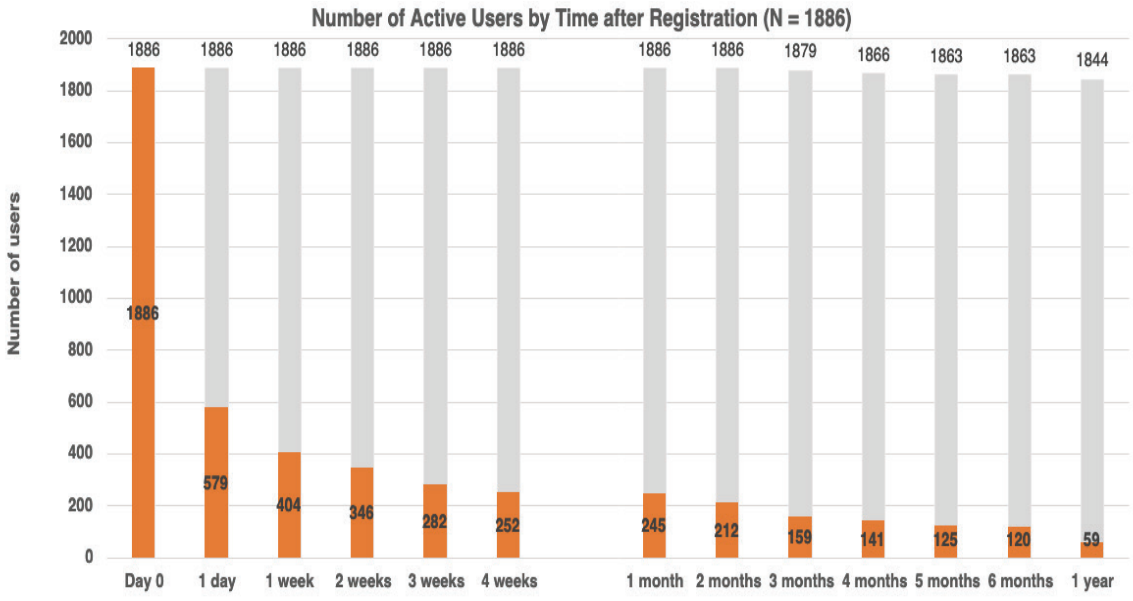
The figure below shows the number of eligible and active users[193] over time. Almost a third (31%) of the 1,886 consumers used the app for more than a day, and 13% of consumers were still using myStrength after 4 weeks.

31%

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

13%

Were **still using myStrength after 4 weeks**



[193] Eligible users are all consumers who were enrolled into the implementation and had access to myStrength. A consumer is considered an active user if they logged into myStrength.

User Interests

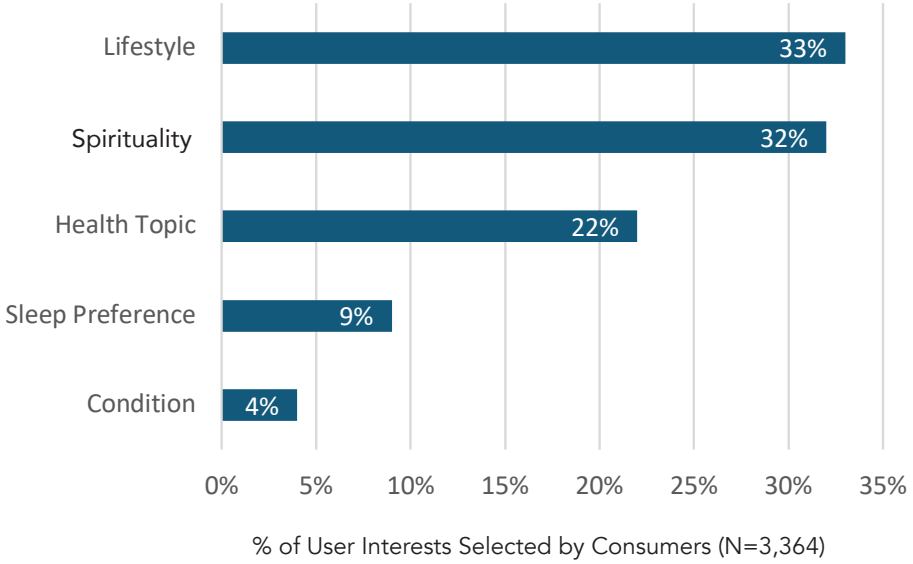
A total of 1,509 consumers collectively added 3,364 user interests to their profile, which entailed selecting topics from a predefined list that were of interest to them; this selection was used by myStrength to customize the resources shown to them. Consumers on average added 2 interests (range 0-12 interests) and most of them added 1-3 interests. Among consumers from Berkeley, Tri-City, and Mono County, the most popular user interests related to Lifestyle (33%) and Spirituality (32%).

Lifestyle

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

Spirituality

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



User Wellness Programs

The wellness programs[194] recommended to consumers the most were related to post-traumatic stress disorder (PTSD), insomnia/sleep, and anxiety (App Data, N = 1,886).

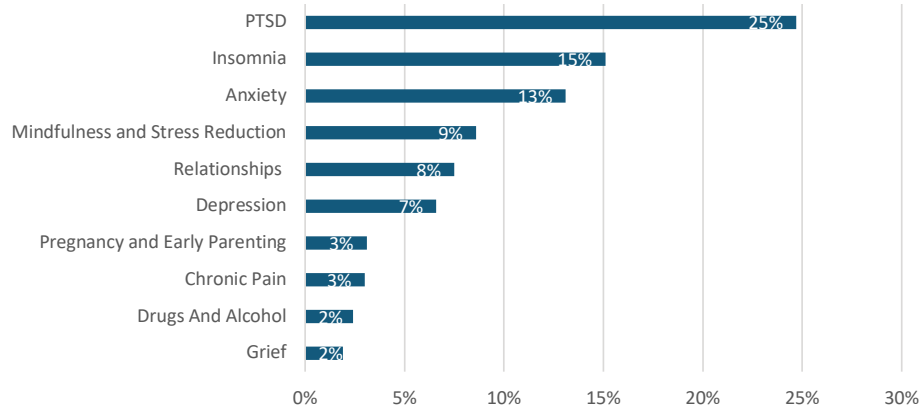
PTSD

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

Insomnia

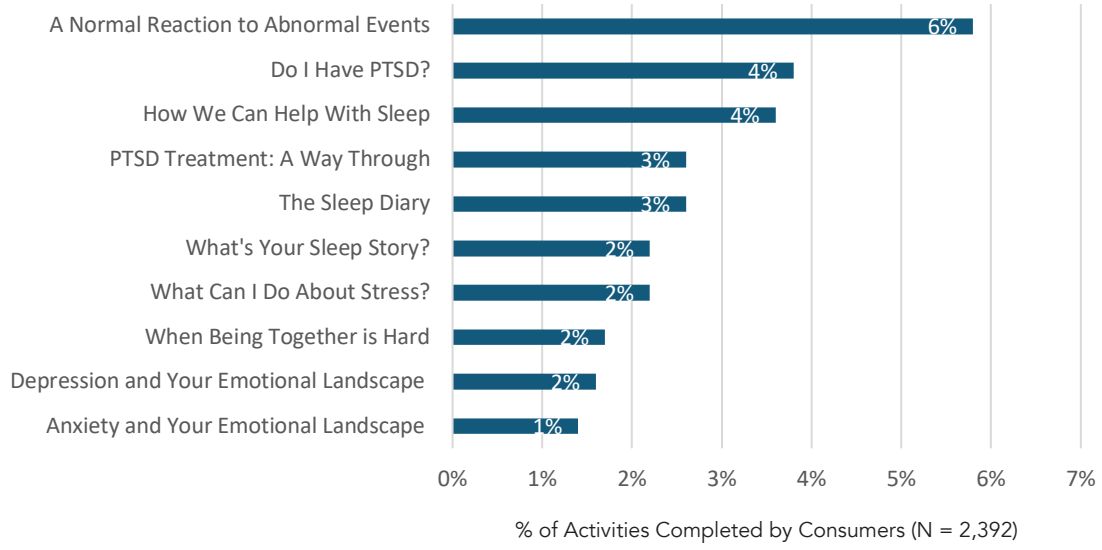
Insomnia was the most recommended program for consumers aged 60+ years, and male consumers

Percent of Wellness Programs Recommended to Consumers (N = 1,886)



User Activities

A total of 561 consumers completed 1 or more activities[195] in myStrength. The top 10 most popular activities related to PTSD and sleep. In total, consumers engaged in 340 different types of and a total of 2,392 activities (some types of activities were completed multiple times). This explains the relatively low percentage per activity below.



[194] Wellness programs are sequential learning-based programs on myStrength covering topics, such as depression, anxiety, and stress management. myStrength recommended wellness programs to all consumers based on their answers to health questions during registration.

[195] Activities are stand-alone resources other than wellness programs, such as videos and quick tips.

LEARNING GOAL #3
What were the potential benefits of using myStrength?

MARIN COUNTY
Benefits after Using myStrength

Mental Well-Being and Willingness to Seek Help

Though a higher percentage of participants (N=22) reported having moderate to severe mental distress, a higher percentage reported being willing to ask for help. These were not statistically significant changes.

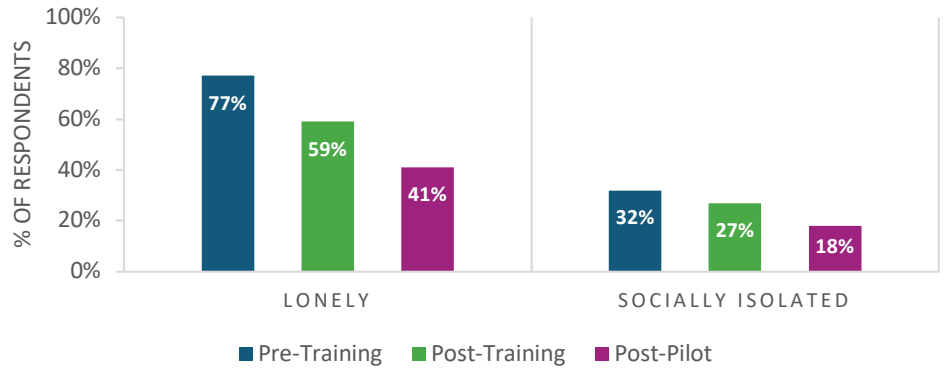
Pre-Pilot		Post-Pilot
27%	Likely to have Moderate to Severe Mental Distress	32%
68%	Willing to Seek Help	82%

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

Sense of Social Connectedness

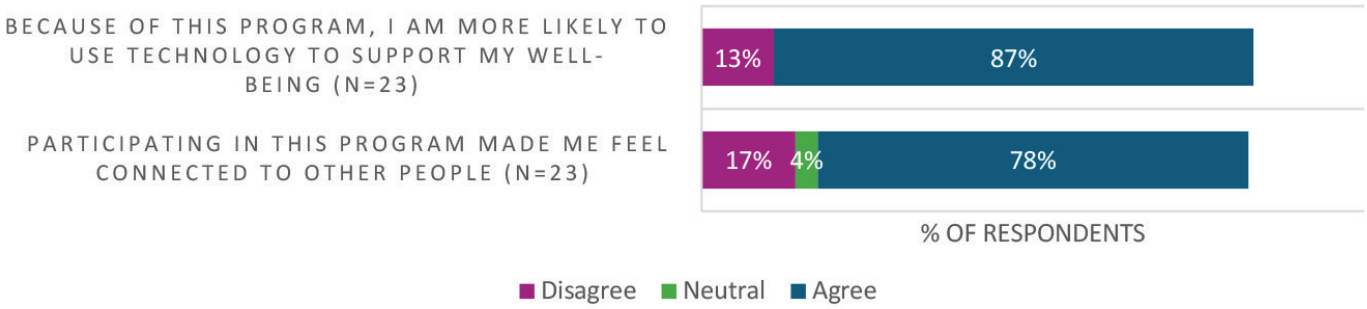
Participants (N=22) were asked about their feelings of loneliness and being socially isolated at both before and after beginning the myStrength pilot. Both feelings of loneliness and feelings of being socially isolated significantly decreased from prior to a digital literacy training to after using myStrength.[196]

Participants' Reported Social Connectedness (N=22)



[196] There was a statistically significant decrease in loneliness from the start of the program (M = 6.0, SD = 1.7) to the end of the program (M = 5.5, SD = 2.1), t(21) = 3.04, p<.01. There was also a statistically significant decrease in social isolation from the start of the program (M = 7.4, SD = 4.0) to the end of the program (M = 9.2, SD = 5.0), t(21) = -3.11, p<.01.

Participants (N=23) were also asked about their feelings of connectedness and their likelihood of using technology to support their well-being at the end of the pilot program. Some participants reported that the program helped with loneliness, and made them feel more connected through interacting with other people.

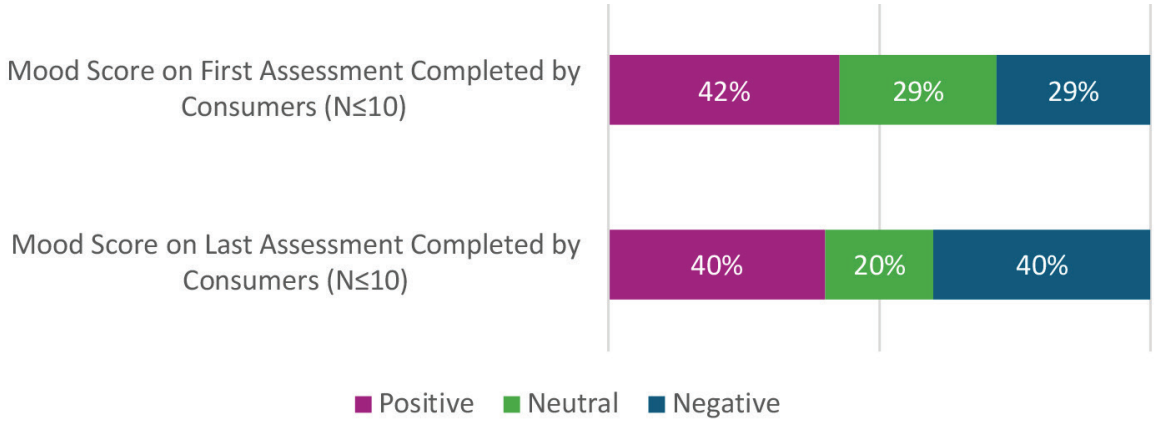


TEHAMA COUNTY

Benefits after Using myStrength

Mood

At the first mood assessment, 42% of consumers reported a positive mood and 29% reported a negative mood. However, at the last mood assessment the percentage of consumers who reported a positive mood was virtually unchanged, but the percent of people who reported a negative mood actually increased from 29% to 40%.[197]



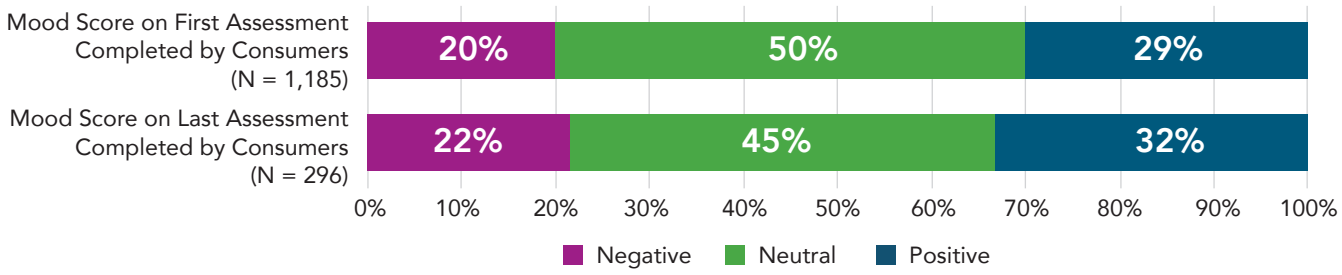
CITY OF BERKELEY, MONO COUNTY, AND TRI-CITY

Benefits after Using myStrength

Mood

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

[197] Consumers had the option to track their mood over time in myStrength. They could rate their mood on a 5-point scale ranging from -1 (Negative) to 1 (Positive), and could rate their mood more than once. The average number of days between the first and last assessment was 45.6 days.



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

	Mood Decrease (N = 92)	No Change In Mood (N = 115)	Mood Improvement (N = 89)
	**Age** Average age 40.4 years (SD = 15.4) **21%** 14-25 years **67%** 26-59 years **12%** 60+ years	**Age** Average age 43.9 years (SD = 16.9) **20%** 14-25 years **64%** 26-59 years **17%** 60+ years	**Age** Average age 38.5 years (SD = 15.5) **26%** 14-25 years **64%** 26-59 years **10%** 60+ years
	**Gender** **74%** Female **12%** Male **10%** Non-binary	**Gender** **64%** Female **24%** Male **10%** Non-binary	**Gender** **73%** Female **10%** Male **8%** Non-binary
	**Language** **100%** English	**Language** **98%** English **2%** Spanish	**Language** **100%** English
	**Number of Logins** Average 11.7 (SD = 48.8)	**Number of Logins** Average 8.0 (SD = 11.2)	**Number of Logins** Average 10.1 (SD = 22.6)

LEARNINGS

Learnings from the myStrength consumer evaluation included:

Marin County

- **myStrength was rated positively.** Nearly three-quarters (74%) of participants found myStrength useful and 65% reported it was easy to use.
- **Participants reported decreased loneliness and social isolation.** The majority (77%) of participants reported being lonely pre-pilot, compared to 41% after the pilot. Similarly, 32% reported being socially isolated pre-pilot, compared to 18% after the pilot.
- **Consumers needed support.** Nearly half (42%) of pilot participants were not confident using technology, and 21% needed support getting access to Wi-Fi before the program.
- **Digital literacy trainings helped consumers.** Most participants (78%) were satisfied with the digital literacy training and reported they were more likely to use technology as a result.

Tehama County

- **Engagement with myStrength over time was relatively high.** Most consumers (86%) used myStrength for more than one day, while 71% were still using after 4 weeks.
- **myStrength consumers had high ratings for product support, but low confidence that myStrength would improve their mental wellness.** Consumers using myStrength provided high ratings for product support (75%). However, the low confidence in myStrength addressing consumers' mental wellness needs (20%) reflected a disconnect between the product and the anticipated benefit of consumers.
- **Privacy was generally important for consumers when considering mental health technologies generally.** Some of the top considerations for consumers when choosing a mental health technology included concerns around privacy, cost, and its impact on their device, which 100% of consumers reported was important for mental health technologies to consider.

City of Berkeley, Mono County, and Tri-City

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

MARIN COUNTY, TEHAMA COUNTY, MONO COUNTY, AND TRI-CITY MYSTRENGTH PILOT AND IMPLEMENTATION: STAFF EVALUATION (April 2021-January 2024)

DEMOGRAPHICS

MARIN COUNTY
Demographics

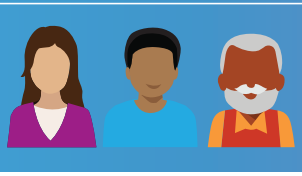
Marin County staff, nurse interns, promotores, and Technology4Life staff participated in a 30-minute semi-structured interview and/or a 15-minute survey between April and May 2021. Below are the demographics of those in the evaluation.

Average Age (standard deviation)
33 years (12.4 years)

Sex
84% Female
16% Male

Ethnicity
42% American Indian/Alaskan Indian
37% Hispanic or Latino
16% Multiracial
5% White

Highest Ecucational Level
53% High school or less
42% College degree or less (Trade, AA, BA)
5% Master's or doctoral degree



Role
65% Nurse interns
20% Promotores
15% Marin County staff

TEHAMA COUNTY
Staff Demographics

Staff supporting Tehama County's myStrength implementation were surveyed between December 2023-January 2024. Staff who completed the surveys were 50% male and 50% female. The majority (75%) were between 26-59 years old. All (100%) identified as White (N≤ 5).

Gender
50% Male
50% Female

Race
100% White

Age
0% 19-25 years
75% 26-59 years
25% 60+ years

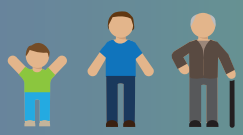
Education
25% Associate degree
50% High school degree
25% Other

MONO COUNTY

Staff Demographics

Staff supporting Mono County's myStrength implementation completed two surveys between May-June 2022 (N = 12)[198] and November-December 2022 (N = 9). Sixteen Mono County staff participated across both surveys, with five completing both surveys.

Most respondents were female and between 26-59 years. About half the survey respondents were affiliated with mental health-based services.

May – June 2022 Survey (N=12)		Nov – Dec 2022 Survey (N=9)
Age **8%** 19-25 years **67%** 26 - 59 years **25%** 60+ years		**Age** **78%** 26 - 59 years **22%** 60+ years
Gender **58%** Female **25%** Male **8%** Transgender/Non-Binary **8%** Prefer not to answer		**Gender** **67%** Female **33%** Male
Race **58%** White **25%** Hispanic or Latino **8%** American Indian/Native Indian **8%** Multiracial		**Race** **44%** White **56%** Hispanic or Latino
Education **8%** Less than High School **17%** High School or GED **8%** Bachelor's degree **33%** College/Professional/Associate Degree **33%** Masters and/or Doctorate		**Education** **11%** Less than High School **11%** High School or GED **11%** Bachelor's degree **33%** College/Professional/Associate Degree **33%** Masters and/or Doctorate
Affiliation **50%** Mental Health Services **25%** Mono Wellness Center **17%** Substance Use Disorder Services **8%** 2+affiliations		**Affiliation** **56%** Mental Health Services **33%** Substance Use Disorder Services **11%** 2+affiliations

TRI-CITY

Tri-City's Tech Lead was interviewed in June 2022 and June 2023. No demographic information was provided.

[198] Twelve people completed the first survey. Of the twelve respondents, one person only completed the demographic questions.

LEARNING GOAL #1
What factors make a setting ready for a technology like myStrength?

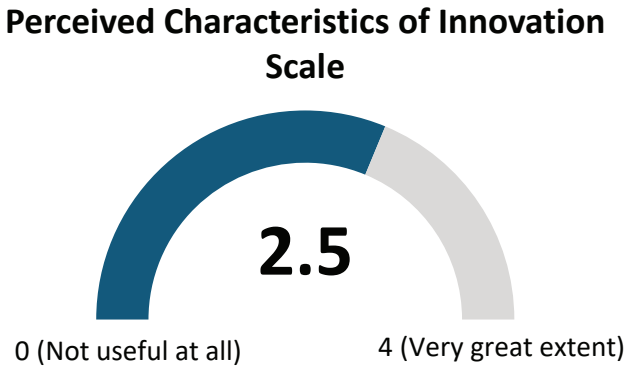
MARIN COUNTY

Views and Support with myStrength Pilot

In April 2021, the staff professionals (Marin County staff, nurse interns, and promotores) were surveyed to understand their perspectives and experiences with the myStrength pilot. Overall, the impressions of the staff professionals were very positive towards the use and application of myStrength in Marin County.

Usefulness

The majority (88%) of staff professionals (N=16[199]) perceived myStrength to be useful in Marin County. In addition, the Perceived Characteristics of Innovation Scale (PCIS)[200] was used to assess the staff professionals' (N=16) perceived usefulness of myStrength. Staff professionals rated myStrength as moderately positive after responding to statements related to myStrength's characteristics (such as, "I feel like myStrength did a pretty good job of simplifying just what it is to talk about mental health and incorporating it into your daily life.").



Acceptability and Feasibility of myStrength

Staff professionals (N=16) indicated they largely agreed that myStrength was acceptable for their participants using the Technology Acceptance Measure (TAM[201]) (5.7 on 7-point scale).

The majority (67%) of staff professionals (N=16) also perceived myStrength as feasibly doable for their participants.

[199] Not all individuals who completed the demographic survey completed the myStrength-related survey.

[200] The PCIS scale was created with good reliability (alpha=0.92). Items were assessed on a 5-point scale (0=Not at All, 1=Slight Extent, 2=Moderate Extent, 3=Great Extent, or 4=Very Great Extent). Add after this footnote: Moore, G. C., & Bensabat, I. (1991). Development of an instrument to measure the perceptions of adopting an information technology innovation. Information Systems Research, 2(3), 192-222. https://doi.org/10.1287/isre.2.3.192

[201] Items were assessed on a 7-point scale (1= Strongly Disagreed, 2=Disagreed, 3= Slightly Disagreed, 4= Neither Agreed Nor Disagreed, 5= Slightly Agreed, 6= Agreed, or 7=Strongly Agreed). The TAM scale was created with good reliability (Cronbach's alpha=0.92). Davis, F. D. (1989). Perceived usefulness, perceived ease of use, and user acceptance of information technology. MIS Quarterly, 13(3), 319–340. https://doi.org/10.2307/249008

TEHAMA COUNTY

Organizational Support for myStrength

The majority of staff felt that there were resources and tools available to help them be successful in using myStrength. However, only half knew where to get help with the technology.

75% of staff felt that there were resources and tools available to help them be successful in using myStrength

50% of staff knew where to get help with myStrength

50% of staff reported having an outlet for providing feedback on the use of myStrength

*Data reported in Surveys (N≤ 5).

Trainings

The majority of staff (75%) reported receiving training on myStrength before the pilot. Some reported receiving an introductory session and follow-up trainings, while others reported that their training was self-directed.

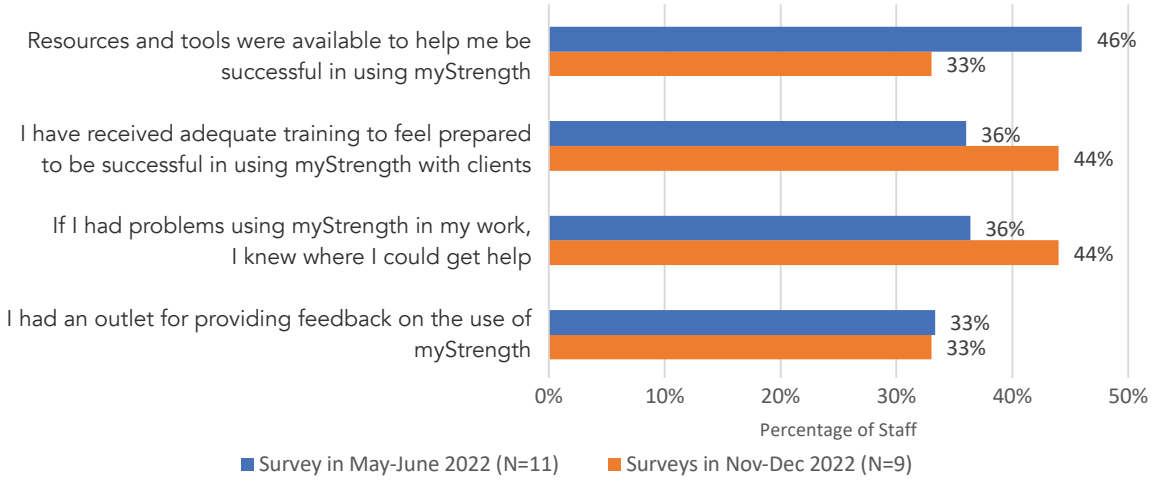
MONO COUNTY

Organizational Support for myStrength

While nearly half of participants initially felt that resources and tools were available to help them use myStrength successfully, this fell to 33% at Survey 2. Throughout the survey period, approximately one-third of staff felt that that there were resources and tools available to help them be successful in using myStrength. However, the percentage of staff who knew where to get help increased from 36% in Survey 1 to 44% during Survey 2.

Trainings

Only one-third of staff reported feeling they had received adequate training to use myStrength successfully with their clients during Survey 1 (N=11). However, this went up to 44% for Survey 2 (N=9).



TRI-CITY

Facilitators Reported by Tech Lead

Community Outreach

Tri-City reached their core audiences, including older adults, TAY, and monolingual Spanish speakers. By June 2022, over 100 individuals were onboarded early in their implementation. Over the course of the implementation, they expanded marketing to include paid ads which contributed to an increase in enrollment.

Community Partnerships

The Tech Lead observed that local community organizations were excited about myStrength and partnering with Tri-City to share the technology with community residents.

Technical Support and Tools

Tri-City conducted in-person visits with older adults at senior centers, which allowed hand-on support to address digital literacy challenges and to garner their interest in the technology. They also used tools like Google Translate to address language barriers with monolingual Spanish speakers.

> *"I've doing lots of outreach for to our community members and getting the word out there that this is available for them that they can utilize [myStrength]."*
> – Tech Lead

> *"The paid advertising is what really got it out there to folks. It's on our website, but how many everyday people are going to our website, you know."*
> – Tech Lead

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

Challenges Reported by Tech Lead

Planning Challenges

The Tech Lead reported that launching an implementation takes time, planning, and support, especially when seeking to reach and engage core audiences. While Tri-City explored a partnership with the Full-Service Partnership program to increase engagement among older adults, issues related to billing and compliance prevented the use of myStrength in that program.

Enrollment Challenges

The Tech Lead reported that Tri-City encountered challenges enrolling people into myStrength due to flyers that were distributed with incorrect sign-up QR codes. In addition, the Tech Lead believed the multi-step process and multipled required forms contributed to the low number of sign-ups.

Language and Digital Literacy Issues

The Tech Lead reported that older adults and monolingual Spanish speakers experienced digital literacy and/or language barriers that hindered their onboarding and full use of myStrength.

Staffing Challenges

The Tech Lead was the only staff for the myStrength implementation, which made it challenging to provide hands-on assistance for older adults.

> *"[Older adults] are very hesitant when it comes to technology. They do need a lot more hands on, so staffing wise it's hard for me, being the only person on staff, to do all the hands on with them … I have other projects too, so [myStrength] hasn't been my forefront or my main project."*
> – Tech Lead

LEARNING GOAL #2
How did staff use myStrength?

MARIN COUNTY

Experiences with myStrength Pilot

Types of Activities

- **Tech Support:** Aiding with technology (e.g., televisions, computers, and software) and typically aiming to help the participant with a specific problem. (e.g., Wi-Fi issues, issues with logging into accounts, etc.).
- **Digital Literacy Training:** Teaching participants how to use their device and/or programs (e.g., how to use Zoom, signing up for myStrength, exploring app features, etc.).
- **Gather Feedback:** Soliciting input or checking in with participants.
- **Logistical Support:** Onboarding participants, initiating and terminating Wi-Fi services, coordinating with 3rd-parties, etc.
- **Service Delivery:** Connecting participants to resources and mental health support services.
- **Supervision Received:** Receiving feedback and support from supervisors.

Staff professionals performed various activities over the course of the pilot. The bulk of the nurse interns' (N=13) time was spent supporting participants with digital literacy training, followed by logistical support. While logistical support was the most frequently reported activity, it often took less time than other activities, and thus did not take as much total time overall as digital literacy training. Other common activities that nurse interns conducted included gathering feedback and checking-in with participants.

TEHAMA COUNTY

No relevant data available.

MONO COUNTY

Experiences with myStrength Implementation

Referring Clients to myStrength

Over half of staff (55%) reported referring clients to myStrength in Survey 1 (N=11), while 33% reported providing referrals in Survey 2 (N=9).

TRI-CITY

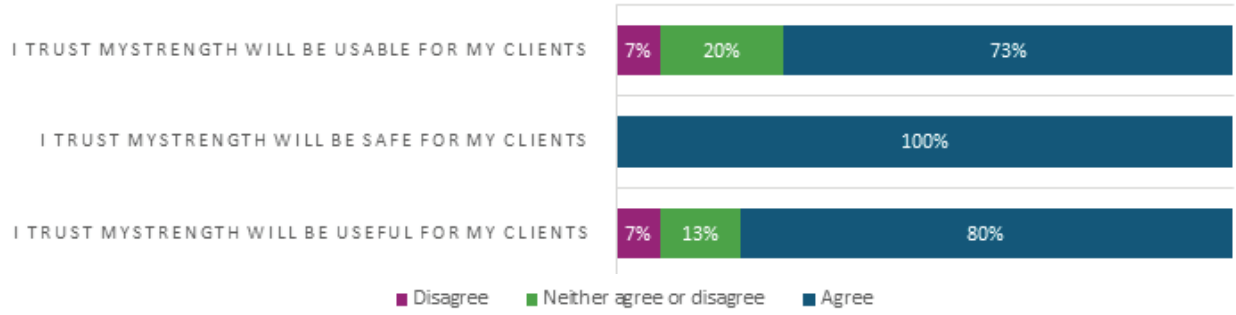
No relevant data available

LEARNING GOAL #3
What were staff's attitudes toward myStrength?

MARIN COUNTY

Staff Views of myStrength

Staff professionals (N=16) largely believed that myStrength would be useful and usable for digitally literate clients.



They also rated several myStrength features as moderately useful.[202]

2.3	2.1	2.1
Sleep diary	Behavioral health care planning resources	Goals
1.9	**1.9**	**1.8**
Mindfulness Coping	Cognitive behavioral therapy interventions	Mood tracker

TEHAMA COUNTY

Staff Views of myStrength

Most staff surveyed (75%) felt positively about myStrength and felt it was easy to use.

75% of staff felt myStrength was easy to learn how to use

50% of staff felt confident finding information on myStrength

75% of staff would recommend myStrength to their clients

*Data reported in Surveys (N≤ 5).

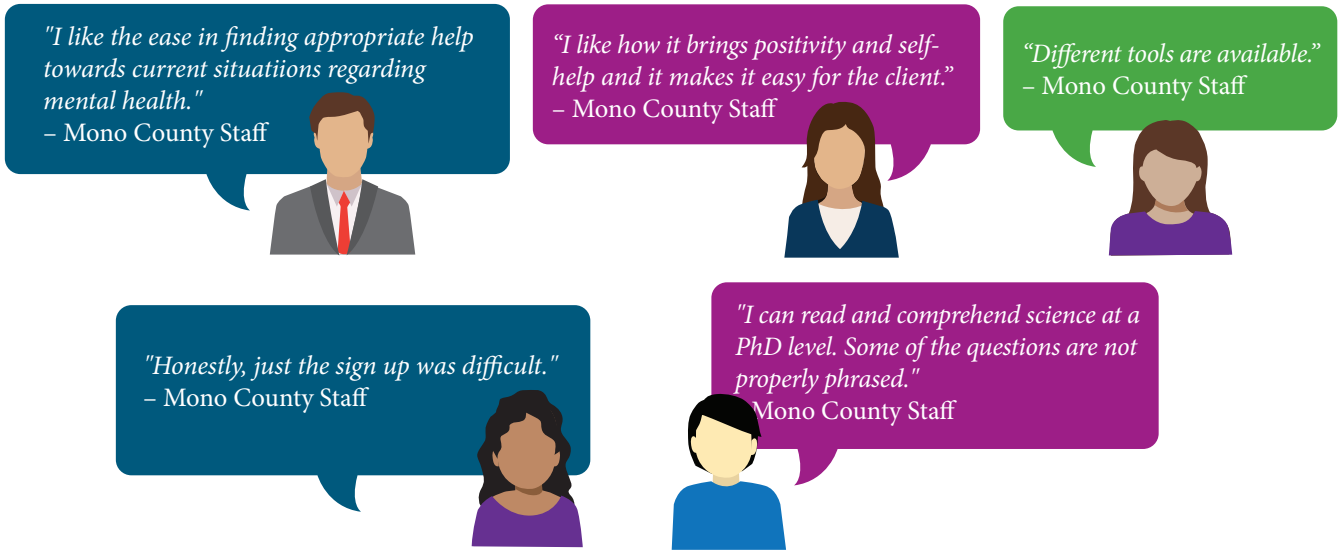
[202] Usefulness was measured on a 4-point scale where 0=Not useful at all and 3=Very useful.

MONO COUNTY

Staff Views of myStrength

Generally, staff had more positive attitudes towards myStrength in the surveys between May-June 2022 (N=11) than November-December 2022 (N=9). For example, nearly all staff initially reported myStrength was a useful resource for their clients, but this fell to 56% in Survey 2. Surprisingly, even after using myStrength for nearly 6 months, only 33% of staff felt they had the knowledge to be successful in using myStrength with clients in Survey 2.

Staff also shared in the surveys what aspects of myStrength they liked best:



TRI-CITY

No relevant data available

LEARNINGS

Learnings from the myStrength staff evaluations included:

Marin County

- **Staff professionals felt positively about myStrength.** Most staff professionals (88%) perceived myStrength to be useful in Marin County and that it would be feasible for their clients (67%). However, its usefulness also was acknowledged to depend on clients' digital literacy.
- **They also rated several myStrength features as moderately useful.** Features rated most useful included the sleep diary, behavioral health care planning resources, and goals features.

Tehama County

- **Staff felt positively about myStrength.** Most staff (75%) reported feeling positively toward myStrength and would recommend it to their clients.
- **However, staff expressed mixed reviews regarding perceived support when using myStrength.** While 75% felt that there were resources and tools available to them, only half reported knowing where to get help with myStrength or having an outlet for providing feedback on the technology.

Mono County

- **Staff initially had positive experiences with myStrength, but this generally decreased over time.** In Survey 1, nearly 100% of staff initially felt myStrength was useful for their clients, and 73% felt positively toward the technology. However, these perceptions were lower in Survey 2, with slightly over half of staff feeling positively towards myStrength. Surprisingly, even after using myStrength for nearly 6 months, only 33% of staff felt they had the knowledge to be successful in using myStrength with clients in Survey 2.
- **More training was needed when launching myStrength.** Initially, most staff (67% in Survey 1) did not feel they had received adequate training to use myStrength successfully with their clients.

Tri-City

- **Pre-launch project planning.** Project planning before launching myStrength implementation was important, including preparing marketing materials and ensuring buy-in from staff.
- **Enrollment challenges.** While individuals who signed up consistently used myStrength, enrollment was overall a challenge due to the multiple forms, steps, and incorrect QR codes on marketing materials. Social media marketing contributed to increased sign ups.
- **Older adult engagement challenges.** Tri-City had difficulty engaging older adults due to their hesitance about technology and the need to provide hands-on guidance.

RECOVERY RECORD EVALUATION

Description	An app designed to aid in the recovery from eating disorders using techniques based in cognitive-behavioral therapy (CBT).

At-a-Glance in Help@Hand

Activity	Evaluation
Tech Exploration (completed) Riverside County	Evaluation data was not available.
Pilot (completed) Riverside County	This section presents evaluation findings from clients and providers in Riverside University Health System- Behavioral Health's (RUHS-BH) Eating Disorder Program who participated in the Recovery Record pilot. Data collection efforts included the following: *Client Evaluation* • Surveys, app, and electronic health record data from clients collected and analyzed by RUHS-BH between January 2023-February 2024 *Provider Evaluation* • Surveys and interviews with providers collected and analyzed by the Help@Hand evaluation team between March 2023-February 2024

INTRODUCTION

RUHS-BH piloted Recovery Record with eating disorder clients and their providers between October 2022-February 2024. The client evaluation was conducted by RUHS-BH's local evaluation team. Data collection instruments included the following: 1) Technology Use Surveys; 2) User Experience Surveys; 3) Recovery Record in-app usage data; and 4) electronic health records of Recovery Record clients. RUHS-BH's detailed report of their Recovery Record pilot's client evaluation can be found in Appendix O.

The Help@Hand evaluation team conducted the provider evaluation. Twenty providers were invited to participate in interviews and complete surveys at three time periods (see figure below). Providers were first linked to clients in January 2023.

RUHS-BH Recovery Record Pilot: Provider Evaluation Activities

Initial Survey
1-month after they connected with their 1st Recovery Record client (March 2023-February 2024)

Mid-Pilot Interview
3-months after they connected with their 1st Recovery Record client (May 2023-November 2023)

Follow-up Survey
6-months after they connected with their 1st Recovery Record client (July 2023-February 2024)

KEY TAKEAWAYS

RUHS-BH Recovery Record Pilot: Client Evaluation (January 2023-February 2024)

Positive Perceptions: Most clients (83%) perceived Recovery Record positively and felt that it helped them meet their wellness needs.

Recovery Record Features: Most clients who participated in the follow-up surveys used Recovery Record for its messaging capability between client and providers outside of therapy appointments (83%) and meal planning (67%).

Client Challenges: Some reported challenges included difficulty coordinating implementation and providing client support across geographically dispersed providers.

RUHS-BH Recovery Record Pilot: Provider Evaluation (March 2023-February 2024)

Positive Perceptions: 86% of providers who completed the follow-up survey perceived Recovery Record positively and 89% of providers interviewed mid-pilot reported optimism about future Recovery Record implementation.

Recovery Record Features: Providers most commonly reported using the Recovery Record features to observe client meals and track their various logs.

Training: 89% of providers interviewed mid-pilot reported hands-on practice prepared them to use Recovery Record with clients.

Organizational Support: 86% of providers who completed the follow-up survey perceived strong leadership support for Recovery Record. However, providers also experienced challenges with coordinating implementation support across geographically dispersed providers.

Provider Challenges: Providers reported difficulty implementing Recovery Record with clients due to low client engagement (78% in mid-pilot interviews), Recovery Record feeling overwhelming for clients (33% in mid-pilot interviews), or providers' lack of time (33% in mid-pilot interviews).

Provider View of Client Challenges: Some providers reported that Recovery Record overwhelmed their clients. Those with younger clients shared that low parent involvement also contributed to difficulties during the pilot (22% in mid-pilot interviews).

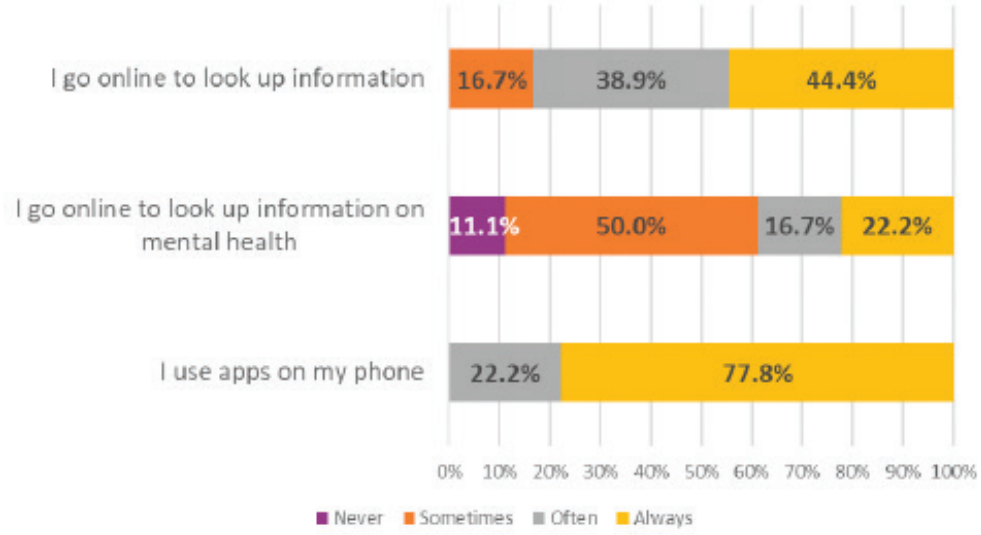
Future Expectations: Providers felt Recovery Record was well-received and had the potential to be an invaluable tool within RUHS-BH. Most were optimistic about future implementation efforts (89% in mid-pilot interviews).

RUHS-BH RECOVERY RECORD PILOT: CLIENT EVALUATION (January 2023-February 2024)

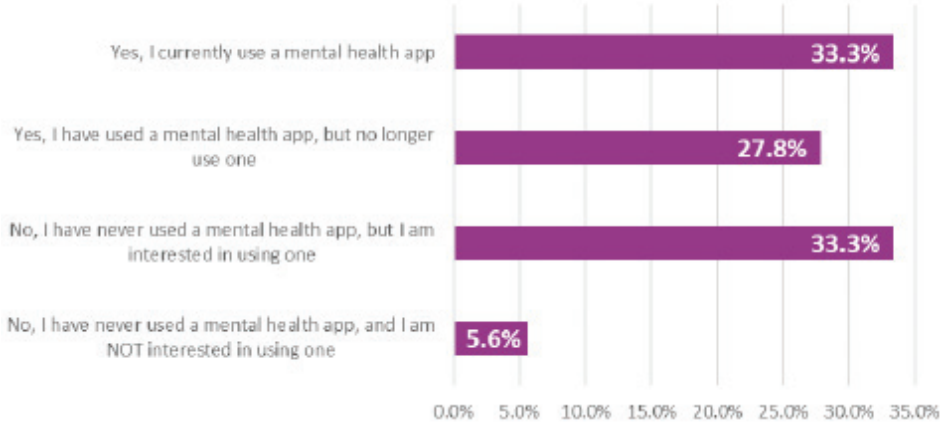
Key Evaluation Question 1: How was the overall usage of the Recovery Record app during the pilot?

Technology use surveys conducted with participants in the Recovery Record pilot revealed that 89% owned smartphones, with over 80% using them for social networking, music, and online shopping. Almost all participants (94%) felt confident using phone apps. Some (61%) reported using a mental health app, and 33% expressed interest in trying one.

How frequently do you do the following activities? (N=18)



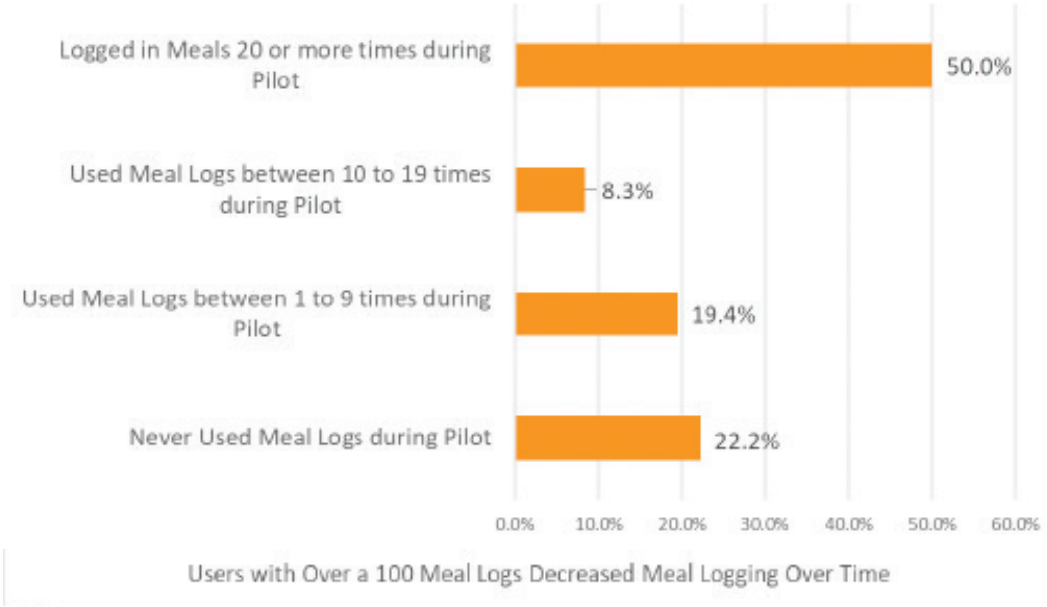
Have you ever used a mental health app? (N=18)



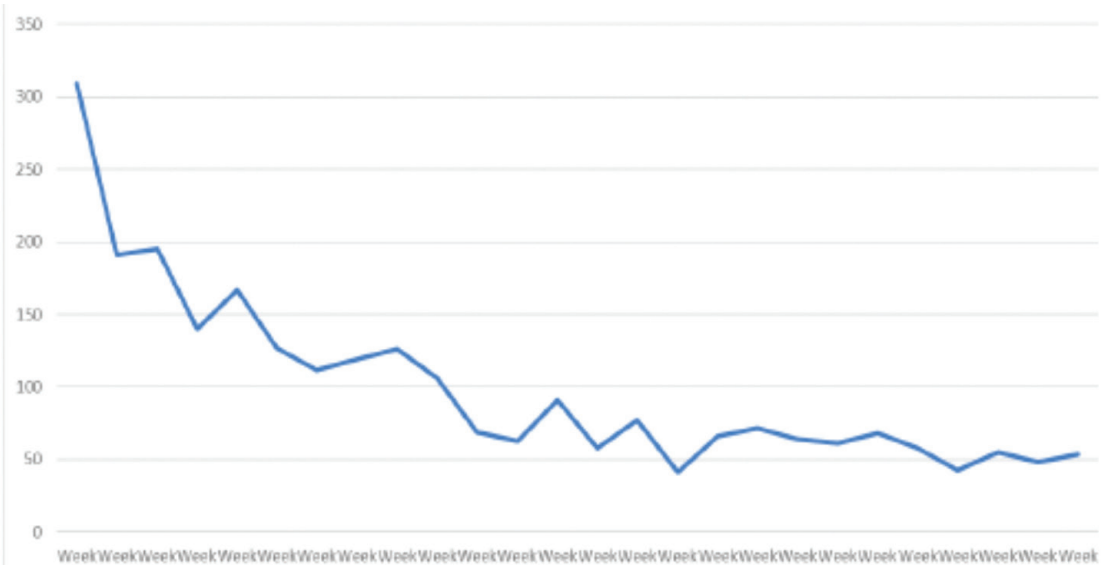
Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

The use of the Recovery Record app was assessed based on data provided by its developers, specifically regarding the Meal Logging feature. Out of 36 participants, 71.1% actively logged their meals during the 6-month pilot. Furthermore, 21% of these clients (N=8) demonstrated increased engagement by logging over 100 meals.

Percentage of Consumers Using Meal Log Feature (N=36)



Meal Logging Over Time (N=8)



Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

Key Evaluation Question 2: What feedback did pilot participants provide regarding their experiences with the app?

Analysis of the Recovery Record User Experience Survey revealed that 83.3% of participants enjoyed using the app, while 66.7% found it useful for their daily lives and felt it met their wellness needs. Additionally, 100% reported that the app was easy to navigate and visually appealing, and 83.3% trusted it with their personal information and felt connected to their clinicians through its messaging feature.

Weekly Skills and Goals

- 50.0% felt it helped them to achieve their goals
- 50.0% felt it was useful in their daily life
- 66.7% felt it met their wellness needs
- 33.4% used this feature
- 66.7% felt it was easy to use

Community Coping Skills

- 33.3% felt it helped them to feel more socially connected
- 66.7% felt it was useful in their daily life
- 66.7% felt it met their wellness needs
- 33.4% used this feature
- 66.7% felt it was easy to use

Meal Planner

- 66.7% felt it was easy to use
- 66.7% used this feature often
- 66.7% felt it helped them to remember information they wanted to communicate to their clinician

FUTURE DIRECTIONS

Piloting Recovery Record with clinicians across multiple clinics was a challenge and hindered effective coordination and support. Recognizing the app's potential benefits for clients with eating disorders, RUHS-BH opted to relaunch Recovery Record in a more structured environment at the new Eating Disorder Intensive Outpatient Treatment clinic. This could allow for enhanced training and support for both staff and clients, along with ongoing evaluation of the app's effectiveness.

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

RUHS-BH RECOVERY RECORD REPORT PILOT: PROVIDER EVALUATION (March 2023-February 2024)

DEMOGRAPHICS

Provider Demographics

Initial Survey

Initial surveys were collected one month after providers connected with their first Recovery Record client(s) (N=8). All providers who completed the initial survey identified as female. Most providers worked as a clinical therapist.

Gender
100% Female

Role
75% Clinical Therapist
13% Parent Partner
13% MSW Student/Wellness Partner & Parent Partner

Mid-Pilot Interview

Mid-pilot interviews were collected three months after providers connected with their first Recovery Record client(s) (N=9). Most providers interviewed mid-pilot worked as clinical therapists.

Role
67% Clinical Therapist
22% Clinician (Unspecified)
11% Peer (Parent Partner)

Follow-Up Survey

Follow-up surveys were collected six months after providers connected with their first Recovery Record client(s) (N=7). A majority of the providers who completed the follow-up survey were female. All of the providers worked as a clinical therapist.

Gender
86% Female
14% Male

Role
100% Clinical Therapist

LEARNING GOAL #1

What factors make a setting ready for a technology like Recovery Record?

Organizational Support for Recovery Record

- **Commitment from Leadership:** Providers reported in the follow-up survey that RUHS-BH's Recovery Record had outlets for feedback and support structures. They also reported leadership commitment and mechanisms to sustain Recovery Record within RUHS-BH.

100% of providers felt they had an outlet for providing feedback on the implementation of Recovery Record

71% of providers knew where to go if they had problems making necessary changes in their practice for using Recovery Record

86% of providers believed their senior leaders were committed to sustaining Recovery Record

86% of providers believed there were mechanisms in place to sustain the administration of Recovery Record

Data reported in follow-up survey (N=7).

- **Anticipated Success of Recovery Record:** In addition, 89% of providers interviewed mid-pilot reported that they believed Recovery Record would be effective and well received in RUHS-BH.

> *"I think [Recovery Record will] be invaluable for us in the future. If they roll out and keep it permanent, it's going to be incredible. And especially if they do broaden it for us to be able to use it for all of our teenagers here with other issues. I think it's going to be a game changer […] So I really do hope we get to keep it."*
> – Clinical Therapist

> *"[Recovery Record] was well received, that's for sure everybody was really looking forward to it… when it was being rolled out, they were already really like, Yeah, this is going great. And our clients are gonna get to get these incentives [...] just a lot of positive."*
> – Clinical Therapist

Trainings

- **Adequate Training:** Providers reported in the follow-up survey that they received adequate trainings, helpful instructional materials, and sufficient resources to use Recovery Record successfully.

100% of providers believed they received adequate training to feel prepared to successfully use Recovery Record with clients

100% of providers believed the instructional materials about Recovery Record were helpful

86% of providers believed resources and tools were available to help them succeed in using Recovery Record with their clients

71% of providers believed they had the knowledge to be successful in using Recovery Record

Data reported in follow-up survey (N=7).

- **Multiple Helpful Training Components:** Providers identified the following training aspects as helpful in the initial and follow-up surveys.
  - Clear instructions and visual demonstrations, which enhanced their understanding of Recovery Record.
  - In-person onboarding sessions, which allowed them to actively engage with Recovery Record and build confidence through hands-on practice.
  - Prompt and responsive support from the training staff, which ensured their questions were quickly addressed.

> *"Gosh, there's so much really good information that we got in the beginning. [T]hey gave us in depth look at different coping strategies, how to set up our profiles, how to link with our clients, the different types of meditations and all the tools that we'll be able to use with the [Recovery Record] app and how to instruct our clients to use these tools, as well."*
> – Clinical Therapist

- **Importance of Hand-On Practice:** Most providers interviewed mid-pilot identified hands-on practice as a useful component of the training, in addition to affirming other training components described below.

89% of providers reported hands-on practice was helpful

33% of providers reported that a walkthrough by someone familiar with Recovery Record was helpful

33% of providers reported that a product demonstration was helpful

22% of providers reported that seeing both the client application and provider portal was helpful

Data reported in mid-pilot interviews (N=9).

> *"I am a visual learner, so I think visually providing the examples or the places where we would find certain information was helpful."*
> – Clinician

Additional Trainings Needs

- **Need for Additional In-Depth and Hands-On Training:** While all providers reported they received adequate training in both the initial and follow-up surveys, providers interviewed mid-pilot requested more in-depth and hands-on training.

33% of providers requested more in-depth trainings about Recovery Record's app features

11% of providers suggested more hands-on training for Recovery Record

11% of providers suggested training on how to interpret in-app client scores compared to clinical norms

Data reported in mid-pilot interviews (N=9).

LEARNING GOAL #2
How did providers use Recovery Record?

Frequency of Provider Recovery Record Use

- **Frequency of Use:** Most providers interviewed mid-pilot used Recovery Record 1-3 times per week.

44% of providers checked the Recovery Record clinical dashboard 2-3 times per week

22% of providers checked the Recovery Record clinical dashboard once per week

Data reported in mid-pilot interviews (N=9).

Use of Recovery Record

- **Ability to Easily Track Client Progress:** 56% of providers interviewed mid-pilot reported that Recovery Record helped them gain a deeper understanding of client progress or regression throughout the week.

"I have like four clients, I check when I have their appointment, I will take the iPad with me. And then I'll review their meals with them in person. And we'll go over it with the mom and the client or the parent and the client or just a client by themselves, depending on the [age] range."
– Peer (Parent Partner)

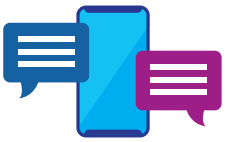
"…Very few of us have expertise in eating disorders. And I found that, with Recovery Record, I'm learning more about it than just reading a book. Because of what Recovery Record is requiring, and then, talking to my cohort and the [Eating Disorder] champions, I'm learning like why Recovery Record is asking these things…before that, all I knew was like, you know, 46% prevalence. And but the why they're doing certain things has come out because of Recovery Record."
– Clinical Therapist

- **Facilitated Provider-Client Communication:** 56% of providers interviewed mid-pilot used Recovery Record during therapy sessions and to communicate with their clients. Providers used the platform to provide additional support and to facilitate responsive communication and encourage client engagement in their own treatment.

"I like being able to comment on their log and the way I might [be] commenting has been either kind of cheerleading them, giving them positive feedback or reminders, you know, 'don't forget to use this tool,' or 'you could have tried this.' […] I like being able to do that."
– Clinical Therapist

"Recovery Record has been helpful in helping me keep my client accountable. With the simplicity of use, and the many options that are available for helping clients learn coping skills and actively participate in her own healing, the tool was very empowering. I love that it allowed for a lot of flexibility."
– Clinical Therapist

56% of providers discussed Recovery Record during therapy sessions with clients



56% of providers provided comments to clients via Recovery Record

Data reported in mid-pilot interviews (N=9).

"The user-friendly dashboard has been extremely helpful with the notifications/reminders to reply to the consumer; providing them with even a short response is so meaningful and shows care from the provider."
– Clinical Therapist

"The communication outside of individual sessions is most helpful; it often seems as though the clinician is still involved after the therapy session."
– Peer (Parent Partner)

Useful Features

- **Most Helpful Features of Recovery Record:** Providers reported in the follow-up survey the following as the most helpful features of Recovery Record.

Feature		% of Providers Reporting the Feature as Helpful
	**Direct Message:** Offers secure, real-time communication with the treatment team, providing continuous support, guidance, and encouragement throughout the recovery process	100%
	**Meal Log:** Allows clients to record their food intake to help them analyze eating patterns, identify areas for improvement, and receive feedback from their treatment team	86%
	**My Triggers:** Helps clients identify and log triggers for urges/cravings to enhance self-awareness and aid effective management or avoidance of triggers	86%
	**Dysfunctional Thought Tracker:** Enables clients to track automatic thoughts, assess their beliefs, identify cognitive distortions, and generate more rational alternatives to promote healthier thinking patterns	86%
	**My Goals:** Allows clients to set and achieve weekly goals, either from suggested templates or custom ones, to advance in their recovery and improve their overall well-being	71%
	**Reasons to Recover:** Enables clients to set up values, which are the client's deepest desires for what they want to stand for in life. Results in the setup are shared with the treatment team	71%

Data reported in follow-up survey (N=7).

LEARNING GOAL #3
What were providers' attitudes towards Recovery Record?

Provider Expectation with Recovery Record

- **Positive Perceptions:** The majority of providers reported in both the initial and follow-up surveys that they had positive perceptions of Recovery Record (Initial Survey=100%, Follow-up Survey=86%).
- **Exceeded Expectations:** A portion of providers interviewed mid-pilot (33%) noted that Recovery Record met or exceeded their expectations with its range of tools.

> *"I think for the app itself, I didn't have many expectations. I was genuinely curious on whether or not it would make a difference, so I am pleasantly surprised to see that it has made a difference with my client."*
> – Clinical Therapist

Provider Satisfaction with Recovery Record

- **Perceived as a Useful Resource:** Providers mostly perceived Recovery Record as a useful resource across the pilot period (Initial Survey=100%, Follow-up Survey=86%). In both the initial and follow-up surveys, 100% of providers reported that Recovery Record's care model was a significant innovation that may benefit their clients.
- **Adaptable to Clients:** Most providers reported in both the initial and follow-up surveys that Recovery Record could be adapted to meet their clients' needs (Initial Survey=88%, Follow-up Survey=100%) and felt confident recommending it to their clients (Initial Survey=88%, Follow-up Survey=100%).
- **Provided Support to Existing Work:** In particular, providers reported that Recovery Record provided significant support to their existing work with clients, as shown in the table below.

Survey Question	Initial Survey (N=8)	Follow-Up Survey (N=7)
Recovery Record has added value to the work that I do	**88%** of providers agreed	**100%** of providers agreed
Recovery Record's communication features assisted with staying connected with the clients	**88%** of providers agreed	**100%** of providers agreed

Data reported in initial survey (N=8) and follow-up survey (N=7).

- **Enhanced Client Treatment:** In both the initial and follow-up surveys, providers highlighted the benefits of Recovery Record by offering support to clients between sessions, suggesting coping skills, and its ability to track food and mood logs, which provided valuable insights into clients' eating habits and challenges.

> *"[Recovery Record has] enhanced the therapeutic experience as [the client] feels supported outside of sessions and in between our meetings."*
> – Clinical Therapist

> *"Recovery Record has been helpful in helping me keep my client accountable. With the simplicity of use, and the many options that are available for helping client learn coping skills and actively participate in her own healing, the tool was very empowering. I love that it allowed for a lot of flexibility."*
> – Clinical Therapist

- **Provided Insight Into Clients' Lives:** Providers interviewed mid-pilot also shared how Recovery Record specifically helped provide a more accurate picture of clients and their lives.

> *"I feel like it really does give me a more in depth look at what's happening from [the client], you know, throughout the week, instead of just that one visit."*
> – Clinical Therapist

> *"One very, very important key is that, when I first started working with both my clients, I didn't realize how much they were minimizing in session. And, when I started reading their entries of what they were eating, not eating, restricting, binging, purging, I was like, whoa, whoa, whoa, whoa, whoa. This is not what they gave me in session."*
> – Clinical Therapist

- **Provider Felt Optimistic About Future Implementation:** During the mid-pilot interviews, the majority of providers (89%) reported feeling optimistic about Recovery Record in RUHS-BH and perceived it would be effective and well-received in the future.

> *"[Recovery Record] gives us a way to have that insight into the client's life that we don't see outside of our session once a week. So I think it just gives us the ability to continue interacting with the client throughout the week, continue motivating the client throughout the week, and continue to just communicate in general throughout the week, if needed. I think it's a great tool."*
> – Clinical Therapist

Provider Views of Recovery Record with Clients

- **Provider Views of Client Reception to Recovery Record:** One-third of providers interviewed mid-pilot had not received negative feedback about Recovery Record, and 22% mentioned that their clients had even used the app when on vacation.

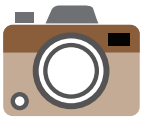
- **Provider Views of Client Use of Recovery Record:** The survey results indicate a positive shift in provider perceptions, with 75% of respondents in the initial survey and 100% in the follow-up survey agreeing that using Recovery Record has supported their clients' engagement in treatment.

Survey Question	Initial Survey (N=8)	Follow-up Survey (N=7)
Using Recovery Record has supported my clients to engage in treatment	**75%** of providers agreed	**100%** of providers agreed

Data reported in initial survey (N=8) and follow-up survey (N=7).

> *"This has been an excellent tool used with clients who are motivated to change."*
> – Parent Partner (Peer)

- **Features Liked by Clients:** Some providers noted clients appreciated the following features of Recovery Record.



11% of providers observed that clients liked being able to upload photos of their meals

11% of providers observed that clients appreciated their providers checking their entries

11% of providers observed that clients appreciated Recovery Record's confidentiality and the separation of client and parent interfaces

Data reported in mid-pilot interviews (N=9).

> *"[Tailoring Recovery Record] properly and precisely to each consumer is key [but providers are like] "ooh, you can do this, you can do this." And then, you look up and it's like 18 things for someone to do and it's a little too much or too overwhelming for that one client."*
> – Clinical Therapist

Recommendations for Recovery Record

- **Suggested Recommendations:** While 44% of providers interviewed mid-pilot did not have any suggested recommendations for Recovery Record, others suggested the following:

11% of providers recommended allowing providers to view client's weight within the app

11% of providers recommended making Recovery Record available in Spanish

11% of providers recommended adjusting Recovery Record's feature placement to be more user-friendly

LEARNINGS

Learnings from providers in RUHS-BH's Recovery Record pilot included:

- **Providers had positive experiences with Recovery Record.** Nearly all providers (86% in follow-up surveys) had positive perceptions of Recovery Record and reported it contributed to client improvements.
- **Organizational support was crucial for the Recovery Record pilot.** Providers noted strong support from senior leadership during and after implementation. However, they also noted organizational barriers, such as their own time constraints and limited bandwidth to participate.
- **Training, especially hands-on practice, was essential in preparing providers to use Recovery Record with clients.** While most providers felt they received adequate training (100% in follow-up surveys), others would have liked more in-depth trainings (33% in mid-pilot interviews).
- **Providers reported clients benefited from Recovery Record features.** Providers perceived clients benefited from using the Recovery Record direct messaging outside of therapy appointments. Some providers noted visible client progress and enhanced communication and reported it was helpful to see clients' meals and tracking logs.
- **Challenges included low client engagement and provider difficulty navigating the app.** Some providers had difficulty navigating the Recovery Record app while others reported clients feeling overwhelmed by the app or low client engagement.
- **Providers were optimistic about the future implementation of Recovery Record.** The majority of providers (89% in mid-pilot interviews) believed that Recovery Record would be well-received in Riverside County, and that it could be an invaluable tool for enhancing client treatment and engagement.

SYNTRANET EVALUATION

Description	An advanced technology platform to share information, coordinate care, and manage health for individuals with complex medical, behavioral health, and social conditions.

At-a-Glance in Help@Hand	
Activity	**Evaluation**
Tech Exploration (completed) Los Angeles County	Evaluation data was not available.
Implementation (completed) Los Angeles County	This section presents evaluation findings with providers identified as participating in Los Angeles County's SyntraNet implementation. Data collection efforts included the following: *Provider Evaluation* • A one-time survey with providers collected and analyzed by the Help@Hand evaluation team between January-February 2023 (e.g., 3-months after SyntraNet launched) • A one-time interview with providers; however, no providers participated in the interview process

INTRODUCTION

SyntraNet launched in Los Angeles County as a tool for county care teams in August 2022. The platform linked care teams, combined data, and produced reports and analytics.

The Help@Hand evaluation team conducted the SyntraNet evaluation. Nineteen providers shared their insights and experiences with SyntraNet through a survey between January-February 2023. While an interview was planned, no providers participated in the interview process.

KEY TAKEAWAYS

Los Angeles County SyntraNet Implementation: Provider Evaluation (January-February 2023)

Comfort with Technology and Trainings: Most providers were comfortable using technology and received training on how to use SyntraNet with clients. However, less than half felt the training was adequate.

Use of SyntraNet: Over half of providers surveyed used SyntraNet daily.

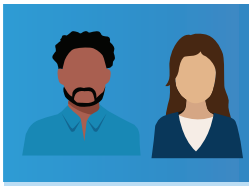
Attitudes toward SyntraNet: Providers generally did not have positive attitudes towards SyntraNet and offered suggestions for improvement in the following areas: user-friendliness, ease of navigation, and improvement with technical glitches.

LOS ANGELES COUNTY SYNTRANET IMPLEMENTATION: PROVIDER EVALUATION (January-February 2023)

DEMOGRAPHICS

Provider Demographics

Most providers surveyed identified as female (74%), and were between 26-59 years old (89%). They were racially diverse, and their household income varied widely.[203] (N=19)



Age
89% aged 26-59 years old
11% aged 60+ years old

Gender
16% Male
74% Female
11% Prefer not to answer

Household Income
32% $40,000 - $59,999
11% $60,000 - $79,999
31% $100,000+
26% Prefer not to answer

Ethnicity
11% Asian
11% Black or African-American
21% Hispanic/Latino/a/x
21% White/Caucasian
26% Prefer not to answer
10% American Indian/Native American/Native Alaskan and/or Multi-Racial

[203] Due to the small sample size, categories were combined to protect providers' identities.

LEARNING GOAL #1
What factors make a setting ready for a technology like SyntraNet?

Comfort with Technology (N=19)

- **84%** of providers surveyed were comfortable using technology

Trainings (N=19)

- **79%** of providers surveyed received training on SyntraNet
- **42%** thought they received adequate training to successfully use SyntraNet

Leadership and Feedback (N=19)

- **74%** of providers surveyed reported they believed their senior leaders were committed to the success of SyntraNet
- **63%** had an outlet for providing feedback on the use of SyntraNet

LEARNING GOAL #2
How did providers use SyntraNet?

Provider Experience with SyntraNet (N=19)

Over half of providers surveyed used SyntraNet daily.

Frequency of SyntraNet Use	**58%** of providers surveyed used SyntraNet daily **26%** used SyntraNet several times a week
Length of SyntraNet Use	**84%** of providers surveyed had at least 2 months of experience using SyntraNet

Useful SyntraNet Features (N=19)

Providers liked several of the information views in SyntraNet. These included:

Provider Caseload

Provider Calendar

Client Medical Care Plan (MCP)

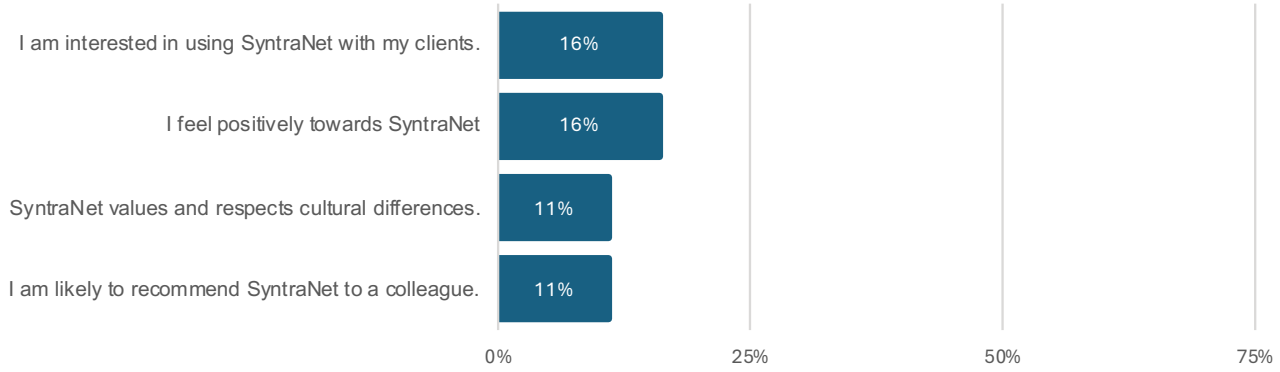
At-a-Glance Client Demographic Information and Medi-Cal Eligibility

LEARNING GOAL #3

What were providers' attitudes toward SyntraNet?

Providers' Views of SyntraNet Overall (N=19)

Providers generally did not have positive attitudes towards SyntraNet. Only 16% of providers reported feeling positively about SyntraNet, 16% were interested in using Sytranet with their clients, and 11% would recommend SyntraNet to a colleague.



Providers' Views of SyntraNet's Ease of Use (N=19)

- **26%** of providers surveyed found SyntraNet easy to use
- **11%** found SyntraNet easy to fit into work life

Providers' Suggestions to Improve SyntraNet

Providers most frequently suggested improvements in user-friendliness, ease of navigation, and improvement with technical glitches. Providers also expressed that SyntraNet was an additional platform and disliked using multiple platforms for client care. Providers faced difficulties incorporating SyntraNet into their daily workflows and felt that it was taking time away from patient care.

LEARNINGS

Learnings from providers in Los Angeles County's SyntraNet implementation included:

- **Providers received training and had access to support.** Nearly 79% of providers surveyed received training; however, less than half (42%) thought the training was adequate. A majority (68%) knew where to find support if they encountered problems using SyntraNet.
- **Providers appreciated some SyntraNet features.** Providers valued convenient storage of information, efficient caseload management, a user-friendly calendar feature for scheduling, client search capabilities, and quick access to demographic and Medi-Cal eligibility information.
- **Providers offered feedback for SyntraNet.** Very few providers (16%) felt positively about SyntraNet. Providers identified the need for improvement on user-friendliness, ease of navigation, and technical glitches.

TAKEMYHAND™ EVALUATION

Description	A peer-to-peer live chat interface operated by Riverside University Health System- Behavioral Health (RUHS-BH) Certified Medi-Cal Peer Support Specialists.

At-a-Glance in Help@Hand	
Implementation	**Evaluation**
Tech Exploration (completed) San Francisco County	Evaluation data was not available.
Pilot (planned) San Francisco County	No evaluation data was collected or analyzed.
Pilot and Implementation (completed) Riverside County	This section presents evaluation findings from TakemyHand™'s platform analytics and surveys with chat participants at the completion of their TakemyHand™ chats. RUHS-BH's local evaluation team collected and analyzed the data.

INTRODUCTION

In 2019, RUHS-BH developed TakemyHand™. Over the course of their Help@Hand project, the County piloted, implemented, and sustained the interface. The spotlights on page 141 and 148 have more information.

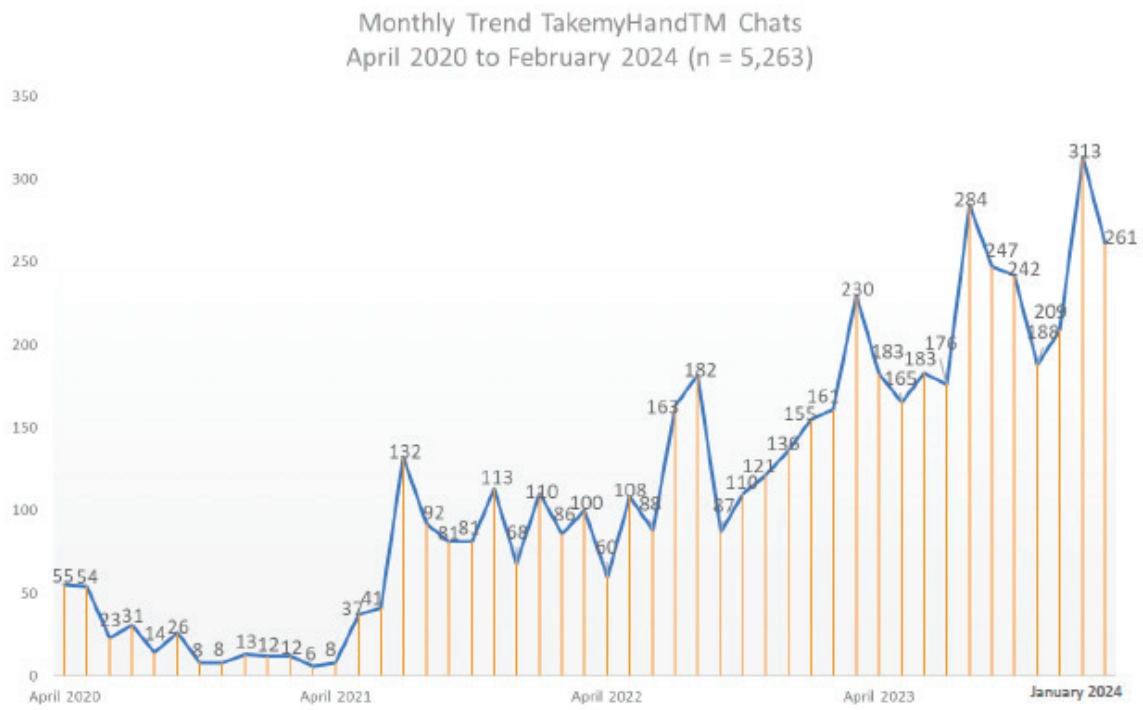
RUHS-BH's local evaluation team collected and analyzed evaluation data. This section includes findings shared from the County. **Appendix O** includes a detailed report of TakemyHand™.

RUHS-BH TAKEMYHAND™ PILOT AND IMPLEMENTATION: USER EVALUATION (April 2020-February 2024)

Key Evaluation Question 1: How was the overall usage of TakemyHand™?

From April 2020 to February 2024, TakemyHand™ facilitated 5,263 chats. Usage generally increased over time and peaked in early 2024. Participants averaged seven 7 daily chats and 202 monthly chats in the last six months.

Monthly Trend TakemyHand™ Chats from April 2020 to February 2024 (N=5,263)



Total Live Chats: 5,263

Total Number Among First Time Visitors:

3,772 (71.7%)

Average Chat Duration: 17:12 minutes

Average Response Time Answering Chat:

1:06 minutes

Six-Month Data

- Average Chats per Month: 202
- Average Chats per Day: 7

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

Key Evaluation Question 2: What feedback did users provide about their TakemyHand™ experience?

Participants in the TakemyHand™ Chat reported a positive experience, finding it helpful, meeting their expectations, and aligning with their needs. They expressed a willingness to participate again.

Overall Chat was helpful (n=302) 94.7%	Overall experience using Chat (n=318) 94.7%	Chat was what was expected (n=299) 85.2%	Chat support fit my needs (n=302) 95.7%

Participants in the TakemyHand™ Chat expressed overwhelming appreciation for the Peer Support Specialists (PSS), highlighting their kindness, empathy, and helpfulness. Many comments praised the supportive and friendly nature of the chats. Participants noted that the interactions provided valuable resources, encouragement, and a sense of connection that significantly impacted their well-being, even preventing hospitalization for some.

FUTURE DIRECTIONS

The TakemyHand™ website and LiveChat is now maintained by RUHS-BH and managed by Certified Peer Support Specialists during business hours, and use a ChatBot to assist outside of those hours. Currently averaging about seven chats per day, efforts to increase website traffic will persist. Future enhancements include a Wellness Check-In survey to promote help-seeking and the continued integration of La CLAve to improve mental health literacy and resource access. These enhancements may potentially support the RUHS-BH First Episode Psychosis program.

Data on this page was collected and reported by RUHS-BH's local evaluator. The Help@Hand evaluation team synthesized the data.

SPOTLIGHT

TakeMyHand.co™ Live Peer Chat

Authored By:
Maria Martha Moreno, MS CIS, Tech Lead
Mental Health Services Program Manager
Riverside University Health System – Behavioral Health

In April 2019, soon after Riverside County started their Help@Hand tech exploration activities, the team identified a problem with adopting 7 Cups, one of the Peer Chat apps implemented by the Cohort 1 Counties/Cities. It became evident that 7 Cups was not utilizing trained Peer support individuals, which contradicted Riverside County's long-standing commitment to a recovery-oriented approach in its Peer support practices. In response, the team explored other mental health apps with Peer support services but found none that met their needs. Consequently, Riverside County consulted with their Application Developer, Rick Wright, to determine if developing an in-house Peer Chat solution was possible. Rick enthusiastically took on the challenge and began creating a prototype online chat application, which the County named TakeMyHand.co™. This prototype was initially showcased at the County Director's meeting and subsequently presented at a Collaborative Counties/Cities meeting in Sacramento and the Northern California Peer Summit later that year.

Rick worked very closely with the Peer team members; the Peer Oversight Program Manager, Shannon McCleerey-Hooper; Collaborative County members; and the Help@Hand Tech Lead to guide TakemyHand.co™ through multiple development cycles. This collaborative effort ensured that feedback was effectively integrated into the design process. The operational workflow was meticulously defined, addressing critical concerns related to security and risk management. Through rigorous exploration during the testing phase, we established the framework for our final technology solution. Key considerations included the capacity to transfer crisis chats to clinical teams, facilitate anonymous chat services, and implement robust chat supervision capabilities.

In 2020, COVID-19 changed the landscape on healthcare delivery. Governor Newsom's "Stay-in-Shelter" Order accelerated the need to identify safe non-face-to-face alternatives to continue service delivery and provide emotional support and resources to the community. Having seen the initial demonstration, Riverside County's Executive Staff and Director, Mathew Chang, wanted us to rapidly deploy TakemyHand.co™ as an alternative for continuum of care. A rapid TakemyHand.co™ COVID-19 Response Implementation was implemented as a result. On April 17, 2020, TakemyHand.co™ successfully launched a 24/7 chat support for a 12-week trial of live, virtual Peer support for Riverside County residents. Riverside County was able to support the community through the COVID-19 Pandemic with the help of our Peer workforce and a group of clinical staff members who offered remote mental health support via chat. Several positive sentiments about this transformative achievement were shared by our implementation team in various newsletter to the department:

> *"I get to stand back and hold my breath and the collective hands of everyone else involved in the creation of TakeMyHand.co™ and shine the light of Hope upon it!"*
> – Pamela Norton, Peer

"As a lifelong advocate for consumer and family involvement in transforming behavioral health systems, I am energized by the potential to reach community members who need support and assistance through technology. When we remove stigma and normalize the need for anyone to get emotional support, we create spaces where people can heal. TakeMyHand.co™ is that space to just be with another person in a meaningful way, to be accepted and cared for, without labeling it. It's human connection that so many need right now."
– Shannon McCleerey-Hooper, Peer Oversight Program Manager

"TakeMyHand.co™ is the first result of an innovative team members' collaboration and support of our Executive Team. TakeMyHand.co™ closes the distance gap in Peer support service delivery. It is just a few keystrokes away!"
– Maria Martha Moreno, Mental Health Services Program Manager

"The TakeMyHand.co™ project was very rewarding and never felt like work. I enjoy developing applications that benefit our consumers and our staff"
– Rick Wright, Application Developer

After the COVID-19 Rapid Response rollout, TakeMyHand.co™ Live Peer Chat availability continued with modified service hours, 8AM to 10PM from Monday through Sunday. As community in-person activities normalized, TakeMyHand.co™ chat services transitioned to regular business hours – Mondays through Thursdays from 8AM to 5PM and Fridays from 8AM to 4PM.

Learnings from the COVID-19 Rapid Response phase led our team to continue refining our TakeMyHand.co™ technology and developing a mobile app for iPhone and Android. Official branding was created and a marketing campaign across Riverside County expanded.

Above: *TakeMyHand.co™ marketing campaign*
Source: *Riverside University Health System - Behavioral Health (2024)*

TakeMyHand.co™ is promoted widely as a Peer-to-Peer live chat interface that connects individuals aged 16 years and older with Live Peer Operators. This platform not only facilitates discussions about mental health but also empowers users to develop resilience during challenging times. TakeMyHand.co™ fosters supportive Peer-to-Peer relationships, creating an environment that is welcoming and inclusive. Peer Operators, who are Certified Peer Support Specialists with lived experiences, guide users through the recovery process, addressing emotional difficulties and substance use challenges. The service is designed to be anonymous, non-judgmental, and always free of charge, ensuring accessibility for all users.

TakeMyHand.co™ Project Goals

- Reduce stigma associated with accessing mental health services.
- Increase access to support in a non-stigmatizing environment.
- Increase access and linkage to mental health services and resources.
- Increase access to underserved and isolated communities (traditionally underserved racial/ethnic groups, rural communities, isolated older adults, deaf and hard of hearing).

- Decrease social isolation and increase sense of belonging.

Our branding colors were inspired by the autumnal season, *"The changing of the leaves, the letting go of old systems, beliefs, thoughts, challenges to experience the newness that comes with release"*.

In 2022, TakeMyHand.co™ was awarded the 2021 California State Association of Counties (CSAC) Challenge Award for innovative and creative spirit towards finding new, effective, and cost-saving ways to provide

Above: *TakeMyHand.co™ marketing campaign*
Source: *Riverside University Health System - Behavioral Health (2024)*

programs and services to its citizens. This recognition ignited our team's passion to continue improving our technology solution and better serve our community.

In February 2023, Riverside County partnered with La CLAve to introduce a program aimed at helping

Rick Wright
Application Developer

Above: *Riverside County team receiving the 2021 CSAC Challenge Award*
Source: *Riverside University Health System - Behavioral Health (2024)*

Spanish-speaking individuals recognize the signs of serious mental illness and seek treatment promptly. Riverside County worked with La CLAve to integrate their content with the TakeMyHand.co™ website and mobile app to make it more accessible to the Spanish-speaking community. What sets this partnership apart is La CLAve's distinctive approach to serving the Latinx community. By offering education through

a culturally relevant guide that outlines the symptoms of serious mental illness, La CLAve fosters a meaningful connection with residents. This tailored content encourages individuals to recognize and address ongoing mental health issues they may have previously overlooked. As a result, people are motivated to seek timely treatment, leading to improved outcomes and greater overall well-being.

Target Group: Challenges and Benefits

TakeMyHand.co™ aimed to support several population groups to improve their emotional wellbeing. Marketing and outreach activities were intentionally designed to target Transitional Age Youth (TAY) over the age of 16 years, men over the age of 45 years, adults over the age of 65 years, individuals with serious mental illness, re-entry, Deaf and Hard of Hearing, communities with geographic barriers (desert and rural regions), Latinos, African Americans, Asian-Pacific Islanders, American Indian, and LGBTQ+. TakeMyHand.co™ offers an extensive list of resources for both English and Spanish-speaking populations.

Milestones

Above: *Key Implementation Milestones of TakeMyHand.co™*
Source: *Riverside University Health System - Behavioral Health (2024)*

Below are key milestones completed between January 2019 and February 2024.

2019

- Researched and tested various Chat Engines
- Began prototype demonstrations and tested activities with Collaborative Counties/Cities at the North California Peer Summit
- Required features like Crisis Chat Transfer and Supervision "Whisper" to support program goals
- Had flexibility in customization in selecting the Chat Engine platform
- Configured selected Chat Engine on the TakeMyHand.co™ website for HIPAA and security compliance

2020

- Riverside County Counsel approved Terms of Service
- Implemented COVID-19 Rapid Response
- Made Chat Support available 24/7

- Made the Spanish version of TakeMyHand.co™, TomamiMano.co, available
- Developed Peer Chat Operator and Facilitator Trainings with Articulate software platform
- Included protocols for crisis chats
- Defined protocols for trolls and inappropriate language chat visitors

2021

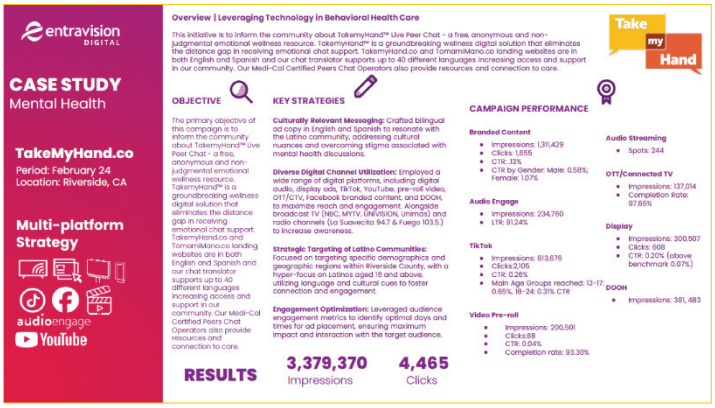
- Completed Cookie Policy and Wireframe
- Consistently refined TakeMyHand.co™ website
- Received feedback for Branding Discovery Sessions and Design from Peer Team members
- Marketed TakeMyHand.co™ using billboards, bus wraps, bus shelters, radio ads, Google ads
- Modified pre- and post-chat surveys to improve engagement
- Created BOTS stories with FAQs and Peer Recovery Stories videos to provide support during non-operating hours

2022

- Received California State Association of Counties (CSAC) Challenge Award
- Uplifted TakeMyHand.co™'s website design in partnership with Dreamsyte
- Increased marketing with presentations, community outreach activities, and swag distribution
- Provided chatbot video resources during non-operating hours.
- Produced Terms of Service (ToS) Video for English and Spanish audience
- Added ASL interpretation to ToS Videos

2023

- US Patent and Trademark Office approved TakeMyHand.co™ Service Mark
- Integrated La CLAve into TakeMyHand.co™
- Created mobile app icon design
- Apple approved TakeMyHand.co™ iPhone mobile app for the App Store
- Increased accessibility with addition of ASL Video chat option in TakeMyHand.co™
- Integrated La CLAve content on website and mobile app
- Launched Univision/NBC TV marketing campaign[204]

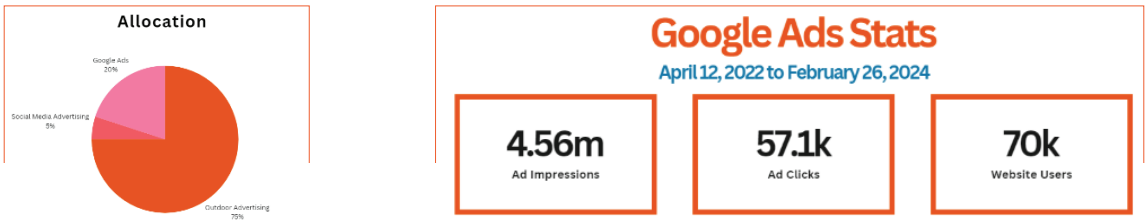


Above: *TakeMyHand.co™ Univision/NBC TV campaign report*
Source: *Riverside University Health System - Behavioral Health (2024)*

[204] The Spanish videos of the Univision/NBC Interview segments can be found at: https://vimeo.com/showcase/11106895. The English videos can be found at: https://vimeo.com/showcase/11106848.

2024

- Received Google Ads Marketing Performance Report

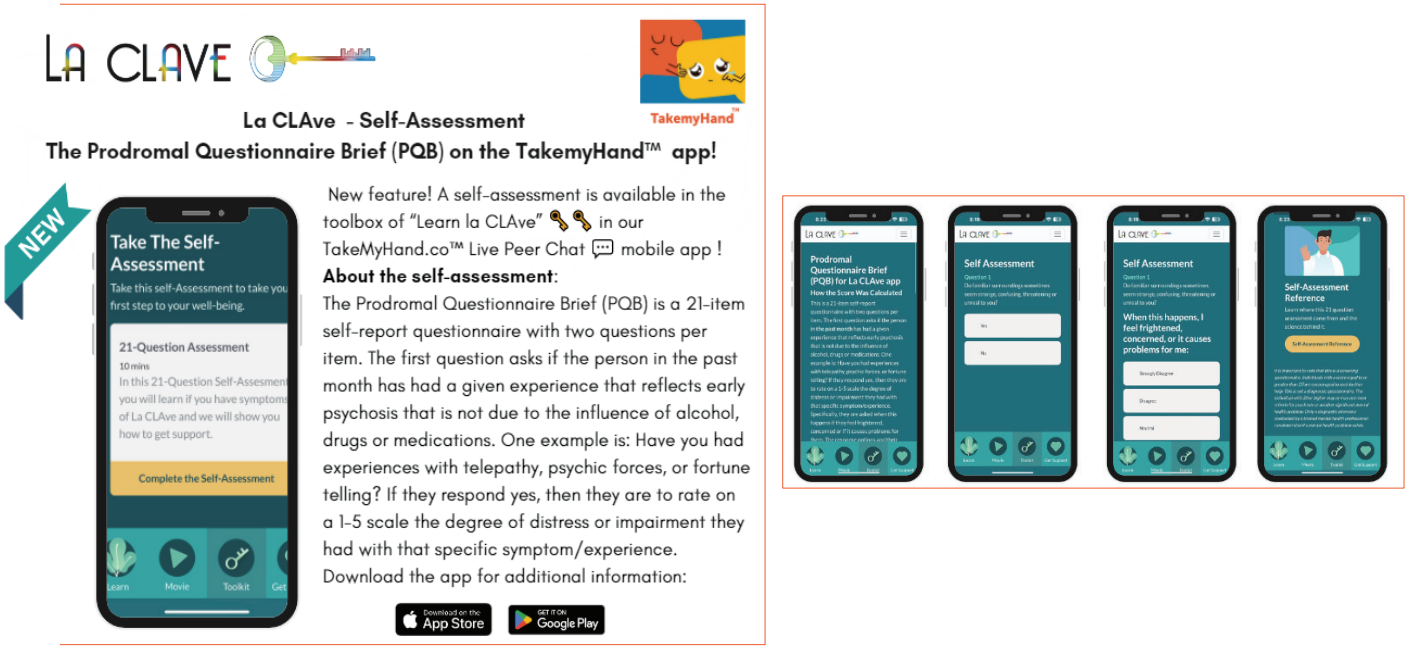


Above: *TakeMyHand.co™ Google ad statistics*
Source: *Riverside University Health System - Behavioral Health (2024)*

- Google approved TakeMyHand.co™ mobile app for their Google Play Store
- Launched a new feature, Emotional Tracking

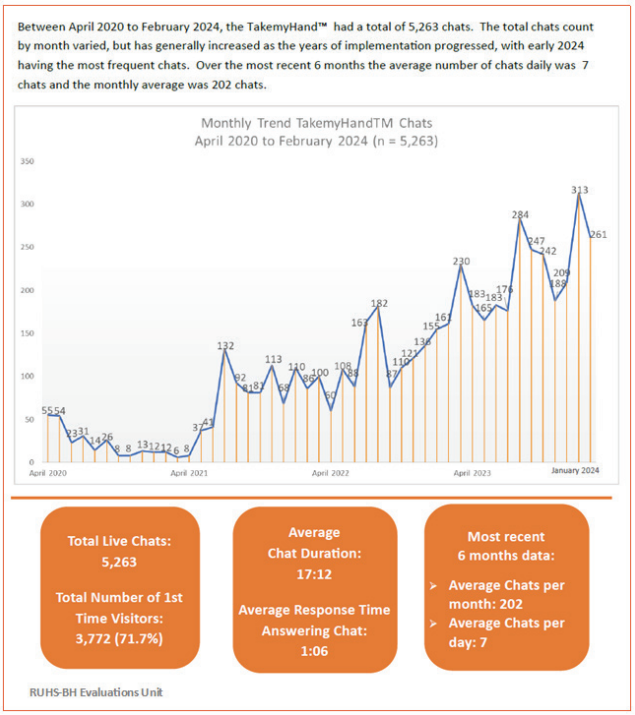
Above: *TakeMyHand.co™ app*
Source: *Riverside University Health System - Behavioral Health (2024)*

- Launched a new feature, The Prodromal Questionnaire Brief (PQB) under Learn La CLAve section

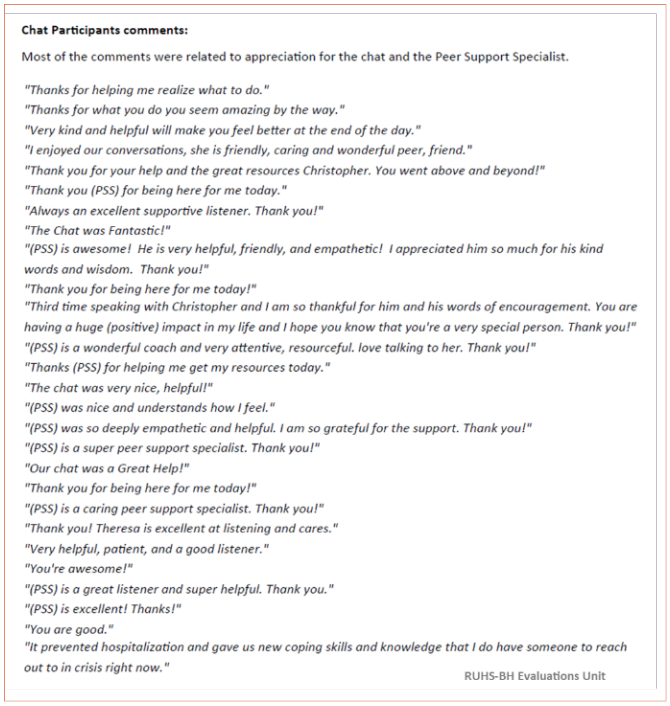


Above: *TakeMyHand.co™ and La CLAve integration*
Source: *Riverside University Health System - Behavioral Health (2024)*

- By February 2024, TakeMyHand.co™ reported 5,263 chats completed with overall positive testimonies from chat visitors



Between April 2020 to February 2024, the TakemyHand™ had a total of 5,263 chats. The total chats count by month varied, but has generally increased as the years of implementation progressed, with early 2024 having the most frequent chats. Over the most recent 6 months the average number of chats daily was 7 chats and the monthly average was 202 chats.



Chat Participants comments:

Most of the comments were related to appreciation for the chat and the Peer Support Specialist.

"Thanks for helping me realize what to do."
"Thanks for what you do you seem amazing by the way."
"Very kind and helpful will make you feel better at the end of the day."
"I enjoyed our conversations, she is friendly, caring and wonderful peer, friend."
"Thank you for your help and the great resources Christopher. You went above and beyond!"
"Thank you (PSS) for being here for me today."
"Always an excellent supportive listener. Thank you!"
"The Chat was Fantastic!"
"(PSS) is awesome! He is very helpful, friendly, and empathetic! I appreciated him so much for his kind words and wisdom. Thank you!"
"Thank you for being here for me today!"
"Third time speaking with Christopher and I am so thankful for him and his words of encouragement. You are having a huge (positive) impact in my life and I hope you know that you're a very special person. Thank you!"
"(PSS) is a wonderful coach and very attentive, resourceful. love talking to her. Thank you!"
"Thanks (PSS) for helping me get my resources today."
"The chat was very nice, helpful!"
"(PSS) was nice and understands how I feel."
"(PSS) was so deeply empathetic and helpful. I am so grateful for the support. Thank you!"
"(PSS) is a super peer support specialist. Thank you!"
"Our chat was a Great Help!"
"Thank you for being here for me today!"
"(PSS) is a caring peer support specialist. Thank you!"
"Thank you! Theresa is excellent at listening and cares."
"Very helpful, patient, and a good listener."
"You're awesome!"
"(PSS) is a great listener and super helpful. Thank you."
"(PSS) is excellent! Thanks!"
"You are good."
"It prevented hospitalization and gave us new coping skills and knowledge that I do have someone to reach out to in crisis right now."

RUHS-BH Evaluations Unit

Above: *TakeMyHand.co™ report*
Source: *Riverside University Health System - Behavioral Health (2024)*

Above: *TakeMyHand.co™ Peer Operators Team*
Source: *Riverside University Health System - Behavioral Health (2024)*

Additional reports and information on TakeMyHand.co™ can be found at: https://helpathand.info/.

From TakeMyHand.co™ to CalHOPE Connect:

A Story of Success

How Lessons from Help@Hand were used to inform CalHOPE Connect[205]

Authored By:
Help@Hand evaluation team

CalHOPE Connect is a Peer chat line that was launched across the State of California by California Mental Health Services Authority (CalMHSA) through a partnership with California Department Health Care Services (DHCS) and local Mental Health Providers/Partners.

CalHOPE Connect leveraged the MHSA funded Innovation project, **TakeMyHand.co**™, developed by Riverside County. Specifically, key learnings around the vision of working with the Peer community, and branding and platform design were leveraged to build out a Statewide Effort.

Original Vision to Develop a Product that Leverages Peer Community Strengths and Assets

- **TakeMyHand.co**™: Riverside County was the only County/City in Help@Hand to develop a Peer Chat Hotline staffed by a live Certified Peer Support Specialist, a person with lived experience in recovery from a behavioral health condition, trained to interact with callers in a mutual and non-judgmental manner. The success of TakeMyHand.co™ depended on well-trained Peers, emphasizing the need for Peer certification and training in mental health services. TakeMyHand.co™ was available Mondays-Thursdays from 8AM-5PM and Fridays from 8AM-4PM (except holidays).
- **CalHOPE Connect**: Envisioned as a statewide solution to provide Peer support and expand usage to other Counties/Cities. CalHOPE Connect was available on Mondays through Fridays from 8AM-12PM.

From Take My Hand, CalHOPE:

- Incorporated the use of Peer Support Specialists
- Incorporated an online and anonymous format to reach users
- Utilized Riverside County's learnings in working with technology vendors to meet public needs for chat services
- Leveraged Riverside County's Peer Support learnings on how to address crisis chat workflows and the supervision feature within the chat engine technology

[205] CalHOPE Connect website can be accessed at https://calhopeconnect.org/about/

SPOTLIGHT

Summary Report on TakemyHand LiveChat Pilot Project

Authored By:
Gloria Moriarty-Burnes
Lead Advocate
Center On Deafness Inland Empire (CODIE)

Introduction: This summary report provides an overview of the pilot project conducted by Takemyhand.co (TMH) to deliver direct services to the Deaf, Hard of Hearing, and DeafBlind communities through American Sign Language (ASL) LiveChat sessions with ASL Peer Support Specialists. The report covers the period from December 4th, 2023, to February 26th, 2024, and focuses on improving visual accessibility, selecting appropriate ASL peer support specialists, and improving communication processes within the TMH team.

Project Overview: The pilot project involved the participation of one part-time and one full-time Deaf certified Peer Support Specialist, including myself, providing services to the targeted communities through LiveChat sessions.

Community Engagement: Approximately 2 to 5 Deaf/Hard of Hearing consumers engaged with the LiveChat per week during the pilot period, offering valuable feedback. Collaborations with organizations like CODIE facilitated community involvement, with events hosted to demonstrate the LiveChat service and gather feedback. Common themes in feedback included technical challenges and communication access concerns for the target communities.

Community Feedback: Feedback from various organizations and Deaf/Hard of Hearing consumers emphasized the significance of direct services for these populations. Recommendations included adjustments to the video chat screen, increased availability of ASL Peer Counseling, extended service hours, Deaf-sensitive training for TMH Peer Counseling staff, and ensuring full functionality of mobile apps for video chat sessions.

Recommendations:

- Implement a feature to adjust the video chat screen size for better visual accessibility.
- Increase the availability of ASL Peer Counseling to meet the demand within the community.
- Extend service hours, especially in the evenings, to provide emotional support and accommodate community schedules.
- Provide Deaf-Sensitive Training for TMH Peer Support Specialists to enhance cultural competence and communication skills.
- Ensure mobile apps are fully functional and accessible for video chat sessions.

Conclusion: The pilot project has significantly enhanced access to support services for the Deaf, Hard of Hearing, and DeafBlind communities. Ongoing efforts to provide accurate ASL Peer Support training, expand specialist hiring, and collaborate with community members are essential for the program's success.

Next Steps:

- Continuously upgrade training curriculum and hiring processes based on community feedback.
- Explore additional features and improvements to enhance visual accessibility and user experience.
- Expand outreach efforts to increase awareness and participation within the target communities.

This report serves as a strategic roadmap for refining and expanding the TMH LiveChat service to better serve the needs of the Deaf, Hard of Hearing, and DeafBlind individuals.

Above: *Infographic (top) and banner (bottom) of the TakemyHand ASL LiveChat Pilot*
Source: *Riverside University Health System - Behavioral Health (2024)*

UNIPER/UNIPER CARE EVALUATION

Description	An accessible and effective integrated platform that helps older adults live a more connected, engaged, and active life.

At-a-Glance in Help@Hand

Activity	Evaluation
Tech Exploration (completed) City of Berkeley, Los Angeles County, Marin County, San Francisco County, San Mateo County	This section presents evaluation findings from early technology testing of Uniper with older adults in Marin County between June-July 2020. Data collection efforts included a demographic survey and focus group collected by Marin County and analyzed by the Help@Hand evaluation team. Evaluation data was not available from the other Counties/ Cities who completed tech explorations.
Pilot (planned) Los Angeles County, Marin County	No evaluation data was collected or analyzed.

INTRODUCTION

Marin County collected surveys and facilitated focus groups to explore and test Uniper with 12 older adults between June-July 2020. The Help@Hand evaluation team helped design the testing instruments and logistics as well as analyzed the data. While there were small sample sizes across surveys and focus groups, the insights provided valuable information about the Uniper app.

KEY TAKEAWAYS

Marin County Tech Exploration: Early Technology Testing (June-July 2020)

Uniper Features: Participants reported enjoying Uniper content and activities. However, they noted videos would have to be updated regularly and that live activities could be difficult to fit into their daily schedules.

Technical Issues: Technical issues posed some of the primary challenges when using Uniper, and Uniper's technical support was important for participant engagement.

Areas of Improvement: While most participants perceived Uniper positively, they did note that it was not very culturally sensitive.

MARIN COUNTY TECH EXPLORATION: EARLY TECHNOLOGY TESTING (June-July 2020)

DEMOGRAPHICS

Participant Demographics

Among older adult participants, the majority were aged 65-84 years old and identified as female/woman and White. More than half (55%) reported having experienced mental health concerns and nearly all (91%), were confident using technology (N=11).[206]

Age Group
9% 60-64 years
55% 65-84 years
9% 85-89 years
27% Declined to answer

Gender
55% Female/Woman
45% Male/Man

Race/Ethnicity
55% White
9% Latinx/Hispanic
9% Black/African American
9% Southeast Asian
18% Declined to answer

Preferred Language
91% Preferred English
9% Preferred Spanish

Education
9% Some College
18% Bachelor's Degree
73% Graduate or Professional Degree

Annual Household Income
64% Less than $50,000
18% More than $75,000
18% Declined to answer

Mental Health Challenges
55% Experienced mental health concerns
36% Had not experienced mental health concerns
9% Declined to answer

Digital Literacy
91% Were confident using technology
9% Were not confident using technology

[206] One participant declined to take the demographic survey.

LEARNING GOAL #1

What were the initial views on Uniper during the early technology testing?

Initial Views on Uniper

Participants were asked on the survey about their experience using Uniper (N=12). Most users enjoyed using Uniper and found it easy to navigate and use. On average, users scored Uniper lowest on perceived cultural sensitivity.

Enjoyed using Uniper	**92%**
Found Uniper visually appealing	**77%**
Uniper content was appropriate for isolated older adults	**72%**
Found Uniper as easy to use	**72%**
Resources Required Score *A higher score meant participants thought they had the resources to use Uniper*	**4.2 of 5.0***
Navigation Score *A higher score meant participants thought Uniper was easy to navigate*	**4.2 of 5.0***
Information Score *A higher score meant participants thought the information on Uniper was credible and easy to understand*	**4.0 of 5.0***
Continued Use Score *A higher score meant participants would like to continue to use Uniper*	**3.5 of 5.0***
Perceived Usefulness Score *A higher score meant participants thought Uniper was useful*	**3.3 of 5.0***
Privacy Score *A higher score meant participants had more privacy concerns around using Uniper*	**2.8 of 5.0***
Cultural Sensitivity Score *A higher score meant participants thought Uniper was more culturally sensitive*	**2.5 of 5.0***

*For each construct (e.g., Resources Required, Navigation, etc.), participants were asked to rate statements on a 5-point Likert scale ranging from Strongly disagree (1) to Strongly agree (5). Each construct score was calculated by adding the item scores for that construct together and dividing it by the total number of answered items, resulting in a total score in the range of 1–5.

Perceived Strengths and Weaknesses

Tech exploration participants observed that Uniper could help older adults feel less isolated and had activities and opportunities relevant for people in Marin County. However, they noted the lack of mental health-specific content and the need for more regularly updated content as potential areas of improvement. Furthermore, there were privacy concerns and several technical issues that participants perceived as shortcomings of Uniper.

Perceived Strengths	Perceived Weaknesses
• Human interaction could help in feeling less isolated • There was a variety of content available and opportunities to add content relevant to Marin County • There were interesting activities	• Lacked mental health-specific content, such as issues like depression and anxiety • More personal information was shared via video, which made privacy a concern • Support was needed to get started with the app, as some faced technical issues even with Uniper's assistance • Content needed to be updated more regularly • It was difficult to fit timing of live activities into daily schedules • It was unclear how emergencies would be handled • Web version was not as put together as the TV version • There were some technical issues with remote control

Participants shared the following additional comments:

"I was beside myself with excitement [about Uniper]. [...] I liked the shortness of the videos, the variety, the exercise things. Yes, it was interactive. I was totally pleased, and I thought as far as somebody less able than I, it would be very, very good because it was easy to get to and it didn't require decisions other than choosing something."
– Older Adult Participant in the Early Technology Testing

"...I do imagine some older adults may feel nervous about connecting with others through a video platform or having anxiety regarding privacy or evaluation from others."
– Older Adult Participant in the Early Technology Testing

"I think [Uniper] would be very helpful as soon as they have Zumba in Spanish, activities in Spanish, caption for videos or videos in Spanish or more content about our countries or our music could be really interesting. Yes, as soon as we can get it in Spanish, I think it can be very nice. The live sessions."
– Older Adult Participant in the Early Technology Testing

LEARNING GOAL #2
What were the initial experiences with Uniper during early technology testing?

Feedback on Uniper Features

Older adults participating in the early technology testing provided feedback on Uniper features, including Live Activities, Video Library, and Technical Support.

Live Activities

The "Live Activities" feature promoted events on particular days and times that older adults could join and interact with other people in real-time. There were multiple categories of live events, such as Body, Mind and Spirit, Support Group, and Special Events.

Participants liked the variety of activities available and considered them to be interesting. Four out of twelve participants explored the Live Activities feature, and two participants took part in a Live Activity. Participants liked the interactive aspect and being able to connect to other people. Many found the exercise activities particularly useful. Some participants reported it was hard to keep up with the schedule of Live Activities, and two participants shared that not everyone might feel comfortable turning on their video when taking part.

> *"The thing I enjoyed most was the exercise things. I like yoga. There was one yoga you could tune into anytime. There were a number of things scheduled. The scheduling was hard for me. I walk every morning. I was never able to do the 8 o'clock things or the 10 o'clock things. I wish there were more selection. The early stuff was hard to schedule. I like things I can go to when I am free, and not when they were given. I wish there were more available on our schedules, not on their schedules."*
> – Older Adult Participant in the Early Technology Testing

Video Library

The "Video Library" feature provided recorded videos (called episodes) that older adults could watch at any time. There were multiple categories of videos, such as Fitness and Health, Spiritual and Soul, Memory and Mind, History, Music and Culture, and Around the World.

Five out of twelve participants watched at least one video. While participants enjoyed the variety of this content, they noted that Uniper would have to regularly update this content to keep them engaged.

Technical Support

Nine of the twelve participants used Uniper's technical support, and all rated the support as moderately to extremely useful. Some participants noted that this ongoing support was an important component of Uniper.

> *"I appreciate the help. The guy who set it up for me was terrific. He explained it and then I got a call from patty who was wonderful and patient and offered to put WhatsApp on Uniper and set it up for me. It is nice to have that availability and that choice."*
> – Older Adult Participant in the Early Technology Testing

LEARNINGS

Learnings from the Marin County's early technology testing of Uniper included:

- **Participants positively rated several features.** Overall, Uniper was rated positively for its variety of content, user interaction in various features, and human connection.
- **Challenges with Uniper were largely technical in nature.** Some participants reported experiencing technical issues, including signing up, using the remote, and with some web content.
- **The early technology testing highlighted expected barriers for isolated older adults.** Findings indicated providing technologies like Uniper to isolated older adults should also be supported with technology assistance.

WELLSCREEN MONTEREY EVALUATION

Description	A tool that screens individuals in Monterey County and directs them to local services and resources.

At-a-Glance in Help@Hand

Activity	Evaluation
Implementation (completed) Monterey County	This section presents evaluation findings from WellScreen Monterey's implementation. Data was collected and analyzed by The University of California, Berkeley's Health Research for Action (HRA) in collaboration with Monterey County Behavioral Health (MCBH), CalMHSA, and CredibleMind, Inc. Data collection efforts included: *User and Stakeholder Evaluation* • De-identified dashboard and website data of WellScreen Monterey users from November 2022-July 2023 • Community member interviews between May and August 2023 • Key informant interviews between May and August 2023 with key stakeholders involved in the planning and launch of WellScreen Monterey • De-identified electronic health record (EHR) data from Monterey County's ACCESS program between July 2018-November 2022 and November 2022-June 2023

INTRODUCTION

Monterey County Behavioral Health (MCBH) partnered with CredibleMind, Inc. to develop WellScreen Monterey for people seeking mental health services, their family/friends, and community service providers. Individuals could complete an assessment and receive information about local services and resources. MCBH and CredibleMind, Inc. launched the technology in November 2022 and sustained it after the County's Help@Hand project ended.

The University of California, Berkeley's Health Research for Action (HRA) evaluated WellScreen Monterey's implementation in collaboration with MCBH, CredibleMind, Inc., and CalMHSA. HRA collected and analyzed the data, which included de-identified dashboard and website data of 28,879 WellScreen Monterey users, 14 interviews with key stakeholders, 14 interviews with community members, and de-identified electronic health record data. In December 2023, HRA presented their evaluation findings in their "Help@Hand: WellScreen Monterey Evaluation Final Report." The full report is in Appendix L. The Help@Hand evaluation team synthesized key findings to present highlights from the report in this section.

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

KEY TAKEAWAYS

Monterey County Wellscreen Monterey Implementation: User and Stakeholder Evaluation (November 2022-August 2023)

Identification of Individuals in Need of Mental Health Assistance: WellScreen Monterey helped identify individuals in need of mental health assistance (e.g., depression, anxiety, eating disorders) who might otherwise not have had access to services and connected them with resources and supports.

Marketing: Google paid ads and referrals were the most effective marketing strategies for promoting traffic to WellScreen Monterey.

Strengths of WellScreen Monterey Website: Community members found the website helpful, organized, and easy to understand, and cited that it had a calm and informative design, straightforward assessment experiences, functional access to results, and effective presentation of the results page.

Challenges of WellScreen Monterey Website: Community members noted they faced difficulties accessing the website due to lack of broadband/internet and/or phone access. Other notable challenges included difficulties connecting between agency systems and WellScreen Monterey, delays in response time when using the chat function, and lack of language and cultural adaptations for Spanish-speaking and Indigenous people.

WellScreen Monterey Planning: Transparency and open communication between the planning team, MCBH administrators and providers, CredibleMind, CalMHSA, and the evaluation team cultivated a sense of trust and facilitated productivity when planning/designing the website. However, staffing transitions, lack of early marketing planning, and resource limitations challenged website planning.

Impact on MCBH Service Costs: The average cost for triage, assessment/evaluation, and linkage/brokerage services decreased after the WellScreen Monterey launch.

Impact on Client Demographics: After the WellScreen Monterey Launch, MCBH ACCESS saw increases in the proportion of clients who identified as being non-White, were covered by Medi-Cal and Medicare Part B, were from the Salinas Valley, and who identified as being with high-risk.

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

MONTEREY COUNTY WELLSCREEN MONTEREY IMPLEMENTATION: USER AND STAKEHOLDER EVALUATION (November 2022-August 2023)

DEMOGRAPHICS

Participant Demographics

The table below presents demographics of WellScreen Monterey users (N=6,327).

Gender
47.6% Female
16.8% Male
1.0% Transgender
0.9% Genderqueer
0.9% Questioning/Unsure
3.2% Prefer not to say
29.6% Missing

Age
28.7% 15 years or younger
17.1% 16-17 years
13.2% 18-20 years
9.3% 21-24 years
13.1% 25-34 years
8.2% 35-44 years
3.8% 45-54 years
3.7% 55-64 year
2.9% 65 or older

Race
34.2% White
24.2% Multi Race
3.3% Asian
3.1% Indigenous/American Indian/Alaska Native
1.5% Black
0.6% Native Hawaiian or Other Pacific Islander
33% Not Reported
0.1% Missing

Ethnicity
39.3% Hispanic, Latino, or of Spanish origin
31.9% Not Hispanic, Latino, or of Spanish origin
28.8% Missing

Primary Language
68.7% English
0% Indigenous languages (e.g. Mixteco, Triqui, Chatino)
0.1% Korean
1.9% Spanish
0.1% Tagalog
29.1% Missing

Data on this page was collected and reported by Monterey County's local evaluator. The Help@Hand evaluation team synthesized the data.

LEARNING GOAL #1
What factors make a setting ready for a technology like WellScreen Monterey?

Mental Health Conditions and Services of WellScreen Monterey Users

Mental Health Conditions of Users (N=6,327)

- **Anxiety** levels varied, with 31.6% reporting severe anxiety and 23.5% reporting moderate anxiety.
- **Depression** levels showed 30.4% reporting moderately severe depression and 14.4% reporting severe depression.
- A small percentage (4.9%) reported being pregnant or recently pregnant, while 86.2% of this group experienced moderate to severe **postpartum depression**.
- A majority (82.4%) reported **no alcohol use** in the past 12 months and 86.1% reported **no drug use** in the past 12 months.
- Among those 21 years and older, 59.1% reported **no substance use** in the past 12 months.

Mental Health Services Used

Very few website users took medication, received treatment, or received services.

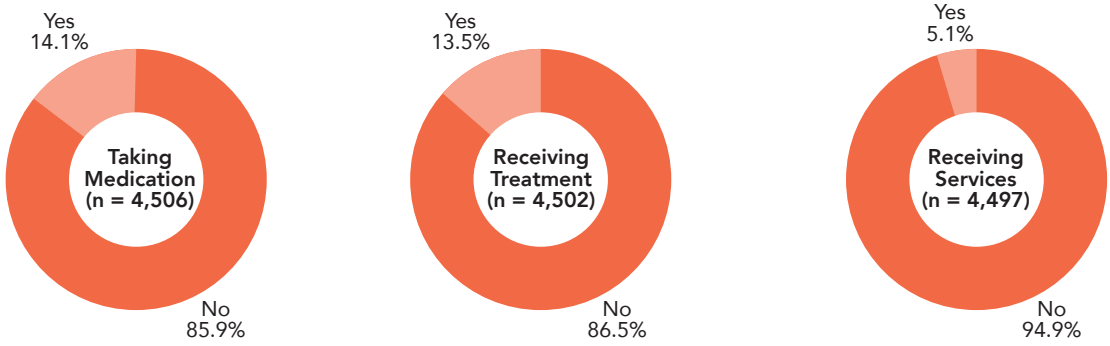


Figure from "Help@Hand: WellScreen Monterey Evaluation Final Report"

WellScreen Monterey Users with Medi-Cal Not Receiving Treatment from MCBH (N=552)

The HRA evaluation identified 552 individuals who used WellScreen Monterey, lived in Monterey County, and received Medi-Cal, but were not currently receiving treatment from MCBH, despite having moderate-to-severe mental health conditions (see below). This demonstrated the effectiveness of WellScreen Monterey to identify individuals in need of mental health assistance who might otherwise not access services and connect them with resources and support.

Mental Health Conditions of WellScreen Monterey Users in Monterey County with Medi-Cal	Number of Users
Depression	367
Anxiety	354
Eating Disorders	284
Bipolar Disorder	238
Substance Abuse	233
PTSD	163
Psychosis	26

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

LEARNING GOAL #2
How did users use WellScreen Monterey? How did stakeholders view WellScreen Monterey?

User Traffic and Marketing Strategies

Traffic between November 2022-October 2023

28,879 users | **35,998** sessions | **119** total events

- Mobile devices were the predominant platform, constituting 88.7% of events (an action that a user takes on a website or app, such as clicking a link, loading a page, or downloading a resource)
- 94% of events were from California, with other US states comprising only 5.4%
- Users found something useful in 9.5% of the events

Marketing Strategies and Traffic Sources

80.1% Google Paid Ads | **13.0%** Facebook | **9.0%** Direct/Email | **1.9%** Search Engine

- Google paid ads and referrals were most effective for promoting traffic (26.4% and 20.4% more effective than simple web search, respectively)
- Social media was the second most effective, with increased usage shortly after Facebook and Instagram ads were released
- Direct/Email methods were third most effective

Assessments

6,327 website users completed assessments between 2022 2023

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

Community Feedback on WellScreen Monterey Website

WellScreen Monterey Website Feedback

- Community members found the website helpful, organized, and easy to understand.
- Some challenges included the length of the self-assessment and the reintroduction of trauma.
- Suggestions for improvement included framing questions better, reducing the assessment length, and including additional resources.

WellScreen Monterey Website

Strengths

- Calm and informative website design
- Straightforward assessment experiences
- Functional access to results and effective presentation of the results page
- Positive user experience
- Improvements in connecting clients with resources
- Thoughtful layout and easy-to-understand content

"...Love that it's user-friendly. I really appreciate that it explains things without any jargon…it really is straightforward. You can actually see a description…and immediate resources…The summary portion at the end after the tool, after the test, it definitely was enlightening…to see the areas you're doing well and the areas of some concern, and…resources…to help." – Non-MCBH Provider

"It's a good tool as a starting point to get clients quickly screened... if it's mild, then they have some resources or some tools that they could use immediately. If it's moderate to severe, then they're prompted with the local clinics that are available. So it gives them an immediate resource based on their level of needs." – MCBH Administrator

"It's been a really powerful tool…I think someone pointed out that the screener has now served more people than MCBH clinics have in the same time period, way beyond. So we're able to get people to resources that were not before finding them. So I think that's a huge success…." – Help@Hand Technology Development Partner (CredibleMind)

Data on this page was collected and reported by Monterey County's local evaluator. The Help@Hand evaluation team synthesized the data.

Successes

- Website served as a helpful tool for receiving mental health information and resources
- Website was effective and comprehensive
- Website was well-designed

> *"So I found resources slash phone numbers and chat very helpful as well, besides the assessment, because assessment, you take it if you need the help, you have time to do it, you think there's an issue, but sometimes in case you need to contact somebody right away, you have all the contact information. So that was helpful for me."*
> *– English language focus group participant*

> *"[Participants] like it a lot because it is straightforward and [because] it gives you the exact information you need. [And] when you look at it using a computer or a phone, it always has the same outline and [functionalities]" – Spanish language focus group participant*

Challenges

- Delays in response time when using the chat function
- Difficulty tracking WellScreen Monterey user activity, especially when Google translate was used without the toggle design
- Disconnection and communication difficulties between agency systems and WellScreen Monterey
- Needed to include more resources and reorganize the results page to be clearer and simpler
- Lack of language and cultural adaptations to the website for Spanish-speaking and Indigenous people
- Access barriers, including lack of broadband/internet or phone access
- Cultural stigma and prejudice around mental health

> *" …We did hope that these screening results would be more used in an intake process. So the user takes the screener, they see the 800 number, they call [MCBH ACCESS], they get an appointment, they show up at a clinic, they give their access code, and the clinician actually uses the results of the screener. That just has not happened very much…there's just workflow that people have been too busy and we haven't had the time to integrate it." -Help@Hand Technology Development Partner (CredibleMind)*

> *"Sometimes if [WellScreen Monterey is] not translated into a language that that community speaks, then they can't complete it. If that particular community can only speak it but not write it, that's going to be an issue…so I don't know how some of our communities, especially our Indigenous community, would go about completing that if they don't have either an interpreter available physically completing it with them. We may be missing a chunk of our population." -MCBH Administrator*

> *Some of the more rural populations that may not necessarily have access to internet 24/7, there are some barriers there. I think that's probably one of the biggest things. But [MCBH] is launching the [tablets] in the community so that if people don't have a cell phone or they don't have access, there are opportunities for people to be able to take the assessment on a shared device, which I think is going to be really helpful." -Help@Hand Technology Development Partner (CredibleMind)*

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

Recommendations

- Include additional Monterey County specific resources
- Consider the length of the assessment
- Make adjustments to the user interface to improve ease of use
- Provide an audio version of the website
- Include additional language translations to better support language needs of different populations
- Increase internet and device access
- Reduce the reading level of the assessment
- Work inter-agency to update resources listed on WellScreen Monterey
- Add information such as distances of locations and costs to the results and resources page
- Increase community-based marketing for better engagement and outreach (clinics, bakeries, churches, schools, county office community events, public libraries, word-of-mouth, and more social media)
- Seamless transfer of website result data if someone seeks services at MCBH
- Improve interoperability of data across apps, devices, and EHRs
- Addition of tablets during intake to retrieve user data during the initial patient-provider process
- Automatically transmitting assessment information between WellScreen Monterey site and Avatar in an interoperable format

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

Stakeholder Feedback on WellScreen Monterey Implementation

Implementation Feedback

- Successes included collaboration, engagement, responsiveness, and adherence to timelines.
- Challenges included staffing shortages, outreach to Spanish-speaking communities, time frame delays, and communication difficulties.
- Suggestions for improvement focused on collaboration, community outreach, and resource-sharing.

Planning Phase

Successes

- Partnership between MCBH, CredibleMind, and evaluators in the planning/design process
- Project team's flexibility and responsiveness to the County stakeholders' needs and priorities in the planning and design of the WellScreen Monterey website
- Community needs assessment welcomed a variety of stakeholders, input and identified the key community preferences for accessing and using the website content and format
- Testing and validation of the behavioral health assessment measures and scales to ensure their accuracy and usability
- Full transparency and open communication of the planning team cultivated trust and facilitated productivity in the planning/design process of the website between MCBH administrators and providers, CredibleMind, the evaluation team, and CalMHSA

"The planning went well and I think we had the right people in place to help support this. In particular, having our 'ACCESS to Treatment' managers available for the [planning and] implementation process, because a lot of times, our clients come through our ACCESS [program] doors."
- MCBH Administrator

"In the planning phase, I think what I feel really went well is the [digital technology development] team was very responsive to needing to be flexible and needing to hear from us about our community needs and then making those adjustments [to the design]."
- MCBH Administrator

"The most helpful information and also criticism of the system came from providers and community partners. Youth community members had a lot of good insight as well. It seems like the youth are a little more connected or…aware of what's available and what's not. They had some good feedback [about] the general state of mental health in the county."
- Help@Hand Technology Development Partner (CredibleMind)

"I think the [development] team, and really the [state] CalMHSA team, was good in keeping us on track and identifying weaknesses in our approach. So I think that was well done as well." - MCBH Administrator

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

Challenges

- Staffing transitions and need for more County staff
- Lack of early marketing planning
- Delays and task prioritization that affected timing
- Administrative processes and resource limitations to integrate WellScreen Monterey results within the County EHR

"The failure to launch the project was more of an internal ability to provide the resources to get it done. And then the prioritization of those resources, there's always something that seems to come up that seems to be more important. And it wasn't until we finally prioritized this… that it kind of shook everything loose and now we're going."
- MCBH Administrator

"I just worry that [WellScreen Monterey website] might be a little bit too sophisticated for some people and actually very kind of middle class centric. What we have here is a giant population of people who do not have a bachelor's degree and who are working in the fields and who are typically Spanish speakers."
- Non-MCBH Provider

"Because [CredibleMind] is completely virtual…and we don't live in Monterey County…[or] worked with Monterey County before, we didn't necessarily have the direct connections to the people that we needed to talk to…it was really on us from afar and virtually to do a lot of the recruitment [and create linkages] ourselves." -Help@Hand Technology Development Partner (CredibleMind)

Launch Phase

Successes

- Beta testing and gradual launch of WellScreen Monterey
- Building trust between the community and the website
- Administrative success of no fiscal impacts with workflow changes in the MCBH ACCESS program

"I think the soft launch was…good…there was a little bit time to work out some kinks before there were too many eyes on it or before it got into too many public hands, there were things that it could live and exist and breathe a little bit and people could provide some feedback of those who were seeing it as before we really pushed it in a big way through marketing and things like that."
– Help@Hand Technology Development Partner (CredibleMind)

"The trust in the community [and] in our services in the community is a big part of why we're able to deliver services robustly in South Monterey County. It's taken years of us being present in South Monterey County to develop a relationship with the community…And a lot of why people continue to come through our doors is because they have heard that it's safe to do so. So they've heard from their neighbors, their family members, their church congregants, those types of things like these are good people and it's a safe place to go."
– MCBH Administrator

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

Challenges

- Need for more training and engagement with WellScreen Monterey website from providers
- Need for more bilingual County staff, particularly staff who speak Indigenous languages
- Difficulties building trust between the community and the website, especially among older populations and Spanish-speaking communities
- Timeline delays and administrative challenges with staff shortage, allocation of all the funding granted, and marketing contracts

"We thought that the project would also involve integrating the screener into the regular processes and we'd have tablets in the clinics and people could take it and then their provider would be able to see results and talk about their results alongside with the client. And that just hasn't happened… the whole kind of clinical integration, access integration has been very messy, complicated."
– Help@Hand Technology Development Partner (CredibleMind)

"There's a huge need in being able to speak Spanish and we're seeing an increased need to be able to speak Indigenous languages, particularly Triqui and…Indigenous languages from the state of Oaxaca, which we don't have the capacity to, and it's very hard to find good translation services for those languages as well. So that's an internal challenge that we have."– MCBH Administrator

"There's a lot of undocumented folks out in South Monterey County, a lot of people that don't necessarily feel comfortable interacting with government agencies, which we are. And so it's taken a lot of time to really embed in a way that fosters trust. And so a lot of people come through the doors because they are seeking those individuals that they've heard are trustworthy."
- MCBH Administrator

"…there is difficulty spending all the funds that were granted. If the funds are not spent, they will have to be returned to the state." - MCBH Key Informant

"…There's been the challenge of figuring out how best to spend some of the marketing budget because you can pay money that's going to get people to come directly to the site and the screener, and that's great, but you can also pay money to get just brand awareness out there. So if, in the future, someone needs a screener, they know it's there. And that's much harder to measure the impact." - Help@Hand Technology Development Partner (CredibleMind)

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

LEARNING GOAL #3
What was the impact of WellScreen Monterey on MCBH services?

Changes in Costs Before and After WellScreen Monterey Launch

- The proportion of services devoted to triage, assessment/evaluation, and services for high-risk clients had statistically significant changes before and after the WellScreen Monterey launch.
- The average cost for triage, assessment/evaluation, and linkage/brokerage services decreased.

Changes in Overall Costs

The average service value per client decreased from $2,840 pre-launch to $1,525 post-launch.

	Overall	Pre Launch	Post Launch
Number of Clients	20,453	17,985	4,722
Total Service Value	$ 58,288,407	$ 51,085,324	$ 7,203,083
Average Service Value per Client	$ 2,850	$ 2,840	$ 1,525

Figure from "Help@Hand: WellScreen Monterey Evaluation Final Report"

Changes in Services Before and After WellScreen Monterey Launch

Changes in Triage, Assessment/Evaluation, and Linkage/Brokerage Services

The proportion of services devoted to triage increased after WellScreen Monterey launched, yet the proportion of services devoted to assessment/evaluation and linkage/brokerage decreased. Average cost of triage, assessment/evaluation, and linkage/brokerage services decreased.

	Triage	Assessment/Evaluation	Linkage/Brokerage Services
Proportion of Services Devoted to:	Increased	Decreased	Decreased
Average Cost:	Decreased	Decreased	Decreased

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

Changes in Mental Health Counseling Services

- **Increase** in the proportion of services devoted to high-risk clients
- **No impact** on the proportion of mental health counseling services of total services provided by MCBH
- **No impact** on the proportion of non-billable services
- **Decrease** in average cost of mental health counseling services
- **Decrease** in average cost of services when all services are included

Changes in MCBH ACCESS Client Demographics Before and After WellScreen Monterey Launch

WellScreen Monterey brought a significantly different group of people into services than before.

To evaluate the impact of WellScreen Monterey on MCBH ACCESS operations and service delivery, HRA used de-identified EHR data from the MCBH ACCESS program to analyze trends related to the county behavioral health services before and after the launch of WellScreen Monterey. The analysis focused on four key areas: triage, assessment/evaluation, linkage/brokerage, and utilization of mental health services. Below specifically focuses on the changes in demographics for utilization of MCBH Access from before to after the WellScreen Monterey project.

Important changes included the following:

- **Increase** in the proportion of clients who identified as non-White
- **Increase** in the proportion of clients covered by Medi-Cal and Medicare Part B
- **Increase** in the proportion of clients from the Salinas Valley
- **Increase** in the proportion clients identified as high-risk

Data on this page was collected and reported by Monterey County's local evaluator.
The Help@Hand evaluation team synthesized the data.

	Pre-Launch	Post-Launch
Sex*	N not reported	N not reported
Female	57.7%	58%
Male	42.3%	42%
Age	N not reported	N not reported
16-25 years	20.4%	22.8%
26-59 years	53.6%	48.7%
60+ years	7%	6%
Other	19.1%	22.4%
Race*	N=16,414	N=3,820
White	33.2%	28.8%
African-American	2.8%	3.3%
Asian	2.6%	2.3%
Native Hawaiian and Pacific Islander	0.3%	0.4%
Middle Eastern	0.2%	0.1%
Alaska Native	0.2%	0.3%
Other Race	61.0%	65.0%
Ethnicity*	N=17,978	N=4,719
Hispanic	53.4%	52.1%
Non-Hispanic	46.6%	47.9%
Primary Language	N=16,348	N=4,187
English	78.4%	78.7%
Spanish	21.3%	21%
Other Non-English Language	0.3%	0.3%
Type of Health Insurance*	N not reported	N not reported
Medicaid	73.5%	77.6%
Medicare Part B	5.4%	7.4%
Private Insurance	7.4%	6.6%
Self-Pay/Other	13.3%	7.8%
Other	0.4%	0.6%
Region in Monterey County*	N=17,985	N=4,722
Salinas Valley	48.3%	50.2%
South County	24.6%	22.2%
Coastal	16.6%	16.9%
North County	8.6%	9.3%
Other	1.8%	1.4%
Risk Severity*	N=5,153	N=1,352
Low	65.0%	67.2%
Medium	27.3%	23.5%
High	7.7%	9.3%

* Statistically significant difference at $p<0.001$.

Data on this page was collected and reported by Monterey County's local evaluator. The Help@Hand evaluation team synthesized the data.

WYSA EVALUATION

Description	An artificial intelligence (AI) chatbot that responds to an individual's expressed emotions and uses cognitive-behavioral techniques (CBT), dialectical behavior therapy (DBT), meditation, breathing, yoga, motivational interviewing, and micro-actions to help build mental resilience skills to feel better.

At-a-Glance in Help@Hand

Activity	Evaluation
Tech Exploration (completed) Marin County, Mono County, Riverside County, San Francisco County, San Mateo County, Tri-City	This section presents evaluation findings from early technology testing of Wysa with older adults and Transitional Age Youth (TAY) in San Mateo County in September 2020. Data collection efforts included a survey and focus group collected by San Mateo County and analyzed by the Help@Hand evaluation team. Evaluation data was not available from the other Counties/ Cities who completed tech explorations.
Pilot and Implementation (planned) Tri-City	No pilot or implementation evaluation data was collected or analyzed.
Pilot, Implementation, and Further Technology Testing (completed) San Mateo County	This section also presents evaluation findings from San Mateo County's pilot, implementation, and further technology testing. Data was collected and analyzed by Resources Development Associates (RDA). Data collection efforts included the following: *Consumer Evaluation* • Pilot survey and focus groups with older adults and TAY between April-July 2021 • Implementation app deployment survey with San Mateo County's general population who used Wysa in 2022 • Surveys and focus groups with San Mateo County's behavioral health clients who tested Wysa in 2022 • Interviews with key program personnel and a focus group with San Mateo County's Help@Hand Advisory Committee in 2022

INTRODUCTION

San Mateo County collected early technology testing with seven older adults and four TAY in September 2020 and the Help@Hand evaluation team analyzed the data. Resources Development Associates (RDA) collected and analyzed pilot survey and focus group data with TAY (n=16) and older adults (n=37) between April-July 2021, an implementation app deployment survey with San Mateo County's general population who used Wysa in 2022 (n=21), surveys and focus groups with San Mateo County's behavioral health clients who tested Wysa in 2022 (n=19), and focus groups with San Mateo County's Help@Hand Advisory Committee and interviews with key program personnel in 2022 (n not reported). While there were small sample sizes and varying participant numbers across surveys and focus groups, the insights provided valuable information about the Wysa app and pre-implementation exploration.

RDA's full evaluation report is in Appendix P. The Help@Hand evaluation team presents highlights from the report in this section.

KEY TAKEAWAYS

San Mateo County Tech Exploration: Early Technology Testing (September 2020)

Daily Use: Older adults and TAY found Wysa useful in daily life as it contained relatable content that could be applied to daily activities. However, Wysa could not be customized according to need and was not as user friendly when navigating in Spanish.

User Experience: Consumers enjoyed Wysa's offerings, such as meditation exercises and access to a therapist and/or AI Chatbot.

San Mateo County Wysa Pilot, Implementation, and Further Technology Testing: Consumer Evaluation (April 2021-September 2022)

Seeking Mental Health: After using Wysa, older adult (31%) and TAY (47%) consumers agreed that they were more likely to reach out for help with their mental health and wellness.

Stigma: Using Wysa did not significantly reduce mental health stigma.

Well-Being: Consumers' subjective well-being improved after using Wysa for two months. Consumers reported that Wysa enhanced self-care strategies; improved coping with feelings of anxiety, anger, sadness, and stress; and improved sleep.

Wellness Promotion and Recovery: Wysa consumers felt like they had more support when they felt down, stressed, or anxious.

SAN MATEO COUNTY TECH EXPLORATION: EARLY TECHNOLOGY TESTING (September 2020)

DEMOGRAPHICS

Participant Demographics

Surveys and focus groups were conducted with older adults and TAY who used Wysa. All individuals identified as female/woman and straight/heterosexual. Race, education, annual household income, and mental health challenges varied.

	 **Older Adults** (N=7)	 **TAY** (N=4)
Age 	Between 55-80 years old The average age was 66.1 years old with a standard deviation of 9.0 years	Between 15-20 years old The average age was 17.0 years old with a standard deviation of 2.4 years
Gender 	**7** Female/Woman	**4** Female/Woman
Race 	**4** White **2** Asian **1** American Indian/Alaska Native, Black/African American, Other	**2** Latina/o/x / Hispanic **1** Asian **1** Black/African-American
Preferred Language 	**7** English	**3** English **1** Spanish
Sexual Orientation 	**7** Straight/Heterosexual	**4** Straight/Heterosexual
Education 	**1** Some college **4** Bachelor's degree **2** Graduate or Professional degree	**2** Did not complete high school **1** Completed high school **1** Some college
Annual Household Income 	**1** Less than $30,000 **2** Between $50,000 - $74,999 **3** More than $100,000 **1** Declined to answer	**2** Less than $30,000 **2** Did not know/Declined to answer
Mental Health Challenges 	**5** Experienced mental health concerns in the past **1** Had current mental health concerns **1** Had not experienced mental health concerns	**1** Experienced mental health concerns in the past **1** Had not experienced mental health concerns in the past **2** Declined to answer/Skipped the question

LEARNING GOAL #1

What were the initial views on Wysa during early technology testing?

Views on Wysa

	Older Adults (N=7)	TAY (N=4)
Enjoyed using Wysa	86%	50%
Found Wysa visually appealing	72%	100%
Wysa content was appropriate for their needs	57%	75%
Found Wysa useful in their daily life	57%	67%
Wysa met their needs	29%	67%
Wysa allowed them to connect with others	14%	50%
Wysa made them more likely to access mental health services	14%	33%
If given the chance, they would continue to use Wysa	43%	25%
Would recommend Wysa to friends and family	72%	25%
Information Score (Score from 1-5) *A higher score indicated Wysa's information was credible and easy to understand*	3.8*	3.5
Ease of Use Score *A higher score indicated Wysa was easy to use*	3.7*	4.3
Navigation Score *A higher score indicated Wysa was easy to navigate*	3.6*	4.0
Resources Required Score *A higher score indicated having enough resources to use Wysa*	3.6*	3.1
Privacy Score *A higher score indicated that privacy was an issue when using Wysa*	2.7*	2.3
Cultural Sensitivity Score *A higher score indicated that Wysa was culturally sensitive*	2.7*	3.7

* For each construct (i.e. Resources required, Navigation, etc.), participants were asked to rate statements on a 5-point Likert scale ranging from Strongly disagree (1) to Strongly agree (5). Each construct score was calculated by adding the item scores for that construct together and dividing it by the total number of answered items, resulting in a total score in the range of 1–5.

Participants shared additional thoughts during the focus groups:

"I felt like [Wysa] was pretty relatable. They offered a lot in their library. I really liked the mindfulness aspect of it and the sleeping too. There's even stuff for breakups and so many different topics."
– TAY Participant

"How long until an activity starts repeating? If you're a daily user, eventually [Wysa] will put in the same terms, if you have the same moods, noticed certain works were repeated."
– Older Adult Participant

"I like Wysa because it deals with day to day activities and can be used for daily stress."
– Older Adult Participant

"[Wysa] does help me but not 100% to everything I need. I'm not sure why it's not at 100%, but it's not. I liked what the other participant said about culture, adding more sections around culture would be helpful."
– TAY Participant

Perceived Strengths and Weaknesses

Participants observed that Wysa could help older adults and TAY in daily life because of content relatability, appropriate exercises, and easy to use navigation. However, Wysa was not perceived to be very culturally sensitive and Spanish information did not properly work. Older adults also experienced technical challenges and had less trust in the information provided.

	 **Older Adults** (N=7)[207]	 **TAY** (N=4)[208]
Perceived Strengths	• **Useful in daily life** because it possessed exercises that addressed problems experienced on a daily basis, and allowed consumers to engage with a therapist • **Language was perceived to be relatively simple**, which may appeal to more consumers • **Enjoyed by participants**, due to its effective employment of imagery, which had a calming effect • **Allowed for access to a therapist**, and the ability to easily contact emergency services • **Offered technical support** via a therapist • **Perceived ability to meet the needs of older adults without serious mental illness** due to its focus on general wellness • **Allowed for tracking of progress**, including exercises that recorded the number of minutes engaged with the technology, as well as a therapist who maintained notes from chatting with consumers	• **Useful in daily life** because of the large amount of relatable content it contained • **Relatively high cultural sensitivity rating**, though a participant acknowledged room for improvement • **Visually pleasing**, which participants felt added to the application's ease of use • **Few barriers** to using the application, with the exception that engaging with the therapist required an additional fee • **Easy to use and navigate** despite the large amount of content on the application, due to the manner in which it was organized
Perceived Weaknesses	• **Not perceived to be very culturally sensitive** and lacked the incorporation of one's culture to dictate the manner in which the technology or therapist responded to participants • **Technical issues experienced**, including technology freezing and denying consumers access to certain features • **Not very customizable** according to need, and eventually both the technology's and the therapist's responses became repetitive • **Information was seen as less trustworthy** and while easier to understand, lacked substance	• **Content offered in Spanish did not work properly**, requiring a participant to seek a translator

[207] Seven older adults completed surveys, and six older adults participated in a focus group.
[208] Four TAY completed surveys, and two TAY participated in a focus group.

LEARNING GOAL #2
What were initial experiences with Wysa during early technology testing?

Feedback on Wysa Features

Older adults and TAY participating in the early technology testing provided feedback about the various features of Wysa, including Meditation Exercises, Therapist, and AI Chat.

Meditation Exercises

Wysa offered meditation exercises, which older adult participants remarked often provided imagery that was conducive to feeling calm and addressing everyday stressors. However, one participant felt that it was difficult to discover different meditations in the technology.

Therapist

Participants could chat with a therapist through Wysa. Some participants felt that this was helpful to get support throughout the day. For example, as one participant pointed out, this was a relatively accessible avenue through which one could engage with a therapist. However, participants also remarked that eventually, the therapist's responses became repetitive.

AI Chat

Wysa allowed participants to engage with a bot. Unfortunately, the bot did not always understand the participants' responses and was not able to communicate in Spanish. Nonetheless, the bot communicated in a casual manner that made TAY participants feel as though they were speaking with a friend. TAY participants commented that this characteristic had a relaxing effect. Furthermore, the bot would respond to their interests, which they appreciated.

> *"Chatting with the robot [on Wysa] was particularly relaxing. I would sit on the couch if I was feeling stressed and chat with [the] AI bot."*
> – TAY Participant

> *"It was very difficult to use the chat because I was trying to ask the bot questions in Spanish to configure [Wysa] to my language, but it wasn't working so I had to use the app in English."*
> – TAY Participant

SAN MATEO COUNTY WYSA PILOT, IMPLEMENTATION, AND FURTHER TECHNOLOGY TESTING: CONSUMER EVALUATION (April 2021-September 2022)

DEMOGRAPHICS

Participant Demographics

Among survey participants, the majority identified as female and straight/heterosexual. Among older adults and behavioral health clients, the majority identified as white, while among TAY, the majority identified as Asian and among the general implementation population, Latino/a/x or Hispanic was the most identified race.

	 **Pilot:** Older Adults*	 **Pilot:** TAY*	 **Implementation:** General Population (n=21)	 **Testing:** Behavioral Health Clients (n=19)
Age 	Between 55–89 years old Average age was 69 years old	Between 14–24 years old Average age was 17 years old	5% 6–25 years old 40% 26–39 years old 45% 40–59 years old 10% 60+ years old	32% 6–25 years old 42% 26–59 years old 26% 60+ years old
Gender 	78% Female	75% Female	85% Female/Woman 5% Male/Man 5% Genderqueer/Gender non–conforming 5% Category not reported[209]	63% Female/Woman/ Cisgender Woman 21% Male/Man/ Cisgender Man 5% Genderqueer/Gender Non–Conforming 11% Decline to answer
Race 	Majority identified as White (83%)	Majority identified as Asian (50%) followed by Hispanic/Latino (38%)	33% Latino/a/x or Hispanic 28% Asian or Asian American 24% White 5% Black/ African American 5% Another 5% Category not reported[210]	58% White 32% Latino/a/x or Hispanic 11% Asian or Asian American
Sexual Orientation 	87% Straight/ Heterosexual	67% Straight/ Heterosexual	Not included in report	63% Straight/ Heterosexual 16% Queer 5% Other Sexual Orientation 16% Decline to answer

*n not reported

Data on this page was collected and reported by San Mateo County's local evaluator.
The Help@Hand evaluation team synthesized the data.

[209] Demographic data was reported for three gender categories, however information for the remaining category was not listed.
[210] Demographic data was reported for five race categories, however information for the remaining category was not listed.

	 **Pilot:** Older Adults*	 **Pilot:** TAY*	 **Implementation:** General Population (n=21)	 **Testing:** Behavioral Health Clients (n=19)
Education 	38% Bachelor's or Graduate degree	81% High school students	Not included in report	Not included in report
Employment 	51% Retired	50% Students	Not included in report	Not included in report
Annual Household Income 	28% < $30,000 per year	Came from various households with a wide range of annual household incomes	Not included in report	Not included in report
Mental Health Challenges 	52% Reported no mental health challenges	43% Reported no mental health challenges	Not included in report	Not included in report

*n not reported

Data on this page was collected and reported by San Mateo County's local evaluator.
The Help@Hand evaluation team synthesized the data

LEARNING GOAL #1

Can an app connect Transitional Age Youth (TAY) and older adults to mental health services and other supports if needed?

Comfort with Mental Health Services and Supports

Pilot Findings

Pilot findings suggested that Wysa encouraged consumers to seek mental health support.

% of users who...	 Older Adults (n=32)	 TAY (n=15)
Agreed they were more likely to reach out for help with their mental health and wellness after using Wysa	31%	47%

Using Wysa did not significantly reduce mental health stigma. However, TAY survey results show some reduction in stigma.

% of users who...	 Older Adult	 TAY
Agreed they knew when to ask for help	89% (pre-survey, n=37) 85% (post-survey, n=34)	44% (pre-survey, n=16) 67% (post-survey, n=15)
Agreed their self-confidence would NOT be threatened if they sought professional help	83% (pre-survey*) 76% (post-survey, n=33)	56% (pre-survey*) 60% (post-survey, n=15)

*n not reported

SOS Button

Although Wysa may encourage people to seek help, it did not always directly connect pilot participants to services. The SOS Button allowed consumers to develop a safety plan and directed consumers in crisis to international crisis helplines. Most older adults and TAY participants were "afraid" or "scared" to use this feature as they thought emergency services would be contacted. A few older adults did not notice the feature at all.

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

*n not reported

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The Help@Hand evaluation team synthesized the data

Implementation Findings

Consumers in the general population had a meaningful improvement in the likelihood to seek mental health support.

% of consumers who…	Implementation: General Population*
Agreed they were more likely to reach out for help with their mental wellness because they used Wysa	36%

*n not reported

Although the survey had a small number of responses, results suggested a need for services to reduce mental health stigma in the community.

% of consumers who…	Implementation: General Population*
Agreed they felt comfortable discussing topics related to mental health and mental illness	57%
Agreed they felt comfortable seeking mental health services (such as counseling/therapy)	52%

*n not reported

Data on this page was collected and reported by San Mateo County's local evaluator.
The Help@Hand evaluation team synthesized the data

LEARNING GOAL #2

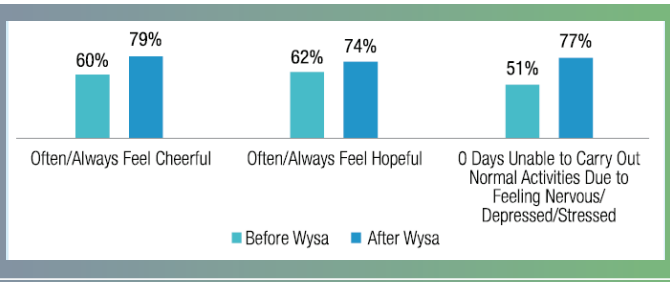
Can the Wysa app promote mental wellness and reduce feelings of isolation?

Well-Being

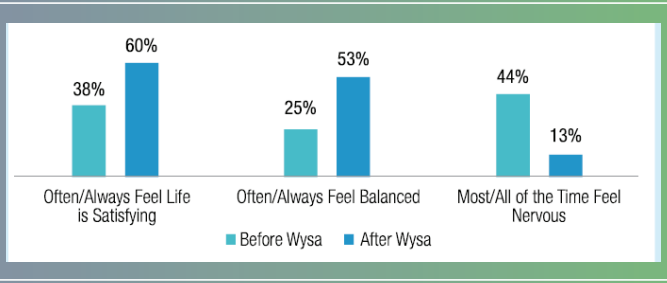
Pilot Findings and Behavioral Health Client Testing Findings

Survey results from pilot participants and BHRS clients found improvements in subjective well-being indicators after using Wysa for two months. Improvements included increased feelings of satisfaction, hope, and balance, as well as reduced feelings of nervousness, depression, and stress. Participants reported that apps such as Wysa enhanced self-care strategies; improved coping with feelings like anxiety, anger, sadness, and stress; and improved sleep.

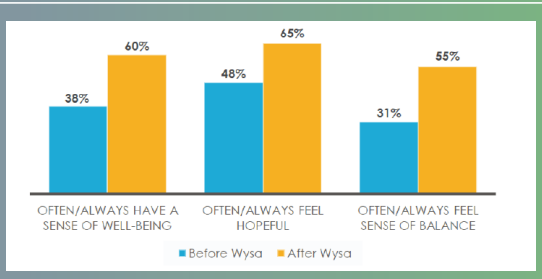
Pilot: Older Adults (n=37)



Pilot: TAY (n=16)



Testing: BHRS Clients (n=20)



Data on this page was collected and reported by San Mateo County's local evaluator.
The Help@Hand evaluation team synthesized the data

Implementation Findings

Consumers in the general population reported a lower potential for improving mental well-being compared to pilot and test participants. These consumers also reported substantially lower interactions with Wysa.

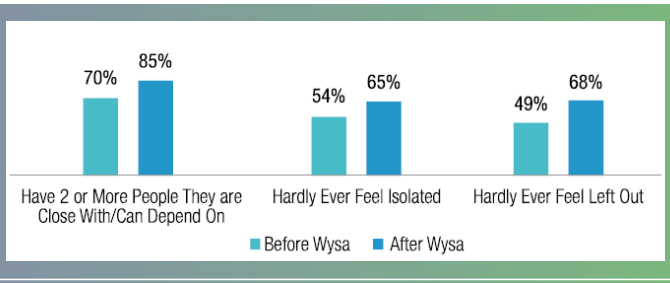
% of consumers who…	Implementation: General Population (n=21)
Agreed Wysa improved their mental wellness	36%
Agreed using Wysa made them feel like they had more support when they were feeling down, stressed, or anxious	41%

Connectedness

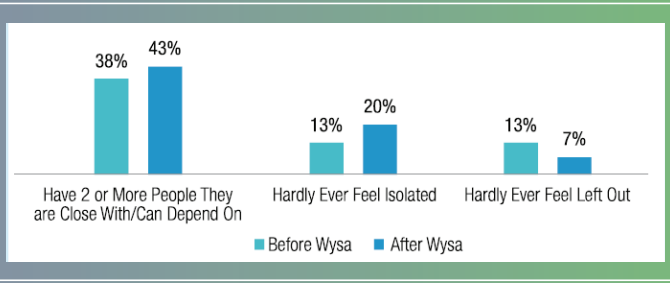
Pilot Findings and Behavioral Health Client Testing Findings

After using Wysa, pilot participants reported increases in having two or more individuals they were close to and could depend on, hardly feeling isolated, and hardly feeling left out.

Pilot: Older Adults (n=37)



Pilot: TAY (n=16)



Testing: BHRS Clients (n=20)

Not included in report

Data on this page was collected and reported by San Mateo County's local evaluator.
The Help@Hand evaluation team synthesized the data

Other survey results indicated pilot participants did not experience less isolation after using Wysa. However, they felt more connected to support when needed.

% of consumers who…	Pilot: Older Adults	Pilot: TAY	Testing: BHRS Clients
Disagreed that using Wysa made them feel connected to other people	71%*	80%*	Not included in report
Agreed using Wysa made them feel connected to support	Not included in report	Not included in report	79%*
Agreed using Wysa made them feel like they had more support when they felt down, stressed, or anxious	56%*	93%*	79%*

*n not reported

Wysa's Chatbot Could Reduce Feelings of Isolation and Enhance Social Connection

TAY pilot participants found the chatbot extremely or moderately useful.

% of consumers who…	Pilot: Older Adults*	Pilot: TAY*
Found the chatbot to be extremely or moderately useful	53%	80%

*n not reported

Implementation Findings

Consumers in the general population had less pronounced improvements with isolation and connectedness than pilot and test participants. Pilot and test participants had greater interactions with Wysa and received additional support during the pilot and testing.

% of consumers who…	Implementation: General Population*
Somewhat or strongly agreed using Wysa made them feel like they had more support when they felt down, stressed, or anxious	41%

*n not reported

Data on this page was collected and reported by San Mateo County's local evaluator.
The Help@Hand evaluation team synthesized the data

LEARNING GOAL #3
Can an app promote wellness and recovery for individuals living with mental health challenges?

Promoting Wellness and Recovery

Behavioral Health Client Testing Findings

Wysa app testing with BHRS clients showed that Wysa may blend seamlessly with and elevate various forms of mental wellness support and resources in the recovery process for those with mental health challenges. Wysa allowed them to feel connected and supported.

% of consumers who…	 Testing: BHRS Clients*
Agreed using Wysa made them feel like they had more support when they felt down, stressed, or anxious.	79%
Agreed that using Wysa made them feel connected to supports	75%

*n not reported

Many test consumers shared that Wysa bolstered their self-care and coping strategies as well as reduced loneliness more than therapy alone. It also helped them process thoughts and feelings.

"The app reinforces what I'm doing in therapy and expands it… The app will direct you to therapy or counseling and if you don't respond, the app will check in on you."
– Older Adult Test Consumer

"I've been going through a health crisis, depression, inconveniences – it's helpful to have this tool. It helps with self-reflection, gives you an opportunity to pause and think through things."
– Older Adult Test Consumer

"I suffer from loneliness, and it was comforting that I could check in with the app anytime."
– *TAY Test Consumer*

"[The app] helps me calm down. I used the talking feature and the self-care feature. Help with my anger and get a better night's rest."
–*TAY Test Consumer*

Data on this page was collected and reported by San Mateo County's local evaluator.
The Help@Hand evaluation team synthesized the data

Help@Hand was approved as a MHSA Innovation project. By their design, MHSA Innovation projects intend to fund the exploration of new or adaptive approaches in community mental health. They primarily focus on learning rather than filling a specific need. Over the course of the project, the Help@Hand evaluation team extracted and synthesized learnings and recommendations based on experiences gained during the project. These lessons learned may offer useful guidance for future projects and help project teams anticipate and handle challenges and achieve their goals.

The Help@Hand evaluation team organized the learnings and recommendations using the CFIR model framework (Damschroder, et al., 2022).[211] The Statewide Story on page 22 has more information about the CFIR model. As such, this section is organized by the following domains: Public Events/ Perceptions, Implementation Sites, People Involved, Technologies and Programs, and Processes.

Public Events/Perceptions

The broader economic, political, and social environment affecting Help@Hand

Help@Hand navigated numerous external and evolving public events and perceptions. These circumstances included, but were not limited to the following: the COVID-19 pandemic, reforms in statewide initiatives like CalAIM, changes in major technology platforms (e.g. the sale of Mindstrong in 2023), leadership and organizational changes at CalMHSA, digital mental health needs of communities, and expectations of stakeholders.

Overall Learnings/Recommendations: Responding to external circumstances required that Help@Hand adopt a flexible approach to provide the flexibility to swiftly adapt to changes as they occurred. In turn, the approach helped reduce redundancy of efforts and optimized resource utilization.

- **What factors supported project adaptation to external forces?** There were many learnings that focused on responding to unanticipated external forces, as well as many that focused on project planning and implementation for anticipated changes in the broader economic, political, and social environment. A clear theme that emerged was the importance of establishing a shared vision and a clear structure for allocating budgeted funds. As the project evolved, project scope, goals, and budgets also shifted in response. Strong project management was critical for establishing key performance indicators, developing change management plans, articulating County/City specific expectations, and mitigating risk as Counties/Cities adapted to and planned for these forces.

Establishing a shared vision, clear budgeting structure, and strong project management was critical for adapting to the impact of external forces on the project.

[211] Two independent coders on the evaluation team applied the CFIR to code learnings and recommendations from past evaluation reports. Coders and additional team members conducted an abridged thematic analysis to identify key takeaways.

- **In what ways did stakeholders' viewpoints impact County/City ability to respond to external forces?** Help@Hand had to carefully consider the political dynamics of the State, the local County/City, and local community members, as well as any emerging issues that arose within these environments. Early on, Peers identified significant barriers to consumer engagement with Help@Hand technologies, such as varying levels of digital literacy, mental health stigma, and low availability of devices. Furthermore, while many stakeholders valued the effort of this innovation project to make available digital mental health technologies to the community, others considered them as costly investments with little tangible outcomes. Including the diverse perspectives of the people, groups, and/or organizations that are impacted by, able to influence, and or have an interest in the project is critical for being able to plan for and respond to broader forces. These impacts can include enhancing understanding of local needs and barriers, anticipating changes to the system, building relationships with the community to support trust and credibility, creating shared visions and goals, identifying and mitigating potential risks, selecting the most suitable implementation models, contributing to credible, high quality, and useful evaluation, promoting transparency, and ensuring accountability.

Impact of Including Diverse Perspectives

Implementation Sites

The places where Help@Hand projects occurred (e.g., sites, across Counties/Cities, etc.)

Help@Hand started with a plan to offer two primary products across Counties/Cities. Upon vetting the products, it was evident that these solutions alone did not align with existing needs. As a result, Help@Hand developed a Request for Statement of Qualifications that included an expanded suite of technologies. Counties/Cities selected technologies best suited for their core audiences and made them available in a diverse range of settings, including but not limited to behavioral health clinics, hospital medical systems, and broadly throughout the Counties/Cities. Learnings and recommendations below relate to the implementation site's infrastructure and available resources.

Infrastructure

The County/City systems, staff, workflows, and organizational structures that impacted the implementation of a technology or program

Overall Learnings/Recommendations: With a complex project like Help@Hand, the implementation setting was multi-layered and involved gaining support from multiple parties, often including leadership from County/City behavioral health departments, program leadership and staff, Peers, and the consumer. Counties/Cities encountered several challenges around timeline changes, adequate staffing, and stakeholder buy-in. Effective project management that involved key decision makers, organizational change management, appropriate staffing levels, and task/outcomes-based effective communication were important to address these challenges.

- **How were organizational and project structures used and adapted in Help@Hand?** Help@Hand involved a complex network of parties, including 14 Counties/Cities overseen by the Mental Health Services Oversight and Accountability Commission (MHSOAC), CalMHSA for project management, UCI/UCSD for evaluation, as well as technology and other vendors. Initially, Counties/Cities had significant autonomy, but it was recognized that the project needed a centralized lead project manager to streamline decision-making and governance. The support of centralized project management and evaluation were essential in adapting support for each County/City's unique needs. Involving executive leadership support early was also identified as crucial for success. Additionally, establishing a Peer component and a strong collaborative framework with subject matter experts were vital for addressing diverse community needs and ensuring effective implementations.
- **What staffing challenges did Counties/Cities encounter?** Counties/Cities faced various challenges related to staff turnover and limited staff availability. Using resources such as contractors, partners, interns, and volunteers helped address staffing shortages and supported staff who needed to balance their time among other demands. Though the Peer component was a crucial part of Help@Hand, Peers reported having to divide time and attention across several projects and indicated the Peer workforce was too small. Staff turnover among Peers was driven by factors such as promotions, time-limited appointments, or an inability to meet the demands of the role over time. This highlighted the need to strategically manage the hiring, retention, and workload of Peers.

- **How did project management support implementation sites?** Effective project management enhanced implementation site processes by focusing responsibilities into specific activities, such as outreach, onboarding, and support. Flexibility in adapting to unexpected timeline changes was crucial for maintaining project progress. To mitigate the impact of staffing shortages, it was essential to take staffing needs and potential delays into account when developing project schedules. Additionally, incorporating risk management, legal understanding, and robust documentation helped streamline processes and ensure consistency.

- **How did Counties/Cities use organizational change management (OCM) and communication?** OCM helped regularly assess stakeholder attitudes, address issues promptly, and encourage community buy-in. Implementing mental health technologies required a collaborative approach involving product teams, County/City departments, healthcare professionals, partners, and end-users, while adapting to changing timelines and overcoming resource constraints. Clear communication was essential to manage varying levels of partner engagement and avoid redundant work. Engaging internal departments, clinical staff, and community-based organizations early, and maintaining effective vendor relationships were crucial for overcoming challenges. Overall, a coordinated and flexible approach with effective communication and stakeholder involvement was key to achieving project success.

Help@Hand involved getting buy-in from multiple parties, such as County/City behavioral health departments, program leadership, staff, Peers, partners, and consumers.

- **What other infrastructure aided Counties/Cities?** Various mechanisms were introduced within Counties/Cities and across the Help@Hand Collaborative to improve information sharing and project coordination, such as establishing a Change Control Board for decision-making in day-to-day operations, assigning Tech Leads to each County/City, and utilizing project management tools like SharePoint and Jira. However, several technical and administrative challenges persisted. For example, County/City systems were not designed to handle tasks like paying for participant internet access to support accessing technology. Additionally, there was a need for a centralized system to store participant data and facilitate efficient reporting, as data was stored across various platforms like Excel and Formstack. Investing in a robust data management system and carefully optimizing it for the project's needs was highlighted as a critical step toward ensuring smooth operations. Centralizing documents and ensuring all team members had access to key materials was also seen as essential for transparency and coordination.

- **What impact did Help@Hand have on future digital mental health infrastructure considerations for Counties/Cities?** Offering new technologies presented Counties/Cities a valuable opportunity to enhance infrastructure and identify needs to support both current and future technology initiatives. County/City Behavioral Health Departments developed procedures and policies for vetting and offering digital mental health technologies (e.g. Appy Hours, App Brochures, Pilot/Implementation Playbooks, and Training Manuals). However, Help@Hand highlighted barriers that impacted a digital mental health infrastructure, such as access to devices, broadband, and digital literacy, particularly among communities of color, rural areas, and low-income households. To bridge this gap, partnerships with technology providers and government-sponsored programs offering affordable, high-speed internet were crucial. Additionally, involving stakeholders with specialized knowledge and skills—particularly in technology, marketing, and outreach—was essential to address future infrastructure considerations.

Available Resources

The County/City financial, staffing, and material resources to support Help@Hand projects

Overall Learnings/Recommendations: Counties/Cities experienced staffing and resource constraints. As such, they required varying support from CalMHSA and the evaluation team, depending on capacity and available resources. Counties/Cities were encouraged to utilize collaborative materials and external resources from similar programs.

Counties/Cities experienced staffing and resource constraints and valued support from CalMHSA and the evaluation team.

- **What initial considerations did Counties/Cities have related to resources?** Successful implementation required a realistic assessment of a County/City's resource and time constraints. Providing support could be resource-intensive for all parties involved, and vendors were not always able to provide the level of desired support. It was important to be aware of existing resources in other programs (e.g., device distribution, broadband access, and digital literacy) to complement efforts instead of duplicating them.
- **What ongoing considerations did Counties/Cities have related to resources?** Documenting frequent project changes and ensuring adequate funding for pilots and larger implementations were essential for adapting to evolving goals. It was important to have early conversations about internal sustainability and securing ongoing funding and staff commitment to continue building on successful initiatives.
- **How did technology cost structures affect projects?** The cost of services presented several challenges for program sustainability. In negotiating contracts with tech Vendors, many required paying for a minimum number of licenses that were often not used by the County/City. In addition, contracts generally did not account for replacement of users over time. Given that rates of product drop-out where high, this often meant Counties/Cities paid for licenses that were unused. Furthermore, to combat expenses for consumers, many Counties/Cities purchased phones for distribution; however, one issue identified was the unnecessary expense of those devices that were not distributed. This highlighted the need for a clear transition plan when selecting products. Additionally, the pricing of technology could significantly limit funding available for other critical areas, such as marketing and outreach. It was essential to understand the pricing structure of products early in the selection phase to ensure long-term sustainability.

People Involved

The roles and characteristics of those involved in the Help@Hand project

Various people were involved in Help@Hand, including those who used the technology and programs (e.g. consumers), and those who implemented the programs (e.g. behavioral health clinicians, staff, Peers, and vendors). Learnings and recommendations relate to the roles, experiences, and characteristics of these individuals.

Consumers

The characteristics, needs, and preferences of those who could benefit from Help@Hand's technologies and programs

Overall Learnings/Recommendations: Consumer engagement with technologies mirrored industry standards, specifically that the majority of people who downloaded the product stopped using it within a week's time. This should not necessarily be viewed as a failure of product implementation as consumers who continued to use the products over time generally reported benefits, such as improvements in mental health symptoms.

- **What factors affected how consumers engaged with Help@Hand?** Several factors were associated with consumer engagement, such as consumer's sociodemographic characteristics and needs, as well as the technology's content. For instance, low digital literacy was a barrier for older adults, while the visual aesthetics of an app played a larger role among transitional age youth (TAY). Other common barriers to engagement included mental health stigma, privacy concerns, and financial constraints.

Factors Affecting How Consumers Engaged with Help@Hand

- **How could Counties/Cities facilitate engagement with consumers?** Outreach to consumers early and often could support higher initial app use, especially within the critical first few days after download when engagement was most likely to be established. Simplifying the enrollment process and supporting early engagement were essential for initial uptake. Continuously checking in with consumers and offering technical support over time supported long-term engagement. Marketing materials could address common concerns, such as the expected time commitment and integration into people's daily life. Transparent communication on what consumer data was collected, how it would be used, and who would access it was also important. Collecting patterns of use and reasons for abandoning a technology further helped to understand consumer behavior and how to improve engagement. Additionally, Counties/Cities could consider incentives to encourage consumer engagement.

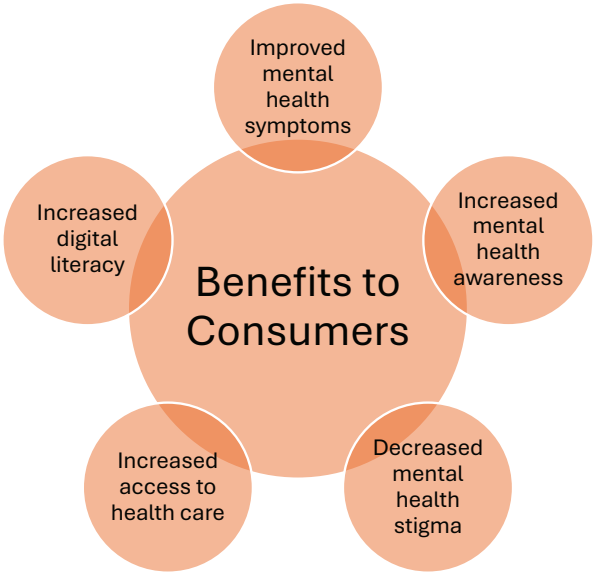
- **What steps did Counties/Cities take to address consumers' challenges accessing mental health technology?** Given consumers had varying levels of digital skills, tailored digital literacy support was essential. For example, most older adults in the project required one-on-one assistance and culturally sensitive solutions. Digital literacy programs should be adapted to respond to diverse needs by addressing both basic skills and advanced support. In addition, access to resources such as smartphones and internet was a significant barrier

Consumer Engagement Strategies

- Address barriers on consumer needs, mental health stigma, privacy concerns, and financial constraints
- Engage with consumers early
- Simplify enrollment processes and support early engagement
- Continuously check in with consumers and offer technical support
- Use marketing materials to address concerns
- Use data to understand consumer use and refine strategies
- Provide incentives
- Offer tailored digital literacy support
- Consider device access and support
- Work with clinicians and staff to offer products to clients and integrate them in their practice
- Use Peers to support community outreach, digital literacy trainings, and technology testing
- Work with vendors to adapt their products to better engage consumers
- Listen to insights provided by clinicians, staff, Peers, and vendors

for some and hindered their ability to benefit from Help@Hand technologies. Programs should not only consider device access, but also device support (e.g., charging solutions and device replacement plans), ongoing digital mental health literacy training on basic and advanced topics, and Peer support programs, such as one-on-one technology education sessions. Continued technical support was vital, particularly for low-literacy consumers, to mitigate potential abandonment of platforms due to technical difficulties.

Consumer Benefits Experienced from Help@Hand



• **How did consumers benefit from projects like Help@Hand?** Overall, consumers had a positive experience, with consumers experiencing more mental health symptoms engaging more actively with Help@Hand products and other online tools. Consumers of Help@Hand technologies reported improvements in mental health symptoms, such as distress, depression, anxiety, loneliness, and mood, over time. Additionally, Help@Hand raised mental health awareness, reduced stigma, and increased access to health care among consumers. Lastly, consumers benefited from Help@Hand's digital literacy trainings.

Behavioral Health Clinicians, Staff, Peers, and Vendors

The characteristics, needs, and preferences of those supporting Help@Hand projects

Overall Learnings/Recommendations: Help@Hand Counties/Cities worked closely with behavioral health clinicians, staff, Peers, and technology vendors to plan, pilot, and/or implement technologies and programs. Clinicians, staff, and Peers significantly contributed to successful consumer engagement, while benefiting from the project themselves.

Clinician and Staff Challenges Experienced during Help@Hand

- **How did behavioral health clinician and staff support Help@Hand projects?** Many clinicians offered Help@Hand technologies and programs to their clients by integrating them into their practice. While they felt they had the necessary resources to offer Help@Hand products and provided valuable feedback, they identified several areas for improvement, such as a need for clearer guidance on how products could benefit specific clients. At the same time, some clinicians and staff were reluctant due to lack of time, unfamiliarity with the technologies, and/or poor expectations of the technologies or consumer engagement.

- **How did Peers support Help@Hand projects?** Despite variations in their roles across the Counties/Cities, Peers consistently contributed to community outreach and digital literacy training. They also offered unique perspectives and valuable insights into technology selection, testing, and deployment. However, challenges such as staffing shortages, competing priorities, and insufficient training, supervision, and funding impacted the ability to fully leverage their skills to support the project and effectively sustain their contributions.

How Peers Supported Help@Hand

Peer Challenges Experienced during Help@Hand

- **How did behavioral health clinicians, staff, and Peers benefit from Help@Hand projects?** Help@Hand technologies offered new ways for clinicians and staff to engage with their clients (e.g., observing and tracking client meals, identification of clients' needs, promoting connection with clients after normal business hours). Clinicians and staff also gained new technology and digital literacy skills. In addition to helping others and learning new skills, Peers felt empowered, had opportunities to discuss their own mental health, and reported that other mental health professionals gained an appreciation for Peer input, which resulted in a reduction in mental health stigma within the County/City workforces.

Clinician, Staff, and Peers' Benefits Experienced from Help@Hand

- **How did vendors support Help@Hand projects?** Vendors offered varying levels of communication, information on their product, and flexibility to adapt their technology for consumers. Communication and flexibility from vendors facilitated implementation of an app and fostered shared understanding of expected deliverables and support.

Technologies and Programs

The mental health technologies and programs explored, piloted, and/or implemented in Help@Hand projects

Aligned with the core objectives of Help@Hand, key learnings and recommendations centered on the various digital mental health technologies and programs planned and offered. Learnings and recommendations relate to: design, customizations, and complexity.

Design

The look and feel of the technologies and programs, and people's experiences with them

Overall Learnings/Recommendations: Selecting technologies required deep exploration and consideration of multiple design elements. Involving consumers in assessing these helped reveal important factors that affected consumer experience. Working closely with vendors improved consumer experience by providing training and customizations of the technology.

- **How did Counties/Cities assess technology design?** Before executing contracts with vendors and piloting or implementing technologies with consumers, Counties/Cities vetted technologies to ensure they matched their expectations and requirements. Important considerations related to ensuring consumer engagement with technologies. Examples included that the technologies: fit with the lifestyle and mental health needs of core audiences; were user-friendly (e.g., the technology provided a good consumer experience, with an aesthetically pleasing and easy to navigate interface as well as easy to understand features and content); were accessible and linguistically and culturally appropriate; addressed cost, privacy, and safety concerns (e.g., had crisis protocols and resources); had evidence of effectiveness; and the ease of working with the vendor.

Counties/Cities vetted technologies to ensure they matched their expectations and requirements.

Three Main Elements to Consider When Searching for a Mental Health App

Evidence

- Is there direct (evidence-based) or indirect (evidence informed) support of the app's effectiveness?

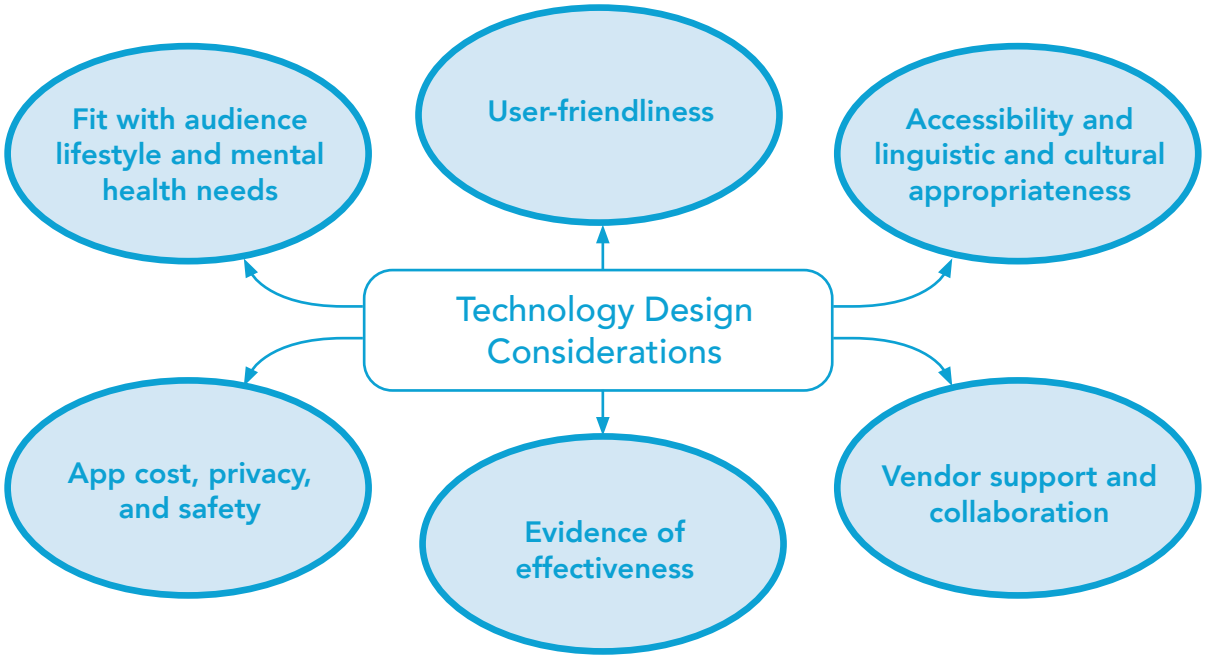
User Experience

- Is there app easy to use, easy to learn, visually pleasing, free of technical glitches, engaging, and something a consumer would come back to?

Safety and Security

- What is the vetting process for people with whom a consumer interacts with on the app?
- What is the app's privacy policy?
- Who has access to the data, and how is the data used?

Top Considerations when Selecting a Digital Mental Health Product



- **How did Counties/Cities include the diverse ways in which consumers engage with technologies into the technology design?** Counties/Cities had to consider the diverse ways consumers may engage with products: while some may complete formally curated programs or activities, others may use an app to track their health. Developing consumer-friendly content, easy-to-find help resources, and accessible technical assistance could improve consumer experience. Ensuring systems were up-to-date and addressing issues like malicious behavior through robust governance and policy were also essential for safety. Technologies integrated into broader treatment plans could complement rather than replace formal support systems.

> Developing consumer-friendly content, easy-to-find help resources, and accessible technical assistance could improve consumer experience

- **How did Counties/Cities involve consumers in assessing the design of technologies?** Given the unique experiences of different core audiences with technologies, it was important to evaluate specific technologies with its intended audience. While app data gave insights into patterns of use, engaging with consumers through surveys, interviews, and focus groups provided additional context and explanations for these patterns of use (e.g., reasons for abandoning a technology).

Customizations
The flexibility of the technology or program to be modified or tailored according to specific County/City needs, preferences, and contexts

Overall Learnings/Recommendations: Help@Hand Counties/Cities preferred mental health technologies that had a variety of content and features that could be updated regularly. Most preferred to customize and tailor technologies for specific populations and their needs. Some Counties/Cities, however, noted that customizations could require significant staff time and resources. As such, selecting products that were the right fit "out of the box" for their core audiences became crucial. Before considering customization of technologies,

> Help@Hand Counties/Cities preferred mental health technologies that had a variety of content and features that could be updated regularly. Most preferred to customize and tailor technologies for specific populations and their needs.

consumers as well as program staff with cultural and clinical expertise played an important role in assessing existing mental health technologies.

- **Why did Counties/Cities customize available technologies?** Regularly updating content and features to reflect changing consumer preferences kept technologies relevant and engaging. While technologies may improve access to mental health support, most were not adapted for language and cultural needs. They were primarily available in English, were lacking cultural sensitivity, and did not have content tailored to specific groups, making them unsuitable for non-English speakers. Accessibility features for individuals with hearing or visual impairments were also lacking. Counties/Cities highlighted the importance of including staff with technical and clinical expertise to select apps and assess what is available on the digital mental health market before considering customization of technologies. Additionally, developing and releasing a Request for Information (RFI) helped gather information to inform development of a technology.

Reasons to Customize

1. Improve language accessibility
2. Address cultural sensitivity
3. Tailor features, design, and/or content for specific group
4. Include accessibility features for individuals with hearing or visual impairments
5. Add County/City specific information (e.g. available resources)
6. Ensure robust security that aligns with County/City needs and regulations
7. Integrate with existing systems
8. Support scalability

- **What evidence from consumers, Peers, and program staff supported customization of technologies?** Engaging with core audience members helped understand their needs and assess language and content suitability, which was integral for technology vendors to develop tailored and accessible products. Involving Peers, promotores, and people with similar cultural backgrounds was important to develop language-appropriate and culturally responsive support for consumers, while technologies requiring clinical integration benefited from staff with clinical experience. Involving staff also helped inform strategies to effectively integrate technologies with health services and offer the technology to core audience members.

Involving Peers, promotores, and people with similar cultural backgrounds was important to develop language appropriate and culturally responsive support for consumers, while technologies requiring clinical integration benefited from staff with clinical experience.

- **How did customization of technologies impact consumer accessibility?** Technology updates could change its functionality and consumer relevance. Changes to the technology's business model (e.g., free apps becoming only accessible through paid subscriptions) could limit access. For technologies that were only available through participating organizations and not directly to consumers, it was important to provide a list of resources to ensure people could receive mental health support after the project ended.

Complexity

The level of difficulty consumers perceived in navigating and understanding technologies or programs

Digital literacy programming was key for most projects.

Overall Learnings/Recommendations: Accessing and using digital mental health products required digital literacy skills. However, Help@Hand Counties/Cities recognized early in the project that many community members lacked digital literacy skills. Many Counties/Cities expanded their projects to include digital literacy programming and embedded Peers and other individuals in their implementation plans to support core audiences with using the digital products.

- **Why were technologies complex for consumers?** Mental health technologies were difficult to use for a variety of reasons. Some reasons included: 1) a multi-step enrollment process that was burdensome and confusing, often hindered by limited internet connectivity or outdated devices; 2) frequent and unpredictable technology updates that altered user interfaces, features, and pricing, further complicating the user experience; 3) a lack of accessible technical support that left users without adequate guidance for navigating app functions; 4) limited internet connectivity and device access including insufficient data plans for app usage and outdated devices incompatible with apps; 5) privacy and data concerns, including fears of misuse and distrust in platforms, which deterred engagement; 6) language and cultural barriers, such as a lack of culturally relevant content and multilingual support, further alienating some users; 7) overloaded features that made it difficult to determine how to effectively engage with the apps; 8) complex and non-intuitive interfaces that created additional usability challenges; and 9) excessive notifications and reminders that overwhelmed users, reducing both engagement and the perceived efficacy of the tools.

Common Obstacles to Using Mental Health Technologies

Confusing and burdensome multi-step enrollment process	Frequent unpredictable technology updates	Lack of accessible technical support
Limited internet connectivity and device access	Privacy and data security concerns	Language and cultural barriers
Overloaded app features	Complex and non-intuitive app interfaces	Excessive notifications and reminders

- **What adjustments were made to the technologies to improve ease of use for consumers?** Counties/Cities worked with vendors to establish a shared understanding of consumer preferences (e.g., including simple non-technical language and improving ease of navigation) and how technologies evolved over time. Additionally, Counties/Cities learned that they needed to provide easy access to technical support (including technical guides) and trainings.

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Important Features to Assess When Selecting a Digital Mental Health Product

- Fit with core audiences' cultural, linguistic, lifestyle, and mental health needs
- Compatibility with user current treatment plan and/or seamless integration into organizational workflows
- Evidence of user-friendly consumer experience, interface, features, and content
- Whether app uses evidence-based practices
- Accessibility options (e.g. text-to-speech or adjustable font sizes)
- Cost and subscription options
- Privacy policy and terms of use around how personal information is collected, stored, and used
- Evidence of effectiveness
- Easy enrollment process
- User Reviews
- Effective technology updates that do not negatively affect consumer experience and pricing
- Availability of technical support that is easy to access
- Offline functionality (e.g. impact of limited access to devices, internet, and data on consumer experience)
- Developed by a credible organization with expertise in mental health

People to Involve In the Selection Process

- Potential people for whom the product is being selected
- Peers and/or people with lived experience
- Loved ones and supportive others
- Clinical staff
- Program staff with cultural and clinical expertise to gather feedback and inform strategies
- Counties/Cities staff (e.g. program and implementation staff, privacy officer)
- Technology vendor

Processes

The activities and strategies used to plan and execute Help@Hand projects

Aligned with the Help@Hand objectives, key learnings and recommendations focused on core aspects of effective project implementation. Learnings and recommendations related to: planning, teaming, reflecting and evaluating, and engaging consumers.

Teaming

The coordination and collaboration within and across Counties/Cities, vendors, community-based organizations, and other external partners to share resources, expertise, and insights

Overall Learnings/Recommendations: The Help@Hand project required collaboration and coordination among a myriad of parties, such as County/City departments and staff, clinical providers and staff, technology venders, Peers, consumers, community-based organizations, and the Help@Hand evaluation team. Successful projects had leadership support from the County/City Behavioral Health Department, program/project level, and clinical setting. They also had team dynamics, strong collaboration, and frequent and effective communication.

- **What role did leadership have in Help@Hand projects?** Effective projects required a shared vision and support from leadership at all levels. For a project as complicated as Help@Hand, this included County/City Behavioral Health Department leadership, as well as program/project level leadership within the County, and finally leadership within the implementation setting (e.g. the clinic). Early and ongoing engagement with leadership helped ensure program success, as well as advocate for sustaining projects if appropriate. Organizational leadership also played a key role in supporting the success of Peer staff, as it was vital for leaders to recognize the value of Peers' contributions and provide the necessary support for their involvement in the program. Maintaining open lines of communication between leadership, County/City personnel, and external partners were essential.

Leadership helped ensure program success, advocated for sustaining projects, if appropriate, and supported success of Peer staff by recognizing their value and providing support for their involvement in the program.

- **How did team dynamics support Help@Hand projects?** A shared understanding among diverse project team members was crucial for collaboration, particularly when integrating clinical and technical viewpoints. Strategies supporting effective decision-making that inclusively involved relevant parties, clear roles and responsibilities, integration of input from team members, communication, and information sharing were also essential. Having a central project manager on a team helped support such strategies among stakeholders. Adequate staffing as well as frequent and productive meetings also helped align efforts and maintain progress.

Stakeholders gave critical feedback on cultural appropriateness, provided insights into basic community needs, reviewed technologies, and informed buy-in and marketing efforts.

- **When and how did Counties/Cities engage with stakeholders?** Help@Hand involved collaboration between several parties – Counties/Cities, Peers, CalMHSA, evaluation teams, marketing and technology vendors, County/City partners, subject matter experts (e.g., experts with knowledge and experience in mental health technology, legal, compliance, and other relevant fields), and community members. Getting early feedback from stakeholders on non-negotiables like cultural appropriateness

was crucial and provided insights into basic community needs. Partners also helped review technologies to identify necessary changes and provided support beyond the technology. Utilizing community-based advisory boards could help with stakeholder buy-in and inform marketing efforts, while pilot studies with core audience members helped determine whether a technology was a good fit for that particular audience.

- **How did goals from different stakeholders align?** The alignment between County/City goals, client needs, and vendor priorities was a challenge in Help@Hand. While Counties/Cities prioritized ensuring service access for those most in need, vendors were more focused on market expansion. This tension led to difficulties in developing contracts and navigating differing priorities. Furthermore, while resources from the Collaborative were useful in informing local decisions, ultimate decision-making remained at the County/City level, where varying levels of trust, cohesion, and shared values impacted collaboration. Maintaining focus on County/City-specific priorities was seen as critical for developing projects that addressed local needs. It was important to create an environment that fostered Counties/Cities and stakeholders to openly discuss challenges, concerns, and issues.

- **What impact did stakeholder collaboration have on Help@Hand?** Sharing learnings supported collaboration between Counties/Cities by increasing knowledge of Tech Leads and Peers, improving processes, and avoiding redundancy. Collaboration between CalMHSA and the Help@Hand evaluation team helped streamline key functions, such as contracting, evaluation, and reporting. Collaborations with external partners were helpful in supporting outreach and recruitment, providing specialized support, leveraging networks, and/or addressing Counties/Cities' staffing shortages and resource limitations. Lastly, Counties/Cities highlighted the need for community input to ensure that projects reflected the voices and needs of the populations they intended to serve. Clear communication on data collection, privacy, and app features was important to improve consumer trust and participation. Additionally, efforts to reduce stigma around mental health, simplifying information, and addressing usability concerns were essential to support stakeholder engagement, satisfaction, and retention.

Collaboration in Help@Hand

- **How did Counties/Cities work with vendors to evaluate and customize technologies?** Working closely with vendors helped increase understanding on which technologies best suited core audiences. It also shed light on whether vendors could provide support in ensuring a good fit with audiences and improving consumer engagement. For example, some vendors provided training for staff and consumers and/or were willing to customize technologies based on feedback. It was important to have a shared understanding of how the product evolved over time.

- **What communication strategies did Help@Hand use to ensure a common understanding among stakeholders?** Given Help@Hand's large scale and numerous stakeholders, it was important to maintain ongoing and transparent communication between all parties. Establishing trusting relationships and actively involving those resistant to change was important to foster collaboration and innovation, prevent misunderstandings, and streamline operations. Successful projects involved engaging key internal departments, such as program administrators, IT, procurement, and legal departments. Frequent communication with internal and external partners and vendors throughout the project helped bolster buy-in and positive impressions, clarify expectations, gather feedback, support timely decision-making and issue resolution, address potential challenges, and celebrate successes. It was also crucial to establish mutual expectations and review scopes of work to avoid overlap, especially when multiple partners were involved. Effective

communication and transparency were crucial for ensuring teams felt valued and integrated into the project. In addition, it was important to communicate with consumers throughout the project, especially at the end of the project. Counties/Cities were encouraged to proactively inform consumers about project timelines, app discontinuation, and alternative resources for ongoing support. This involved collaborating closely with partners, vendors, and community members to address any transition needs that could arise.

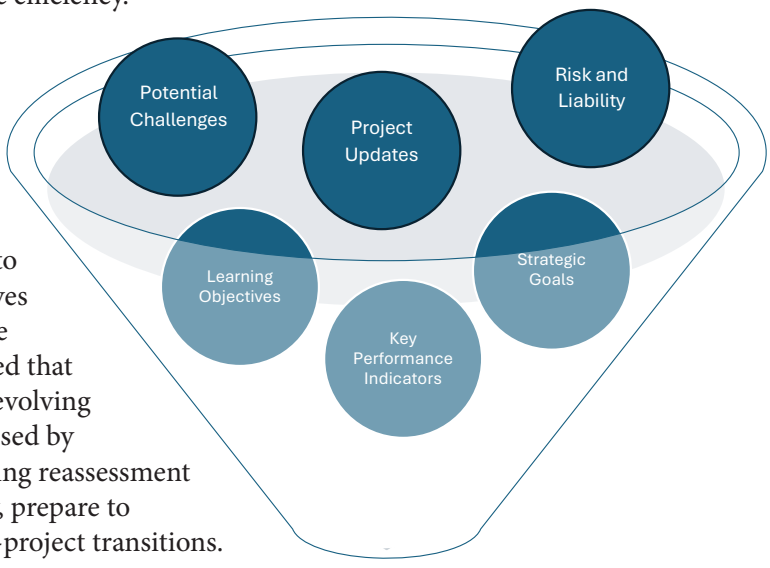
Planning

Using project planning processes to guide the Help@Hand projects

Overall Learnings/Recommendations: Counties/Cities highlighted the necessity of thorough system and project preparation involving project governance, scope, schedules, and budgets. Counties/Cities also benefited from planning that involved strong project management and Collaborative support.

- **How did governance and decision-making processes influence the success of Help@Hand projects?** Effective governance, decision-making, and approval processes were crucial for successful projects. In the early phase of the Help@Hand project, leadership representatives convened regularly to receive project updates, discuss major issues, and make executive decisions that shaped the project structure. Leadership governance and decision-making later shifted to the Tech Leads in each County/City who directed the day-to-day operations of the team. Executive leadership was involved as needed. Clear decision-making processes and early engagement of key players in approval stages were essential to avoid delays, especially when managing multiple system requirements. Additionally, streamlined processes, timely documentation, thorough review, and clear role expectations could prevent bottlenecks and facilitate faster approvals. Counties/Cities learned the importance of regularly integrating feedback and addressing all necessary approvals from security, information technology, and legal teams early in the process to further enhance efficiency.

Components of Project Scope



- **What was learned about maintaining a clear project scope?** It was important to establish clear project goals and objectives throughout the course of the project. Counties/Cities underscored the importance of aligning strategic goals with key performance indicators and providing clear, concise updates on progress to stakeholders. Defining goals and learning objectives early in the project helped in selecting appropriate technologies and activities. Counties/Cities learned that innovation projects must be flexible, adapting to evolving goals and unforeseen challenges, such as those posed by COVID-19. Counties/Cities had to plan for ongoing reassessment of goals and objectives, document changes clearly, prepare to address risk and liability issues, and plan for post-project transitions.

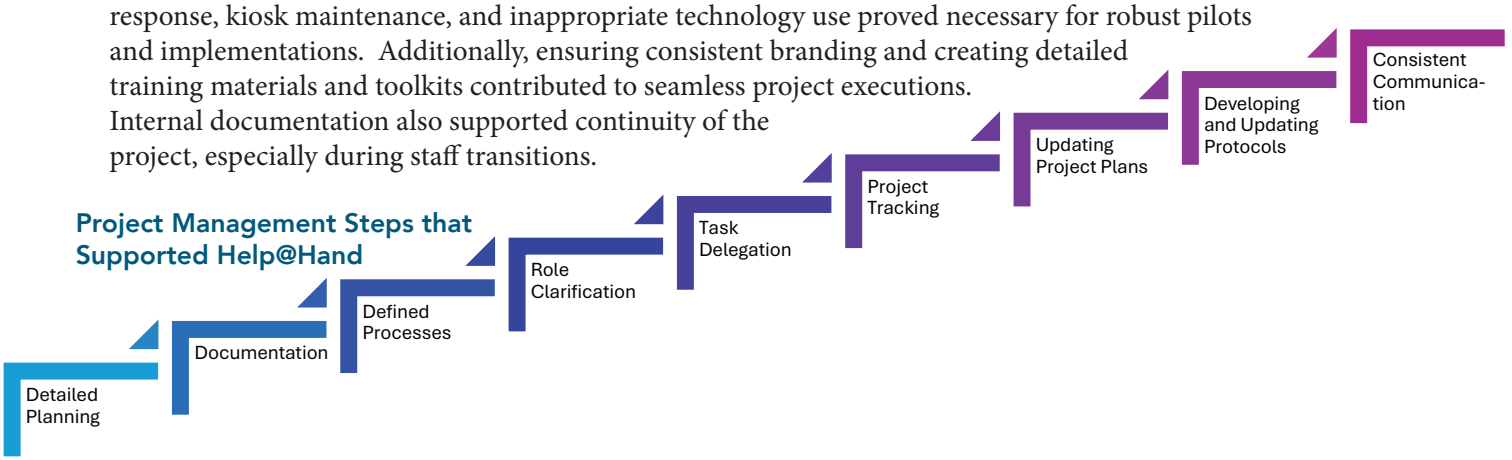
- **What considerations were needed to develop project schedules?** Counties/Cities had different timelines but had common considerations when developing a project schedule. Several Counties/Cities learned that there was a delicate balance with timing a launch - launching too soon before resolving critical issues could jeopardize project success, while waiting too long until all issues were resolved could be unfeasible. Soft launches were helpful in this regard. Counties/Cities also valued offering pilots when possible that tested technologies and programs on a small scale to achieve short term results, identify significant issues, and refine and resolve processes prior to launching on a large scale. It was important for schedules to focus early on sustainability, including preparing for discontinuation or continuation of technology and/or mental health support, as well as developing a long-term roadmap. Efficient project management required streamlining processes to help satisfy requirements on multiple projects/initiatives and optimize schedules. While planning for contingencies provided extra leeway in timelines, schedules had to be able to adapt to unexpected delays as needed. It was important to allow adequate time for consumer recruitment and onboarding, and it was crucial to finalize contracts and address budget concerns promptly to mitigate delays.

It was important for schedules to focus early on sustainability, including preparing for discontinuation or continuation of technology and/or mental health support.

- **What project planning considerations were needed to ensure sustainability?** Counties/Cities shifted to a stronger focus on sustainability throughout the project. This included budgeting for ongoing activities and ensuring continuity in mental health support for those receiving services from Help@Hand products. However, some Counties/Cities were unable to sustain their projects due to funding challenges and/or a lack of buy-in from staff and consumers. Therefore, early project planning should consider ongoing budget, future mental health service support, and stakeholder buy-in.

- **How did Help@Hand manage project budgets?** A clear understanding of program requirements, expectations, and anticipated activities helped Counties/Cities determine budgets with sufficient funds for staff and resources. Specific budget items included, but were not limited to, staffing, trainings, technology licenses, marketing, incentives, and evaluation. Counties/Cities learned it was difficult to manage budgets and timelines when there was a lack of alignment with product licensing requirements. Additionally, a key learning for Counties/Cities was to regularly review expenses and projections to ensure funds were spent accordingly and within budget. Another key learning was to maintain transparency on budgets given the public nature of the project. Separating Collaborative fiscal oversight from Collaborative program management is important for ensuring transparency and accountability and limiting perceived or real conflicts of interest.

- **How did project management support Help@Hand?** Project management involved detailed planning and meticulous documentation. To prevent miscommunication and delays, Counties/Cities had to establish defined processes, delegate tasks appropriately, and clarify roles. Tracking project stages, documenting progress, and updating project plans were vital, especially in resolving issues. Developing and updating protocols for crisis response, kiosk maintenance, and inappropriate technology use proved necessary for robust pilots and implementations. Additionally, ensuring consistent branding and creating detailed training materials and toolkits contributed to seamless project executions. Internal documentation also supported continuity of the project, especially during staff transitions.



- **How did Counties/Cities benefit from Collaborative-level support?** Navigating the complexities of a collaborative with multiple Counties/Cities required common core values, a well-defined governance structure, and clear decision-making processes. Effective communication among Counties/Cities, CalMHSA, and other stakeholders was also crucial for project success and coordination. Leveraging collaborative resources, as well as sharing best practices and lessons learned enhanced Help@Hand's effectiveness.
- **How did Help@Hand's collaborative culture benefit the project?** Successful projects relied heavily on a shared vision and strong executive leadership, with several Counties/Cities emphasizing the importance of pre-launch planning, creating detailed checklists, and allowing for flexibility to course-correct as needed. The involvement of technology experts in the planning and management stages was also considered crucial, as many Counties/Cities faced the challenge of managing complex details with small teams. An important outcome of the project was a reduction of mental health stigma, particularly through the active participation of Peers, who not only contributed to Help@Hand activities but also played a key role in educating others and promoting mental wellness. The flexibility and creativity of the project teams helped adapt the project to populations that struggled with technology access. Maintaining a culture of collaboration across Counties/Cities and ensuring continued shared learning were seen as vital for sustaining the project's success.

Reflecting and Evaluating

The process of assessing projects to inform future actions and improvements

Overall Learnings/Recommendations: In addition to assessing project outcomes and success, evaluation played a vital role in informing experiences of program delivery, thus offering insights to guide mid-project adjustments and identifying successful elements for sustainability planning. Continuous feedback gathered from consumers and other stakeholders was important for ensuring that services were delivered with compassion, dignity, and respect. Incorporating feedback ultimately led to more impactful project outcomes and better alignment with community needs. Sharing findings and actionable insights from stakeholder feedback enabled Counties/Cities to learn from each other, and helped inform both Help@Hand and future initiatives.

- **How can evaluation plans help Counties/Cities measure the effectiveness of their program activities and efforts?** Counties/Cities integrated evaluation plans in their project, and learned that a systematic, but flexible approach to evaluation and data collection was necessary. It was essential for evaluation plans and data collection instruments to align with clear project and evaluation goals informed by stakeholder input, and for them to adapt to evolving project goals. Early tracking of participant demographics and engagement provided valuable insights into consumer needs as well as technology and program efficacy. Establishing robust data management systems and using web-based analytic tools could enhance marketing efforts and facilitate better decision-making. Continuous feedback from consumers and other stakeholders was crucial to identify facilitators and barriers for the project, as well as to drive improvements. Additionally, County/City specific data provided by app developers supplemented project learnings by informing product performance, real world engagement, and overall app effectiveness. However, it is recommended to have early conversations with vendors to gain a clear understanding of how and what data can be made available.

Evaluation Plan Considerations

Mental Health Symptoms/ Behavior Change	User Engagement	App Metrics
• Consumers may not immediately experience an improvement in mental health symptoms, thus requiring longer periods of tracking with regular assessments. • The ways in which a consumer uses a product (e.g., do they stop when they feel better, does the app improve general well-being by encouraging behavior change). • Consider proximal improvements (e.g. increases in coping skills, self efficacy, confidence) when seeking to understand potential product benefits.	• Consider the intended use of the app and how it will impact retention (e.g., is it a one-time stress assessment or is it intended for long-term therapeutic use). • Understand that good user experience might be important, but not a necessary criterion for user engagement. Try to understand what other factors drive people's use of these apps, beyond a positive user experience. • Look beyond user engagement and abandonment and consider reasons for abandoning a technology. • Consider not only the total number of enrollments, but also the added value of the program to the individuals taking part. Enrollment numbers may be low, but the program may be helpful for people who are receiving the services.	• Different metrics are needed to determine reach (downloads), use (engagement, such as monthly active users or daily active users), and benefit (symptom scores, self report, or interviews). Metrics should be considered together to give a full picture of app use. • Define the outcome metrics that can provide insights into whether a user may actually be getting benefits from the app (e.g., Monthly Active Users shows how many people who download the app are actually opening and using the app).

- **How can stakeholders be included in development of evaluation plans and data collection instruments?** Overall, stakeholder input was crucial for overcoming barriers and achieving project and evaluation goals. Given the importance of striving for standardized data collection methods and instruments across programs, engaging stakeholders in discussions on what data to prioritize and consider essential helped streamline evaluation efforts. Also, incorporating local stakeholder feedback on data collection instruments was vital for ensuring survey questions were relevant and appropriate for its intended audience, minimizing burden on those completing the survey, supporting privacy and compliance, as well as identifying what resources to offer consumers completing the surveys. In addition, Peers and others with ties to the community were helpful with supporting data collection. Discussions with Counties/Cities, technology vendors, and evaluators helped coordinate data collection through their platform, plan access to data, discuss data sharing, and consider privacy concerns.

Places to Include Stakeholders in Evaluation Development

- **How can Help@Hand learnings be shared and used for future initiatives?** Evaluation not only improved a County/City's own project but identified effective strategies for other programs. Counties/Cities supported a sustainable framework for digital mental health services by developing actionable insights and fostering communication within and beyond the Help@Hand project. Establishing channels for capturing and disseminating learnings from each County/City and other organizations could lead to better-informed practices and collaborative growth. For example, constructing toolkits shared common barriers and lessons learned, and documenting processes could be adapted for future projects. Meetings celebrating successes and reflecting on lessons learned offered opportunities to share insights on long-term strategies and informed future initiatives.

Tailoring Strategies

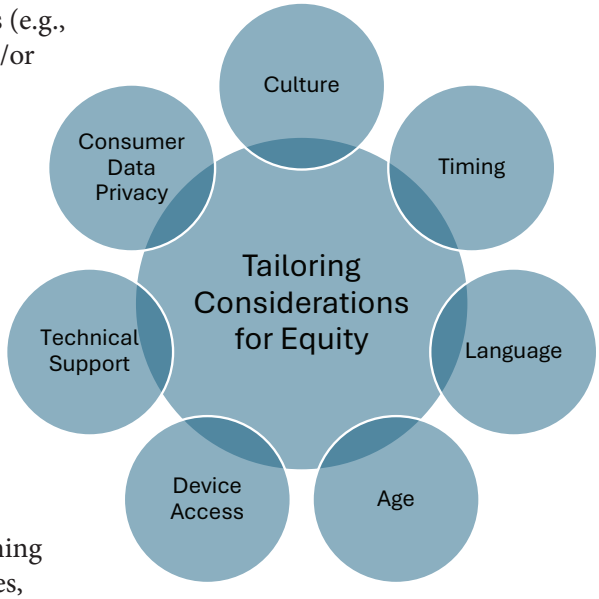
Adapting aspects of Help@Hand to meet stakeholder needs

Overall Learnings/Recommendations: Counties/Cities used a variety of strategies to tailor their projects. These included tailoring technologies and programs to consumer needs, project planning and execution, marketing and outreach, informed consent, crisis support and resources, digital literacy/other trainings, and evaluation.

- **What did Counties/Cities consider when tailoring programs?** Solutions had to be thoroughly vetted and aligned with the core audience's demographics, mental health concerns, and consumer preferences. Addressing challenges like digital literacy, lack of technology access, and pandemic-related disruptions also required close alignment with local needs. Involving community feedback and adjusting products helped address these challenges.

- **How did Counties/Cities tailor projects to consumer needs from an equity perspective?** Counties/Cities used different strategies for younger and older consumers, such as using flexible schedules with older adults to accommodate health conditions (e.g., older adult participants frequently faced multiple physical and/or mental health conditions that could limit their participation). They also used multiple American Sign Language (ASL) interpreters to engage members of the Deaf and Hard of Hearing (DHoH) community and translated and vetted materials for linguistic and cultural appropriateness. Additionally, they provided or offered access to devices and kiosks to support equity, which involved several key considerations. Installing appropriate software and restrictions on devices prevented misuse and ensured they were used for their intended purpose by consumers. Counties/Cities also worked with IT departments and vendors to support ease of use, safeguard consumer privacy, inform consumers if any personal data would be collected on the devices, and manage device and kiosk maintenance. Planning for device distribution included handling lost or broken devices, determining return procedures, and ensuring returned devices were cleared of previous consumers' account information. Offering devices as gifts rather than loans helped reduce digital divides and simplified management challenges.

Key Factors to Consider in Efforts to Support Equity



- **How did Counties/Cities adapt and tailor the planning and execution of their projects?** Effective program management required flexibility, particularly when responding to varying needs and unforeseen changes. Counties/Cities maintained adaptable work plans, allowing for rapid adjustments such as providing services in multiple languages or addressing shifting priorities during events like COVID-19. Streamlining programs to meet multiple requirements and ensuring flexibility with vendors could also facilitate seamless projects.

The Help@Hand Collaborative benefited from sharing actionable insights, and tailoring project management and evaluation support to the specific needs and sizes of Counties/Cities. Continued collaboration and strategic planning with partners and other stakeholders on sustainability were essential for long-term success and impact.

- **How did Help@Hand tailor their marketing and outreach strategies to different core audiences?** Counties/Cities recognized the influence of marketing on consumer engagement and enrollment, and several worked with a marketing vendor to address the specific needs and preferences of different groups. They learned partnering with a marketing firm, planning marketing campaigns early, using diverse outreach strategies (e.g., word-of-mouth, leveraging community partnerships, local networks, and multilingual staff), using multimodal marketing methods like social media and flyers, participating in community events, regularly updating marketing materials and translating them into various languages, as well as simplifying the enrollment process (e.g., incorporating QR codes to streamline the sign-up process) significantly enhanced program uptake and participation. Incentives were also helpful. Community partners helped with marketing and communication strategies, including providing input on messaging and outreach strategies. Challenges, including limited digital literacy and COVID-19 constraints, underscored the need for flexible approaches and continued relationship building.

Tailoring Strategies Used to Enhance Marketing and Outreach

- **How did Counties/Cities tailor access to crisis support and resources?** When offering online mental health interventions, it was essential to provide consumers with multiple crisis resources that were easy to find and access. It was important for Counties/Cities to test that crisis responses of considered technologies met their expectations. It was also essential to have a crisis response plan outside of the technology (e.g., clients were made aware of who to contact if they were in crisis).

- **How could digital literacy trainings be tailored?** Counties/Cities learned that tailoring digital literacy trainings to the unique needs of core audiences, partnering with existing organizations, and using a multi-faceted approach may improve participant engagement. For example, monthly workshops can boost digital literacy, facilitate access to online resources, and increase consumers' comfort with telehealth services. Digital literacy support should also be structured yet adaptable, incorporate hands-on practice, have flexible scheduling to accommodate various needs, and integrate relevant federal, state and local resources.

- **What did Help@Hand learn about tailoring provider, staff, and Peer trainings?** Trainings were tailored to address related areas, including both general technology use and skills related to specific products, as well as competencies related to specific core audiences. Using a train-the-trainer model, where local champions train others, enhanced skill development. Several evaluations indicated that providers, staff, and Peers would benefit from ongoing trainings.

- **How was the Help@Hand evaluation tailored?** While Help@Hand standardized some measures to draw comparisons across programs, some had to be tailored since Counties/Cities varied in terms of their project plans, core audiences, and technologies. Additional considerations included: 1) limiting instruments (e.g., surveys, interview guides, etc.) to essential questions to avoid overwhelming respondents; 2) adapting instruments to community needs and ensuring their tone and answer options were appropriate for its intended audience; 3) translating instruments and/or having local staff assist participants in completing surveys, especially for those with low literacy or unique linguistic needs; 4) following-up with consumers through phone calls, texts, or email to inform them of the evaluation and encourage their participation; and 5) providing relevant incentives, such as physical gift cards for those without an email address.

Additional Considerations to Tailor Strategies

Tailoring Technologies and Programs to Consumer Needs	Project Planning and Execution	Marketing and Outreach	Informed Consent
			
• Involve community feedback • Adjust products to address consumer needs • Consider diverse ways consumers may engage • Develop consumer-friendly content, easy-to-find help resources, and accessible technical assistance • Ensure systems are up-to-date and safe • Use governance and policy to address issues like malicious behavior • Integrate technologies in existing treatment plans • Consider linguistic and cultural needs • Offer devices	• Maintain adaptable work plans • Streamline programs to meet multiple requirements • Ensure flexibility with vendors • Consider agile approaches and clear, adaptive reporting mechanisms • Plan for sustainability for long-term success and impact	• Use diverse outreach strategies • Update and translate marketing materials on a regular basis • Simplify the enrollment process • Use incentives	• Use concise, clear, and appropriate language • Present information through multiple media, such as videos or text

Crisis Support and Resources	Digital Literacy Trainings	Provider, Staff, and Peer Trainings	Evaluation
			
• Identify and consolidate multiple resources • Make local resource and referral phone numbers prominently visible on websites and community materials	• Consider the unique needs of core audiences • Make digital literacy programs structured yet adaptable to accommodate various needs • Partner with existing organizations • Use a multi-faceted approach • Incorporate hands-on practice • Offer flexible scheduling • Integrate relevant federal, state, and local resources	• Address specific competencies related to general technology use and skills for specific products • Consider a train-the-trainer model • Offer ongoing trainings	• Balance standardizing with adapting measures to local needs • Limit instruments to essential questions • Adapt instruments to community needs and ensure tone and answer options are appropriate • Translate materials and/or provide assistance in completing surveys • Provide relevant incentives

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Help@Hand Counties/Cities were asked to to complete the following tables in each reporting period. The tables described their program information, accomplishments, lessons learned, and recommendations. The evaluation team consolidated the lessons learned, recommendations, and cross County/City sharing information across each project year to highlight major trends in these areas.

City of Berkeley

Year 1: September 2018-December 2019

Data not collected for Cohort #2 Counties/Cities, which included City of Berkeley.

Year 2: January 2020-December 2020

City of Berkeley	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Andrea Bates	• Kirsten White • Karen Klatt	• Kirsten White • Karen Klatt	• Kirsten White • Karen Klatt
Implementation Site	• TBD	• TBD	• TBD	• TBD
Team Composition	• Tech Lead, Behavioral Health Director, MHSA Coordinator, Peer, Project Coordinator	• Steven, BH Director • Karen, MHSA Coordinator • Jaime, Peer Lead • Kirsten, RDA Consultant • Nicole, RDA Consultant	• Steven, BH Director • Karen, MHSA Coordinator • Jaime, Peer Lead • Kirsten, RDA Consultant • Nicole, RDA Consultant • Jeff Buell, Clinical Coordinator	• Steven, BH Director • Karen, MHSA Coordinator • Jaime, Peer Lead • Kirsten, RDA Consultant • Nicole, RDA Consultant • Jeff Buell, Clinical Coordinator
Core Audiences	• TBD	• TAY; isolated seniors; communities of color, including African Americans, Latina, etc.; general population of Berkeley	• TAY; isolated seniors; communities of color, including African Americans, Latinx, and API community members; general population of Berkeley	• TAY; isolated seniors; communities of color, including African Americans, Latinx, and API community members; general population of Berkeley
Products in Use/Planned	• TBD	• Under review	• Selection in progress	• Berkeley staff completing validation of Headspace and myStrength
Implementation Approach	• TBD	• TBD	• TBD	• Rapid Response
Other Unique Qualities	• TBD	• Prefer to engage minority-owned vendors	• Prefer to engage minority-owned vendors	• Following a review of the vendors qualified through the RSFQ process, no vendor was clearly minority-owned and no product was made specifically for BIPOC consumers.
Milestones	• N/A	• Peer Lead allocated to project • Local consultants contracted and onboarded to support app selection and developed plans for implementation	• The City Mental Health Team Partners are engaged in the App Technology selection	• Products selected for exploration (Headspace, myStrength) • Internal staff validation to prepare for product launch underway • Developing Peer engagement plans
Lessons Learned Across Year 2	• Regular brainstorm and Q&A opportunities, particularly Tech Lead Collaboration meetings, with fellow Help@Hand jurisdictions are valuable for supporting such a dynamic project implementation process • A shared understanding of project objectives is key • Objectives should be revisited with stakeholders on an ongoing basis			
Recommendations Across Year 2	• Regularly reteach and reinforce expectations regarding the required implementation documentation, both as a best practice and also to support counties/cities experiencing staff turnover or project pauses; • Consider offering support to connect smaller cohorts of similarly-sized/similarly-resourced jurisdictions on a quarterly or biannual basis, as progress of a very large county might be presented as a watershed project milestone but very inappropriate for a small jurisdiction to aspire to; • Increase transparency of product take-up (and perhaps other metrics) across pilots. It would be helpful to have better access to this data across pilots in order to inform realistic goal-setting at the local level.			

City of Berkeley	**Quarter 1** (Jan – Mar 2021)	**Quarter 2** (Apr – Jun 2021)	**Quarter 3** (Jul – Sept 2021)	**Quarter 4** (Oct – Dec 2021)
Tech Lead(s)	• Karen Klatt • Kirsten White	• Same as Quarter 1	• Karen Klatt • Kirsten White (until mid-September)	• Karen Klatt
Implementation Site	• N/A	• N/A	• N/A	• In November 2021, the myStrength and HeadSpace apps were made available to anyone who lives, works, or goes to school in the City of Berkeley
Team Composition	• Behavioral Health Director • MHSA Coordinator • Peer Lead • Consultant • Consultant • Clinical Coordinator	• Same as Quarter 1	• Everything remained the same, except the consultants ended their work on the project in mid-September	• Same as Quarter 3
Core Audiences	• TAY • Isolated seniors • Communities of color, including African Americans, Latinx, and Asian Pacific Islander (API) community members • General population of City of Berkeley • *Note: None of the apps included in the RSFQ are specifically designed to support mental health access/care for Black, Latinx, AAPI, or Indigenous populations. City of Berkeley is working with a marketing vendor to ensure outreach is inclusive and engages target populations.*	• While we would like to reach these populations, the apps will be released to the general population	• Same as Quarter 2	• Same as Quarter 2
Products in Use/Planned	• Headspace – two-year contract, launching July 1 • myStrength™ – one-year contract, launching July 1	• Both apps will be launched in September 2021	• Both apps will be launched in October/November 2021	• Both apps were launched in November 2021
Implementation Approach	• Rapid Response	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Other Unique Program Qualities	• N/A	• N/A	• N/A	• N/A
Milestones	• Finalized apps and timeline for each app • Identified marketing vendor. CalMHSA to sole source marketing vendor for the City of Berkeley	• Executed the Participation Agreement (PA) with CalMHSA • Transferred payment to CalMHSA • Worked with CalMHSA on details around the remaining project budget • Worked with CalMHSA on details for the marketing vendor contract	• Started working with the marketing vendor, Uptown Studios • Started working with the local evaluator, Hatchuel, Tabernik & Associates	• Continued working with Uptown Studios • Continued working with local evaluator regarding the evaluation plan • Obtained City Council approval to amend Help@Hand PA to provide some of the local project funding to CalMHSA for the marketing and app expenses

City of Berkeley	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Lessons Learned Across Year 3	• N/A			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

City of Berkeley	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Karen Klatt	• Karen Klatt	• Karen Klatt	• Karen Klatt
Implementation Site	• myStrength and Headspace apps were made available to anyone who lives, works, or goes to school in the City of Berkeley	• myStrength and Headspace apps were made available to anyone who lives, works, or goes to school in the City of Berkeley	• MyStrength and Headspace Apps continued to be available to anyone who lives, works or goes to school in the City of Berkeley. New User access to MyStrength ended 9/30/22.	• Headspace Apps continued to be available to anyone who lives, works or goes to school in the City of Berkeley.
Team Composition	• Behavioral Health Director • Mental Health Services Act Coordinator (MHSA)	• Behavioral Health Director (April) • Mental Health Services Act Coordinator (MHSA) (April - June)	• Behavioral Health Director • Mental Health Services Act (MHSA) Coordinator	• Behavioral Health Director (Mental Health Manager) • Mental Health Services Act (MHSA) Coordinator
Core Audiences	• General population of City of Berkeley	• General population of City of Berkeley	• General population of City of Berkeley.	• General population of City of Berkeley.
Products in Use/Planned	• Headspace • myStrengthTM	• Headspace • myStrength	• Headspace • myStrength	• Headspace
Implementation Approach	• Rapid Response	• Rapid Response	• Rapid Response	• Rapid Response
Other Unique Qualities	• The Marketing strategies (though a marketing firm contractor) we utilized to push the messaging and notifications of the availability of this project out to the community proved to be very successful.	• Same as with the previous quarter--The Marketing strategies (though a marketing firm contractor) we utilized to push the messaging and notifications of the availability of this project out to the community proved to be very successful.	• Marketing through a marketing firm contractor ended prior to this quarter. Reminders of access to the free Apps were announced at various City Meetings and pushed out through emails to the community.	• Reminders of access to the free Apps were announced at various City Meetings and pushed out through emails to the community.
Milestones	• The HeadSpace project has been well received and utilized, so much so that during this reporting timeframe we were rapidly reaching our total amount of HeadSpace licenses and decided to add additional non-MHSA funding to increase the number of licenses. We worked with CalMHSA to collaborate with HeadSpace on the new amount and number of licenses, and on the amended Participation Agreement (PA), and received approval from City Council in March to add the non-MHSA funding to purchase the additional HeadSpace licenses. We are currently working on the Contract/PA Amendment.	• During this quarter we continued working on the Contract and/Participation Agreement (PA) Amendment for the additional Headspace licenses.	• During this quarter the City executed the contract for the Participation Agreement (PA) Amendment and sent payment to CalMHSA for CalMHSA Services and the additional HeadSpace App licenses. • Began discussions with CalMHSA and EY on close out of the myStrength App.	• During this quarter access to the MyStrength App ended. All users were contacted to inform them how they could still obtain access to HeadSpace. Some of the users responded informing how helpful MyStrength had been to them.
Lessons Learned Across Year 4	• The main lessons learned, which are also recommendations and would be Cross County/City sharing as well would be to utilize a Marketing Firm as it was very successful in driving potential users to the project. • During the year the Apps were implemented, HeadSpace received more App sign-ins than myStrength. • It is important to think through how you will close out an App and the communication process and messaging that will be used. • It was good to learn from some of the users that the myStrength App had been helpful to them.			
Recommendations Across Year 4				
Cross County/City Sharing Across Year 4				

City of Berkeley	**Quarter 1** (Jan – Mar 2023)	**Quarter 2** (Apr – Jun 2023)	**Quarter 3** (Jul – Sept 2023)	**Quarter 4** (Oct – Dec 2023)
Tech Lead(s)	• Karen Klatt	• Karen Klatt	• Karen Klatt	• Karen Klatt
Implementation Site	• City of Berkeley	• City of Berkeley	• City of Berkeley	• City of Berkeley
Team Composition	• MHSA Coordinator-Tech Lead, Mental Health Manager	• MHSA Coordinator-Tech Lead, Mental Health Manager	• MHSA Coordinator-Tech Lead, Mental Health Manager	• MHSA Coordinator-Tech Lead, Mental Health Manager
Core Audiences	• Anyone who lives, works or goes to school in Berkeley	• Anyone who lives, works or goes to school in Berkeley	• Anyone who lives, works or goes to school in Berkeley	• N/A
Products in Use/Planned	• HeadSpace	• HeadSpace	• HeadSpace	• N/A – Ended in Sept.
Implementation Approach	• Implementation to the full community. Apps have been implemented since the Fall of 2021 and in previous quarters the City utilized the services of Uptown Studios to market the Apps.	• Implementation to the full community. Apps have been implemented since the Fall of 2021 and previously the City utilized the services of Uptown Studios to market the Apps.	• Implementation to the full community. Apps have been implemented since the Fall of 2021 and previously the City utilized the services of Uptown Studios to market the Apps.	• N/A
Other Unique Qualities	• N/A	• N/A	• N/A	• N/A
Milestones	• No Major milestones this quarter.	• No Major milestones this quarter.	• On September 30th, we ended the Help@Hand community access to this App.	• N/A
Lessons Learned Across Year 5	• N/A			
Recommendations Across Year 5	• N/A			
Cross County/City Sharing Across Year 5				

City of Berkeley	**Quarter 1** (Jan – Mar 2024)	**Quarter 2** (Apr – Jun 2024)
Tech Lead(s)	• Karen Klatt	• Karen Klatt
Implementation Site	• City of Berkeley	• City of Berkeley
Team Composition	• MHSA Coordinator-Tech Lead, Mental Health Manager	• MHSA Coordinator-Tech Lead, Mental Health Manager
Core Audiences	• N/A	• N/A
Products in Use/Planned	• N/A – Headspace ended in September 2023.	• N/A – Headspace ended in September 2023.
Implementation Approach	• N/A	• N/A
Other Unique Qualities	• N/A	• N/A
Milestones	• The City of Berkeley obtained clarity from CalMHSA on remaining funds, incldluing clarifying on which data variables the City wants UCI to share with our Local Evaluator.	• N/A
Lessons Learned Across Year 5	• N/A	
Recommendations Across Year 5	• N/A	
Cross County/City Sharing Across Year 5	• N/A	

*City of Berkeley's Help@Hand project ended in June 2024.
**Tables were completed for Quarter 1-2 in 2024 and incorporated in Year 5.

Kern County

Year 1: September 2018-December 2019

Kern County	Quarter 1 (Sept 2018 – Feb 2019)	Quarter 2 (March – May 2019)	Quarter 3 (Jun – Sep 2019)	Quarter 4 (Oct – Dec 2019)
Tech Lead(s)	• Lamar K. Brandysky, LMFT	• Lamar K. Brandysky, LMFT	• Lamar K. Brandysky, LMFT	• Lamar K. Brandysky, LMFT
Implementation Site	• Behavioral Health and Recovery	• Consumer Family Learning Center Peers and the Self-Empowerment Team	• Consumer Family Learning Center Peers and the Self-Empowerment Team	• Self-Empowerment Team • PIO, Mitchall Patel • Marketing, Melissa Rossiter
Team Composition	• Project Lead, Peer Lead, 2 Peers	• Project Lead, Peer Lead, 2 Peers (2 vacant positions)	• Project Lead, Peer Lead, 2 Peers	• Project Lead, Peer Lead, 2 Peers
Core Audiences	• Clients with serious mental illness	• Clients with serious mental illness	• Clients with serious mental illness	• Clients with serious mental illness • Kern County Residents
Products in Use/Planned	• Mindstrong • 7 Cups (Planned)	• Mindstrong • 7 Cups (Planned) • New apps as they become available (Planned)	• N/A	• App Brochure, 2nd Edition—English & Spanish versions
Implementation Approach	• To be determined	• Mindstrong- Pilot completed, Phase II on hold • 7 Cups- Pilot completed, Currently on hold	• Shifted implementation focus to App Brochure	• Wide distribution of the App Brochure • Date set to present App Brochure to County/City Board of Supervisors in Jan. • Kern BHRS Management • Kern BHRS contract CEOs • Starting systemic distribution to other Kern County agencies
Other Unique Qualities	• Not applicable	• Mindstrong and 7 Cups were vetted by a peer focus group	• Peers reviewed proposed Apps for usability, engagement, variety, privacy, and other factors. • Offered to assist other Counties/Cities develop their own tailored app guide	• Planning to offer clinician education on App Guide • Assisting other Counties/Cities develop their own tailored app guide: Mono, Modoc, & Santa Barbara • Planning drafts for Nevada, Fresno & Inyo Counties/Cities.
Milestones	• Each app was tested by a team of peer users • Planning for Mindstrong implementation in DBT team	• Mindstrong and 7 Cups were vetted by focus group of peers • Multiple challenges with Mindstrong and 7 Cups were identified and communicated to CalMHSA • Planned Mindstrong implementation with DBT team, but effort was put on hold. • Created a brochure of publicly available apps for County/City-wide distribution	• Each App in the brochure was vetted by a focus group of peers and reviewed to assure relevance. • Production of a brochure of publicly available apps for County/City-wide distribution. • Edited Kern's App Brochure in order to have a Modoc version. • Began assisting Santa Barbara County/City to complete their implementation of an App Brochure.	• Published the 2nd Edition of "The Peers' Guide to Behavioral Health Apps" app guide—English & Spanish • Created a version of the app guide for Modoc, Mono, and Santa Barbara Counties/Cities that included content modifications and printing set-up. • Prep & planning for a Peer Workshop: a four-hour empowerment training for BHRS and Contracted Peers. • Empowered Peers though the app guide development and dissemination • Prep & Planning for hosting 2-day Digital literacy training for peers from throughout the state.
Lessons Learned Across Year 1	• The proposed Apps need to be thoroughly vetted prior to piloting with clients. A prime role of County/City mental health is to assure the provision of safe products to their vulnerable population. • Digital Literacy takes one-on-one coaching and so is time consuming and labor intensive. • Consumers benefit from basic digital literacy training. • Collaborating with fellow Counties/Cities is fruitful and productive. • Working with County/City agencies requires an abundance of patience and perseverance.			
Recommendations Across Year 1	• Focus on producing a product. Time and energy can be spent on process and procedures with no resulting product.			

Kern County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Lamar K. Brandysky, LMFT	• Lamar K. Brandysky, LMFT	• Lamar K. Brandysky, LMFT	• Lamar K. Brandysky, LMFT
Implementation Site	• Self-Empowerment Team	• Self-Empowerment Team	• Self-Empowerment Team	• N/A
Team Composition	• Project Lead, Peer Lead, 2 Peers, PIO, Marketing Associate	• Project Lead, Peer Lead, 1 Peer, PIO, Marketing Associate	• Project Lead, Peer Lead, 1 Peer, PIO, Marketing Associate	• N/A
Core Audiences	• Clients with serious mental illness • Kern County Residents	• Clients with serious mental illness • Kern County Residents	• Clients with serious mental illness • Kern County Residents	• N/A
Products in Use/Planned	• App guide, 2nd Edition – English and Spanish versions • App guide, 3rd Edition (planned)	• App guide, 2nd Edition – English and Spanish versions • App guide, 3rd Edition (planned)	• App guide, 2nd Edition – English and Spanish versions • App guide, 3rd Edition (planned)	• N/A
Implementation Approach	• Wide distribution of the app guide	• Wide distribution of the app guide	• Wide distribution of the app guide	• N/A
Other Unique Qualities	• Offer clinician education on app guide (planned) • Support other Help@Hand Counties/Cities (Mono, Modoc, and Santa Barbara) develop their own tailored app guide • Adapt app guide for Nevada, Fresno, San Bernardino, and Inyo Counties to publish their own app guide	• Offered clinician education on app guide (planned) • Supported other Help@Hand Counties/Cities (Mono, Modoc, and Santa Barbara) develop their own tailored app guide • Adapted app guide for Nevada, Fresno, San Bernardino, and Inyo Counties to publish their own app Guide	• The state-wide medical emergency declared by the governor has resulted in a pause on all Help@ Hand activities	• N/A
Milestones	• Published the 2nd Edition of *"The Peers' Guide to Behavioral Health Apps"* app guide in English and Spanish • Created a version of the app guide for Modoc, Mono, and Santa Barbara Counties that included content modifications and printing set-up • Prepared and Implemented a four-hour Peer Workshop on empowerment training for Kern BHRS and contracted Peers • Empowered Peers though the app guide development and dissemination • Prepared and hosted two-day digital mental health literacy training for Help@Hand Peers • Presented app guide to County Board of Supervisors in January • Presented to the Kern BHRS Management and to the Kern BHRS contract CEOs • Started systemic distribution to other Kern County agencies	• The state-wide medical emergency declared by the governor has resulted in a pause on all Help@ Hand activities.		• Kern County has completed their participation in the Help@Hand project.
Lessons Learned Across Year 2	• The proposed apps need to be thoroughly vetted prior to piloting with clients. A prime role of County mental health is to assure the provision of safe products to their vulnerable population. • Digital literacy takes one-on-one coaching which is time consuming and labor intensive. • Consumers benefit from basic digital literacy training. • Collaborating with fellow counties is fruitful and productive. • Working with County agencies requires an abundance of patience and perseverance. • It is vital that the peer employees not only have lived experience, but that they will have progressed sufficiently in their recovery that they feel free to share details of their journey. This sharing of surviving and thriving in their recovery is a prime issue to benefit our consumers and members.			
Recommendations Across Year 2	• Focus on producing a product. Time and energy can be spent on process and procedures with no resulting product			

*Tables were not collected in Years 3-5 since Kern County's Help@Hand project ended in February 2021.

Los Angeles County

Year 1: September 2018-December 2019

Los Angeles County	Quarter 1 (Sept 2018 – Feb 2019)	Quarter 2 (Mar – May 2019)	Quarter 3 (Jun – Sep 2019)	Quarter 4 (Oct – Dec. 2019)
Tech Lead(s)	• Ivy Levin, LCSW • Alex Elliott, MSW	• Katherine Steinberg, MPP, MBA • Ivy Levin, LCSW • Alex Elliott, MSW	• Katherine Steinberg, MPP, MBA • Ivy Levin, LCSW • Alex Elliott, MSW	• Katherine Steinberg, MPP, MBA • Ivy Levin, LCSW • Alex Elliott, MSW
Implementation Site	• Harbor UCLA DBT program • Peer Resource Center (for 7 Cups)	• Harbor UCLA DBT program	• Harbor UCLA DBT program	• Harbor UCLA DBT program
Team Composition	• Behavioral Health Director, 2 Tech Leads, Chief Information Officer, Chief of Peer Services, Evaluation Lead, Privacy SME, Security SME, DBT Clinical Champion, Public Information Officer	• Program Lead/Project Manager, Behavioral Health Director, 2 Tech Leads, Chief Information Officer, IT Project POC, Chief of Peer Services, Evaluation Lead, Privacy SME, Security SME, DBT Clinical Champion, Public Information Officer	• Program Lead/Project Manager, Behavioral Health Director, 2 Tech Leads, Chief Information Officer, Chief of Peer Services, Evaluation Lead, Privacy SME, Security SME, DBT Clinical Champion, Public Information Officer	• Program Lead/Project Manager, Chief Medical Officer (Executive Sponsor), Behavioral Health Director, 2 Tech Leads, Chief Information Officer, IT Project POC, Chief of Peer Services, Evaluation Lead, Privacy SME, Security SME, DBT Clinical Champion, Public Information Officer
Core Audiences	• Asian-Pacific Islander • Isolated individuals • People at risk for hospitalization or relapse	• Transitional age youth and college students • County/City employees • Complex needs individuals (i.e., those with multiple and repeated hospitalizations) • Individuals and family members uncomfortable accessing community mental health services seeking de-stigmatized care and supports for well-being • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting	• Transitional age youth and college students • County/City employees • Complex needs individuals (i.e., those with multiple and repeated hospitalizations) • Individuals and family members uncomfortable accessing community mental health services seeking de-stigmatized care and supports for well-being • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting	• Transitional age youth and college students • County/City employees • Complex needs individuals (i.e., those with multiple and repeated hospitalizations) • Individuals and family members uncomfortable accessing community mental health services seeking de-stigmatized care and supports for well-being • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting
Products in Use/Planned	• Mindstrong Health • 7 Cups	• Mindstrong Health • New apps as they become available through CalMHSA (Planned)	• Mindstrong Health • New apps as they become available through CalMHSA (Planned)	• Mindstrong Health • New apps as they become available through CalMHSA (Planned)
Implementation Approach	• Mindstrong for current Dialectical Behavioral Therapy (DBT) clients • 7 Cups as a public wellness and prevention approach • Modified Mindstrong Health app for use in DBT program • Not using Mindstrong clinical services • Mindstrong at Harbor UCLA DBT Clinic • 7 Cups - on hold	• Mindstrong for current DBT clients • Modified Mindstrong Health app for use in DBT program (i.e., added diary card to Mindstrong app) • Not using Mindstrong clinical services • Mindstrong continued to be used at Harbor UCLA DBT Clinic • LACDMH 7 Cups use remained on hold • LACDMH hired a Consultant Project Manager • Refined target population and objectives of Tech Suite for LAC • Developed a framework for consideration of continued/expanded use of Mindstrong • Articulated user stories and criteria for essential components of a 7Cups minimally viable product	• Mindstrong for current DBT clients • Modified Mindstrong Health app for use in DBT program (i.e., added diary card to Mindstrong app) • Not using Mindstrong clinical services • Mindstrong continued to be used at Harbor UCLA DBT Clinic • Worked on readiness, aligning group goals, and understanding needs from the perspective of leaders and front line staff internally to DMH including • Collaborated with Monterey to provide feedback on their RFI and hosted them in LAC to present to LAC leadership and representatives from OC and Kern	• Mindstrong for current DBT clients • Modified Mindstrong Health app for use in DBT program (i.e., added diary card to Mindstrong app) • Not using Mindstrong clinical services • Mindstrong continued to be used at Harbor UCLA DBT Clinic • In October 2019, LACDMH launched a Digital Health Employee Learning Collaborative with over 40 participants. The initial Collaborative kick-off started with the development of a replicable process to identify resources to support digital health engagement. The purpose of the Collaborative is to develop readiness for digital health within LACDMH through learning and engagement opportunities. LACDMH will continue to bring key internal stake-

Los Angeles County	Quarter 1 (Sept 2018 – Feb 2019)	Quarter 2 (Mar – May 2019)	Quarter 3 (Jun – Sept 2019)	Quarter 4 (Oct – Dec 2019)
		to pilot in college environment • Contracted with and launched work with Painted Brain as peer workforce	• Began to design trifold brochure on digital health recommendations based on learnings from clinic front line • Worked with Painted Brain to develop and field an app usage survey across all 8 service areas in the County/City • Painted Brain developed digital health literacy curriculum and hosted Appy Hour to collect community feedback on module 1 of the digital health curriculum • LAC hosted a community meeting to collect feedback on planning and digital health curriculum needs • Developed fast track process for digital health with LACDMH IT process • Conducted interviews and observations among each target populations to better understand unmet needs and how technology might support those needs (interviews among County/City employees, ride-alongs with first responders, interviews on community college campuses) • Developed relationships community college champions for deeper needs assessment and pilot exploration • Development of digital health opportunities outside of the CalMHSA coordinated efforts including an opportunity to bring Headspace to County/City employees and bringing UCLA's STAND program to community college students • Developed relationships with Veteran's Champion in LAC to better understand unmet needs and how technology might support those needs.	holders together periodically to learn and share ideas. • LACDMH Help@Hand Team also designed a trifold "Guide to Wellbeing Apps" brochure that offers a quick guide of free digital resources intended to be customized for specific stakeholders within LA County. • The LACDMH Help@Hand Team evaluated the vendors for fit with local needs and participated in the demos of the top vendors to explore if their technical and programmatic feasibility meets the Los Angeles County resident's needs. • LACDMH is currently developing concept proposals for potential pilots with multiple technology vendors in 2020. • LACDMH created clear process for tracking the review and approval of the technologies under consideration through various subject matter experts (CIOB, privacy) and other key stakeholders across the department • LACDMH CIOB is conducting security and privacy reviews of technologies currently under consideration for potential pilots • Painted Brain continued developing the digital health literacy curriculum and completed drafts of multiple training modules • Painted Brain completed drafts of multiple digital health literacy curriculum modules • The LACDMH Help@Hand Team presented at the in-person Tech Lead meeting on October 24th to Share Initial Conceptualization and Strategy Behind LAC Tech Suite • Development of digital health opportunities outside of Help@Hand: 1) December 17th LACDMH made premium subscriptions of Headspace for Work available to all LACDMH employees and 2) Exploring collaboration with UCLA's Depression Grand Challenge STAND platform as possible pilot with community college students • Collaborated with UCI on submission of needs assessment for community college students • Painted Brain presented at the 10/29 NorCal Peer Summit coordinated by CalMHSA
Lessons Learned Across Year 1	• Ensure more training and monitoring is done for implementation sites to allow for greater iteration and engagement opportunities • Even more due diligence is required around product functionalities and offerings to confirm they meet County/City expectations and needs prior to contracting • Continue to collect understanding of unmet needs for target audience to help inform technology selection, piloting, and scaling • Articulate success metrics and plan for collection ahead of pilot implementation (identify the quantitative and qualitative metrics to measure effectiveness with digital mental health and wellness applications) • Refocus technology selection from customization and development to employment of technologies currently in use in health and academic settings • Establish a central point-person as the lead project manager and leadership representative to triage and delegate tasks to team members and govern implementation and contracting • Planning for launch of internal LAC DMH learning collaborative to help with readiness of internal stakeholders • Utilize hands-on demos, videos, and visualizations to engage stakeholders in learning about the features of Tech Suite technologies			

Los Angeles County	Quarter 1 (Sept 2018 – Feb 2019)	Quarter 2 (Mar – May 2019)	Quarter 3 (Jun – Sept. 2019)	Quarter 4 (Oct – Dec 2019)
Recommendations Across year 1	• Work closely with internal DMH IT department starting early in process, particularly as it relates to privacy and security reviews • Maintain realistic goals about timeframe for internal IT review of vendors under consideration and CalMHSA contracting timeline • Plan early what success metrics will be met for advancing to spread of technology with the County/City. Consider the spread plan during pilot planning • Engage expertise in digital health piloting • Consider piloting technologies that require only minimal customization to the public mental health space, rather than product development. Wait on customization efforts until after initial usability is demonstrated • Consider a phased approach to roll-out, starting with only 1 or 2 Counties/Cities per technology, with clear success metrics • Execute vendor contracts linked to clear milestones of project success • Iterate on project budget to ensure it reflects the vision for a suite (or menu) of technologies to increase access to mental health and wellbeing and ensure transparency to Counties/Cities about budget and costs of deliverables requested • Facilitate more open sharing, communication and learning across Counties/Cities and among Counties/Cities and vendors (include tech, evaluation, marketing vendors and CalMHSA) • Stay up to date on the mobile digital health technologies and allow for new technologies to be a part of the selection on on-going basis • Bring lessons learned from other organizations that have created tech suites back to this collaborative • Compare products on the Tech Suite bench to what is available in the digital mental health and wellness market • Despite pressure around reversion, ensure appropriate due diligence and clarity around the process and timeline before pushing timelines forward • Facilitate meaningful collaboration and sharing among Counties/Cities (facilitate a shared understanding of what collaboration means to the collaborative) • Ensure all information is provided to the Counties/Cities in a timely manner so that Counties/Cities can drive decision making and apply learnings in an expedited manner • Ensure there is clarity with budgeting on what dollars are available from funding for local operationalization so Counties/Cities can plan and execute on plans efficiently • Stay up to date on the free mobile digital health technologies that are available such as apps available through County/City libraries and the Statewide Peer Run Warm line • Monitor Tech Suite technologies analytics dashboards to inform quality improvement, outreach and engagement strategies • Eliminate barriers to individuals' participation in the tech suite by spending time understanding what those potential barriers might be (i.e. increase the number of USB ports in clinics and drop-in centers to support charging devices, assist clients with accessing phones through the California Lifeline Program)			

Los Angeles County	**Quarter 1** (Jan – Mar 2020)	**Quarter 2** (Apr – Jun 2020)	**Quarter 3** (Jul – Sept 2020)	**Quarter 4** (Oct – Dec 2020)
Tech Lead(s)	• Katherine Steinberg, MPP, MBA • Alex Elliott, MSW • Ivy Levin, LCSW	• Katherine Steinberg, MPP, MBA – Reassigned mid May 2020 • Alex Elliott, MSW – Served as a liaison for Painted Brain/ Peer contributions	• Alex Elliott, MSW- Served as a liaison for Painted Brain/Peer contributions	• Alex Elliott, MSW- Served as member of Evaluation State-Wide Advisory Board
Implementation Site	• Harbor UCLA DBT program • Peer Resource Center (planned) • Geriatric Evaluation Networks Encompassing Services Intervention Services (GENESIS) outpatient program for older adults (projected for pilot) • Telecare Los Angeles Older Adults (LAOA) Full Service Partnership (FSP) program (projected for pilot)	• Harbor UCLA DBT program • Peer Resource Center (planned) All pilots were placed on hold due to COVID	• Harbor UCLA DBT program • Peer Resource Center (planned) All pilots were placed on hold due to COVID	• Harbor UCLA DBT program • LAC DMH DBT Programs • LAC DMH will be moving forward with contracting with Prevail for a full LA community roll out to commence February 2021.
Team Composition	• Program Lead/Project Manager, Chief Medical Officer (Executive Sponsor), Behavioral Health Director, 2 Tech Leads, Chief Information Officer, IT Project POC, Chief of Peer Services, Evaluation Lead, Privacy SME, IT Security SME, Harbor UCLA Clinical Champion, Public Information Officer	• Program Lead/Project Manager, Chief Medical Officer (Executive Sponsor), Behavioral Health Director, 2 Tech Leads, Chief Information Officer, IT Project POC, Chief of Peer Services, Evaluation Lead, Privacy SME, IT Security SME, Harbor UCLA Clinical Champion, Public Information Officer	• Program Lead/Project Manager, Chief Medical Officer (Executive Sponsor), Behavioral Health Director, Chief Information Officer, IT Project POC, Chief of Peer Services, Evaluation Lead, Privacy SME, IT Security SME, Harbor UCLA Clinical Champion, Public Information Officer, Additional DMH staff/SMEs, as needed	All other pilots were placed on hold due to COVID • MindLAMP: Chief Information Officer, IT Project POC, Harbor UCLA Clinical Champions, DBT Project Liaison, Evaluation Advisory Board Member
Core Audiences	• Transitional age youth and college students • County employees • Complex needs individuals (i.e., those with multiple and repeated hospitalizations) • Individuals and family members uncomfortable accessing community mental health services seeking de-stigmatized care and supports for well-being • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting	• All Los Angeles County residents in need of support due to COVID • County employees • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting	• All Los Angeles County residents in need of support due to COVID • County employees • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting	• All Los Angeles County residents in need of support due to COVID • County employees • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting
Products in Use/Planned	• Headspace (planned) • Modified Mindstrong Health App • CredibleMind (projected for pilot) • Uniper (projected for pilot) • MindLAMP (projected for pilot)	• Headspace for COVID-19 response made available • Modified Mindstrong Health App	• Headspace for COVID-19 response continued • Began transition from Mindstrong Health App to MindLAMP (diary cards)	• Headspace for COVID-19 response continued • Continued transition from Mindstrong Health App to MindLAMP (diary cards)
Implementation Approach	• Headspace for current DBT clients (possible COVID-19 response) • Headspace for individuals visiting the DMH Peer Resource Center • CredibleMind for isolated populations at higher risk for more serious complications from COVID-19 • Uniper for current DMH clients in the GENESIS outpatient program for older adults • Uniper for current older adult clients with internet access enrolled in the Telecare Los Angeles Older Adults (LAOA) Full Service Partnership (FSP) program • MindLAMP for clients in Harbor UCLA DBT program	• Headspace for COVID-19 response made available to all county residents • MindLAMP for clients in Harbor UCLA DBT program • Headspace for individuals visiting the DMH Peer Resource Center	• Headspace for COVID-19 response, available for all LA County residents • MindLAMP for clients in DBT programs in LA County, in development	• Headspace for COVID-19 response, available for all LA County residents • MindLAMP for clients in DBT programs in LA County, in development

Los Angeles County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Other Unique Qualities	• LAC DMH is exploring how to use apps and platforms that have already gone through internal review to meet the increased needs of those impacted by COVID-19 (COVID-19 response)	• Rapid deployment, without pilot process, of Headspace to meet the increased needs of the community due to COVID-19 • Streamlined all DMH communications to ensure community is aware of resources available	• Transition in progress to use MindLAMP to meet the increased needs of clients receiving DBT • MindLAMP is a unique open source solution • MindLAMP is developing a Digital Diary Card for LACDMH • DMH is developing the technical infrastructure to host MindLAMP within LACDMH's IT ecosystem via Microsoft Azure	• Transition in progress to use MindLAMP to meet the increased needs of clients receiving DBT • MindLAMP is a unique open source solution • MindLAMP is developing a Digital Diary Card for LACDMH • MindLAMP is translated into Spanish • DMH is developing the technical infrastructure to host MindLAMP within LACDMH's IT ecosystem via Microsoft Azure
Milestones	• Continued development and refinement of pilot proposal documents • Coordinated calls between vendors, LAC IT security, LAC program leads, and CalMHSA to get questions answered • Began evaluation planning and proposal refinement with UCI and CalMHSA • Learning collaborative at PRC: Discussion for the Development of a Guide to Wellbeing app guide • Development of Painted Brain App Evaluation Matrix • Finalized Guide to Wellbeing app guide and shared with the Help@Hand Collaborative • Gathered free resources offered in response to COVID-19 and shared with the Help@Hand Collaborative • Created a dynamic QR code for app guide • Presented pilot plans to Help@Hand leadership group (all pilots approved by Collaborative) • Development of Digital Health Literacy Modules by Painted Brain and associated DMH review • Headspace presentation at Countywide Supervisors Forum • Headspace on-site meeting: Getting started with Headspace with Tom Freeman, Engagement Manager • Development of request for information (RFI) Screening Tool w/ Monterey County • Participated in Help@Hand Language/Monolingual Working Group • Clinical Peer Review Presentation for the Quality, Outcomes and Training Division: Resources to help Deaf, Hard of Hearing, Blind and Physically Disabled Populations access and use Assistive Technology • Updated Help@Hand LA Charter and committee structure • Collaborated with UCI to develop the Community College students digital mental health baseline needs assessment	• The Leadership Committee reviewed and approved three pilot proposals from LA County on April 9th, 2020 • Headspace Plus subscription made available to all Los Angeles County residents as part of COVID rapid response in early May • Updated Peer-developed Digital Mental Health Literacy Modules to adapt for virtual training sessions • Engaged in the development of specific modules of digital health literacy curriculum and training to include telehealth etiquette and use of selected DMH telehealth platform (Vsee) by Peers • Held Digital Mental Health Literacy virtual trainings for Service extenders, Community Health Workers, and Peers champion • Translated Guide to Wellbeing app guide to Spanish and disseminated to the Help@Hand Collaborative • Various outreach and communication efforts to increase awareness and engagement with Headspace and the Guide to Wellbeing Apps • LACDMH LE provider completed interview on Apps to Support Wellbeing at Compton Pride	• Held Digital Mental Health Literacy virtual trainings for Service extenders, Community Health Workers, and Peers champion. Virtual trainings included Telehealth connection and support training for the peer champions • Held office hours to provide support and technical assistance for Service extenders, Community Health Workers, Peer Resource Center staff, and Peer champions • Presentation at 8/20 Peer Lead Collaboration meeting: Painted Brain: Peer roles in Telehealth	
Lessons Learned Across Year 2				
Recommendations Across Year 2				

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan – Dec 2021)	MindLAMP Quarter 1-Quarter 4 (Jan – Dec 2021)	SyntraNet Quarter 1-Quarter 4 (Jan – Dec 2021)
Tech Lead(s)	• Alex Elliott, MSW.	• Alex Elliott, MSW.	• Alex Elliott, MSW.
Implementation Site	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management	• DMH directly operated and legal entity outpatient Dialectical Behavioral Therapy (DBT) clinics	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management
Team Composition	• Keri Pesanti, Robert Byrd, Laura Li	• Alex Elliott, Lynn McFarr, Ivy Levin, Laura Li, Alex King, Ben Wu	• Yvette Wilcock, Laura Li
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 DBT in a DMH directly-operated or legal entity outpatient clinic	• Los Angeles Residents • Transition-Aged Youth • Veterans • Monolingual Spanish Speakers • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting • County employees
Products in Use/Planned	• iPrevail	• MindLAMP	• SyntraNet
Implementation Approach	• Free access provided for all Los Angeles residents • Additional marketing in schools to students aged 15+ • Additional marketing to call-in centers • Demonstrations of iPrevail provided to mental health provider agencies and their staff, Community and Faith Based Organizations, Community Ambassadors, and Peers. • Worked with the Veterans Peer Access Network to provide presentations on iPrevail and materials for Veterans and their families. • Content available for Spanish speakers	• Offered to clients in DBT programs in LA County • Content available for Spanish speakers	• Allows a range of functionality for LACDMH Employees to support their clients. • Initially being implemented in Enhanced Care Management (ECM) services.
Other Unique Qualities	• N/A	• MindLAMP is a unique open-source solution that could be implemented by other public mental health systems. Los Angeles county has created an infrastructure for adopting open-source technologies which could be used by other counties in the collaborative. • Los Angeles County's MindLAMP implementation has the ability to enhance telehealth by facilitating virtual administration of a digital card and resources that support recovery.	• SyntraNet is an integrated care platform which will allow LACDMH a range of functionality to support their clients. • The goal of using SyntraNet is to build a care community that ensures clients across services get the right care at the right time at the right place.
Milestones	• Increased marketing efforts through multiple media releases • Provided demonstrations in coordination with LACDMH • Partnered with the Veterans Peer Access Network to increase awareness of iPrevail among Veterans and their families • Launched Spanish language version in Quarter 4 of 2021 • Integrated outcome questionnaires/surveys into iPrevail platform • IPrevail worked with the LACDMH team to develop marketing materials in both English and Spanish to be distributed to various stakeholders within the County.	• Moved MindLAMP solution between different technology platforms (from Amazon Web Service to Microsoft Azure Cloud Service platform). • Employed Azure DevOps Pipeline to improve process for automation of new application updates tested with minimum resource involvement. • LA County DMH is the pioneer in using the latest Azure Kubernetes Service to stand up the MindLAMP solution. • Used Azure Kubernetes Service to host the platform in a secure environment and allow connections to different services and registries. • Added content for Spanish speakers. Updated DBT diary card, UX, UI, and data visualizations.	• Developed shared language to use with Thrasys during development phase • Worked with Thrasys to minimize the manual work associated with ECM report generation required by Medi-Cal Managed Care Plans (MCPs). • Uploaded care program enrollees (i.e. specifically Medi-Cal beneficiaries enrolled in Whole Person Care Programs who will transition to receiving ECM services effective January 1, 2022) into SyntraNet so that the platform can be used beginning January 2022.

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan – Dec 2021)	MindLAMP Quarter 1-Quarter 4 (Jan – Dec 2021)	SyntraNet Quarter 1-Quarter 4 (Jan – Dec 2021)
Lessons Learned Across Year 3	• **When working with product teams, developing shared understanding and a shared language is a key part of the collaboration**. Los Angeles County mental health department teams and product teams bring a very different perspective to development conversations; for example, Los Angeles County brings a clinical perspective and product teams bring a technical perspective. This means that even the same terms may have different meanings to these different teams. Investing time in understanding these different perspectives and creating shared definitions can facilitate more meaningful collaboration. This is a key part of the collaboration between Los Angeles County and Thrasys while building the SyntraNet platform. • **Having a vendor that is communicative and able to be flexible can facilitate implementation of an app within a city/county.** • **Digital literacy programs could expand to support these additional stakeholders**. Digital literacy training programs may benefit not only clients and peers but also providers and project leadership. • **Implementing a product within a county can create an opportunity to develop infrastructure to support future technology projects, both within counties across the collaborative**. For example, through implementation of MindLAMP, Los Angeles County have invested time and resources in building out an infrastructure and upskilling relevant teams which will facilitate more efficient technology roll-outs in future. • **When building surveys, prioritizing the most important questions is necessary to reduce respondent burden**. It is necessary to strike a balance between evaluation questions the county/city need to ask and questions that are important for the collaborative to have answered. This can help maintain a manageable number of questions for respondents. • **There is a need for increased sharing of actionable insights which can benefit the collaborative and increase synthesis across counties**. This could help counties learn from one another and not have to reinvent the wheel. • **Additional challenges may arise when implementing technologies with larger teams**. Projects within Los Angeles County are discrete and managed by different teams. As such, extracting all the information need for evaluation and synthesizing across technologies can be challenging. • **Technical updates and considerations are needed when implementing open source or custom technologies**. Additional technical knowledge is needed when implementing MindLAMP and other open-source solutions into the LACDMH IT ecosystem. • **For technology programs, developing a communication and marketing plan developed with a timeline and impact indicators would be helpful to ensure dissemination to the intended populations**. This could assist in targeting what strategies were effective in engaging new users.		
Recommendations Across Year 3	• N/A	• The collaborative would benefit from the Help@Hand evaluation team sharing learnings from other (non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts.	• N/A
Cross County/City Sharing Across Year 3	• Upcoming Help@Hand LA spotlight for the Tech Lead Collaboration Meeting (Feb. 2022)	• The Riverside team recommends to regularly assess the prioritization of each of the projects. It is also critical to regularly evaluate the team members' workload and appropriately manage staff time and resources. This regular evaluation may result in making decisions such as putting some of the projects in a pause status until we are able to resume the work. • LA county shared sample press releases for Headspace and iPrevail which assisted other counties and cities in developing their own. • LA county has routinely shared resources and best practices to broaden accessibility to technology, as well as how California residents can secure free or low-cost assistive technologies and broadband internet.	• N/A

* Information for Los Angeles County's Year 3 Headspace activities was not available for this report.

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan – Dec 2022)	MindLAMP Quarter 1-Quarter 4 (Jan – Dec 2022)	SyntraNet Quarter 1-Quarter 4 (Jan – Dec 2022)
Tech Lead(s)	• Alex Elliott, MSW.	• Alex Elliott, MSW.	• Alex Elliott, MSW.
Implementation Site	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management	• Department of Mental Health (DMH) directly operated and legal entity outpatient Dialectical Behavioral Therapy (DBT) clinics	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management • Enhanced Care Management
Team Composition	• Keri Pesanti, Los Angeles County Department of Mental Health (LACDMH) Mental Health Clinical Program Head, Prevention Division • Robert Byrd, LACDMH Acting Deputy Director, Prevention Division • Laura Li, CALMHSA Chief Administrative Officer	• Alex Elliott • Ivy Levin • Natalie Arbid (left in September) • Ben Wu • Alex King (left in August)	• Yvette Wilcock, • Laura Li • Erin Jernigan
Core Audiences	• Los Angeles Residents • Transition-Aged Youth • Veterans • Monolingual Spanish Speakers • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting • County employees	• Clients receiving Dialectical Behavior Therapy (DBT) in a Department of Mental Health (DMH) directly-operated or legal entity outpatient clinic	• Los Angeles Residents • Transition-Aged Youth • Veterans • Monolingual Spanish Speakers • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting • County employees (i.e. DMH and Enhanced Care Mangement Team Members)
Products in Use/Planned	• iPrevail	• MindLAMP	• SyntraNet
Implementation Approach	• Free access provided for all Los Angeles residents • Additional marketing in schools to students aged 15+ • Additional marketing to call-in centers • Demonstrations of iPrevail provided to mental health provider agencies and their staff, Community and Faith Based Organizations, Community Ambassadors, and Peers. • Worked with the Veterans Peer Access Network to provide presentations on iPrevail and materials for Veterans and their families. • Content available for Spanish speakers • iPrevail has broaden its marketing plan with the support of a consultant and has broadened its approaches to disseminate information regarding the platform • Information regarding iPrevail continues to be disseminated via social media and in print media to support product access. These efforts have been diversified and increased with support thought marketing consultation. • Programmatic aspects of iPrevail continue as intended and remain adherent to the protocol. • Data has reflected an uptick in both guest and registered users following implementation of marketing efforts reflected in a marketing plan developed as a midcourse correction • iPrevail continues to analyze data to inform midcourse corrections to support platform engagement and satisfaction.	• Offered to clients in DBT programs in LA County • Content available for Spanish speakers • DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.	• Allows a range of functionality for LACDMH Employees to support their clients. • SyntraNet Platform is currently in Production for use in Department of Health (DMH) Enhanced Care Management (ECM) Program

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan – Dec 2022)	MindLAMP Quarter 1-Quarter 4 (Jan – Dec 2022)	SyntraNet Quarter 1-Quarter 4 (Jan – Dec 2022)
Other Unique Qualities	• N/A	• MindLAMP is a unique open-source solution that could be implemented by other public mental health systems. Los Angeles county has created an infrastructure for adopting open-source technologies which could be used by other counties in the collaborative. • Los Angeles County's MindLAMP implementation has the ability to enhance telehealth by facilitating virtual administration of a digital card and resources that support recovery.	• SyntraNet is an integrated care platform which will allow Los Angeles County Department of Mental Health (LACDMH) a range of functionality to support their clients. • The goal of using SyntraNet is to build a care community that ensures clients across services get the right care at the right time at the right place.
Milestones	• Integrated outcome questionnaires/surveys into iPrevail platform • Prevail with the Los Angeles County Departemnt of Mental Health (LACDMH) team finalized marketing materials in both English and Spanish that have been and continue to be distributed to various stakeholders within the County. • Expanded marketing efforts targeting schools. Provided product demonstrations to relevant partners to increase penetration of product information within school based/linked communities. • Expanded marketing efforts focusing on schools. Provided product demonstrations to relevant partners to increase penetration of product information within school based/linked communities. • Data collected by iPrevial demonstrates continual and consistent increases in number of individuals browsing and accessing the platform reflects significant progress from early program implementing efforts. • iPrevail marketing plan is being implemented, providing expanded reach. It is hypothesized that these efforts are directly linked to increased number of participants. • iPrevail continues to provide support and scaffolding to peers involved in program implementation.	• Updated Dialectical Behavior Therapy (DBT) diary card, UX, UI, Survey instruments and data visualizations. • Development continued on Azure Active Directory Implementation • Development continued on Azure Kubernetes templates • Development and Configuration continued on Automation Process in DevOps – Leveraging Azure pipelines to automatically pull the latest MindLAMP releases from GitHub repositories • Azure Kubernetes Service repository configurations were updated Continued development of Azure OAuth2 requirements • Redirected application authentication from Azure Government Cloud to Azure Commercial Cloud to align Single-Sign-On (SSO) requirement for county users (Clinicians) • Successfully stood up a new database (Cosmos DB) as required by vendor's Azure AD Integration requirement • DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.	• First iteration of SyntraNet Platform completed User Acceptance Testing (UAT) and launched in Production Environment. • Trainings of Department of Mental Health (DMH) SyntraNet Super Users completed. • The Department of Mental Health (DMH) Instance of SyntraNet was launched in the Production Environment in August 2022. • Functionality has been created to ingest data received from Medi-Cal Managed Care Plans (MCPs) on the MCP enrolled Medi-Cal Beneficiaries assigned to DMH for receipt of Enhanced Care Management (ECM) Services. • Functionality has been created to support DMH's generation of one of two requisite ECM Reports for submission to the MCPs. • Successful implementation of ECM Outreach Tracker File (OTF) in Production environment of SyntraNet • Ingestion of ECM Member Information Files (MIFs) into SyntraNet. This is a pre-requisite to support SyntraNet's generation of the ECM Return Transmission File (RTF) Reports. Ongoing process improvement work with ECM Return Transmission File Reports generated in SyntraNet
Lessons Learned Across Year 4	• When working with product teams, developing shared understanding and a shared language is a key part of the collaboration. Los Angeles County mental health department teams and product teams bring a very different perspective to development conversations; for example, Los Angeles County brings a clinical perspective and product teams bring a technical perspective. This means that even the same terms may have different meanings to these different teams. Investing time in understanding these different perspectives and creating shared definitions can facilitate more meaningful collaboration. This is a key part of the collaboration between Los Angeles County and Thrasys while building the SyntraNet platform. • Having a vendor that is communicative and able to be flexible can facilitate implementation of an app within a city/county. • Digital literacy programs could expand to support these additional stakeholders. Digital literacy training programs may benefit not only clients and peers but also providers and project leadership. • Implementing a product within a county can create an opportunity to develop infrastructure to support future technology projects, both within counties across the collaborative. For example, through implementation of MindLAMP, Los Angeles County have invested time and resources in building out an infrastructure and upskilling	• Having a vendor that is communicative and flexible can facilitate implementation of an app within a city/county. • Implementing a product within a county can create an opportunity to develop infrastructure to support future technology projects, both within counties across the collaborative. For example, through implementation of MindLAMP, Los Angeles County invested time and resources in building out an infrastructure and upskilling relevant teams which will facilitate more efficient technology roll-outs in future. • There was a need for increased sharing of "actionable insights" to benefit the collaborative and increase synthesis across counties. This could help counties learn from one another and not have to reinvent the wheel. • Technical updates and considerations were needed to implement open source or custom technologies. Additional technical knowledge was needed when implementing MindLAMP and other open-source solutions into the Los Angeles County Department of Mental Health (LACDMH) IT ecosystem. • Development on Azure Kubernetes templates required more time and resources than previously expected because it required coordination between multiple county departments, divisions and vendors.	• Work is ongoing to address the need for "translation/interpretation" of language used by non-IT end users of SyntraNet (i.e. Department of Mental Health, Enhance Care Management Team Members) and Thrasys/UpHealth IT colleagues. This is understood as these two "systems" (i.e. Clinical and IT) "speak" use different verbiage/language. • As much as the Enhanced Care Management (ECM), Member Information File (MIFs) are able to be ingested into SyntraNet, the process is not seamless due in part to the manual load that UpHealth has to do given organizational standards (Department of Mental Health [DMH] and UpHealth) that prevent use of DMH Secure File Transport Protocol site for "auto-loading" of the ECM, Member Information File into the SyntraNet Platform. Additionally, some data elements on the Enhanced Care Management (ECM), MIF were configured in a manner that impacted smooth ingestion into SyntraNet. As much as UpHealth resolved the matter and the Member Information File was subsequently ingested, if this occurs again dialogue to take place with the Manage Care Plans (MCPs) about how data elements are configured on the Enhanced Care Management, Member Information File sent to Department of Mental Health.

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan – Dec 2022)	MindLAMP Quarter 1-Quarter 4 (Jan – Dec 2022)	SyntraNet Quarter 1-Quarter 4 (Jan – Dec 2022)
	relevant teams which will facilitate more efficient technology rollouts in future. • When building surveys, prioritizing the most important questions is necessary to reduce respondent burden. It is necessary to strike a balance between evaluation questions the county/city need to ask and questions that are important for the collaborative to have answered. This can help maintain a manageable number of questions for respondents. • There is a need for increased sharing of actionable insights which can benefit the collaborative and increase synthesis across counties. This could help counties learn from one another and not have to reinvent the wheel. • Additional challenges may arise when implementing technologies with larger teams. Projects within Los Angeles County are discrete and managed by different teams. As such, extracting all the information need for evaluation and synthesizing across technologies can be challenging. • Technical updates and considerations are needed when implementing open source or custom technologies. Additional technical knowledge is needed when implementing MindLAMP and other open-source solutions into the Los Angeles County Department of Mental Health (LACDMH) IT ecosystem. • For technology programs, developing a communication and marketing plan developed with a timeline and impact indicators would be helpful to ensure dissemination to the intended populations. This could assist in targeting what strategies were effective in engaging new users. • When implementing on-line mental health interventions, multimodality marketing and engagement effort are crucial to increased uptake of the product. • Clear explanations of services accessible on the platform are supportive of participant engagement, retention and satisfaction. These efforts also support workforce satisfaction due to participant success in receiving services as anticipated. • When implementing on-line mental health interventions, easily accessible and clearly denoted locally based resource and referral lines are crucial to support participants with mental health or concrete support needs	• County IT required more unique support than previously expected, making reliance on the vendor more robust. Choosing a vendor with a shared mission and commitment to the project was helpful to county IT security.	
Recommendations Across Year 4	• Development of marketing and communication plans early in implementation planning may be useful in producing robust access to the intervention platform earlier in the initial rollout. • Accessing stakeholder input via an advisory panel may be useful to inform marketing and engagement efforts specific to the designated intervention • Incorporation of pre-implementation program planning across partnering entities (e.g. development of learning agendas, communication plans, shared terminology, etc.) to support initial impletion and sustainably preparation • Inclusion of stakeholder feedback on development, implementation, and analysis of evaluation efforts is recommended.	• Engage and collaborate with the statewide Broadband For All efforts to increase access to adequate broadband service or the devices and skills to use it. The Broadband For All efforts includes increasing awareness and access to the Affordable Connectivity Program, Low-cost internet service, Computer offers, and Digital skills training (like computer and internet basics). • Increase marketing and outreach efforts for the California Lifeline Program to address the digital divide. • Increase efforts to curate localized, free digital resources that support mental wellbeing and address the social determinants of health. • The collaborative would benefit from the Help@Hand evaluation	• As much as the DMH Instance of SyntraNet went into Production in August 2022, due to several factors (e.g. expired Department of Mental Health-Thrasys Data Use Agreement (DUA); and certain functions not working as expected), Department of Mental Health (DMH), Enhanced Care Management Team Members have not used the SyntraNet Platform. With the recent October 20, 2022 release as well as the execution of the DMH-Thrasys Data User Agreement we expect to begin robustly using the SyntraNet Platform for completion of various Enhanced Care Management Task

Los Angeles County	iPrevail Quarter 1-Quarter 4 (Jan – Dec 2022)	MindLAMP Quarter 1-Quarter 4 (Jan – Dec 2022)	SyntraNet Quarter 1-Quarter 4 (Jan – Dec 2022)
		team sharing learnings from other (non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts. • Monitor the latest releases and roadmaps for the most popular operating systems for updates on accessibility features. For example, Android, iOS, Windows, MacOS, etc. • Monitor the latest releases and roadmaps for the most widely used applications used by the collaborative for updates on features. For example, Microsoft Office 365, Microsoft Teams, Microsoft Dynamics, Zoom, and tele-health applications, etc. • Monitor policy changes, and legislation that impact the implementation of digital mental health solutions. For example, Title II of the Americans with Disabilities Act (ADA), and the 21st Century Cures Act.	
Cross County/City Sharing Across Year 4	• Presentation- Help@Hand Los Angeles spotlight for the Tech Lead Collaboration Meeting (Feb. 2022) • Development and dissemination of evaluation summaries and reports subsequent to approval	• LA county has routinely shared resources and best practices to broaden accessibility to technology, as well as how California residents can secure free or low-cost assistive technologies and broadband internet. • 01/11 LA Tech Lead provided the presentation, Supporting the Wellbeing of People With Disabilities, during the Tech Lead call and shared curated resources to support people with disabilities with the collaborative. • 02/22 LA Tech Lead shared updates with Tech leads during Spotlight on LA Help@Hand work presentation during the Tech Lead call. • Collaborated on the Help@Hand Statewide Evaluation: Year 4 Mid-Year Report, spotlight: Making Things One Click Away Developing a Collaborative Database of Resources	• N/A

Los Angeles County	Quarter 1 MindLAMP (Jan – Mar 2023)	Quarter 1 Headspace (Jan – Mar 2023)	Quarter 1 iPrevail (Jan – Mar 2023)
Tech Lead(s)	• Alex Elliott, MSW.	• Alex Elliott, MSW.	• Alex Elliott, MSW
Implementation Sites	• Department of Mental Health (DMH) directly operated and legal entity outpatient Dialectical Behavioral Therapy (DBT) clinics	• Los Angeles County Department of Mental Health (LACDMH) offered free Headspace Plus subscriptions to all Los Angeles County residents starting in April 2020.	• General public • Schools • Call-in centers • Veteran Community • DBT Clinics • Enhanced Care Management
Team Composition	• Alex Elliott • Ivy Levin (left in January) • Ben Wu	• Alex Elliott • Debbie Innes-Gomberg • Ivy Levin (left in January)	• Keri Pesanti, LACDMH Mental Health Clinical Program Head, Prevention Division • Robert Byrd, LACDMH Acting Deputy Director, Prevention Division • Laura Li, CALMHSA Chief Administrative Officer
Core Audiences	• Clients receiving DBT in a DMH directly-operated or legal entity outpatient clinic	• All Los Angeles County residents	• Los Angeles Residents • Transition-Aged Youth • Veterans • Monolingual Spanish Speakers • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting • County employees
Products in Use/Planned	• MindLAMP	• Headspace	• iPrevail
Implementation Approach	• DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.	• LACDMH completed the implementation of Headspace, effective March 2023.	• Free access provided for all Los Angeles residents • Additional marketing in schools for students aged 15+ • Additional marketing to call-in centers • Demonstrations of iPrevail provided to mental health provider agencies and their staff, Community and Faith Based Organizations, Community Ambassadors, and Peers. • Worked with the Veterans Peer Access Network to provide presentations on iPrevail and materials for Veterans and their families. • Content available for Spanish speakers
Other Unique Qualities	• MindLAMP is a unique open-source solution that could be implemented by other public mental health systems. Los Angeles county has created an infrastructure for adopting open-source technologies which could be used by other counties in the collaborative. • Los Angeles County's MindLAMP implementation can enhance telehealth by facilitating virtual administration of a digital diary card and resources that support recovery.	• LACDMH offered free Headspace Plus subscriptions to all Los Angeles County residents starting in April 2020.	• N/A
Milestones	• DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.	• LACDMH completed the implementation of Headspace, effective March 2023.	• Data collected by iPrevial demonstrates continual and consistent increases in number of individuals browsing and accessing the platform reflects significant progress from early program implementing efforts. • iPrevail marketing plan is being implemented, providing expanded reach. It is hypothesized that these efforts are directly linked to increased number of participants. • iPrevail continues to provide support and scaffolding to peers involved in program implementation.

Los Angeles County	Quarter 1 MindLAMP (Jan – Mar 2023)	Quarter 1 Headspace (Jan – Mar 2023)	Quarter 1 iPrevail (Jan – Mar 2023)
Lessons Learned Across Year 5	• Having a vendor that is communicative and flexible can facilitate implementation of an app within a city/county. • Implementing a product within a county can create an opportunity to develop infrastructure to support future technology projects, both within counties across the collaborative. For example, through implementation of MindLAMP, Los Angeles County invested time and resources in building out an infrastructure and upskilling relevant teams which will facilitate more efficient technology roll-outs in future. • There was a need for increased sharing of "actionable insights" to benefit the collaborative and increase synthesis across counties. This could help counties learn from one another and not have to reinvent the wheel. • Technical updates and considerations were needed to implement open source or custom technologies. Additional technical knowledge was needed when implementing MindLAMP and other open-source solutions into the Los Angeles County Department of Mental Health IT ecosystem. • Development on Azure Kubernetes templates required more time and resources than previously expected because it required coordination between multiple county departments, divisions and vendors. • County IT required more unique support than previously expected, making reliance on the vendor more robust. Choosing a vendor with a shared mission and commitment to the project was helpful to county IT security.	According to the Headspace Consumer Survey: • Headspace Experience - Users had a positive experience with Headspace: 92% of Current users would recommend Headspace and 90% of Current users found Headspace easy to use. Among abandoners, 72% would recommend Headspace and 75% found it easy to use. • Mental Health Resources - Almost half of respondents had made use of resources other than Headspace, such as online tools and professional mental health resources, to support their mental health. • Reasons for Not Using Headspace - Common reasons for abandoning Headspace were that people were using other strategies to support their mental health (32%) and/or they just wanted to try Headspace (31%). • Mental Healthcare Utilization - Participants were asked about their use of mental health resources in the past 12 months, such as online tools and connecting with a mental health professional. Approximately half of respondents had seen a mental health professional, such as a counselor or psychiatrist, and almost half of respondents had used online tools other than Headspace to support their mental health. • Frequency of Headspace Use - Respondents were asked about their use of Headspace. Current users used Headspace more frequently (60% indicated they used Headspace daily or several times a week) than abandoners (34% indicated they had used Headspace daily or several times a week).	• When implementing on-line mental health interventions, multimodality marketing and engagement effort are crucial to increased uptake of the product. • Clear explanations of services accessible on the platform are supportive of participant engagement, retention, and satisfaction. These efforts also support workforce satisfaction due to participant success in receiving services as anticipated. • When implementing on-line mental health interventions, easily accessible and clearly denoted locally based resource and referral lines are crucial to support participants with mental health or concrete support needs • When implementing on-line mental health intervention, multimodal dissemination of information about the platform (e.g. in person training, detailed written information, etc.) support wider dissemination of this resource by licensed/license eligible and non-license eligible providers (e.g. service navigators and individuals with lived experience). • Ongoing integration of evaluation data to inform data driven decisions making for project implementation support helpful midcourse adjustment which may positively influence utility and outcomes.
Recommendations Across Year 5	• Monitor the latest releases and roadmaps for the most popular operating systems for updates on accessibility features. For example, Android, iOS, Windows, MacOS, etc. • Monitor the latest releases and roadmaps for the most widely used applications used by the collaborative for updates on features. For example, Microsoft Office 365, Microsoft Teams, Microsoft Dynamics, Zoom, and tele-health applications, etc. • Monitor the latest releases and roadmaps for the most widely used generative AI models and applications for updates on features. • Monitor policy changes, and legislation that impact the implementation of digital mental health solutions. For example, Title II of the Americans with Disabilities Act (ADA), and the 21st Century Cures Act. • Engage and collaborate with the statewide Broadband For All efforts to increase access to adequate broadband service or the devices and skills to use it. The Broadband For All efforts includes increasing awareness and access to the Affordable Connectivity Program, Low-cost internet service, Computer offers, and Digital skills training (like computer and internet basics). • Increase marketing and outreach efforts for the California Lifeline Program to address the digital divide. • Increase efforts to curate localized, free digital resources that support mental wellbeing and address the social determinants of health. • The collaborative would benefit from the Help@Hand evaluation	• Increase efforts to curate localized, free digital resources that support mental wellbeing and address the social determinants of health. Leverage learnings from other environments (governmental, non-governmental, private sector, etc.) creating App libraries and curating digital resources to help inform local efforts. • Monitor the latest releases and roadmaps for the most popular operating systems for updates on accessibility features. For example, Android, iOS, Windows, MacOS, etc. • Monitor the latest releases and roadmaps for the most widely used applications used by the collaborative for updates on features. For example, Microsoft Office 365, Microsoft Teams, Microsoft Dynamics, Zoom, and tele-health applications, etc. • Monitor the latest releases and roadmaps for the most widely used generative AI models and applications for updates on features. • Monitor policy changes, and legislation that impact the implementation of digital mental health solutions. For example, Title II of the Americans with Disabilities Act (ADA), and the 21st Century Cures Act. • Engage and collaborate with the statewide Broadband For All efforts to increase access to adequate broadband service or the devices and skills to use it. The Broadband For All efforts includes increasing awareness and access to the Affordable Connectivity Program, Low-cost internet service, Computer offers, and Digital skills training (like computer and internet basics).	• Development of marketing and communication plans early in implementation planning may be useful in producing robust utilization of the intervention platform earlier in the initial rollout. • Accessing stakeholder input via an advisory panel may be useful to inform marketing and engagement efforts specific to the designated intervention. • Incorporation of pre-implementation program planning across partnering entities (e.g. development of learning agendas, communication plans, shared terminology, etc.) to support initial impletion and sustainably preparation • Inclusion of stakeholder feedback on development, implementation, and analysis of evaluation efforts is recommended.

Los Angeles County	Quarter 1 MindLAMP (Jan – Mar 2023)	Quarter 1 Headspace (Jan – Mar 2023)	Quarter 1 iPrevail (Jan – Mar 2023)
	team sharing learnings from other (non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts.	• Increase marketing and outreach efforts for the California Lifeline Program to address the digital divide. • The collaborative would benefit from the Help@Hand evaluation team sharing learnings from other (governmental, non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts.	
Cross County/City Sharing Across Year 5	• Los Angeles County has consistently shared resources and best practices to broaden accessibility to technology, as well as how California residents can secure free or low-cost assistive technologies and broadband internet.	• Los Angeles County has consistently shared resources and best practices to broaden accessibility to technology, as well as how California residents can secure free or low-cost assistive technologies and broadband internet.	• Development and dissemination of evaluation summaries and reports subsequent to approval.

*Los Angeles County's Help@Hand project ended in February 2023.

Marin County

Year 1: September 2018-December 2019
Data not collected for Cohort #2 Counties/Cities, which included Marin County.

Year 2: January 2020-December 2020

Marin County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Chandrika Zager, LCSW MPH • Lorraine Wilson, MSW	• Chandrika Zager, LCSW MPH • Lorraine Wilson, MSW	• Chandrika Zager, LCSW MPH	• Chandrika Zager, LCSW MPH • Lorraine Wilson, MSW
Implementation Site	• Not applicable	• Not applicable	• Not applicable – working through partner CBOs	• Not applicable – working through partner CBOs
Team Composition	• Behavioral Health Director, Peer, MHSA Coordinator, Tech Lead	• Behavioral Health Director, Peer, MHSA Coordinator, Tech Lead	• Behavioral Health Director, MHSA Coordinator, Tech Lead, Peer Lead	• Behavioral Health Director, MHSA Coordinator, Tech Lead, Peer Lead
Core Audiences	• Older Adults (particularly those who are isolated)	• Older Adults (particularly those who are isolated)	• Older Adults (particularly those who are isolated)	• Older Adults (particularly those who are isolated)
Products in Use/Planned	• Uniper (Testing) • myStrength (Testing) • Happify (Testing) • Wysa (Testing)	• Uniper • myStrength	• Uniper • myStrength	• myStrength
Implementation Approach	• TBD	• TBD	• In development	• Coordinated partnership with Telehealth Nurse Interns – blend of home visiting and virtual support
Other Unique Qualities	• Builds an intergenerational component (planned) • Obtain stakeholder feedback through online venues (COVID-19 response); will require both group and individual coaching and a much more drawn out process	• Virtual Focus Groups (200 hours, 12 participants) • All data gathered remotely – Zoom, Doodle, Online Surveys, DocuSign	• Concurrent dual pilots planned • Piloting both apps with monolingual Spanish-speaking population	• Piloting myStrength with English and monolingual Spanish-speaking population. Digital literacy is a major focus of the pre-pilot launch.
Milestones	• Business Advisory Committee established and will hold first meeting 4/16 • Identified two groups of stakeholder testers (congregation of older adults and peers) • Request for proposal issued to identify a trainer experienced with older adults to assist with digital literacy training • Recruitment is underway to hire a Peer for the project	• Advisory Committee met 4 times and helped recruit focus group members, outline outreach plan, and shared additional considerations for local evaluation • Tech4Life hired – contractor experienced in remote coaching in use of tech for older adults • Peer recruitment – Anticipated start mid-late August	• Peer Lead hired and onboarded • Dual pilot proposal approved by compliance, county counsel, and IT	• Telehealth Equity Partnership formalized which bring in university nurse interns to provide intergenerational in-home and virtual support • Training plans for partners developed and digital literacy curriculum and training formalized • Pilot preparation completed and approved • Intern training manual developed • Established online system for enrolling community members through CBOs
Lessons Learned Across Year 2	• Increasing digital literacy during a pandemic with a target population where more than 50% do not have devices and many require internet requires a significant investment of staff resources and logistical coordination to overcome. IT direct tech support would have dramatically enhanced efficiency of Help@Hand staff, allowing them to focus on program logistics rather than technical aspects of the project, such as configuring devices and establishing G-mail accounts. • Establishing tech accounts on behalf of participants requires careful consideration and legal agreements that would be enhanced/ simplified with coordinated tech support – Google Work Space • County systems are not accustomed to flexibly responding to technology needs of residents – how do we design systems from an equity lens when it involves purchasing equipment for residents or supporting internet? Payment systems don't align with program needs. • Partnerships are key to add capacity needed to reach isolated populations • Outreach for individuals who are isolated and monolingual speakers require targeted strategies – finding the partners who know where they are in the community; for Spanish Speaking population, despite multiple outreach strategies, the only one that led to participants enrolling were through Promotores who are out talking to people (YouTube, texts with IHSS and other strategies did not yield results). For English Speakers, 2 CBOs identified all participants in a very short period of time. Knowing the target audience was critical.			

Marin County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Lessons Learned Across Year 2	• Defining "Isolation" is a complex concept to define in a pandemic and cultural considerations need to be considered • Use of University interns to work in small County is key to providing a labor force to engage isolate populations where Peer workforce is part time – if population had tech experience, project would be tremendously simplified (majority of resource intensity is onboarding participants to tech so that they can use an app/device) • Balancing varying system requirements of multiple partners is time intensive (e.g., onboarding interns, compliance, legal, training). Being clear on where decision making resides up front is important. • Collaborating across multiple agencies (7 County Departments-- IT, Compliance, HR Volunteer Coord., County Counsel, Aging and Adult Services, BHRS, Fiscal; two CBOs- Tech4Life and West Marin Senior Services; Two Universities, CalMHSA and UCI as well as Promotores requires lots of planning, coordination and communication; deadlines need to factor in the needs of multiple partners and approval processes. • Multiple legal agreements were required to onboard participants, involving remote acceptance of Google Terms and Privacy Policies, Help@Hand Participation Agreements and Device Use Agreements, all of which needed combinations of IT, Compliance and County Counsel approval. • Using data to find out where your population resides (Census and other key agencies like IHSS was key). • The field of digital behavioral health appears to not have experience responding in depth to issues of language and culture. Products are rolled out to Spanish Speakers are lacking in some critical areas. • Flexibility and creativity of research team were instrumental in influencing project design and in supporting data gathering for populations that are unable to access technology on the front -end. • New limitations of Spanish functionality of myStrength identified (no privacy practices or terms of service in Spanish) • Logistics of reaching older adults in Covid are complex – how to get sign off on release of information for those with no digital literacy? • Reaching the Spanish Speaking population requires more individualized approach – traditional flyers are not enough; one-on-one communication and outreach is necessary • County system not experienced/designed to administratively do things like pay for internet (limited-term for pilot) Processes need to be memorialized. • Only two nurse interns speak Spanish, leaving staffing challenges to work with those participants who need assistance in Spanish			
Recommendations Across Year 2	• Since additional IT support is necessary, establishing a technical support agreement with HHS IT and/or budgeting for and bringing on contracted IT support would help to accommodate project support needs. • Design future project timelines and goals to align better with staffing structure.			

Marin County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Lorraine Wilson	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Implementation Site	• Marin County – Community/Field Based	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Team Composition	• Lorraine Wilson, Tech Lead • Dámaris Caro, Peer Lead • Chandrika Zager, Prevention and Outreach Supervisor	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Core Audiences	• Isolated Older Adults	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Products in Use/Planned	• myStrength™	• myStrength™ Unipercare/Covia	• myStrength™ • Uniper care will not be piloted in Marin County	• myStrength™
Implementation Approach	• Provide group digital literacy classes and one-on-one support (virtual and in-person) prior to myStrength™ engagement • Utilize nurse interns, peer and Promotores to deliver coaching and support	• myStrength™: • Peer, staff and promotores provide coaching support for older adults post nurse internship and through end of myStrength™ pilot • Unipercare/Covia: • Exploring Uniper planning to focus more on congregate housing (Board and Care facilities, BHRS contract agencies, low-income housing)	• myStrength™ will be implemented in Marin. This decision was made on 9/14. • Design in process.	• Decision made to provide center-based services only for low digital literacy participants (no home visiting) and remote engagement for higher literacy participants.
Other Unique Program Qualities	• 50% English Speaking (Geographically Isolated West Marin) • 50% Spanish Speaking (County Wide) • Provide in person and virtual coaching of older adults to support digital literacy and myStrength™ engagement through partnership with the Division of Aging Telehealth Equity Project (13 Nurse interns from 2 universities) and Promotores, Peer, BHRS Intern and Tech Lead	• myStrength™: • 50% English Speaking (Geographically Isolated West Marin) • 50% Spanish Speaking (County Wide) • Unipercare/Covia: • TBD – Countywide pilot in English and Spanish Vendor requires 100 or more to access vendor support for installation of product and internet enabled devices. Product can be fully accessed through television remote (potentially eliminating need for digital literacy) • Delivery of technology/internet through the vendor and coaching support through volunteer teams TBD - intergenerational	• Marin will primarily focus on older adults with the lowest digital literacy. • Older adults are the most underserved and least likely to gain access to mental health supports or technology.	• Marin will provide a 2-cohort model • High support for low digital literacy participants with coaching, online check in and group classes. • Very limited support for high literacy participants with simply a link to product registration and demonstration video – possibly one class to overview features and benefits of myStrength product.
Milestones	• Enrolled 41 participants in pilot. • Recruited and trained 13 nurse interns, 4 Promotores, 1 BHRS intern and 2 staff (Peer and Coordinator) in supporting older adults to engage with Help@Hand • Offered all participants a series of four virtual group digital literacy courses (Computer Basics, Internet Basics, E-mail Basics and myStrength™) through 6 class cohorts to prepare older adults to engage with myStrength. • Served 10 older adults who were brand new to devices and Wi-Fi	• myStrength pilot: • Complete. Data analysis in progress. • Unipercare/Covia: • Meeting with key Marin constituents and potential partners. Designing pilot.	• Data analysis completed with Help@Hand evaluation team (38 Page Report) • Help@Hand team reviewing pilot results with key constituent groups (e.g., Advisory Committee, Mental Health Board, Aging Commissioners, Division of Aging, Help@Hand collaborative, Inform and Connect – over 200 aging related organizations in Marin) • Division and key constituents endorsed moving forward with implementation of myStrength • Advisory Committee helping to shape program concept (in progress)	• Developed concept for implementation design • Developed Gantt chart for project implementation • Designed screening criteria and form • Secured advisory committee endorsement for model

Marin County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Lessons Learned Across Year 3	• Adding TEP partnership two months before the planned pilot roll out created a unique opportunity to leverage an already existing program that was able to provide telehealth equity support to older adults. It provided in-person labor that was limited in the local project. Given the complexity of the project, future efforts should include additional time to address extensive cross department and agency planning. • Establishing partnerships, such as TEP (USF and Dominican University), Promotores, Technology4Life, and West Marin Senior Services, created opportunities for addressing needed personnel support, and created wins for cross-partnership in-kind contributions (e.g. 13 interns, 4 Promotores, 2 staff, 1 BHRS intern and built in participant referral sources.) • Adding this complexity to project design, however, also created the needs for additional effort around planning for coordination, project management, shared visioning, and developing communication channels while simultaneously providing needed participant support • Onboarding nurses and Promotores required the development of training materials and a handbook to be created by Help@Hand coordinator covering topics such as: Home Visiting safety protocols, COVID-19 protocols, mandatory reporting requirements, privacy and security guidelines, roles and responsibilities, techniques for working with older adults, understanding of digital literacy issues, and more. This resulted in the creation of a 25-page training manual that necessitated endorsement from Management, County Counsel, Compliance, Public Health, Office of Volunteer Management and the Telehealth Equity Project (i.e. respective universities) under tight turn around timelines. • The target population was lonely/isolated older adults. Operationalizing the definition of 'isolated' required up-front discussion with County stakeholders, our Peer and with project evaluators to ensure that the appropriate people were being included in the pilot program. Defining who was eligible to referring entities while meeting enrollment quotas was difficult, as the definition relied on a data driven approach that involved asking people to self-report indicators of loneliness and isolation • Conducting more pre-screening of participant needs, barriers, challenges and strengths prior to pilot launch would have supported staff and interns in better supporting participants • Addressing barriers around access was critical for program success. Providing low-cost internet is challenging to establish; internet provider has inconsistent policies and procedures • Engaging low digital literacy participants requires significant and ongoing hands-on/in person support • Nurse support levels were highly variable, and consistency of messaging on pilot goals, coaching support and product demonstrations were hard to control for using interns; some interns lived over 70 miles from participants making home visits challenging and not always in alignment with participant need • Using the TEP with set intern schedules (mostly Thursdays only) and digital literacy classes to mirror that schedule made it difficult for people with diverse scheduling needs and abilities to work together. For example, participants frequently had unique medical and personal challenges that made it difficult for them to adhere to a rigid class/home visit schedule and cohorts for group classes of like individuals were challenging to create (i.e., geographic proximity for intern travel feasibility, device type- keeping classes appropriate to device of participant – Android or Apple), etc. • The Promotores model provides culturally responsive support with a more flexible schedule. Promotores speak Spanish and understand cultural relevant nuances i.e., Some participants in this cohort feel obligated to use the app because they received a tablet and not necessarily because they are participating as testers for the app. Promotores help participants not only with the app, but in a variety of other tasks that participants have to complete in their daily life. • Promotores called participants even on weekends and at nigh if necessary to accommodate participants schedules. For example, one participant that works M-F from 8 a.m to 5 p.m and takes online classes a couple of days a week from 6 to 8 p.m. The Promotora working with her, is calling her on weekends or night times (the days she doesn't have classes). They talk about the app and tech questions participant may have. They also talk about life and they share strategies to overcome difficulties in life • Not all participants were onboarded to myStrength at the same time (some participants starting over one month late due to life challenges or medical issues), leading to a drawing out of the timeframe for the pilot • Feedback from interns suggest that product marketing should be tailored to respond to the unique interests of the target populations (older adults and Spanish Speakers) • Accessing electronic gift cards creates additional barriers for many older adults and developing additional incentive strategies that are tailored to the target audience may be important to consider. • When working with the older adult community, it is important to recognize that significant variation in digital literacy skills (e.g. for example some participants needs basic support turning on and working with a computer while others were quite advanced) –Project design should be responsive to this heterogeneity. • There were challenges organizing older adults into cohorts: geographic location and travel time, intern pairing for home visits, in person or remote support requests, device type (separate classes for Apple and Android), digital literacy level (preventing those more advanced from sitting through very basic training) and language (English or Spanish) all were important variables that required consideration that contributed to a complex process for matching participants together • The individual set up of devices and e-mail accounts was labor intensive in the absence of solutions such as Google Workspace. Future efforts to centralize device set up may contribute to project efficacy • Developing detailed and comprehensive support and training and more detailed roles and responsibilities for interns would have been beneficial had the timelines allowed and communication directly between Help@Hand and university faculty earlier on may have prevented a misalignment of expectations for some interns • Need to consider additional hurdles around documentation status. Some participants who were undocumented were not able to secure internet service, as they did not have a way to prove their income status, and thus could not participate in the program. Could be resolved by paying a different internet plan • Low-cost internet is not always reliable or consistent, resulting in some participants unable to consistently engage in classes; this was particularly challenging for anyone in shared housing, or congregate/low-income housing • Understanding the depth of the extent to which the technology is available in multiple languages of the technology is important. For example, not all the app content is translated into Spanish: myStrength videos are in English-- some have subtitles in Spanish and some have transcripts. This made it difficult for participants to engage • Many older adults struggled to successfully "tap" the Samsung 10" Tab A screen due to dexterity and familiarity and providing a stylus did little to remedy the situation • English Cohort: Older adults that finished out pilot with staff coaching showed high interest in use of Google and Youtube and less in myStrength. • Piloting takes considerable planning time and planning more than one pilot is not feasible at this stage in the project • Impact of myStrength and Digital literacy training on older adults overall wellness and confidence with technology exceeded our expectations – see report. Learnings from report will shape implementation design (in progress) • Intern model for digital literacy/myStrength coaching does not work from a logistics standpoint – need more flexibility in scheduling and availability from coaches, as well as control over messaging. • Low digital literacy adults need INTENSIVE support (in person) to gain confidence in using technology • The desire to engage high and low literacy adults requires different strategies and a project design than originally envisioned – one size will not fit all. The intensive digital literacy needs for some older adults will likely lead to a lower than anticipated number of individuals served overall. Our project design will be focused on those with lower literacy and provide more intensive training, but we will try to simultaneously provide "light touch" engagement with higher literacy adults. Learning how many older adults will engage in a light touch model will provide additional insights on how digital therapeutics work for the older adult population.			

Marin County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Recommendations Across Year 3	• Lessons learned will inform planning for second pilot (if approved) • More pre assessment of participants should occur up front • Nurse intern model reevaluated for second pilot (if approved) • Participant support and digital literacy training should be offered on a flexible schedule, not a set one, requiring a different staffing model • Counties may want to consider establishing a system to pay for supporting client's hardware and software needs, including making accessible service and customer support calls to address challenges • Counties may want to explore a range of devices for older adults and plan their budget accordingly • We are exploring the current staffing structure to meet the program needs for the next pilot.			
Cross County/City Sharing Across Year 3	• Participation agreements and device use agreements • Documents and learnings have been shared with all 14 counties, including individual specialized meetings with San Mateo, San Francisco, and Tehama. • Participation agreements and device use agreements were shared with multiple counties.			

Marin County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Lorraine Wilson	• Position vacant (coordinator retired 4/1)	• Position in recruitment	• Position in recruitment
Implementation Site	• Marin County – TBD	• Marin County - TBD	• Marin County - TBD	• Marin County - TBD
Team Composition	• Lorraine Wilson, Tech Lead • Dámaris Caro, Peer Lead • Chandrika Zager, Prevention and Outreach supervisor	• Dámaris Caro, Peer Lead (promoted effective at the end of June to a new role within Health and Human Services) • Galen Main, Mental Health Services Act Coordinator (MHSA)	• Galen Main, MHSA Coordinator • Mario Garcia, Prevention and Outreach supervisor (started 9/6/22) • New peer starting in October	• Mario Garcia, Prevention and Outreach supervisor (started 9/6/22) • Galen Main, Mental Health Services Act Coordinator • Rosa Palmerin, Peer Counselor I started 10/31/22
Core Audiences	• Isolated Older Adults	• Isolated Older Adults	• Isolated Older Adults	• Isolated older adults
Products in Use/Planned	• myStrengthTM (Implementation on hold due to staff transition – coordinator retirement; new recruitment underway)	• Not planning to implement further technology at this point.	• Not planning to implement further technology at this point.	• Not planning to implement further technology products at this point.
Implementation Approach	• Implementation on hold due to staff transition	• Will be disseminating learnings from the toolkit and the pilot via grants with CBO partners to ensure lessons learned have a lasting impact	• Planning for sustainability and lasting impact by focusing on increasing digital literacy with a wellness focus to be able to promote the positive impacts of programs like myStrength and others with isolated older adults.	• Implementation for final year is to provide one-time grants to fund time-limited creative projects that support Older Adult Mental Health. • Grant proposal(s) must incorporate a digital component used to increase access to wellness supports. • This digital approach must have an emphasis on supporting digital literacy to promote access for older adults in the community who may otherwise not have access.
Other Unique Qualities				
Milestones	• Project Coordinator drafted comprehensive Tool Kit to document the learnings from Marin's Help@Hand project from inception to date, and to inform the Marin community and other Help@Hand Counties on the impact of using digital behavioral health interventions and providing digital literacy support and coaching for Marin's isolated older adult population. The Tool kit was created to share lessons learned for other community agencies and for research purposes, as well as to make many tools which were designed for Marin's pilot and future implementation efforts available more broadly.		• Recruited the new Supervisor and recruitment for Peer lead is in process.	• Advisory Committee Meeting planned for 01/18/23 with new help@hand team; flyers created, invites sent out, etc. There has not been an advisory committee meeting in over a year.
Lessons Learned Across Year 4	• Tech lead should have been hired before the Peer to provide more team support and structure to the project and all team members.			
Recommendations Across Year 4	• N /A			
Cross County/City Sharing Across Year 4				

Marin County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Position in recruitment	• Camille Stone	• Camille Stone	• Camille Stone
Implementation Site	• Marin County – TBD	• Marin County – TBD	• Marin County – TBD	• Marin County
Team Composition	• Mario Garcia, Prevention and Outreach supervisor - started 9/6/22 • Rosa Palmerin, Peer Counselor I - started 10/31/22	• Mario Garcia, Prevention and Outreach supervisor - started 9/6/22 • Rosa Palmerin, Peer Counselor I - started 10/31/22 • Camille Stone, Program Coordinator – started 4/17/23	• Mario Garcia, Prevention and Outreach supervisor • Rosa Palmerin, Peer Counselor • Camille Stone, Program Coordinator	• Mario Garcia, Prevention and Outreach supervisor • Rosa Palmerin, Peer Counselor • Camille Stone, Program Coordinator
Core Audiences	• Isolated older adults	• Isolated older adults	• Older Adults	• Older Adults
Products in Use/Planned	• Not planning to implement further technology products at this point.	• Not planning to implement further technology products at this point.	• Not planning to implement further technology products at this point.	• Not planning to implement further technology products at this point.
Implementation Approach	• Implementation for final year is to provide one-time grants to fund time-limited creative projects that support Older Adult Mental Health. o Grant proposal(s) must incorporate a digital component used to increase access to wellness supports. o This digital approach must have an emphasis on supporting digital literacy to promote access for older adults in the community who may otherwise not have access. • *NEW* Peer counselor to provide onsite, in person digital learning workshops at two peer led community organizations utilizing lessons learned from pilot, help@hand collaborative resources/ sharepoint, and tablet devices. Plan is for this to begin in May of 2023 through December 2023.	• Implementation for final year is to provide one-time grants to fund time-limited creative projects that support Older Adult Mental Health. o *NEW* 7 grants have been selected and will run from July 1, 2023 – Dec 8, 2023. $300,000 has been dedicated to these grants o Grant proposal(s) must incorporate a digital component used to increase access to wellness supports. o This digital approach must have an emphasis on supporting digital literacy to promote access for older adults in the community who may otherwise not have access. • Peer counselor to provide onsite, in person digital learning workshops and drop in sessions at two peer led community organizations utilizing lessons learned from pilot and help@hand collaborative resources/sharepoint. Sessions will be starting at the beginning of July and go through December 2023	• Implementation for final year is to provide one-time grants to fund digital literacy for older adults that supports their mental health. o *New* Grant contracts are in place for 7 grantees. Oversight, data collection and progress monitoring of grants is ongoing. • The Peer Counselor is embedded at two community sites providing group and individual digital literacy sessions to impact the mental wellness of older adults. The workshops build on the foundation set by the pilot and the collaborative.	• Implementation for final year is to provide one-time grants to fund digital literacy for older adults that supports their mental health. o Peer and grantees completed final sessions between October and December o December was largely focused on finalizing and evaluating the impact of the program
Other Unique Qualities	• N/A	• N/A	• N/A	• N/A
Milestones	• Advisory Committee Meeting 01/18/23 - The new Marin County Help@Hand team presented their grant program plans to the Advisory Committee in January 2023. The plan to offer these types of grants was supported by the Advisory Committee members as a broad approach to bring digital literacy across the county. The program grant projects are currently anticipated to launch in July 2023 and is expected to end in December 2023. Additionally, the county will recruit a new Tech Lead (Program Coordinator) to resume the project coordination and to replace the one that transitioned off the project in early 2022.	• The Peer program has finalized its syllabus and will begin sessions at the end of July. The RFP for the sub grant went live at the beginning of May with applications due June 1st. Eight organizations applied. All of the applications were about providing digital literacy training to support the older adults of Marin county. After taking in advice from the selection committee it was decided to use the $300,000 to support seven organizations. The projects should run from July 2023 to December 8, 2023.	• The Peer counselor has been running both group workshops and individualized sessions. She has completed 50 sessions and will continue through December. • County contracts have been established with all of the grantees. Grantees have submitted 2 monthly grant reports. Over 1000 individuals have been served. • Data from the monthly grant reports has been collated for ongoing progress monitoring. Data has been sent to UCI to set the frame for the final report.	• Both the Peer and the Grantees completed their programming in December. • Several grantees will continue to offer digital literacy programming • Data was collected on all grantees. o Older adults were served nearly 1,500 times (duplicated count) • o Over 700 sessions o Over 1,000 hours of services o Participants experienced a significant increase in their comfort with technology after the digital literacy sessions.

Marin County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
		• An evaluation plan has been put into place with input from UCI, EY, the Peer, the supervisor, and the Program Coordinator. Peer workshop attendees and drop ins will complete a short survey and grantees will submit a monthly survey and end of the year grant summary. The Program Coordinator is also expected to do ongoing site visits at least monthly.	• The Program Coordinator has been doing site visits including a collaborative grant meeting in September for grantees to network and learn from each other's success.	o Grantees reported a 160% increase in the percent of people who said they were somewhat or very comfortable in their use of technology. Before the sessions 41-60% of participants felt somewhat or very comfortable with technology. After services, that percentage rose a full quintile to 61-80%.
Lessons Learned Across Year 5	• There is a need for digital literacy in the older adult population. Working with partners that already have connections within that community has helped expand the reach tremendously. • Older adults have unique learning requirements. Digital Literacy pedagogy should center these needs. • Community partners were able to reach a deep and broad group of participants. • Program outcomes can be largely impacted by a couple of community partners individual theory of change.			
Recommendations Across Year 5	• N/A			
Cross County/City Sharing Across Year 5	• Survey alignment particularly in demographics came from LA county. • Unpacking different protocols for device sharing • Reviewing procedures on how to soft land projects so vulnerable populations continue to receive support. • Worked with EY on final communication collateral. • Got new ideas and inspiration from the in person and virtual collaborative meetings. • Worked with EY and UCI to create final evaluation report			

*Marin County's Help@Hand project ended in December 2023.

Modoc County

Year 1: September 2018-December 2019

Modoc County	**Quarter 1** (Sept 2018 – Feb 2019)	**Quarter 2** (Mar – May 2019)	**Quarter 3** (Jun – Sept 2019)	**Quarter 4** (Oct – Dec 2019)
Tech Lead(s)	• Rhonda Bandy, PhD	• Rhonda Bandy, PhD	• Rhonda Bandy, PhD	• Rhonda Bandy, PhD
Implementation Site	• Modoc County Behavioral Health	• Modoc County Behavioral Health	• Modoc County Behavioral Health	• Modoc County Behavioral Health
Team Composition	• Modoc County Behavioral Health (MCBH) Branch Director, MCBH MHSA Coordinator, Behavioral Health Peer Specialist	• Modoc County Behavioral Health (MCBH) Branch Director, MCBH MHSA Coordinator, Behavioral Health Peer Specialist	• Modoc County Behavioral Health (MCBH) Branch Director, MCBH MHSA Coordinator, Behavioral Health Peer Specialist	• Modoc County Behavioral Health (MCBH) Branch Director, MCBH MHSA Coordinator, Behavioral Health Peer Specialist
Core Audiences	• Current clients • County/City residents	• Current clients • County/City residents	• Current clients • County/City residents	• Current clients • County/City residents
Products in Use/Planned	• Mindstrong • 7 Cups	• Mindstrong • 7 Cups	• Mindstrong • 7 Cups—Growth Paths only (planned)	• DBT Diary Cards from Mindstrong (tentative) • Apps vetted by other Counties/Cities that Modoc chooses off the bench (planned)
Implementation Approach	• Mindstrong for current clients • 7 Cups as a public wellness and prevention approach	• Mindstrong for current clients • 7 Cups as a public wellness and prevention approach	• Mindstrong for current clients • 7 Cups as a public wellness and prevention approach	• None until apps available on bench • Starting up Appy Hours for Digital Literacy Training in preparation for app implementation
Other Unique Qualities	• Not applicable	• Mindstrong available to all behavioral health clients in the County/City • Phones will be offered to clients who do not have a phone	• Mindstrong available to all behavioral health clients in the County/City • Phones will be offered to clients who do not have a phone	• Phones not offered until apps are implemented
Milestones	• Conducted "soft-launch" with Mindstrong Health and Care • Planned final step of full launch which involves determining how to make phones and internet available to clients as they present a need for Mindstrong	• Conducted "soft-launch" with Mindstrong Health and Care • Planned final step of full launch which involves determining how to make phones and internet available to clients as they present a need for Mindstrong	• Phone protocols developed, but not implemented • Joined the Help@Hand Roadmap Workgroup	• Developed Appy Hours
Lessons Learned Across Year 1	• Patience—waiting for CalMHSA to finalize contracts, provide budget, get time extension with OAC, and Help@Hand leadership to establish future strategic direction. • Should not have moved into phone contracts; paying every month for phones that are sitting in boxes.			
Recommendations Across Year 1	• Make specific effort to keep the Help@Hand collaborative culture between Counties/Cities to capture shared learnings			

Modoc County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Rhonda Bandy, PhD	• Rhonda Bandy, PhD	• Rhonda Bandy, PhD	• Rhonda Bandy, PhD
Implementation Site	• Modoc County Behavioral Health (MCBH)	• Modoc County Behavioral Health (MCBH)	• Modoc County Behavioral Health (MCBH)	• Modoc County Behavioral Health (MCBH)
Team Composition	• MCBH Branch Director, MCBH MHSA Coordinator, Behavioral Health Specialist	• MCBH Branch Director, MCBH MHSA Coordinator, Behavioral Health Specialist	• MCBH Branch Director, MCBH MHSA Coordinator, Behavioral Health Specialist, Peers, Health Services IT	• MCBH Branch Director, MCBH MHSA Coordinator, Behavioral Health Specialist, Peers, Health Services IT
Core Audiences	• Current clients • County residents	• Current clients • County residents	• Current clients • County residents	• Current clients • County residents
Products in Use/Planned	• DBT Diary Cards from Mindstrong (tentative) • Apps vetted by other Counties that Modoc chooses off the bench (planned)	• Apps vetted by other Counties that Modoc chooses off the bench (planned)	• Waiting for apps vetted by other Counties that Modoc will choose off the bench • Appy Hours training is beginning to be translated into Spanish by local peer due to process taking too long through H@H administrative coordination. If the translation arrives before we are finished, we'll be happy to use it, especially since we are paying money through the collaborative for the translation	• None
Implementation Approach	• None until apps available on bench • Starting up Appy Hours for Digital Literacy Training in preparation for app implementation	• None until apps available on bench • Appy Hours for Digital Literacy Training on hold due to COVID-19 in preparation for app implementation	• None, stakeholders expressing impatience • Appy Hours for Digital Literacy Training on hold due to COVID-19	• None
Other Unique Qualities	• Phones not offered until apps are implemented	• Phones not offered until apps are implemented	• None	• None
Milestones	• Developed Appy Hours	• None this quarter due to COVID-19	• None, can't move forward until all paperwork is completed by other counties and approved by CalMHSA and H@H Leadership	• Gave notice to exit from H@H April 7, 2021.
Lessons Learned Across Year 2	• Stakeholder's patience has limits, especially when they view an INN as an expensive endeavor and are not seeing any tangible benefits.			
Recommendations Across Year 2	• Unencumber the app pilot processes so change can happen. Address leadership issues at CalMHSA. Finalize contracts around budgetary items, such as evaluation, etc.			

*Tables were not collected in Years 3-5 since Modoc County's Help@Hand project ended in April 2021.

Mono County

Year 1: September 2018-December 2019
Mono County's Participation in Help@Hand was on hold in Year 1.

Year 2: January 2020-December 2020

Mono County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Amanda Greenberg, MPH • Stephany Valadez	• Amanda Greenberg, MPH • Stephany Valadez	• Amanda Greenberg, MPH • Stephany Valadez	• Amanda Greenberg, MPH • Stephany Valadez
Implementation Site	• TBD	• TBD	• TBD	• TBD
Team Composition	• Behavioral Health Program Manager, Behavioral Health Services Coordinator	• Behavioral Health Program Manager, Behavioral Health Services Coordinator	• Behavioral Health Program Manager, Behavioral Health Services Coordinator	• Behavioral Health Program Manager, Behavioral Health Services Coordinator
Core Audiences	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes
Products in Use/Planned	• TBD (awaiting larger County/City pilots to be completed)	• TBD (awaiting larger county/city pilots to be completed)	• TBD (awaiting larger county/city pilots to be completed)	• TBD (awaiting larger county/city pilots to be completed)
Implementation Approach	• TBD (awaiting larger County/City pilots to be completed)	• TBD (awaiting larger county/city pilots to be completed)	• TBD (awaiting larger county/city pilots to be completed)	• TBD – considering "ready-made", out of the box, implementation specific products
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas	• Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas	• Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas	• Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas
Milestones	• Awaiting pilots	• Awaiting pilots	• Awaiting pilots • Peer Lead assigned to Project	• Awaiting pilots
Lessons Learned Across Year 2	• As a small county, MCBH asks staff to wear many different hats. One of the lessons learned from being part of this collaborative and other Innovation projects is that MCBH needs to ensure that staff assigned to lead certain projects have the capacity to do so. If they do not, then MCBH needs to consider what other staffing/consultants may be needed to take the project forward			
Recommendations Across Year 2	• We appreciate the move toward "ready made" apps.			

Mono County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Amanda Greenberg, MPH • Stephany Valadez	• Amanda Greenberg	• Amanda Greenberg	• Amanda Greenberg • Lauren Plum
Implementation Site	• TBD	• N/A at this time	• Will implement county-wide (we only have one primary site that serves the whole county)	• Will implement county-wide (we only have one primary site that serves the whole county)
Team Composition	• Behavioral Health Program Manager, Behavioral Health Services Coordinator	• N/A this time	• Program Manager • Staff Services Analyst	• Program Manager • Staff Services Analyst
Core Audiences	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes	• Isolated seniors and transition aged youth	• Isolated seniors and transition aged youth	• Isolated seniors and transition aged youth (however, given the large # of myStrength licenses we will be purchasing, we will be offering to a range of populations)
Products in Use/Planned	• TBD (awaiting larger county/city pilots to be completed)	• Currently testing myStrength with staff and stakeholders	• Plan to launch myStrength early January	• Plan to launch myStrength late January/early February
Implementation Approach	• TBD – considering "ready-made", out of the box, implementation-specific products		• Will roll out in conjunction with SABG media campaign in early January • Planning to invite clients and general public to utilize through mass media and other publicizing.	• Will roll out in late January/early February. • Planning to invite clients and general public to utilize through mass media and other publicizing. • All MCBH staff will go through an hour-long training on how to use myStrength and how to discuss with clients and community members. • Wellness Center Associates (most of whom are peers) will undergo more intensive training and become the designated point people to help clients and community members enroll in the app. • Wellness Center Associates will also assist in marketing efforts (hanging flyers, presenting at local groups, etc.). • CalMHSA will be using MCBH's remaining project funds to execute a contract with a local media company to develop and manage local marketing efforts.
Other Unique Qualities	• Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas			
Milestones	• Awaiting pilots	• Staff have met with CalMHSA to discuss licensing options. • We have obtained 10 myStrength test licenses and have provided them to several staff, peers, and community stakeholders to test.	• Met with Jeff from Cambria and Julie from myStrength to begin implementation discussions. • Submitted contract and security questions to IT and Legal	• All Mono County approvals secured – awaiting CalMHSA-myStrength contracting process • Decision made to contract with local media company • Discussed identifying evaluation questions and goals • Participated in Help@Hand evaluation SOW conversations and vote
Lessons Learned Across Year 3	• Contracting takes longer than expected • Expect delays and longer lead times during the holiday season			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

Mono County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Amanda Greenberg • Lauren Plum	• Lauren Plum	• Lauren Plum	• Lauren Plum
Implementation Site	• Will implement county-wide (only have one primary site that serves the whole county)	• Implemented county-wide (only have one primary site that serves the whole county)	• Implemented county-wide (only have one primary site that serves the whole county)	• Implemented county-wide (only have one primary site that serves the whole county)
Team Composition	• Program Manager • Staff Services Analyst	• Staff Services Analyst	• Staff Services Analyst	• Staff Services Analyst
Core Audiences	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large # of myStrength licenses)	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large # of myStrength licenses)	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large # of myStrength licenses)	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large # of myStrength licenses)
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Approach	• All Mono County Behavioral Health (MCBH) staff will go through an hour-long training on how to use myStrength and how to discuss with clients and community members. • Wellness Center Associates (most of whom are peers) will undergo more intensive training and become the designated point people to help clients and community members enroll in the app. • Wellness Center Associates will also assist in marketing efforts (hanging flyers, presenting at local groups, etc.).	• Wellness Center Associates revisited the Feb 2022 MyStrength training session to refamilirize themselves with the app. • MyStrength was incorporated into one-on-one supervision meetings with Wellness Center Associates (typically weekly meetings) • Wellness Center Associates promoted MyStrength at May is Mental Health Month Events, Pride Events, and various health and safety fairs throughout Mono County between April and June 2022.	• MyStrength was incorporated into one-on-one supervision meetings with Wellness Center Associates (typically weekly meetings) • Wellness center associates encouraged to set one-on-one meetings with interested parties to review benefits of the app and help with enrollment if needed. Language changed to include background information on the program and what happens with survey feedback. Participants encouraged to look for a survey via email 3-5 days after enrollment. • App promoted at Kutzadika Days, Travertine Clean Up, Latin Heritage Celebration, Fall Festival, Narcan distribution event in Mammoth Lakes, Narcan distribution event in Bridgeport, Fall Festival. Direct mailer received by every mailing address outside of Mammoth Lakes in early September 2022. Bus ad placed July-December 2022 (Spanish).	• MyStrength was incorporated into one-on-one supervision meetings with Wellness Center Associates (typically weekly meetings) • Wellness center associates encouraged to set one-on-one meetings with interested parties to review benefits of the app and help with enrollment if needed. Language changed to include background information on the program and what happens with survey feedback. Participants encouraged to look for a survey via email 3-5 days after enrollment. • Promotion: Facebook ads, newspaper, 2nd mailer to be distributed January 2023 to all mono county residents. Bus ad placed July-December 2022 (Spanish). • Events: Fentanyl Awareness Event Bishop, Fentanyl Awareness Event Mammoth Lakes, Oct Bridgeport Social, Oct June Lake Social, Oct Benton Social, LBGTQ+ Spooktacular, LBGTQ+ October Potluck, Nov Bridgeport Social, Nov June Lake Social, Nov Benton Social, LBGTQ+ Nov Potluck. Presentation to Behavioral Health Advisory Board (Nov), Cultural Outreach Committee (Oct), Community Outreach Committee (Nov & Dec).
Other Unique Qualities	• There may be implementation challenges in Mono County's outlying areas since Mono County is very small, remote, and rural	• There may be implementation challenges in Mono County's outlying areas since Mono County is very small, remote, and rural	• Walker wellness associate put on medical leave August 2022. Limited to no weekly presence at Senior Center to help with isolated seniors enrollment. Working on identifying alternative staff to take on these duties. • There may be implementation challenges in Mono County's outlying areas since Mono County is very small, remote, and rural	• Walker wellness associate continues to be on medical leave. Anticipated return Jan 2023. • There may be implementation challenges in Mono County's outlying areas since Mono County is very small, remote, and rural • Updated promotional ads to reflect winter season

Mono County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
	• Notified of contract approval between CalMH-SA-myStregth on March 31, 2022. • Contract finalized with local marketing agency. • Started to discuss outreach marketing efforts, media calendar, and promotional items.	• Public implementation in April 2022. • Consistent uptick in enrollments and activity through June 2022. • Launched a marketing campaign including promotional items, newspaper ads, flyers at special events and fairs, and approved bus ad.	• Monthly data reports • Staff survey results • Identifying the need for a transition plan and crafting communication to participants as there is no individual option to continue	• 71 participants enrolled, 61 activated, 16 returning users. • Increase in word-of-mouth awareness of MyStrength • English FB Winter Ad: Over 7000 views, with 175 clicks
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.	Monthly data reports • Staff survey results • Identifying the need for a transition plan and crafting communication to participants as there is no individual option to continue	71 participants enrolled, 61 activated, 16 returning users. • Increase in word-of-mouth awareness of MyStrength • English FB Winter Ad: Over 7000 views, with 175 clicks • Spanish FB Winter: over 1000 views, 38 clicks English/Sp November FB: 2900+ views, 49 clicks • English will prepare for Winter: over 4000 views, 99 clicks • MyStrength access extended through end of March 2023
Lessons Learned Across Year 4	• Foster a relationship to the project to ensure feedback expectations are met. • Proactive communication on survey requirements and overall project purpose to encourage survey participation. • Time to remind clinic and Substance Use Disorder (SUD) staff about myStrength based on survey results. • Think about transition plan when selecting a product to launch. Would be convenient if myStrength had an individual pay model to assist with transition.			
Recommendations Across Year 4				
Cross County/City Sharing Across Year 4				

Mono County	**Quarter 1** (Jan – Mar 2023)
Tech Lead(s)	• Lauren Plum
Implementation Site	• Implemented county-wide (only have one primary site that serves the whole county)
Team Composition	• Staff Services Analyst
Core Audiences	• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large number of myStrength licenses)
Products in Use/Planned	• myStrength
Implementation Approach	• myStrength was incorporated into one-on-one supervision meetings with Wellness Center Associates (typically weekly meetings) where supervisors inquired about enrollment and interest in myStrength and promotion at weekly wellness programs. • Wellness center associates encouraged to set one-on-one meetings with interested parties to review benefits of the app and help with enrollment if needed. Language changed to include background information on the program and what happens with survey feedback. Participants encouraged to look for a survey via email 3-5 days after enrollment. • Promotion: Facebook ads, 2nd mailer distributed January 2023 to all mono county residents. • Events: January Socials • Follow up discussion at Behavioral Health Advisory Board • No advertising after 2.28.23 due to access ending 3/31/23.
Other Unique Qualities	• Walker wellness associate continued to be on medical leave through end of January 2023. • Updated promotional ads to reflect winter seasion and limited time offer (offer expires March 2023). • Programming and events severely impacted by winter weather. Mono County declared a state of emergency 3/1/23 due to significant winter storms impacting roads, utilities, stability of structures. Numerous winter storm alerts from January 2023-March 2023. Therefore, in-person promotion of myStrength was also impacted as was any in person assistance with registration.
Milestones	• Over 100 enrollees. • Access to myStrength will cease 3/31/23.
Lessons Learned Across Year 5	• Pivot to virtual programming faster. • Could have done a promotional video of myStrength registration and utilization.
Recommendations Across Year 5	
Cross County/City Sharing Across Year 5	

*Mono County's Help@Hand project ended in February 2023.

Monterey County

Year 1: September 2018-December 2019
Data not collected for Cohort #2 Counties/Cities, which included Monterey County.

Year 2: January 2020-December 2020

Monterey County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard
Implementation Site	• Family Member / Friend of an Individual that Experiences a Mental Health Disorder • Individual entering Mental Health Clinic • Community Service Provider conducting outreach activities	• Family Member / Friend of an Individual that Experiences a Mental Health Disorder • Individual entering Mental Health Clinic • Community Service Provider conducting outreach activities	• Family Member / Friend of an Individual that Experiences a Mental Health Disorder • Individual entering Mental Health Clinic • Community Service Provider conducting outreach activities	• Family Member / Friend of an Individual that Experiences a Mental Health Disorder • Individual entering Mental Health Clinic • Community Service Provider conducting outreach activities
Team Composition	• Behavioral Health Director, Tech Lead, Subject Matter Experts (Legal, IT)	• Behavioral Health Director, Tech Lead, Subject Matter Experts (Legal, IT)	• New Interim Behavioral Health Director (Lucero Robles)	• Jon Drake, Asst Bureau Chief assisting with procurement process
Core Audiences	• Adults • Monolingual Spanish adults	• Adults • Monolingual Spanish adults	• Adults • Monolingual Spanish adults	• Adults • Monolingual Spanish adults
Products in Use/Planned	• Custom build behavioral health screening tool (planned)	• Custom build behavioral health screening tool (planned)	• Custom build behavioral health screening tool (planned)	• Custom build behavioral health screening tool (planned)
Implementation Approach	• Not Applicable	• Not applicable; Focus is on custom development vendor procurement	• Not applicable; Focus is on custom development vendor procurement	• Not applicable; Focus is on custom development vendor procurement
Other Unique Qualities	• Developing a custom build product instead of an existing product	• Developing a custom build product instead of an existing produc	• Developing a custom build product instead of an existing produc	• Developing a custom build product instead of an existing produc
Milestones	• Developed and release Request for Information (RFI) requesting feedback from vendor community on development of peer chat screening tool • Began to analyze RFI results	• Completed analysis of RFI results • Began to develop Request for Proposals (RFP), which was informed by RFI results • Began recruiting RFP review panel to include peers/stakeholders, clinical experts, and technology experts	• Same as Q2. RFP release stalled as CalMHSA identifies new county partners to join project. Additional steps also need to be taken to clarify roles and responsibilities of the county, CalMHSA, and vendors during the design/build and implementation phases of the project.	• RFP Released!
Lessons Learned Across Year 2	• County behavioral health staff are generally not familiar with development of technology products. Could have used education on the iterative process from the onset, as the county lacks staff support to monitor/approve the breadth and frequency of deliverables involved.			
Recommendations Across Year 2				

Monterey County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard
Implementation Site	• Monterey County	• Monterey County	• Monterey County	• Monterey County
Team Composition	• Wesley Schweikhard (INN Coordinator) • Jon Drake (Asst. Bureau Chief)	• Wesley Schweikhard (INN Coordinator) • Jon Drake (Asst. Bureau Chief)	• Created an internal team to approve CredibleMind (CM) deliverables, consisting of: QI/EHR Manager and BH Unit Managers in our ACCESS, Adults, and Children's systems of care. This team will provide SME as CM rolls out research and design deliverables.	• Created an internal team to approve CredibleMind (CM) deliverables, consisting of: QI/EHR Manager and BH Unit Managers in our ACCESS, Adults, and Children's systems of care. This team will provide SME as CM rolls out research and design deliverables.
Core Audiences	• All Monterey County residents	• All Monterey County residents	• All Monterey County residents	• All Monterey County residents
Products in Use/Planned	• Screening and Referral Application	• Screening and Referral Application	• Screening and Referral Application	• Screening and Referral Application
Implementation Approach	• N/A	• N/A	• N/A	• N/A
Other Unique Program Qualities	• N/A	• N/A	• N/A	• N/A
Milestones	• RFP completed and vendor intent to award notice sent by CalMHSA	• CredibleMind was the vendor selected to complete work identified in our RFP. This work includes researching and design of the screening protocols, building the application and assisting in the implementation and evaluation. CalMHSA is still currently working with CredibleMind to finalize the agreement. • A timeline with milestones has been established by the vendor, with work to initiate in mid/late summer.	• CM has initiated the research portion of their plan. • The Research Plan was developed and we are collectively working to initiate a series of focus groups and release a survey to the Monterey County population.	• CM has initiated research to inform the app. This involves interview and holding focus groups with MCBH staff and contracted providers. • We are working with HRA to develop a evaluation plan for impact outcomes and process outcomes related to the development of the app
Lessons Learned Across Year 3	• N/A			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

Monterey County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard
Implementation Site	• Monterey County	• Monterey County	• Monterey County	• Monterey County
Team Composition	• Created an internal team to approve Credible-Mind (CM) deliverables. • The team consists of: • QI/ Electronic Health Record (EHR) Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care. • This team will provide subject matter expertise (SME) as CM rolls out research and design deliverables.	• Created an internal team to approve CredibleMind (CM) deliverables. • The team consists of: • QI/ Electronic Health Record (HER) Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care. • This team will provide subject matter expertise (SME) as CM rolls out research and design deliverables.	• Created an internal team to approve CredibleMind (CM) deliverables. • The team consists of: • QI/ Electronic Health Record (HER) Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care. • This team will provide subject matter expertise (SME) as CM rolls out research and design deliverables.	• Created an internal team to approve CredibleMind (CM) deliverables. • The team consists of: • QI/ Electronic Health Record (HER) Manager and Behavioral Health (BH) Unit Managers in the (ACCESS), Adults, and Children's systems of care. • This team will provide subject matter expertise (SME) as CM rolls out research and design deliverables.
Core Audiences	• All Monterey County residents	• All Monterey County residents	• All Monterey County residents	• All Monterey County residents
Products in Use/Planned	• Screening and Referral Application	• Screening and Referral Application	• Screening and Referral Application	• Screening and Referral Application
Implementation Approach	• Web-based screening application will be made available to all Monterey County community members	• Web-based screening application will be made available to all Monterey County community members	• Web-based screening application will be made available to all Monterey County community members • Team decided to adopt a soft roll out with minimal marketing provided, from Nov-Dec. • CredibleMind will add a marketing component to their agreement, to supply a 2-phase marketing plan (I.e. soft roll out followed by active marketing)	• Web-based screening application will be made available to all Monterey County community members • Team decided to adopt a soft roll out with minimal marketing provided, from Nov-Dec. • CredibleMind will add a marketing component to their agreement, to supply a 2-phase marketing plan (I.e. soft roll out followed by active marketing)
Other Unique Qualities	• English and Spanish speaking adults and Transitional Age Youth (TAY) in Monterey County are the target audience. Focus groups and staff interviews were conducted to support research and development of the screening application.	• English and Spanish speaking adults and TAY in Monterey County are the target audience.	• English and Spanish speaking adults and TAY in Monterey County are the target audience.	• English and Spanish speaking adults and TAY in Monterey County are the target audience.
Milestones	• Monterrey County Behavioral Health MCBH completed review and feedback of CM's needs assessment survey • Completed focus group and individual interviews with county staff, partner referral sources, TAY, and Spanish-speaking • Launched internal and community surveys • Completed focus group meeting with community members • Needs assessment survey completed • Research findings report completed	• CredibleMind completed their Technical Document for the product covering it's business requirements. • CredibleMind met with MCBH Clinical Leads to establish a product Validation Plan, to be executed in Q3. • MCBH and HRA nearing completion on the evaluation plan data requirements.		• Soft-launch of WellScreen Monterey tool occurred on 11/15/2022 via social media announcements, email announcements to staff and Community Based Organizations (CBO's), and posting of links/ banners on county websites. • Marketing vendors acquired. • Marketing plan identified. • Training occurred for Monterey County Access Clinic staff, related workflows associated with clients coming in with WellScreen results codes.
Lessons Learned Across Year 4	• Monterey still needed to determine internal workflow amongst clinical staff to inform training plan and materials • Marketing and training plans should have been developed and implemented earlier, but we have limited time left and so the soft launch approach accommodates this iterative process.			
Recommendations Across Year 4				
Cross County/City Sharing Across Year 4	• Added LA County to implementation calls with Crediblemind to get their input and feedback on the development of the screening application. • LA may drop out of project • LA dropped out			

Monterey County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard	• Wesley Schweikhard
Implementation Site	• Monterey County (virtual; throughout)	• Monterey County (virtual; throughout)	• Monterey County (virtual; throughout)	• Monterey County (virtual; throughout)
Team Composition	• Wesley Schweikhard – Tech Lead (management analyst) • Shannon Castro – Supervisor/Admin Support (management analyst) • Jon Drake – Executive leadership (Assistant Bureau Chief) • Phillip Sherwood – Clinical SME (Behavioral HealtH Services Manager) • Isaias Bettencourt – IT/Data Support (Business Technology Analyst) • Janet Barajas-IT/Data Support (Quality Improvement Manager)	• Wesley Schweikhard – Tech Lead (management analyst) • Shannon Castro – Supervisor/Admin Support (management analyst) • Jon Drake – Executive leadership (Assistant Bureau Chief) • Phillip Sherwood – Clinical SME (Behavioral HealtH Services Manager) • Isaias Bettencourt – IT/Data Support (Business Technology Analyst) • Janet Barajas-IT/Data Support (Quality Improvement Manager) • Dana Edgull – Prevention Services Manager	• Wesley Schweikhard – Tech Lead (management analyst) • Shannon Castro – Supervisor/Admin Support (management analyst) • Jon Drake – Executive leadership (Assistant Bureau Chief) • Phillip Sherwood – Clinical SME (Behavioral HealtH Services Manager) • Isaias Bettencourt – IT/Data Support (Business Technology Analyst) • Janet Barajas-IT/Data Support (Quality Improvement Manager)	• Wesley Schweikhard – Tech Lead (management analyst) • Shannon Castro – Supervisor/Admin Support (management analyst) • Jon Drake – Executive leadership (Assistant Bureau Chief) • Phillip Sherwood – Clinical SME (Behavioral HealtH Services Manager) • Isaias Bettencourt – IT/Data Support (Business Technology Analyst) • Janet Barajas-IT/Data Support (Quality Improvement Manager)
Core Audiences	• All county population ages 16+	• All county population ages 16+	• All county population ages 16+	• All county population ages 16+
Products in Use/Planned	• WellScreen Monterey (custom tool)	• WellScreen Monterey (custom tool)	• WellScreen Monterey (custom tool)	• WellScreen Monterey (custom tool)
Implementation Approach	• In Q1 we had our product still available for public use. Marketing activities occurred to varying degrees. I (Wes) was out on family leave for much half of this period. Planned activities to finalize and execute agreements to initiate additional marketing activities did not occur while I was on leave.	• In Q2, continued implementation. Expanded marketing activities to include more digital advertising on google and social media, (inside) bus advertisement, sponsored content in local newspaper and news website. • Print materials were created and tablets programmed and delivered. Distribution of these will occur in Q3.	• Continued implementation with the the screener being available to the public and maintaining planned marketing activities listed in Q2. • Web-enabled tablets were distributed to community health workers who conduct community outreach and education activities in the community. Print materials were distributed to public health clinics.	• Continued implementation with screener being available to public. Marketing activities scaled down to Google Ads only, beginning Oct. 15. • CredibleMind added functionality to update providers listed on WellScreen resources page. Includes updated links to United Way's 211 resouce webpages. • Purchased 3 additional tablets with remaining funds set aside for Jaguar. • Your Social Marketer printed and distributed WellScreen instructional materials and posters for primary care clinics throughout the county (up to 50 sites received materials). • Evaluation completed.
Other Unique Qualities	• Major considerations for our tool are to: -Make this tool fluid in Spanish -Get devices into the locations and hands of individuals with limited access to the internet		• Monterey, CM and CalMHSA team presented on WellScreen at the NACCHO conference in Denver. MHSOAC staff, CA county leadership and national audience members were present. • We began engaging United Way of Monterey County (UWMC) to leverage their information database on service providers in Monterey County, and create a plan to establish links from the WellScreen results to resource information that is maintained by UWMC.	
Milestones	• Continued adoption/use of our tool in the community even when marketing activities were light. • Presentation to local Behavioral Health Commission on the product	• Contract executed with additional marketing firm (Your Social Marketer) • Change order finalized with Ku Collective to add marketing activities to their portfolio • Tablet configured and delivered • Print materials created and delivered	• The evaluation period ended with the end of the FY in June. Therefore, the final assessment of client data is now being conducted in Q3.	• All MHSA INN funded implementation and evaluation activities were completed as project termed out 12/31/2023. • A new Participation Agreement between MCBH and CalMHSA was created, and subcontracts between CalMHSA and CredibleMind and Jaguar were created, to sustain WellScreen under MHSA PEI funding.

Monterey County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Lessons Learned Across Year 5	• Everything takes longer than you think! It would have been helpful to initiate marketing planning much earlier in the process			
Recommendations Across Year 5	• Marketing and device distribution should be considered alongside the creation of use case scenarios when planning for a technology tool rollout (and custom product development specifically).			
Cross County/City Sharing Across Year 5				

*Monterey County's Help@Hand project ended in December 2023.

Orange County

Year 1: September 2018-December 2019

Orange County	Quarter 1 (Sept 2018 – Feb 2019)	Quarter 2 (Mar – May 2019)	Quarter 3 (Jun – Sept 2019)	Quarter 4 (Oct – Dec 2019)
Tech Lead(s)	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Implementation Site	• CYBH PACT • County/City Crisis Assessment Teams	• CYBH PACT • County/City Crisis Assessment Teams	• UCI Medical Center	• UCI Medical Center • OC Community Colleges (initial communications begun to explore interest and feasibility of being implementation sites)
Team Composition	• Peer Lead, 2 Peers, 2 staff to facilitate community feedback meetings	• Peer Lead, 2 Peers at 7 Cups, 2 staff to facilitate community feedback meetings	• Peer Lead, 2 Peers, IT, Compliance, Contracts, PIO, Cambria (3.5 FTE) to support Mindstrong launch	• Peer Lead, 2 Peers, Compliance, PIO, AQIS, Cambria (3.5 FTE) to support Mindstrong Launch
Core Audiences	Mindstrong: • Transitional age youth (ages 13-25) engaged in the Program for Assertive Community Treatment (PACT) • Individuals 13+ engaged in the crisis services continuum • Additional programs to be added later (Full Service Partnerships, Recovery Centers, etc.) 7 Cups: • To be determined	Mindstrong: • Transitional age youth (ages 13-25) engaged in PACT • Individuals 13+ engaged in the crisis services continuum • Additional programs to be added later (Full Service Partnerships, Recovery Centers, etc.) 7 Cups: • To be determined	Mindstrong: • Adults 18+ • Severe mental illness diagnosis • English speaking • Individuals who own a smartphone with unlimited data, talk and text o May be expended depending on research on Lifeline phones and Mindstrong data usage 7 Cups: • To be determined	Mindstrong: • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder o Anxiety disorders, substance use disorders or other co-occurring diagnoses are ok o May have a history of psychiatric hospitalization and/or 1+ crisis evaluations within last 12 months • Device eligibility: owns a smartphone with unlimited data, talk and text o May be expended depending on research on Lifeline phones and Mindstrong data usage
Products in Use/Planned	• Mindstrong: Health, Health Services and Care (Planned) • 7 Cups (Planned; contingent upon addressing issues identified during soft launch)	• Mindstrong: Health, Health Services and Care (Planned) • 7 Cups – Growth Paths only (Planned) • 7 Cups (Planned; contingent upon addressing issues identified during soft launch)	• Mindstrong Crisis Prevention Services (Planned) • 7 Cups—Growth Paths only (Planned)	• Mindstrong Crisis Prevention Services (Planned)
Implementation Approach	• Mindstrong (not in use yet) • 7 Cups (not in use yet)	• Mindstrong (not in use yet) • 7 Cups (not in use yet)	• Mindstrong (not in use yet) • 7 Cups (not in use yet)	• Mindstrong (not in use yet)
Other Unique Qualities	• Serving individuals regardless of insurance type/ status	• Serving individuals regardless of insurance type/ status	• Serving individuals regardless of insurance type/ status • Began discussions on how to meaningfully address informed consent	• Serving individuals regardless of insurance type/ status • Creating plan to pilot/test Lifeline phones • Extensive conversations and iterative refinement around informed consent process involving project team, compliance, peers, UCI Medical, Mindstrong and video production company; including digitization of consent form and creating companion video/ audio

Orange County	Quarter 1 (Sept 2018 – Feb 2019)	Quarter 2 (Mar – May 2019)	Quarter 3 (Jun – Sept 2019)	Quarter 4 (Oct – Dec 2019)
Milestones	Mindstrong: • PACT: Pre-implementation; tentative MS launch date in April • Crisis services continuum pre-implementation	Mindstrong: • PACT: Pre-implementation; tentative MS launch date in Spring 2020 • Crisis services continuum pre-implementation	• Mindstrong: • Tentative pilot launch date in January 2020 (Pending guidance from Manatt and County/City Counsel on FDA)	Mindstrong: • Tentative pilot launch at UCI Medical Center in Spring 2020 (pending finalized informed consent form/process & referral) • Implementation planning for Community Colleges, with preliminary soft pilot launch in Fall 2020
Lessons Learned Across Year 1	• Shared vision and support from executive leadership • Prioritize system prep, program prep and implementation planning over launching • Involve tech experts in the planning, development and management at the overall collaborative and local level • Communication w/vendors, checking in to ensure information, messaging, and shared vision is accurate • Tech vendors should be held to equitable standards • Create a checklist of pre-launch activities (i.e., coordinate meetings w/Compliance, IT, County/City Counsel, QI) • Ability to course correct, shift/change when needed • Frequently define terms, especially in the beginning, to ensure shared understanding • Collaborate/communicate with the program managers and staff in programs where app will be launched • Obtain feedback from clinicians/peers early on to assess interest/readiness to use the app services • Continually manage expectations at all levels (i.e., community, programs, vendors) • Risk and Liability workgroup, legal counsel, and crisis response protocols are critical elements to the project • Acknowledge challenges such as managing details with a small team and creating an environment where Counties/Cities and vendors can openly discuss challenges, concerns and issues • Shared messaging that the Help@Hand project is not about implementing apps, it's about developing a sustainable digital mental health system of care for CA (i.e., infrastructure building) • Apps that involve clinical integration require implementation support staff with clinical experience • With an ever expanding team, needed to identify strategies for effective communication and decision-making process			
Recommendations Across Year 1	• Flow of communication (i.e., within/between/among CalMHSA, Counties/Cities, vendors) • Plans and frequency of coordinated calls between Counties/Cities • Status update following the Cambria meetings • Systematic process for testing/vetting apps, including user safety • Process for procuring and demoing new apps/vendors, as well as for adding new components to the Suite • Planning, development and implementation process be streamlined and sustainable in the future (e.g., security vetting, compliance, etc.) • Meaning for Counties/Cities to collaborate • Consider risk and liability as part of County/City planning and readiness • Clinical integration should be the primary focus when planning launch of mental health treatment-focused apps and should include implementation staff with clinical experience • Before engaging program implementation partners, prepare an effective work plan that prioritizes necessary/required preconditions to have in place prior to launch (i.e., roadmap of involved parties and logical order/priorities for IT, data sharing, Compliance, clinical integration, etc.) • Consider use of DARCI model as a strategy for effective and expedited communication and decision-making • Existing Tech is not necessarily geared with the County/City mental health plan consumer in mind so when exploring and procuring technology, be very clear in including the type of tech the target population will likely have access to, as well as language capabilities (should be included in RFA language, criteria)			

Orange County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Implementation Site	• UCI Medical Center • OC Community Colleges (initial communications begun to explore interest and feasibility of being implementation sites)	• UCI Medical Center • Community Colleges implementation delayed • Re-started conversations with County-operated programs (PACT, esp. CYBH) about MS implementation	• UCI Medical Center • Continued conversations with County-operated programs (Adult Mental Health) about feasibility of MS implementation • Explored opportunities for MS expansion	• UCI Medical Center • Determined County-operated programs (Adult Mental Health) may not be feasible at this time • Re-started internal discussions about feasibility of MS implementation in Community Colleges • Explored opportunities for MS expansion
Team Composition	• Peer Lead, 2 Peers, Compliance, PIO, AQIS, Cambria (3.5 FTE) to support Mindstrong Launch	• Peer Lead, 2 Peers, Compliance, PIO, AQIS, Cambria (2.5 FTE) to support Mindstrong Launch; 2 HCA INN Staff to support Informed Consent process; re-initiation of discussions with County managers to determine interest in MS (modified model) for their programs	• Peer Lead, 2 Peers, Compliance, Cambria (2.5 FTE) to support Mindstrong implementation; 2 HCA INN Staff to support Informed Consent process • Engaged new vendor, Charitable Ventures for marketing collateral and website	• Peer Lead, 2 Peers, Compliance, Cambria (2.5 FTE) to support Mindstrong implementation; 2 HCA INN Staff to support Informed Consent process, Charitable Ventures to support marketing collateral and website updates
Core Audiences	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder • Anxiety disorders, substance use disorders or other co-occurring diagnoses are ok • May have a history of psychiatric hospitalization and/or 1+ crisis evaluations within last 12 months • Device eligibility: owns a smartphone with unlimited data, talk and text • May be expanded depending on research on Lifeline phones and Mindstrong data usage	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder • Anxiety disorders, substance use disorders or other co-occurring diagnoses are ok • May have a history of psychiatric hospitalization and/or 1+ crisis evaluations within last 12 months • Device eligibility: owns a smartphone with unlimited data, talk and text • May be expanded depending on research on Lifeline phones and Mindstrong data usage	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder • Co-occurring anxiety disorders, substance use disorders or other secondary diagnoses are ok as long as a qualifying diagnosis is present • Use of a smartphone (Android 6/iOS 11 or newer) • Internet access: Wi-Fi at home, work, school and/or cellular data plan • Primary user of their smartphone device • Does not currently have a psychotherapist Exclusion Criteria: • Consistent attendance at scheduled psychotherapy sessions provided by a licensed MFT/LCSW/LPCC or intern, or license-waivered clinician • Client only receiving non-clinical ancillary supports (i.e., case management, peer support, housing support, etc.) is **NOT** excluded from this program May be expanded depending on research on Lifeline phones and Mindstrong data usage	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD) • Co-occurring anxiety disorders, substance use disorders or other secondary diagnoses are ok as long as a qualifying diagnosis is present • Use of a smartphone (Android 6/iOS 11 or newer) • Internet access: Wi-Fi at home, work, school and/or cellular data plan • Primary user of their smartphone device Exclusion Criteria: • Does not currently have a psychotherapist • Consistent attendance at scheduled psychotherapy sessions provided by a licensed MFT/LCSW/LPCC or intern, or license-waivered clinician • Client only receiving non-clinical ancillary supports (i.e., case management, peer support, housing support, etc.) is NOT excluded from this program Mindstrong is continuing to explore the expansion of qualifying diagnoses
Products in Use/Planned	• Mindstrong Crisis Prevention Services (Planned)	• Mindstrong Crisis Prevention Services (In Use as part of soft launch)	• Mindstrong Crisis Prevention Services (In Use as part of soft launch)	• Mindstrong Health
Implementation Approach	• Mindstrong (Not in use yet)	• Mindstrong launched May 14, 2020	• Expanded Mindstrong referring providers at UCI Medical Outpatient Psychiatry to include residents • Revisited Mindstrong eligibility criteria to ensure appropriate referrals (i.e., clarified qualifying diagnoses; defined psychotherapist/psychotherapy)	• Started discussions on how to move to a broader marketing approach rather than a case by case referral • Developed digital consent videos to automate HCA informed consent process

Orange County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
			• Updated HCA Informed Consent document to address Apple/Android privacy alerts • Continued discussions on clarity of continuity of care • Increased emphasis on sustainability planning • UCI Evaluation initiated interviews with referring providers and shared results recommendations with HCA • Several provider recommendations were implemented to improve and streamline the referral process • Established necessary activities to allow Peers to conduct outreach to complete consumer informed consent (smartphone, BAA's, secure emails, FTP site) • Conducted provider training to support full deployment to UCI Psychiatry • OC Peer developed Mindstrong consumer information sheet	• Created an eligibility and referral guide to help providers with referral process • Created physical outreach materials (postcard) to be used when referring providers want to share Mindstrong information with consumers • UCI Evaluation conducted interviews with referring providers and consumers to gather their feedback and perspectives on the referral process and to identify potential areas for improvement • Increased Peer involvement through participation in tech lead calls and development of outreach materials (brochures, flyers, MS video, FAQs)
Other Unique Qualities	• Serving individuals regardless of insurance type/status • Creating plan to pilot/test Lifeline phones • Extensive conversations and iterative refinement around informed consent process involving project team, compliance, Peers, UCI Medical, Mindstrong and video production company; including digitization of consent form and creating companion video/audio	• Proposal for Mobile Innovation and Lifeline Testing going through community planning	• Continuous assessment and adjustment of the rapid deployment response	• Evaluated referral flow and numbers and adjusted the process for improvements • Started discussions on feasibility of expanding Mindstrong to different target populations and programs
Milestones	Mindstrong: • Tentative pilot launch at UCI Medical Center in Spring 2020 (depending on impact of COVID-19 public health emergency response) • Implementation planning for Community Colleges, with preliminary soft pilot launch in Fall 2020 (possibly sooner in response to increased need for telehealth support due to impact of COVID-19 on school closures)	• Launched Mindstrong with UCI Medical Outpatient Psychiatry on 5/14/2020 • As of June 30, 2020 (end of Q2) UCI MC/Psychiatry referral statistics indicate: o 2 Referring providers o 16 consumers referred o 10 completed Mindstrong enrollments o 4 consumers could not be contacted by HCA-INN to complete Informed consent. o 2 consumers in-process	• Fully launched at UCI Psychiatry on 9/16/2020 • Streamlined Mindstrong training referral process using an Epic referral order • Contracted with marketing vendor (through CalMHSA) to convert informed consent into video format, convert trifold brochures into webpages and update OC Help@Hand webpages • Referral Statistics provided below table	• Trained Peers in referral/consent process • Began process for converting informed consent into digital format
Lessons Learned Across Year 2	• Communication with vendors, checking in to ensure information, terminology, messaging, and shared vision is accurate and determine appropriate data sharing is transparent • Risk, liability, legal counsel, and crisis response protocols are critical elements to the project and must remain an ongoing priority throughout implementation • Consumers and providers need easy access to County-specific and Help@Hand project information to learn about the product and what to expect • Identify and maintain strategies for effective, transparent communication and decision-making throughout implementation			
Recommendations Across Year 2	• Collaborate and prepare early with key stakeholders to support alignment in approaches, definitions, terminology, etc. and continuously revisit throughout implementation or when considering program expansion • Involve various subject matter experts (compliance, legal, fiscal, contracts, etc.) to support all stages of project implementation • Develop a streamlined process for training providers and project staff about the product to support consistency in communication about the product and with eligible consumers • Maintain ongoing and transparent communication between all project partners • Determine data access and ownership prior to execution of contracts • Actively engage Peers in all project activities • Maintain adaptable strategies and workplans; anticipate shifts and be flexible and prepared for changes • To the extent possible, maintain consistency in project staff for historical knowledge and continuity • Utilize parallel workstreams to more efficiently accomplish project activities			

Orange County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Implementation Site	• Large medical center	• Large medical center	• Large medical center	• Large medical center
Team Composition	• Peer Lead, 2 Peers, Cambria (2.5 FTE) to support Mindstrong implementation; 2 HCA INN Staff to support Informed Consent process, Charitable Ventures to support marketing collateral and website updates	• Two Peers, Cambria (2.5 FTE) to support Mindstrong implementation; 2 HCA INN Staff to support Informed Consent process, HCA Technical Team to support the development of the Digital Informed Consent, Charitable Ventures to support marketing collateral and website updates	• 2 Peers, Cambria (2.5 FTE) to support Mindstrong implementation; 4 HCA INN Staff to support Informed Consent process, HCA Technical Team to support the development of the Digital Informed Consent, HCA Compliance for consultation, Charitable Ventures to support marketing collateral and website updates, Walker to complete the HCA digital consent build in Qualtrics.	• 2 Peers, Cambria (2.5 FTE) to support Mindstrong implementation; 4 HCA INN Staff to support Informed Consent process, HCA Technical Team to support the development of the Digital Informed Consent, HCA Compliance for consultation, Charitable Ventures to support marketing collateral and website updates, Walker to complete the HCA digital consent build in Qualtrics.
Core Audiences	• Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD) • Co-occurring anxiety disorders, substance use disorders or other secondary diagnoses are ok as long as a qualifying diagnosis is present • Owns a smartphone (Android 6/iOS 11 or newer) • Internet access: Wi-Fi at home, work, school and/or cellular data plan • Primary user of their smartphone device • Exclusion Criteria: • Does not currently have a psychotherapist • Consistent attendance at scheduled psychotherapy sessions provided by a licensed MFT/LCSW/LPCC or intern, or license-waivered clinician • Client only receiving non-clinical ancillary supports (i.e., case management, peer support, housing support, etc.) is NOT excluded from this program	• Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD) • Co-occurring anxiety disorders, substance use disorders or other secondary diagnoses are ok as long as a qualifying diagnosis is present • Owns a smartphone (Android 6/iOS 11 or newer) • Internet access: Wi-Fi at home, work, school and/or cellular data plan • Primary user of their smartphone device • Exclusion Criteria: • Does not currently have a psychotherapist • Consistent attendance at scheduled psychotherapy sessions provided by a licensed MFT/LCSW/LPCC or intern, or license-waivered clinician • Client only receiving non-clinical ancillary supports (i.e., case management, peer support, housing support, etc.) is NOT excluded from this program	• No changes to the diagnosis or exclusion criteria • Potential expansion to community colleges • Potential expansion to include adults (18 and older) who tested positive for COVID-19 and scored 12+ on Kessler 6	• No changes to the diagnosis or exclusion criteria • Potential expansion to community colleges • Potential expansion to include adults (18 and older) who tested positive for COVID-19 and scored 12+ on Kessler 6
Products in Use/Planned	• Mindstrong Health	• Mindstrong Health	• Mindstrong Health	• Mindstrong Health
Implementation Approach	• Started discussions on how to move to a broader marketing approach rather than a case by case referral • Identified changes needed on the OC Help@Hand website and began internal discussions to update information • Developed digital consent videos in Qualtrics to automate HCA informed consent process • Distributed an eligibility and referral guide to help providers with referral process • Distributed physical outreach materials (postcard) to be used when referring providers want	• Continued discussions on marketing expansion to Community Colleges in 2021 • Began contact reestablishment of communications with primary Community College stakeholders • Continued to develop digital consenting in Qualtrics to automate HCA informed consent process • Assessed the existing Consenting process and areas of opportunity • Help@Hand Evaluation increased the number of conducted interviews with referring providers and consumers to gather their feedback and per	• Engaged vendor (Qualtrics/Walker) to finish building the digital consent process and add a scheduling feature • Continued communications with Community College stakeholders • Explored expanding to adults who have tested positive for COVID-19 • Discussed adding an additional screening tool (i.e., Kessler-6) to the digital consent process and appropriate cut off score to refer eligible participants	• Continued work with (Qualtrics/Walker) to finish building the digital consent process and scheduling feature and tested with Peers • Continued conversations about expanding to adults who have tested positive for COVID-19 from Primary Care • In preparation for expansion, included an additional screening tool (i.e., Kessler-6) to the digital consent process to screen eligibility of participants. • Created new and updated outreach materials

Orange County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
	to share Mindstrong information with consumers • Help@Hand evaluation team conducted interviews with referring providers and consumers to gather their feedback and perspectives on the referral process and to identify potential areas for improvement • Increased Peer involvement through participation in tech lead calls, development of outreach materials (brochures, flyers, MS video, FAQs) and the Consenting process. • Collaborated with Mindstrong to develop a dashboard for enrollment details, demographic information and referral tracking	spectives on the referral process and to identify potential areas for improvement • Optimized the Consenting process related to Peer involvement • Developed Policies and Procedures for the Consenting process • Initiated Mindstrong dashboard reconciliation • Conducted an HCA tracking log review and reconciliation		
Other Unique Qualities	• Evaluated referral flow and numbers and adjusted the process for improvements	• Established that physical outreach materials were effective in supporting consumer referrals • Identified that providing a call-back number for potential consumers improved opportunities for consumer contact • Explored the benefits of providing multiple avenues to initiate consenting • Assessed ways to provide project information while maintaining confidentiality	• Trained HCA Office Support staff to support the referral and consent process • Began building a scheduling feature (i.e., Acuity) in the HCA digital consent survey	• Continued building a scheduling feature (i.e., Acuity) in the HCA digital consent survey • Trained new HCA support staff to support the consent process
Milestones	• Peers were trained in and began supporting the informed consent process • Trained Outpatient Psychiatry clinicians • Updated the clinical eligibility criteria and expanded the target audience	• Reached a critical number of consumers enrolled in the program to allow for optimal data sharing between Mindstrong and Help@Hand Evaluation • Trained 2021 incoming residents • Established a data sharing model between Mindstrong and Help@Hand Evaluation • Distributed outreach materials to support referrals • Finalized OCHCA Innovation website Mindstrong content	• Added eligibility questions in the digital consent process to help automate the referral process • Developed outreach strategies and communication templates to engage a broader target population (e.g., college students; adults who tested positive for COVID-19) • Began data sharing between Mindstrong and Help@Hand evaluation team, per data use agreement • Established an expansion to increase enrollments • Shared Help@Hand progress and project updates with OC community stakeholders	• Tested, reviewed and prepared to launch the digital consent process. • Reviewed Mindstrong Consumer Utilization Data.
Lessons Learned Across Year 3	• Marketing and Outreach Activities: o Consumers access information in multiple ways and have different levels of comfort and/or ability o Project informational trainings to referring providers, potential partners or new internal staff differ based on the target audience (e.g., content, length and delivery style) • Project Planning (ideally prior to implementation) o Lack of clear processes and identified project staff responsible to address the issues may result in miscommunication, delayed work o Changes to license management and/or monitoring are challenging during project implementation o Online elements such as digital consent, website development, vendor security requirements, and other web-based policies and processes require collaboration, scheduling and communication with IT, Compliance and project partners, which creates unanticipated issues or delays. • Project implementation: o Expanding the eligibility criteria of qualifying diagnoses introduces unique and challenging scenarios during the informed consent process. • Client or Project Partner Engagement: o *Potential partners:* Project expansion efforts and target timelines may be impacted or delayed due to internal timelines, processes and requirements of potential partners (e.g., Community Colleges) o *Clients:* an automated/digital process does not take in to account or have the ability to adjust to the person's preferred communication style or needs.			

Orange County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Recommendations Across Year 3	• Marketing and Outreach Activities: o Develop a referral/client communication plan that supports a variety of strategies (e.g., via email, SMS, mail, and phone). o Collaborate with project champion for material development (e.g., content, training format, messaging, etc.) • Project Planning (ideally prior to implementation) o Create policies and procedures, process flows and utilize a RACI chart to clearly outline responsibilities and serve as a reference guide for project staff o During vendor negotiations and contract development, establish an agreement with the technology vendor that includes regular reporting of user activity and license availability. o Plan digital elements design build and revisions in advance with IT to ensure timely updates to security requirements and site content. • Project implementation: o Schedule weekly/ongoing calls with project staff to monitor progress and resolve implementation concerns (e.g., case reviews, documentation/tracking issues, etc.) • Client or Project Partner Engagement: o *Potential partners:* identify internal approval processes and timelines to determine whether implementation is feasible and/or the timeline is reasonable. o *Clients:* Create a digital consent process which allows a consumer to watch readily accessible informed consent videos and/or read associated text, depending on their preference.			
Cross County/City Sharing Across Year 3	• Riverside and OC: OC shared details about their implementation process, specifically related to the digital consent development. o Discussion included content development and language/phrasing to consider, potential topics to include, recommendations on voiceover, tips and strategies for video development, peer involvement, etc. • Marin and OC: Shared activities related to peer job descriptions, hiring and important considerations during the process			

Orange County	**Quarter 1** (Jan – Mar 2022)	**Quarter 2** (Apr – Jun 2022)	**Quarter 3** (Jul – Sept 2022)	**Quarter 4** (Oct – Dec 2022)
Tech Lead(s)	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Implementation Site	• Large medical center (i.e. Outpatient Psychiatry) • Regional medical centers (i.e. Primary Healthcare Centers) • Web based mental health support site	• Large medical center (i.e. Outpatient Psychiatry) • Regional medical centers (i.e. Primary Healthcare Centers) • Web based mental health support site	• Large medical center o Outpatient Psychiatry o Inpatient o Emergency Department o Regional medical centers (Primary Healthcare Centers) • Web based mental health support site	• Large medical center o Outpatient Psychiatry o Inpatient o Emergency Department o Regional medical centers (Primary Healthcare Centers) • Web based mental health support site
Team Composition	• Cambria (2.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent • HCA Compliance for consultation • Charitable Ventures to support marketing collateral and website updates • Walker to complete the HCA digital consent build in Qualtrics • Mental Health America to support expansion of MS using their External web-based mental health support site	• Cambria (2.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent • HCA Compliance for consultation, as needed • Charitable Ventures to support marketing collateral and website updates • Mental Health America (MHA) to support expansion of MS using their External web-based mental health support site	• Cambria (2.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent • HCA Compliance for consultation, as needed • Charitable Ventures to support marketing collateral and website updates • Mental Health America (MHA) to support expansion of MS using their External web-based mental health support site	• EY (formerly Cambria; 3.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent • HCA Compliance for consultation, as needed • Charitable Ventures to support marketing collateral and website updates • Mental Health America (MHA) to support expansion of MS using their External web-based mental health support site
Core Audiences	• No changes to the diagnosis or exclusion criteria • Expansion to include adults (18 and older) who tested positive for COVID (any/no insurance) or MediCal with PHQ9 >= 10 and a score of 9+ on Kessler 6 [Regional medical centers] • Potential expansion to include adults (18 and older) who screened positive for Depression, PTSD, Post-partum depression, and Anxiety) [Web based mental health support site]	• No changes to the diagnosis or exclusion criteria • Expansion to adults (18 and older) who tested positive for COVID (any/no insurance) or MediCal with PHQ9 >= 10 and a score of 9+ on Kessler 6 [Regional medical centers] • Expansion to adults (18 and older) who screened positive for Depression, PTSD, Post-partum depression, and Anxiety) [Web based mental health support site]	• No changes to the diagnosis or exclusion criteria • Continued expansion from previous quarters • Expansion to adults (18 and older) from the same large medical center discharged from inpatient and emergency department	• No changes to the diagnosis or exclusion criteria • Continued implementation with identified partners from previous quarters
Products in Use/Planned	• Mindstrong Health	• Mindstrong Health	• Mindstrong Health	• Mindstrong Health
Implementation Approach	• Continued work with (Qualtrics/Walker) to finish building the digital consent process to include a Kessler 6 threshold and a digital consent process without the Kessler 6 threshold • Continued conversations with Primary Care physicians on expanding to adults who have tested positive for COVID-19 • Started conversations with Mental Health America (MHA) about expanding to adults who use the web based mental health support site and screen for mental health	• Initiated discussions between project partners (Mindstrong, HCA, UCI Evaluation) regarding understanding the impact of Mindstrong service on consumers. • Analyzed referral data sent from all referring sources (MHA, Primary Healthcare Centers, Outpatient Psychiatry, etc.). • Analyzed digital eligibility and consent data from Qualtrics. • Using analytical data, reviewed and revised HCA outreach content on the MHA resource page to increase referrals. • Expanded scope of Digital Literacy content from information sharing to interactive activities that	• Developed workbook for Digital Literacy workshops • Expanded frequency of Digital Literacy workshops and outreach efforts to community members (e.g., wellness centers, REI, etc.) • Began preliminary evaluation of Mindstrong adoption and use • Modified digital consent processes to support more accurate data collection (i.e., clarification question to clarify origin of referral)	• Expanded frequency of Digital Literacy workshops and outreach efforts to community members (e.g., wellness centers, REI, etc.) • Continued evaluation of Mindstrong adoption and use • Began planning for end of project (i.e., stopped new enrollments, identified transition plan)

Orange County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
		promote consumers' independent search for information within the digital space (e.g., how to vet apps, use QR codes, etc).		
Other Unique Qualities	• Trained new HCA support staff to support the digital consent process • Developed multiple workflows associated with each implementation site and core audience • Trained OCHCA staff on process workflows and potential scenarios • Continuously improved processes to track referrals received via physical and electronic channels, and data shared between project partners (Mindstrong, HCA, UCI Evaluation) • Leveraged web-based platforms (Lucidchart) to create process workflows and facilitate team collaboration • Utilized automated data reports that can be downloaded from Qualtrics for reconciliation and consumer data sharing	• HCA staff training for back-up protocols to ensure task continuity. • Developed Digital Literacy content and identified outreach strategies and locations. • Facilitated the ongoing information exchange of data for maximum analysis outcomes for project partners (Mindstrong, HCA, UCI Evaluation). • Improved processes to track digital referrals and consents.	• Continued facilitation of data exchange for maximum analysis outcomes. • Expanded outreach strategies and locations for Digital Literacy. • Improved processes to track and analyze digital referrals and consents.	• Continued development of project playbook (formerly Supplemental Document) to inform future projects of general and specific lessons learned • Began planning of close-out processes in anticipation of project conclusion at the end of Q1 2023
Milestones	• Built a scheduling feature (i.e., Acuity) in the Healthcare (HCA) digital consent survey • Identified strategies to address the issue of duplicate eligibility and consent entries within Qualtrics • Created two Digital Eligibility and Consent processes which includes a Kessler 6 threshold and one without • Deployed the Digital Eligibility and Consent process with large and regional medical centers • Collaborated with MHA to identify specific criteria/parameters and offer Mindstrong to eligible adults seeking mental health resources through the web based mental health support site • Updated and distributed existing materials to include the digital eligibility and consenting link • Created and distributed site-based provider informational materials • Initiated expansion discussion to regional Federally Qualified Health Centers	• Completed two digital consent processes: one with a Kessler 6 threshold and one without, to support the implementation plan at specific sites • Launched MS expansion at Primary Care site • Launched MS expansion to eligible consumers screened and referred through MHA's website	• Launched MS expansion to eligible consumers being discharged from inpatient and emergency department of large medical center. • Began Digital Literacy workshops.	• Developed promotional outreach materials for Digital Literacy workshops (swag) • Finalized and printed workbook for Digital Literacy workshops • Began planning for end of project • Reviewed preliminary data of consumer adoption and use from evaluation team
Lessons Learned Across Year 4	• Different implementation sites require specific tailored information or materials for consumers to access the Mindstrong Digital Eligibility and Consent form • Different referral approaches (e.g. virtual vs. in-person) require their own methods of communicating and distributing Mindstrong outreach materials to eligible consumers • Using a digital, easy to understand process for eligibility and consent still requires access to live support • There are a variety of ways a consumer can access the Digital Eligibility and Referral process and without appropriate tracking it is difficult to identify the most effective outreach approach (QR code vs. link) • Different levels of information are gathered from the consumer at the various points of entry • In a digital space consumers have the ability to fill out a form more than once or change their responses. This creates multiple versions of a consent form and may allow ineligible consumers to continue access to services. • Lengthy referral, eligibility, and consenting processes impact consumer engagement and may result in incomplete or abandonment consents. • Layout and visibility of service offer on 3rd party site (MHA) is not generating consumer interest. • 3rd party (MHA) eligibility process integration may result in otherwise eligible consumers being disqualified for eligibility. • There are multiple points where the consumers may abandon the referral, eligibility, and consent process prior to completion.			

Orange County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
	• Content design, without review by those with first-hand experience as a consumer, may create a disconnect with the consumers (e.g. confusing process, unclear terminology, trigger words, etc.) • When marketing digital literacy sessions, it is not always clear what outreach methods and materials are best (digital, physical, location, etc.) • Developing curriculum requires taking a variety of factors into account: audience background and needs, expectations of attendance, location, and available resources. • Expansion to additional referral sites impacted process-data gathering logistics. • Consumer engagement drops with lengthy periods between hand-offs (referral to consent and consent to enrollment). • Community centers have specific deadlines and requirements for promoting and hosting Digital Literacy workshops. • Data tracking is challenging between multiple partners managing their own systems. • Issues may arise with promotional outreach materials • Third party evaluations were delayed due to multiple factors (e.g., reaching optimal enrollment numbers for analyses, establishing data use agreements, identifying needs and interpreting preliminary data analysis). • Workarounds to support limitations of who accesses PHI/PII can impact productivity and delay identification of issues and concerns in data collection processes. • Digital solutions are frequently changed and updated for improvement (e.g., eligibility prerequisites, enrollment processes), which may cause misalignment within previously established processes (e.g., consumer referrals, eligibility screener)			
Recommendations Across Year 4	• Develop materials best suited for the core audience • Create multiple options to reach core audience (website, postcards, web-based messaging) • Utilize a digital scheduling platform (Acuity) that allows consumers access to live support • Identify methods to track and report referral sources • Design processes that keep the consumer experience in mind • Work with the digital platform specialists (Qualtrics) to identify strategies that prevent an individual from completing duplicate forms, changing answers, or accessing services when they are not eligible. • Ensure consumer experience is as quick and easy as possible by eliminating redundancy and unnecessary questions/processes. • Review messaging and layout with Peers and collaborate with partnering organization to achieve optimal visibility. • Carefully review MHA eligibility process/screener to ensure consumers are not inadvertently disqualified. • Regularly review data to understand where consumers "fall out" of the process and mitigate (through adjusting language, removing or rewording questions/steps, removed eligibility thresholds, etc.), • In addition to reviewing referral, eligibility, and consenting language with Peers, ensure that the Peers review the process (beginning to end) themselves to identify areas for improvement. • Collaborate with wellness center and Recovery Education Institute staff to understand consumer needs and best outreach strategies regarding digital literacy efforts. • Consult with those who work directly with the consumers to understand specific timing, context, and audience needs. • Adjust the referral process to include required questions that allow for more accurate reporting • Monitor the data of the hand-off process (e.g., average time between hand-offs) and communicate with vendor to address issues. • Start communications regarding events at community centers well in advance to be included in event calendars and schedules for consumer visibility and awareness. • Discuss and maintain a consistent data tracking process to minimize potential issues; establish process to ensure alignment of referral and enrollment data (e.g., assure consumer hand-off is acknowledged and documented between Mindstrong and HCA). Consider a shared database between partnering entities where possible. • Conduct preliminary research of available vendors to understand industry standards. Request sample products to verify quality. Test functionality of products before public distribution. • Build in adequate time when planning for data-driven decisions, when possible. • Extend access (BAA) to key team members to support data review and analysis. • Include product updates as standing agenda item to regularly communicate and understand changes that may impact implementation.			
Cross County/City Sharing Across Year 4				

Orange County	**Quarter 1** (Jan – Mar 2023)
Tech Lead(s)	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Implementation Site	• Large medical center o Outpatient Psychiatry o Inpatient o Emergency Department o Regional medical centers (Primary Healthcare Centers) • Web based mental health support site
Team Composition	• EY (formerly Cambria; 3.5 FTE) to support Mindstrong implementation • 4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process • The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent • HCA Compliance for consultation, as needed • Charitable Ventures to support marketing collateral and website updates • Mental Health America (MHA) to support close-out from their External web-based mental health support site
Core Audiences	• No changes to the diagnosis or exclusion criteria • Began offboarding consumers from technology services
Products in Use/Planned	• Mindstrong Health
Implementation Approach	• Continued planning for end of project o Aligned close-out communication efforts (message content, alternative support resources and communication channels) to consumers o Started discussions to clarify data required for post close-out evaluation • Expanded frequency of Digital Literacy workshops and outreach efforts to community members (e.g., wellness centers, REI, etc.) • Established close-out processes and responsibilities to ensure clients have additional resources for continued support if needed • Planned close-out early because it involves multiple work streams (e.g., referral, collateral) and other activities with all stakeholders involved
Other Unique Qualities	• Continued development of project playbook (formerly Supplemental Document) to inform future projects of general and specific lessons learned • Revised Digital Literacy workbook
Milestones	• Completed referral process close-out • Commensed close-out communication to consumers (established messages, identified alternative support resources and defined communication channels) • Developed additional promotional outreach materials for Digital Literacy workshops (swag) • Finalized and printed revised workbook for Digital Literacy workshops
Lessons Learned Across Year 5	• County may not receive data in appropriate format from the vendor if key data points and associated tracking methods are not discussed ahead of time
Recommendations Across Year 5	• Define key data points and understand how the vendor tracks them before the start of the project
Cross County/City Sharing Across Year 5	• Digital literacy efforts expanded beyond H@H project to other efforts within the county system

*Orange County's Help@Hand project ended in April 2023.

RIVERSIDE COUNTY

Year 1: September 2018-December 2019
Data not collected for Cohort #2 Counties/Cities, which included Riverside County.

Year 2: January 2020-December 2020

Riverside County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS
Implementation Site	• Transitional Age Youth Drop-In Centers (in Mid-County, Desert and Western Regions)	• Riverside County Community, Transitional Age Youth Drop-In Centers (in Mid-County, Desert and Western Regions)	• TakemyHand Live Peer Chat: Riverside County Community Transitional Age Youth (TAY) Drop-In Centers (in Mid-County, Desert and Western Regions), Deaf and Hard of Hearing • A4i or FOCUS: TAY, Adult and Older Adult SMI/ FSP Focus Participants from Western, Desert and Mid-County • Custom App or Existing App (TBD): Deaf and Hard of Hearing.	• TakemyHand Live Peer Chat: Riverside County Community Transitional Age Youth (TAY) Drop-In Centers (in Mid-County, Desert and Western Regions), Deaf and Hard of Hearing • A4i or FOCUS: TAY, Adult and Older Adult SMI/ FSP Focus Participants from Western, Desert and Mid-County • Custom App or Existing App (TBD): Deaf and Hard of Hearing. CODIE Representative team
Team Composition	• Peer Manager, Senior Peer, Peers, Clinical Supervisor, CODIE Representative, crisis intervention Clinicians, Application Developer, Technology Lead	• Peer Manager, Senior Peer, Peers, CODIE Representative, crisis intervention Clinicians, Application Developer, Technology Lead	**Leadership** Mathew Chang, Director Amy McCann, Assistant Director Brandon Jacobs, Deputy Director Research & Quality David Schoelen, MHSA Administrator **IT** Tura Morice, Chief Information Officer Jimmy Tran, Chief Information Security Officer Robert Watson, IT System Administrator **Compliance Officer** Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** Thomas Peterson **Consumer Affairs Manager** Shannon McCleerey-Hooper **Senior Peer:** Pamela Norton **Peers:** Dakota Brown, Melissa Vasquez, Peter Kiriakos, Rhonda Taiwo, Carmela Gonzalez-Soto. **Social Media:** Dylan Colt Robert Youssef **Senior Clinical Therapist II** Amenze Ogbebor - In recruitment process Evaluation: Suzanna Juarez-Williamson, Supervisor Christy Mota, Research Specialist II.	**Leadership** Mathew Chang, Director Amy McCann, Assistant Director Brandon Jacobs, Deputy Director Research & Quality David Schoelen, MHSA Administrator **IT** Tura Morice, Chief Information Officer Jimmy Tran, Chief Information Security Officer Robert Watson, IT System Administrator **Compliance Officer** Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** Thomas Peterson **Consumer Affairs Manager** Shannon McCleerey-Hooper **Senior Peer:** Pamela Norton **Peers:** Dakota Brown, Melissa Vasquez, Peter Kiriakos, Rhonda Taiwo, Carmela Gonzalez-Soto. **Social Media:** Dylan Colt Robert Youssef **Senior Clinical Therapist II** Amenze Ogbebor - In recruitment process Evaluation: Suzanna Juarez-Williamson, Supervisor Christy Mota, Research Specialist II.

Riverside County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
			Application Developer: Rick Wright **Administrative Svc Analyst:** Ursula Lewis **CODIE Representatives:** Gloria Moriarty Lisa Price **Cultural Competency** Tonica Robinson, Manager Consulting Cultural Outreach & Education Workforce	**Application Developer:** Rick Wright **Administrative Svc Analyst:** Ursula Lewis **CODIE Representatives:** Gloria Moriarty Lisa Price **Cultural Competency** Tonica Robinson, Manager Consulting Cultural Outreach & Education Workforce
Core Audiences	• Higher Risk Populations (i.e., first onset, re-entry, FSP consumers, eating disorders, suicide prevention) • Traditionally Underserved Communities (i.e., Hispanic/Latino, American Indian, African American, Asian-Pacific Islander, LGBTQ, deaf and hard of hearing) • Geographic service barriers to rural and frontier communities • Hearing and visually impaired communities	**Early Detection:** TAY Suicide Prevention: Men over the age of 45, Adults over the age of 65, TAY **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 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 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	• Take My Hand Peer Chat	TakemyHand Peer Chat, A4i, Focus, SageSurfer ManTherapy, FEEL Wearable, custom development for the Deaf and Hard of Hearing community.	TakemyHand Peer Chat, A4i, Focus, Custom development or existing app for the Deaf and Hard of Hearing community, SageSurfer ManTherapy, FEEL Wearable.	TakemyHand Peer Chat, A4i, Custom development or existing app for the Deaf and Hard of Hearing community, SageSurfer ManTherapy, FEEL Wearable, myStrength.
Implementation Approach	• The Take My Hand site will be live during set hours and managed by trained/certified Peer Operators (COVID-19 response)	• Takemyhand Peer chat is available to the Riverside community and promoted within the department via county emails, committees, social media, newsletters, etc. • Currently planning for focus groups with stakeholders, recruitment of consumers in app pilot selection process with three different Full-Service Partnership clinics (Desert, West and Mid-County regions).	• Takemyhand Peer chat is available to the Riverside community and promoted within the department via county emails, committees, social media, newsletters, etc. • Currently planning for focus groups with stakeholders, to guide the selection of additional apps for piloting. The stakeholders are under recruitment among consumers in three different Full-Service Partnership programs (Desert, West and Mid-County regions) and may include youth at the TAY centers.	• Takemyhand Peer chat is available to the Riverside community and promoted within the department via county emails, committees, social media, newsletters, etc. • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • Phase 1 Takemyhand Peer chat Transitional Age Youth. • DMHL – Painted Brain, Senior Peer Support Specialists and regional ambassadors' department-wide.
Other Unique Qualities	• Piloting own in-house product • Make Peers available on the app 24/7 (Planned) • The peer chat is based on the peer model and people will communicate with a real person; not Artificial Intelligence • Chat is anonymous and does not collect and/or store PII or PHI	Outreach and Education/Training provided by Peer Manager, Senior Peer, Peers, Supervising CT and Tech Lead. Regular collaboration feedback/updates to stakeholders committees/Meetings: Adult System of Care Committee, Behavioral Health Commission, Housing Committee, Cultural Competency Reducing Disparities, Committee, Older Adults System of Care Committee, Riverside Resilience	Outreach and Education/Training provided by Peer Manager, Senior Peer, Peers, Tech Lead. Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Dakota, Martha • Adult System of Care Committee – Melissa • Behavioral Health Commission – Martha, Pamela, Melissa • Center on Deafness Inland Empire – Dakota	Outreach and Education/Training provided by Peer Manager, Senior Peer, Peers, Tech Lead. Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Dakota, Martha • Adult System of Care Committee – Melissa • Behavioral Health Commission – Martha, Pamela, Melissa • Center on Deafness Inland Empire – Dakota

Riverside County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
		community, TAY Collaborative– Desert, Mid, and Western, IEHP **Plan to collaborate:** Children's Committee meetings Criminal Justice Committee Desert Regional Board Eating Disorder Collaborative Inland Empire Kindness Campaign Mid County Regional Board Model Deaf Community Committee NAMI San Jacinto Promotores Asian American Task Force LGBT PEI Specialized Ethnic Community Initiatives programs	• Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Pamela Melissa • Desert Regional Board meetings – Dakota • Eating Disorder Collaborative meetings – Dakota • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – Dakota, Pamela, Martha, Shannon • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Dakota • TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota • Housing Committee – Dakota • Veterans Committee – Dakota • 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	• Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Pamela Melissa • Desert Regional Board meetings – Dakota • Eating Disorder Collaborative meetings – Dakota • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – Dakota, Pamela, Martha, Shannon • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Dakota • TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota • Housing Committee – Dakota • Veterans Committee – Dakota • 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
Milestones	**Compliance:** • Terms of Service – Approved by Riverside Help@Hand team (Technical lead, Clinical lead, Peer lead, Senior Peer, Evaluation Supervisor), HIPAA Compliance Officer and County Counsel • Chat engine software (LiveChatInc) approved by County IT, Department IT, HIPAA Compliance Officer, and Executive Team **Technical:** • Completed chat platform • Accomplished user testing for prototype on two different occasions and feedback was provided • Developed app to be able to identify a crisis situation and transfer chat to CT (a professional with specialized training) • Defined and set useful chat tags for reporting purposes (in various operators groups) • Made site searchable by Google • Made Live Chat Security HIPAA-compliant by disabling the ability to email a chat transcript, the ability to send files (Peer Opera- tor/Visitors), hiding chat history from visitors, inactivity timeouts, etc. • Made Operator passwords are managed by Take my Hand site administrators • Made authentication via LiveChat (no IP restriction) • Chat routing manual (visitors are picked from the queue) • Useful Links on Take my Hand website (i.e., Resources, Terms of Service)	**Technical:** • Defined and set useful chat tags for reporting purposes (in various Peer Operators groups) • Made TMH website searchable by Google • Management of Peer Operator user accounts and passwords • Authentication via LiveChat (no IP restriction) • Configuration of chat routing manual (visitors are picked from the queue) • Multiple Changes in Pre-Post, crisis and 1st time visitors (English/Spanish) Chat online surveys • Peer Operators TMH groups (Riverside, Riverside Crisis, Riverside 1st time visitors, Riverside Spanish, Riverside Spanish 1st time visitors) setup and configuration • April 27 through May 27, 2020- Website Visits 94,861, Unique TMH Website Visitors: 2,867 • June 5th through July 5th - Website Visits 63,355, Unique TMH Website Visitors: 2,963. • Website Metrics – need to license the software to be able to report on entire testing period. • Identified technical functionality to tag "trolls", inappropriate language chat users, and ability to ban users via the Ban User button • Complexity of the data files Structure of chats statistics files • Create and post Cookie Policy ((English/Spanish) • Notice of Privacy Practices (posted) • Frequently Asked questions webpage • Images management	**Pilot Needs Assessment Planning/Implementation Activities:** Deaf and Hard of Hearing Needs Assessment session 1 completed. Deaf and Hard of Hearing Community Survey planning initiated. **Personnel:** • Peer Recruitment - 3 new Peer trainees - Completed • Sr. CT Recruitment - 1 - Completed **Technical:** • TakemyHand Website Content Management system (FAQs, Resources, widgets, etc.) – WIP • TakemyHand Sandbox website/Chat engine. Successful tested video, language translator, chatbot and rich language chat content • TechSuite Electronic Health Records new service codes for staff time accounting **Marketing:** TakemyHand Promotional videos • TakemyHand Quick Info: https://www.youtube.com/watch?v=kweG5pZBndA • Dakota: https://www.youtube.com/watch?v=TJD-j4YuoKM&feature=youtu.be • Melissa: https://www.youtube.com/watch?v=Hqjf8sHaYq8&feature=youtu.be	**Target Area:** Improve Service Access to Underserved Communities Population: Deaf and Hard of Hearing • Focus Group - CODIE Members • Needs Community Assessment Survey • Contract Justification Completed with Sorenson for Services (Adaptation of the 10 DMHL Videos, Curriculum, Community Survey, TMH Peer Operator training, TMH Terms of Service) • Deaf and Hard of Hearing (Focus Group) Needs Assessment Learning Update Report (UCI) **Technology**: • Mobile Devices/Kiosks - Contract Justification Completed • Procurement of 400 devices (100 iPads, 100 iPhones, 100 Galaxy Tab A, 100 Android Phones) - completed • IT Services and Support - Contract Justification Completed • SOW Jaguar Computer Systems -Reviewed/Completed • Contract IT Services & Support -Jaguar - Initiated • GIM - Kiosk procurement Process- 32 small kiosks, 7 (55") Large kiosks - Initiated • Kiosk Uses/Features Summary **Take my Hand Peer Chat** **Target Area:** Improve Service Access to Underserved Communities

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	• Website content is 90 percent complete in English • Website loads testing reports (test 3 response times TakeMyHand.com, test 3 transaction throughout TakeMyHand.com) • Creating website content in Spanish (in process) • Cookie Policy (in process) **Training:** • Developed training materials for Peer Operators (Peer Operator training checklist, training for COVID-19, facilitator's manual for COVID-19, Peer Operator, training PPT script only, print-up manual for Peer Operator COVID-19). This includes a module on strategies to deal with "trolls", inappropriate language and situational challenges from malicious participants. • Scenario role-plays and a brainstorming solution session is included • Provided protocols for risk assessment and crisis protocols (Risk assessment, Questions-to-Assess-Suicide-Risk Handout, Essential Workers Support Line Protocol and Procedure) • Consumer resources; Riverside Free App guides (English/Spanish), County Resources (Resources Quick Link on Take my Hand website). • Quick list of crisis phone numbers, MS Teams, email, phone, etc. for internal communications among chat operators • Chat coverage work schedules • Identified protocols for tagging "trolls", inappropriate language chat users, and ability to ban users via the Ban User button • Canned responses • Established work hours • Developed strategy to deal with trolls and visitors using inappropriate language by banning them • Developed pre chat survey, post chat survey, post crisis chat survey, and first time visitors post chat survey **Marketing:** • Done by word of mouth, via a banner on the department website, and video presentation of product on departments' Facebook, YouTube page, etc. • Have internal department and stakeholders' newsletter (in process) **Evaluation:** • Developed internal evaluation plan (Evaluation Plan Tech Suite; Surveys (User Survey – post chat survey for participants in English/Spanish, After X number of chats – User Survey (Usability) in English/Spanish, Peer User Operator Survey, Clinician Operator Survey, Innovation Demographics in English/Spanish)	• Website design, development and content management took place as we implemented the test phase. • Website Spanish translations and design of the TakemyHand was implemented three weeks into the testing phase • Define useful Links on Take my Hand website (i.e., Resources, FAQs, Privacy Practices, Terms of Service, About Us, etc.) • Manage website content (English/Spanish) • Design of dynamic widgets (English/Spanish) • Design of content management website tool • TMH Website Load Testing Reports -Response times/Transaction throughout • TMH Capacity Framing –Full scale testing- scales automatically based on volume, performance improved to 1,000 entries requests per second. • 2-Tiers – Chat features in LiveChat engine –AWS/Web hosted Whois. • ELMR setup/training: special population /scheduling calendar site, service codes, staff member hours and exceptions • Export of chat data files: Total chats, Peer Operators Performance, chat duration, chat rating, chat availability, chat engagement, chat response time, missed chats, tags usage, chat waiting time, chat abandonment, pre and post chat surveys for all groups (English/Spanish, 1st time visitors, & crisis) **Marketing:** • All Hands on Deck Newsletters • ChatVox Weekly Bulletin for Operators • TakemyHand One Page Conversation Handouts for Clinics/Consumers • YouTube TakemyHand Promotional videos o Shannon McCleerey-Hooper: https://youtu.be/UZXfnqoX-2E o Shannon McCleerey-Hooper: https://youtu.be/tb9ilc26oPg o Maria Martha Moreno: https://youtu.be/9Ht94xAPNdc o Pamela Norton: https://losangeles.cbslocal.com/video/program/1430/4540496-website-provides-mental-health-support/ **Training:** Training Materials were adjusted/improved as the needed. **Peer Operators:** • One-on-One Virtual Peer Chat: A Training Manual for Peer Operators	• Alex: https://www.youtube.com/watch?v=G5e0MnRJLxs&feature=youtu.be **Training Materials:** TakemyHand Peer Chat • Getting up to speed on Rise & Storyline (trainings) and training Peers in other departments • Brainstorming out-of-the-box engagement strategies and "how to make recovery irresistible" • Create & deliver Storyline TakemyHand A.I. Waiting Room presentation "Waiting for a Peer Chat Operator: The Consumer Experience" • Update promotional materials to reflect new, shorter, TakemyHand Operator Hours • Resources Materials (Peter) *Deaf and Hard of Hearing* • Create & deliver Storyline Deaf/HOH app presentation, "Gloria Possibilities" • Resources Information Gathering (Carmela) *Digital Mental Health Literacy* • Digital FootPrints: https://360.articulate.com/review/content/d9535ce9-49c6-4c67-a07d-17ea85f8cca7/review • Adapting DMHL to virtual presentation (part 1 approaching completion; part 2 will be next quarter) • Create QR Code narrated PowerPoint module for DMHL *Other Training* • Testing out the Focus & A4i apps via test accounts • Continuing to crawl the internet for new MH apps and setting up test accounts with likely candidates • Update Free app guide to delete Freemium apps and insert new free ones, like "UCLA Mindful" • A4i vs. FOCUS in preparation for focus group PowerPoint presentation: https://rise.articulate.com/share/lddMB6DGaUkNb0E69oH9gTB3Z-kF5ZB3K#/lessons/t7aUhQftE6UKROMRfiZX-g9y_W__Wwf1S **Peer Manager Report finalized and shared.** The report shares the key players, the steps taken and the lessons learned as Riverside University Health System-Behavioral Health (RUHS-BH) worked to rapidly deploy the test phase of the first, ever, live, one-on-one Peer Support web-based chat platform, in response to the COVID-19 pandemic. **EVALUATION:** *Evaluation of TakemyHand testing phase report finalized and shared.*	**Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT • Take my Hand Peer Chat Operation 8 am to 5 pm Monday through Friday • Fulfilled and Implemented Crisis CT Role for Take my Hand • Resources Document List • Take my Hand Peer Operator Online USER GUIDE • Take my Hand INFOGRAPHICS • Take my Hand INFOGRAPHICS - LGBT • Take my Hand WIREFRAME • Take my Hand Security Questions (TMH Website & LIVECHAT Inc.) • Initiated TMH Service Mark (Trademark process) - Initiated process • Peer Operator Training completed for 4 new Peer Support Specialists/One Clinical Therapist • TechSuite Electronic Health Records new service codes for staff time accounting.- add new as needed • IEHP County Programs Liaison I Behavioral Health and Care Management Department- Arlene Ferrer • Take my Hand Newsletter No. 3 December 2020 • Convo Take My Hand flier - English • Convo Take My Hand flier - Spanish • RUHS Social Media - Facebook/Instagram • Peer Staff Development (ongoing) • Coping skills Resource Binder per Topic (WIP) • Articulate tool training to create presentations • Searchable spreadsheet for our resource list (WIP) • Identified need to create fuller Peer/CT Operator Training for TMH. (WIP) • Identified need to train Peer Team regarding emotional response and effective communication in text (WIP) • Help@Hand Learning Brief Riverside County Take My Hand **A4i/FOCUS** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers" A4i and FOCUS -Four Focus Groups (FSP, TAY, Adult, Older Adult) - 22 consumer participants • Tested & Explored A4i and FOCUS apps • Focus Group -fliers • Focus Group Recruitment Activities • Apps Focus Groups Presentation - Distributed and presented Executive Team/Managers/Supervisors • A4i vs FOCUS Articulate online presentation • Recruit and Assist with Focus Group Registration Process

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		• Creating a Conversation: Addressing Distress in Peer Support • Open-ended Questions Quick Reference Handout • TMH Facilitator's Manual for Peer Ops COVID • TMH Peer Operator CheckList • Crisis Clinical Staff • Crisis SoC Protocols - Community Response Triage TMH • Essential Workers Support Line Protocol and Procedure TMH **Peer Manager Report:** The report will share the key players, the steps taken and the lessons learned as Riverside University Health System-Behavioral Health (RUHS-BH) worked to rapidly deploy the test phase of the first, ever, live, one-on-one Peer Support web-based chat platform, in response to the COVID-19 pandemic. **Evaluation:** A multi-tiered approach to examine various level of functionality, user experience and impact. The testing phase evaluation will focus on the following goals: 1). Test product acceptance and usability with real chat participants; 2). Gather information on Chat participant experience; 3). Gather information on Peer and CT Operator's Experience and Training • Chat Statistics • Total chats, • Peer Operators Performance • Chat duration • Chat rating • Chat availability • Chat engagement • Chat response time • Missed chats • Tags usage • Chat waiting time • Chat abandonment • Chat Surveys: pre and post chat surveys (English, Spanish, 1st time visitors, & crisis) • Peer Operators Interviews	A multi-tiered approach to examine various levels of functionality, user experience and impact. The testing phase evaluation focused on the following goals: 1). Test product acceptance and usability with real chat participants; 2). Gather information on Chat participant experience; 3). Gather information on Peer and CT Operator's Experience and Training • Chat Statistics: Total chats; Peer Operators Performance; Chat duration; Chat rating; Chat availability; Chat engagement; Chat response time; Missed chats; Tags usage; Chat waiting time; Chat abandonment • Chat Surveys: Region of County, zip code, acceptance of Terms of Service, post chat satisfaction survey, and demographics collection from first time visitors. • Testing phase report also included qualitative data from UCI focused interviews with peer chat operators • Deaf and Hard of Hearing (DHH) Needs Assessment began including a focus group and survey with community advocates. A broader DHH community survey is under development in collaboration with a lead DHH community advocate, UCI and County Evaluation staff. • Recruitment began for stakeholders to participate in focus groups to assist with app selection for piloting • Draft materials for app selection focus groups were developed including participation agreement, demographics, and tech use survey and focus group questions. Focus Groups Materials • A4i vs. FOCUS • PowerPoint presentation under development to use in focus group presentations to stakeholders • Demographics and tech use survey developed for focus group participants, focus questions for A4i and FOCUS app developed	• A4i vs FOCUS Power Point Presentation • Facilitate Focus Group • Design of Focus Group Registration Google Form • Tracking of final list of Focus Group Participants • Configure 4 iPad Devices to loan to focus group participants • Focus Groups gift baskets for participants - completed • Help@Hand Learning Brief_Riverside County APP Exploration Report (A4i and FOCUS) - Focus Groups (FSP, TAY, Adult, Older Adult) • Data Analysis on Education Level for current FSP TAY Consumers **Digital Mental Health Literacy Training** • Completed Section 1 of DMHL Self-Guided Online Platform version • Started -Section 1 of DMHL facilitator-guided online platform **Reduce stigma associated with mental illness by promoting mental wellness Educate/Outreach/Reduce Stigma/Partnership/ Resources** • Operation Uplift - Medical Center - offering the Take my Hand Peer Chat Resource • LGBT Medical Center -offering the Take my Hand Peer Chat Resource • Suicide Prevention Coalition • Cultural Competency Reducing Disparities Committee • FSP Committee • Behavioral Health Commission • Eating Disorder Collaborative • Tested & Explored free Apps • Riverside Free app guide - English • Riverside Free app guide -Spanish • Rural Communities (Facebook live panel to learn about approaches to reach rural communities in California) • Map -Unincorporated Riverside Communities • Attempted contact and build rapport in order to incorporate Model Deaf Community Committee's perspective in DHoH survey for a fuller community view. • Collecting app information (Android & iOS) from the team to maintain information on free-freemium apps to keep Free App guide up-to-date. • Exploring free to freemium apps (during downtown time)

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Lessons Learned Across Year 2	• **Focus Groups** • **How did you recruit participants for your focus groups, and what were your strategies to communicate with them?** You Voice Counts Fliers, and A4i/Focus PowerPoint Presentations during managers and Quality Improvement Committee meetings, emails to the executive team, department Peer Workforce, Managers and Clinic Supervisors were sent to announce and get help with stakeholders' recruitment. • **What worked well in terms of communicating?** Meetings and A4i and Focus Video presentations. • **What did not work well?** Short timeline in recruiting stakeholders' participants, an extended timeline can allow for verbal promotion via telephone with clinic supervisors and clinic staff meetings. • **What would you do differently next time?** Extend the recruitment timeline and better preparation for the logistics in general (presentation, devices, support staff, incentives, etc.) • **What were your goals and were they clearly defined going into these focus groups?** The goal was for stakeholders to share their thoughts about the two app features (A4i and FOCUS). Main theme was around "Do they find the app feature helpful" and "Does it not interest you at all?" • **Did the focus group achieve those?** Yes. Findings are in the Help@Hand Learning Brief_Riverside County APP Exploration.v5 (UCI Report). • **If they did, what worked well?** Our Peer team participated in providing feedback on the content of the presentation as to ensure recovery language is in use throughout the presentation, survey and one-on-one communication. Peer team was very proactive in working with the focus participant one-on-one to assist with the completion of the pre-focus group survey and in explaining the participation consent. Email and test reminders were sent to participants a day prior and on the day of the focus group. This was key to ensure participants remember their focus group event. In addition, we had a good number of TAY participants that were well informed about existing wellness apps and they were already using some of these apps. • **TakemyHand Live Peer Chat** • Identified need to create fuller Peer/CT Operator Training for TMH. • Identified need to train Peer Team regarding emotional response and effective communication in text. • Coping skills Resource Binder per Topic. • Closing the gap of available mental health Peers for the DHoH population -"Building Peer Leaders" Peer Support Training to a few Gloria-identified CODIE members. Coordinate with CODIE (Gloria) to develop a Peer Training Plan. • **Deaf and Hard of Hearing** • Findings from the first stakeholders meeting were very useful and are a baseline to start drafting user case stories. • To be able to gather more stakeholder representation data, there is the need to implement a DHoH Community needs assessment survey distributed along with an ASL video adaptation featured with Deaf talent that is representative of the Riverside demographic breakdown.			
Recommendations Across Year 2	• **Next steps:** • **Target Area:** Improve Service Access to Underserved Communities • **Population:** Deaf and Hard of Hearing" • Work with Sorenson for the adaptation of the DHoH Community Needs Assessment Survey • Deaf & Hard of Hearing App (custom or existing app) -Continue with identifying needs • "Building Peer Leaders" Peer Support Training to a few Gloria-identified CODIE members. Coordinate with CODIE (Gloria) to develop a Peer Training Plan. • Facilitator's Guide and Student Workbook in preparation to meet with Gloria to discuss the materials, and how we augment them for the DMHL learning. • Coordinate with CODIE (Gloria) to TakemyHand Peer Operators Training Plan -after hired/contracted. • Global transformational advocacy • **Technology** • Deliver devices • Kiosks distribution/install process • Draft policy and procedures for sanitizing the kiosk • Draft policy and procedures for addressing vandalism on kiosks • Research Text to Speech Apps for our Blind Community • **Take my Hand Peer Chat** • **Target Area:** Improve Service Access to Underserved Communities • **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT" • Take my Hand Peer Chat Terms of Service VIDEO (English/Spanish) • Take my Hand Peer Chat Terms of Service VIDEO (Deaf and Hard of Hearing) -Sorenson • LGBT Take my Hand Riverside Spotlight Report • Peer Staff Development (Ongoing) • Addition of Family Advocate services on TakemyHand Website • Take my Hand Chat Language Translator • Take my Hand Video functionality (DHoH) • TakemyHand Grievance/ End-User Experience feedback form available independently from automated survey after chat close. • Chatbot Functionality for visitors in the queue - (HIPPA compliance)			

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Recommendations Across Year 2	• TakemyHand Mobile app version • Contract RTA/Metrolink - Take my Hand - marketing skin for buses -digital advertising • Service Mark • URL link to California Consumer Privacy Act • IIS Server set up - to store chats data - get approval • Word cloud chat analysis • Dashboard reports configuration • Video stories webpage - marketing/ • Link to Help@Hand website • Automate chat data exports for evaluation • TMH changes/improvements based on stakeholder feedback • Create TakemyHand Product Profile - for Pilot Proposal? • TakemyHand vetting process from other counties - San Francisco • Secure timeline for pilot phase (Riverside Only) - do we need to have a Pilot? • Secure timeline for pilot phase (additional Counties – added in after initial Riverside pilot)- San Francisco • TakemyHand Landing Page- Other Counties - San Francisco county • Coping skills Resource Binder per Topic (WIP) • Articulate tool training to create presentations (ongoing) • Searchable spreadsheet for our resource list (WIP) • Identified need to create fuller Peer/CT Operator Training for TMH. (WIP) • Identified need to train Peer Team regarding emotional response and effective communication in text (WIP) • Press Release - marketing • **A4i** • **Target Area:** Improve Outcomes for High Risk Populations • **Population:** FSP Consumers" • Aim to start A4i App Pilot during this Quarter • Pilot Proposal (see CalMHSA Template) • User Agreement - Consumer - review by county counsel -compliance officer • Informed Consent -Consumer - review by county counsel -compliance officer • Evaluation Planning • App customizations • Trainings • **Marketing** • Digital Mental Health Literacy Training • Start DMHL training with peers who are going in to the hospitals to engage consumers. • Start normalizing DMHL and telehealth services, as well as introduce free wellness applications as a tool for self-support as they transition services. • Started -Section 1 of DMHL facilitator-guided online platform • Painted Brain contract to assist with DMHL training throughout the Department • **Reduce stigma associated with mental illness by promoting mental wellness** • **Educate/Outreach/Reduce Stigma/Partnership/Resources** • Riverside free app guide 123 Approval Process • Work with the Peer Support Specialists doing Navigation to get them primed for the opportunity to do that kind of introduction of apps. FSP Peers/consumers. • Model Deaf Community Committee (MDCC)- (promote community survey, DMHL videos, etc.) • Establish our consulting cultural outreach workforce to reach out to targeted populations about Help@Hand, education, resources and reduction of Mental Health Stigma. (SOW) • Riverside Help@Hand Story Map - prioritize and support Activities in Rural Areas • **Quarter 2 (Apr-May-Jun)** • myStrength • Target Area: LGBT, FSP, Older Adults, TAY, • Population: • Select Apps for other Pilots • Focus Groups: SageSurfer, ManTherapy, FEEL Wearable • **Quarter 3 (Jul-Aug-Sep)** • Distribution of devices acquired through government program.			

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Tech Lead(s)	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS
Implementation Site	• TakemyHand™ Live Peer Chat: Riverside County Community Transitional Age Youth (TAY) Drop-In Centers (in Mid-County, Desert and Western Regions), Deaf and Hard of Hearing • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County	• TakemyHand™ Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County	• TakemyHand™ Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County	• TakemyHand™ Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County
Team Composition	**Leadership** • Mathew Chang, Director • Amy McCann, Assistant Director • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Jimmy Tran, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • TBD **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Pamela Norton **Peers:** • Dakota Brown, • Melissa Vasquez, • Peter Kiriakos, Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. **Social Media:** • Dylan Colt • Robert Youssef	**Leadership** • Mathew Chang, Director • Amy McCann, Assistant Director • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Jimmy Tran, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • TBD **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Pamela Norton Peers: • Dakota Brown, • Melissa Vasquez, • Peter Kiriakos, • Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. **Social Media:** • Dylan Colt • Robert Youssef	**Leadership** • Mathew Chang, Director • Amy McCann, Assistant Director • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Jimmy Tran, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Vacant **Peers:** • Dakota Brown, • Melissa Vasquez, • Peter Kiriakos, • Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. **Social Media:** • Dylan Colt	**Leadership** • Mathew Chang, Director • Amy McCann, Assistant Director • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Jimmy Tran, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Melissa Vasquez **Peers:** • Dakota Brown, • Melissa Vasquez, • Peter Kiriakos, • Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. **Social Media:** • Dylan Colt

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	Senior Clinical Therapist • Amenze Ogbebor **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Christy Mota, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price	**Senior Clinical Therapist** • Amenze Ogbebor **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Christy Mota, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price	**Senior Clinical Therapist** • Amenze Ogbebor **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Christy Mota, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price	**Senior Clinical Therapist** • Vacant **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Christy Mota, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price
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.	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.
Products in Use/Planned	• TakemyHand™ Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community, SageSurfer, ManTherapy, FEEL Wearable, myStrength, Bambu.	• TakemyHand™ Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community, SageSurfer, ManTherapy, FEEL Wearable, myStrength, Bambu.	• TakemyHand™ Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community, SageSurfer, ManTherapy, FEEL Wearable, myStrength, Bambu.	• TakemyHand™ Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community Survey, SageSurfer, ManTherapy, FEEL Wearable, myStrength, Bambu.
Implementation Approach	• TakemyHand™ Peer™ chat is available to the Riverside community and promoted within the department via county emails, committees, social media, newsletters, etc. • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • TakemyHand™™ Marketing Strategy and Implementation • Planning for evaluation Phase of TakemyHand™ Peer chat. • DMHL –Senior Peer Support Specialists and regional ambassadors' department-wide.	• TakemyHand™ Peer chat is available to the Riverside community and promoted within the community • TakemyHand™ Marketing Strategy and Implementation • Extended hours Evaluation Phase of TakemyHand™ Peer chat started on May 20th 2021 and it will conclude on July 15th 2021. • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • DMHL – Training Development – Peer Team.	• TakemyHand™ Peer chat is available to the Riverside community and promoted within the community • TakemyHand™ Marketing Strategy and Implementation • Extended hours Evaluation Phase of TakemyHand™ Peer chat started on May 20th 2021 and concluded on July 15th 2021. Live Peer Chat Hours went back to Monday through Friday from 8 am to 5 pm. • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • DMHL – Training Development – Peer Team.	• TakemyHand™ Peer chat is available to the Riverside community and promoted within the community. • TakemyHand™ Marketing Strategy and Implementation (Ongoing). • TakemyHand™ Chat Hours for reporting period were from Monday through Friday 8 am to 5pm (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • DMHL – Training Development – Peer Team.

Riverside County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Other Unique Qualities	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** • Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Dakota, Martha, Amenze • Adult System of Care Committee – Melissa, Peter • Behavioral Health Commission – Martha, Pamela, Melissa, Amenze • Center on Deafness Inland Empire – Dakota • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Pamela, Melissa, Amenze • Desert Regional Board meetings – Dakota • Eating Disorder Collaborative meetings – Dakota • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – Dakota, Pamela, Martha, Shannon • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Dakota, Amenze, Peter • TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota • Housing Committee – Amenze • Veterans Committee – Peter • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD • CAGSI – LGBTQIAN+ Task Force – Dylan Colt	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** • Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Dakota, Martha, Amenze • Adult System of Care Committee – Melissa, Peter • Behavioral Health Commission – Martha, Pamela, Melissa, Amenze • Center on Deafness Inland Empire – Dakota • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Pamela, Melissa, Amenze • Desert Regional Board meetings – Dakota • Eating Disorder Collaborative meetings – Dakota • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – Dakota, Pamela, Martha, Shannon • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Dakota, Amenze, Peter • TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota • Housing Committee – Amenze • Veterans Committee – Peter • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD • CAGSI – LGBTQIAN+ Task Force – Dylan Colt	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** • Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Dakota, Martha, Amenze • Adult System of Care Committee – Melissa, Peter • Behavioral Health Commission – Martha, Melissa, Amenze • Center on Deafness Inland Empire – Dakota • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Melissa, Amenze • Desert Regional Board meetings – Dakota • Eating Disorder Collaborative meetings – Dakota • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – Dakota • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Dakota, Amenze • TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota • Housing Committee – Amenze • Veterans Committee – Peter • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD • CAGSI – LGBTQIAN+ Task Force – Dylan Colt	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Martha. • Adult System of Care Committee – Melissa. • Behavioral Health Commission – Martha, Melissa. • Center on Deafness Inland Empire – TBD. • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Melissa. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings – TBD. • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – TBD • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – TBD • TAY Collaborative meetings: Desert, Mid, and Western – Melissa. • Housing Committee – TBD • Veterans Committee – TBD • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD • CAGSI – LGBTQIAN+ Task Force – Dylan Colt
Milestones	**Community Needs Assessment Survey** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Community Needs Assessment Survey Question selections and logistic for implementation. • Provided Recovery Language feedback in design of the Deaf/HoH Community Needs Assessment Survey. • Provided feedback to Sorenson for the completion of the adaptation of the 10 DMHL Videos. • Sorenson completed adaptation of the 10 DMHL Videos. • Vimeo account acquired and ASL DMHL videos were uploaded to vimeo so they can be posted on the Riverside Help@Hand landing website page.	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • IT Support vendor received 100 remaining android devices, 8 55" Displays, 8 Wireless adapters. • IT Support - Jaguar Computer Systems – Configuration of Kiosk and mobile devices in progress. • Team finalized the list of free apps to be pre-loaded on the mobile devices. • Interactive Map - Bringing Technology to the community -Kiosk Locations – introduced in various Department meetings. • How was your visit today? Short survey to add in the landing page of the Kiosk devices (Spanish Version).	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Landing page approved and updated • Approved first 55" peerless kiosk install to be scheduled • Identified resolution for iPads not fitting in kiosk stands since a newer version of iPad was sent • Jaguar amendment signed for additional work needed to configure kiosks • Solution identified for large screen kiosks • Four devices delivered from Jaguar to test A4i app and device configuration • Confirmed invoicing process for Tango gift cards • Tango Card Branding fee paid	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Kiosk Landing website completed and went live with the Kiosk technology deployment. • For Phase I, 32 small ADA compliant iPad Pro Kiosk installed across the three geographic regions of Riverside County. • For Phase I, Seven 55" peerless kiosk installation completed. One Large Kiosk pending. • In Phase I, kiosks are installed in Behavioral Health Outpatient clinics, 1 community Health Center, Medical Center (pending install). Desert Region: 11; Mid-County: 11; and Western region: 11.

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	• Started the work with Sorenson contract for adaptation of the Needs Community Assessment Survey • Building Peer Leaders with CODIE Members – Planning for training Activities started. **Technology** • Mobile Devices/Kiosks - Contract Completed. • IT Support vendor received 300 devices (100 iPads, 100 Galaxy Tab A, 100 Android Phones). • IT Support - Jaguar Computer Systems – Configuration of Kiosk and mobile devices started. • Team evaluated free apps to be pre-loaded on the mobile devices. • GIM - Kiosk - 32 small kiosks, 7 (55") large kiosks – contract finalized. • Kiosk Technology Presentation – introduced in various Department meetings. • How was your visit today? Short survey to add in the landing page of the Kiosk devices (English Version). • Coordinate with facilities management for the rollout of Kiosk technology. • Video Kiosk Landing page- Sanitation and COVID safety procedures. • Approval from County Counsel on the User Device Agreement **TakemyHand™ Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT **Marketing:** o Kick Off Call - Brand Discovery & Definition – Goals o Send out branding work sheets, customer avatar worksheets, and questionnaires to define goals. o Mentor Questionnaire o Take-My-Hand™-Brand-Story-Definition o Brand-identity-workbook o Completed branding discovery live sessions. o Finalize and secure posters, billboards, bulletins, and radio spots. Get deadlines to send in creative to get into production o Collect ideas on marketing, create social calendar • Continued promoting TakemyHand™ Peer Chat Operation 8 am to 5 pm Monday through Friday-RUHS Social media channels, newsletters. • Crisis CT Role for TakemyHand™ completed training	• Coordinate with facilities management for the rollout of Kiosk technology. • Jaguar integrated sanitation video on the Kiosk Landing page- COVID safety procedures. • Jaguar is coordinating with RCIT to add four wireless point of access on the Rustin site. • Order the 300 cases and shield protectors for devices • Deployment of Kiosks - 32 small kiosks • GIM - Kiosk - contract amended to include one additional large Kiosk. • GIM – Kiosk – amended to include secure floor installation. • County Facilities started work on installing electrical outlets • Dreamsyte contract amended to add completion of landing page for Kiosk and Help@Hand. • Dreamsyte provided four Kiosk landing page designs and one was selected. • Building Peer Leaders with CODIE Members – Planning for training Activities started. • Initiated Qualtrics contract • Initiated TangoCard contract • Community Needs Assessment survey was revised to streamline content and shorten the time it will take a survey participant to complete; survey went from 71 number to 27 number of questions. • Finalized the contract with Sorenson on the 82 survey videos • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes. **TakemyHand™ Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT **Marketing (Dreamsyte)** o Staff completed and sent Dreamsyte "Brand Questionnaire" o TMH Brand-Guidelines document was finalized and distributed to the team. o Billboards went live (2 digital and 5 print) on Riverside county main freeways. o Dreamsyte provided a social media schedule for the month of June. o New sliders were added to the TakemyHand™ Website. o Radio spot advertisement in one of our local radio station KOYT that covers some of the rural areas. o Visual concepts were presented and final visuals	• Tango Card email template tested and admin account was setup • Qualtrics contract executed • Kickoff meeting with Qualtrics and Red Pepper Software • Sorenson videos approved • Informed Consent form approved • Sorenson working on the creation of 82 survey videos • Gloria from CODIE started the review/Feedback on Sorenson's videos • Building Peer Leaders with CODIE Members – on Pause • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes– on Pause **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT **Marketing** o Monthly social media content for Facebook and Instagram. o Went live with final visuals art work for Bus Wraps and Bus shelters in the Desert region (Blythe, Desert Hot Springs, Coachella, Thermal) o Prototype screens were provided for the mobile app - Includes a "Mood" tracking feature o Monthly Google Ads reports were provided o Radio Advertisement launched **Milestones** • Infographics completed for different population of focus (LGBT, African American, Asian Pacific Islander, First Onset, Severe Psychosis, Re-Entry, Suicide Prevention, Sign Language) • Drafted a Peer Operator participant agreement to empower Peers to shut down inappropriate conversations/chats. • Added training for managing chats with minors • Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH • Leveraging TMH with Operation Uplift to provide support to hospital staff dealing with COVID strain. **San Francisco - TakemyHand™ Live Peer Chat** • Work initiated on development of the website content management system • MOU draft • Pre-Chat Survey	• Mobile phone devices were delivered to A4i participants (17). **Deaf and Hard of Hearing Community Needs Assessment** • Sorenson completed the creation of 82 survey videos • Gloria from CODIE completed the review, feedback and approval of Sorenson's videos. • Videos were approved for integration into the Qualtrics survey. • Videos (82) were provided by Sorenson and were uploaded onto Vimeo for survey integration. • Evaluation completed the Qualtrics survey. • Evaluation added the embedded videos on the survey. • Evaluation integrated informed consent and electronic. signature on Qualtrics survey. • The team consulted Qualtrics and Red Pepper on some of the survey functionality for data validation, security, and integration with Tango Card and fraud issues/topics. • Evaluation and Team consulted Gloria, CODIE on survey end user interface for better usability and readability. **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. **Milestones** **Marketing (Dreamsyte)** • Monthly social media content for Facebook and Instagram –English &Spanish (Ongoing). • Completed prototype screens work were delivered for the mobile app - Includes a "Mood" tracking feature and provided to application developer for build/integration process. • Monthly Google Ads reports provided (Ongoing). • Radio Advertisement launched (Ongoing). • Billboards/Bus Wraps/Bus Shelters (Ongoing). • Infographics revised and completed for different population of focus (Veterans, Family) • Design work: Car Magnets, Kiosk stickers, table clothes, standing posters. • A4i folders designed and provided (100) • T-Shirt prototypes created (for team and outreach activities.

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	• Senior CT meeting with Peer team weekly to review chats as means towards implementing best practices in providing peer chat services. • Continued updating resources document list • Marketing TakemyHand™ within RUHS • TakemyHand™ Peer Operator Online USER GUIDE – New scenarios added. • TMH Service Mark (Trademark process) – with RUHS – BH County Counsel – Application submitted. • TechSuite Electronic Health Records new service codes for staff time accounting.- add new as needed • Submitted TakemyHand™ resource to ConnectIE.org • Created draft for TakemyHand™ Newsletter No. 4 – will release in April upon Public Officer's approval. • Peer Staff Development (ongoing) • Coping skills Resource Binder per Topic (WIP) • Articulate tool training to create presentations • Searchable spreadsheet for our resource list (WIP) • Ongoing-Identified need to create fuller Peer/CT Operator Training for TMH. • Ongoing-Identified need to train Peer Team regarding emotional response and effective communication in text. • Completed first prototype video on TakemyHand™ Terms of Service. • Completed video on how to use TakemyHand™ – posted on RUHS – BH social media channels. • Athena Resource Reference and Tool for Peer Chat Operators. • Redefined global chat tags to incorporate learnings from previous chats. • Contract Renewed with chat engine vendor to incorporate chat translator, chatbot and video functionality. • Chat eye catcher changed • Apple's approval for the Apple Developer Subscription. • Updated canned responses to include "warm handoff" language for crisis transfers, provide a gentle redirect to under-age and inappropriate Visitors, and provide a shortcut for the Peer Operators requesting for visitor to be patient while peer operator gives their question full valued response. • Articulate tool to support training new Peers on how to document on our electronic health records system and properly code staff time.	were selected for the Bus Wraps and Bus shelters in the Desert region (Blythe, Desert Hot Springs, Coachella, Thermal) o Several Chatbot visuals were provided and two were selected by Peer team. One will operate after chat hours and one will function to switch chats to the Queue (after visitor accepts TOS). o Google Ads account setup. o Google Ads were launched. o TakemyHand™ Spanish Infographic completed. o Several Eye catcher visuals concepts were provided and one was selected by Peer team (English/Spanish). **Milestones** • Promote extended evaluation phase chat hours - 8 am to 10 pm 7-Days -RUHS Social media channels, newsletters, department emails (ongoing). • Recruited backup Peer Support Specialist and CTs for extended hours of operation. • Created video to recruit & train CTs for enhanced deployment. • Developed workflow for backup PSS and CTs (scheduling work hours, develop chain of command with respective supervisors, accounting for time). • Provided TMH training for backup PSS and CTs (ongoing). • Crisis CT Role for TakemyHand™ updated training (ongoing). • Senior CT meeting with Peer team weekly to review chats as means towards implementing best practices in providing peer chat services (ongoing). • Continued updating resources document provided by Peers. • Promote and update stakeholder's – Help@Hand Presentation in the Behavioral Health Commission Meeting. • TakemyHand™ presentations within RUHS in various clinic staff meetings (ongoing). • TakemyHand™ Peer Operator Online training manual– (ongoing). • TMH Service Mark (Trademark process) – with RUHS – BH County Counsel – Application accepted. • TechSuite Electronic Health Records new service codes for staff time accounting (ongoing). • Created draft for TakemyHand™ Newsletter No. 4 – will release in July 2021 upon Interim Public Officer's approval. • Peer Staff Development (ongoing). • Articulate tool training to create presentations	• Peer Operator and CT training materials shared • Infographics PDF files shared • Hold a training on the website content management system **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • Completed 2 training sessions for staff • Approved SOW • Confirmed incentives for consumer and clinical participants • Confirmed pilot dates of Sept 1st through Mar 1st -Dates were pushed to November, 2021. • Pilot proposal approved locally • Pilot proposal sent to CalMHSA for review • A4i and BASIS-24 Contracts executed • Pilot Proposal approved by CalMHSA • Created an infographic for clinical user reference • Completed OCM document • Approved the Informed Consent • Provided feedback to A4i for customization and updates • A4i kickoff meeting 9/30 • Initiated work on consumer handbook (Consumer Handbook and Quick Reference Card Complete) • (A4i Consumer Engagement Tracking Document Implemented) • Initiated work on list of pilot participant training • Confirm user onboarding process • Review staggered rollout process timeline • Finalize staff surveys for the pilot evaluation	**Other TakemyHand™ Milestones:** • Completed a Peer Operator participant agreement to empower Peers to shut down inappropriate conversations/chats through added training strategies specifically developed to problem solve inappropriate chats through specific peer support skills. • CT1/II position successfully added to assists with process of expanding hours for TMH operational hours-recruitment to begin 1/2021 • Senior CT vacancy in recruitment. • Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH (Ongoing). • Building Peer Leaders with CODIE Members – on Pause • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes– on Pause • In collaboration with our technology team, the "TakemyHand™™ StoryMap" was completed and it has been share at various committee meetings: https://arcg.is/00TuvL • Evaluation started the data cleaning of the chat data and started work on the TakemyHand™™ Infographics document for the Help@Hand evaluation report. **TakemyHand™ Swags/Infographics Outreach Activities** • Clinic Outreach –Peer Support Specialist. Date: 10/1/2021. • Hemet High School live event – More than 200 students. Date: 10/1/2021. • Veterans MH Court Graduation event. Date: 12/1/2021. • LGBTQ transgender event. Date: 11/20/2021. • Family Drive Event. Date: 12/1/2021. • Intergenerational Mental Health" Hybrid Event (Virtual & In-Person) Event Date: 12/11/2021. **San Francisco - TakemyHand™ Live Peer Chat** • Work initiated on development of the website content management system • MOU completed – in approval process • Trial account was created for the LiveChat Engine interface. • Granted Admin access to San Francisco team. • Provided training orientation to the LiveChat engine environment. • Met with LiveChat Bot expert to setup English bot stories configuration. • Peer Operator and CT training materials shared • Training on the website content management

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	Also, video training on how to access department policies. • Built an "Engagement Engine" to support March presentation of "what H@H is" to Mid-county TAY Collaborative. • TakemyHand™ Peer Operator presentation in the Tech Lead CalMHSA meeting. **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • Tested & Explored A4i app • Pilot Proposal draft • Contract work in progress. • Began presentation to gain clinician buy-in for a4i pilot. • Began staff recruitment outreach for A4i. • Began development of training material for A4i consumers and staff. • Completed RUHS-BH approved Device user agreement for phone and tablets devices for use of A4i Pilot. • Developing informed consent form for potential A4i Pilot participants **Evaluation** • Draft of A4i App Pilot Evaluation Plan • TakemyHand™ Evaluation Plan • Outreach Activities Handout Checklist • Sign-in Sheet • Deaf and Hard of Hearing Community Needs Assessment • Short Survey "How was your Visit Today" – Kiosk landing page. • Developing TakemyHand™ Evaluation Proposal presentation for RUHS-BH staff. **Digital Mental Health Literacy Training** • Section 2 of DMHL Self-Guided Online Platform version (including some additions: a video showing Cookies and a Graphic for Bully roles) • Facilitator's Guide for Distance Learning - DMHL: Managing Your Digital Presence • Facilitator's Guide for Distance Learning DMHL: Understanding and Managing Cyberbullying • Began incorporating podcasts into digital discovery. Considering our new affiliation with Cultural Competency Reducing Disparities Committee, we decided to become more inclusive and replace the free App Brochure with a Free Digital Tools for a Mental Health Catalog.	ongoing). • TakemyHand™ Terms of Service video – Work in Progress • How to use TakemyHand™ video – posted on RUHS – BH social media channels and chatbot story. • Athena Resource Reference and Tool for Peer Chat Operators. Communication in text tools, depression –coping skills, awareness/community used acronyms, etc. (ongoing). • Kevin - links to Mental Health Resources (ongoing). • Chatbot was enabled and configured. English version of the chatbot basic story was created. • Created and posted on social media: video on how to access TmH • Worked on bringing recovery language to ToS script. • Added Spanish translator function to TmH app • Help@Hand "ConvoColors" Flier to reflect enhanced hours • TakemyHand™ Peer Chat – San Francisco • Target Area: San Francisco County- Pilot • Provided training materials for TMH chat operators- Peer and clinician staff. • Held meetings to discuss San Francisco questions on TMH (technical/operations) **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • Pilot Proposal routed for compliance and executive approval-Pending. • Contract work in progress. Currently meetings are being held with vendor to discuss customization and enhancements to sound detector functionality –Work in Progress. • Presentations to gain clinic supervisors and staff buy-in for a4i pilot –Completed. • Began staff recruitment outreach for A4i (ongoing). • Develop training material for A4i consumers (hybrid) –Work in Progress. • Develop training material for A4i Care Team staff –Completed. • Develop draft Participant Consent Agreement for A4i Pilot client participants –Work in Progress. • Testing & exploring the A4i App (ongoing). • Initiated contract arrangements with BASIS-24® (Behavior and Symptom Identification Scale) -Work in Progress. • Test A4i Clinician Portal/dashboard.		system completed. • Additional programming Tweaks in the CMS are work in progress. **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • TangoCard is being utilized for A4i Pilot Participants incentives. • A4i Participants enrollment completed for 17 participants and 3 clinic Care Team Members. • Confirmed pilot dates will be staggered according to participant recruitment and enrollment. Live date with first enrolled participant: October 18, 2021. • Pilot proposal approved by CalMHSA. • Created an infographic for clinical user reference. • Completed OCM document. • Provided feedback to A4i for customization and updates. • Completed work on consumer handbook (Consumer Handbook and Quick Reference Card Complete). • A4i Consumer Engagement Tracking Document Implemented. • Initiated work on list of pilot participant training. • Completed Care Team Member participation Agreement form. • Initiated work on training the site Care Team members and delivering their devices to monitor A4i Clinician Dashboard. • Completed user onboarding Workflow Process • Best Practices to review/approve and flag NewsFeed content was completed. • Testing & exploring the A4i App (ongoing). • Updating Participant training documentation (as needed). • Evaluation completed Pilot Measures Planning (A4i Caseload Tracking, A4I Interviews, BASIS 24, etc.) • Evaluation completed the first participant Interview. • Evaluation identified Otter ai transcription software was as time saver tool for during participant pilot interviews. • In collaboration with Dreamsyte, the A4i animated video was completed as an engagement tool for A4i participants: https://vimeo.com/661305786/80d5eced74 • A4i Animated video was posted in the A4i newsfeed and the plan is to schedule it to get posted on regular basis for new participants to see. • MemoText published a A4i press release announcing the partnership with RUHS-BH's pilot: https://mailchi.mp/1c6c68c7767f/a4i-an-

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	• **Reduce stigma associated with mental illness by promoting mental wellness** • **Educate/Outreach/Reduce Stigma/Partnership/Resources** • Operation Uplift - Medical Center - offering the TakemyHand™ Peer Chat Resource • LGBT Medical Center -offering the TakemyHand™ Peer Chat Resource • Suicide Prevention Coalition • Cultural Competency Reducing Disparities Committee • FSP Committee • Behavioral Health Commission • Eating Disorder Collaborative • Tested & Explored free Apps • Riverside Free Apps Brochure – English • Riverside Free Apps Brochure –Spanish • Rural Communities (Facebook live panel to learn about approaches to reach rural communities in California) • Map -Unincorporated Riverside Communities • Attempted contact and build rapport in order to incorporate Model Deaf Community Committee's perspective in DHoH survey for a fuller community view. • Collecting app information (Android & iOS) from the team to maintain information on free-freemium apps to keep Free App brochure up-to-date. • Exploring free to freemium apps (during downtown time) • Explore and test myStrength app – for 2020 new features • Standardized Outreach Gift Bag Prototype (Infographic (English/Spanish), pen, magnet, tote, mobile phone holder, free apps brochure, Flier) • Three vehicles obtained for outreach activities • Peer team developing a directory of freemium apps **Workgroup Meetings & Trainings** • Regular weekly and bi-weekly meetings are held to discuss project implementations and priorities. • Peers team meet every other week to update each other on individual projects and team build. • "Eating Disorders During the Pandemic" • Attended Braille Institute zoom presentations - Research into the Visual-Impaired community.	• Created A4i Ambient Sound Detector videos - Work in Progress. **Evaluation** • A4i App Pilot Evaluation Plan document- completed. • Deaf and Hard of Hearing Community Needs Assessment – Work in Progress. • TakemyHand™ Evaluation for extended chat-hours phaseWork in Progress. **Digital Mental Health Literacy Training** • Section 2 of DMHL Self-Guided Online Platform version (including some additions: a video showing Cookies and a Graphic for Bully roles) • Facilitator's Guide for Distance Learning - DMHL: Managing Your Digital Presence • Facilitator's Guide for Distance Learning DMHL: Understanding and Managing Cyberbullying • Began incorporating podcasts into digital discovery. Considering our new affiliation with Cultural Competency Reducing Disparities Committee, we decided to become more inclusive and replace the free App Brochure with a Free Digital Tools for a Mental Health Catalog. • Mable– Catalog of Free Apps (Universe Version). • Updated Contact Lists Created "How to" fliers with clickable QR codes and hyperlinked/pics. • Updated DMHL training – specifically "cookies" module • Created ELMR code training in Rise for PSS • Kiosk Sanitation sheet and video. • **Reduce stigma associated with mental illness by promoting mental wellness** • **Educate/Outreach/Reduce Stigma/Partnership/Resources** • Suicide Prevention Coalition • Cultural Competency Reducing Disparities Committee • FSP Committee • Behavioral Health Commission – Engagement Engine presentation of Riverside Help@Hand Project Updates. Interactive Map with Billboard and Kiosk locations. • Eating Disorder Collaborative • Tested & Explored free Apps • Riverside Free Apps Brochure – English (ongoing) • Riverside Free Apps Brochure –Spanish (ongoing) • Mable– Catalog of Free Apps (Universe Version). • Collecting app information (Android & iOS) from the team to maintain information on free-freemium apps to keep Free App brochure up-to-date. • Exploring free to freemium apps (during down time)		nounces-ruhs-bh-calif-mental-health-services-pilot?e=3d4a79b9c2 **Other Help@Hand Project Milestones** • In collaboration with Dreamsyte, the statewide "Help@Hand Riverside" Landing Page went live on December 2021: https://helpathandca.org/riverside • In collaboration with our technology team, the "Kiosk Map Locator" was completed and it is available as a resource in the kiosk landing page: https://arcg.is/0qnOuj

Riverside County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
		• Standardized Outreach Gift Bag Prototype (Infographic (English/Spanish), pen, magnet, tote, mobile phone holder, free apps brochure, Flier) • RUHS Employee Recognition Week –TMH Swag. • June Pride – Hemet, CA - TMH Swag. • Health Fair Riverside, Ca. - TMH Swag. • One-on-one TMH promotion – Swag. • Attained and dispersed three Help@Hand vehicles to different regions. • Developed OUTREACH forms (participant lists, checklists, workflow chart, etc.) **Workgroup Meetings & Trainings** • Regular weekly and bi-weekly meetings are held to discuss project implementations and priorities. • Peer team meets every week to update each other on individual projects and team build.		
Lessons Learned Across Year 3	• Synchronization of completion of work among vendors varies and it is challenging to estimate overall project timelines for projects that requires activities from different entities. For example, Red Pepper/Qualtrics vendor was ready to complete consultation work with the Riverside team but the Riverside team needed to have the 72 ASL videos completed by Sorenson before the consultation work with Qualtrics could resume. This resulted in pause of activities with one vendor. After invoice payment, Sorenson to make videos available for download and then Riverside will upload them to Vimeo; so, they can be embedded into the Qualtrics survey platform. Review/Editing of videos requires the coordination with our team partner Gloria from the Center of Deaf Inland Empire (CODIE) and Sorenson. **A4i** • Clinic leadership must be onboard to motivate staff to engage in pilot. We need to "market" to clinicians with gimmicks, hooks, incentives or other marketing strategies. The clinicians will bring us the Consumers. • Some staff have technological limits – e.g. would like to be able to text Consumers. Clinicians expressed concern that Consumers would not engage with app. • Clinic staff are reluctant to join, stating they "don't have enough time." A couple TAY clinic staff feel TAY will not be motivated to engage with app. That DL will not be an issue with this population; they simply will not be interested. There is no concern about teaching tech to TAY; however, clinic personnel believe the barrier will be to get the TAY population to engage with device. Team anticipates older Consumers will be more challenging and require intensive in-person support. • Team found a need to specify which types of Consumers make best candidates: they need to be in that "sweet spot" of experiencing psychosis, but still high-functioning enough to maintain device and connection to clinic. • Team created an A4i "infographic" to convey materials at a glance. • Holding Consumer Trainings works best when they already have the device in-hand. • Team attempted to get training materials completed in a timely manner, but were held up by A4i software developments, as they often changed the appearance of graphics and new screenshots were required. • Getting clinicians to try out the Care Team Portal in a "hands-on" fashion was less intimidating than the Articulate Rise presentations we created. • For clarity, we found the need to differentiate between "Welcome packet" and "Intake/enrollment" to avoid confusion: **"Welcome packet"** The consents, evaluation measures, technology use survey, gift card, etc… which the Peer Team will fill out with Consumer Participants. **"Intake/enrollment"** – when the Care Team and the Consumer Participant are together setting up profile, notifications, sleep measures, etc… • We found the clinicians were the driving force behind getting participants. They did a terrific job in prepping the participants so when the Peer first met with them, they knew what to expect and were very amenable. • At first, we encounter resistance from the clinic in getting involvement with the TAY clinicians in the Desert – they firmly believed TAY would not be interested in the least in this app. • Verbiage on consent that said "A4i is for people with schizophrenia" caused some resistance among participants because they have a diagnosis of Schizo-Spectrum. Peer explained, and verbiage was changed to reflect "participants who meet criteria." • In order to lessen the clinic Care Team workload, we decided that the risk notifications will go to the clinic Care Team members, while pending feed notifications will go to the Help@Hand Peer Team. • A4i vendor updated settings so only PEERs receive email notifications that there are pending posts on the feed that need to be review and approved. However, risk factors (mood/sleep trends, etc.) will be sent via email to Clinic Care Team. • A4i vendor customized the app as to allow the pilot participant to change the sensitivity of the sound detector microphone. • Regional Help@Hand Peer created a training around the new feature of changing the sound detector sensitivity. • We learned the need to advise the Care Teams to not turn notifications off and developed some language around coaching them around Consumer resistance. **Devices** • County needs to review and approve install plans for kiosk before moving forward. • Implementing of kiosks technology shall be done by itself to avoid negative impact to other projects since it requires a lot of time from multiple resources. • Team learned that installing all apps from free brochure results in $15K price tag.			

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- Devices were adjusted (upon Peer Team request) to allow for photos and screenshots – not just to motivate Consumers to post to feed, but to allow for training screenshots.
- We learned that it is best to have Help@Hand Riverside staff prep the phones by setting up battery non-optimization on the A4i app only; rather than trying to train the Consumer to accomplish this somewhat complicated process. Regional Peer made a training available to staff.
- We learned that the care team member can include a Peer Specialist.

TakemyHand™

- How to handle required documentation for reportable events where the user wishes to remain anonymous
- Need to allow a couple of months after marketing effort before making significant changes to the program and trying to measure the impact.
- Digital billboards are less effective since the ad information cycles before it can be read
- Removing barriers to start a chat, i.e. pre-chat survey, increased utilization
- Added training and a participant agreement for Peer Operators to be empowered to shut down inappropriate conversations/chats.
- Started Peer Support and Resource Centers to better support Peer training/onboarding and involvement in Tech Innovation projects like TMH. Not limited to TAY centers.
- Two instances of providing guidance, support, and resources to a user experiencing abuse that otherwise may not have reached out for help. Anonymous chat opened the door to help.
- Unprompted testimony from an applicant for Peer Support that used the service for anonymous support and was so impressed, he wanted to get involved.
- Team is still learning about new features, e.g. hovering over text to enable "save to canned responses" prompt. When these discoveries are made, they are added to the training.
- One Operator noticed troll chats increased Friday afternoons.
- The RUHS-BH LMS has a 7-week download time. We are trying to set up a time to meet with LMS to find out about serving up Peer Ops training in one big mega-class, or to chop it up in chunks.
- Due to lack of coverage and missed Visitors, Team developed an 8:45am weekday check-in to assess for Operator availability. This meeting sometimes adapted to become a place to debrief previous day's chats.
- Peer in the Peer Resource Centers (PRC) requested written materials for navigating TakemyHand™ instructions, and the TakemyHand™-OUTs were developed for that purpose. These were given to clients to take home.
- When all PRC staff are required for training, special care needs to be taken to ensure all-day coverage.
- While a staff member converted training to pdf which team converted to WORD; due to format challenges and training updates, it would have been easier and more economical in terms of time spent, to have just copied and pasted from RISE to WORD.
- Over time, the training became too long and bloated. It needed dividing up into different segments in order for learners to absorb the lessons.
- Logged as Peer Operators into Consumer device does not display as a 2nd device on Agents Page.
- One of our Peer Operators was staffing the chat this morning and then had an emergency and had to go. Understandably, they did not stop accepting chats or log out, so they continued to show as green/accepting chats. Senior Peer was kind enough to text them to stop accepting/log out; however, this brings up the question: should we have a way to remotely switch a Peer Operator to not accepting chats and log them out? The team learned that TakemyHand™ Administrator is able to remotely log off Peer Operators.
- On November 18, 202, The chat was bringing up the SpanishBot and then directly and randomly sending chats to Peer Chat Operators accepting – and by passing the queue. There was a conversation about setting up a procedure for having Peer Chat Operators check the chat first thing in the morning. There was no follow-up.
- The Employee Assistance Number was added to the Peer Operators Contacts list, in case Visitor identified self as RUHS-BH employee.
- There is still a feeling among the Peer Operators that the click logo and chat window on the website are STILL too small.

Engagement:

- The team got a special invitation to present at Riverside Bar Association (https://riversidecountybar.com/). The invitation was made by Maura Rogers, Co-chair for the Bar Association, Juvenile Justice section in Riverside County. Bio information from the team presenters was submitted in advance.
- Team learned that in order to produce and distribute written materials quickly, it's best to use the H@H and TmH logos; and not include the RUHS-BH county logo, in order to avoid the lengthy 1-2-3 approval process.
- The investment of rehearsal time paid off dividends in our OAC and CalMHSA presentations.
- Regional Peers staffed a table at an Hemet, High School for Mental Health Day; and it was a great success, but internal RUHS – BH personnel expressed disapproval over clashing with company pandemic policies. All levels of county employees are not doing public appearances due to COVID; and the fact that we had people out in public was inconsistent with policy.

Free Apps Brochure:

- As team discovered more free digital resources, the decision was made to expand to a Digital Tools Catalogue, which would also include websites and podcasts. Absence of Team members resulted in a stalling of the research process.
- English apps that convert nicely to Spanish - should still be listed under the English name in order for Jaguar to locate them.
- Asian-Pacific Islander Liaison at Cultural Competency Reducing Disparities (CCRD) meeting requested copies of these for a synergistic approach, we would like to have a visitor to the Riverside Help@Hand website to be able to click on a picture of the brochure in order to go directly to a viewable and printable version of the brochure.

Marketing:

- Using free Canva account allows limited number of downloads
- Once the Team received Dreamsyte imaging, engagement and training presentations were updated to reflect consistent style.
- Dreamsyte is easy to work with, adapts materials per our suggestions, and was able to express and convey the TakemyHand™ vision well.
- We learned the Dreamsyte QR code stopped working reported this issue and it was quickly resolved by Dreamsyte.

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	• We were able to highlight Riverside's "Spotlight" inclusion in the CalMHSA quarterly evaluation report, and linked to it in the newsletter. • Writer also provided physical instructions to access said document, for receivers of hard copy publication. • The newsletter also highlighted and linked to the A4i press release which focused on RUHS-BH's pilot: https://mailchi.mp/1c6c68c7767f/a4i-announces-ruhs-bh-calif-mental-health-services-pilot?e=3d4a79b9c2 • DMHL: We differentiated between **DL** and **DMHL**. • **DL:** how to use a phone, how to access settings, how to search online, how to set up and send email, how to use A4i, etc… • **DMHL:** How to maintain privacy and safety online. How to curate your digital footprint. How to recognize and stop online bullying. • **DMHL** and the corresponding D-LAT (as revised by Christy) will be a separate project down the road, that will allow Peers to engage and service RUHS-BH consumers. • In the immediate future, **DL** means getting a copy of consumer responses to Evaluation's Technology Use Survey so we can get a baseline reading of a Consumer's **DL** level in order to support their device use. **Kiosks:** • There were some team efforts in the creation of a welcoming video presentation on kiosk that were not implemented after realizing that the video will go in a loop which may not be practical for the end user. Also, the video felt like a video that will be more appropriate for a children's program. Our population of focus are TAY, Adult and Older Adults. • Clinic personnel were expecting to keep kiosk keys on site but it was determined that it is best practice for kiosks to be solely managed by the Jaguar contractor and the Help@Hand Administration team as to ensure proper maintenance and kiosk availability at each assigned location. Help@Hand Riverside team will act as a liaison between Jaguar and the clinics. • All videos should be sent to Jaguar in a .mp4 rather than .story file type. • Clinicians in clinic wanted to know if they were to receive keys to open the small kiosks in order to stow the devices safely overnight. They were advised that only Jaguar will have access to open the kiosks. • Regional Peer developed this KIOSK Care QUICK GUIDE but has not received any feedback **Trainings:** • Teaching people by demonstrating and allowing them to get their hands-on keyboard/device to maneuver around the digital environment is superior to any Articulate training we can create which tries to mimic the interactions. • Creating graphics in MS Power Point is preferable to WORD or Publisher; and imports into Articulate better. Due to free Canva account limitations, staff preferred to use Canva as a creative jumping off point for ideas and inspiration, but to work in MS Power Point. • Articulate videos recorded in REPLAY present certain challenges: Images thrown up cannot be inserted over audio. • Settings for screen recording: 100%: Recommended, "Duplicate These Displays," Resolution: recommended • Finally, videos need to be cropped in storyline. **Other** • The team experienced staff changes. Our Senior Peer left the program and this change caused challenges among the team. The team also experienced extended absence of three of the team members due to illness and only two regional Peers on staff. Our Clinical Therapist and Regional Peers made good efforts in providing additional support and provided leadership. • Peer Support Administrator stepping in the Senior Peer Support role is helpful, but the need for a full time peer mentor is crucial. • Team has expressed the need for clarification on which committee meetings should be log in Outreach/Engagement form. • Since some of the Help@Hand type of activities are new to the department's business practices, the team has been experiencing some need for clarification on which ELMR service codes to use when documenting the various activities in the electronic health records system. • Riverside team needs to stay in constant communication with vendors and CalMHSA regarding expenses and approvals of activities on each contract. • Stakeholder Presentations shall include budget information. • Mid-County Peer Resource Center development makes Peers less available to Help@Hand Riverside – There are conflicting Peer responsibilities.			
Recommendations Across Year 3	• For a Kiosk Technology deployment, aside from selecting the right kiosk technology, it is instrumental to secure a partnership with an experienced IT agency. • In our case, we attribute the successful implementation to our partnership and contract with Jaguar Computer Inc. George, from Jaguar and his team have an extensive knowledge in the field, George was able to proposed solutions to several roadblocks that arose during implementation and the rolled-out phase. • Our IT contractor has an existing working relationship with our IT Riverside County System and with the various county contracting agencies where the kiosks were deployed. • Our project benefited from Jaguar's knowledge of our county network infrastructure to utilize and configure a dedicated virtual local area network (VLAN) to support Internet connection for proper security configuration and wireless strength to properly display digital resources which include our special work on the ASL video adaptation of the CalMHSA Help@Hand Digital Mental Health Literacy video work. • In addition, with their support, we were able to leverage surplus computer equipment in the large 55" Peerless Kiosks to ensure digital navigation and touch screen solution.			
Cross County/City Sharing Across Year 3	• Peer Operator and CT training materials shared • Infographics PDF files shared • Hold a training on the website content management system			

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Tech Lead(s)	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS
Implementation Site	• TakemyHand Live Peer Chat: Riverside Community. • A4i: Transitional Age Youth (TAY), Adult and Older Adult Serious Mental Illness (SMI)/Full-Service Partnership (FSP) Focus Participants from Western, Desert and Mid-County	• TakemyHand Live Peer Chat: Riverside Community. • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score.	• TakemyHand Live Peer Chat: Riverside Community. • Deaf and Hard of Hearing (DoHH) Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – County clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health. • Man Therapy: Riverside Community. • Digital Mental Health Literacy: Consumers (TAY, Adults, Older Adults)	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – County clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health. • Man Therapy: Riverside Community. • Painted Brain -Digital Mental Health Literacy: Consumers (TAY, Adults, Older Adults) • LaClave: Riverside University Health System - Behavioral Health (RUHS-BH)/Riverside Community
Team Composition	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, Mental Health Services Act (MHSA) Administrator **IT** • Tura Morice, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Social Services Planner** • Tondra Hill **Senior Peer:** • Melissa Vasquez	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Peer Support Supervisor** • Kristen Duffy **Social Services Planner** • Vacant Senior Peer:	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator **IT** • Tura Morice, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper **Peer Support Supervisor** • Kristen Duffy **Social Services Planner** • Vacant	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • David Schoelen, MHSA Administrator *Whole Person Health Score- Social Determinants of Health* • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef **Cultural Competency** • Vacant • Consulting Cultural Outreach & Education Workforce **Peer Support Administrator** • Shannon McCleerey-Hooper

Riverside County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
	Peers: • Melissa Vasquez, • Rhonda Taiwo, • Carmela Gonzalez-Soto, • Robert Brooks. • Chris Galindo • Maria Teresa Diaz-Rodarte **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Senior Clinical Therapist** • Vacant **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Vacant, Research Specialist II. **Application Developer:** • Rick Wright **Administrative Svc Analyst:** • Ursula Lewis **CODIE Representatives:** • Gloria Moriarty • Lisa Price	• Melissa Vasquez **Peers:** • Carmela Gonzalez-Soto • Robert Brooks • Chris Galindo • Maria Teresa Diaz-Rodarte • Gail Leavitt • Marisela Gil • Vacant • Vacant **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists** • Josephine Perez, Clinical Therapist III – Supervisor • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Svc Analyst** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price • Rachel Postovoit	**Senior Peer:** • Melissa Vasquez **Peers:** • Carmela Gonzalez-Soto • Chris Galindo • Maria Teresa Diaz-Rodarte • Gail Leavitt • Marisela Gil • Victoria Rodriguez • Vacant • Vacant **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists** • Josephine Perez, Clinical Therapist III – Supervisor • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Svc Analyst** • Vacant **CODIE Representatives** • Gloria Moriarty • Lisa Price • Rachel Postovoit	**Peer Support Supervisor** • Kristen Duffy **Social Services Planner** • Vacant **Senior Peer:** • Melissa Vasquez **Peers:** • Chris Galindo • Gail Leavitt • Marisela Gil • Victoria Rodriguez • Vacant • Vacant • Vacant • Vacant • Vacant • Vacant **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists** • Josephine Perez, Senior Clinical Therapist • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Svc Analyst** • Vacant **Center on Deafness Inland Empire (CODIE) Representatives** • Gloria Moriarty • Lisa Price • Rachel Postovoit
Core Audiences	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved**	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved**	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved**	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Com**

Riverside County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
	Communities and for Rural Regions: Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	**Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	**Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	**munities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & Lesbian, Gay Bisexual Trans (LGBT) communities.
Products in Use/Planned	• TakemyHand Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Whole Person Health Score/Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community Survey.	• TakemyHand Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Whole Person Health Score/Predictive Analytics, Custom development or existing app for the Deaf and Hard of Hearing community Survey.	• TakemyHand Peer Chat, A4i, Kiosk Technology and Mobile Devices Deployment, Exploration of Deaf and Hard of Hearing Community Needs, Whole Person Health Score/Predictive Analytics, Recovery Record, Man Therapy, Digital Mental Health Literacy.	• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award. • Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link. • Deaf and Hard of Hearing Needs Assessment Survey – it is online to collect feedback from our DHoH community members on their mental health needs. • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds. • Recovery Record Mobile App Pilot that serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • The Whole Person Health Score Assessment is been created in the Qualtrics platform environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and “Appy Hours” training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Partnership with LaClave is in planning stage. LaClave is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope individuals will be able to detect serious mental illness earlier.

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Implementation Approach	• Takemyhand Peer chat is available to the Riverside community and promoted within the community. • Take my Hand Marketing Strategy and Implementation (Ongoing). • Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4pm(Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions) • Digital Mental Health Literacy (DMHL) – Training Development – Peer Team (on pause).	• Takemyhand Peer chat is available to the Riverside community and promoted within the community. • Take my Hand Marketing Strategy and Implementation (Ongoing). • Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 pm (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants is ongoing. • DMHL – Training Development – Peer Team (on pause).	• Takemyhand Peer chat is available to the Riverside community and promoted within the community. • Take my Hand Marketing Strategy and Implementation (Ongoing). • Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants is ongoing. • Recovery Record –Planning Implementation with Eating Disorder Champions. • Whole Person Health Score – Phase I implementation in process. • Man Therapy Marketing Campaign – Planning phase in process. • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours").	
Other Unique Qualities	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Martha. • Adult System of Care Committee – Melissa. • Behavioral Health Commission – Martha, Melissa. • Center on Deafness Inland Empire (CODIE) – TBD. • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Melissa. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings – TBD. • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa • Model Deaf Community Committee – TBD • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – TBD • TAY Collaborative meetings: Desert, Mid, and Western – Melissa. • Housing Committee – TBD • Veterans Committee – TBD • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Josephine. • Adult System of Care Committee – Chris. • Behavioral Health Commission – Martha, Melissa. • Children's Committee – Carmela • Cultural Competency Reducing Disparities Committee –Gail, Josephine or Kayla or Martha. • Desert Regional Board meetings – Teresa. • Eating Disorder Collaborative meetings – Josephine or Kayla. • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail • TAY Collaborative meetings –Desert - Teresa • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings -Western – Carmela • Housing Committee – Carmela • Veterans Committee – Robert • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs- Western & Mid County – TBD • Criminal Justice Committee – Mary • Inland Empire Kindness Campaign meetings – TBD	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Josephine. • Adult System of Care Committee – Chris. • Behavioral Health Commission – Martha, Melissa. • Children's Committee – Victoria • Cultural Competency Reducing Disparities Committee –Gail, Josephine or Kayla or Martha. • Desert Regional Board meetings – Teresa. • Eating Disorder Collaborative meetings – Josephine or Kayla. • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail • TAY Collaborative meetings –Desert - Teresa • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings -Western – Gail • Housing Committee – Melissa • Veterans Committee – Chris • Criminal Justice Committee – Mary • CAGSI – Chris • LGBTQIAN+ Task Force – Dylan	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Josephine. • Adult System of Care Committee – Chris. • Behavioral Health Commission – Martha, Melissa, Josephine • Children's Committee – Victoria • Cultural Competency Reducing Disparities Committee –Gail, Josephine or Kayla or Martha. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings – Josephine or Kayla. • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla • National Alliance on Mental Illness (NAMI) San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail • TAY Collaborative meetings –Desert -TBD • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings -Western – Gail • Housing Committee – Melissa • Veterans Committee – Chris • Criminal Justice Committee – Mary • CAGSI – Chris • LGBTQIAN+ Task Force – Dylan

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	• Community Advocsay for Gender and Sexuality Issues (CAGSI) – LGBTQIAN+ Task Force – Dylan Colt	• CAGSI – Chris • LGBTQIAN+ Task Force – Dylan Colt		
Milestones	**Technology - Kiosks and Mobile Devices** **Target Area:** Improve Service Access to 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	**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.	**Technology- Kiosks and Mobile Devices** **Target Area**: Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Need to add close captions to the How to Use the Kiosk video (Pending). • In Phase I, kiosks Medical Center (install completed). • Additional mobile phone devices were delivered to A4i participants. • Develop plan to distribute remaining Verizon devices (Pending). • Approved updated Jaguar Scope of Work (SOW) and budget for charging stations in 18 of the existing kiosk sites. • Dreamsyte work art for the charging stations stickers. • Kiosk infographic for consumers completed for English version and work for the Spanish version started. • IT Jaguar contractor worked on the re-configuration of the 40 kiosks to include this type of enterprise monitoring setup. • The purchase and deployment of 18 charging stations was completed. • Configuration of Enterprise monitoring software completed for real time monitoring of kiosk status. • Monthly report on status of kiosks received. **Deaf and Hard of Hearing Community Needs Assessment** • Red Pepper contract for additional hours signed. • Gloria, CODIE created separate invitation video for a survey to collect emails of individuals interested in taking the full survey. Video just needs the voice over script to get released on the CODIE Website. • Work started with Qualtrics to create the workflow for the interest survey. • 19 surveys completed as of this quarter. • Incentives sent to CODIE members who completed the survey (as needed). **TakemyHand™ Live Peer Chat** • **Target Area:** Improve Service Access to Underserved Communities • Population: Ethnic Cultural Communities including	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Phase II implementation planning initiated • Contract planning- completed • Assessing site locations- work in progress • Mailing kiosk flyers via mailstop to sites with an installed kiosk **Deaf and Hard of Hearing Community Needs Assessment** • Two-weeks Peer Certification training completed • LifeSigns Interpreting services contracted for Peer Certification application process and for the two week Peer Certification training. • Went live with pre-survey interest posted on CODIE website 11/9/2022 https://codie.org/wellness/ **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. • Senior CT supported peer chat. Consumer rated chat at 1,000,000 (on a scale of 1 to 10). • Help@Hand clinical staff provided support for three peer crisis chats. • TakemyHand Peer Operator Chat coverage • TOS Video – sent to Dreamsyte to produce • Business cards/outreach card • Message building for monthly social posts • Message building for bus advertisement • Feedback for website face-lift • Feedback for mobile app screens • Add/update TakemyHand website resources (English/Spanish) • Build canned responses • Dreamsyte provide mobile app onboarding screens • Attended County of Riverside Board of Supervisors event to formally receive the TakemyHand CSAC Challenge award (10/25/2022). • Chat widget URL rules were adjusted to accommodate for new domain names: takemyhand.chat, tomamimano.chat, es.takemyhand.co.

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	Instagram –English &Spanish (Ongoing). • Revamped mobile app onboarding screens with additional feedback from the Peer team. • Monthly Google Ads reports provided (Ongoing). • Radio Advertisement launched (Ongoing). • Billboards/Bus Wraps/Bus Shelters (Ongoing). • Started brainstorming marketing activities with Peer team for the new visual art work of Billboards/Bus Wraps/Bus Shelters. • New Infographics created and revised for different population of focus (Diversity, Asian Pacific Islander, Faith & Spiritual, American Indian, Disability and MENA) • Design work: Google adds pages. **Other TakemyHand™ Milestones:** • CT I/II Position successfully added to assist with process of expanding hours for TMH operational hours – recruitment process completed and in background process. • Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH (Ongoing). • Building Peer Leaders with CODIE Members – on Pause • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes– on Pause • Evaluation completed data cleaning of the chat data and created the TakemyHand™ Data Infographics document for the UCI End of the Year Report. • Peer team is updating resources information on the new TakemyHand website content management system. • TakemyHand Application Developer continues making progress on the "face-lift" TakemyHand website. • Planning on new chat service for families supporting individuals with MH challenges. Will add a page to the TakemyHand website for family support. • Planning on a new chat service for ASL that will utilize video and ASL trained Peer support. • RUHS – BH and Peer team started working on the creation of a video for TakemyHand Terms of Service. • Planning to make a making an ASL version of the TakemyHand Terms of Service video. • RUHS –BH Marketing team created a How to use TakemyHand video: https://youtu.be/et1sJcGmRYM • Video on how to use TakemyHand video: https://	**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). • iOS Mobile app published to TestFlight by invitation only for testing phase. • Monthly Google Ads reports provided (Ongoing). • Radio Advertisement launched (Ongoing). • Billboards/Bus Wraps/Bus Shelters (Ongoing). • Approved Bus adds in 80 buses in the desert region. • Completed brainstorming marketing activities with Peer team for the new visual artwork of digital Billboards in Riverside geographic region as well as the renewal of Bus Wraps and Bus Shelters. • Designed work: Google adds pages. **Other TakemyHand™ Milestones:** • Dedicated Senior Clinical Therapist and Clinical Therapist joined the TakemyHand Chat Operation for Crisis Chats. • Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH (Ongoing). • Building Peer Leaders with CODIE Members – on Pause • Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes– on Pause • Evaluation unit completed data cleaning of the chat data and created the 2nd TakemyHand™ Data Infographics report for the UCI collaborative report. • Peer team is updating resources information on the new TakemyHand website content management system (Ongoing). • TakemyHand Application Developer continues making progress on the "face-lift" TakemyHand website. • Dreamsyte started to do the updated visuals for "face-lift" TakemyHand website. • Planning on new chat service for families supporting individuals with MH challenges. Planning to add a page to the TakemyHand website for family support (Pending). • Planning on a new chat service for ASL that	LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. **Milestones** **Marketing (Dreamsyte)** • Monthly social media content for Facebook and Instagram –English &Spanish (Ongoing). • Redesign onboarding mobile app screens • Monthly Google Ads reports provided (Ongoing). • Radio Advertisement launched (Ongoing). • Billboards/Bus Wraps/Bus Shelters (Ongoing). • Approved Bus adds in 80 buses in the desert region. • Designed work: Google adds pages. • Digital Billboards with Peer Pictures completed • New print billboards design completed. • Diversity Infographic redesigned and print job completed. • Radio script in Spanish completed and sent to radio station. • Several artwork and website design was completed for the "facelift" of the Takemyhand website (English & Spanish landing pages). Work is not in production. The ETA is Quarter 4. • Design TakemyHand infographics - Youth/High School • Design Folders for High School Outreach events. • Special Design for upcoming Halloween theme -High school events. • Design Standard stickers for High School events. • Business cards design completed. • Faith and Spirituality Infographic and print job completed. • Google Adds special implementation in August helped with increasing website impressions: July – 467,109; August- 1,590,100 and September- 774,908. Clicks to website: July – 5,719; August- 18,868 and September- 7,686. **TakemyHand™ Milestones:** • iOS Mobile app published to TestFlight by invitation only – code development for ease of use. • Integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TMH (Ongoing). • Building Peer Leaders with CODIE Members – Planning work performed for training dates October 3, to October 14, 2022. • Completed contract arrangements for ASL interpreters –Peer Training Certification Classes. • Peer team is updating resources information on the new TakemyHand website content management system (Ongoing).	**TakemyHand Outreach Activities** • Faith and Mental Health outreach Meeting • Inland Empire Pride • Project Connect, Highgrove – October 20, 2022 • Coachella valley NAMI walk Outreach • Peace from Chaos Suicide Awareness outreach • Out of the darkness Coachella valley walk, November 12, 2022 • Recovery Happens –October 13 , 2022- Riverside • Heritage High School Event, October 24, 2022-Menifee • Palo Verde College LGBTQ+ History Month, October 22, 2022 • Liberty's High School red ribbon week event to "Celebrate Life, Live Drug Free" – October 24, 2022, Winchester • Nightmare on Queer Street, Oct. 28, 2022, Riverside • Coachella Valley NAMI Walk, November 5, 2022, Coachella • San Jacinto Valley NAMI Walk, November 5, 2022, San Jacinto • French Valley Community Faire, November 5, 2022, Riverside • World Disability Day at The Living Desert- December 3, 2022 • Hemet community and family resource fair -December 15,2022 **A4i** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • 11/30/22 – A4i Care Team newsletter sent out to Care Teams Providers. • 12/5/22 – A4i Care Team newsletter sent out to RUHS-BH Managers. • 12/6/22 – Meeting with Amos from A4i to discuss expansion of A4i app. • 12/8/22 – Four participants completed A4i pilot. • A4i Spotlight completed for the next UCI report. • Three new care team providers were enrolled. • Created Newsletter for Care Team to receive updates, information and tips • Engaged in supporting participants connected through the peer resource center and provided wellness check in calls. • Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program • H@H clinicians are assigned clinician for Peer Resource Center participants (not otherwise connected to a clinic in the system) which involves

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	youtu.be/et1sJcGmRYM was posted on chatbot story. • Congressman Takano giving Take My Hand a shout out in his Transgender Day of Visibility newsletter email sent out. • RUHS –BH Marketing team completed four Peer Stories videos. • Peer stories videos were integrated in the after chat hours ChatBOT story. • LiveChat contract renewed and added the new message translator and snapcall video feature. **TakemyHand Swags/Infographics Outreach Activities** • Five Desert Outpatient Clinics. Outreach –Peer Support Specialist. Pick Up Date: 3/23/2022 -Swags and Infographics. • Quality Improvement Committee –TakemyHand Data Infographic presentation (March 2022) • Behavioral Health Commission - TakemyHand Data Infographic presentation (March 2022). **San Francisco -Take my Hand Live Peer Chat** • Work continued on development of the Takemy-Hand Website Content Management System. • MOU revisions – WIP. • A separate trial account was created for the LiveChat Engine interface. • Training on the website content management system continued during this quarter. • Additional programming Tweaks in the CMS are work in progress. **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • TangoCard is being utilized for A4i Pilot Partici-pants incentives (ongoing). • 15 additional participants enrolled from 3 additional clinic sites (West Older Adults, Desert TAY and Desert Older Adults). • Four participants dropped the A4i pilot. • Pilot contract extended to March 1st, 2023 to support reaching all three population of focus (Older Adults, TAY and Adult). • Participant training (ongoing). • Onboarding & Training of new Care Team Mem-bers (ongoing). • Review/approve and flag NewsFeed content (ongoing). • Testing & exploring, and providing vendor feedback for the A4i App (ongoing).	will utilize video and ASL trained Peer support (Pending). • RUHS – BH and Peer team completed the creation of a video for TakemyHand Terms of Service. • Terms of Service video provided to Dreamsyte for professional animation and production. • Planning to make a making an ASL version of the TakemyHand Terms of Service video (pending) • RUHS –BH Marketing team completed four Peer Stories videos. • Additional Peer stories videos were integrated in the after chat hours Chabot story. o Melissa: https://youtu.be/WWtbboHSX2Y o Pedro: https://youtu.be/plkIBTQHkLQ o Rhonda): https://youtu.be/eeMorkqTs9k o Suzette: https://youtu.be/RtNpxl8Cc2Y o Tere: https://youtu.be/swfWLYOzphY o Sandy: https://youtu.be/LzWnUloVFKA **TakemyHand Swags/Infographics Outreach Activities** **Estimated outreach Number: 2,238** • Pinwheels Prevention of Child Abuse at RUHS Medical Center – April 19, 2022 - **200** • Lived Experience-Advocacy -Diversity (LEAD) Summit Riverside County -CAMH -RUHS Public Health - MHSOAC - TakemyHand Spanish Keynote Speaker - April 26, 2022 - **30** • RUHS Employee Week Behavioral Health -May 12, 2022 - **200** • RUHS Employee Week – Public Health-May 11, 2022 - **150** • Youth Summit -Mt. San Jacinto College - May 13, 2022 - **140** • Empowering Your Mind 2022 Youth Conference, City of Perris Government – May 18, 2022 - **120** • Deaf Community Resource and Wellness Day-CODIE -May 22, 2022 -**165** • RUHS Diversity, Equity and Inclusion (DEI) Work-shop, TakemyHand Speaker – May 26, 2022 - 42 • Operation Safe House Organization –Providers Meeting - June 8, 2022 – **17** • *(Providers: Borrego Health, San Manuel Indian Health Clinic, Inland Empire Health Plan- IEHP, Riverside University Health Services –Public Health)* • Children Contracting Providers CALAIM Meeting –June 13, 2022 - **175** • *(Providers: A Coming of Age, All God's Children, Alma Family Services, Ark Homes FFA, Cal Mentor, California Family Life Center,*	• Spanish translations of the current TakemyHand Resources page completed. • TakemyHand Application Developer continues making progress on the "face-lift" TakemyHand website. • Dreamsyte started to do the updated visuals for "face-lift" TakemyHand website. • Dreamsyte submitted several revised onboarding screens for mobile app. • Planning on new chat service for families support-ing individuals with MH challenges. Planning to add a page to the TakemyHand website for family support (Pending). • Planning on a new chat service for ASL that will utilize video and ASL trained Peer support (Pending). • RUHS – BH and Peer team completed the creation of a video for TakemyHand Terms of Service. • Terms of Service video provided to Dreamsyte for professional animation and production (Pending). • Planning to make a making an ASL version of the TakemyHand Terms of Service video (Pending). • Coaching new Peers (Peer Team) • Maintain and update TakemyHand Operator Training Manual (Peer Team) • Designed outreach business cards (Peer Team) • Prototype of the outreach cards were sent to Dreamsyte for a polished design and for the print job for distribution in outreach events and various direct service staff teams department wide. • Started brainstorming activities for selecting marketing messages for social media posts. • Started brainstorming activities for selecting marketing messages for a digital campaign for teachers. • Started brainstorming activities for selecting marketing messages for buses advertisement in the desert region. • Assist with Spanish translations as needed (Peer Team). • Sharing TakemyHand Chat in Groups at the Peer Resource Centers -Indio and Riverside sites (Peer Team). **Evaluation** • TakemyHand 2nd Data Infographic completed and presented in various internal and stakeholders meetings. **TakemyHand Presentations/Swags/Infograph-ics Outreach Activities** • Faith and Mental Health Meeting • Inland Empire Pride	following case and providing case management services. • Interviewed and celebrated participants graduating from the A4i Pilot and several of the participants chose to continue using the A4i app to support their wellness. • Updated Tech survey to better capture participants best-fit for app utilization • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Review/approve and flag Newsfeed content (ongo-ing). • Updating Participant training documentation (as needed/ongoing). • Continue to onboard new Clinicians and Care Team and build relationship with them. • Reviewed data for feedback in awarding a Digital Health Literacy Certificate for Care Team members • A4i Caseload PSRC Western • A4i PowerPoint presentations • A4i Person of the Day • A4i Pilot Consumer onboarding • A4i Celebration Day • A4i Update Infographics • A4i Phone Update Process • A4i gift cards coordination • Gmail Insert communications • Peer Cheat Sheet for training • Flyer for A4i replacement apps • E-mail /Call Participants and care team for A4i • Creating Certificates for the A4i Event • Creating an agenda for the A4i Event • Searching for possible candidates for A4i from Peer Support Resource Center (PSRC) • Updating A4i devices for Desert Location • adding participant support number to the A4i devices • A4i Completion flyer • Develop Calendar for pilot completion celebrations • Monitor and update list of Consumers who are inactive and NOT using devices • Making list for A4i numbers given out • A4i onboarding **Recovery Record App for Eating Disorders** **Target Area:** Improve Outcomes for High-Risk Populations **Population:** Consumers receiving Eating Disorder (ED) Treatment • 12/9/22 - Dr. Chang approval for Recovery Record (RR). • 12/16/22 – RR Contract fully executed • 12/21/22 – RR Initial Training with ED Champions

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	• Updating Participant training documentation (as needed/ongoing). • Participant Evaluation Interviews continues. **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate level of support and care. • Started Scope of Work and contract negotiations with Qualtrics and Carahsoft • Started scope of work and contract planning with UCI for the evaluation of the WPHS project. **Other Help@Hand Project Milestones** • In collaboration with Dreamsyte, the statewide "HelpatHand Riverside" Landing Page is continuously updated with Press Releases, team members, partners, etc. (ongoing). https://helpathandca.org/riverside • In collaboration with our technology team, the "Kiosk Map Locator" and google adds reports is updated monthly and it is available as a resource in the kiosk landing page (ongoing): https://arcg.is/0qnOuj • HR started the process of opening the Peer Support Specialist for the hiring process for the 3 vacant peer position started. • Free apps brochure (Spanish/English) was approved by the RUHS –BH marketing team and sent for printing.	*Carolyn Wyle Center, CHARLEE Family Care, Chidlhelp USA, ChildNet Youth and Family Services, Community Access Network, Creative Solutions, Desert Sands Unified School, Father's Heart Ranch, Ferree's Group Home, Harvest Safe Haven, Jurupa Unified School District, Kamali'i Foster Family Agency, McKinley Children's Center, MFI, New Beginnings, New Haven Youth and Family, Oak Grove, Oasis Behavioral Health, Olive Crest, Palm Springs Unified School District, Plan-It Life, Purposely Chosen, Rady Children's Hospital, Riverside County Latino Community, Seneca Family of Agencies, Special Service for Groups, Tessie Cleveland, the Heart Matters, Trinity Youth Services, VCSS, Walden Family Services, etc.)* • Community Mental Health Fair - Perris Unified School District - May 24-26th, 2022 - **75** • RUHS – BH –Director's Meeting – Help@Hand Riverside Updates -June 6, 2022 – **57** • CalPRO LEAD Statewide Peer Conference – June 13-14, 2022 - **150** • Temecula CultureFest (World Day for Cultural Diversity) - May 21, 2022 - **300** • Hemet Pride – June 10, 2022 – **150** • Ready, Set, GAY! – June 11, 2022 - **100** • Sex after Dark event – June 24, 2022 - **150** **Regular Monthly collaboration feedback/updates to stakeholders Committees/Meetings:** • FSP Committee – 1 • Adult System of Care Committee – 3 • Behavioral Health Commission –3 • Cultural Competency Reducing Disparities Committee –2 • Eating Disorder Collaborative meetings –1 • Legislative Committee – 1 • Mid County Regional Board meetings – 2 • Housing Committee – 1 • CAGSI – LGBTQIAN+ Task Force – 1 • Latinx Sub-Committee - 2 **As needed/requested Basis:** Quality Improvement Committee (Monthly) - 1 **San Francisco -Take my Hand Live Peer Chat** • Work continued on development of the *TakemyHand* Website Content Management System. • MOU revisions – WIP. • Additional programming Tweaks in the CMS are work in progress.	• Riverside Pride Event • Debriefing Training Event with the New Life, CalWORKs, Justice Outreach Teams. **Regular Monthly collaboration feedback/updates to stakeholders Committees/Meetings:** • FSP Committee – Monthly • Adult System of Care Committee – Monthly • Behavioral Health Commission – Monthly • Cultural Competency Reducing Disparities Committee – Monthly • Eating Disorder Collaborative meetings – Monthly • Legislative Committee – Monthly • Mid County Regional Board meetings – Monthly • Housing Committee – Monthly • CAGSI – LGBTQIAN+ Task Force – Monthly • Latinx Sub-Committee – Monthly • Veterans Committee meetings- Meeting • Desert TAY Collaboration meeting -Monthly • Older Adults SOC Committee -Monthly **As needed/requested Basis:** Quality Improvement Committee (Monthly) **San Francisco -Take my Hand Live Peer Chat** • *TakemyHand* Website Content Management System completed. • MOU final version approved by SF and routed for Riverside executive team approval. **A4i App** **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • TangoCard is being utilized for A4i Pilot Participants incentives (ongoing). • As of September 31, 2022, the total number of enrolled participants from beginning of pilot was 45. • Participant onboarding/training (ongoing). • Participant Device delivery (ongoing) • Onboarding & Training of new Care Team Members (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Updating Participant training documentation as needed/ongoing (Peer Team). • Participant Evaluation Interviews continues. Coordination of participants' appointments is performed by the Peer and the Evaluation teams.	• Successful started the pilot! Trainings and dashboard implementations have taken place. • Reviewed and confirmed Recovery Record Pilot Proposal • Pilot Proposal planning, o wrote consent form for proposal package, o implemented edits and feedback, o drafted workflow for pilot, o co-facilitated in demo training, o review user guide, o created templates for training guides including Canva and Articulate materials, o Created a client persona to familiarize with dashboard and app. **Whole Person Health Score (WPHS)** **Target Area:** Improve service access to underserved communities. Increase access to the appropriate level of support and care. • Troubleshooting phase of testing the WPHS survey, providing feedback to Qualtrics designers • Offer clinical perspective and feedback for survey and overall project • Continuing to work on language in the Pediatric WPHS assessment • Provided suggestions for enhancing overall project in Attend WPHS Governance meetings, office hour meetings, and sync meetings • Created WPHS icons in Canva • Created videos for higher understanding – potentially will be utilized in phase 2 • 12/2/22 – Begin UAT Test Scripts for WPHS. **Man Therapy for Suicide Prevention** **Target Area:** Suicide Prevention among men **Population:** White Male over 45 • 11/10/22 - Man Therapy Launch • Provided feedback for suggested marketing and outreach discussions • Collaborated on product and outreach implementations discussions **Digital Mental Health Literacy** • 12/19/22 – Painted Brain Project Launch • Review/select wellness apps for "Appy Hours" activities *Other DMHL activities:* • H@H Newsletter • DMHL Resources Infographic • The PeRL - Monitor, update and format • MyHealthPoint PowerPoint

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		A4i App **Target Area:** Improve Outcomes for High Risk Populations. **Population:** FSP Consumers • TangoCard is being utilized for A4i Pilot Participants incentives (ongoing). • As of June 30, 2022, the total number of enrolled participants is 40. • Participant training (ongoing). • Onboarding & Training of new Care Team Members (ongoing). • Review/approve and flag NewsFeed content (ongoing). • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Updating Participant training documentation (as needed/ongoing). • *Participant Evaluation Interviews* continues. • *A4i Updates Presentation on the Tech Lead call* • Provided device and app training to Rachel and Gloria to get their feedback for the D/HH user perspective • Approved additional A4i development and cos • Presented A4i Project update for Tech Lead meeting (https://storymaps.com/stories/d9929e4962a34e61bf870552497eef44) • Added access to A4i URL widget from EHR • Manuscript presentation approved for presentation at September A4i conference • Closed phase 1 at JWC clinic • 13 participants graduated from the A4i Pilot and several of the participants chose to continue using the A4i app to support their wellness. **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate level of support and care. • Work and contract negotiations with Qualtrics and Carahsoft is still in progress. • Work and contract planning with UCI for the evaluation of the WPHS project. SOW was drafted but not finalized. **Other Help@Hand Project Milestones** • In collaboration with Dreamsyte, the statewide "HelpatHand Riverside" Landing Page is continuously updated with Press Releases, team members, partners, etc. (ongoing). https://helpathandca.org/riverside • In collaboration with our technology team, the "Kiosk Map Locator" and google adds reports is	• Coordination of E-Gift cards distribution and support is ongoing (Peer Team). • Approved additional A4i app development in progress. • A special goals check-ins page was completed. • Enhancements to the A4i app continue being released on regular basis. • A4i Care team user guide was updated to include the ability to access to A4i URL widget from the department EHR. • A4i Completion Certificates were designed for the 2nd. Graduation event (Peer Team). • Eleven TAY pilot participant completed their 6-month pilot. • Plan, organize and participate in A4i Celebration of Completion party. • Train new team members on A4i Dashboard and onboarding process (Peer Team) – Ongoing as needed. • Attend regular meetings with A4 Vendor. • Pitch A4i to staff within our system of care. • Support the activities of phone system updates and coordination of data activation with CalMHSA and Verizon (Peer Team). • A4i workflow changes (as needed) • A4i monitoring of pilot participants in dashboard (Peer/CT Teams) • Select and post in Newsfeed to keep participants engaged (Peer Team). • Create and maintain calendar of pilot completion/graduation for tracking purposes (Peer Team). • Some clinic-based care team members have expressed interest in a more active role. First onboarding during a session appointment with clinician involved was on 9.28.22 • 6 new care team members enrolled. As of September 30, 2022, the total number of care team members enrolled is 16. • 13 new participants enrolled. As of September 30, 2022, the total number of participants enrolled is 32. • 49 incentives issued to participants. The following is the breakdown: 13 incentives (intake), 7 incentives (1st month interview), 5 incentives (3-month survey), 10 incentives (6-month survey), and 14 incentives (6-month interview). • 35 successful collaborations (via email) made between peers and providers in order to assist. • Senior Peer Support Specialist and Senior Clinical Therapist presented A4i pilot project to Blaine Street Clinic to expand recruitment for A4i pilot. • Senior Clinical Therapist met with First Episode Psychosis (FEP) Program supervisor who	• Bingo sets/distribution for group sessions to train on how to use TakemyHand • Identify apps that are no longer free of charge **La Clave** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • 12/14/22 – Initial contract meeting to discuss contract SOW **Other milestones:** • In partnership with UCI, presentation at Technology in Psychiatry Summit 2022 - Transforming City and County Behavioral Health through Technology in partnership with UCI. https://storymaps.com/stories/1213d1481b734fe38035d1dcefbc6657 (10/28/2022)

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		updated monthly and it is available as a resource in the kiosk landing page (ongoing): https://arcg.is/0qnOuj • Three new Peer Team members were selected. Two Peers joined the team and one of them is still in background process. • Free apps brochure (Spanish/English) were received from printing services and some of them were distributed to 30 clinics as a resource material for consumers. • Presented on HelpatHand Updates at Director and Managers meeting: https://storymaps.com/stories/690366c1c40248b99d9687d8cdded4d0	expressed interest for FEP consumers enrolling in A4i pilot. **Evaluation** • A4i 1st Data Infographic completed and presented in various internal and stakeholders meetings. Data findings were also used by vendor in a poster presentation event: How Digital Technologies have Helped Us Weather the COVID Pandemic at the University of Pittsburg. • Individual interviews with participants about experience with the A4i app continues. o Pre-Measures (Quality of Life, BASIS 24, and Technology Use Survey). o Semi-Structure Interview (1 month). o Follow-Up Measures (3-Month. Quality of Life, BASIS 24, A4i experience survey). o Follow-Up Measures (6-Month. Quality of Life, BASIS 24, A4i experience survey). o Semi-Structure Interview (6 month). • A4i 1st Data Infographic – will be presented in our county wide Research Exchange Fall 2022 event. **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate level of support and care. • Contract negotiations with Qualtrics and Carahsoft completed. • Work and contract planning with UCI for the evaluation of the WPHS project. SOW was drafted but not finalized. • Clinical team is attending WPHS meetings to ensure clinical lens for the project • Clinical team suggested psychoeducation videos or infographics to provide context for both an introduction to the WPHS and support in interpreting score from survey. **Recovery Record (RR)** **Target Area:** Improve Outcomes for High-Risk Populations. **Population of focus:** Eating Disorders • App demo sessions with vendor and eating disorder champions. • Meetings with vendor to drafting of scope of work started. • Participant Consent drafted and approved by Riverside County Counsel. • RR Pilot Proposal submitted to CALMHSA. • Care Team Consent drafted and approved. • Completed Digital Behavioral Health Questionnaire	

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			-Risk Assessment Only Clinical Therapist (CT) Team. • Held several meetings with Internal Eating Disorder Champions to understand ED clinic workflow and how the RR app could be integrated (CT Team) • Meeting with internal IT authority to review vendor security questions is - pending. **Men Therapy** **Target Area:** Suicide Prevention. **Population of focus:** Men over the age of 45, Adults over the age of 65. • Product demo session/meetings with vendor. • Meetings with vendor to drafting of scope of work were held. • License agreement and SOW submitted for final approval and adoption. **Digital Mental Health Literacy and Painted Brain** **Target Area:** Improve Outcomes **Population of Focus:** FSP, Mid-County & Desert Regions, Ethnic Cultural and LGBT, Re-entry, Adults Over the age of 65. • Created DMHL facilitation power point phase 1 (Peer team) • DMHL Training facilitated with HelpatHand Peer team (Senior Peer). • DMHL Certificates designed (Peer Team) • Created DMHL Facilitation power point (Clinical Team) • Initiated drafting of scope of work with Painted Brain to gain support on these countywide educational activities with current consumers. • Initiated planning to create digital literacy training on TakemyHand, Kiosks, and myHP (intelichart) or consumer portal (Peer Team). • DMHL Resources Infographic (Peer Team). • Flyer with recommended free apps (similar to A4i) was created and distributed to participants who completed the A4i 6-month pilot (Peer Team). • Senior Clinical Therapist conducted DMHL "Managing Digital Footprints" presentation to Desert Hot Springs Wellness and Recovery Older Adult Program. **Other Help@Hand Project Milestones** • "All Hands on Deck Newsletter" published and shared countywide (Peer Team). • In collaboration with Dreamsyte, the statewide "HelpatHand Riverside" Landing Page is continuously updated with Press Releases, team	

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			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 • One new Peer Team member joined the team. • Free apps brochure (Spanish/English) are being distributed at outreach events. • Kiosk Infographics completed (Peer Team) • Kiosk Infographic print job order sent.	
Lessons Learned/Recommendations Across Year 4	**A4i** • Reviewing Portal Activity of Care Team Providers provided information about which providers actively reviewed A4i Clinical Dashboard. • University of California, Irvine (UCI) evaluations to care team providers to complete surveys and interviews has been an ongoing challenge. Senior CT will assist with conducting interviews. **12.8.22 A4i Graduation Celebration (CT – Brief in-person survey)** • **Q's:** When you meet with each of the participants who are ending their A4i participation, would you ask the following questions? o 1) How has reporting their sleep, mood, goals, and meds been helpful in managing their symptoms? o 2) How has the A4i helped the individual to make lifestyle changes, such as finding options for homelessness, options to take their meds (injections vs pills)? o 3) Did the A4i help them stay in communication with their care team? • **Participant 1** Answers: o Yes, I was able to track my sleep meds because I wasn't sleeping well so eventually, I was able to notice things and was able to just having what was prescribed to sleep. o Through the magic of peer support my life changed with my anxiety and panic attacks. o Chris was a huge part of helping me. • **Participant 2** Answers: o Tracking was easy because it just popped up. o I appreciate the phone because it's hard for me to communicate so it helped me a lot. It's a good app. I liked the encouragement that came from the feed and myself. It helped me because I am so shy. • Team benefits from ongoing meetings to discuss participant situations within context of overall program. Sometimes there are specifics with a potential participant that requires the team to come together and come to a collective decision. • There was a need to clarify further to participants what participating in a pilot might require from them. This was added into the preliminary tech survey. • As a team we noticed that clinicians would be interested in pilot program on behalf of their clients but it was not always made clear what the personal buy-in for the potential participant was, and how much they understand about the pilot. It helped to conduct these conversations as we began the onboarding process, and it seemed that previous to this it was happening post-onboarding and creating confusion and/or frustration for participants. **Whole Person Health Score:** • Timeline for go-live date is delayed. **Deaf and Hard of Hearing Community Needs Assessment** • Number of surveys completed has been very low and we are brainstorming on in-person event to have more surveys completed. • Peer certification was only completed by two individuals out of the 13 to 15.			
Recommendations Across Year 4	• Refer to section above for Learnings/Recommendations.			
Cross County/City Sharing Across Year 4	• Memorandum of Understanding (MOU) for TakemyHand Live Peer Chat collaboration with San Francisco is in routing process for our executive team approval.			

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Tech Lead(s)	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS
Implementation Site	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – Open-to- Public County Clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics. • Man Therapy: Riverside County Community. • Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff & Consumers (TAY, Adults, Older Adults) • LaClave: RUHS Behavioral health/Riverside Community	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – Open-to- Public County Clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics. • Man Therapy: Riverside County Community. • Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff & Consumers (TAY, Adults, Older Adults) • LaClave: RUHS Behavioral health/Riverside Community	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – Open-to- Public County Clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics. • Man Therapy: Riverside County Community. • Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff & Consumers (TAY, Adults, Older Adults) • LaClave: RUHS Behavioral health/Riverside Community	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – Open-to- Public County Clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics. • Man Therapy: Riverside County Community. • Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff & Consumers (TAY, Adults, Older Adults) • LaClave: RUHS Behavioral health/Riverside Community • "Learn & Earn" Digital Literacy Training sessions
Team Composition	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • Shannon McCleerey-Hooper, Peer Support Services Deputy Director • David Schoelen, MHSA Administrator **Whole Person Health Score- Social Determinants of Health** • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • Shannon McCleerey-Hooper, Peer Support Services Deputy Director • David Schoelen, MHSA Administrator **Whole Person Health Score- Social Determinants of Health** • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • Shannon McCleerey-Hooper, Peer Support Services Deputy Director • David Schoelen, MHSA Administrator **Whole Person Health Score- Social Determinants of Health** • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • Shannon McCleerey-Hooper, Peer Support Services Deputy Director • David Schoelen, MHSA Administrator **Whole Person Health Score- Social Determinants of Health** • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef

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	MHSA Innovation Lead/Social Svcs Planner/ Cultural Competency • Leah Newell • Consulting Cultural Outreach & Education Workforce **Peer Support Svcs. Manager** • Kristen Duffy **Senior Peer** • Melissa Vasquez **Peers:** • Chris Galindo • Gail Leavitt • Marisela Gil • Victoria Rodriguez • Ilene Galvan • Katie Vazquez • Carter Lorne • Juan Koontz • Arthur Gutierrez • Lisabeth Black **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists:** • Josephine Perez, Senior Clinical Therapist • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Support** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price • Rachel Postovoit	**MHSA Innovation Lead/Social Svcs Planner/ Cultural Competency** • Leah Newell • Consulting Cultural Outreach & Education Workforce **Peer Support Svcs. Manager** • Kristen Duffy **Senior Peer** • Melissa Vasquez **Peers:** • Chris Galindo • Gail Leavitt • Marisela Gil • Victoria Rodriguez • Ilene Galvan • Katie Vazquez • Carter Lorne • Juan Koontz • Arthur Gutierrez • Lisabeth Black **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists:** • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Support** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price Rachel Postovoit	**MHSA Innovation Lead/Social Svcs Planner/ Cultural Competency** • Leah Newell • Consulting Cultural Outreach & Education Workforce **Peer Support Svcs. Manager** • Kristen Duffy **Senior Peer** • Melissa Vasquez **Peers:** • Chris Galindo • Marisela Gil • Victoria Rodriguez • Ilene Galvan • Katie Vazquez • Carter Lorne • Juan Koontz • Lisabeth Black **Social Media/Marketing & Communications:** • Andrea Ramirez • Dylan Colt **Clinical Therapists:** • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Support** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price Rachel Postovoit	**MHSA Innovation Lead/Social Svcs Planner/ Cultural Competency** • Leah Newell • Consulting Cultural Outreach & Education Workforce **Peer Support Svcs. Manager** • Kristen Duffy **Senior Peer** • Melissa Vasquez **Peers:** • Chris Galindo • Marisela Gil • Victoria Rodriguez • Ilene Galvan • Katie Vazquez • Carter Lorne • Juan Koontz • Lisabeth Black **Social Media/Marketing & Communications:** • Andrea Putnam **Clinical Therapists:** • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Support** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price Rachel Postovoit
Core Audiences	• **Early Detection: TAY** • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses)	• **Early Detection: TAY** • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses)	• **Early Detection: TAY** • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses)	• **Early Detection: TAY** • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses)

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	• **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	• **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	• **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	• Improve Outcomes for High-Risk Populations: Re-entry Consumers, FSP Consumers, Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.
Products in Use/Planned	• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award. • Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link. • Deaf and Hard of Hearing Needs Assessment Survey – it is online to collect feedback from our DHoH community members on their mental health needs. • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds. • Recovery Record Mobile App Pilot that serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • The Whole Person Health Score Assessment is been created in the Qualtrics platform environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource	• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award. • Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link. • Deaf and Hard of Hearing Needs Assessment Survey – it is online to collect feedback from our DHoH community members on their mental health needs. • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds. • Recovery Record Mobile App Pilot that serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • The Whole Person Health Score Assessment is been created in the Qualtrics platform environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization,	• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award. • Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link. • Deaf and Hard of Hearing Needs Assessment Survey – it is online to collect feedback from our DHoH community members on their mental health needs. • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds. • Recovery Record Mobile App Pilot that serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • The Whole Person Health Score Assessment is been created in the Qualtrics platform environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and	• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award. • Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link. • Deaf and Hard of Hearing Needs Assessment Survey – it is online to collect feedback from our DHoH community members on their mental health needs. • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds. • Recovery Record Mobile App Pilot that serves as digital support tool for individuals with an eating disorder diagnosis. 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	Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Partnership with LaClave is in planning stage. LaClave is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope individuals will be able to detect serious mental illness earlier.	Socioeconomics, Ownership and Nutrition and Lifestyle). • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Partnership with Dr. Steven Lopez from LaClave. LaClave is a guide to the symptoms of serious mental illness. It utilizes cultural marks to teach psychosis literacy to the Hispanic and Latinx community.	Lifestyle). • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Partnership with Dr. Steven Lopez from LaClave. LaClave is a guide to the symptoms of serious mental illness. It utilizes cultural marks to teach psychosis literacy to the Hispanic and Latinx community.	• Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Partnership with Dr. Steven Lopez from La CLAve. LaClave is a guide to the symptoms of serious mental illness. It utilizes cultural marks to teach psychosis literacy to the Hispanic and Latinx community. • "Learn & Earn" Digital Literacy Trainings to consumers is been launched to promote the WPHS Assessment survey and myHealthPointe (consumer portal to their electronic health records portal).
Implementation Approach	• Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants is ongoing. • Recovery Record –Pilot implementation with Eating Disorder Champions is Live! • Whole Person Health Score –Live! • Man Therapy Marketing Campaign – Live! • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Train-the-Trainer registrations are live for Mid-County, Western and Desert county regions. • La, CLAve presentations with Dr. Lopez are LIVE! La CLAve Facilitators Training are in planning phase. Brand Discovery sessions for integration within the TakemyHand app are in planning phase.	• Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants is ongoing. • Recovery Record –Pilot implementation with Eating Disorder Champions is Live. • Whole Person Health Score Assessment distributions via email and text is Live. • Man Therapy Marketing Campaign and outreach activities are live. • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Train-the-Trainer registrations are completed for Mid-County, Western and Desert county regions. Appy Hours workshop sessions are being promoted in the various county regions. • La CLAve Facilitators Training are in implementation phase; one facilitator training completed. Design sessions for integration within the TakemyHand app are in implementation phase.	• Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants completed with 100 participants enrolled. • Recovery Record –Pilot implementation with Eating Disorder Champions is Live. Enrollment extended to contracting agencies. • Whole Person Health Score Assessment distributions via email and text is Live. BH Adult survey QR codes live in swags (tissues, lip balm and bookmarks). • Man Therapy Marketing Campaign and outreach activities are live. Outdoor print and digital billboards phase II planning completed. • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Consumer "Appy Hours" sessions implemented and 20 sessions completed during this quarter period (Age Groups: 14 Adult, 3 TAY & 3 Older Adult). • La CLAve Facilitators Training are in implementation phase; four facilitator training completed. Design and testing sessions for integration within	• Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants completed with 100 participants enrolled. • Recovery Record –Pilot implementation with Eating Disorder Champions is Live. Enrollment extended to contracting agencies. • Whole Person Health Score Assessment distributions via email and text is Live. BH Adult survey QR codes live in swags (tissues, lip balm and bookmarks). • Man Therapy Marketing Campaign and outreach activities are live. Outdoor print and digital billboards phase II planning completed. • DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Consumer "Appy Hours" sessions implemented and 20 sessions completed during this quarter period (Age Groups: 14 Adult, 3 TAY & 3 Older Adult). • La CLAve Facilitators Training are in implementation phase; four facilitator training completed. Billboards, kiosk ads went live countywide. The

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			the TakemyHand app were completed during this quarter.	integration within the TakemyHand app was launched and promoted in Univision TV, radio and digital media. • "Learn & Earn" Digital Literacy Trainings to consumers is been launched to promote the WPHS Assessment survey and myHealthPointe (consumer portal to their electronic health records portal).
Other Unique Qualities	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Josephine • Adult System of Care Committee – Chris • Behavioral Health Commission – Martha, Melissa, Josephine • Children's Committee – Victoria • Cultural Competency Reducing Disparities Committee –Gail, Josephine or Kayla or Martha. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings – Josephine or Kayla • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla or Josephine • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail, Mary • TAY Collaborative meetings –Desert -TBD • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings -Western – Gail • Housing Committee – Melissa • Veterans Committee – Chris • Criminal Justice Committee – Mary • The Community Advocacy for Gender and Sexuality Issues (CAGSI)– Chris • LGBTQIAN+ Task Force – Dylan • Wellness and Disability Equity Alliance (WADE) Subcommittee –Martha or Melissa • African American Family Wellness Advisory Group (AAFWAG) – Melissa • Asian American Task Force – Martha or Josephine • Deaf and Hard of Hearing subcommittee – Rachel – Josephine or Kayla • Middle Eastern and North African Task Force (MENA) - Josephine • Hispanic, Latinx committee (HISLA) - Mary	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa • Adult System of Care Committee – Chris • Behavioral Health Commission – Martha, Melissa • Children's Committee – Victoria • Cultural Competency Reducing Disparities Committee –Gail, Kayla or Martha. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings –Kayla • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Gail, Mary • TAY Collaborative meetings –Desert -TBD • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings -Western – Gail • Housing Committee – Melissa • Veterans Committee – Chris • Criminal Justice Committee – Mary • The Community Advocacy for Gender and Sexuality Issues (CAGSI)– Chris • LGBTQIAN+ Task Force – Dylan • Wellness and Disability Equity Alliance (WADE) Subcommittee –Martha or Melissa • African American Family Wellness Advisory Group (AAFWAG) – Melissa • Asian American Task Force – Martha • Deaf and Hard of Hearing subcommittee – Kayla • Middle Eastern and North African Task Force (MENA) - 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Milestones	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities	**Technology- Kiosks and Mobile Devices** **Target Area:** Improve Service Access to Underserved Communities

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	Population: Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Kiosks have been installed in waiting areas throughout the county to engage the community, introduce the technology, serve as an access point, and collect surveys. • Amendment executed for Phase 2 • Phase II implementation started with four kiosks installations completed (Riverside three iPad, 1 55" kiosk, Corona 1 55" kiosk). The total number of kiosks to be installed in phase II is 26 (25 new sites and 1 replacement for a vandalized kiosk in Hemet clinic). • Site locations identified and quotes requests are in process. • Contract amendment is in process to include new identified clinic sites. • Distribute/Track devices data activation. • Track check-in and checkout phone/iPad/tablets devices. • Peer team identified the following apps to be no longer free of charge: Headspace- first 7 days free then $12.99 a month, Wysa – first 3 days free then $7.99 a month/ $49.99 a yr. / $99.99 a lifetime, BAMBU - first 7 days free then it is $8.99 a month or $ 52.90 a year; Puramente - first 10 free days then it is $2.99 a month or $29.99 a year; ANA - $13.99 a year or $8.49 a month right until 03/10/2023; Intellect - Free 7 days then $41.99 a year; Field Guide - doesn't work, seems like the app is broke (January 2023). • The configuration of phones was modified to remove wellness apps that were no longer free of charge (IT contractor) • New free apps were installed on the android phone devices: "Ansiedad y Estres ", myHP version 2, mindLAMP –IT contractor (1/18/2023). • Develop plan to distribute remaining Verizon devices • Add 2 kiosks for medical clinics with a different Kiosk Landing page. **Deaf and Hard of Hearing Community Needs Assessment** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our	**Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Installed 2 iPad Pro size kiosks for medical clinics with a different kiosk landing page: https://thrive.ruhealth.org/#/home • Phase II implementation continues with other behavioral clinic sites and Molina site in the desert region. • Contract amendment is in process as sites are approved for installation. • Distribute/Track devices data activation. • Track check-in and checkout phone/iPad/tablets devices. • Develop plan to distribute remaining Verizon devices – Plan to distribute devices with staff who completed the Painted Brain DMHL workshop (if interest arise). **Deaf and Hard of Hearing Community Needs Assessment** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our DHoH community members on their mental health needs. • Hosted in-person survey event at CODIE 4/11-12 • Promoted survey at May 11 and 18 RUHS events • Hosted a booth at CODIE event May 20 • Created a generic version of the survey that other counties can use • Executed agreement for 20 additional hours of support from Red Pepper. • 42 surveys completed overall. **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. • Help@Hand clinical therapist provides support for crisis chat coverage (ongoing). • TakemyHand Peer Chat Operation Oversight (ongoing). • Recovery Language Training. • TakemyHand Peer Chat Coverage (ongoing). • Update TmH Peer Chat Operator Manual (as needed).	**Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Phase II implementation continues with other behavioral clinic sites and Molina site in the desert region. • Contract amendments are ongoing as sites are approved for installation. • Distribute/Track devices data activation. • Track check-in and checkout phone/iPad/tablets devices. • Develop plan to distribute remaining Verizon devices – Plan to distribute devices with staff who completed the Painted Brain DMHL workshop/"Appy Hour" groups (if interest arise). • YTEC Kiosk on-site training: Riverside. (Peer Team). Good resource for families. Wants more infographics to distribute. Kiosk is a landscape type. **Deaf and Hard of Hearing Community Needs Assessment** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our DHoH community members on their mental health needs. • 42 surveys completed overall. • Modified survey to ensure gift cards are only sent to Riverside County residents • Sent September open dates needed for QR code: o Supported the Sept 10 Pride Event o Sept 15 Deaf Festival Day o Sept 21 CSDR event o Sept 22 CODIE Open House **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. • Help@Hand clinical therapist provides support for crisis chat coverage (ongoing). • TakemyHand Peer Chat Operation Oversight (ongoing). • Recovery Language Training. • TakemyHand Peer Chat Coverage (ongoing).	**Population:** Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT. • Phase II implementation continues with other behavioral clinic sites and Telecare contractor agency with 10 Urgent Care facilities across the county in all geographic regions (Mid-County, Western and Desert). • A Large Peerless 55" kiosk will be installed in the Blind Support Services office in Riverside City. • 64 Kiosks have been installed in waiting areas throughout Riverside County and serve as points of service navigation and education. At the kiosk, the user can find a link to the MHSA plan and how to provide feedback. THE KIOSK EXPERIENCE (https://riversidehelpathand.org/) is a great way to locate useful resources and support at your fingertips. You can find Kiosks locations on the kiosk map locator on the Help@Hand Riverside webpage. Ten more kiosks are in the process of production and installation. The plan is to complete deployment of 75-kiosk total by February 2024. Community members can locate a kiosk via this kiosk map locator: https://arcg.is/0qnOuj. In addition, the Help@Hand Innovation Program collaborated closely with RivCo ONE, a countywide initiative for Integrated Service Delivery, coordinated by Dr. Kumar, Chief Health Information Officer to develop and design a special kiosk landing web page (https://thrive.ruhealth.org/#/home) that is being utilized in the two kiosks delivered and installed in the Jurupa Health Care Clinic. Funding, knowledge and technical expertise from the Help@Hand Innovation program were critical components to the launch of the RivCo ONE Integrated Service Delivery initiative. The specially designed kiosk-landing page provides links with access to Programs and Services (IConnect), Epic my Chart, Other Department and Programs, and Check-In appointments for medical patients. • Charging Stations. As part of supporting successful utilization of the kiosk technology, due to consumers' frequent need to unplug the kiosks so they can charge their phone devices, the Help@Hand program deployed charging stations in some of the clinic sites countywide. This implementation was a solution approach to the frequent unplug or kiosks at some high traffic clinic sites. The charging station has the TakemyHand™ branding and QR Code so individuals visiting the clinic lobby can quickly connect to a TakemyHand™ live Peer for emotional chat support. In addition, in a most recent deployment phase, the charging stations have both, TakemyHand™ and La CLAve branding.

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	DHoH community members on their mental health needs. • Survey was brought down due to a cyber bot attack. During the first week of January 2023, the BOT was able to complete over 2,500 surveys. Our team was very glad that we did not enable the automatic distribution of incentives (Rewards Genius). Our distribution of survey incentives is manual, Gloria from our partner CODIE, reviews recipient email and verifies it is a CODIE member. She then notifies our team for an e-gift card incentive distribution. • Planning/Implementation collaboration meetings with Red Pepper Consulting team member for modification and security setup settings to prevent another cyber BOT attack. • Published updated surveys with a new link • Completed security updates and testing for the pre-survey and full survey • Gloria, Advocate Lead from CODIE and Rachel from the DHoH Committee Liaison presented at a statewide collaboration call on lessons learned during their participation with Help@Hand Riverside innovation program. After this presentation, other collaborative counties took interest in the ability to utilize Riverside's DHoH Needs Assessment Survey to adapt it for their DHoH communities. • Executed agreement for six additional hours of support from Red Pepper. • Plan for hosting an in-person survey event at CODIE (4/11, 4/12). **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. • Help@Hand clinical therapist provided support for crisis chat coverage (ongoing). • TakemyHand Peer Chat Operation Oversight (ongoing). • Recovery Language Training. • TakemyHand Peer Chat Coverage (ongoing). • Update TmH Peer Chat Operator Manual (as needed). • Terms of Service Video went live. The H@H Team in collaboration with Dreamsyte completed the TakemyHand Terms of Service video. Script was reviewed and approved, the Peer team originated some of the key creatives of the video	• Spanish version of the Terms of Service Video went live. The H@H Team in collaboration with Dreamsyte completed the TakemyHand Terms of Service video. Tech Lead and Dreamsyte worked on the professional development of the Spanish version video. Video is live and posted in the https://tomamimano.co/ website. • The ASL versions of the Terms of Service video are in planning phase. • SOW to contract with Sorenson is work in progress. • TakemyHand Resources Updates (English/Spanish) –Peer Team. • Message creation for social media posts (H@H Team)-ongoing. • Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram). • TakemyHand mobile IOs app was submitted to Apple Developer (second time). • App Store approved the TakemyHand app. • Trademark/Service mark approved - TakemyHand™ • TakemyHand T-shirts distributed at homeless event in Hemet. • The five new Peer team members had a Peer video created and these new Peer videos were integrated in the after chat hours chatBOT story (Takemyhand.co). • Snapchat ads are being tested to increase chats. We did not see improvement in the number of chats coming from this source. • TakemyHand ASL video chat Pilot – Planning activities. • Maria Martha interviewed by Univision en Español on TakemyHand. • Hosted booth at various May is Mental Health events. • Onboarding 6 new Peers • TakemyHand presentations – 6 • Created QR code for downloading app on phone • Processing with chat operators after difficult chats, provide trainings for managing mental health of operators • Provide resources for both staff and chat participants (as needed) **TakemyHand San Francisco:** • San Francisco decided not to proceed with this project due to internal challenges getting it approved.	• Update TmH Peer Chat Operator Manual (as needed). • SOW to contract with Sorenson is work in progress. • TakemyHand Resources Updates (English/Spanish) –Peer Team. • Message creation for social media posts (H@H Team)-ongoing. • Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram). • TakemyHand T-shirts distributed at "Appy Hour" group sessions countywide. • TakemyHand ASL video chat Pilot – Planning activities. • Hosted booth at various Outreach community events. • TakemyHand presentations – ongoing • Processing with chat operators after difficult chats; provide trainings for managing mental health of operators. • Provide resources for both staff and chat participants (as needed). • Added a large billboard on 60 freeway • Team created t-shirt with wellness design and message for the unhoused. • Rural zip code outreach with digital and physical marketing. • Approved new billboard ads with ASL logo. • Approved expansion of billboards. • Release Android app version - Pending • Add ASL to Terms of Service videos - WIP • Senior Peer Melissa trained two deaf Peer members to use the video chat feature to pilot chat support for the deaf and HoH. • Clinical perspective observation: Some chat consumers find it comforting to have chat operator acknowledge they remember chatting with them before. It may be worth disclosing a protocol to navigate such circumstances from people who are regularly visiting and accessing support. • Clinical perspective observation: Chat operators benefit from regularly scheduled group debrief meetings where they can discuss together approaches to common struggles, receive clinical advice, mindset shifts and emotional support for their own self-care. • Art Works Introductions. Meeting staff and learning from art works as a resource for consumers. **A4i** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers	La CLAve teaches about detecting the signs of a serious mental illness to motivate community to seek early treatment. Blind Services Resource Center received one charging station. These kiosks are approved to be delivery in Riverside Community College campuses (5), Norco campus (1) and La Sierra University Riverside campus (5). • Contract amendments are ongoing as sites are approved for installation. • Distribute/Track devices data activation. • Track check-in and checkout phone/iPad/tablets devices. • Thirty Android Tablets were distributed to the Peer Support Resource facilities (Western, Mid-County and Desert). These tablets will be a resource for consumer group sessions to continue the training with consumers on the utilization of wellness apps. • The Android version of the TakemyHand™ app will get pushed to the android devices. These devices will be deployed to clinic sites so staff can have on hand as a resource for consumers during a group session or for individual intervention sessions. • Ten iPad tablets were configured for easy access to the kiosk website to offer to clinics that will participate in the implementation of Whole Person Health Care assessment/screening workflow. Corona Wellness Behavioral Health Clinic and Banning Mental Health clinics were identified as the clinic sites that will serve as a model for this WPHS Screening workflow implementation. • Signed the sixth amendment to place last order of kiosks for the H@H program. **Deaf and Hard of Hearing Community Needs Assessment** **Target Area:** Improve Service Access to Underserved Communities **Population:** Deaf and Hard of Hearing • Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our DHoH community members on their mental health needs. • Surveys completed overall is 46. • Modified survey to ensure gift cards are only sent to Riverside County residents • Modified survey QR code in Qualtrics to be an available in clinic during clinic hours M-Th. 8-5 to allow Gloria in CODIE's office to have members take the survey during business hours and not just during outreach events. • Ten ASL digital literacy videos are available at the 64 kiosks (soon to be 75 kiosks) countywide. In 2021, in partnership with Sorenson and The Center

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	and Tech Lead and Dreamsyte worked on the professional development of the video. • Video is live and posted in the www.takemyhand.co website. • The Spanish and ASL versions of the Terms of Service video are in planning phase. • TakemyHand Resources Updates (English/Spanish) –Peer Team. • New Digital Peer Billboards live – January 2023. • New PRINT Billboards LIVE – January 2023. • TakeMyHand Marketing messages completed and provided to Dreamsyte –Buses Ads, Teacher outreach and LGBTQ+ family support. • Message creation for social media posts (H@H Team). • Valentine's Day images created for Social Media posts • Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram). • TakemyHand mobile app icon was designed and completed (H@H Team/Dreamsyte). • TakemyHand mobile IOs app was submitted to Apple Developer. • Publishing of the app was not approved. • The following revisions to the app were requested: Required users to review terms of service and submit a video demonstrating that our chat operators are able to ban trolls. • Modification to on boarded mobile app screens were completed to include the terms of service mobile app onboarding screen. • Modification to onboard mobile screen was completed to include one screen in Spanish language to inform app users that the chat service is also offered in Spanish. • Video was recorded and uploaded in Vimeo demonstrating how to Ban trolls. • Working on a new service line for ASL that will utilize video and ASL trained Peer support. • Met with video vendor to see a demo with Gloria and Rachel, our DHoH collaborators. • Planning the creation of marketing material specific to target DHoH audiences. • Plan the update terms of service to cover video chats. **TakemyHand San Francisco:** • MOU approved (1/29/2023) • Waiting on San Francisco legal Counsel approval	**A4i** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more. • Overall total of 50 care team members on boarded to date. • Overall total of 87 participants on boarded to date. • Engaged in supporting participants connected through the peer resource center and provided wellness check in calls. • Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Updating Participant training documentation (as needed/ongoing). • Continue to onboard new Clinicians and Care Team and build relationship with them. • Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team. • A4i workflow for Peers – Updated - Peer Team. • A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team. • A4i Tech Support (ongoing) -Peer Team. • A4i Post of the Day (ongoing) -Peer Team. • A4i Newsfeed Monitoring (ongoing) H@H Team. • A4i Caseload tracking (ongoing) -Peer Team. • A4i Onboarding of new participants (ongoing) -Peer Team. • A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team. • Administer A4i Tech Survey (Peer Team). • A4i Phone Processing and Updates (Peer Team). • A4i Checklist Documents (Peer Team). • A4i Peer Workflow Documents (Peer Team). • A4i Reminder Infographics (Peer Team). • A4i Consumer Recruitment Flyer (Peer Team). • A4i Review PP (Peer Team). • A4i x Riverside x CalMHSA meetings (H@H Team). • Support A4i Survey measure administration (Peer Team)	• App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more. • Overall 50 care team members on boarded to date from 12 different clinic sites countywide. • Overall 100 participants on boarded to date. • Engaged in supporting participants connected through the peer resource center and provided wellness check in calls. • Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Updating Participant training documentation (as needed/ongoing). • Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team. • A4i workflow for Peers – Maintained - Peer Team. • A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team. • A4i Tech Support (ongoing) -Peer Team. • A4i Post of the Day (ongoing) -Peer Team. • A4i Newsfeed Monitoring (ongoing) H@H Team. • A4i Caseload tracking (ongoing) -Peer Team. • A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team. • A4i Phone Processing and Updates (Peer Team). • A4i Checklist Documents (Peer Team). • A4i Peer Workflow Documents (Peer Team). • A4i Reminder Infographics (Peer Team). • A4i x Riverside x CalMHSA meetings (H@H Team). • Support A4i Survey measure administration (Peer Team) • Distribute/Track A4i e-gift card incentives (H@H Team) • Adding new resources from to A4i -upcoming • Bugs -no mood reminders showing 3.4 0.5 instead of 0.0/0.0 like the others on clinical portal -currently being worked on, will update when fixed. • New Digital therapeutics Certificates for 18 care team members during this quarter– planning distribution. • Update all A4i materials (Yuni and Peer Team) • Plan and held graduation ceremonies for A4i	on Deafness Inland Empire, known as CODIE. Ten Digital Health Literacy videos were produced and adapted to ASL and with the expansion of kiosks deployment, this ASL educational resource has expanded as well. **TakemyHand™ Live Peer Chat** **Target Area:** Improve Service Access to Underserved Communities **Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions. • TakemyHand ™ ASL video chat Pilot –went LIVE in December 2023. • Add ASL to Terms of Service videos – completed • Senior Peer Melissa trained two deaf Peer members to use the video chat feature to pilot chat support for the deaf and HoH. • TakemyHand ™ infographic created and flyers distributed to the CODIE's office. • TakemyHand ™ swags distributed to the CODIE's office to promote the ASL video chat pilot. • Wellness Check- in quiz in TakemyHand – Work in Progress. • Help@Hand clinical therapist provides support for crisis chat coverage (ongoing). • TakemyHand Peer Chat Operation Oversight (ongoing). • Recovery Language Training (ongoing). • TakemyHand Peer Chat Coverage (ongoing). • Update TmH Peer Chat Operator Manual (as needed). • SOW to contract with Sorenson completed. • TakemyHand ™ Terms of Services video with ASL video integration was completed and posted in the English and Spanish landing TakemyHand ™ websites. • TakemyHand ™ Resources Updates (English/Spanish) –Peer Team. • Message creation for social media posts (H@H Team)-ongoing. • Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram). • TakemyHand ™ T-shirts distributed at "Learn & Earn" digital literacy group sessions countywide. • Hosted booth at various Outreach community events. • TakemyHand presentations – ongoing • Processing with chat operators after difficult chats; provide trainings for managing mental health of operators.

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	A4i **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more. • From January to March 2023 – 10 new care team members on boarded. • From January to March 2023 – 16 new participants on boarded. • A4i Vendor published newsletter spotlighting Help@Hand Riverside Staff & Care Team Members. A4i Vendor issued Digital Therapeutics Certificates to Help@Hand Staff and Care Team Members (2/1/23). • SAPT Meeting Presentation with PSS Chris Galindo & Senior CT Josephine Perez (2/22/23). • Second A4i Newsletter sent out to RUHS managers and administrators (3/8/23). • Created Updated Newsletter for Care Team to receive updates, information and tips. • Engaged in supporting participants connected through the peer resource center and provided wellness check in calls. • Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program. • H@H clinicians are implemented as assigned clinician for Peer Resource Center participants (not otherwise connected to a clinic in the system) - which involves following case and providing case management services. • Interviewed and celebrated participants graduating from the A4i Pilot and several of the participants chose to continue using the A4i app to support their wellness. 1/26/23 A4i Graduation Celebration Q's: When you meet with each of the participants who are ending their A4i participation, would you ask the following questions? 1) How has reporting their sleep, mood, goals, and meds been helpful in managing their symptoms? 2) How has the A4i helped the individual to make	• Distribute/Track A4i e-gift card incentives (H@H Team) • Feature Development Updates. The @mention feature – WIP - currently being tested • Adding new resources from to A4i -upcoming • Bugs -no mood reminders showing 3.4 0.5 instead of 0.0/0.0 like the others on clinical portal -currently being worked on, will update when fixed. • Fixed allowing hashtags • Fixed the error that is not letting images be posted • 31 potential candidates to be contacted • New Digital therapeutics Certificates – Set for July • Update all A4i materials (Yuni and Peer Team) • A4i participant being triggered about post not being approved and discontinuing because of phone call to discuss issue. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • On boarded two new PSRC's and have H@H CT as primary clinical care team member for participants • Assess potential participant's fit for program including interviews and documentation research **Recovery Record App for Eating Disorders** **Target Area:** Improve Outcomes for High-Risk Populations **Population:** Consumers receiving Eating Disorder Treatment • The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • On boarded 17 participants. • On boarded 36 Care Team Providers. • Presented to a large number of clinical practitioners • Spotlight report on Riverside's collaboration with Sacramento County is completed. • Collaborate with team to strategize best practices for marketing and utilizing resource • Created Newsletters for Care Team providing updates, invitations to continue participating, and tips for utilizing resource in sessions • Presentations on resource • Onboarding & Training of new Care Team Members (ongoing). • Created infographic for consumers • Authored Spotlight highlighting collaboration with other county • Updated onboarding documents	participants who completed program • A4i posted a news story about the importance of peer support as digital health champions: Igniting Engagement: Peer Support Workers as Digital Health Champions – Memotext • Started planning of hosting A4i to record panel discussion and interview recording of staff and participants Nov 15. **Recovery Record App for Eating Disorders** **Target Area:** Improve Outcomes for High-Risk Populations **Population:** Consumers receiving Eating Disorder Treatment • The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • On boarded 17 participants. • On boarded 36 Care Team Providers. • 2nd. Newsletters for Care Team providing updates, invitations to continue participating, and tips for utilizing resource in sessions sent out. • Presentations on resource. • Onboarding & Training of new Care Team Members (ongoing). • Brought on peer to support in managing tracking of project • Coordinate distribution of devices for care team and consumers • Maintain/update workflow for managing tracking of project • Created a RUHS Welcome Packet to email to new clinicians. Packet includes all Newsletters, Recovery Record flyer pdf, "how to" directions for supporting clients with retrieving their e-gift card incentive, initial measurement survey, 3-month measurement survey , and 6-month measurement survey, "What's Next?' Recipe" pdf. This recipe is a systematic infographic for clinicians to better understand what order the pilot process takes place. This helps them to navigate through all the new information they receive as well as stay organized in knowing what to expect next. • Created tracking sheet to follow when incentives have been sent and when they were due. • Milestone/lesson learned: Created external spreadsheet to track clinicians added to the pilot program, as it was discovered that the Recovery Record dashboard was deleting inactive participants, and did not have a historical account	• Provide resources for both staff and chat participants (as needed). • Added large billboards with approved ASL chat icon at the mayor Riverside county freeways countywide. • Team created t-shirt with wellness design and message for the consumers and the unhoused. Distribution started with "Learn & Earn" training sessions. • Stigma Reduction Backpacks are being distributed countywide during the "Learn & Earn" digital literacy activities. • Rural zip code outreach with digital and physical marketing • Added ads for Brothers of the Desert Corporation. • Coordination of message creation for social media posts (H@H Team). • Collaborated with local Community Colleges for integration and use of chat within the college Health Services Department (Clinician). • Processing with chat operators after difficult chats, provide trainings for managing mental health of operators (Clinician). • Provide resources for both staff and chat participants as needed (Clinician). • Coordinated t-shirt inspiration design selections (Clinician). • Submitted a proposal to Deputy Director of Quality Management for expansion of TmH program to include Chat operators stationed at Community Colleges for enhanced access to consumers and community support (Clinician). • Presented ways to utilize TakemyHand at RCC Career Center workshop: Self Care for Job Seekers (Clinician). • Promoted TmH at RCC Mental Health Awareness event, RCC and MVC Suicidal Awareness event (Clinician). **A4i** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more. • Overall, there is 50 care team members on boarded to date from 12 different clinic sites countywide.

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	lifestyle changes, such as finding options for homelessness, options to take their meds (injections vs pills)? 3) Did the A4i help them stay in communication with their care team? Participant 1 Answers: Yes, it helped me. I remembered to take my meds. Yes, I used the files. It was more for coping skills and information on other stuff. It worked for me. I liked the references. The dashboard makes you realize that it is not just you. I used to send him messages. Then we would talk about it. He would bring up my post, and so we would talk. 2/23/23 A4i Graduation Celebration Q's: When you meet with each of the participants who are ending their A4i participation, would you ask the following questions? 1) How has reporting their sleep, mood, goals, and meds been helpful in managing their symptoms? 2) How has the A4i helped the individual to make lifestyle changes, such as finding options for homelessness, options to take their meds (injections vs pills)? 3) Did the A4i help them stay in communication with their care team? Participant 1 Answers: Yes I am fine at this time Yes, we talked about the app. I liked this program. It helped me a lot. I would not always use it, sometimes lazy, but on Saturday/Sunday, I would click through and see that I need to do something. I would say there do need to be more options in Spanish. Sometimes Spanish speakers do not ask for help. I think this would be good for them. Participant 2 Answers: Yes, I noticed I felt at peace. I was able to speak up more and actually talk about what was going on for me. That was a big change. I actually used recourses. Yes. • Updated Tech survey to better capture participants' best fit for app utilization. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Updating Participant training documentation (as needed/ongoing).	• Brought on peer to support in managing tracking of project • Coordinated distribution of devices for care team and consumers • Created workflow for managing tracking of project **Man Therapy for Suicide Prevention** **Target Area:** Suicide Prevention among men **Population:** White Male over 45 • Collaborated with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • Man Therapy presentations – 6 • Ambassadors Training • Weekly stakeholder meetings • Approved plan 2 of the marketing plan. • Held a meeting with one of the members of the executive team and the county marketing team due to concerns about the printed marketing creatives. Thomas, from Man Therapy presented about the evidence based research approach and their previous successes with engaging man on the content of their website. • Eliminated some of the creatives for posters, wallet cards, coasters, coolies, stickers and t-shirts. • Sunline bus ads went live. • Presentations & Training for incorporating Man Therapy in a clinical lens (ongoing). • Created QR code for easy access to 20point Head Inspection (assessment) • There has been a consistent increase in self-assessments completed on the Man Therapy website for Riverside county: o April 2023 –20-Point Head Inspections completed in Riverside County -265. o May 2023 –20-Point Head Inspections completed in Riverside County -281. o June 2023 –20-Point Head Inspections completed in Riverside County -530. **La CLAve** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • La CLAve is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier. • Hosted May 25 information session to recruit participants for facilitator training.	of clinicians added. Once H@H was able to request this information, we were able to have a better sense of what the numbers meant on the dashboard. • 25 consumers enrolled • 54 clinicians enrolled o 16 clinicians have been linked to a consumer and are actively in UCI H@H evaluation **Man Therapy for Suicide Prevention** **Target Area:** Suicide Prevention among men **Population:** White Male over 45 • Collaborated with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • Man Therapy presentations – ongoing. • Meetings with vendor • Approved plan 2 of the marketing plan. • Presentations & Training for incorporating Man Therapy in a clinical lens (ongoing). • Promote Man therapy and the 20-point Head Inspection (assessment) in community outreach activities countywide. • Participated in translating the Man Therapy creatives to Spanish language. • Approved expanded budget and marketing plan for billboards • Approved locations for billboards • With the support of digital add advertisement, there has been a consistent increase in self-assessments completed on the Man Therapy website for Riverside county: o July 2023 –20-Point Head Inspections completed in Riverside County -13. *The pause on digital ads affected this number. o August 2023 –20-Point Head Inspections completed in Riverside County -607. o September 2023 –20-Point Head Inspections completed in Riverside County -763. **La CLAve** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • La CLAve is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier. • La CLAve is promoted on ongoing basis during the community outreach events.	• Overall 102 participants on boarded to date. • Engaged in supporting participants connected through the peer resource center and provided wellness check in calls. • Attend diversion Court to support participant (Peer) • Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program. • Testing & exploring, and providing vendor feedback for the A4i App (ongoing). • Review/approve and flag Newsfeed content (ongoing). • Updating Participant training documentation (as needed/ongoing). • Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team. • A4i workflow for Peers – Maintained - Peer Team. • A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team. • A4i Tech Support (ongoing) -Peer Team. • A4i Post of the Day (ongoing) -Peer Team. • A4i Newsfeed Monitoring (ongoing) H@H Team. • Create Kindness Wednesday posts (Peer Team). • Create Nature Thursday posts (Peer Team). • A4i Caseload tracking (ongoing) -Peer Team. • A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team. • A4i Phone Processing and Updates (Peer Team). • A4i Checklist Documents (Peer Team). • A4i Peer Workflow Documents (Peer Team). • A4i Reminder Infographics (Peer Team). • A4i x Riverside x CalMHSA meetings (H@H Team). • Support A4i Survey measure administration (Peer Team) • Distribute/Track A4i e-gift card incentives (H@H Team) • Adding new resources from to A4i -upcoming • New Digital therapeutics Certificates for 18 care team members during this quarter– planning distribution. • Update all A4i materials (Yuni and Peer Team) • Plan and held graduation ceremonies for A4i participants who completed program • UCI provided Preliminary Provider Interviews Outcome Report • County Evaluation Team and A4i collaborated in providing app outcome data report for the HEARTS23 Showcase event. • H@H team, county marketing and A4i team worked on the planning of the HEARTS23 A4i/RUHS BH showcase event. • Dr. Stephen Schueller was our HEARTS23 Keynote Speaker.

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	• Continue to onboard new Clinicians and Care Team and build relationship with them. • Reviewed data for feedback in awarding a Digital Health Literacy Certificate for Care Team members. • Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team. • A4i workflow for Peers – Updated - Peer Team. • Two Participants from the A4i pilot have now been connected to services --Peer Team. • A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team. • A4i Tech Support (ongoing) -Peer Team. • A4i Post of the Day (ongoing) -Peer Team. • A4i Newsfeed Monitoring (ongoing) H@H Team. • A4i Caseload tracking (ongoing) -Peer Team. • A4i Onboarding of new participants (ongoing) -Peer Team. • A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team. • Administer A4i Tech Survey (Peer Team). • A4i Phone Processing and Updates (Peer Team). • A4i Checklist Documents (Peer Team). • A4i Peer Workflow Documents (Peer Team). • A4i Reminder Infographics (Peer Team). • A4i Consumer Recruitment Flyer (Peer Team). • A4i Review PP (Peer Team). • A4i x Riverside x CalMHSA meetings (H@H Team). • Support A4i Survey measure administration (Peer Team) • Distribute/Track A4i e-gift card incentives (H@H Team) • A4i Evaluation Measures report completed (Evaluation Team) • Help@Hand and Evaluation Managers were guest speakers at the DEI Grand Rounds meeting. Presentation Title: App4Independence (A4i) Mobile App Pilot – A Digital Support Path for Emotional Wellness. • Digital Therapeutics Certificates received from A4i. Care team members and Help@Hand team champions received a digital therapeutics certificate from A4i (2/15/2023). Learn more at: https://www.a4i.me/a4i-care-team-champion-certificate/ • Spotlight: Meet the people behind our Help@Hand Pilot. Learn more at: https://www.a4i.me/2023/02/01/helpathand_pilot_team/ • Created an infographic for UCI story • Provided Peer stories for UCI to include in their report	• Defined SOW for Dreamsyte to integrate content in the TakemyHand app • Added SOW for La CLAve to provide facilitator training • Executed agreement to additional SOW for Dreamsyte • Dr. Lopez presented at the Jefferson Wellness clinic • La CLAve outreach Help@Hand booth during May is Mental Health events. • One facilitator training completed. • Planning/Implementation collaboration meetings with La CLAve team. • Work with Dreamsyte to integrate La CLAve content within TakemyHand app is in progress. • La CLAve meetings/pitch • La CLAve presentations - 6 • Create 100 copies of the La CLAve movie for RUHS-BH clinics. • Started distribution on La CLAve movies for the Desert and Older Adult clinics. • Marketing in presentations • Participate in collaborative meetings and suggest ways peers can have a role in project (hiring people who have firsthand experience and can speak to the need for this support) • EVALUATION: The riverside evaluation team designed/completed the following: o La CLAVE Facilitator Training Post Survey o La CLAVE Post Survey Summary Report o LaCLAve Post Survey_ENGLISH_Fillable o LaCLAve Post Survey_Spanish_Fillable **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations **Population:** FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65. • The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle).	• Four facilitator training completed. • Planning/Implementation collaboration meetings with La CLAve team. • Work with Dreamsyte to integrate La CLAve content within TakemyHand app is in progress-ongoing. • La CLAve meetings/pitch • La CLAve presentations – ongoing. • La CLAve DVDs movie is distributed to the RUHS-BH clinics and community organizations who participate in the facilitator training. • EVALUATION: The riverside evaluation team designed/completed the following: o Collected La CLAVE Facilitator Training Post Survey **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations **Population:** FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65. • The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • There has been no change on the distribution of the surveys for any of the three funnels (BH, Community Health and Outreach & Navigation). • Testing WPHS Adolescent version started. • County marketing team created WPHS Flyer and it has been approved for use. • Carasoft/Accenture/CalMHSA/UCI implementation meetings (H@H Team). • Distributed survey at one BH pilot clinic • Adolescent Qualtrics/Integration with myAvatar completed. • County marketing team approved project logo that can be used in creating swag materials • Swags (Bookmarks, tissues, lip balm) including the Adult WPHS QR code were ordered to promote during outreach activities. • Provide trainings and presentations including	• A Health Empowered by A4i Riverside's Transformative Showcase -HEARTS A4i Showcase event completed in November 15, 2023. The purpose was to explore how A4i is revolutionizing healthcare at RUHS-BH. The event was designed to inform, engage, and inspire healthcare professionals, consumers, and digital health enthusiasts on lessons learned, consumer and system outcomes and to show how A4i is leading the way in healthcare innovation, scaling peer support, and enhancing the overall healthcare experience of individuals living with a serious mental health condition. Consumer and care team panels were part of the programming. Videos with real life testimonies of how A4i has impacted the life of pilot participants were also a key component of HEARTS A4i Transformational Showcase. You can see some of the HEARTS A4i videos at https://vimeo.com/showcase/10798859. • H@H Peer and clinician met with the A4i team to share strategies and training materials on Peer Care Team implementation workflows. • Updating Participant training documentation to include clinical voice- (as needed/ongoing). • Analyzed data and developed list for Care Team member Digital Therapeutic Certificate Master List. • Created final A4i Newsletter with updates. • Participated in coordination and presentation of Care Team Panel at HEARTS Showcase (Clinical, Peer, Admin, A4i, Evaluation, and UCI). • A4i graduation ceremonies continued during this quarter and we continued getting amazing testimonies from our A4i pilot participants. There will be 15 to 16 graduation ceremonies completed by February 2024. • Two Participants from the A4i pilot were connected to clinic services. • Speaker on key learnings (Senior Peer) • Peer team members, clinician and staff care team members participated in HEARTS23 staff panel. • HEARTS23 Showcase event - coordinated the preparation of video testimonies with the marketing team. • HEARTS23 Showcase event –coordinated with care team members to select participants for consumer panel. • HEARTS23 Showcase event – prepare communication materials for countywide promotion (team and A4i). **Recovery Record App for Eating Disorders** **Target Area:** Improve Outcomes for High-Risk Populations **Population:** Consumers receiving Eating Disorder Treatment

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	Recovery Record App for Eating Disorders **Target Area**: Improve Outcomes for High-Risk Populations **Population:** Consumers receiving Eating Disorder Treatment The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. Pilot Proposal planning: Wrote consent form for proposal package. • Implemented edits and feedback. • Drafted workflow for pilot. • Co-facilitated in demo training. • Review user guide. • Created templates for training guides including Canva and Articulate materials. • Created a client persona to familiarize with dashboard and app. • Received BH director approval for pilot proposal • Contract executed • Completed training for ED champions • On boarded three new providers and participants week of 2/13 • Executed UCI SOW for the project • On boarded first RR Care Team Provider for youth participant (1/23/23). • RUHS/Sacramento ED Program Conversation Meeting (2/2/23). • Onboarding training with RR (Elissa) (2/14/23). • On boarded first RR Care Team Provider for adult participant (from Temecula Adult Clinic) (3/14/23). • From January 2023 to March 2023 – nine care team providers were on boarded. • From January 2023 to March 2023 – nine participants were on boarded. • Successful start to the pilot! Trainings and dashboard implementations have taken place. **Man Therapy for Suicide Prevention** **Target Area**: Suicide Prevention among men **Population:** White Male over 45 • Collaborated with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • Approved plan 1 of the marketing plan. • Resources for the Riverside region added to the Man Therapy website.	• Outreach & Navigation Respondent Funnel – 11,320 distributed, 251 completed. • Community Health Respondent Funnel – 438 distributed, 14 completed. • Behavioral Health Respondent Funnel – 75 distributed, four completed. • Testing WPHS Adolescent version started. • County marketing team created WPHS Flyer and it has been approved for use. • Carasoft/Accenture/CalMHSA/UCI implementation meetings (H@H Team). • Distributed survey at one BH pilot clinic • Integration with myAvatar completed • Created dashboard workflow to case managers. • Clinical documentation will be in myAvatar • Updated kiosk page to include access to the WPHS. • Included a QR code image. • Presented to Clinic Managers at QIC meeting. • Plan to expand survey distribution in other BH clinics. • Collaborate with marketing strategy teams and clinicians for changes (ongoing). • Provide trainings and presentations including ways to utilize this resource. • Created a flyer for clinical and consumer use that offers easy access and information to WPHS. • Learn more about WPHS: https://www.youtube.com/watch?v=ykZvI3BBv08 **Painted Brain- Digital Mental Health Literacy** **Target Area:** Improve Service Access to Underserved Communities. **Population:** FSP, TAY, Adults over the age of 65 • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Created PP for Painted Brain pitch • Planning/Implementation collaboration meetings with Painted Brain team. • Virtual train-the-trainer workshops completed for all Riverside geographic regions (Western, Desert and Mid-County). • EVALUATION: The evaluation team completed a staff satisfaction survey report. • Complete four adult Appy Hour sessions per region – planning.	ways to utilize this resource. • Connected with juvenile detention treatment center and discussed potential for integrating as part of assessment for families as well as youth. Discussed potential need for changing wording of questions referring to what they do for work/school. • Created bookmark infographics as swag, selected swag lip balm/ sunscreen combo, and tissues. • Learn more about WPHS: https://www.youtube.com/watch?v=ykZvI3BBv08 • 39 surveys completed **Painted Brain- Digital Mental Health Literacy** **Target Area:** Improve Service Access to Underserved Communities. **Population:** FSP, TAY, Adults over the age of 65 • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Painted Brain engagement invitation during various meeting including Managers/Administrators Meeting • Countywide email promoting "Appy" Hour sessions. • Monitoring the Excel tracking sheet for when clinics sign-up for Appy hour and assigning a peer to support hat group. • Support with setting up room and folders, passing out phones and helping with handing out shirts. • Peer team supported PB with the app SuperBetter. Created emails and help consumers get verifications codes in their emails to use the app. • Planning/Implementation collaboration meetings with Painted Brain team. • Completed 20 Appy Hour group sessions (14 Adult, 3 TAY, 3 Older Adult) • EVALUATION: The evaluation team collecting "Appy" Hour satisfaction survey report. **Outreach Activities & Swags Promotional Distribution** • Morongo TANF Native Community Members: Morongo • Rural Zip Code Outreach: Perris • Child Support Backpack event: Riverside, Community Members	• The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • On boarded 26 participants. • On boarded 50 Care Team Providers. • Collaborate with team to strategize best practices for marketing and utilizing resource. • Created Newsletters for Care Team providing updates, invitations to continue participating, and tips for utilizing resource in sessions • Presentations on resource. • Onboarding & Training of new Care Team Members (ongoing). • Created infographic for consumers. • Updated onboarding documents. • Brought on peer to support in managing tracking of project. • Coordinated distribution of devices for care team and consumers. • Created workflow for managing tracking of project. • Troubleshooting and problem solving with missing data from vendor dashboard- found solutions. • Re-sent invitation links for care team members added to dashboard but had not yet clicked to register, in attempt to capture more utilization data. • Created infographic designed to inform and remind care team members process for pilot such as gathering measurement surveys, linking a client, utilizing the app and H@H support. **Man Therapy for Suicide Prevention** **Target Area:** Suicide Prevention among men **Population:** White Male over 45 • Collaborated with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • The number of Man Therapy head inspections completed for 2023 is 9,534. • Paid Google Ad performance shows 14,655 head inspections completed for Year 2023. Paid Google ads were not run for the month of July. Thus, google adds performance is for 11 months. • For California statewide, there are 16,033 head inspections completed in 2023. • Participated in the Man Therapy Partner Summit -November 21- Riverside shared a lifesaving testimony. • Man Therapy presentations – ongoing. • Meetings with vendor • Approved plan 2 of the marketing plan.

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	• Held a meeting with the PEI Manager to discuss collaborating on the outreach effort and utilize the Suicide Prevention Coalition logo in the swags materials. Thus, the marketing strategy will be taking a co-branding approach. • Held a meeting with the County marketing team due to concerns about the campaign. The executive director of marketing was consulted on any concerns with the man therapy marketing campaign. Thomas, from Man Therapy presented about the evidence based research approach and their previous successes with engaging man on the content of their website. • Chose posters, wallet cards, coasters, coolies, stickers and t-shirts. • Approved billboard ads and swag materials. • Approved Phase 2 marketing plan. • Quality Improvement Committee (QIC) Meeting Presentation (2/1/23). • Paid Social went live (2/1/23). • Meta Social went live (2/17/23). • Radio advertisements launched (2/20/23). • Radio Marketing Tactical Breakdown: Broadcast Radio – we are running on the local sports station in Riverside, CA – Fox Sports 1350: https://foxsportsradio1350.iheart.com/ Streaming Audio – Format: Audio commercial deployed to those who are listening to streaming radio on the iHeartRadio app listening to the formats that we have selected, and they are physically sitting inside of Riverside Country, CA. (Formats – Rock, Country, Sports, News Talk, Alt). Note that the commercials will run primarily on iHeartRadio, but we also can tap into other unsold inventory on competing platforms like Apple Music, Pandora, etc. as long as they are tuning into the same formats and sitting in the geo. Streaming Audio – Audience: Audio commercial deployed to those who are listening to streaming radio on the iHeartRadio app and physically sitting inside of Riverside Country, CA. They are targeted based on past behavior using 1st & 3rd party data to show they are: Male iHeart Display: display banners that will appear on the iHeartRadio app and websites for local iHeart radio stations in Riverside County, CA iHeart Audience Display: Banner ads displayed across a network of tens of thousands of websites and apps deployed to those that are men, farmers, sports fans, blue collar works,	• Complete three TAY sessions per region- planning. • Complete six older adult sessions per region – planning. **Outreach Activities & Swags Promotional Distribution** • Department of Child Support Service • Scott Turf Outreach Temecula • The safety leader at Scott Turf started a wellness resource library with the HelpatHand swags and flyer resources we distributed to her. • Peace for Chaos Blythe, Ca • Palm Desert May is MH Month - May 3rd • Latino Commission-1st Annual Mental Health Walk -Coachella May is MH Month - May 6th • Menifee May is MH Month (county) - May 11th • Riverside May is MH Month (county) -May 18th • CODIE in-person event April 11-12. • CODIE Deaf Wellness Day - May 20th • NICC 2023- 2023 National Innovative Communities Conference • Outreach Event Perris - Spring into Action -Apr.6 • Second Annual Inter-Tribal Wellness and Recovery Gathering Campout. • AAPI Neurodiversity Awareness • Autism Acceptance Walk • May the 4th Be with You-Children Event • Mental Health Collaborative Meeting • AAPI Heritage Month • Deaf & Hard of Hearing-MH Event • MHSA Public Hearing-Hemet • Summer Solstice 2023 – Hemet • MHSA Public Hearing-Moreno Valley • MHSA Public Hearing-Rancho Mirage • IEHP Meet & Greet **Other Administrative Activities** • Tech Lead presented at society of Digital Mental Health June 2023	• Outreach: Rural zip code outreach Banning/Beaumont • Rural zip code Outreach Idyllwild • Movies under the stars: Nuevo • Inland Empire Disabilities Expo: Riverside County • Student Health Resource Fair Riverside City College • Learn4Life Back to School • Moreno Valley College-Suicide Prevention Month • Annual Mead Valley/Good Hope Town Hall • Riverside's IE PRIDE • Deaf Festival: Riverside • Peer member created a new tracking sheet for outreach efforts in rural areas. **Other Administrative Activities** • Peer Supervisor and Senior Peer interviewed five candidates to fill one open Peer Support specialist position. • Peer created presentation with all HelpatHand programs being offered (TakemyHand, Man Therapy, and La CLAve). • One of the Peer team member supports Spanish translations and have earned membership in the county Spanish translations committee. • Peer team met with supervisor of CBAT and got some questions answered about how CBAT respond to crisis calls. • September edition of the Help@Hand newsletter went out to the department. • Support on free gaming brochures, Free MH apps (English/Spanish).	• Presentations & Training for incorporating Man Therapy in a clinical lens (ongoing). • Promote Man therapy and the 18-point Head Inspection (assessment) in community outreach activities countywide. • Billboards went live county wide in English and Spanish. The selection of billboards included veteran's billboards. • With the support of digital add advertisement, there has been a consistent increase in self-assessments completed on the Man Therapy website for Riverside county. • Carter, Peer received training as Man Therapy Ambassador and has done presentations at the Veteran's Suicide Outreach meeting. • Chris and Peer team have done presentation at Morongo Indian Reservation. • Presentations & Training for incorporating Man Therapy in a clinical lens (ongoing). • Created QR code for easy access to 18-point Head Inspection (assessment) **La CLAve** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • La CLAve is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier. • Interview segments by Univision for TV, Radio, and online advertising and feature presentations. • Production of La CLAve .30-second commercial stories started and one story went live. • La CLAve is promoted on ongoing basis during at community outreach events. • Billboards, kiosk ads and Google ads invited users to visit UseLaCLAve.com to learn the signs of serious mental illness. For 2023, there were a total of 17,074 UseLaClave.com website visitors and 52,953 website visits. This was a 27% and 30% increase in website traffic in comparison to 2022. • In December 2023, Google ads were also run to direct users to Tomamimano.co and TakemyHand.co to learn la CLAve. There were 636 visitor visiting the "Learn La CLAve" and "Aprende La CLAve"page and 1,519 visits. • Four facilitator training completed. Conduct a hybrid in-person/virtual facilitator training class in January. Overall, five facilitator trainings will be completed for the project.

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	suffer from depression, etc. and sitting inside of Riverside County, CA – based off 1st & 3rd party data • Desert Leadership Team Meeting Presentation (2/21/23). • Adult System of Care Meeting Presentation (2/23/23). • BH Veterans Committee Meeting Presentation (3/1/23). • Help@Hand Collaboration Meeting Presentation (3/7/23). • Partners against Crime Presentation (3/9/23). • Man Therapy billboards were installed throughout Riverside County (3/9/23, 3/10/23, 3/13/23). • Provided feedback for suggested marketing and outreach. • Collaborated on product and outreach implementations, including reaching out to local Police Department connections in order to arrange presentation of information. • Sunline: awaiting contract, boards and shelter creative production ready and waiting for media placement contract • Collateral: final orders being placed with approved quantities and budgets **La CLAve** **Target Area:** Improve outcomes for high-risk populations. **Population:** FSP Consumers • La CLAve is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier. • LaClave contract signed (2/9/23). • La Clave Kick-Off Meeting with Drs. Lopez & Kopelowicz (2/14/23). • La Clave Kick-Off Meeting with Help@Hand Team (2/21/23). • La Clave In-Person Event Presentation with H@H, Evaluation, Peace From Chaos, First Episode Psychosis, MHSA to review program materials and discuss project objectives (3/6/23). • Met with David Schoelen from BH MHSA. David suggested a public La Clave event at Rustin (3/9/23). • La Clave Public May event is in planning process. • La CLAve website published the announcement of the collaboration with Help@Hand Riverside (3/22/23). • La CLAve outreach Help@Hand booth during Peace From Chaos Event in Blythe, CA (3/25/23).			• Planning/Implementation collaboration meetings with La CLAve team. • Work with Dreamsyte to integrate La CLAve content within TakemyHand™ app is completed. • La Clave mobile app quiz –work in progress. • La CLAve meetings/pitch • La CLAve presentations – ongoing. • La CLAve DVDs movie is distributed to the RUHS-BH clinics and community organizations who participate in the facilitator training. • EVALUATION: Collecting La CLAVE Facilitator Training Post Surveys- work in progress. • Participate in collaborative meetings and suggest ways peers can have a role in project (hiring people who have firsthand experience and can speak to the need for this support) **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations **Population:** FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65. • The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • A new cohort was created within the Qualtrics platform: RivCoONE. The four funnels are: 1) Behavioral Health, 2) Community Health (Medical Center), 3) Outreach & Navigation (Medical Center) and 4) RivCoONE. • Behavioral Health cohort. At the end of this Quarter, there were 135 WPHS surveys completed. On January 27th, the number of WPHS surveys completed is 542. An incentive of $60 e-gift card is offered to consumers/family members/caregivers for taking the WPHS survey. The incentive and promotion department wide has helped with the increase of data records being collected. • Medical Center cohort (Community Health and Outreach & Navigation) has 296 surveys completed. • RivCoONE cohort has 326 surveys completed. • The WPHS Adolescent version is live. • Swags (Bookmarks, tissues, lip balm) including the

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	• Facilitator training is in planning process. • Planning/Implementation collaboration meetings with La CLAve team. • Defined SOW for Dreamsyte to integrate content with TakemyHand app **Whole Person Health Score (WPHS)** **Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations **Population:** FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65. • The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • Lessons learned from the cyber BOT attacked on the DHoH Qualtrics Survey were share with Carasoft/Accenture team and similar security settings were applied in the WPHS survey. • Spanish translations were provided throughout the Qualtrics survey development. • Went live with the WPHS Automated distribution of the survey (2/15/2023). Distribution List for Jurupa Valley was filtered to select patients who had taken the whole person health score in July/August 2022 (860 patients). This was further filtered down to select patients who did not have an appointment scheduled (~450 patients). 200 of those patients were randomly selected for initial distribution on 2/15. The preference is to send via text; if they do not have a phone number, then email (all contacts had phone numbers). • A second distribution list will took place also in February 2023 to the remaining patients in this initial distribution. • Created User Guide for WPHS Behavioral Health Clinicians for Phase 1 pilot. • Created flyer for WPHS marketing. • Presented WPHS launch information to Behavioral Health Clinic for Phase 1 pilot. • Troubleshooting phase of testing the WPHS			Adult WPHS QR code were distributed to promote WPHS in some clinics. • Provide trainings and presentations including ways to utilize this resource. • Offered Peer-led introduction class on using the WPHS. • WPHS swags (bookmarks, tissues, lip balm/sunscreen) were distributed to some clinics to support promotion of WPHS. • Department wide emails were sent to communicate staff members about their ability to promote the WPHS. User guides were provided including "WPHS Overview and Guide for the Clinical Perspective" and a Flyer for clinics to display in their lobbies. • Consumers/Family members and caregivers can take the survey from any of the kiosks place in lobby or by scanning the QR Code available in the kiosk or flyer provided. • Requests for $60 e-gift card incentives are made by RUHS-BH staff members department wide. • Our Executive Assistant is charge of distributing the incentives and overtime has been approved to keep up with requests. • Transition Age Group (TAY) WPHS survey QR Code was released to utilize only during the "Learn & Earn" digital literacy group sessions. • Parent consent form was created to utilize with the TAY WPHS Survey. • WPHS TAY version bookmarks were designed (English/Spanish) and print orders were placed to have available during the "Learn & Earn" learning sessions. • Created WPHS presentation for consumers attending Digital Literacy workshops. Updated infographics • Created WPHS USER GUIDE for consumers to take with them after workshops. • Created WPHS Overview and Guide for Clinical Perspective- training material as a means to educate staff • Collaborated in creating marketing materials and presentations to Spanish (PowerPoints, and bookmarks) • Provided Train-the-Trainer for Peer team to be ready to provide workshop presentations • Collaborate with marketing strategy teams and clinicians for changes (ongoing). • Provide trainings and presentations to RUHS staff including ways to utilize this resource • Created a flyer for clinical and consumer use that offers easy access and information to WPHS • Duplicated materials to be consistent with Adolescent version of assessment • Learn more about WPHS: https://www.youtube.com/watch?v=ykZvl3BBv08

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	survey, providing feedback to programmers. • Offer clinical perspective and feedback for survey and overall project. • Provided suggestions for enhancing overall project in Attend WPHS Governance meetings, office hour meetings, and sync meetings. • Testing WPHS survey. • Completed validation testing. • Completed phase 1 MVP. • Executed UCI SOW for the project. • Created marketing and education material. • Sent out survey to RUHS-BH distribution list. • Carasoft/Accenture/CalMHSA/UCI implementation meetings (H@H Team). • Learn more about WPHS: https://www.youtube.com/watch?v=ykZvl3BBv08 **Painted Brain- Digital Mental Health Literacy** **Target Area:** Improve Service Access to Underserved Communities. **Population:** FSP, TAY, Adults over the age of 65 • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Created PP for Painted Brain pitch • Planning/Implementation collaboration meetings with Painted Brain team. • Contract executed • Staff survey completed • 1-page summary of services and flyer completed • Identified apps to be trained at in-person training events • Communication plan for clinic staff identified • Presented to clinic managers/supervisors • Staff survey sent out • Schedule virtual train-the-trainer events and in-person training sessions. **Outreach Activities & Swags Promotional Distribution** • Hemet concert association –TakemyHand Infographics and outreach cards (1/29/2023). • Project Connect Resource Fair in Coachella (2/2023) • Coachella Valley Homeless and MH Resource Fair (2/16/2023).			**Painted Brain- Digital Mental Health Literacy** **Target Area:** Improve Service Access to Underserved Communities. **Population:** FSP, TAY, Adults over the age of 65 • Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness. • Painted Brain engagement invitation during various meeting including Managers/Administrators Meeting • Countywide email promoting "Appy" Hour sessions. • Monitoring the Excel tracking sheet for when clinics sign-up for Appy hour and assigning a peer to support hat group. • Support with setting up room and folders, passing out phones and helping with handing out shirts. • Peer team supported PB with the app SuperBetter. Created emails and help consumers get verifications codes in their emails to use the app. • Planning/Implementation collaboration meetings with Painted Brain team. • Collaborate with team to strategize best practices for marketing and utilizing resource • Completed 39 Appy Hour group sessions • Evaluation: The evaluation team completed the outcome report for "Appy" Hour satisfaction surveys. There were a total of 39 Appy Hour workshops conducted, from August 22nd, 2023 to November 1st, 2023, with a total of 447 consumers attending. The majority of participants were from the Mid-County region (44.3%, n = 198), followed by the Western region (44.1%, n = 197), and the Desert region (11.6%, n = 52), respectively. A total of 443 post-satisfaction surveys were collected (a 99.1% submission rate) from all of the Appy Hour workshops completed Countywide. Overall, there were a total of 39 Appy Hour workshops completed Countywide, where 24 were App workshops, and 15 were Internet Safety workshops. The "Don't Panic" wellness app was the most widely chosen workshop by clinics and consumers (a total of 12 workshops were completed, with 2 offered in Spanish), and the "Online Safety and Privacy" topic was the second most popular workshop topic that was chosen by clinics and consumers (a total of 9 workshops were completed). For more details, refer to the outcome report in the UCI evaluation report.

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	• TakemyHand Outreach Business cards are distributed regularly to community members. • Outreach Swags Distributed to Parent Center, Hemet, CA for further distribution to these three high schools sites (2/2/2023): • Tahquitz High School- 4425 Titan Trail, Hemet, CA 92545 • West Valley High School- 3401 Mustang Way, Hemet, CA 92545 • Hemet High School- 41701 Stetson Ave, Hemet, CA 92544 • Presentation w/Partners against Domestic Violence -Virtual TmH presentation (3/9/2023). • Victor Community in-service –TakemyHand and La CLAve In-service (3/21/2023). • Peace from Chaos Blythe, CA -Man Therapy, La CLAve, TakemyHand (3/25/2023). • Department of Child Support Service -H@H program promotion (3/28/2023). • Child Protective Services (CPS) Blythe events- Man Therapy, La CLAve, TakemyHand (2/7/2023, 3/28/2023). • Blythe Outreach Department of Public Social Services, District Attorney, City Hall, Superior Court -Man Therapy, La CLAve, TakemyHand (3/28/2023). • Ca Mentor Program- TakemyHand & LaCLAve promotion (3/31/2023). • 32nd Annual Migrant education Health Resource Fair, Mecca CA (3/31/2023). • Man therapy cards- Corona Wellness clinic (3/16/2023). • Vets TakemyHand infographics & Man Therapy outreach cards (3/16/2023). • TakemyHand In-Service, Perris, CA (3/16/2023). • First Episode Psychosis Program (3/27/2023). • TakemyHand In-Service, San Jacinto, CA (3/28/2023). **Other Administrative & Digital Literacy Activities** • Peer Meeting and Training. • CalMHSA Project Management Implementations and collaboration Meetings. • Peer Team check-in Meetings. • Free Apps Brochure – English/Spanish Updates (as needed) – Peer Team. • MyHealthPointe Portal (Peer Team). • The PeRL –update resources (Peer Team). • HelpatHand Quarterly Newsletter (Peer Team). • Shadow Peer Support Service at Corona Wellness Center.			**"Learn & Earn" Digital Literacy Training Activities** • Train in myHealthPointe. • Set up test client accounts in EHR. • Test myHealthPointe app. • Create user guides. • Create presentations to super users. • Be trained on WPHS to do consumer group sessions across the department. • Translated training materials in Spanish (bilingual team members: Mary, Victoria, Ilene, Juan, Martha). • Facilitate Spanish trainings (Mary/Juan) • Reach out to A4i participants to invite them to participate in the "Learn & Earn" training activities. • MyHP Account activation readiness (team). • "Reduce Stigma" backpack build • Tracking sheets for collecting participants rosters (T-shirt size, MR#, email address, myHP account activation). • Create myHP training presentation. • Support consumers that attending "Learn and Earn" in getting their incentives. • Support planning of training sessions with printing materials, food BPO, orders/pick up, set up, clean up, "Reduce Stigma" backpacks, etc. **Outreach Activities & Swags Promotional Distribution** TakemyHand™, Man Therapy and La CLAve swags and program infographics/flyers were distributed among different cities countywide (Cathedral City, Coachella, Indio, Hemet, Moreno Valley, Rancho Mirage, Riverside, Sacramento, Temecula and Mead Valley) at the following events. • NAMI Walk San Jacinto • 2nd. Annual Suicide Prevention Coalition conference • 2023 Halloween Book or Treat • 2nd Annual Suicide Prevention Coalition • Autism Acceptance Walk Cathedral City • Children's Clinic-Myers • Coachella Annual Veterans Day Pancake Breakfast • CODIE • Get Psyched, World mental Health Day, Moreno Valley Community College • Crossword Church • Family Fun Night • Fishing Derby • In-Reach Event • Longest Night • Morongo Tribal TANF • Recovery Happens • RUHS BH • Veterans Community Outreach Team (VCOT)

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	• Taking vehicle for maintenance (as needed) (H&H Team). • Vehicle miles logs (H&H Team). • Tracking/Review and Approval of program invoices. • Collaborate with CalMHSA Project implementation manager on SOW and contract negotiations. • Collaborate with CalMHSA Project implementation manager on Budget tracking. • Collaborate with MHSA Innovations Lead to complete state MHSA innovation report update for Help@Hand INN program (March, 2023)			• Victor community Service Program Presentation • Vision y Compromiso • Wellness Center • Breakfast with Santa **Upcoming Events** • Riverside Lunar Festival **Other Administrative Activities** • Maria Martha has been awarded the countywide Innovation award. • Work/Review Help@Hand budget forecast (Jeff, Leah, Maria Martha) • Review/Approve vendor invoices (ongoing). • Identify/Discuss UCI Spot Articles. Man Therapy, TakemyHand and La CLAVE. • Transition plan discussions for all the innovative initiatives. • For WPHS, CalMHSA will continue to hold the contract until then end of June. Jeff will be following up to notify Carahsoft RUHS will become the customer at the end of June and year 3 funding will need to be determined by Dr. Kumar. • Second Peer interviews were completed to fill one open Peer Support specialist position. Candidate selected and HR onboarding is in process. • Last Edition of the Help@Hand newsletter – Work in Progress • 2023 Impact reports – Work in Progress • Free gaming brochures is finalized. Printing order pending. • Tango Rewards Redemption Training to support all initiatives (Peer Team). • Design QR code fliers for TakemyHand, La CLAve and Man Therapy. • Order QR code stands to promote TakemyHand, La CLAve and Man Therapy.
Lessons Learned Across Year 5	**A4i** • Collaboration between the peer team and clinical therapist when recruiting new A4i participants produced high recruitment results for participants and care team members. • One new participant expressed feeling anxious about missing an appointment when the peers would set up a time to call (i.e. 12:30pm) and would not call until 5 or 15 minutes later. The peers had been responding to anyone having difficulty with this and say that peers try and make the appointment as best they can and sometimes it will be a little after the set time. The Help@Hand clinician worked with the peer team to shift the way they set up the times, so that participants knew what to expect and did not have to experience worry that their symptoms of schizophrenia had again caused them to miss an appointment and would not have to internalize a feeling of being unorganized and potentially losing important aspects of their care support. Instead, the clinician suggested they give peers a window of time, so that there are clear expectations. The peers have started to offer time slots and clarify that they will call any time between, for example, 12:15pm and 12:30pm. • Feedback for participants led to follow up and use of La CLAve to provide schizophrenia support and education content for Spanish-speaking individuals and family members. • A4i device activations incomplete: Philip provided info to Verizon business customer service. • A4i device activations require multiple restarts for them to work in Rustin building. We no longer can rely on leaving parking lot to get tower to relay signal to phone • Philip at Verizon can do activations with ICCID in two days. • A4i profile training and app uploads went well due (Trained 9 peers and Josie, Exec Assistant). • Trained five peers on A4i dashboard process prior to onboarding date. This made onboarding faster. • A4i peers can update phone apps, update google profiles, and perform voicemail setups (*86 with consumers).			

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- A4i onboarding can be done in as little as 3-7 days due to all peers cross-trained.
- A4i devices are sent immediately for activation once all updates are performed. This allows unscheduled onboarding requests to be filled.
- A4i Onboarding – Roll with resistance, it is not going to go perfect.
- Keep organized calendar
- When in doubt about post get guidance from peers or Mel
- I learned that when I am assigned as the A4i POD, it is easier to create posts prior to my assigned date and have them scheduled at least one day in advance so therefore I do not need to worry if content is ready to go or posting last minute and I can focus on approving posts and checking in with my participants.
- Challenging A4i completion celebration when both consumers didn't show up
- Participant suffering from social anxiety is now willing to participate a panel discussion about the A4i program
- Participants very talkative & asked a lot of questions
- Great turn out with 4 participants and their families
- Small turn out two people showed on one of the graduations.
- Will need more support than previous clinics- PSS Bryan from clinic not available.
- Eight consumers signed up. Many questions. Staff is supportive. Want lots of information regarding other H@H programs.
- Tech savvy consumers. Karrene CPSS is great. Large conference room with attentive staff.
- Supported A4i participant and mother at court with SPSS Family Advocate staff member Angie R
- Temecula needs more hands on with A4i- PSS Bryan unavailable. Some phones do not have current updates. Coordinated with Jaguar and A4i to troubleshoot updates.
- Consumers need more hands on support.
- Preparing the A4i welcome folders were easier as a team.
- Learned to double check collected A4i documents once finished onboarding process.
- Learned to roll with resistance, its okay if we make mistakes, just keep going - pivot find solution.
- HEARTS23 -We needed a bigger room with a better set-up than what we had. Also having a lot of the Peers support with set up and clean up was a huge help. I wish I had more time to speak on what the Peers did in with this project. I feel like so much was left out or I forgot to mention. This was an amazing thing to be a part of.
- HEARTS23 -Having the team member that has supported the participant say a meaning speech about them.
- HEARTS23 -Do an introductory speech
- HEARTS23 - I enjoyed it. It was amazing to see consumers talk about A4i. Also to meet Amos, Dr. Kidd & Wenjia (Mary).
- HEARTS23 -Nice to see everyone that has been a part of A4i and see the difference it has made in the lives of participants confirms the difference we are making (Ilene).
- Court supporting an A4i participant is very rewarding for Mary.
- A4i Re instate. Participant was very excited to come back on board.
- Participant Diversion Court. I was able to be part of his journey to get his cases dismissed and participant was granted MH court. Spoke with Public Defender, Rachelle (Mary).

Phone Devices

- Resetting phones was the best approach to protect participant information; however, these created kiosk configuration issues.
- Resetting a phone for another participant requires extensive testing and coordination with IT and device management software to establish a clear process.
- SIM cards going bad. This is another aspect of support issues that can arise when loaning devices. Discussed that many newer phones no longer have a physical SIM card.

Man Therapy

- Presenting at various behavioral health commissions and committees provided support for Man Therapy and requests for more presentations.
- Fit the presentation to the organization
- Altering pitch to women for men in life
- Have alternative ways of showing videos
- Creatives with explicit themes and messages were excluded from distribution.
- T-shirt is a strong incentive for participation
- Need to have creatives for baseball and soccer to reach our Californians and Hispanic/Latinx community.
- We have gotten great feedback about Man Therapy. Ida Bach, Behavioral Health Services Supervisor for Older Adults in Lake Elsinore & Temecula, talked about Man Therapy and the technology provided for our RUHS-BH. She wrote, "I was reluctant at first to join in a county group to be oriented with the MT (Man Therapy) website; but I kept an open mind. The resources given to individuals after the head check—provides individuals options for online therapy and a plethora of technology based support. The A4i and other progressive technology based helping websites, apps, AI, VR etc. are giving options for many individuals."
- There was high interest on Man Therapy at the Morongo TANF event. They wants us to collaborate with other tribe committees.
- Presented Man Therapy to Veterans Community Outreach Team (VCOT) digitally through teams meeting. Learned to double check PowerPoint before meeting and when slides are missing I can still go over the information without the slide.
- Man Therapy to Veterans Community Outreach Team virtually through teams meeting. Learned to double-check PowerPoint presentations before meeting. Slides were missing. I can still go over the information without the slide (Carter).

Riverside County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)

- How to pitch Man Therapy, Consumer interaction, set up/tear down our booths and how to display the swag (Robert).
- Man Therapy website acquaintance/navigation (Robert).

Recovery Record

- Requested bi-monthly meeting with RR Vendor in order to resolve reporting, dashboard, and evaluation issues.
- Help@Hand Recovery Record team invited to join RUHS-Behavioral Health ED Program and Sacramento ED Program Conversation Meeting (2/2/23)
- Onboarding clinicians goes smoothly when app representative is part of the process. The app representative sets up the initial access and the Help@Hand clinicians onboard as a follow up to ensure understanding of the app, program, dashboard, and how to gain support when needed.
- Clinical teams respond to in-person reminders for registering by attending regular meetings, as well as respond to personalized emails asking if they need any support or have further questions.
- Clinical teams need reminders for process after onboarding their first participant because it does not happen often enough for it to be committed to memory.
- The clinicians need a welcome packet to have everything they need to know about the pilot part of the innovation program -all in one place and to know where they can go for questions.
- Many clinics have indicted interest in joining the pilot, but have reported being confused about whether they could join if they are not currently seeing any client with eating disorder. One clinician reported that she remembered hearing about the announcement and invitation to join, however she assumed it was only for clinicians who were "experts and specialists" in working with eating disorders. After clarification, she joined the pilot due to a peer support specialist arranging for me (H@H clinician) to present the pitch to their clinic.
- App data file was delayed and it caused delays in producing outcome summary report and contract renewal process within the county.

Deaf and Hard of Hearing Qualtrics Needs Assessment Survey

- Survey was brought down due to a cyber bot attack. During the first week of January 2023, the BOT was able to complete over 2,500 surveys. Our team was very glad that we did not enable the automatic distribution of incentives (Rewards Genius). Our distribution of survey incentives is manual, Gloria from our partner CODIE, reviews recipient email and verifies it is a CODIE member. She then notifies our team for an e-gift card incentive distribution.
- It took a very long time to complete
- The interpreting style (English vs ASL) varied from interpreter to interpreter making it hard to follow.
- The captions did not always match the interpreter
- Questions appeared to be written for a hearing person instead of meeting the deaf people where they are
- Question format varied and sometimes was just a single word/sign that was difficult to put into context and understand
- Felt like she had to do a lot to extrapolate the information, which could lead to people understanding the survey questions differently, which could impact the validity of the survey.
- In mental health, deaf clinicians have their own terminology or vernacular; their own way of voicing our opinions. Within the deaf community, this is expressed differently than the way hearing people have expressed it before. Otherwise, there are complete parts of concepts being lost; complete concepts themselves being lost.
- Finding that many of the participants that intended to complete the survey from the events last month have not completed it. Gloria has their email address and will follow up with them and direct them to the CODIE website to complete the survey since the QR code survey is now locked down.

Whole Person Health Score

- It is difficult to influence projects that are led by other departments to meet BH and H@H needs.
- Feedback for improvement on the current questions layout was provided to the WPHS team.

TakemyHand

- Onboarding 6 new Peers – exciting but very challenging to onboard this many staff at one time.
- Troubleshooting glitches in LiveChat app
- Recovery Language - learning to incorporate recovery language in both my professional and personal life.
- Ethical Principles – It is not our intention, but how it is perceived.
- The Peer Way – Not in fix it mode, but supporting the feelings.
- Comfortability on Chat – Believing in myself that I have the answers.
- Don't over think responses
- Having the Athena out when I am chatting.
- Taking my time to respond thoughtfully and authentically, I do not feel so rushed to respond.
- Knowing when I am being high jacked or triggered and allowing myself to be ok with transferring to another Peer or ask Kayla for help.
- Lesson learned to reinforce the current process in place to transfer the client to another Peer Operator or to use a canned response when a conversation is making the Peer Operator uncomfortable and banning that use if the behavior continues.
- Need more staff in outreach activities. More than 1000 people in attendance in the Child Support Backpack event: Riverside.
- Senior Peer went to CODIE office to train Gloria and Alana - I would have the training away from Gloria's work site and have a better understanding of how to work the snapcall.
- Senior Peer continued training for Gloria and Alana - they were about 45 min late miscommunication with interpreters. Gloria forgot equipment. Try to work on communicating better.
- An 80 yr. old consumer logged in TMH chat requesting a callback. She needed support and resources. After the experience, the learning was that it is good to have all resources readily available to provide right away.

Riverside County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)

- Scheduling Resource fairs. Coordinating with team as to who is registering and getting the info to rest of team and ensuring coverage.
- Learned about implementing Recovery language and open-ended questions without diving too deep into particular topics within the chat (Robert).
- Watched and provided feedback within active chats further study into the handbook (Robert).
- Learned set up of the Take my hand table and swag. Take my hand pitch and consumer interaction (Robert).
- Learning and becoming familiar with chatting on Live Chat (Robert).

La Clave

- Not for Spanish or Latinx only
- Having Dr. Lopez present in person at clinics helped get staff more excited about putting up a La CLAve banner.
- Facilitated La Clave Training with RUHS-BH staff and community members, had challenges redirecting group and learned ways to better time manage.
- Peer team members and staff members who completed La CLAve facilitator training and who are bilingual were selected to participate in the .30-second TV commercials with NBC/Univision.

Painted Brain

- Having good communication skills and asking clarifying questions so that things are not misunderstood
- Being patient but also advocating for our system of care
- DMHL curriculum is more extensive than expected and 1.5 hours may not be enough time to train a new DMHL Facilitator, but it helps staff feel more confident using technology and being able to help others.
- Collaborate with team to strategize best practices for marketing and utilizing resource
- Online signup forms are difficult for users to use and they end of needing to work with a point contact for scheduling instead
- Communication with Painted Brain and clinics has been challenging.
- Run out of funds for e-card incentives; so, this created extra emails of consumers and staff asking for a status update on the distribution of their e-gift card. Incentives delayed.
- Appy Hour session observation: More engagement with participants is needed. The peer team assisted participants with phone.
- Older adults want regular gift cards instead of electronic ones.
- Appy Hour session observation: More preparation on the PB team is needed. WIFI access denied-used the Peer team MIFI. HDMI cables needed.
- Appy Hour session observation: PB team reading from presentation.
- Appy Hour session observation: At one of the clinic sites, we experienced that the AC broken, No TV in room w AC. Space was too small for 18 people.
- Class had three staff scrambled to get four more consumers.
- Staff told non-list members to come to Appy Hour. Checked in confirmed participants and then checked in waitlist members for a class 15.
- We learned to be patient with one participant in particular as she continued to lose her place and continue to ask questions to H@H Peer assisting the PB presenter. Consumer then claimed we kicked her out even though she completed class.
- Forgot the phone devices.
- In one of the first "Appy" Hour sessions, we arrived after most of the participants had arrived. It would have been helpful if we arrived before them so we could get them to sign in while walking in; and give us the opportunity to give the folders with all the information. This way we are not scrambling to pass things around.
- The facilitator was great. She read off the PowerPoint and it was easy for the participants to follow along.
- Our group was in Spanish. I supported a participant with the Don't Panic or No Haga Panica app. luckily; I spoke enough Spanish to support the participant.
- It was challenging to support consumers in large groups (18 participants in total). Luckily, there were three HelpatHand Peers to support some of the large groups.
- Overall, the participants gave positive feedback on the surveys. However, we only received 17 surveys back. Perhaps in the future we can give instructions prior to the participants leaving. This way we do not forget to collect any surveys.
- The experience with the Spanish group was very positive. The participants seemed engaged in the materials.
- At first, there was miss communication among the various entities. Yazmin Velasco, the host at Tay Stepping Stones, informed us that she did not know there was an Appy Hour scheduled. Yazmin said Painted Brain was supposed to confirm with her about hosting an Appy Hour this week but she never heard back from them. The Peer team member apologized for the miscommunication, but she said she would scramble to find families and take care of it. She said, "Let's do this!". Yazmin stated most of her families speak Spanish but she is willing to translate and support.
- Had challenges with organization and communication with Painted Brain with preparation of equipment needed to present.
- Corrections for inaccurate Painted Brain Spanish translations needed.

Help@Hand

- Have back up plan for presentation
- Have all 3 programs ready to go in presentation form
- Presented the H@H program to our Mental Health Urgent Care staff - lesson learned I would run through my presentation to make sure the video features are working correctly.
- Held individual 1:1 sessions with Peers on team. Support individual Peers with professional and personal goals as well as give feedback to any challenges they might be having.
- H@H Peer Meeting and Training. Create an agenda and one hour training session for ongoing professional development
- Sacramento Conference re: Closure of Help@Hand projects. Brainstorming discussing suggestions for continuing projects. Networking and developing contacts for additional support.
- ASIST Training. Learned the PAL model. I will be implementing this model with the peer way to help me support our consumers (Carter).

Riverside County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)

- Learned the depths and reaches of which this program and use of technology actually reached and impacted (Robert).
- Found education opportunities and corrections for communication resources (Robert).
- Developed stronger connections between each other within the workspace. Go over near future agenda. Pitch ideas and concerns (Robert).

Outreach Activities & Swags Promotional Distribution

- Take the dolly to carry the e-z ups; those are too heavy for one person
- Delegating team members to load/unload to set-up and load/unload to clean-up so that tasks are divided evenly and fair.
- Be knowledgeable in all programs H@H offers.
- Adding program infographics and outreach cards to folder made handouts easy to distribute.
- Inland Empire Disabilities Expo: Ontario. Parking was gifted however, city employee said we needed to pay-I parked on street.
- The team continues to cultivate new network contacts such as Native American Student Programs at UCR and Morongo Fire Social Services.
- Deaf Festival. Very nice event & public was very nice. Translators where very polite. Parking was a bit difficult.
- Went to Idyllwild to do rural outreach presenting Takemyhand, Man therapy and La Clave distributed infographics and swag to schools, restaurants, coffee shops and public library. Learned to organize swag based on the locations we are preforming outreach.
- Learned about Family Pact coverage for community screenings. Presented Man Therapy.
- BHC- Housing Committee Meeting. Learned that community members rarely attend but it is necessary for them to attend, as they are public meetings.
- H@H presentation to Morongo TANF team - They had a power outage so we took print out of Power Point presentation, the three slide per page was too small and we were not able to show videos. They wanted to know the data for Native using the chat. David Jones sent an email stating, "Staff could not stop talking about how valuable you're programming is and how personable all of you were."
- Attendees at Moreno Valley College "Get Psych" event were 150. Gave out swag and brochures for all three programs.
- Victor Community Outreach event. It was nice to see so many CT willing to learn about it. Lesson learned for me person work on my power point. We had technical issues.
- NAMI Walk in San Jacinto-Community Members- It was different. I was expecting a different outcome. People did not not want to engage as in other events (Mary).
- Breakfast with Santa event. It was nice to see the community really wanting our information (Mary).
- Learned about the scope and importance of community outreach.
- Free art classes to help people express themselves and maintain emotional wellness.
- Learned how to appropriately approach unhoused individuals (Robert).

Kiosks/Phone Devices

- YTEC Kiosk on site training: Riverside. (Peer Team). Good resource for families. Supervisor wants more infographics to dsitribute. Kiosk is a landscape type.
- Updating phone devices that have been in storage is time consuming. We do not have staff resources to keep up with getting ready these devices for distribution to clinics. Solution approach: Jaguar will update devices that have been in storage and devices that were returned for re-use.

Appy Hour- Painted Brain

- Two staff and 22 consumers attended. Facilitator did not redirect well during orientation, which resulted in an hour-long intro. Class went over by 10 minutes despite facilitator rushed the workshop. Facilitator arrived minutes before class start (10/31)
- Indio is perfect example of how peers, community members and hybrid Spanish/English class can be done! Indio Peers were engaged, helped during setup, translated and have a superb rapport with their consumers.
- Indio Appy Hour. It was so nice to see how the peers engaged with consumers. My favorite of all time.
- I was not satisfied with PB services. Only Teanna was in meeting. She provided spreadsheet with material but not all material was there. In addition, I never saw the final draft of Nepanikar in Spanish (Mary).
- Set up, created emails, educated consumers on how to create email and how to check and send emails. Supported Painted Brain with Do not Panic App (Ilene).
- Learned about Family Pact coverage for community screenings (Ilene).

Digital Literacy Training

- This was a little challenging for me because some of the language for training materials kept changing so I had to go back and change it (Mary).
- I think we are not prepare. It was a large group. Staff did not respect the ending time (Mary).
- I presented and half of the consumers where not on boarded so they went to another room. I really think we need to not worry about consumers not being on boarded (Mary).
- Spanish session. I think it went well. Consumers where receptive. We do not need a 3rd training person (Mary).
- Learn the setup, sign in, app experience, consumer contact and pack up.
- How to successfully create a functional spreadsheet that the team can utilize. EXCEL readiness for the future (Robert).
- Learn how to put together our new swag bags (Robert).
- Learned how to navigate Excel at an even deeper level (Robert).
- Learned how to be of support and no DO it for a consumer. Consumer Face-to- Face interaction. Activation of MyHP profile. Send incentive and notify consumer of incentive being completed and sent (Robert).
- Learned how to engage with audience (Robert).
- Presentation familiarity. Strengthen my confidence in what I am presenting (Robert).
- Learned to log in to MyHP on dummy test consumer and log in on staff and send credentials for consumer activation.

Riverside County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Recommendations Across Year 5	**Deaf and Hard of Hearing H@H Collaboration Partners** • Have questions designed by deaf people • Use a consistent style of sign language • Format the survey using 'deaf gloss' so the question and interpreter better match. That way it can be expressed from a deaf person, instead of being in an English grammatical format that the deaf people were trying to follow or fit into. • Meet the deaf people where they are instead of making them adapt to our way of communication Recommendation to use ASL experts or professors take the survey script/questions and re-express them in the appropriate way for the deaf. **TakemyHand** • RCC Self Care for Job Seekers presentation: Peer shared my experience using TakemyHand for a job interview prior to my hire at RUHS. Advised we can do mock interviews for students. **Painted Brain** • Some FAQs were created to inform on qualification to attend an "Appy" Hour group session: • Can relatives of consumers attend, and if so, are they eligible for the $50 gift card? Yes, as long as they are accompanied by the consumer. The Caregiver/relative will get one $50 incentive and the consumer will get a $50 incentive. • If someone attends more than one presentation, can they only receive one $50 gift card? If the session is a different topic, yes, they can get two different $50 e-gift card incentives. • Who is doing the session? Painted Brain staff and one Peer from our HelpatHand program will assist with phone devices, and support the consumers with gift-card distribution and technical support. • Is the "Appy Hour" session for Children/Family programs? Yes, Youth 16 and above are welcome to participate.			
Cross County/City Sharing Across Year 5	• Updated Free Apps Brochure (English/Spanish) shared with the collaborative. **Deaf and Hard of Hearing Survey** • Shared survey and videos with Santa Barbara who is interested in using some of the questions **La CLAve** • Met with Santa Barbara to share learnings about La CLAve implementation. Santa Barbara is interested in La CLAve program.			

Riverside County	**Quarter 1** (Jan – Mar 2024)
Tech Lead(s)	• Maria Martha Moreno, MS CIS
Implementation Site	• TakemyHand Live Peer Chat: Riverside Community. • DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community • A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County. • Kiosks and Device Deployment – Open-to- Public County Clinic sites. • Recovery Record-Eating Disorder Consumers. • Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics. • Man Therapy: Riverside County Community. • Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff & Consumers (TAY, Adults, Older Adults) • LaClave: RUHS Behavioral health/Riverside Community • "Learn & Earn" Digital Literacy Training sessions
Team Composition	**Leadership** • Matthew Chang, Director • Amy McCann, BH and CHC Comptroller • Deborah Johnson, Director of Innovation/Integration • Brandon Jacobs, Deputy Director Research & Quality • Shannon McCleerey-Hooper, Peer Support Services Deputy Director • David Schoelen, MHSA Administrator **Whole Person Health Score- Social Determinants of Health** • Vikram Kumar, Chief Health Information Officer, Information Services • Geoffrey Leung, Chief of Medical Specialty, Public Health • Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration **IT** • Jimmy Tran, Chief Information Officer • Shonita Stevenson, Chief Information Security Officer • Robert Watson, IT System Administrator **Compliance Officer** • Ashley Trevino-Kwong, Compliance Officer **Senior Public Information Specialist** • Robert Youssef **MHSA Innovation Lead/Social Svcs. Planner/Cultural Competency** • Leah Newell • Consulting Cultural Outreach & Education Workforce **Peer Support Svcs. Manager** • Kristen Duffy **Senior Peer** • Melissa Vasquez **Peers:** • Chris Galindo • Marisela Gil • Juan Koontz

Riverside County	Quarter 1 (Jan – Mar 2024)
	• Lisabeth Black • Robert Bishop **Social Media/Marketing & Communications:** • Andrea Putnam **Clinical Therapists:** • Kayla Henry, Clinical Therapist II **Evaluation:** • Suzanna Juarez-Williamson, Supervisor • Yuniar Praheswari, Research Specialist II **Application Developer** • Rick Wright **Administrative Support** • Ursula Lewis **CODIE Representatives** • Gloria Moriarty • Lisa Price • Rachel Postovoit
Core Audiences	• **Early Detection**: TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY (including college campuses) • **Improve Outcomes for High-Risk Populations:** Re-entry Consumers, FSP Consumers, Eating Disorder Consumers **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.
Products in Use/Planned	• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award. • Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link. • Deaf and Hard of Hearing Needs Assessment Survey – it is online to collect feedback from our DHoH community members on their mental health needs. • App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds. • Recovery Record Mobile App Pilot that serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. • Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community. • The Whole Person Health Score Assessment is been created in the Qualtrics platform environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle). • Partnership with Dr. Steven Lopez from La CLAve. LaClave is a guide to the symptoms of serious mental illness. It utilizes cultural marks to teach psychosis literacy to the Hispanic and Latinx community. • “Learn & Earn” Digital Literacy Trainings to consumers is been launched to promote the WPHS Assessment survey and myHealthPointe (consumer portal to their electronic health records portal).
Implementation Approach	• Takemyhand™ Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand™ Chat Hours for reporting period were from Monday through

Riverside County	Quarter 1 (Jan – Mar 2024)
	Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays). • Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants completed with 100 participants enrolled. • Recovery Record –Pilot implementation with Eating Disorder Champions is Live. Enrollment extended to contracting agencies. • Whole Person Health Score Assessment distributions via email and text is Live. BH Adult survey QR codes live in swags (tissues, lip balm and bookmarks). • Man Therapy Marketing Campaign and outreach activities are live. Outdoor print and digital billboards phase II planning completed. • La CLAve Facilitators Training are in implementation phase; four facilitator training completed. Billboards, kiosk ads went live countywide. The integration within the TakemyHand app was launched and promoted in Univision TV, radio and digital media. • "Learn & Earn" Digital Literacy Trainings to consumers is been launched to promote the WPHS Assessment survey and myHealthPointe (consumer portal to their electronic health records portal).
Other Unique Qualities	**Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.** Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa • Adult System of Care Committee – Chris • Behavioral Health Commission – Martha, Melissa • Children's Committee – TBD • Cultural Competency Reducing Disparities Committee –Kayla or Martha. • Desert Regional Board meetings – TBD. • Eating Disorder Collaborative meetings –Kayla • Legislative Committee – Melissa • Mid County Regional Board meetings – Kayla/Martha • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Mary • TAY Collaborative meetings –Desert -TBD • TAY Collaborative meetings –Mid – Mary • TAY Collaborative meetings -Western – TBD • Housing Committee – Melissa • Veterans Committee – Chris • Criminal Justice Committee – Mary • The Community Advocacy for Gender and Sexuality Issues (CAGSI)– Chris • LGBTQIAN+ Task Force – Dylan • Wellness and Disability Equity Alliance (WADE) Subcommittee –Martha or Melissa • African American Family Wellness Advisory Group (AAFWAG) – Melissa • Asian American Task Force – Martha • Deaf and Hard of Hearing subcommittee – TBD • Middle Eastern and North African Task Force (MENA) – TBD • Hispanic, Latinx committee (HISLA) – Mary
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. • Phase II implementation continued with other behavioral clinic sites and Telecare contractor agency with 10 Urgent Care facilities across the county in all geographic regions (Mid-County, Western and Desert). Delivery and installs of six kiosks was completed for these Telecare Crisis Residential Centers and Urgent Care facilities located across the different county regions. Other kiosks installed during this quarter were deployed to JFK Memorial Foundation, Riverside Community College (Adult Classroom), RCC Moreno Valley Campus. • A Large Peerless 55" kiosk was installed in the Blind Support Services office in Riverside City. • Overall, 77 Kiosks were installed in waiting areas throughout Riverside County and serve as points of service navigation and education. At the kiosk, the user can find a link to the MHSA plan and how to provide feedback. THE KIOSK EXPERIENCE (https://riversidehelpathand.org/) is a great way to locate useful resources and support at your fingertips. You can find Kiosks locations on the kiosk map locator on the Help@Hand Riverside webpage. Due to kiosk popularity among some community organizations, ten more kiosks (bolted on electric standing desks) were purchased to allocate in the community of Riverside. There was a total of 87 kiosks purchased (Phase I & II). From the 87, 72 are iPad size and 15 are 55" Peerless Kiosks. Community members can locate a kiosk via this kiosk map locator: https://arcg.is/0qnOuj. • Charging Stations. As part of supporting successful utilization of the kiosk technology, due to consumers' frequent need to unplug the kiosks so they can charge their phone devices, the Help@Hand program deployed additional charging stations in some of the clinic sites countywide. This implementation was a solution approach to the frequent unplug or kiosks at some high traffic clinic sites. The charging station has the TakemyHand™ branding and QR Code so individuals visiting the clinic lobby can quickly connect to a TakemyHand™ live Peer for emotional chat support. In addition, in a most recent deployment phase, the charging stations have both, TakemyHand™ and La CLAve branding. La CLAve teaches about detecting the signs of a serious mental illness to motivate community to seek early treatment. Blind Services Resource Center received one

charging station. During this last two quarters there was a total of 15 charging stations delivered to the following locations: Riverside Community College Riverside and Moreno Valley campuses (5), RCC- Norco campus (1), Telecare Crisis Residential and Urgent Care Centers (4), Blind Support Services (1), RUHS BH –TAY Journey & Conference Center break room(2), and Coachella Valley Rescue Mission (2).

- 52 tablets were distributed to the adult mental health clinics. Lake Elsinore Adult clinic (12), Hemet MH Clinic (12), Perris (6), Temecula (7), and Western Region MH Clinics (15). Training materials on wellness apps were shared for adaptation. These tablets will be a resource for consumer group sessions to continue the training with consumers on the utilization of wellness apps or for education on navigating digital resources.
- The Android version of the TakemyHand™ app was pushed to the android devices. These devices will be available to the consumers affairs office were the peers will continue providing digital literacy training to other Peer Support specialists in the department. Clinic sites will be able to have some phone devices as a resource for consumers during a group session or for individual intervention sessions.
- Ten iPad tablets were re-configured for the deployment of the 10 mobile kiosks bolted on electrical desks.

Deaf and Hard of Hearing Community Needs Assessment
Target Area: Improve Service Access to Underserved Communities
Population: Deaf and Hard of Hearing

- Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our DHoH community members on their mental health needs.
- Made QR code survey available in clinic during clinic hours M-Th. 8-5
- Hosted event at CODIE, Jan 11 and had three more surveys completed.
- Hosted event Jan 18 to promote survey
- Increased participation incentive to $100
- Making the survey available to the H@H collaborative members to use
- 64 responses as of 2/5/24
- Survey ends 2/15/24
- As of February 15, 2024, a total of 73 surveys were completed.

TakemyHand™ Live Peer Chat
Target Area: Improve Service Access to Underserved Communities
Population: Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions.

- TakemyHand ™ ASL video chat Pilot –went LIVE in December 2023 and was completed in February 26, 2024.
- The size of the ASL video integrated in the Terms of Service was adjusted for better visibility – completed.
- A "Summary Report on TakemyHand™ LiveChat by Gloria Moriarty-Burnes, Center of Deafness Inland Empire (CODIE)" completed (see Recommendations section).
- NEW! Android app version – https://play.google.com/store/search?q=TakemyHand&c=apps&hl=en_US&gl=US -Released in January, 2024.
- NEW! Emotional Wellness Check- in feature in TakemyHand™ – completed in February 2024.
- Help@Hand clinical therapist provides support for crisis chat coverage (ongoing).
- TakemyHand Peer Chat Operation Oversight (ongoing).
- Recovery Language Training (ongoing).
- TakemyHand Peer Chat Coverage (ongoing).
- Update Takemyhand™ Peer Chat Operator Manual (as needed).
- TakemyHand ™ Resources Updates (English/Spanish) –Peer Team.
- Message creation for social media posts (H@H Team)-ongoing.
- Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram).
- TakemyHand ™ T-shirts distributed at "Learn & Earn" digital literacy group sessions countywide.
- Hosted booth at various Outreach community events.
- TakemyHand presentations – ongoing
- Processing with chat operators after difficult chats; provide trainings for managing mental health of operators.
- Provide resources for both staff and chat participants (as needed).
- Stigma Reduction Backpacks are being distributed countywide during the "Learn & Earn" digital literacy activities.
- Coordination of message creation for social media posts (H@H Team).
- Processing with chat operators after difficult chats, provide trainings for managing mental health of operators (Clinician).
- Provide resources for both staff and chat participants as needed (Clinician).
- Presented on how to utilize kiosk at Riverside Community College Riverside campus (Clinician).
- Distributed the QR Code desk displays in county clinics and community organizations during the various outreach activities. The QR code offers easy access to TakemyHand ™ Live Peer Chat.
- Created a 2023 TakemyHand Impact Report (Tech Lead).
- Inspirational TakemyHand ™ T-Shirts were distributed along with innovation promotional swags (La CLAve, TakemyHand ™, and Man Therapy) to the various clinics from all regions (Mid-County, Desert and Western Region) as a resource for the consumers they serve.

Riverside County	Quarter 1 (Jan – Mar 2024)

- 1,230 Sleeping Bags (designed for extreme temperatures) for our unhoused community members were distributed across the county. The sleeping bags had the TakemyHand ™ branding "TakemyHand.co Together we find Hope" & "Me Escucharon en TomamiManco.co." The following programs/clinics received these sleeping bags as a resource for their unhoused consumers and community members:
  - The Behavioral Health and Nutrition Services Center (35),
  - Lake Elsinore Wellness and Recovery Clinic for Mature Adults (40),
  - San Jacinto Wellness & Recovery Clinic for Mature Adults & S.M.A.R.T. (40),
  - Wellness & Recovery Clinic for Mature Adults & S.M.A.R.T of Western Region (45),
  - Older Adult Services Perris Mental Health Clinic (30),
  - Temecula Wellness and Recovery Clinic for Mature Adults (30),
  - Hemet Adult Behavioral Health Clinic (100),
  - Perris Adult Behavioral Health Clinic (50),
  - Lake Elsinore Adult Behavioral Health Clinic (35),
  - Temecula Adult Behavioral Health Clinic (45),
  - Banning Mental Health Clinic (45),
  - Blythe Mental Health Clinic (30),
  - Indio Mental Health Clinic (60),
  - Windy Springs Wellness Center (30),
  - Blaine Street Adult Clinic (55),
  - Jefferson Wellness Clinic (35),
  - Corona Wellness & Recovery Center (25),
  - New Life Program (40),
  - Mecca Family & Farmworker's Service Center (30),
  - Telecare Western MHUC (30),
  - Telecare Lagos CRT (30),
  - Telecare Riverside Desert MHUC (30),
  - Crisis Mental Health Urgent Care-Perris (35),
  - HelpatHand INN Peer Team/Consumer Affairs Office (170),
  - Peer Resource Centers (Temecula, Indio and Riverside) (105),
  - Riverside County Children & Families Commission/Desert Hot Springs Family Resource Center (30).

- TakemyHand ™ Team Univision interviews segments started airing in the month of January and February 2024. Interviews aired and circulated on UNIVISION and UNIMAS. Audio and video files of TakemyHand ™ played in La Suavecita 94.7, Fuego 103.5, Audio Engage, CTV/OTT, Geo-Video Pre-Roll, as well as the following social media platforms: Instagram, Tik Tok, Youtube, and Univision's Facebook page.
- EntraVision Impact Report provided.
- TakemyHand ™ Project approved to continue after Help@Hand.

A4i
Target Area: Improve outcomes for high-risk populations.
Population: FSP Consumers

- App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more.
- Overall, there is 50 care team members on boarded to date from 12 different clinic sites countywide.
- Overall 102 participants on boarded to date.
- Engaged in supporting participants connected through the peer resource center and provided wellness check in calls.
- Attend diversion Court to support participant (Peer)
- Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program.
- Testing & exploring, and providing vendor feedback for the A4i App (ongoing).
- Review/approve and flag Newsfeed content (ongoing).
- Updating Participant training documentation (as needed/ongoing).
- A4i workflow for Peers – Maintained - Peer Team.
- A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team.
- A4i Tech Support (ongoing) -Peer Team.
- A4i Post of the Day (ongoing) -Peer Team.

Riverside County	Quarter 1 (Jan – Mar 2024)

- A4i Newsfeed Monitoring (ongoing) H@H Team.
- Create Kindness Wednesday posts (Peer Team).
- Create Nature Thursday posts (Peer Team).
- A4i Caseload tracking (ongoing) -Peer Team.
- A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team.
- A4i Phone Processing and Updates (Peer Team).
- A4i Checklist Documents (Peer Team).
- A4i Peer Workflow Documents (Peer Team).
- A4i Reminder Infographics (Peer Team).
- A4i x Riverside x CalMHSA meetings (H@H Team).
- Support A4i Survey measure administration (Peer Team)
- Distribute/Track A4i e-gift card incentives (H@H Team)
- New Digital therapeutics Certificates for 18 care team members during this quarter–distribution completed.
- Update all A4i materials (Evaluation and Peer Team)
- Plan and held graduation ceremonies for A4i participants who completed program
- UCI provided Preliminary Provider Interviews Outcome Report
- The videos from the Health Empowered by A4i Riverside's Transformative Showcase -HEARTS A4i Showcase event were edited and posted in Vimeo. In addition, the HEARTS A4i informational video was completed and uploaded to Vimeo: https://vimeo.com/919207606. Updates on the success of A4i were posted in social media channels and in the A4i website. You can view the event at https://vimeo.com/showcase/11000292. You can also see real life stories at https://vimeo.com/showcase/10798859.
- Updating Participant training documentation to include clinical voice- (as needed/ongoing).
- A4i graduation ceremonies continued during this quarter and we continued getting amazing testimonies from our A4i pilot participants. There were three graduation ceremonies completed in the months of January (1/18) and February 2024 (2/6 & 2/22). Hosted graduations at Lake Elsinore, Desert and Riverside.
- A4i Project approved to continue after Help@Hand.

Recovery Record App for Eating Disorders
Target Area: Improve Outcomes for High-Risk Populations
Population: Consumers receiving Eating Disorder Treatment

- The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research.
- Overall on boarded 26 participants.
- Overall on boarded 58 Care Team Providers.
- Onboarding & Training of new Care Team Members (ongoing).
- Updated workflow for managing tracking of project.
- Troubleshooting and problem solving with missing data from vendor dashboard- found solutions.
- Vendor provided app data file for Evaluation to produce outcome report.
- Vendor produced a preliminary outcome data report with highlights on app usage results.
- Created Recovery Record Collaboration/Impact Report (Tech Lead).
- Started conversations for contract transition from CalMHSA to county. Project approved to continue after Help@Hand under the new Eating Disorders intensive outpatient innovation.
- Recovery Record Project approved to continue after Help@Hand.

Man Therapy for Suicide Prevention
Target Area: Suicide Prevention among men
Population: White Male over 45

- Collaborated with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community.
- Overall website traffic for the months of January and February (up to 2/26) 2024 is 22,810 user sessions total in California, and 17,513 user sessions in Riverside County.
- Head inspections were completed in the months of January and February (up to 2/26) 2024 is 10,658 for the state of California, 8,806 in Riverside County.
- The number of Man Therapy head inspections completed for 2023 is 9,534.
- Paid Google Ad performance shows 14,655 head inspections completed for Year 2023. Paid Google ads were not run for the month of July. Thus, google adds performance is for 11 months.
- For California statewide, there were 16,033 head inspections completed in 2023.
- HelpatHand Man Therapy presentations concluded in February 2024.
- Meetings with vendor concluded in February 2024..

- Promote Man therapy and the 18-point Head Inspection (assessment) in community outreach activities countywide.
- With the support of digital add advertisement, there has been a consistent increase in self-assessments completed on the Man Therapy website for Riverside county.
- Distributed the QR Code desk displays in county clinics and community organizations during the various outreach activities. The QR code offers easy access to 18-point Head Inspection self-assessment.
- The Spanish Man Therapy website went live in February 21. 2024. This was announced at the 5- Year Retrospective in-person meeting event.
- Vendor provided outcome impact reports.
- Started conversations for contract transition from CalMHSA to county.
- Man Therapy Project approved to continue after Help@Hand.

La CLAve
Target Area: Improve outcomes for high-risk populations.
Population: FSP Consumers

La CLAve is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier.

- Interview segments by Univision for TV, Radio, and online advertising and feature presentations.
- Production of La CLAve .30-second commercial stories started and one story went live.
- La CLAve is promoted on ongoing basis during at community outreach events.
- Billboards, kiosk ads and Google ads invited users to visit UseLaCLAve.com to learn the signs of serious mental illness.
- One more facilitator training completed. Dr. Lopez conducted a hybrid in-person/virtual facilitator training class in January. Overall, five facilitator trainings were completed.
- Planning/Implementation collaboration meetings with La CLAve team.
- Worked with Dreamsyte to add a self-assessment for psychosis symptoms within TakemyHand™ app- completed.
- NEW! The self-assessment for psychosis symptoms through the TakemyHand website and app went live. La Clave self-assessment was released in February 2024. About the self-assessment: The Prodromal Questionnaire Brief (PQB) is a 21-item self-report questionnaire with two questions per item. The first question asks if the person in the past month has had a given experience that reflects early psychosis that is not due to the influence of alcohol, drugs or medications. One example is “Have you had experiences with telepathy, psychic forces, or fortune telling?” If they respond yes, then they are to rate on a 1-5 scale the degree of distress or impairment they had with that specific symptom/experience.
- La CLAve presentations – ongoing.
- La CLAve DVDs movie is distributed to the RUHS-BH clinics and community organizations who participate in the facilitator training.
- EVALUATION: Analysis of La CLAVE Facilitator Training Post Surveys is in progress.
- Distributed the QR Code desk displays in county clinics and community organizations during the various outreach activities. The QR code offers easy access to UseLaCLAve.com.
- Created La CLAve Collaboration Report (Tech Lead).
- An impact report from Univision has been shared.
- Univision interview video segments started from December 1st to February 26th, 2024. The La CLAve segment aired and circulated on UNIVISION and UNIMAS. Audio and video files of La CLAve commercials played in La Suavecita 94.7, Fuego 103.5, Audio Engage, CTV/OTT, Geo-Video Pre-Roll, as well as the following social media platforms: Instagram, Tik Tok, Youtube, and Univision’s Facebook page. Vendor provided impact report.
- The last La CLAve training was completed during the week of 22-26 and it was a hybrid event with some attendees joining virtually and others in person. Participants include the Asian Pacific Cultural Competency group who would like to adapt the program for the Korean population.
- La CLAve has been approved to continue through Prevention and Early Intervention funding.

Whole Person Health Score (WPHS)
Target Area: Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations
Population: FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65.

- The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle).
- The Cohorts created within the Qualtrics platform are: 1) Behavioral Health, 2) Community Health (Medical Center), 3) Outreach & Navigation (Medical Center) and 4) RivCoONE.
- As of February 26, 2024, the Behavioral Health cohort had 1,066 WPHS surveys completed. An incentive of $60 e-gift card was offered to consumers/family members/caregivers for taking the WPHS survey. The incentive and promotion department wide has helped with the increase of data records collected. RUHS Staff members supported their consumers in having them take the WPHS from one of the kiosk at the clinic or utilizing the QR Code flyer. Requests for $60 e-gift card incentives are made by RUHS-BH staff members department wide.
- Medical Center Cohort (Community Health and Outreach & Navigation) has 296 surveys completed.
- RivCoONE Cohort has 326 surveys completed.
- Swags (Bookmarks, tissues, lip balm) including the Adult WPHS QR code were distributed to promote WPHS in some clinics.
- Provided training to the Banning MH Clinic staff on how to utilize the WPHS screening tool to identify consumer needs (Clinician).
- WPHS swags (bookmarks, tissues, lip balm/sunscreen) were distributed to the Banning MH Clinic to support promotion of the WPHS screening tool.

- Department wide emails were sent to communicate staff members about their ability to promote the WPHS. User guides were provided including "WPHS Overview and Guide for the Clinical Perspective" and a Flyer for clinics to display in their lobbies.
- Consumers/Family members and caregivers can take the survey from any of the kiosks place in lobby or by scanning the QR Code available in the kiosk or flyer provided.
- Our Executive Assistant is charge of distributing the incentives. Requests are made via email and we are able to verify completion of the survey by going into the Qualtrics platform.
- Transition Age Group (TAY) WPHS survey QR Code was released to utilize only during the "Learn & Earn" digital literacy group sessions.
- An introduction of the WPHS was offered to consumers who participated in the "Learn & Earn" Digital Literacy workshops promoted department-wide.
- Learn more about WPHS: https://www.youtube.com/watch?v=ykZvl3BBv08

Digital Mental Health Literacy
Target Area: Improve Service Access to Underserved Communities.
Population: FSP, TAY, Adults over the age of 65

"Learn & Earn" Digital Literacy Training Activities
- Facilitated Spanish and English consumer workshops- myHP and WPHS (Peer Team)
- MyHP Account activation readiness (team).
- "Reduce Stigma" backpack preparation.
- Tracking sheets for collecting participants rosters (T-shirt size, MR#, email address, myHP account activation).
- Support consumers attending "Learn and Earn" in getting their incentives.
- Support planning of training sessions with printing materials, food BPO, orders/pick up, set up; clean up, "Reduce Stigma" backpacks, etc.
- Conducted a total of 37 "Learn & Earn" workshops department-wide. The number of consumers who attended the workshops were Western Region: 137, Mid-County Region: 152 and Desert Region: 91. A total of 380 consumers participated in the "Learn & Earn" workshops. Consumers who attended the workshops earned a $60 e-gift card incentive.

Outreach Activities & Swags Promotional Distribution
TakemyHand™, Man Therapy and La CLAve swags and program infographics/flyers were distributed among different outreach events.
- Riverside Lunar Festival
- CODIE Wellness Event (Jan 11 & 18)

Upcoming events:
- Paloma Valley High School
- Blindness Support Services Grand Opening of the Emotional Wellness Hub

Other Administrative Activities
- Work/Review Help@Hand budget forecast (Jeff, Leah, Maria Martha)
- Review/Approve vendor invoices (ongoing).
- Identify/Discuss UCI Spot Articles. Man Therapy, TakemyHand and La CLAVE.
- Transition plan discussions for all the innovative initiatives.
- For WPHS, CalMHSA will continue to hold the contract until then end of June. Jeff will be following up to notify Carahsoft RUHS will become the customer at the end of June and year 3 funding will need to be determined by Dr. Kumar.
- Last Edition of the Help@Hand newsletter – completed.
- 2023 Impact reports – La CLAve, Recovery Record, and TakemyHand™ - Completed.
- Free gaming brochures is finalized. Printing order completed.
- Tango Rewards Redemption Training to support all initiatives (Peer Team).
- Plan/organize the Five-Year Retrospective Meeting event on 2/21/2024.
- RUHS Staff members supported the activation of myHP accounts across the department: 720 consumers activated their myHP consumer portal account. Staff sent credentials or "One time codes" to 957 consumers. 233 consumers are in Pending status because they still need to complete steps of verifying their validation code and activation steps on their end. $60 gift card incentive was offered to those consumers who activated their myHP account (either during a workshop or with one of their RUSH Staff care team members).
- 30 myHP (myHealthPointe consumer portal) retractable standing Banners were distributed to the various clinics (MH and Substance Use) across all three regions (Mid-County, Western and Desert). This will help consumers stay informed about the ability to gain access to their consumer portal.
- Host Five-Year Retrospective Meeting (feedback collected during this meeting is located in the "Recommendations" section.
- Contracted with Dreamsyte to transition the Help@Hand Riverside webpage from the https://helpathandca.org/ domain to a new website domain and to add additional website sections: Reports, ASL DMHL Videos, Infographics and updated the list of partnerships in the Riverside Team menu. The website will serve as repository of information about the Five-Year Innovation program. It will share learnings and outcome reports with our stakeholders. All in all, it will showcase the digital mental health technologies that started with the Help@Hand Riverside Program: https://helpathand.info

Riverside County	Quarter 1 (Jan – Mar 2024)
Lessons Learned Across Year 5	**TakemyHand™** • Participation in the UNIVISION/NBC Interview segments was an exciting work experience (HelpatHand Team). • Learned how to appropriately approach unhoused community members (Robert). • Completed Building Peer Leaders training to help further my career and validation of being a part of my team and future teams (Robert). • Becoming familiar with chatting on Live Chat (Robert). • Completed and Passed Medi-Cal Peer Support Specialist California Exam (Robert). • Went Live on the Live Chat (Robert). **A4i** • Learned to be flexible when our participants decide at the last minute that they would prefer not to attend their graduation ceremony. Encourage them to still provide feedback via text. Two participants provided positive feedback about their experience with the A4i via text (Mary). **Kiosks/Phone Devices** • Experience reports of one clinic in which the charging station was not functioning. Some staff switched grounded vs. non-grounded electrical cable. Our IT vendor was able to identify the issue and was able to resolve it on site. **Recovery Record** • Despite of the HelpatHand program ending, new staff members were interested in gaining access to the clinical license so they can offer this resource to their consumers with an eating disorder diagnosis. **Man Therapy** • The Spanish website went live but it needed improvements. Feedback on Spanish corrections was provided to the vendor by the Peer Team and Tech Lead. • Needed access to the new google analytics website to see website traffic (Riverside) and the number of Head inspections completed for the two months of the project (January and February 2024). **La Clave** • Participating in the UNIVISION/NBC Interview segments and .30 second commercials to promote La CLAve message was a fantastic work experience (Mary, Juan, Dr. Steven Lopez, Dr. Alex Kopelowicz, Maria Martha Moreno) **Digital Literacy Training** • Learned how to engage with audience facilitating Learn & Earn trainings- myHealthPointe and WPHS (Peer Team). • Presentation familiarity. Strengthen my confidence in what I am presenting (Robert). • Assisting consumers with processing incentives and supporting consumers with myHP account activation is challenging and time consuming. • The importance of being prepared to present even when things do no go as planned keep going. You are the expert at the content (Juan). • This newsletter accounted for our activities from September to end of project, has been submitted for final draft and revisions. Additions, review and approval takes time (Juan & H@H Team). • Learned that I need to take a step back and allow junior trainers to direct the group and stand in to support them as needed (Mary). • Rehearse more and slow down to enjoy the moment (Mary). • Always be prepared, it was challenging because I had not done a training with la CLAve in front of Dr. Lopez, but it was a great way to gain self-confidence (Mary). • Do not make presentations so long (Mary). • Challenging to stay on top of ensuring we have materials translated in Spanish. • Keep the attention of the Peers by being more engaging and go through PP on conference room to ensure videos will play (Melissa). • Have an outline of what you want to present on (Melissa). • Invite more people to come (Melissa). • Set some boundaries with staff before session, we had multiple people coming in late or new add-ons (Melissa). • Rehearse more and slow down to enjoy the moment (Melissa). • Do not get frustrated that staff don't understand how to get access to myhp2 (Melissa). • Have a time-line on agenda and run through the meeting beforehand (Melissa). • Trained 10 team members on Learn and Earn and Whole Person Wellness Score materials (Chris). **Deaf and Hard of Hearing** • Finding that many of the participants that intended to complete the survey from the events last month have not completed it. Gloria has their email address and will follow up with them and direct them to the CODIE website to complete the survey since the QR code survey is now locked down. **Help@Hand** • The Five-Year Retrospective meeting required a lot of coordination among the team members and members from other RUHS-BH units. We were not able to send confirmation emails to most of the staff/community members who RSVPs. Some of the technology did not functioned as expected and we had to improvise to make it work and continue with the meeting agenda. Despite of the various challenges, attendance was close to room capacity, there was enough lunch food for everyone and we were able to ask for help from other units to make it a successful and joyful event.

Riverside County	Quarter 1 (Jan – Mar 2024)
	• 5-year closure meeting on challenges and success for each program under the HelpandHand umbrella project. Two games: Family Fued and digital app game engaging what the invitees know about the various Help@Hand programs. Feedback boards where invitees pose what could be future improvements of the project. Highlight QR Codes to invitees for clinic distribution. • Distribution of 50 sleeping bags, 45 emergency blankets and 30 t-shirts. There is a huge need for cold weather type of supplies throughout the county –Unhoused community members (Chris).
Recommendations Across Year 5	The following feedback was collected from the Five-Year Retrospective meeting event: IF YOU WERE TO DO THIS AGAIN, HOW WOULD YOU DO IT DIFFERENTLY? • I would promote the programs across all media channels and give permission to fully embrace the program. • Lean in on opportunities for sustainability. • I would have only one supervisor or manager to have the ability to work from home. • Begin protocol to add flyers of these resources and every intake at RUHS-BH • Get more partnership with deaf and hard of hearing community like three to five people to be part of this team. • Observe more on interpreting services, involve more deaf/disabled in this, more feedbacks/more consideration in ASL • More support staff to help the program staff. • Get an early start on the implementation of Technology Solutions. • Adding a few steps can be beneficial for the next group: 1. Utilizing peers to follow up on communication bridges between innovations and clinics/programs. 2. A system to utilize this peer support temporarily and transfer to clinics/programs to be self-sufficient. • Doing it again I might push for integration of app with clinical systems. • Invite more peers and consumers to functions like these. • For grassroots materials: focus on QR code specific, higher desired items: lower quantity (t-shirts) higher value + higher quantity low price (stickers) • The lessons learned are invaluable… remind the team to stay openminded and flexible for an innovation project (so many unknowns) have fun with it. • Differently. Was there one main website that kept track of all the programs? If so, is there a tool to match people to the apps or programs that could help most? (more inter-connected info/websites) • Have a bigger team, more strategic outreach plans, professional development for staff, more creativity • Bring consumers to share stories. More classes bigger rooms for consumers to participate. • More deaf friendly features, ASL qualified interpreters, consistency, more deaf affiliated programs, more media exposure TV, radio, etc. WHAT HAVE YOU LEARNED? WHAT CAN WE IMPROVE ON? • Incentives are key to promoting participation. • Continue work with Codie to bring more services to the deaf and hard of hearing. • Boots on the ground are invaluable. Listening to feedback is as important as measurable data. • I have learned we need to reach more ACTUAL members of the community, focus the attention on them and be there when they need us. • I've learned about the importance of rooting the project in the communities we are trying to reach. Listen to their needs • Working with deaf team to arrange the interpreting service on deaf team's preference. * important* • Having peers lead and guide initiatives was and is critical to this work. • Provide more details about the projects. • What creativity and excellence looks like through hard working staff. • Continue to offer incentives for new technology driven services. It works! • Can we offer more technology friendly services to our senior population? • How important it was to hear the voice of "the boots on the ground" i.e.: having the peer perspective throughout the project. • We need a diverse group of skills and perspectives in an innovation project. • I have learned we have so many resources but still so many people don't know. We need to work on marketing broader- News! Mail! These are amazing tools and people need to know. • Reach more ASL consumers in different ways. • Be there and be a role model for others. We could improve on having open and honest communications and allowing for hybrid schedules. • We have learned peer support is key, collaborating on system features leads to success, can improve on… • I have learned that we never have enough staff and the county red tape creates too many barriers to give the consumers what they need in a timely manner. • Learned: Anonymity is a strong an effective way to provide services. • Improve- can't think of anything. • Needs to be shared with the community more (publicized) • Take My Hand: expressing one's self and struggles anonymously increases one's chances of seeking out services in person. • Allow deaf to lead not as an afterthought. • Collaboration more conferences. • I wasn't aware of all the collaborative partners. I learned about that. Improvement: advertising its vast array of services available to Riverside residents. WHAT IS ONE THING THAT WILL STICK OUT IN SIX MONTHS?

- 100 online head inspections in one event. 15,000+ Riverside head inspections completed.
- Powerful Man Therapy testimonial.
- The life impact stories from our projects.
- The amazing people I worked with.
- La CLAve was easily understood by the community because it came from the community.
- What will stick out is how this program has real impacts on people's lives, the level of support for the growth of the program.
- The passion everyone has while working on this project.
- Technology can be beneficial and transferable to all generations!
- Riversides teamwork.
- The amazing apps we used and the relationships that we created through the process. Also, the stories of how we helped people.
- Connections made that make an ultimate difference in changing someone's day-to-day life for the better.
- Necessity is the mother of invention. Take my hand/help@hand is a question that became a dream and led a revolution.
- Man therapy.
- Good ideas are out there. It takes a group of cheerleaders and drive- focused people to get the idea past the "idea: phase
- The incredible level of commitment of the Riverside County help@hand staff.
- The importance of peer support!
- Not six months…. for the rest of my life I will remember the lives that were impacted (positively).
- I will remember and use all of the apps by providing the apps not only to my consumers but also to my family and friends.
- I will remember 1. the team 2.How digital can help improve outcomes.
- Learned a lot from this help me understand better and the people were warm/kind. The team is amazing.
- The WPHS great entry point for conversation to assess which services people need. (Specifically students, parents, caregivers etc.)
- Finally our deaf community are received the direct service with ASL.
- In six months, the growth of the deaf and hard of hearing app will at least double. A4i and La CLAve will continue to grow. take my hand will gain and faithful following
- Intersectionality as other communities need different tools for mental health equity (deaf, Latinx, specific spectrum, affected population)

ASL Video Chats Pilot
Summary Report on TakemyHand™ LiveChat by Gloria Moriarty-Burnes, Center of Deafness Inland Empire (CODIE)
Introduction: This summary report provides an overview of the pilot project conducted by Takemyhand.co (TMH) to deliver direct services to the Deaf, Hard of Hearing, and DeafBlind communities through ASL LiveChat sessions with ASL Peer Support Specialists. The report covers the period from December 4th, 2023, to February 26th, 2024, and focuses on improving visual accessibility, selecting appropriate ASL peer support specialists, and improving communication processes within the TMH team.

Project Overview: The pilot project involved the participation of one part-time and one full-time Deaf certified Peer Support Specialist, including myself, providing services to the targeted communities through LiveChat sessions. Community Engagement: Approximately 2 to 5 Deaf/Hard of Hearing consumers engaged with the LiveChat per week during the pilot period, offering valuable feedback. Collaborations with organizations like CODIE facilitated community involvement, with events hosted to demonstrate the LiveChat service and gather feedback. Common themes in feedback included technical challenges and communication access concerns for the target communities.

Community Feedback: Feedback from various organizations and Deaf/Hard of Hearing consumers emphasized the significance of direct services for these populations. Recommendations included adjustments to the video chat screen, increased availability of ASL Peer Counseling, extended service hours, Deaf-sensitive training for TMH Peer Counseling staff, and ensuring full functionality of mobile apps for video chat sessions.

Recommendations:
Implement a feature to adjust the video chat screen size for better visual accessibility.
Increase the availability of ASL Peer Counseling to meet the demand within the community.
Extend service hours, especially in the evenings, to provide emotional support and accommodate community schedules.
Provide Deaf-Sensitive Training for TMH Peer Support Specialists to enhance cultural competence and communication skills.
Ensure mobile apps are fully functional and accessible for video chat sessions.
Conclusion: The pilot project has significantly enhanced access to support services for the Deaf, Hard of Hearing, and DeafBlind communities. Ongoing efforts to provide accurate ASL Peer Support training, expand specialist hiring, and collaborate with community members are essential for the program's success.

Next Steps:
Continuously upgrade training curriculum and hiring processes based on community feedback.
Explore additional features and improvements to enhance visual accessibility and user experience.
Expand outreach efforts to increase awareness and participation within the target communities.
This report serves as a strategic roadmap for refining and expanding the TMH LiveChat service to better serve the needs of the Deaf, Hard of Hearing, and DeafBlind individuals.

Riverside County	Quarter 1 (Jan – Mar 2024)
Cross County/City Sharing Across Year 5	**Deaf and Hard of Hearing Survey** • Survey qualtrics file and ASL videos are available for collaborative members who may be interested in implementing this needs assessment survey in their city or county.

*Riverside County's Help@Hand project ended in February 2024.
**Tables were completed for Quarter 1 in 2024 and incorporated in Year 5.

San Francisco County

Year 1: September 2018-December 2019
Data not collected for Cohort #2 Counties/Cities, which included San Francisco County.

Year 2: January 2020-December 2020

San Francisco County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Teresa Yu, LMFT	• Teresa Yu, LMFT	• Teresa Yu, LMFT • Meaghan O'Brien, MA	• Teresa Yu, LMFT • Meaghan O'Brien, MA
Implementation Site	• TBD	• TBD	• TBD- currently narrowed down 9 apps (using Product Matrix developed by Help@Hand). Plan to have 10 apps to review and narrow down if Riverside's Peer Chat becomes available for the collaborative to use	• Headspace SOW approved for 10,000 licenses for Jan 1- Dec 1. • Have identified Take my Hand as the app of preference for TAY and Trans-Identified Adults.
Team Composition	• MHSA Director, Peer, MHSA Coordinator, Tech Lead, 2 Finance	• MHSA Interim Director (Tech Lead), Peer/MHSA Peer Services Manager, Finance, BHS • Consultant, Staff and Director from MHASF	• MHSA Interim Director (Tech Lead), Peer/MHSA Peer Services Manager, Finance, BHS • Consultant, Staff and Director from MHASF	• MHSA Interim Director (Tech Lead), Peer/MHSA Peer Services Manager, Finance, BHS Consultant, Staff and Director from MHASF. MHSA Director, SOCs, MHSA Peer Services Manager.
Core Audiences	• TBD	• TBD	• App being researched: Community and Mental Health Consumers/family members with a specific focus on TAY and Trans-identified individuals • Headspace: MHA SF clients, mental health system clients • including SRO residents	• App being researched: Community and Mental Health Consumers/family members with a specific focus on TAY and Trans-identified individuals • Headspace: MHA SF clients, mental health system clients including SRO residents and Children, Youth and Families Department.
Products in Use/Planned	• TBD (waiting on approved apps by the Collaborative) • Headspace (the City/County of SF is exploring to possibly pilot for staff. This would add to the populations included in this project	• TBD (waiting on approved apps by the Collaborative and conducting app exploration)	• 9 apps have been narrowed down for continued app exploration • Headspace: 10,000 licenses planned to be added to MHA SF contract for this fiscal year	• Take my Hand • Headspace: 10,000 licenses planned to be added to MHA SF contract for this fiscal year
Implementation Approach	• TBD	• TBD	• TBD	
Other Unique Qualities	• Interested in Peer Chat apps available to all, but with a focus on the Transgender and Transitional Age Youth communities	• Interested in Peer Chat apps available to all, but with a focus on the Transgender and Transitional Age Youth communities	• Interested in Peer Chat apps available to all, but with a focus on the Transgender and Transitional Age Youth Communities (TAY) • Peers are concerned with PHI/data consumption while using app	• Exploring Headspace use with CYF (Children, Youth and Families) who are wanting to integrate it with clinical services
Milestones	• Started the City/County's collaboration with Mental Health Association of San Francisco	• Mental Health Association (MHA) has started to participate in Tech Lead and Implementation calls. They are conducting app exploration.	• Establishing a biweekly meeting between SF DPH and MHA SF • MHA SF hiring a Programs Coordinator to heavily support project (10/1 start date) • Developed a Product Matrix of apps that fit SF city/county needs, completed Needs Assessment • Exploring Headspace for SF city/county consumers	• Working on a hiring plan to hire two Peer Navigators to support Programs Coordinator at MHASF • Developing 12-part Digital Literacy Education training series for SF residents to begin 2/2021 • Moving forward with Headspace implementation with SF city and county
Lessons Learned Across Year 2	• Frequent and regular communication between County and CBO and adequate staffing devoted to the project has been key • More involved County/CBO collaboration than other Innovation projects due to complexity and changes with projects • Getting all parties together and more communication: such as between City Attorney and CalMHSA helped ensure clarity with complex County BOS/contracting process			
Recommendations Across Year 2	• Communication and collaboration: see above and also meeting with other counties who are implementing similar projects is very helpful for planning and learning about best practices for implementation			

San Francisco County	**Quarter 1** (Jan – Mar 2021)	**Quarter 2** (Apr – Jun 2021)	**Quarter 3** (Jul – Sept 2021)	**Quarter 4** (Oct – Dec 2021)
Tech Lead(s)	• William Tran (MHASF), Meaghan O'Brien (MHASF), Teresa Yu (SF DPH)	• Same as Quarter 1	• William Tran (MHASF), Monica Martinez (MHASF), Teresa Yu (SF DPH)	• William Tran (MHASF), Shannon Lee, Monica Martinez (MHASF), Teresa Yu (SF DPH)
Implementation Site	• San Francisco County- Mental Health Association of San Francisco (MHASF)	• Same as Quarter 1	• Same as Quarter 1	• Same as Quarter 1
Team Composition	• William Tran (MHASF), Meaghan O'Brien (MHASF), Lennox Nemeth (MHASF), Vanessa Hamill-Meeriyakerd (MHASF), Trey Terrio (MHASF), Teresa Yu (SF DPH), Trena Mukherjee (SF DPH), Diane Prentiss (SF DPH), Jessica Brown (SF DPH), Charlie Mayer-Twomey (SF DPH), Tracey Helton (SF DPH)	• William Tran (MHASF), Meaghan O'Brien (MHASF), Lennox Németh (MHASF), Vanessa Hamill-Meeriyakerd (MHASF), Trey Terrio (MHASF), Claribette Del Rosario (MHASF), Teresa Yu (SF DPH), Trena Mukherjee (SF DPH), Diane Prentiss (SF DPH), Jessica Brown (SF DPH), Charlie Mayer-Twomey (SF DPH), Tracey Helton (SF DPH)	• William Tran (MHASF), Meaghan O'Brien (MHASF), Lennox Németh (MHASF), Vanessa Hamill-Meeriyakerd (MHASF), Trey Terrio (MHASF), Claribette Del Rosario (MHASF), Shannon Lee (MHASF), Andrea Rico (MHASF), Teresa Yu (SF DPH), Trena Mukherjee (SF DPH), Diane Prentiss (SF DPH), Jessica Brown (SF DPH), Charlie Mayer-Twomey (SF DPH), Tracey Helton (SF DPH)	• Monica Martinez (MHASF), Claribette Del Rosario (MHASF), Shannon Lee (MHASF), William Tran (MHASF), Trey Terrio (MHASF), Andrea Rico (MHASF), Vanessa Hamill-Meeriyakerd (MHASF), Lennox Nemeth (MHASF), Teresa Yu (SF DPH), Trena Mukherjee (SF DPH), Diane Prentiss (SF DPH), Jessica Brown (SF DPH), Charlie Mayer-Twomey (SF DPH), Tracey Helton (SF DPH)
Core Audiences	• Headspace: People who live, attend school, and work in SF; behavioral health consumers, • TakemyHand™: emphasis on TAY and trans-identified community members	• Headspace: People who live, attend school, and work in SF; behavioral health consumers. • Digital Literacy Education Trainings: Historically-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and Trans community members. • TakemyHand™: emphasis on TAY and trans community members	• Headspace: People who live, attend school, and work in SF; behavioral health consumers. • Digital Literacy Education Trainings: Historically-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and Trans community members. • TakemyHand™ with an emphasis on TAY and trans community member • Tech Procurement Program: Historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• Headspace: People who live, attend school, or work in SF; behavioral health consumers. • Digital Literacy Education Trainings: Historically-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and Trans community members. • TakemyHand™ with an emphasis on TAY and trans community member • Tech Procurement Program: Historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.
Products in Use/Planned	• Headspace (as of 3/15/21) and TakemyHand™ (determined formal implementation phase 2/13/21)	• Headspace (as of 3/15/21) • TakemyHand™ (implementation anticipated date 8/15/21– this will be revised due to paperwork completion and legal review) • MHASF has also adapted Digital Literacy Education trainings and have conducted them all to the community and have now recorded them for ongoing community access.	• Headspace (as of 3/15/21) has stalled. • TakemyHand™ (implementation anticipated date was 10/4/21– this date will be revised due to the ongoing collaboration with Riverside County on the development of the SF TakemyHand™ website). • Digital Literacy courses now available on MHASF's learning management system, Thinkific. MHASF-TAMHS staff continues improving course materials to be more relevant to targeted community members. • Tech Procurement Project: procuring Samsung Galaxy A7 Lite tablets for individual use, including protective and adaptive materials, such as a case and external keyboard.	• Headspace (as of 3/15/21) has stalled pending SFDPH review. • TakemyHand™ (new implementation anticipated date is once it has been approved by SFDPH. This date has been revised due to the ongoing collaboration with Riverside County on the development of the SF TakemyHand™ website and because of SFDPH IT/Security/Compliance department's needed clearance of Livchat. • Digital Literacy courses now available on MHASF's learning management system, Thinkific. MHASF-TAMHS staff continues improving course materials to be more relevant to targeted community members and for use in the Tech Procurement Project. • Tech Procurement Project: procuring Samsung Galaxy A7 Lite tablets for individual use, including protective and adaptive materials, such as a case and external keyboard. Devices will be kitted with Scalefusion management software upon SFDPH approval. Expected launch date is January 2022.
Implementation Approach	• Headspace- rapid response due to COVID-1-19 • Pilot of TakemyHand™ through MHASF	• Headspace: rapid response due to COVID-19 • Pilot of TakemyHand™ through MHASF	• Headspace: rapid response due to COVID-19 • Pilot of TakemyHand™ (peer-based chat) through MHASF. Pilot start date TBD.	• Headspace: rapid response due to COVID-19. Is currently on hold due and under SFDPH review. MHASF has worked closely with SFDPH and Help@

San Francisco County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
		• Digital Literacy Education Training series: response due to community feedback on digital divide and waiting for approval to pilot TakemyHand™	• Implementation of Digital Literacy Education Training series was in response to community feedback on digital divide and technology readiness. • Tech Procurement Project will complement digital literacy education by procuring devices to San Francisco residents seeking access to mental and physical health services online.	Hand to resolve this hold as quickly as possible in order to provide SF Community members with this resource. • Pilot of TakemyHand™ (peer-based chat) through MHASF. Pilot start depends on SFDPH approval. San Francisco has been working closely with Riverside to make sure that SF TakemyHand™ Website is being built out. • Implementation of Digital Literacy Education Training series has been uploaded on Thinkific and is ready to be implemented. We are currently waiting on the implementation of the Tech Procurement Project to make this resource available to the participants of the TAMHS Tech Procurement Project. • Tech Procurement Project will complement digital literacy education by procuring devices to San Francisco residents seeking access to mental and physical health services online. MHASF is currently in the process of purchasing devices from T-Mobile, awaiting clarification and approval from SFDPH on contractual terminology, Scalefusion management software, and contacting participants to confirm their participation.
Other Unique Qualities	• In order to support the TakemyHand™ initiative, we learned from our community that there are severe barriers accessing services/support due to a digital divide based on a myriad of factors such as SES, safety concerns, and overall knowledge of navigating technology. MHASF used the Digital Literacy training developed by Kelechi and other peers and modified it to support our communities needs by developing a 12-part Digital Literacy Education Training (DLET) series with supplemental support from Painted Brain.	• In order to support the Help@Hand initiative, we learned from our community that there are severe barriers accessing services/support due to a digital divide based on a myriad of factors such as SES, safety concerns, and overall knowledge of navigating technology. MHASF used the Digital Literacy Education training developed by Kelechi and other peers and modified it to support our communities needs by developing a 12-part Digital Literacy Education Training (DLET) series with supplemental support from Painted Brain. MHASF has completed an entire series of DLET to the community and has completed recordings of these trainings by chunking them into smaller, digestible recordings. Recordings were completed 6/8/21 and are being uploaded to our Learning Management System so that they can interact and utilize on an ongoing basis. • As we explored digital literacy with community members, it became clear that there were still barriers to accessing digital support, including the digital literacy education training series. As of June 2021, MHASF advocated for the establishment of a technology procurement program with unused money that was approved by SF DPH. MHASF is currently developing an RFP process for community programs to apply for funding to provide technology and data to program participants to continue to strive toward closing the digital divide.	• To effectively support the Help@Hand Initiative of bridging the technological divide, we needed to provide devices and internet to socially isolated San Francisco community members. Tech Procurement was the direct result of this gap. The goal of Tech Procurement is to provide devices and internet, as well as, technology readiness support to increase the likelihood of San Francisco residents accessing mental and physical health services in the virtual space. Technology readiness includes an assessment and digital literacy courses. Mental health support includes access to no-cost premium Headspace services and TakemyHand™, a peer-based chat. • In order to support Tech Procurement participants, MHASF launched its Digital Literacy Education series into a learning management system where individuals can take courses specific to their technology readiness assessment. The spectrum of courses can begin with learning how to turn on the machine to job searching and resume building, to navigating cyberbullying. The goal of these courses is to increase an individual's technology readiness/know-how to access mental and physical health resources.	• The Tech Procurement Project collected data from community members interested in participating in the program. Findings have supported our need to implement digital literacy trainings and provide tech devices and internet to participants. For example: Of the 71 respondents, 68 (96%) do not have access to a reliable tablet; 42 (59%) are not comfortable or somewhat comfortable using a tablet or computer; 36 (51%) do not know how to connect to the internet or are somewhat familiar with connecting to the internet, and 38 (54%) do not have access to reliable internet. Headspace: San Francisco has experienced a 9-month hold on our rapid-implementation pending SFDPH review. During this time, MHASF has been unable to conduct outreach for this innovation pilot or reach out participant goal (10,000). • TakemyHand™: San Francisco has experience website development and implementation (approval of LiveChat) delays

San Francisco County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Milestones	• Implementing Headspace at a county level • Hired MH Tech Outreach Coordinator (as of 3/25/21 for Headspace distribution) • Hired two Digital Peer Navigators (as of 2/1/2021) • Determined to pilot TakemyHand™ for SF County (as of 2/9/21) • Developing budget and program plan to implement pilot • Recording DLET series for community members to access as needed • Implemented technical assistance hours via Digital Peer Navigators for community members to receive 1-to-1 tech support/troubleshooting	• Implementing Headspace at a county level • Hired MH Tech Outreach Coordinator (as of 3/25/21 for Headspace distribution) • Hired two Digital Peer Navigators (as of 2/1/2021) • Determined to pilot – TakemyHand™ for SF County (as of 2/9/21) • TakemyHand™ budget has been approved by SF DPH (as of 6/9/21) • Recording DLET series for community member to access as needed (as of 6/8/21) • Implemented technical assistance hours via Digital Peer Navigators for community members to receive 1-1 tech support/ troubleshooting • Developing Tech Procurement program through an RFP model with community programs to fund technology and data for community participants. MHASF is working with unspent money from county contract (Anticipated RFP release will be in 8/2021). • Marketing and outreach campaign 5/1/2021 • On 6/15/21 MH Tech Outreach Coordinator shared with Tech Lead call on partnership with radio company for Marketing and Outreach for Headspace.	• Identified, hired, and placed a TakemyHand™ Project Manager, TakemyHand™ Peer Counselor • Produced draft of TakemyHand™ website vision • Access to TakemyHand™ content management privileges • Revised and reformatted Digital Literacy Education Series into courses • Launched Digital Literacy Courses on Thinkific • Produced application for Tech Procurement referrals • Produced a scoring rubric for Tech Procurement referrals to objectively accept participants • Sustained Digital Technical Assistance Hours • Drafted preliminary programming plans for Tech Procurement projects	• Identified and hired new Director of Education and innovation at MHASF (Monica Martinez) • Collaborated with T-Mobile to purchase tablets, keyboards, and internet service for the TAMHS Tech Procurement Project. • Will have devices secured for the TAMHS Tech Procurement Project • Will begin to notify participants on their acceptance into the TAMHS Tech Procurement Project. • Developed Outreach plan for TakemyHand™. • Developed Headspace Interest form in order to collect email addresses of community members interested in enrolling in Headspace once MHASF is able to relaunch. • Created Headspace Community Presentation evaluation in order to measure the effectiveness of our presentations as well as collect demographic data of community members served. • TakemyHand™: Secured extended funding through June 2022 for 6 month pilot. • Implemented Livechat bots
Lessons Learned Across Year 3	**TakemyHand™** • Approval of SFDPH for Security, IT, Compliance and involvement of SF City Attorney can take longer than expected. DPH Contracts (which has a role in approving tech contracts) needed to have been brought at the earlier stages of program planning/approval. Typically, DPH contracts directly with tech vendors so using a third party has caused confusion in how to proceed and there are concerns around liability and cyber insurance. Also, it was discovered the process followed to add the Tech Project to the MHA SF contract should have been a different one. • SF team has embarked in building the TakemyHand™ website and this is a new expectation that was not in the budget or capacity needs when hiring roles. • Delays in SF TakemyHand™ website have occurred due to limited capacity of Riverside Website programmer, thus SF needs a more available website team for this project. **Headspace** • Evaluator contact disclaimers should be added when consumers sign up for a tech app. SFDPH is not allowed to provide contact information for users to other parties, including contract evaluators like Help@Hand evaluation team. SFDPH views email addresses and names as PHI even when alias' can be given. There is a difference in understanding of PHI between SFDPH and Headspace. • Currently MHASF does not have an effective approach of capturing demographics among our participants due to SFDPH decision to not ask demographics on interest form. MHASF developed a post-community presentation evaluation in order to track outreach impacts and demographic data, although this does not directly relate to Headspace enrollment. • The most effective outreach method for Headspace enrollment has been our marketing efforts in partnership with Audacy, a statewide marketing firm. Upon the launch of our campaign, we observed enrollment rates reaching 86 individuals per week and media impressions peaking at 111,821. • MHASF observed consistent product feedback from community members around Headspace's limited language offering at the time of implementation (English, Spanish, German, French, Portuguese) **Tech Procurement** • SFDPH views devices their funds have purchased as property of SFDPH, which needs to be returned. • Process and steps to purchase tech devices and internet with T-Mobile vendor • Approvals needed by SFDPH for software management, Handbook and program participation agreement. • The decision on the Tech Procurement Project being a loaner program or allowing participants to keep devices was reached by SFDPH on Dec 2021 and required rapid changes in program, messaging, distribution, and funding needs.			
Recommendations Across Year 3	**TakemyHand™** • Branding guidelines toolkit for TakemyHand™ should be shared at the beginning of website development to avoid the development of unused content/branding/marketing. • Website development has been delayed due to limited capacity and support by Riverside Website Developer. The SF team would benefit from funding to hire a website programmer to build SF's TakemyHand™ Website. • Develop roles and responsibilities document that outlines website development.			

San Francisco County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
	• Develop implementation guidance or toolkit that highlights best practices for TakemyHand™ implementation including need for counties to have a team to support subcontractor implementation and components that may require approval (Security, IT, Compliance) by counties so they can prepare. • Funding for a language translator to support translation of content on the website. **Headspace** • Additional time prior to the implementation would have been helpful in order to identify outreach and marketing tactics. Similarly, this can help to ensure the necessary approvals have been obtained to prevent future delays or implementation pauses. • More direct communications between implementation team and SFDPH oversight in order to quickly and effectively resolve any potential issues that will impact the program. • City/County Legal understanding more about Innovation funding and MHSOAC role has been essential to clarify to move approval forward. **Tech Procurement** • Support in identifying an approved tech device and internet vendor by CalMHSA/SFDPH. • Earlier decision to gift tech devices to participants in order to reduce the digital divide and reduce challenges that can occur when retrieving devices after one year.			
Cross County/City Sharing Across Year 3	**TakemyHand™** • Working closely with Riverside team on content approval and website development **Headspace** • MHASF has worked closely with Santa Barbara to provide them with best practices we have developed during our launch of Headspace. Our Tech Outreach Coordinator provided their county with a Headspace Implementation Kit which included: a pre-launch checklist, enrollment email copy, approved Headspace digital collateral, community presentation template, communication tracker, and Headspace's brand partnership guide. We also supported the onboarding of their outreach coordinator working on the Headspace implementation by meeting to discuss the Headspace Implementation Kit and to share our key learnings. **Tech Procurement Project** • Connected with Marin to discuss technology distribution			

San Francisco County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• William Tran-Mental Health Association of San Francisco (MHASF) • Monica Martinez (MHASF) • Teresa Yu-San Francisco Department of Public Health (SF DPH)	• Teresa Yu (SF DPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)	• Teresa Yu (SF DPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)	• Teresa Yu (SF DPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)
Implementation Site	• San Francisco County- Mental Health Association of San Francisco (MHASF)	• San Francisco County- Mental Health Association of San Francisco (MHASF)	• San Francisco County- Mental Health Association of San Francisco (MHASF)	• San Francisco County- Mental Health Association of San Francisco (MHASF)
Team Composition	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • Claribette Del Rosario (MHASF) • William Tran (MHASF) • Trey Terrio (MHASF) • Andrea Rico (MHASF) • Vanessa Hamill-Meeriyakerd (MHASF) • Lennox Nemeth (MHASF) • Teresa Yu (SF DPH) • Trena Mukherjee (SF DPH • Diane Prentiss (SF DPH) • Jessica Brown (SF DPH) • Tracey Helton (SF DPH)	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • William Tran (MHASF) • Andrea Rico (MHASF) • Vanessa Hamill-Meeriyakerd (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH) • Tracey Helton (SF DPH)	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • William Tran (MHASF) • Andrea Rico (MHASF) • Vanessa Hamill-Meeriyakerd (MHASF) • Theo Ocanto (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH) • Tracey Helton (SF DPH)	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • William Tran (MHASF) • Andrea Rico (MHASF) • Vanessa Hamill-Meeriyakerd (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH) • Tracey Helton (SF DPH)
Core Audiences	• Digital Literacy Education Trainings: Historically-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and Trans community members. • Take My Hand with an emphasis on TAY and trans community member • Tech Procurement Program: Historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• The target audience for Mental Health Association of San Francisco (MHASF's) Digital Literacy Education programs, Take My Hand and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and Trans community members.	• The target audience for Mental Health Association of San Francisco (MHASF's) Digital Literacy Education programs, Take My Hand and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• The target audience for MHASF's Digital Literacy Education programs, Take My Hand and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.
Products in Use/Planned	• Take My Hand (new implementation anticipated date is once it has been approved by SFDPH. This date has been revised due to the ongoing collaboration with Riverside County on the development of the SF Take My Hand website and because of SF-DPH IT/Security/Compliance department's needed clearance of Livechat. • Tech Procurement Project: procuring Samsung Galaxy A7 Lite tablets for individual use, including protective and adaptive materials, such as a case and external keyboard. Devices will be kitted with Scalefusion management software upon SFDPH approval.	• Tech Procurement Project is being advertised as the Technology Borrowing and Distribution program as of date, in order to reflect the participant experience that the device will be borrowed, not given. Once we get devices into the hands of participants, we plan to rename the program. • The Technology Borrowing and Distribution (TBD) program has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger). • The Technology-Assisted Mental Health Solutions (TAMHS) team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the TAMHS team can provide assistance in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants. • Take My Hand will be offering a chat service accessed via a standalone website. The chat service will be powered by LiveChat, and the website is run on the Content Management System called Pirahna.	• Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program). • Tech@Hand Project: Technology Distribution has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger). • The TAMHS team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the TAMHS team can provide assistance in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants.	• Take My Hand will be offering a chat service accessed via a standalone website. The chat service will be powered by LiveChat, and the website is run on the Content Management System called Pirahna. • Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger). • The TAMHS team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the Technology-Assisted Mental Health Solutions (TAMHS) team can provide assistance in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants.

San Francisco County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Implementation Approach	• Pilot of Take My Hand (peer-based chat) through MHASF. Pilot start depends on SFDPH approval. San Francisco has been working closely with Riverside to make sure that SF Take My Hand Website is being built out. • Implementation of Digital Literacy Education Training series has been uploaded on Thinkific and is ready to be implemented. We are currently waiting on the implementation of the Tech Procurement Project to make this resource available to the participants of the TAMHS Tech Procurement Project. • Tech Procurement Project will complement digital literacy education by procuring devices to San Francisco residents seeking access to mental and physical health services online. MHASF is currently in the process of purchasing devices from T-Mobile, awaiting clarification and approval from SFDPH on contractual terminology, Scalefusion management software, and contacting participants to confirm their participation.	• Pilot of Take My Hand (peer-based chat) through MHASF. Pilot start depends on SFDPH approval. MHASF has been working closely with Riverside to make sure that SF Take My Hand Website is being built out. • Tech Borrowing and Distribution – MHASF staff were focused on participant and agency outreach to distribute tablets through tabling, cold emailing, and establishment of partnerships. Devices were distributed as participants completed program enrollment.	• Tech@Hand Project: Technology Distribution – MHASF staff were focused on participant and agency outreach to distribute tablets through tabling, emailing, and community partnerships. • Devices were distributed as participants completed program enrollment	• Tech@hand: MHASF staff were focused on participant and agency outreach to distribute tablets through tabling, emailing, and community partnerships. Devices were distributed as participants completed program enrollment • TakeMyHand: Not applicable, as program is still seeking county approvals
Other Unique Qualities	• The Tech Procurement Project collected data from community members interested in participating in the program. Findings have supported our need to implement digital literacy trainings and provide tech devices and internet to participants. For example: Of the 71 respondents, 68 (96%) do not have access to a reliable tablet; 42 (59%) are not comfortable or somewhat comfortable using a tablet or computer; 36 (51%) do not know how to connect to the internet or are somewhat familiar with connecting to the internet, and 38 (54%) do not have access to reliable internet. • Headspace: San Francisco has experienced a 9-month hold on our rapid-implementation pending SFDPH review. During this time, MHASF has been unable to conduct outreach for this innovation pilot or reach out participant goal (10,000). • Take My Hand: San Francisco has experience website development and implementation (approval of LiveChat) delays	• Take My Hand: San Francisco has experienced website development and implementation (approval of LiveChat) delays. MHASF is seeking web designer support to prepare the TakeMyHand website for launch once approvals are in place due to Riversides limited capacity.		- The Tech@Hand team is managing a variety of communications with program participants. The types of communications include o Check in - 47% o Feedback - 19% o Technology support -19% o Emotional support - 8% o Navigating the internet - 1% - Top concerns voiced by participants are: o LGBTQ+ o Mood o Housing Concerns o Isolation o Anxiety & Panic o Trauma o Employment o Mental Health o Relationships We have also been tracking usage of the tablets in aggregate. Our metrics are: - Within the last week - 14 - 1 week to 1 month - 9 - 1-2 months: 14 - 2+ months: 31
Milestones	• Collaborated with T-Mobile to purchase tablets, keyboards, and internet service for the TAMHS 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.	• Currently 58/65 tablets with internet have been distributed • Hired 1 new digital peer navigator	• Currently 63/65 tablets with internet have been distributed • Hired 1 new digital peer navigator, for a total of 2 peer navigators

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		• 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 Across Year 4

Tech Distribution & Borrowing:

- **Allocate time to prepare devices for shipment:** The Technology Assisted Mental Health Solutions (TAMHS) Technology Borrowing and Distribution (TBD) team had to label tablets, keyboards, tablet cases, chargers, as well as its charging cables. MHASF secured 65 devices and would recommend for other entities wishing to replicate this to consider the staffing needed to implement this. Specific tasks to consider include label (aforementioned above, bookkeeping required by funder and contracting agency, as well as materials for shipment.
- **Recruitment and outreach are ongoing processes:** Technology Borrowing and Distribution recommends dedicating a staff member to regularly engage in all the phases of recruitment and outreach engagements.
- **Increase recruitment efforts by translating materials into other languages:** There is a need to have materials translated in other languages to better reach participants who speak languages other than English. In addition, prioritize staff who demonstrate language skills that may serve the targeted populations this program is looking to serve.
- **Patience is a virtue:** Be prepared to wait for responses from attempted outreach efforts. Whether it is notifying participants of their acceptance, asking participants to return onboarding handbook, and/or confirming mailing addresses, the TAMHS team noticed that response-returns can delay the process for participants to get their devices.
- **Consider other supports and resources for participants who have low digital literacy.** While the TAMHS team would love to serve everyone, it is not always feasible due to the lack of resources or staff. For example, there are some participants who signed up for our technology borrowing and distribution project but do not have access to an email or technology that can connect to the internet. Due to staffing capacity, the TAMHS team is unable to assist participants who need hands-on support to create an e-mail with internet access. Having an e-mail address is a critical beginning step to access digital literacy with MHASF TAMHS.
- **Time is of the essence:** Encourage all project-decision makers to identify their specific roles within the decision-making process. Mental Health Association of San Francisco (MHASF), TAMHS TBD team engaged in several iterations of project designing only to barrel through barrier after barrier imposed by external forces. Upfront planning and regular spaces to provide and apply the feedback that will engage in incremental changes would be most beneficial to the overall health of the project.
- **The simpler the sign up, the higher the engagement:** A simple sign-up form will remove barriers and enable participants to sign up. Longer forms, though collecting valuable data, may turn off users and lead to a higher survey bounce rate. Simplicity varies at different levels of digital comfort – for individuals with access to a device and high comfort with technology, developing a QR code would facilitate ease of sign up. For others, doing in-person sign ups is the easiest method to enroll.
- **Internal documentation is essential for team success:** Ensuring that the team is effectively documenting strategies internally enables other team members to pick up where they left off in the case of staff members leaving or going out on extended medical leave due to COVID or other conditions.
- **Varied outreach approaches enabled reaching a wide range of individuals:** Running a multi-pronged strategy enabled the team to reach a wide range of participants. Our outreach strategy combined both in person sign ups at community-based organizations and a radio and print marketing strategy in partnership with marketing firm Audacy.
- **Establishing partnerships to work with community partners and their program participants is a promising tactic:** Outreach to community partners to spread the word to their participants did not result in an increase in sign-ups. We are working to establish collaborative partnerships with community partners and suggesting their program participants (in their groups, programs etc.) all get access to technology and this seems promising.
- **Allow ample time when working with community-based organizations (CBO):** One challenge that we noticed is that more time needs to be given to our community-based organizations partner so that they can get in touch with participants. We worked with a Community Based Organization (CBO) who identified TAY participants that would benefit from our Tech@Hand Project but they only have one case manager supporting this project. Advance planning and time is needed when working with CBOs who may have limited staff to engage with. Timelines are important but also being flexible with community partners as it may take time for a CBO partner to engage a participant in enrolling in the program and receiving a tech device.
- **Having a centralized location to capture participant information is key:** There is a magnitude of information that needs to be captured and processed in order to make this project run smoothly as well as provide support to our participants. Currently MHASF stores participant information across Excel, Formstack, and our SMS platform. It's ideal to have everything in one platform to store data and produce reports. A Customer relationship management (CRM) or integrated data system for case management is something MHASF is looking to implement for this project.
- **Engaging and building relationships with participants is a process and takes time:** Participants are quick to sign up for resources and participate in new programming which is exciting. However, it has been difficult to maintain engagement with participants after the technology has been distributed. What we noticed is that communication will drop off once participants receive their tablets. The TAMHS team uses various ways to get in contact with participants such as email, text, phone call, and mass notifications on the tablets. MHASF is plans to test other methods to increase engagement such as in person tech support events and incentives to increase digital literacy assessment surveys.

Take My Hand:

- **Be clear on technical asks:** While MHASF is awaiting San Francisco approval of TakeMyHand, MHASF has been working with Riverside to build out the SF Take My Hand website. Ensuring that the size, scope, and nature of website customization requests is clear goes a long way to ensuring smooth collaboration.
- **Ensure team materials are centralized:** It's easier than ever to create a document and facilitate collaboration. While this provides opportunities for anyone to create knowledge, it can also create information silos if documents don't live in a shared space, and the document owner is out of office or otherwise unable to personally share a link. Taking the extra step to ensure that documents are centralized helps ensure that all team members are on the same page.
- **Ensure agreements or approval process is transparent or understood:** SFDPH requested that MHASF and Riverside have a Memorandum of Understanding (MOU). A MOU was collaboratively made between MHASF and Riverside to outline how Take My Hand would be implemented by MHASF and the guidance that Riverside would provide. However, once the MOU was ready, Riverside shared that it would take about 2-3 months to get

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	approved by their county council. The Take My Hand Pilot will not be able to launch until the MOU is approved and signed. MHASF was not aware that the MOU approval process would take months. Ensuring stakeholders are transparent and share approval timelines is critical to decrease program delays • **Communication across stakeholders:** Clear, timely communication on both technical and programmatic aspects of the project goes a long way to ensuring smooth collaboration. Tracking action items, who is responsible, and what the need is for helps Riverside and MHASF get on the same page and increase buy in. **Headspace:** • **Data Collection.** Headspace was paused due to data liability concerns from SF County re: emails collected in the enrollment form. Sharing data collection goals and processes in advance with SF County or getting clearance from SF County is important to prevent delays or pauses. • **Evaluation Consent.** Evaluation of Headspace users/subscribers is not possible due to their being no consent for contact/evaluation follow up by the evaluation team. Thus, ensuring consent and evaluation goals with Headspace projects is critical to ensure evaluation and follow up is possible. With 500+ enrolled participants, MHASF is not able to follow up with them during the pause to assess mental health wellness, detailed usage, and additional implementation learnings. **Tech@Hand** • **Document processes and procedures alignment across the team**: With 3 remote staff members serving 60+ participants, variances in how we deliver services are natural. Aligning on and documenting processes and procedures and then documenting them in a central place enables the team to deliver consistent services across all participants. • **Schedule of reaching out to participants:** In managing a large community of participants, we want to make sure that we are reaching out to each individual. We have found that developing a rotation schedule of around 15 participants each week is effective in ensuring we are reaching out to individuals. • **Gift cards drive engagement:** We have found that when some participants have reduced contact, a gift card opportunity has facilitated reconnecting with the participant. • **Meeting in person increases engagement and strengthens relationships:** We have found that meeting participants in person has helped strengthen our relationship, particularly during onboarding. It has also been beneficial to meet participants in person through their case manager, if they haven't been as responsive over text or email.			
Recommendations Across Year 4	**Tech Distribution & Borrowing:** • **Seek guidance from the Human Resources team:** Often, the HR team will have tried and true practices that streamline a way to track devices. • **Order shipping materials ahead of time:** Especially since you know the number of devices secured. This will help the team by having shipping materials ready and available. • **Confirm project expectations and flow with all project decision makers prior to ordering devices:** This is a way to prevent further delays by ensuring all required decision-makers are privy to the work. • **Determine who the technology belongs to:** The initial goal of this project was to gift the devices to its participants. However, due to the nature of the project evolving over time, it was essential to identify which organization the technology belonged to. • **Engage in recruitment and marketing when the project is able to deliver on its promises:** Due to the unforeseeable delays between contractor and funding source, the attrition rate increased as the delays continued. • **Do not be afraid of recruitment and outreach:** Regular outreach allows for increased communication between contractors and prospective participants, but also allows the opportunity for the project to build its brand within the community over a longer period. • **Flexibility and patience are essential:** Working with various stakeholders can pose a challenge due to individualized timelines, rules, and expectations that will eventually clash. Demonstrating compassion, flexibility and patience can allow space for decision-makers to communicate needs. This also includes space for any and all acknowledgement of the work produced. • **Utilize a blended outreach strategy:** MHASF has had a combination of in person and virtual outreach, enabling the agency to reach a broad range of participants, of varying backgrounds and technology literacy to enroll in the program. • **Internal partnerships are a great resource:** Existing partnerships of our internal staff have been incredibly invaluable resources. Break past programmatic silos to ask for help from your colleagues. • **Effective program management enables a smooth experience for participants:** If possible, have multiple staff members who can lead/assist with the various components of the project. In our experience technology distribution efforts are ideally be broken up into various sections: outreaching for participants and building community partnerships, onboarding participants and distributing technology, and supporting participants after technology has been received. This enables staff to meet the needs of participants at each stage of their engagement with us. • **Establish a data management system that can easily retrieve data as well as run reports:** There is a lot of data that needs to be captured and shared to ensure that this project runs smoothly. Accessing and retrieving data in one centralized location is important because it allows the TAMHS team to easily stay informed. • **Documenting processes and procedures:** While staff transitions are inevitable, one thing to take into consideration is that consistency will be hard to come by if there are staff members that are leaving and new staff joining the team. Every time a new person joins the team there will be a learning curve for them to understand the scope of the project. Having clear documentation on established processes and norms helps facilitate the onboarding process. **Take My Hand:** • **Center the user:** It's easy to design a website based on needs you think other people may have. It's a lot more impactful to understand what your users have told stakeholders, and design for those needs. • **Try new approaches:** Seek out a variety of technology resources (including developers, website designers) to move website development along and move past roadblocks. **Headspace:** • Ensure data collected from Headspace subscribers is approved by County prior to launch. Ensure that HIPPA compliance expectations by County are met and that consent for evaluation is provided in advance of enrollment. • Increase decision making by county. Headspace was put on pause June 2021 and the decision to close down Headspace was made on Feb 2022.			

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	Tech@Hand • **Invest in making your data management system a success:** Spending the time to configure and optimize your system for your needs can be tedious upfront, but goes a long way with accessing key information quickly when managing relationships with participants • **Hybrid (remote and in person) approach is highly effective for programs:** Face-to-face contact facilitates trust and relationship building with participants. Furthermore, it also supports folks who may be less comfortable on digital devices. That said, remote work fosters inclusion and promotes and opportunity to practice digital skills.			
Cross County/City Sharing Across Year 4	**Tech Distribution & Borrowing:** • Consulted Tri-City and San Mateo counties who plan to or are currently engaged in technology distribution. San Mateo worked with Family Peninsula Services, specifically, to gift them the technology. They also shared documentation materials that informed applications, onboarding handbook, and surveys within MHASF TAMHS TBD. • Tech collaboration meeting with Help@Hand allowed space for MHASF TAMHS TBD to hear about local counties engaging or initiating in similar technology programming. • Our partners at SFDPH and CalMHSA have been invaluable thought partners at each step of the way • Leverage community-based organizations for support but also remember to give them time to connect with participants • Establish data management systems early • Document processes and procedures to mitigate the impact of staff leaving, and to facilitate onboarding of new staff **Take My Hand:** • MHASF has been able to benefit from the wisdom of Riverside's experience implementing TakeMyHand. For example, Riverside was able to share the percentage of users who found their site through mobile versus 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. • MHASF looks forward to the launch of the TakeMyHand app in partnership with UC Riverside **Headspace:** • Headspace shared the Headspace Implementation kit with other counties. **Tech@Hand:** • The biweekly tech collaboration meeting with Help@Hand continues to allow space for the Tech@Hand team to learn from its peers. • Our partners at SFDPH and CalMHSA have been invaluable thought partners at each step of the way			

San Francisco County	**Quarter 1** (Jan – Mar 2023)	**Quarter 2** (Apr – Jun 2023)	**Quarter 3** (Jul – Sept 2023)	**Quarter 4** (Oct – Dec 2023)
Tech Lead(s)	• Teresa Yu (SFDPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)	• Teresa Yu (SFDPH) • Monica Martinez (MHASF) • Puja Deverakonda (MHASF)	• Monica Martinez (MHASF)	• Monica Martinez (MHASF)
Implementation Site	• San Francisco County - Mental Health Association of San Francisco (MHASF)	• San Francisco County - Mental Health Association of San Francisco (MHASF)	• San Francisco County - Mental Health Association of San Francisco (MHASF)	• San Francisco County - Mental Health Association of San Francisco (MHASF)
Team Composition	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • Andrea Rico (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)	• Monica Martinez (MHASF) • Puja Deverakonda (MHASF) • Andrea Rico (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)	• Monica Martinez (MHASF) • Jasmine Gabb (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)	• Monica Martinez (MHASF) • Jasmine Gabb (MHASF) • Theo Ocanto (MHASF) • Stephanie Milius (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)
Core Audiences	• The target audience for MHASF's Digital Literacy Education programs, Take My Hand and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• The target audience for MHASF's Digital Literacy Education programs, Take My Hand and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• The target audience for MHASF's Digital Literacy Education programs and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.	• The target audience for MHASF's Digital Literacy Education programs and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.
Products in Use/Planned	• Take My Hand will be offering a chat service accessed via a standalone website. The chat service will be powered by LiveChat, and the website is run on the Content Management System called Pirahna. • Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger). • The TAMHS team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the TAMHS team can provide assistance in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants.	• Take My Hand will be offering a chat service accessed via a standalone website. The chat service will be powered by LiveChat, and the website is run on the Content Management System called Pirahna. • Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger). • The TAMHS team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the TAMHS team can aid in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants.	• Take My Hand pilot has been cancelled. Tech@Hand is now requiring participants to utilize a similar chat service, except through MHASF's Warmline. • Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 20 9th Generation iPads and accessories (case and charger). • The Tech@Hand team has installed Scalefusion on each iPad, to manage the entire fleet of devices. With the use of Scalefusion, the TAMHS team can aid in finding a lost iPad, send notifications to participants about program updates, and provide virtual assistance to participants. • Useful apps for participants pre-downloaded on tablets, as opposed to the Samsung devices in Cohort 1. • The Digital Literacy Assessment is given to participants through NorthStar and offers the Tech@Hand team a more objective viewpoint of someone's technological literacy.	• Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 20 9th Generation iPads and accessories (case and charger). • The Tech@Hand team has installed Scalefusion on each iPad, to manage the entire fleet of devices. With the use of Scalefusion, the TAMHS team can aid in finding a lost iPad, send notifications to participants about program updates, and provide virtual assistance to participants. • Useful apps for participants pre-downloaded on tablets, as opposed to the Samsung devices in Cohort 1. • The Digital Literacy Assessment is given to participants through NorthStar and offers the Tech@Hand team a more objective viewpoint of someone's technological literacy.
Implementation Approach	• Tech@Hand: During the first stage of the project, MHASF staff were focused on participant and agency outreach to distribute tablets through tabling, emailing, and community partnerships. Devices were distributed as participants completed program enrollment. During the second stage of the project, MHASF was focused on relationship building and digital skills development. In the third stage of the project, MHASF will process the returns of tablets and prepare for its second cohort of tablet borrowers.	• Tech@Hand: MHASF is currently wrapping up its first Cohort (Cohort #1). MHASF will process the returns of tablets and prepare for its second cohort of tablet borrowers in July 2023.	• Tech@Hand: MHASF is admist the distribution stage of our device borrowing and distribution program. We held the first half of orientation with 11 participants and are holding the second half towards the end of September. After conducting outreach to the Saint James Infirmary Navigation Center, all twenty iPads are being assigned to participants at the site. Our orientations are held on site at the Navigation center. We are simultaneously building a relationship with LYRIC, a youth-focused LGBTQ+ center to host community	• Tech@Hand: Our relationship with St James Infirmary Navigation Center has strengthened since our initial Orientations in August - September 2023. Our staff are on-site regularly, at least two days a week, to ensure relationships are built with staff and in-person tech support for participants. For Cohort 3 of tablet distribution, in collaboration with LYRIC, our timeline was pushed back, and orientation will be held in the last two weeks of January. There was major difference in recruitment strategies for LYRIC compared to St James. After consistently being on-

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	• TakeMyHand: Not applicable, as program is still seeking county approvals.		workshops in October on financial literacy and basic needs resources. We also plan to recruit 20 youth from LYRIC for Cohort 3 of our tablet distribution program, beginning in November 2023.	site at LYRIC and relationship building with staff and youth, we successfully recruited 20 youth applicants to begin this month.
Other Unique Qualities	• Tech@Hand is managing a variety of communications with program participants. Tech@Hand has had over 650 contacts with participants since the start of the program. The top "types" of communication are: **Type of contact** / **% of overall calls** Check in 32% Other 18% Technology support 16% Emotional support 12% Appointment scheduling 10% Feedback 9% Navigating the internet 2% Navigating healthcare 1% • Note that conversations can be wide ranging, and one contact can address multiple topics. The data represents contacts from April 2022 (start of the program) through March 2023. • We have also been tracking usage of our tablets in aggregate. Below we show a table that outlines the number of tablets that have logged in, within a given time frame. This data is collected weekly from September 2022 – March 2023. **Time frame** / **#** Within the last week 13 1 week to 1 month 7 1-2 months 4 2+ months 44 • MHASF also notes caller concerns, so that we can continuously improve our services. The top caller concerns for the TAMHS program, from April 2022 – March 2023 is below. **Concern** / **%** Mental Health 7% LGBTQ+ 6% Mood 5% Alcohol & Drug Use 5% Isolation 4% Housing Concerns 4% Self-esteem 4% Trauma 4% Addiction 3% Relationships 3% Employment 3%	• Tech@Hand is managing a variety of communications with program participants. Tech@Hand had 338 contacts with participants from April to June 2023. **Type of contact** / **% of overall calls** Check in 25% Emotional Support 17% Appointment Scheduling 14% Technology Support 14% Feedback 13% None of the above 9% Exit Interview 3% Navigating the internet 3% Navigating healthcare 2% Survey completion 1% • Note that conversations can be wide ranging, and one contact can address multiple topics. The data represents contacts from April 2023 (start of the program) through June 2023. • We have also been tracking usage of our tablets in aggregate. Below we show a table that outlines the number of tablets that have logged in, within a given time frame. This data is collected weekly from April –June 2023. **Time frame** / **#** Within the last week 6 1 week to 1 month 6 1 to 2 months 5 2+ months 51 • MHASF also notes caller concerns, so that we can continuously improve our services. The top caller concerns for the TAMHS program, from April 2023-June 2023 is below. **Concern** / **%** Anxiety & Panic 7% Mental Health 6% Mood 6% Trauma 5% LGBTQ+ 4% Depression 4% Employment 4% Financial Concerns 4% Isolation 4% Housing Concerns 3% Relationships 3%	• Tech@Hand has closed out Cohort 1, and has just recently launched the Cohort 2. We have distributed over half of our tablets, and plan on distributing the rest within the next week. The demographic data of Cohort 2 applicants is as follows: **Gender Identity** / **% of overall** Non-Binary 16.67% Pangender 5.56% Trans Woman 66.67% Trans Man 11.10% • Total number of applicants that identify as trans or gender non-conforming: 100% **Sexual Orientation** / **% of overall** Bisexual 22.22% Heterosexual/Straight 33.33% Pansexual 11.12% Queer 11.11% Other 22.22% **Age** / **% of overall** 25-59 years old 94.44% Decline to state 5.56% • As a note, for Cohort 2, we decided to focus our outreach tactics specifically towards the trans population. As mentioned earlier, for Cohort 3, we have already gotten connected to a handful of youth orgs and will be focusing more heavily on the TAY population. **Race/ Ethnicity** / **% of overall** American Indian or Alaska Native 14.29% Asian 4.76% Black or African American 19.05% Latino or Hispanic 19.05% Native Hawaiian or Other Pacific Islander 9.52% White/ Caucasian 23.81% Decline to State 9.52% **Housing Status** / **% of overall** I have previously experienced being unhoused 5.56% Yes 94.44%	• Tech@Hand is beginning the closeout of Cohort 2, and is launching Cohort 3 on January 23rd. Cohort 3 will also be twenty participants, but is mainly focused on youth. • The following data reported is related to contacts made between Digital Peer Navigators and Cohort 2 Participants. • Since the beginning of cohort 2, our Digital Peer Navigators have made 252 contacts between October and December 2023. Our most frequent types of contacts are as follows: **Type** / **#** / **%** Check in 157 41.1% Technology support 49 12.83% Emotional support 33 8.63% Appointment scheduling 123 32.2% Feedback 20 5.23% • Folks who stayed consistent in their participation did so because of our in-person presence at St James, as many participants needed support and motivation to continue in the program. Knowing that someone would show up and visit them even if they did not respond to a text for appointment scheduling allowed them to know it is okay to make mistakes and that our team will still be here for you. The need for consistent check-ins and appointment scheduling is reflected in our data above. • When providing tech support, our top concerns were related to solving life problems while using technology, using technology and apps, and working with others online. **Tech Support Topic** / **Count** Solving life problems using technology 39 Using technology and apps 39 Working with others online 17 • MHASF also notes caller concerns, so that we can continuously improve our services. The top caller concerns for the TAMHS program, from Oct 2023-Dec 2023 are below.

San Francisco County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
			• Co Note: This data is for applicants during recruitment, which is still in progress. Demographics for participants accepted to the program may change demographics. • Colllaborating with the Navigation Cetner allows us to target some of the most vulnerable members of the trans community.	**Emotional Support Topic** — **Count** Anxiety & Panic — 15 Depression — 13 Education — 20 Employment — 28 Financial Concerns — 20 Housing Concerns — 29 Isolation — 12 LGBTQ+ — 27 Medication — 14 Mental Health — 34 Mood — 27 Physical Health — 11 Relationships — 23 Self-esteem — 14
Milestones	• 63/65 tablets have been distributed. • MHASF was approved to launch a 2nd cohort of tablet borrowers, with 15 tablets.		• 11/20 iPads have been distributed. • The first orientation was completed, with the second orientation planned for the week of 9/25/23. • MHASF has already started prepping for the transition from Cohort 2 to Cohort 3 (estimated start time is set for November 2023). • Workshops in the community have been launched, with 4 workshops already created. We have already completed 2 workshops with great success and will be hosting our next workshop in October 2023.	• Workshops with Conard House and St. James Infirmary were successful. We hosted workshops to help folks get connected to basic needs resources online. The St. James workshop had to switch to 1:1 sessions due to rain and lack of a place to host a group.
Lessons Learned Across Year 5	**Tech@Hand** • Your data collection needs may change as your program matures: Early on, MHASF opted to use the Maryland Department of Labor framework to capture digital skills our participants were interested in learning. The framework is an excellent way of thinking about digital skills at a high level (e.g., finding knowledge online, using digital tools safely). However, once the building is near complete and the program begins to work with participants, it may be helpful to use a framework that outline specific skills, such as the Seattle Digital Equity Initiative's Digital Skills Framework. MHASF evaluated both frameworks and opted to stay with the Maryland Department of Labor for consistency purposes. However, we will be better defining and clarifying the specific skills within the Maryland Department of Labor framework to ensure we are collecting the data we need for continuous improvement. • Connect with similar programs as early as possible: Early in a project it is easy to focus internally only. Remember to also build connections with other community partners who can share resources and insights. For example, MHASF will be using its budget surplus to produce a joint community event with an organization offering similar services. By collaborating, you can expand the scope and impact of your programs. By collaborating early on, these networks can already be pre-built, saving you valuable time when trying to stand up a new initiative. • Develop a method to capture community insights as early as possible: As your program matures there will be more questions trying to understand what's happening in the community. How many folks became responsive after the gift card incentive? How many tablets are lost/stolen, versus missing? When using a CRM, data is captured in each individual call note. It is important to develop a method to collect new data based on developments in the community. This can be a spreadsheet you are updating, or it can be new fields in your CRM. • Outreach Methods: In Cohort 1, we distributed devices through a variety of outreach methods, including online advertisements, social media, and in-person recruitment at events. However, it became quickly evident that collaborating with community-based organizations is the most effective tactic in recruiting participants. For Cohort 2 and 3, we have focused all our outreach methods either through our community-based partners, or through connections made with other MHASF programs. As we continue to solidify this process, the time it will take to conduct outreach for Cohort 3 is projected to be significantly faster. • Orientation / Tablet Distribution: In Cohort 1, the Tech@Hand team discussed the efficacy of disparate distribution, and decided for Cohort 2, that we would host an in-person orientation. After hosting the first orientation we gained some insights. First, it seems most effective to host the orientation on-site, so as to make distribution as low-effort as possible for participants. Secondly, in-person services seem to be greatly preferred by the participants as opposed to a digital alternative. • Digital Literacy Workshops: Tech@Hand has expanded its scope of work by hosting digital literacy workshops at other community-based organizations. We have hosted 2 workshops (Google Suite Fundamentals and Resume Building), have recently built out 2 more workshops (Zoom Basics and Microsoft Calendar Essentials), and compiled a list of other workshop options for community-based organizations to choose from. This also helps us solidify our relationships with these organizations, with the intention of making collaboration for tech distribution easier in the future. • Improvements: We made changes to the program based on Cohort 1 satisfaction survey recommendations. The most common suggestion was higher quality tablets, which prompted the jump from Samsung A7 tablets to 9th Generation iPads. The next suggestion was more consistent support from the Tech@Hand team. At the start of Cohort 1, the Tech@Hand team had 0 Digital Peer Navigators on staff. Currently the Tech@Hand Team has 2 full-time DPN's, and a new Program Coordinator. Through these program changes, we hope that the consistency in communication at the start of Cohort 2 will drive an increase in overall engagement within the program.			

San Francisco County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
	• Case Managers: We are collaborating more heavily with case managers to have another form of contact in case we cannot reach a participant. • Customer Service Management: MHASF is switching CRM's sometime before the end of 2023. Switching over to Salesforce will allow us to collect more information about participant interactions and program efforts, with greater ease and more organization. • Outreach and Orientation Sessions: For cohort 2, we conducted outreach be staying on-site at St. James Infirmary to find folks who are a good fit for the program. We filled out an intake form for those found to be a good fit. Once we found twenty folks, we scheduled a one-day orientation session for everyone. During the day of orientation, only a few people showed up to attend. After having smaller orientation sessions over the next few weeks and distributing all the devices, we learned that folks who are living in a shelter space can have unpredictable schedules and may need support and being reminded about an event and attending it. We learned that it is best to expect attrition, to be flexible, and not to expect all our devices to be distributed at once. • Digital Literacy Workshops: Our staff conducted outreach with community-based organizations to discuss our offerings, and to ask what kinds of workshops they are looking for. We presented a "menu" (offerings that are within our scope) to see what need was most pressing for their population. Both Conard House and LYRIC identified that their folks have a hard to finding ways for their basic needs to get met, as often these resources are listed online, and it is difficult to tell if they are open, who to call to apply for a service, etc. We then designed our Finding Basic Needs Workshop to meet this need. We learned it is best to ask orgs what needs they have that aren't met, rather than designing content and hoping someone needs that topic. • Improvements: When we host workshops with different orgs, they are always incentivized. Folks will receive a gift card after attending and taking our post-workshop survey. In the past, folks would have to wait up to two weeks to receive the gift card as the purchase of the gift cards by our organization is made after the workshop happens. Relatedly, these gift cards are sent out over email, which is not the most accessible dissemination. Often, participants have difficulty locating or using the card in-store. Going forward, we are ordering physical gift cards to hand out in-person during the day of the workshop. Participants will complete the survey with us and will be handed a card before they leave for the day. We are happy to have this aspect of our work more accessible. We implemented this method during our last Finding Basic Needs Workshop at St. James. • Customer Service Management: MHASF is still switching to Salesforce. Switching over to Salesforce will allow us to collect more information about participant interactions and program efforts, with greater ease and more organization **TakeMyHand** • Celebrate the small wins! After 2.5 years waiting for government approval, it's understandable to be discouraged at moments. However, by celebrating the small wins including meetings scheduled and incremental approvals, you can continue to stay excited about the possibilities about the project and look forward to its eventual launch. • The TakeMyHand pilot has been indefinitely paused. The Tech@Hand team has accounted for this shift in program change and is now outsourcing this service to our MHASF's Warmline. We now require participants in our tablet distribution program to use the WL chat service at least once during the duration of the program. **MHASF had some key learnings regarding purchasing tablets. We evaluated 3 options: signing up on a contract, prepaid devices, and paying for service monthly (without a contract).** • Signing up on a Contract: Purchasing tablets on a contract basis provided cost savings in theory, but when tablets were lost, we ended up spending money on cancellation fees that we wouldn't have otherwise. Also, the timeline of a contract (usually 24 months) doesn't neatly align with program timelines, which causes additional administrative challenges when managing the contract. • Prepaid Devices: Purchasing T-Mobile Prepaid was not possible with an SMB plan. The benefits of prepaid is that if a device was lost, it would be easy to end service, consequently saving money. However, prepaid is incompatible with an SMB plan, meaning that each device would have to be opened as a separate account, potentially causing additional administrative challenges to manage the fleet of 20+ devices. Our partners at Scalefusion, our fleet management software provider, expressed concern in regard to the feasibility of using their services if we did not have an SMB account. Furthermore, because of the nature of prepaid (sold individually, to consumers), it was difficult to connect with a consistent sales representative. T-Mobile's prepaid contact center did outbound calls only, making it difficult to consistently stay in touch with one representative who was familiar with our case. • Purchasing devices upfront: The "ideal case" scenario ended up being purchasing the devices outright while paying for services monthly. This gives us the flexibility of prepaid services (e.g., being able to shut off services if someone drops out of the program), while also providing the device management benefits of being attached to an SMB account (e.g., easily compatible with Scalefusion, streamlined billing). • Tablet Downloads Adjustment: MHASF was unexpectedly hit with around $500 of app download payments. After investigating, we learned that when a tablet is on a contract, app downloads are charged to the account on file. Unfortunately, the only way to disable this is to disable app downloads altogether. During Cohort 1, MHASF sent out a message to all participants letting them know of the change before disabling app downloads on our devices.			
Recommendations Across Year 5	• Utilize a CRM from the beginning of your project, which will in turn make switching data collection frameworks easier when the time comes. • Understand the various data collection frameworks in the field of digital equity as soon as you can, ideally at the start of your project. • Join spaces where you can connect with similar programs. MHASF has gotten tremendous value out of attending the Help@hand Tech Lead meeting, the San Francisco Tech Council's Access Working Group, and the National Digital Inclusion Alliance's healthcare working group. • Pay upfront for devices to avoid the challenges of a contract, but also ensure your devices are connected to an SMB plan for streamlined operations. • Disable app downloads on your plan, to avoid surprise billing. • The excitement expressed by the Navigation Center (and the staff members passionate about the Tech@Hand Project), shows just how necessary programs like these are for the community. • In-person orientation came with its many challenges, especially in regard to scheduling with community-based organizations. In the future, the Tech@Hand team will focus on hosting these orientations within these community-based spaces, as opposed to renting out a space. With this said, the connection and rapport we were able to make with participants was well worth it, and we plan on continuing in-person orientation sessions for Cohort 3. • Attending in-person events, while not ideal for recruitment for tablet loaning, has allowed us to get connected to a wider variety of community-based organizations. • Ensuring quality of partnership compatibility between our needs and what the host organization needs is key. We are excited to launch Cohort 3 with a new organization that addresses the basic needs of youth on-site. HYPE Center and LYRIC offers housing support, a drop in free closet and hygiene center, and space to do laundry, showers, food, a computer lab, and a kitchen space. HYPE Center also has a therapy clinic and free legal support services on-site. Working with a drop-in center with referral orgs working within the space allows us to holistically support our participants while focusing on their digital literacy goals.			

San Francisco County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Cross County/City Sharing Across Year 5	• MHASF received help from the University of California at Irvine in designing its satisfaction survey • MHASF was also able to share outreach and engagement best practices with RUHS at a Help@Hand Tech Lead meeting. The Riverside team provided helpful insights on tabling and providing swag, in order to reach its target demographic (TAY). • MHASF received help from the University of California at Irvine in designing its satisfaction survey.			

San Francisco County	**Quarter 1** (Jan – Mar 2024)	**Quarter 2** (Apr–Jun 2024)
Tech Lead(s)	• Monica Martinez (MHASF) • Jasmine Gabb (MHASF)	• Monica Martinez (MHASF) • Jasmine Gabb (MHASF) • Stephanie Milius (MHASF)
Implementation Site	• San Francisco County - Mental Health Association of San Francisco (MHASF)	• San Francisco County - Mental Health Association of San Francisco (MHASF)
Team Composition	• Stephanie Milius (MHASF) • Bisma Farzansyed (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)	• Bisma Farzansyed (MHASF) • Teresa Yu (SF DPH) • Diane Prentiss (SF DPH)
Core Audiences	The target audience for MHASF's Digital Literacy Education programs and Tech Borrowing and Distribution programs is historically excluded San Franciscans, with an emphasis on TAY and Trans community members.	The target audience for MHASF's Digital Literacy Education programs and Tech Borrowing and Distribution programs is historically excluded San Franciscans, with an emphasis on TAY and Trans community members.
Products in Use/Planned	• Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 20 9th Generation iPads and accessories (case and charger). • The Tech@Hand team has installed Scalefusion on each iPad, to manage the entire fleet of devices. With the use of Scalefusion, the TAMHS team can aid in finding a lost iPad, send notifications to participants about program updates, and provide virtual assistance to participants. • Useful apps for participants pre-downloaded on tablets, as opposed to the Samsung devices in Cohort 1. • The Digital Literacy Assessment is given to participants through NorthStar and offers the Tech@Hand team a more objective viewpoint of someone's technological literacy. • No new products have been purchased for this program nor are there any we plan to purchase.	• Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 20 9th Generation iPads and accessories (case and charger). • The Tech@Hand team has installed Scalefusion on each iPad, to manage the entire fleet of devices. With the use of Scalefusion, the TAMHS team can aid in finding a lost iPad, send notifications to participants about program updates, and provide virtual assistance to participants. • Useful apps for participants pre-downloaded on tablets, as opposed to the Samsung devices in Cohort 1. • The Digital Literacy Assessment is given to participants through NorthStar and offers the Tech@Hand team a more objective viewpoint of someone's technological literacy. • No new products have been purchased for this program nor are there any we plan to purchase.
Implementation Approach	Tech@Hand: Cohort 2 of tablet distribution in collaboration with St. James Navigation Center ended on February 28th. We are currently finalizing closeout which consists of retrieval of devices, completion of a final digital literacy assessment, and completion of a post program digital literacy assessment. There are four participants from cohort 2 that are continuing into cohort 3. Three of those four participants had their devices stolen and would benefit from a new device to continue to work on the goals they originally set in the program. The fourth participant benefits from the social connection gained by being part of a cohort and a program. Currently, 17/20 devices for cohort 3 have been distributed. For the remaining three devices, we are partnering with SF LGBT Center for recruitment. Most of the cohort of 3 participants were recruited from HYPE Center. We are currently in the process of entering into a MOU with their team to collaborate better. For our Spring 2024 workshop offerings, we will be doing an internal workshop for cohort 3 participants, a workshop connecting LGBTQ+ non-profits to each other, one with SF LGBT Center, one with Conard House, and one with HYPE Center.	Cohort 3 launched on January 16th, and we had 22 participants enrolled. The cohort ended on May 31st. Since March, we completed our MOU with HYPE Center which allowed recruitment to go smoothly. All 20 devices have been distributed, and we had the capacity to take on one more participant in this cohort. We also worked with a new partner for recruitment, SF LGBT Center. They have a great drop-in space for youth and have bi-weekly youth meal nights. Working with the center, we were able to recruit during the meal nights. We have great communication with the staff onsite, which allows us to check-in with staff if a participant becomes unresponsive. SF LGBT Center also became a great partner to host workshops with. This cohort, we hosted two workshops that were tailored towards Cohort 3 members. This proved to be an effective method of building community for our cohort, allowing opportunities for social connection, and building digital skills as a group rather than only with the Digital Peer Navigator. In this cohort, we focused on community building by hosting workshops for the cohort in person. This allowed our participants to meet one another, co-learn technology skills, and support one another within the program.
Other Unique Qualities	Tech@Hand launched Cohort 3 on January 16th 2024. The following data reported is related to contacts made between Digital Peer Navigators and Cohort 3 Participants. Since the beginning of cohort 3, our Digital Peer Navigators have made 267 contacts between January and March 2023. Our most frequent types of contacts are as follows: Type — # Appointment Scheduling — 103 Feedback — 26 Check-in — 104 Emotional Support — 21 Technology Support — 13	Cohort 3 of Tech@Hand began on January 16th and ended on May 31st 2024. The following data reported is related to contacts made between Digital Peer Navigators and cohort 3 participants during their one on one session. It is important to note that the Department of Education & Innovation transitioned to Salesforce in April 2024. During this transition, we made the decision to change how we recorded types of contacts, the technology support topics, and emotional support topics. These decisions were made to have our data more accurately reflect the work our Digital Peer Navigators (DPN) do. The first change is regarding types of contacts. Rather than reporting on any contact made from the DPN to the participant (attempts to schedule an appointment, feedback from the participant) we now only report on the number of individual sessions that participant has with the DPN.

San Francisco County	Quarter 1 (Jan – Mar 2024)	Quarter 2 (Apr–Jun 2024)
	When providing tech support, our top concerns were related to solving life problems while using technology, using technology and apps, and Sharing ideas clearly online. **Tech Support Topic** — **Count** Solving life problems using technology (e.g. organizing a job search using tech tools) — 8 Using technology and apps (e.g. browsing the internet) — 5 Sharing ideas clearly online (e.g. work email vs. social media) — 3 Finding and verifying information online (e.g. identifying fake news) — 2 MHASF also notes caller concerns, so that we can continuously improve our services. The top caller concerns for the Tech@Hand program are below. **Emotional Support Topic** — **Count** Anxiety & Panic — 9 Depression — 2 Education — 10 Employment — 13 Financial Concerns — 6 Housing Concerns — 5 LGBTQ+ — 2 Mental Health — 8 Mood — 1 Physical Health — 2 Relationships — 3 Self-esteem — 1 Trauma — 2 Hoarding & Cluttering — 1 Our program has recently began tracking the referrals we make. The following referrals are from January – March 2024. **Referral Type** — **Count** Basic needs (e.g., food, shelter) — 5 PROPEL — 11 MHASF Peer Services — 4	From April to June of 2024, our DPN had 137 individual sessions with our cohort 3 participants. We had 21 participants in cohort 3 total. When providing technology support, we record what topics come up during the individual sessions. Here is a breakdown of the technology support topics and their frequency. Our most frequently reported concerns are the following: • Solving Life Problems Using Technology • Sharing Ideas Clearly Online • Using Technology and Apps **Tech Support Topic** — **Count** Solving Life Problems Using Technology — 17 Sharing Ideas Clearly Online — 13 Using Technology and Apps — 8 Finding and Verifying Information Online — 6 Staying Safe Online — 4 Creating Content Online — 4 Our Digital Peer Navigators also continuously provide emotional support. Here is a breakdown of the main emotional support concerns. Our most frequently reported concerns are the following: • Mental Health • Employment and Financial Concerns • Education **Emotional Support Topic** — **Count** Mental Health — 34 Employment and Financial Concerns — 21 Education — 15 Housing Concerns — 16 Relationships — 9
Milestones	1. In February, we held a Valentine's Day Social Isolation Workshop, where we presented about Tech@Hand, PROPEL, Warm Line, and Peer Services (different programs within MHASF) to help participants get connected to services to alleviate social isolation. This workshop was done in partnership with Conard House, who we have worked with several times in the past. The event itself went well, as participants were very receptive to the information provided and enjoyed the opportunity to get connected. 22 workshop attendees completed workshop evaluation surveys. However, the feedback we received indicated that participants were looking for a skill-based workshop, where they got to improve on a skill. This is also due to our feedback forms centered around skill-based workshops, and it was an oversight of the program to not tweak the forms to be in line with the workshop we were administering. 2. In March, we held a Community Wellness Exchange Event, which is essentially a virtual tabling event for LBTQ+ service providers and community members. The event was attended by SF LGBT Center, Lavender Youth Recreation and Information Center, SF Community Health Center, SF State Queer and Trans Resource Center, and SF State Project Rebound. Each organization presented their current phase of programming to help community member attendees get connected. We also celebrated Trans Day of Visibility during the time we had together.	1. In April, we held a Zoom 101 workshop for our Cohort 3 members. This was the first time we decided to hold a workshop for Cohort 3. In the past, we have leaned towards hosting workshops for partners to increase the range of community members we were able to give support to. During this workshop, we learned about the value of bringing the Cohort together. They were able to build community with one another and learn from each other. This will be a key facet of the program when we launch Cohort 4. Creating opportunities for socialization, community building, and co-learning allowed for a stronger program overall. Relatedly, because we work with youth and socially isolated older adults, attendees in the room were at different paces regarding Zoom basics. However, participants who had a stronger grasp of the concepts helped their peers who needed additional support. Ultimately, this workshop created a space for intergenerational co-learning. We are excited to continue this workshop model in the future. 2. In May, we held two workshops. One was also with Cohort 3, and it was an Advanced Zoom workshop. This was a space to reinforce skills previously learned in April, and to introduce new skills such as screensharing, note taking, and breakout rooms. The dynamic was like the first workshop; however, the rapport was higher as everyone already got to know each other. a. The second workshop was done in collaboration with SF LGBT Center. This workshop was focused on

San Francisco County	Quarter 1 (Jan – Mar 2024)	Quarter 2 (Apr–Jun 2024)
		Mastering Digital Organization. The content consisted of virtual calendar and reminder setup/tutorials. We focused on three different types of calendar apps. It was open to anyone in their programming as well as our Cohort 3 participants. As we recruited some of our participants from SF LGBT Center, the dynamic was like the other two workshops, although there were some new faces in the room. This workshop was youth dominant. The participants in this cohort were incredibly receptive to the topic and content and were very engaged. 3. In June, we held a workshop in partner with Conard House. This workshop was entitled "Getting Social", and the content focused on using different social media to find social connection. The facilitator, Stephanie Milius, was very engaging and began the workshop by asking participants what they use social media for and illustrating how they can use it to find genuine social connection. All participants were given worksheets to identify social groups they would like to join to find connection. For this group, we printed out our surveys and had them hand fill them out. This helped our process as not everyone in the room had access to a device.
Lessons Learned Across Year 5	1. A key learning in this phase is to be clear in the type of workshop we are providing and align our feedback forms with the type. In April, we are planning a Zoom Training workshop, which is skill based. We will be hosting the workshop with Cohort 3 participants to give them some additional digital literacy support before cohort 3 ends in the next few months. In the future, more attention will be paid to this point of tension so we can collect more accurate feedback from the people we serve. 2. Customer Service Management: MHASF is still switching to Salesforce. We are in the final phase of implementation and hope to get more comfortable with the platform over the next few months. 3. Our full implementation of Salesforce posed an issue to the team as we all had a natural learning curve. Data tracking is a key part of program management. We learned that if you are transitioning to a new data management system, it is best to track data in both systems (old and new) until you are comfortable and confident in reporting within the new one. This can mitigate any stress regarding lost data or broken data management fields/reporting processes. 4. As a program, we have been struggling with consistent engagement and participant attrition. After hosting workshops catered to our Cohorts, we noticed that creating a space for community building and socializing allows for natural engagement to spur. As individuals within our program feel like they are seeing other participants they can connect and relate too, and feel supported by our in-person services, it creates a holistic reason for them to stay engaged within the program.	
Recommendations Across Year 5	1. Our program is attempting to improve on its network with the already existing LGBTQ+ organizations in SF. Tech@Hand is unique in the services we provide and the population we serve. For example, many digital literacy program does not serve TAY or specific LGBTQ+, trans specific cultural competence. By identifying this, we have understood that there is a need for our work to be integrated into the existing system of care between existing organizations. It is recommended not to try and do this work in isolation, or to solely work with outside orgs for recruitment. Finding ways to build a genuine partnership and relationship makes your program part of not only the network of care, but part of a community of support. 2. Our program is working to improve our digital literacy curriculum and program content. As we found that hosting workshops for our cohorts creates a space for community building and therefore increases engagement, we would like to build a digital literacy curriculum that aligns with our cohorts. For example, if our curriculum has 6 modules of content, then each workshop for 6 months would align with each module. This allows for continued relationship building and co-learning. It also allows for group accountability.	
Cross County/City Sharing Across Year 5		

*San Francisco County's Help@Hand project ended in May 2024.
**Tables were completed for Quarter 1-2 in 2024 and incorporated in Year 5.

San Mateo County

Year 1: September 2018-December 2019
Data not collected for Cohort #2 Counties/Cities, which included San Mateo County.

Year 2: January 2020-December 2020

San Mateo County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Doris Estremera, MPH	• Doris Estremera, MPH	• Doris Estremera, MPH	• Doris Estremera, MPH
Implementation Site	• Peninsula Family Service (PFS) • Youth Leadership Institute (YLI)		• Community-based agencies, BHRS clinics, online	• Community-based agencies, BHRS clinics, online
Team Composition	• MHSA Coordinator, Peer Specialist/Peer Support, Contracted Agencies: 1)Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish), 2) Peninsula Family Services (PFS): Peer Lead/Program Coordinator, bilingual-bicultural Peer (Spanish/Chinese)	• MHSA Coordinator, Peer Specialist/Peer Support, Contracted Agencies: 1) Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish), 2) Peninsula Family Services (PFS): Peer Lead/ Program Coordi- nator, bilingual-bicultural Peer (Spanish/ Chinese)	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, bilingual-bicultural Peer (Spanish/ Chinese) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers and "tech hours" for community at large
Core Audiences	• Transitional age youth • Older adults	• Transitional age youth • Older adults	• Transitional age youth (TAY) • Older adults	• Transitional age youth (TAY) • Older adults
Products in Use/Planned	• Happify with older adults (planned) • Remente with transitional age youth (planned)	• Headspace for COVID rapid response, plan to release August/ September 2020 • Selecting new products, considering: o Unipercare, myStrength, Wysa for older adults o Headspace, myStrength, Wysa for transitional age youth	• Headspace for COVID Rapid Response released September 2020 • Selecting new products for pilot, considering: o myStrength, Wysa for older adults o Headspace, myStrength, Wysa for TAY • Painted Brain digital mental health training for peers	• Headspace for COVID Rapid Response released September 2020 • Older Adults and TAY selected Wysa for pilot to launch in February/March 2021
Implementation Approach	• Remente for transitional age youth, YLI Peer Leads and youth ambassadors plan, promote and support the use of the app • Happify for older adults, PFS Peer Leads and older adult ambassadors plan, promote and support use of the app	• Phase 1 – Help@Hand Peer Ambassadors from YLI, PFS and Advisory Committee to promote and support use of all apps (Headspace and additional selections). Peer ambassadors supporting outreach and engagement efforts through appy hours, direct community outreach and additional strategies to be developed. • Phase 2 – California Clubhouse and Heart and Soul (peer-led organizations) Peer Ambassadors to support integration of apps into Behavioral Health and Recovery Services. Strategies to be developed.	• Help@Hand Advisory Committee of local stakeholders continues to meet monthly and provides feedback on appropriate technology to meet the needs of older adults and transition-age youth, consults on the strategies for outreach and engagement, informs project evaluation, supports recruitment of older adults and youth to participate in the exploration and pilot phase of app selection, and serve as ambassadors of Help@Hand • Phase 1 – Help@Hand Peer Ambassadors from YLI, PFS and Advisory Committee promote and	• Help@Hand Advisory Committee of local stakeholders continues to meet monthly and provides feedback on appropriate technology to meet the needs of older adults and transition-age youth, consults on the strategies for outreach and engagement, informs project evaluation, supports recruitment of older adults and youth to participate in the exploration and pilot phase of app selection, and serve as ambassadors of Help@Hand • Phase 1 – Help@Hand Peer Ambassadors from YLI, PFS and Advisory Committee promote and support use of all apps (Headspace and additional

San Mateo County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
			support use of all apps (Headspace and additional selections). Peer Ambassadors support outreach and engagement efforts through 'Appy Hours,' recruitment of participants in selection of apps and digital mental health literacy • Phase 2 – California Clubhouse and Heart and Soul (peer-led organizations) and BHRS Peer Ambassadors will support integration of apps into Behavioral Health and Recovery Services including digital mental health training of clients by peers • Painted Brain is supporting a train-the-trainer for peers and clients will receive devices (cell phone/ tablets) along with digital mental health supports. • Further marketing and outreach plans for Headspace response under development	selections). Peer Ambassadors support outreach and engagement efforts through 'Get Appy' workshops, recruitment of participants in selection of apps and digital mental health literacy. o Further marketing and outreach plans for Headspace response under development. o Pilot proposal for Wysa app under development • Phase 2 –BHRS Peer Ambassadors will support integration of apps into Behavioral Health and Recovery Services including digital mental health training of clients by peers o Painted Brain is supporting a train-the-trainer for peers and clients will receive devices (cell phone/ tablets) along with digital mental health supports.
Other Unique Qualities	• Help@Hand Advisory Committee of local stakeholders meet monthly since inception (provides feedback on technology features, enhancements and customization to meet the needs of older adults and transition age youth, consults on the strategies for outreach and engagement, informs project evaluation questions and outcomes)	• Using T-Mobile Gov L1 Plan to procure devices for clients. • Using Headspace as a broader response to the San Mateo County community at-large to support for one-year due to COVID	• Leveraged $408,000 of MHSA and CARES Act funding to procure additional federally subsidized devices for clients to use for both Help@Hand and broader telehealth and recovery-oriented services for clients • Using Headspace as a broader response to the San Mateo County community at-large to support for one year due to COVID	• Contracted with Painted Brain to support additional "tech hours" for both Help@Hand implementation and broader racial equity actions due to COVID shelter-in-place • Leveraged $408,000 of MHSA and CARES Act funding to procure additional federally subsidized devices for clients to use for both Help@Hand and broader telehealth and recovery-oriented services for clients • Using Headspace as a broader response to the San Mateo County community at-large to support for one year due to COVID
Milestones	• Conducted focus groups with older adults and youth to learn needs and select the most appropriate apps • Focus groups to support development of digital mental health literacy curriculum • Hosted NorCal Peer Summit • PFS hosting AppyHours, engaging older adults in using technology • YLI developed a Help@Hand specific Youth Advisory Group • Advisory Committee received training on app exploration process to provide more in-depth input on selected apps • Ambassadors and peers participated in Digital Mental Health Literacy Train-the-trainer	• PFS shifted to over-the-phone and online Appy-Hours to continue engaging older adults in using technology. • YLI kicked off online Youth Advisory Group • Successfully procured and distributed 40 free phones to clients and tablets for peer workers to support during COVID • In negotiations with Headspace to provide access to the app for one-year to San Mateo County residents as a response to COVID • Re-started app selection process due to Happify unavailability during COVID and youth needs shifting now that interactions are primarily online. • Worked with UCI to tailor the app selection survey and make it available online	• Engaged 20+ BHRS and community-based agencies' Peer Partners and Family Partners in the distribution of phones to clients, which will include digital mental health literacy training for the clients • Contracted with Painted Brain to provide digital mental health literacy train-the-trainer for Peer/ Family Partners • Launched Headspace access for one-year to San Mateo County residents as a response to COVID	• Selected apps • Expanded "tech hours" to community at large and partnering community-based agency staff • Partnering with other counties on Headspace license sharing, evaluation and marketing
Lessons Learned Across Year 2	• Addressing the digital divide by providing digital literacy supports are needed prior to engagement in any behavioral health technology solution and at various levels including; peer support workers, behavioral health staff across the network of providers, community and clients. • Having explicit communication with stakeholders of "non-negotiables" should be part of the selection of an app. For example, including cultural and language vetting as part of the early focus groups to inform selection of an app.			
Recommendations Across Year 2	• Implement an advisory committee of stakeholders early in the process to vet, consult with, create buy-in and provide direction • Include evaluation lens as part of project planning and process development for all aspects of the project including procurement, selection, piloting and implementation • Include devices and digital literacy as part of the overall solution; including train-the-trainer for peer support workers, and various opportunities for ongoing digital literacy support for clients ("tech hours") and providers (intermediate tech training, e.g. equitable facilitation of groups, telehealth, etc.) • Include opportunities for collaboration with other Help@Hand Counties while honoring local diversity and needs			

San Mateo County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Doris Estremera, MPH	• Doris Estremera, MPH	• Doris Estremera, MPH	• Doris Estremera, MPH
Implementation Site	• Community-based agencies, BHRS programs, online	• Community-based agencies, BHRS programs, online	• Community-based agencies, BHRS programs, online	• Community-based agencies, BHRS programs, online
Team Composition	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, "tech hours" for clients and advanced Zoom topics for providers	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, "tech hours" for clients and advanced Zoom topics for providers	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, "tech hours" for clients and advanced Zoom topics for providers	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, "tech hours" for clients and advanced Zoom topics for providers
Core Audiences	• Transitional age youth (TAY) • Older adults	• Transitional age youth (TAY) • Older adults	• Transitional age youth (TAY) • Older adults	• Transitional age youth (TAY) • Older adults
Products in Use/Planned	• Headspace for COVID Rapid Response released September 2020 • Older Adults and TAY selected Wysa for pilot to launch in April 2021	• Headspace for COVID Rapid Response; September 2020 -August 2021 • Older Adults and TAY selected Wysa for pilot; April 2021 - August 2021	• Older Adults and TAY selected Wysa for scale-up, launch scheduled for January • Wysa testing with Behavioral Health and Recovery Services (BHRS) clients to begin in January	• Wysa for scale-up, launch delayed until March • Wysa testing with Behavioral Health and Recovery Services (BHRS) clients to begin in March
Implementation Approach	• Help@Hand Advisory Committee of local stakeholders continues to meet monthly and provides feedback on appropriate technology to meet the needs of older adults and transition-age youth, consults on the strategies for outreach and engagement, informs project evaluation, supports recruitment of older adults and youth to participate in the exploration and pilot phase of app selection, and serve as ambassadors of Help@Hand • Phase 1 – Help@Hand Peer Ambassadors from YLI, PFS and Advisory Committee promote and support use of all apps (Headspace and Wysa). Peer Ambassadors support outreach and engagement efforts through 'Get Appy' workshops, recruitment of participants in selection of apps and digital mental health literacy. o Further marketing and outreach plans for Headspace response under development. o Pilot proposal for Wysa app completed and approved	• Help@Hand Advisory Committee of local stakeholders continues to meet monthly and provides feedback on appropriate technology to meet the needs of older adults and transition-age youth, consults on the strategies for outreach and engagement, informs project evaluation, supports recruitment of older adults and youth to participate in the exploration and pilot phase of app selection, and serve as ambassadors of Help@Hand • Phase 1 – Help@Hand Peer Ambassadors from YLI, PFS and Advisory Committee promote and support use of all apps (Headspace and Wysa). Peer Ambassadors support outreach and engagement efforts through 'Get Appy' workshops, recruitment of participants in selection of apps and digital mental health literacy. o Further marketing and outreach plans for Headspace response under development. o Pilot proposal for Wysa app completed and approved	• No changes to Help@Hand Advisory Committee • Phase 1 – Help@Hand Peer Ambassadors from YLI, PFS and Advisory Committee will promote and support use of Wysa. o YLI Peer Ambassadors will support outreach to low-income youth o PFS Peer Ambassadors will support outreach to low-income and isolated older adults via older adult low-income housing complexes. Outreach will include device distribution as needed and 'Get Appy' workshops to support digital mental health literacy. o Uptown Marketing consultants will support broad promotion of the app targeting the general population of older adults and youth • No changes to Phase 2 –BHRS Peer Ambassadors integration of apps for Behavioral Health and Recovery Services (BHRS) clients o Painted Brain will support Digital MH Literacy of BHRS clients:	• No changes to Help@Hand Advisory Committee • Phase 1 – Help@Hand Peer Ambassadors from YLI, PFS and Advisory Committee will promote and support use of Wysa. o YLI Peer Ambassadors will support outreach to low-income youth o PFS Peer Ambassadors will support outreach to low-income and isolated older adults via older adult low-income housing complexes. Outreach will include device distribution as needed and 'Get Appy' workshops to support digital mental health literacy. o Uptown Marketing consultants will support broad promotion of the app targeting the general population of older adults and youth • No changes to Phase 2 –BHRS Peer Ambassadors integration of apps for Behavioral Health and Recovery Services (BHRS) clients o Painted Brain will support Digital MH Literacy of BHRS clients:

San Mateo County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
	• Phase 2 –BHRS Peer Ambassadors will support integration of apps into Behavioral Health and Recovery Services including digital mental health training of clients by peers o Painted Brain is supporting Digital MH Literacy trainings including: • Community Tech Cafe's for clients who needs basic device supports; downloading apps, setting up e-mail and basic use of telehealth and Zoom. • Digital Literacy Training for Peers equips peer and family partners with some basic technology 101 to in turn support the distribution of devices to clients. • Series of more advanced Zoom topics for providers (facilitating equitable meetings, live streaming, utilizing breakout rooms and interactive pools, safety measures while utilizing Zoom, etc.)	• Phase 2 –BHRS Peer Ambassadors will support integration of apps into Behavioral Health and Recovery Services including digital mental health training of clients by peers o Painted Brain is supporting Digital MH Literacy trainings including: • Community Tech Cafe's for clients who needs basic device supports; downloading apps, setting up e-mail and basic use of telehealth and Zoom. • Digital Literacy Training for Peers equips peer and family partners with some basic technology 101 to in turn support the distribution of devices to clients. • Series of more advanced Zoom topics for providers (facilitating equitable meetings, live streaming, utilizing breakout rooms and interactive pools, safety measures while utilizing Zoom, etc.)		
Other Unique Qualities	• Implemented intergenerational strategies where youth Help@Hand Advisory members are facilitating technology topics and providing technical assistance at the 'Get-Appy' workshops for older adults. • Contracted with Painted Brain to support additional "tech hours" and technical assistance to community-based agencies in response to broader COVID-related racial equity actions. • Leveraged $408,000 of MHSA and CARES Act funding to procure additional federally subsidized devices for clients to use for both Help@Hand and broader telehealth and recovery-oriented services • Using Headspace as a broader COVID response to the San Mateo County community at-large	• Implemented intergenerational strategies where youth Help@Hand Advisory members are facilitating technology topics and providing technical assistance at the 'Get-Appy' workshops for older adults. • Contracted with Painted Brain to support additional "tech hours" and technical assistance to community-based agencies in response to broader COVID-related racial equity actions. • Leveraged $408,000 of MHSA and CARES Act funding to procure additional federally subsidized devices for clients to use for both Help@Hand and broader telehealth and recovery-oriented services • Using Headspace as a broader COVID response to the San Mateo County community at-large	• 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	• 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
Milestones	• Wysa pilot proposal drafted and approved • Wysa evaluation instruments developed and approved • Launch design meeting with Wysa developers conducted	• Wysa pilot launched with 16 youth and 30 older adults • Focus groups and exploration groups scheduled for end of July, early August 2021 • Launched first series of advanced Zoom topics with Painted Brain: "Liberation Practices for Virtual Meeting Spaces" to build critical consciousness, empowerment, and equitable strategies when facilitating virtual meeting spaces. • Launched Phase 2 of our local Help@Hand strategy: integration of apps into Behavioral Health and Recovery Services	• Launched Headspace evaluation survey • Completed Wysa Pilot evaluation reports for OA/TAY and shared with vendor, Advisory Committee, and UCI • Selected Wysa for scale-up with Advisory Committee approval • Peer partners developed, prioritized, and presented a list of development customization requests for Wysa	• Contract negotiations with Wysa began; pricing and prioritized customization requests were agreed upon • Marketing consultant contract secured; Uptown Solutions presented a proposed strategy to the Advisory Committee • Advisory Committee and local County Council approved disclaimer language and local resource listing within the app

San Mateo County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Lessons Learned Across Year 3	• While innovation requires flexibility in implementation and approach, community expectations and priorities don't shift as readily. We were presented with the opportunity to pursue a rapid response model (similar to Headspace) to facilitate a more efficient app selection and roll out. Our local Help@Hand Advisory Committee elected to continue the vetting, selection, pilot and exploration processes that were already in place because it offered more meaningful engagement and negotiation with app developers. Additionally, the Wysa app does not offer services in our local priority languages of Spanish and Chinese. This is an issue and will require creative approaches to address community expectations related to serving this community with Help@Hand services. • Nextdoor app was a great way to reach older adult pilot participants; kick-off events that clarified expectations led to 94% engagement in process to-date • When engaging youth, parental consents will require additional planning and considerations • Tech Cafes to offer basic tech support and digital mental health literacy for community members and clients works best when offered in collaboration with agencies that have access to the target audience. • It's important to understand ongoing pricing and sustainability of any product early in the selection phase • Testing a product in a behavioral health system are more likely to require any development/customization to be identified first before bringing it to clients. Having peers as part of the early vetting, selection and customization request has been critical to introducing the product for testing with clients • Innovation requires flexibility, constant change of pace and strategy yet, the funding and State guidelines around innovation do not always allow this flexibility. The pandemic through a huge wrench into our project including 1) the older adult selected technology provider pulled out of the project as a whole requiring us to start our app selection and vetting process from scratch and 2) youth needs changing and therefore requiring we start the app selection and vetting process over as well. This added a year of activities to our process but, without a year of extended ability to use innovation funds. • Contracting processes take time whether it's through County or statewide agencies, this delayed our project launch even further.			
Recommendations Across Year 3	• Begin long-term sustainability planning that includes possible integration of apps into Behavioral Health and Recovery Services; beyond broader community engagement, wellness supports and linkages • All survey tools should be vetted locally. We launched the pilots without vetting the survey tools with our local advisory board. Our local stakeholders had just participated in the vetting of stigma surveys and had a lot to offer in terms of considerations for questions that may be triggering or stigmatizing. While all survey questions were vetted by peers statewide, local perspective is imperative. • Remain flexible, there are a lot of unanticipated challenges when implementing something this • Include developers' willingness to collaborate, customization requirements, pricing, cross-county interests and sustainability needs as part of the selection process • Begin marketing strategy vetting early-on even if the product isn't selected yet. Our local advisory committee wanted formal focus groups conducted even though we had been collecting data (informally) throughout the process. These take time to plan and recruit appropriate representation.			
Cross County/City Sharing Across Year 3	• Shared Headspace codes with Santa Barbara County and Tri-City for their pilot • Shared Headspace outreach and marketing best practices with Santa Barbara and San Francisco • Received press kit from Wysa, which was used to promote the TAY pilot. • Participated in Headspace marketing meeting along with San Francisco, used collateral developed by Headspace for our local Mental Health Awareness Month promotion of Headspace • Received marketing consultant referral, direct contact and quotes from City of Berkeley • Requested screening tools for app engagement from Marin • Wysa pilot presentation to collaborating counties at the Help@Hand Tech Lead meeting • Developed video testimonials about Help@Hand • Used disclaimer language other counties had developed • Tri-City and San Mateo device distribution/loaning information sharing with San Francisco			

San Mateo County	**Quarter 1** (Jan – Mar 2022)	**Quarter 2** (Apr – Jun 2022)	**Quarter 3** (Jul – Sept 2022)
Tech Lead(s)	• Doris Estremera, MPH	• Doris Estremera, MPH	• Doris Estremera, MPH
Implementation Site	• Community-based agencies • Behavioral Health and Recovery Services (BHRS) programs, online	• Community-based agencies • Behavioral Health and Recovery Services (BHRS) programs, online	• Community-based agencies • Behavioral Health and Recovery Services (BHRS) programs, online
Team Composition	• Mental Health Services Act (MHSA) Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (YLI) (Transition Aged Youth Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural Transistion Aged Youth (TAY) Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, "tech hours" for clients and advanced Zoom topics for providers	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (YLI) (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors 4. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, "tech hours" for clients and advanced Zoom topics for providers	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: 1. Youth Leadership Institute (YLI) (Transition Age Youth Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish) 2. Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual-bicultural Peer (Spanish) 3. Painted Brain: Peers providing digital mental health literacy train-the-trainer for peer staff, co-facilitating "tech hours" with peer staff for clients and direct tech support for clients via IT Ticket System
Core Audiences	• Transitional age youth (TAY) • Older adults	• Transitional age youth (TAY) • Older adults	• Transitional age youth (TAY) • Older adults • BHRS Clients
Products in Use/Planned	• Older Adults and Transition Aged Youth (TAY) selected Wysa for scale-up • Wysa testing with Behavioral Health and Recovery Services (BHRS) clients	• Wysa app scale-up • Wysa testing with Behavioral Health and Recovery Services (BHRS) clients	• Wysa app scale-up
Implementation Approach	No changes to Help@Hand Advisory Committee • Phase 1 – Help@Hand Peer Ambassadors from Youth Leadership Institute (YLI), PFS and Advisory Committee will promote and support use of Wysa. o YLI Peer Ambassadors will support outreach to low-income youth o Peninsula Family Services Peer Ambassadors will support outreach to low-income and isolated older adults via older adult low-income housing complexes. Outreach will include device distribution as needed and 'Get Appy' workshops to support digital mental health literacy. o Uptown Marketing consultants will support broad promotion of the app targeting the general population of older adults and youth o No changes to Phase 2 –BHRS Peer Ambassadors integration of apps for Behavioral Health and Recovery Services (BHRS) clients o Painted Brain will support Digital MH Literacy of BHRS clients	No changes to Help@Hand Advisory Committee • Phase 1 – Help@Hand Peer Ambassadors from Youth Leadership Institute (YLI), Peninsula Family Services (PFS) and Advisory Committee will promote and support use of Wysa. o YLI Peer Ambassadors will support outreach to low-income youth o Peninsula Family Services Peer Ambassadors will support outreach to low-income and isolated older adults via older adult low-income housing complexes. Outreach will include device distribution as needed and 'Get Appy' workshops to support digital mental health literacy. o Uptown Marketing consultants will support broad promotion of the app targeting the general population of older adults and youth o No changes to Phase 2 –BHRS Peer Ambassadors integration of apps for Behavioral Health and Recovery Services (BHRS) clients o Painted Brain to support tech and digital literacy needs of BHRS peer and family partner staff and BHRS clients	• Help@Hand Advisory Committee transitioned to quarterly vs. monthly to focus on ongoing learnings and decisions post Innovation • YLI Peer Ambassadors continued to support outreach to low-income at risk youth • Peninsula Family Services Peer Ambassadors continued to support outreach to low-income and isolated older adults via older adult low-income housing complexes. Outreach will include device distribution as needed and 'Get Appy' workshops to support digital mental health literacy. • Uptown Marketing consultants continued to support broad promotion of the app targeting the general population of older adults and youth. • BHRS moving into integration of app for Behavioral Health and Recovery Services (BHRS) clients linked to device distribution and peer-led supports • Painted Brain continued to support tech and digital literacy needs of BHRS peer and family partner staff and BHRS clients
Other Unique Qualities	• Contracting with marketing consultants to target the broader population of older adults and youth • Painted Brain has been focusing on providing technical assistance to community-based behavioral health agencies	• Clinicians, peer and family partner staff played a key role in the uptake of Wysa by BHRS clients • Painted Brain was able to pilot an IT ticket system during the testing with BHRS clients. Moving forward they will provide up to 3-4 hours per week of on-call technical support through a Ticket Submission	• Mental Health Services Act (MHSA) Innovation ended for San Mateo County on 9/22/22. Transitioned majority of work into a sustainability phase. • Broad marketing continued to support uptake of the Wysa app by the general San Mateo County community

San Mateo County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)
		Form and direct Peer Tech Specialist Line. For quick-fix tech support, community members and staff can contact a Peer Specialist Line (by phone). For more challenging requests that require video conferencing/desktop sharing, contact will go through the Ticket System where available days and times will be presented to schedule a technical support session with a Peer Tech Specialist.	
Milestones	Peninsula Family Service: • Jan. 2022 – peers prepped and distributed 6 tablets with free internet to older adults in low-income housing, 3 hour group orientation on how to use the main tablet features, use gmail account, and practice Zoom were also provided • Feb. 2022 – peers prepped and distributed 8 tablets with free internet to older adults in low-income housing, 3 hour group orientation on how to use the main tablet features, use gmail account, and practice Zoom were also provided • March 2022 – Wysa app for San Mateo County was launched • March – April 2022 peers created and conducted the first 6-week, basic tech sessions for older adults at the request of the Older Adult Team at Behavioral Health and Recovery Services (BHRS) of San Mateo County – topics included: Safe Website Browsing, All About Apps, Zoom Basics, Protecting Against Identity Theft, Avoiding Phishing Scams, Email set-up. The same sessions will be offered in Spanish in May.	• Marketing design, messaging and strategy were completed with the partner toolkit and social media posts/ads launching in June 2022 • Local evaluator presented the results of the BHRS client testing to our local Help@Hand Advisory Committee meeting in June 2022. • Sustainability and Transitions Plans were completed, which included renewed contracts with Peninsula Family Service, Youth Leadership to continue supporting the scale-up implementation for FY 2022-23.	• All marketing strategies rolled out and implemented including: partner toolkit, social media posts/ads, postcard mailing, bus ads, and newspaper ads. • Additional sustainability contracts were renewed with Painted Brain to continue digital literacy supports
Lessons Learned Across Year 4	• It was great that we all learned to use Zoom during the past 2 years but in-person sessions are still the best venue to teach older adults about tech and using self-care apps. • Marketing is a long process that can span 6 months from initial planning (focus groups, strategy development, messaging and design) especially when involving stakeholders in every aspect of the planning, which was important to us. In retrospect, I would've asked the marketing team to keep the Help@Hand branding vs. creating new branding (Wellness for All) and set clear expectations regarding implementation of the strategies. which were not part of the initially proposed quote. • Working with an app that is not as well known or established requires a different approach to marketing. While the marketing approach worked in other cities/counties for other (more established) apps, it did not work for San Mateo and we are needing to re-strategize and extend the marketing with limited resources.		
Recommendations Across Year 4	• Recruit and train older adults to become Help@Hand ambassadors to help their peers with technology challenges. • Work more with AARP Senior Planet as they are a great resource for older adults especially since services are provided in English, Chinese and Spanish. • There was a significant amount of resources dedicated to branding of Help@Hand from the statewide collaborative. I would recommend having communication supports as agencies implement their local marketing strategies to maintain the statewide collaborative branding. Communication with the marketing consultants was very challenging. • Engage stakeholders in sustainability decisions. Based on impact and priorities, it was clear what aspects of the work would be sustained		
Cross County/City Sharing Across Year 4	• On Jan. 18, 2022, CalMHSA requested a meeting with Peninsula Family Service to share tablet distribution practices with Mental Health Association of San Francisco (MHASF) who was acquiring devices for participants in the City. • On March 22, 2022, San Mateo County Spotlight presentation at the Tech Lead Collaborative Call allowed us to share the success, challenges and next steps as we transition out of the Innovation Project phase • Shared Focus Group findings for Happify app with Santa Barbara. San Mateo vetted Happify with older adults and Happify was selected out of the 3 apps given its availability in Spanish and Chinese languages but, Happify decided to cease participation in the project during COVID. We learned from this sharing that Happify was purchased by Twill Health and is now being considered by counties for the Spanish-speaking community		

*Tables were not collected in Year 5 since San Mateo County's Help@Hand project ended in September 2022.

Santa Barbara County

Year 1: September 2018-December 2019
Data not collected for Cohort #2 Counties/Cities, which included Santa Barbara County.

Year 2: January 2020-December 2020

Santa Barbara County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Lindsay Walter, JD- MHSA • Maria Arteaga, JD- Peer & Ethnic Services • Vanessa Ramos- Help@Hand Project Manager	• Lindsay Walter, JD- MHSA • Maria Arteaga, JD- Peer & Ethnic Services • Vanessa Ramos- Help@Hand Project Manager	• Lindsay Walter, JD- MHSA • Maria Arteaga, JD- Peer & Ethnic Services • Vanessa Ramos- Help@Hand Project Manager	• Lindsay Walter, JD- MHSA • Maria Arteaga, JD- Peer & Ethnic Services • Vanessa Ramos- Help@Hand Project Manager
Implementation Site	• TBD	• On-line for Q2	• TBD	• TBD
Team Composition	• MHSA Chief, Department Peer and Equity Services Manager, Assistant Director, County IT staff, Project Manager, Division Chief of IT, MHSA Coordinator, Regional Tech Ambassadors, Tech-Testers	• Assistant Director; Ethnic Services and Peer Manager; MHSA Chief; Health Care Coordinator- Tech/Peer lead; IT; Help@ Hand peer team; Project Contractor	• Assistant Director; Peer and Ethnic Services Manager; MHSA Chief; Health Care Coordinator-Tech/Peer lead; Help@ Hand peer team; Project Contractor- Painted Brain	• Assistant Director; Peer and Ethnic Services Manager; MHSA Chief; Health Care Coordinator-Tech/Peer lead; Help@ Hand peer team; Project Contractor- Painted Brain
Core Audiences	• Individuals age 16 and over living in geographically isolated communities of diverse backgrounds • Transitional aged youth who are students at colleges and universities • Adults discharged from psychiatric hospitals and/or recipients of crisis services	• Individuals age 16 and over living in geographically isolated communities of diverse backgrounds • Transitional aged youth who are students at colleges and universities • Adults discharged from psychiatric hospitals and/or recipients of crisis services	• Individuals age 18 and over living in geographically isolated communities of diverse backgrounds • Transitional aged youth who are students at colleges and universities- 18 and older • Adults discharged from psychiatric hospitals and/or recipients of crisis services	• Individuals age 18 and over living in geographically isolated communities of diverse backgrounds • Transitional aged youth who are students at colleges and universities- 18 and older • Adults discharged from psychiatric hospitals and/or recipients of crisis services
Products in Use/Planned	• Headspace (planned) • Digital Literacy - Needs and Responses from Stakeholder Sessions (planned) • Digital Mental Health Literacy Course from CalMHSA (planned)	• Digital Wellness Ambassadors curriculum- combined digital literacy (Help@Hand/Painted Brain/CalMHSA) • Zoom platform • App guide-mobile application in the brochure	• Digital Wellness Ambassadors curriculum- combined digital literacy (Help@Hand/Painted Brain/CalMHSA) • Zoom platform • Outreach materials created by local Help@Hand team • Mindfulness sessions with Dr. Brock Travis	• Zoom platform • App guides • Appy Hour Templates • Peer Support Group PPTs • Headspace
Implementation Approach	• Headspace with up to 45 people which will include Dept. Clinical Staff/IT Staff/Peer Staff/Tech Testers within each target population/CBO that work with target populations/ MHSA Chief/Peer and Equity Manager/Help@Hand Project Manager/if hired by then Help@Hand Project Outreach Coordinator	• Combine digital literacy to create Digital Wellness Ambassadors materials • Disseminate by providing literacy curriculum throughout clinics; community centers; community-based organizations; adult housing; recovery learning centers; on-line; tbd • Share and provide linkage to low cost laptops/phone and WIFI	• Combine digital literacy to create Digital Wellness Ambassadors materials • Disseminate by providing literacy curriculum throughout clinics; community centers; community-based organizations; adult housing; recovery learning centers; on-line; TBD • Share and provide linkage to low-cost laptops/phone and WiFi	• Increase access to technology devices through sharing acquisition resources • Increase digital literacy through hosting Appy Hours throughout the county through collaboration with community partners • Create normalcy in using wellness apps to support mental wellness such as Headspace through peer led support groups
Other Unique Qualities	• Foster diversity within target populations including Spanish/Mixteco speakers and individuals from communities marginalized including LGBTQ+ • Goals for the pilot include adoption of digital wellness tools within the target populations, reduce isolation and loneliness within target populations, reduce negative life events among members of each target population, implementation of digital literacy and men- tal health literacy facilitated through peer employment opportu-	• Peer driven curriculum is created to meet specific needs of peer community within SB target populations • COVID highlighted the need for technology access within target populations; project will begin to explore low cost laptop within target populations; • The group coordinated a digital Mental Health COVID-19 Campaign to compliment the May Mental Health Awareness including daily	• Digital Wellness Ambassador's will provide warm hand off through engaging BWELL Adult Recipients of Crisis Services/Discharged from PHF in peer-led digital literacy groups at the PHF; connecting clients to Lifeline cell phone; providing warm hand offs after the client discharges while awaiting outpatient services • Digital Wellness Ambassadors will work with Painted Brain to engage TAY enrolled in colleges/	• Digital Wellness Ambassador engage BeWell Adult Recipients of Crisis Services/Discharged from PHF in peer-led digital literacy groups at the PHF; share resources to the Lifeline cell phone program; provide introduction to the clinic peers who may be working with clients after discharge from the PHF • Digital Wellness Ambassadors will work with Painted Brain to engage TAY enrolled in colleges/ universities in developing curriculum supporting

Santa Barbara County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
	nities and measuring the success of wellness through employment	motivations and resources for all MH Staff, daily peer groups for community and disclosed peers, and targeted age groups by postcard mailings and chalk art. This was then extended by local peer support partners coordinating zoom daily peer groups whose monthly calendar is sent out digitally by our PIO.	universities in hosting Appy Hours Sessions to build Digital Wellness and Digital Empowerment Toolboxes • Digital Wellness Ambassadors will work with Promotoras community to enhance digital literacy for use with mental health education as created by the local promotoras	using digital tools to support mental wellness • Digital Wellness Ambassadors will work with community to enhance digital literacy of current county application available such as Octopus- the benefits platform created by Social Services
Milestones	• Employment of peers • Engagement with peer agencies • Development of strategies for upcoming pilot • Solidified the need for Digital Literacy and Digital Mental Health Literacy throughout the community • Explored digital wellness tools within the Psychiatric Health Facility connecting to the ongoing Wellness and Recovery Peer-run groups • Identified the need for target population of baseline data	• Help@Hand peers are now hired through county extra-help vs temp agency • Contracted with Painted Brain • Began on-line learning collaboratives with painted brain and Help@Hand peers	• Digital Wellness Ambassadors are working on the creation of the Digital Wellness Handbook where the Digital Wellness Ambassador role is defined and supported through the development of peer-run groups; agendas to be led at the PHF and throughout the target populations including MHSA Housing and Senior Facilities • A guide to Zoom basics is being formulated to ensure that clients at the PHF understand the basics to connecting to tele-health via Zoom platform • Project Manager/Healthcare Coordinator is working through OCM Plan with implementation team • Monthly Action Items are being documented to ensure project's continued progress- see attached	• Help@Hand is facilitating peer-led groups at the in-patient Psychiatric Health Facility • More than 50 community members have received digital literacy training • Help@Hand project is highlighted quarterly in the Consumer and Family Member Newsletter • Community stakeholders are given updates monthly at different department hosting action team meetings • Help@Hand is working with local research and evaluation team on a Process Improvement Project approved by EQRO that measures the success of clients discharged from the PHF and client's first appointment • Help@Hand has gained community feedback through presentations given at BeWell Action Team meetings and with community-based organizations
Lessons Learned Across Year 2	• Lessons learned- The realization regarding the digital divide that exist within the community. Basic technology needs must be addressed prior to the adaptation of digital tools intended to support mental health needs. The three basic needs we learned about are: 1. Lack of access to digital technology tools 2. Lack of access to WIFI; internet; data plans 3. Lack of digital literacy such as how to download an app, how to update an app for best practices surrounding security • An additional lesson learned we discovered is the resiliency of mental health consumers in Santa Barbara County. For example, Help@Hand project hosted over 100 support groups on ZOOM and several Appy Hours with contracted vendor Painted Brain. The community rallied together and worked amongst each other to help one another learn how to use the call-in feature on ZOOM. Little by little the comfortability of using the ZOOM platform lessoned. Help@Hand collaborated with a local Lifeline vendor to provide smartphones to local community members that qualified. Once the qualifying consumers received phones, consumers then worked with local community-based organization to learn about digital basics.			
Recommendations Across Year 2	• Recommendations are: 1) a robust stakeholder feedback at the beginning of project implementation to continue to better understand and meet the basic needs of the community 2) to respect and honor the learnings found. For example, CalMHSA's Peer Manager visited several counties and met with community stakeholders to better learn about the community needs. The information that was gathered was that the community needed phones, WIFI and to increase digital literacy. Unfortunately, the project was already moving ahead with selection of mobile apps which left a fragmented system of who had access to digital technology, understanding of digital tools and who did not. If the project would have visited counties before beginning the process of the application selection there may have been better programming or focus in connecting consumers with technology devices, WIFI and increasing digital literacy. 3) to utilize peer staff from different counties to support the development and vet the language of materials being created for the larger project such as the website, stakeholder reports etc. This may help the project ensure that the project is peer-led as it was intended.			

Santa Barbara County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Vanessa Ramos, and Barbara Lopez	• Vanessa Ramos, Barbara Lopez, and, Amanda Kirk	• Vanessa Ramos, Barbara Lopez, and, Amanda Kirk	• Maria Arteaga, Steven Sanvictores, and Enrique Bautista
Implementation Site	• Santa Barbara County- Psychiatric Health Facility; Crisis Residential Treatment; Recovery Learning Communities; Contracted Communi-ty-Based Organizations; Community sessions hosted via Zoom; BeWell Clinics	• Santa Barbara County- Psychiatric Health Facility; Crisis Residential Treatment; Recovery Learning Communities; Contracted Community-Based Organizations; Community sessions hosted via Zoom; BeWell Clinics	• Santa Barbara County- Psychiatric Health Facility; Crisis Residential Treatment; Recovery Learning Communities; Contracted Community-Based Organizations; Community sessions hosted via Zoom; BeWell Clinics	• Santa Barbara County- Psychiatric Health Facility; Crisis Residential Treatment; Recovery Learning Communities; Contracted Community-Based Orga-nizations; Community sessions hosted via Zoom; BeWell Clinics
Team Composition	• Help@Hand Team; BeWell Administration- Clini-cal/Peer/MHSA/IT	• Help@Hand Team; BeWell Administration- Clini-cal/Peer/MHSA/IT	• Staff changes: Hired outreach Coordinator in August 2021. The Help@Hand Project Manager left the position on September 3; Peer Manager assigned Project Manager responsibilities until the position gets filled	• Staff changes: Lost Project Coordinator and two Help@Hand team members. In the process of hiring a Project Coordinator and more team members.
Core Audiences	• Recipients of Crisis Services; Transitioned Aged Youth; Geographically Isolated Communities	• Recipients of Crisis Services; Transitioned Aged Youth; Geographically Isolated Communities	• Recipients of Crisis Services; Transitioned Aged Youth; Geographically Isolated Communities	• Expanded Headspace to include Santa Barbara County general population
Products in Use/Planned	• Headspace; Wellness App Brochure; Tracphones; Lifeline phones; Tablets;	• Headspace; Wellness App Brochure; Tracphones; Lifeline phones; Tablets;	• Headspace; Wellness App	• Headspace; Wellness App Brochure, Track phones; Lifeline phones Tablets
Implementation Approach	• Increasing access to smartphones; Enhancing digital literacy to support one's mental wellness; Piloting Headspace application throughout the system of care	• Increasing access to smartphones; Enhancing digital literacy to support one's mental wellness; Piloting Headspace application throughout the system of care	• July to August: Increasing access to smartphones; Enhancing digital literacy to support one's mental wellness; Piloting Headspace application through-out the system of care • September: Enhancing digital literacy to support one's mental wellness; Piloting Headspace appli-cation throughout the system of care	• July to August: Increasing access to smartphones; Enhancing digital literacy to support one's mental wellness; Piloting Headspace application throughout the system of care • September: Enhancing digital literacy to support one's mental wellness; Piloting Headspace applica-tion throughout the system of care
Other Unique Qualities	• Santa Barbara continues to focus on increasing access to smartphones. This is completed through creating a net of Lifeline vendors that serve within critical organizations that provide mental health services. Santa Barbara has purchased pre-paid phones for clients receiving crisis services that may not qualify for a phone. • Santa Barbara is enhancing digital literacy to support one's mental wellness through hosting Appy Hours throughout the Santa Barbara com-munity, within the in-patient Psychiatric Health Facility, at contracted Crisis Residential Treatment Facilities, and throughout the BeWell system, including contracted partners that are working with geographically isolated communities. Appy Hours utilized the Guide to Wellness App brochure created by the local Santa Barbara Help@Hand team and contracted vendor Painted Brain. • Santa Barbara is piloting the mindfulness appli-cation Headspace throughout the project's target populations by sharing Headspace with Behavioral Wellness Clinician's (Clinical Leads), contracted community partners (meetings/CBO Collaborative/Department Action Teams), clients within project target populations, and BeWell staff.	• Santa Barbara participates in wellness outreach fairs throughout the county led by communi-ty-based organizations such as Casa De La Raza and Transitions Mental Health Association. Santa Barbara provides the community with a Guide to Wellness App brochure at these events and con-nects those who qualify with Lifeline smartphones. • Santa Barbara is working with the community to understand better barriers in obtaining "mobile hotspots" as requested by community members. A wall in getting a mobile hotspot includes a lack of financial ability to pay for the hotspot device needed for the discounted broadband service. IN response, community members are encouraged to access WIFI at local community centers such as public libraries and community centers. • Santa Barbara is focused on outreach and engagement strategies to prepare for the launch of Headspace. The county will be purchasing 5,000 li-censes FY2021-2022, and another 5,000 licenses FY 2022-2023. The local Santa Barbara team will walk through the Headspace enrollment process and host community technology workshops "Appy Hours" to ensure that target populations can fully navigate the Headspace application.	• Santa Barbara participates in wellness outreach fairs throughout the county led by communi-ty-based organizations such as Casa De La Raza and Transitions Mental Health Association. Santa Barbara provides the community with a Guide to Wellness App brochure at these events and con-nects those who qualify with Lifeline smartphones. • Santa Barbara is working with the community to understand better barriers in obtaining "mobile hotspots" as requested by community members. A wall in getting a mobile hotspot includes a lack of financial ability to pay for the hotspot device needed for the discounted broadband service. IN response, community members are encouraged to access WIFI at local community centers such as public libraries and community centers. • Santa Barbara is focused on outreach and engagement strategies to prepare for the launch of Headspace. The county will be purchasing 5,000 li-censes FY2021-2022, and another 5,000 licenses FY 2022-2023. The local Santa Barbara team will walk through the Headspace enrollment process and host community technology workshops "Appy Hours" to ensure that target populations can fully navigate the Headspace application.	• Santa Barbara is hosting Tech & Wellness support groups within Behavioral Wellness and communi-ty-based organizations such as Recovery Learning Centers (RLC) throughout the county. • Trac phones are continued to be distributed at the Psychiatric Health Facilities. • Santa Barbara's continues to work with RLC to con-nect those who qualify with Lifeline smartphones. • Santa Barbara continues to work with the promotor/es network to establish Tech & Wellness groups and promote Headspace mobile applications to reduce mental health stigma and promote wellness. • Santa Barbara participates in wellness outreach events when made available via in-person and virtual platforms throughout the county, led by com-munity-based organizations and supported housing facilities. Guide to Wellness App Brochure and Headspace application and community resources are provided at these events. • Santa Barbara is focused on outreach and engagement strategies to prepare for the launch of Headspace. The county will be purchasing 5,000 licenses FY2021-2022, and another 5,000 licenses FY 2022-2023.

Santa Barbara County	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
		• The project works closely with Recovery Learning Communities and contracted community-based organizations to understand barriers better and work through solutions.	• The project works closely with Recovery Learning Communities and contracted community-based organizations to understand barriers better and work through solutions.	• The local Help@Hand Project team will promote Headspace within BWELL and the community. In addition, team members will establish Tech & Wellness support groups.
Milestones	Help@Hand Santa Barbara team has had many milestones this quarter. Some of the landmarks are as follows. • More than 30 clients that have been connected with phones via either Lifeline or prepaid phones. • Hosted more than 30 groups from Jan2021-April2021 with more than 100 clients served throughout the BeWell system of care. • Enhancing BeWell Peer Services staffing through the funding of three additional full-time civil service roles (1) Outreach Coordinator/Case Worker (peer preferred) (2) Wellness Ambassadors/ Recovery Assistants (peer preferred). • Bridging the knowledge gap between using apps to support one's mental wellness and traditional treatment by inviting subject matter experts on digital tools such as One Mind PsyberGuide and inviting BeWell service providers to Digital drop-ins hosted by One Mind PsyberGuide. • Increased resources available to the general population visiting the Behavioral Wellness webpage by sharing local, State, and National resources with Department leaders that manage the BeWell webpage. Resources are shared on the BeWell Resources page, including the Wellness App Brochure Guide developed by Painted Brain with the local Santa Barbara team. • The Research and Evaluation team has been selected to measure the success between clients leaving the in-patient psychiatric health facility and their first outpatient appointment using the peer-led group facilitated by the Help@Hand local team, PHF staff, and Clinic Peers. This measurement is being submitted to the State of Cas External Quality Review Organization to be considered for a Project Improvement Plan. • Painted Brain is contracted to work with local Santa Barbara Transitioned Aged Youth to build a curriculum covering On-Line Safety Practices, Basic Computer Skills, and Digital Wellness and Recovery Tools. This curriculum will be shared with BeWell TAY providers through the Appy Hour series facilitated by the local Help@Hand team.	• Product selection: Santa Barbara has selected to implement the digital therapeutics mobile application of Headspace that will run FY2021-2023 (5,000 Headspace Licenses- FY2021- 22; 5,000 Headspace Licenses FY2022-2023). • Launched exploration: Santa Barbara launched the Exploration of Headspace with more than 40 enrolled. Enrolled are participants within the project's target population, including the Peer Empowerment Conference attendees. This exploration was supported by the Santa Barbara IT, which could register county cellphones into the App Management system allowing for staff to download Headspace on county phones. • TAY Curriculum: Santa Barbara, in collaboration with Painted Brain, hosted four community listening sessions over three months to understand the opportunities and challenges surrounding the use of technology amongst transitional aged youth, college students, and peers in Santa Barbara County. The curriculum will be shared with the BWELL TAY population and Recovery Learning Communities to enhance digital literacy groups and outreach efforts. The local Santa Barbara team will use the curriculum to support community outreach and engagement technology workshops. • Local Research and Survey Instruments: Headspace initially created by Help@Hand evaluation team and project peer partners throughout the multi-county collaborative Dr. Patricia Gonzalez created a shorter version of this Headspace survey instrument with input from the local Santa Barbara team. Information from the local Santa Barbara team will be shared with the Headspace Consumer Survey Workgroup for consideration. • Santa Barbara County Department of Behavioral Wellness has received a Youth Opioid Response Grant. This grant will be deployed in the Lompoc area focusing on LatinX youth. Help@Hand has partnered with YOR to host community events at the facility that will support the enrollment of new Headspace users and will support engagement with Headspace with existing users.	• Product selection: Santa Barbara has selected to implement the digital therapeutics mobile application of Headspace that will run FY2021-2023 (5,000 Headspace Licenses- FY2021- 22; 5,000 Headspace Licenses FY2022-2023). • Launched exploration: Santa Barbara launched the Exploration of Headspace with more than 40 enrolled. Enrolled are participants within the project's target population, including the Peer Empowerment Conference attendees. This exploration was supported by the Santa Barbara IT, which could register county cellphones into the App Management system allowing for staff to download Headspace on county phones. • TAY Curriculum: Santa Barbara, in collaboration with Painted Brain, hosted four community listening sessions over three months to understand the opportunities and challenges surrounding the use of technology amongst transitional aged youth, college students, and peers in Santa Barbara County. The curriculum will be shared with the BWELL TAY population and Recovery Learning Communities to enhance digital literacy groups and outreach efforts. The local Santa Barbara team will use the curriculum to support community outreach and engagement technology workshops. • Local Research and Survey Instruments: Headspace initially created by Help@Hand evaluation team.and project peer partners throughout the multi-county collaborative Dr. Patricia Gonzalez created a shorter version of this Headspace survey instrument with input from the local Santa Barbara team. Information from the local Santa Barbara team will be shared with with the Headspace Consumer Survey Workgroup for consideration. • Santa Barbara County Department of Behavioral Wellness has received a Youth Opioid Response Grant. This grant will be deployed in the Lompoc area focusing on LatinX youth. Help@Hand has partnered with YOR to host community events at the facility that will support the enrollment of new Headspace users and will support engagement with Headspace with existing users.	• Launched Headspace on 10/1/2021: Santa Barbara has selected to implement the digital therapeutics mobile application of Headspace that will run FY2021-2023 (5,000 Headspace Licenses- FY2021- 22; 5,000 Headspace Licenses FY2022-2023). • Headspace enrollment is offered to all BWell clients, families, and the community. • Tech & Wellness groups are established within BWell, Recovery Learning Centers, and community partners. • Headspace exploration survey data is in the process of analysis by our local evaluator. • Santa Barbara will pilot another mobile application targeting the Spanish-speaking community and individuals with disabilities. • Digital literacy curriculum has been shared with the promotor/es network and community partners in the County of Santa Barbara.
Lessons Learned Across Year 3	• N/A			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

Santa Barbara County	**Quarter 1** (Jan – Mar 2022)	**Quarter 2** (Apr – Jun 2022)	**Quarter 3** (Jul – Sept 2022)	**Quarter 4** (Oct – Dec 2022)
Tech Lead(s)	• Maria Arteaga • Enrique Bautista	• Maria Arteaga • Enrique Baustista	• Maribel Landeros • Maria Arteaga	• Maribel Landeros • Maria Arteaga

Implementation Site	• Santa Barbara County- Psychiatric Health Facility
	• Crisis Residential Treatment
	• Recovery Learning Communities
	• Contracted Community Based Organizations
	• Community sessions hosted via Zoom
	• BeWell Clinics
	• Public Library
		• Santa Barbara County- Psychiatric Health Facility
		• Crisis Residential Treatment
		• Recovery Learning Communities
		• Contracted Community Based Organizations
		• Community sessions hosted via Zoom
		• BeWell Clinics
		• Public Library
		• Outpatient Bwell outpatient clinics and the crisis team
			• Santa Barbara County- Psychiatric Health Facility
			• Crisis Residential Treatment
			• Recovery Learning Communities
			• Santa Barbara Mental Wellness Center
			• Transition-Mental Health Association (TMHA) – Santa Maria
			• TMHA - Lompoc
			• Contracted Community Based Organizations
			• Community sessions hosted via Zoom or in person
			• Alpha Resource Center
			• Council on Alcohol and Drug Abuse
			• Isla Vista Youth Projects
			• Family Service Agency
			• Foodbank of SB County
			• County – Dept. of Child Support
			• Healthy Lompoc Coalition
			• Savie Clinic
			• LVMC
			• Santa Barbara County Promotores Network – Lompoc Promotores
			• Little House by the Park -Guadalupe
			• Transition House staff
			• County – Tobacco Prevention Program
			• Allan Hancock Community College – Leadership Club, BIGE Club
			• Helping Hands of Lompoc – Transition Aged Youth (TAY) LGBTQ+ event
			• BeWell Clinics
			• Santa Barbara County Housing Authority complexes in West County of Santa Barbara
			• Transition House Homeless Family Shelter and Program (clients)
				• Santa Barbara County- Psychiatric Health Facility
				• Recovery Learning Communities
				• Santa Barbara Mental Wellness Center
				• Transition-Mental Health Association (TMHA) – Lompoc
				• Bethel House - SB
				• Contracted Community Based Organizations
				• Community sessions hosted via Zoom or in person
				• Alpha Resource Center
				• County – Dept. of Child Support
				• Healthy Lompoc Coalition
				• Adult and Aging Network of Santa Barbara County
				• Kids Network of Santa Barbara County
				• LEON Network – Latino Elder Outreach Network (South County)
				• BeWell Clinics
				• Santa Barbara County Housing Authority complexes in West County of Santa Barbara – Low-income senior housing and Low-income family housing
				  - Lompoc Gardens
				  - Lompoc Terrace
				  - Cypress Court
				  - Santa Rita Village
				  - Parkside Apts.
				  - Weitzel Center
				  - Palm Grove Apts.
				  - Creekside Apts. – Los Alamos
				  - GIV – Family/Senior Housing in Santa Ynez
				  - West Cox Cottage - SM
				• Transition House Homeless Family Shelter and Program (clients)
				• La Purisima Concepcion Church – Religious Education Program parents

Team Composition	• Help@Hand Team
	  o Peer Recovery Assistants
	  o Outreach Coordinator
	  o Program Coordinator
	  o Peer Empowerment Manager
	• BeWell Administration- Clinical/Peer/(Mental Health Services Act(MHSA)/IT/Public Information Office (PIO)/Leadership
		• Help@Hand Team
		• Peer Recovery Assistants were onboarded in mid-June 2022
		• 2 Fulltime
		• 1 extra help
		• Outreach Coordinator-went on Leave of Absence in June
		• Project Manager/Supervisor- Start date June 27, 2027
		• Peer Empowerment Manager
		• BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership
			• Help@Hand Team
			• Peer Recovery Assistants were onboarded in mid-June 2022
			• 3 Fulltime (1 onboarded mid-September 2022)
			• 1 extra help
			• Outreach Coordinator-continues on leave
			• Project Manager/Supervisor
			• Peer Empowerment Manager
			• BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership
				• Help@Hand Team
				• Peer Recovery Assistants 3FT-1 EXH
				• Outreach Coordinator-on leave
				• Program Coordinator
				• Peer Empowerment Manager
				• BeWell Administration
				• Clinical/Peer/ Mental Health Services Act (MHSA)/IT/PIO/Leadership

Core Audiences	• Expanded Headspace to include Santa Barbara County general population	• Expanded Headspace to include Santa Barbara County general population (live, work, and student in the County of Santa Barbara)	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)

Santa Barbara County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Products in Use/Planned	• Headspace • Bambú • Wellness App Brochure • Trac phones • Lifeline phones • Tablets	• Headspace • Bambú • Wellness App Brochure • Trac phones • Lifeline phones • Tablets	• Headspace • Bambú • Wellness App Brochure • Trac phones • Lifeline phones • Tablets	• Headspace • Wellness App Brochure • Trac phones • Tablets • 8 Dimensions of Wellness Curriculum-integrated into technology presentations
Implementation Approach	• Increasing access to smartphones • Enhancing digital literacy to support one's mental wellness • Piloting Headspace application throughout the system of care • Collaboration with subject matter expert organization Painted Brian to assist with implementation • Installed Headspace mobile applications in tablets that will be used at the outpatient clinic	• Installed Headspace mobile applications in tablets that have been utilized by three regional clinics for clients to interact with and experience the app. • Technology workshops scheduled, virtually, partnering with community-based organizations, Mixteco Indigenous Organizing Project, and Public Library • Increasing access to smartphones • Enhancing digital literacy to support one's mental wellness • Headspace application throughout the system of care • Collaboration with subject matter expert organization Painted Brian to assist with implementation • Installed Headspace mobile applications in tablets that will be used at the outpatient clinic	• Technology workshops scheduled in collaboration with Community Based Organizations (CBOs) • Social Media postings by Uptown Studios • Presence in community events to assist directly with enrollment • Continued collaborations with CBOs utilizing the Wellness For All campaign material social media posts as well as directly sharing Headspace flyer with QR code being posted on other social media pages • Community contact, via canvassing, events, workshops has increased better understanding of the benefits of Headspace	• Technology workshops scheduled in collaboration with CBOs • Social Media postings by Uptown Studios • Presence in community events to assist directly with enrollment • Community contact, via canvassing, events, workshops has continued to increase better understanding of the benefits of Headspace • Presentations to county wide coalitions with large memberships, targeting aging adults, families with special needs children and youth.
Other Unique Qualities	• Santa Barbara is hosting Tech & Wellness support groups within Behavioral Wellness and community-based organizations, public library, and Recovery Learning Centers (RLC) throughout the county. • Trac phones are continued to be distributed at the Psychiatric Health Facilities. • Santa Barbara's continues to work with RLC to connect those who qualify with Lifeline smartphones • Santa Barbara participates in wellness outreach events when made available via in-person and virtual platforms throughout the county, led by community-based organizations and supported housing facilities. Guide to Wellness App Brochure and Headspace application and community resources are provided at these events.	• Community events/outreach continued • Communify 55th celebration event • Annual Peer Conference • Community Health Centers of the Central Coast (CHCCC) • Mixteco Indigena Community Organizing Project/ Proyecto Mixteco Indigena (MICOP) • Santa Maria (SM) Resource Fair • Juneteenth Celebration • Canvassing in Santa Maria, to small business such as restaurants, markets, laundry mat, etc. • Provided printed materials, flyers, brochures, etc. to schools and other CBOS. • SM High School • Children's Resource Center • MICOP • SM Probation Department • Transitions-Mental Health Association (TMHA) • Transitional Services & Placement Support	• Community events/outreach • Lemon Festival • Allan Hancock -BOW in Lompoc and Santa Maria • Recovery Day events in Lompoc, Santa Barbara and Santa Maria • Summer Lunch in the Park sites • Carpinteria • Westside Santa Barbara • Goleta • Santa Barbara • Santa Maria • 9th Annual Santa Maria Valley Labor Day Picinic • Old Town Market Lompoc • Senior Expo Fair Lompoc • Family Health and Fitness Day Lompoc • Foodbank distribution sites in Santa Barbara and Santa Maria • Canvassing in Santa Barbara, Guadalupe, Isla Vista and Lompoc to small business such as restaurants, markets, CBOs, clinics, laundry mat, etc. Reached over 45 locations, posted flyers on windows and or left flyers for their consumers. • Provided materials, flyers, brochures, etc. in electronic form or printed copies to schools and other CBOS. • Allan Hancock College • Alpha Resource Center • Boys and Girls Club – Santa Barbara and Lompoc	• Community events/outreach • Maple High School -Continuation High Parent education. • Veterans Stand Down event • Lompoc Valley Medical Center – Mental Health Community Forum • Alpha Resource Center – Day in the Park events for Early Start Groups (Intellectual and Developmental Disability families) Santa Barbara and Santa Maria events. • Carpinteria Children's Project, food distribution event. • Canvassing in Carpinteria, to businesses such as restaurants, markets, laundry mats, school district office, Carpinteria Children's Project, Girl's Inc., Boys Club, faith organizations, local CBOs, private schools, etc. • Provided printed materials, flyers and brochures to schools and other CBOs. • La Purisima Concepcion Church – Religious Ed. Program • Project Heal • Alpha Resource Center • Transition House • Carpinteria Boys and Girls Club • Carpinteria Children's Project – Early Education Program • Carpinteria Children's Project

Santa Barbara County	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
			• Foodbank of Santa Barbara County • Isla Vista Youth Projects • Isla Vista Children's Project • SB County Education Office – Early Learning Program • Communify – Children's Center in Guadalupe • Little House by the Park • Project Heal Santa Barbara County • City of Lompoc • Savie Clinic • LEON – Latino Elder Ourteach Network • The Council on Alcoholism and Drug Abuse (CADA) • Child Abuse Listening Mediation (CALM) • IMPORTA – Immigration Center • La Ley Radio Station • Santa Barbara Neighborhood Clinics • TMHA – Lompoc and Santa Barbara • County Housing Authority of SB • County Tobacco Prevention Program • Isla Vista Youth Project • Transition House • Good Samaritan Shelter • Legal Aid • YMCA	• St. Joseph's church in Carpinteria • Santa Barbara Mental Wellness Center • Santa Barbara County Housing Authorities complexes list above
Milestones	• Digital literacy curriculum has been shared with the promotor/es network and community partners in the County of Santa Barbara. • Santa Barbara will pilot another mobile application targeting the Spanish-speaking community and individuals with disabilities. • Headspace exploration survey data has been analyzed by our local evaluator.	• Bwell Clients are able to experience Headspace privately while there are waiting for their provider. • Launched Uptown Studios as a marketing company and the development of a toolkit to be given to our partners to promote Headspace • Launched Help@Hand Landing page with many digital literacy and wellness resources • Increased Headspace enrollment through allyship with community base organizations • Increase staff capacity • Increased allyship with community partners	• Uptown Studios, contracted marketing company, has taken on posting on Behavioral Wellness social media pages, Facebook, Instagram, Twitter to increase Headspace enrollment and has created a digital tool kit that can be provided to our collaborative partners to assist with Headspace enrollment • This period we saw an increase of Headspace enrollment. • Digital Health Literacy workshops have been offered and will continue to be offered to consumers and community members at large on a regular basis in collaboration with CBO's and service providers • Santa Barbara Mental Wellness Center • TMHA – Lompoc and Santa Maria • County Housing Authority of SB – West and North locations • Transition House Family Homeless Shelter • County Tobacco Prevention Program is now utilizing Headspace as a support tool for cessation. • Participating in County Wide Coalitions that include key CBOs • Adult and Aging Network – County wide • Kids Network – County wide • CEASE coalition – County wide • Healthy Lompoc Coalition – West and North County of Santa Barbara	• Uptown Studios, continues to post regularly on Behavioral Wellness social media pages, in both English and Spanish. • Continued increase enrollment in Headspace. • Additional Digital Health Literacy PowerPoint presentations, being translated into Spanish. • Establishing Pilot project focusing on maternal health with integrating mental wellness and technology for non-English speaking women. This is aiming at "Mommy" understanding the importance of mental wellness as part of whole person care approach and connecting to Wellness-introducing "Wellness Recovery Action Plan" as a new life skill, technology products and local community online resources

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Lessons Learned Across Year 4	• Access to smartphones continues to be a great barrier to access wellness apps and/or information
	• People don't have natural support to assist with getting a phone and internet access
	• When we help clients enrolled in Headspace, they were more open to sharing their struggles and need for resources.
	• Some clients that have children and use Headspace with their children are reporting that it's helping their family
	  • Not many Headspace App commercials and videos are 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
	• Connectivity is a barrier to easily navigating our multi-step enrollment process. Someone can attempt several times before actually completing enrollment
	• Smartsheet enrollment was updated to reflect and include the expansion of the community that can access Headspace
	• Santa Barbara is using the Smartsheet enrollment tracking form to track community enrollment
	• Headspace flyer now updated to bring awareness to UCI survey and increase survey response
	• Need to increase staff capacity in the South County, that is bilingual and with ability to drive
	• Need to update flyers, develop region specific resource lists to have at outreach events
	• Need to have a visually engaging table with giveaways to encourage community to approach outreach table.
	• An observation from an outreach event lead to a change in presentation style at health fairs/community events. It was noted that there was some hesitation to approach our outreach table when individuals saw the "Behavioral Wellness" tablecloth. We attribute the hesitation with associated with mental health stigma. To remedy this, we now have a "Help@Hand" table cloth to remove barriers…hesitation to speak to or be seen at a BWell information table
	• Discovered that the Help@Hand Project landing pages (other counties as well) were not available in Spanish and may present a barrier to the Spanish-speaking community to being aware of Help@Hand project and its resources. CaLMHSA was made aware of this, and Santa Barbara County will be translating their Landing page.
	• Bambú application is no longer under consideration as it does not meet HIPPA/Privacy/Security compliance. Santa Barbara will be exploring a different app for the Spanish-speaking community in SB county
	• Need to continue canvassing to be able to have the one-to-one contact with business owners, schools, local CBOs to answer questions and build relationships. Immediately after the Carpinteria Canvassing, agencies reached out. One requested an information for the next day. Another scheduled a parent presentation for January.
	• Social media presence is increasing, tagging, sharing, making a difference in building a stronger presence.
	• Community members, are concerned about membership ending Sept. of 2023.
	• Need to extend the membership time, this would help increase with enrollment. As time passes, membership time is less and less and this will be harder for team to continue to enroll members.
	• Giveaways are very useful in outreach events, creates interest and community approaches easier.
	• Having a Help@Hand outreach banner has helped reduce the hesitation for community members to approach the table and reduces stigma.
	• Stakeholder identified a need to focus on a marginalized population-non-English-Speaking Women who suffer from depression and anxiety and Post-Partum depression. Specifically, this need is unaddressed in the North of the County. The goal is to provide education, digital literacy and digital health literacy, support services to empower self-seeking behavior for mental wellbeing for themselves, their children and family members.
	• We have not found any wellness technology app that serves the Spanish speaking community linguistically appropriately. Some apps, Headspace and others, have very limited content in Spanish.			

Recommendations Across Year 4	• Create a resource list or guide to provide to consumers and their natural support system to assist with accessing free technology and internet access • Headspace to create more Spanish speaking content and promotional for the Spanish community • Headspace to add sharing videos option with others that have the app. • Continue to find different platforms to reach a wider audience for workshops and webinars • Continue outreach in person, tabling events to engage the community • Work with Headspace closely to utilize their outreach materials • Having a graphic designer who can develop outreach, engagement and promotional materials is essential • Continue to increase social media presence in both English and Spanish • Continue collaborating with Community Based Organizations and service providers countywide to be able to deliver workshops in areas of higher need and who are access limited • Continue to search for a wellness app that is rich in content for the Spanish speaking community in Santa Barbara County • Begin developing recruitment material to create an interest list of participants interested in piloting a wellness app in Spanish • Finalize region specific general resource list that can be distributed at community events • Participate in community events to increase awareness of resources available through the Dept. of Behavioral Wellness/Help@Hand Project as well as to build trust and reduce stigma • Continue to increase social media presence in both English and Spanish • Continue collaborating with CBOs and service providers countywide to be able to deliver workshops in areas of higher need and who are access limited • Continue to participate in community events to increase awareness of resources available through the Dept. of Behavioral Wellness/Help@Hand Project as well as to build trust and reduce stigma.			

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Cross County/City Sharing Across Year 4	• Riverside County shared its resources, knowledge with accessing the needs of individuals with a disability (physical) • Riverside County shared their knowledge and learning regarding their mobile applications and Take My Hand. • San Francisco County, shared their online digital literacy series resources for those wanting to increase their technology knowledge from home • San Mateo provided information on Happify, the app they were initially going to be piloting, pre-pandemic. Happify is one of the apps Santa Barbara was considering to begin piloting with Spanish speakers • Through EY's collaboration meetings, we have been able to learn/confirm that all communities have had difficulty in providing a technology tool that is appropriate for non-English speakers in our communities.			

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Tech Lead(s)	• Maria Arteaga • Maribel Landeros	• Maria Arteaga • Maribel Landeros	• Maria Arteaga • Maribel Landeros	• Maria Arteaga • Maribel Landeros
Implementation Site	• Santa Barbara County- Psychiatric Health Facility • BeWell Clinics – staff presentations, to assist them in providing content information available for their consumers and consumer's families • Canvassing throughout the County of Santa Barbara • Events – outreach events	• Santa Barbara County- Psychiatric Health Facility • RLCs – THMA/Helping Hands of Lompoc, Santa Barbara Mental Wellness Center • SB County Housing Authority – Family and Senior housing complexes in Santa Maria and Lompoc. • BeWell Clinics – staff presentations, to assist them in providing content information available for their consumers and consumer's families • Canvassing throughout the County of Santa Barbara • Events/outreach events	• Santa Barbara County- Psychiatric Health Facility • RLCs – THMA/Helping Hands of Lompoc, Santa Barbara Mental Wellness Center • SB County Housing Authority – Family and Senior housing complexes in Santa Maria, Santa Ynez and Lompoc • Mommy Connecting to Wellness Pilot Project – training and implementation in Santa Maria • Events/outreach events	• Santa Barbara County- Psychiatric Health Facility • Santa Maria Bonita School District – Families and Youth • Santa Barbara Department of Behavioral Wellness, Adult Santa Maria Clinic • RLCs – Santa Barbara Mental Wellness Center • Righetti High School • Good Samaritan Shelter in Santa Maria • Events/outreach events
Team Composition	• Help@Hand Team - Peer Recovery Assistants 2FT-1 EXH (Down 1 PRA staff in early Jan.) - Outreach Coordinator-on leave - Program Coordinator - Peer Empowerment Manager - BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership	• Help@Hand Team - Peer Recovery Assistants 3FT (New staff started in April) - Outreach Coordinator-on leave - Program Coordinator - Health Equity Services Manager - BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership	• Help@Hand Team - Peer Recovery Assistants started the quarter with 3FTE, 2 FTE at the end of the quarter - Outreach Coordinator- 1 FTE- returned in Aug. - Program Coordinator - Health Equity Services Manager	• Help@Hand Team - Peer Recovery Assistants 2 FTE - Outreach Coordinator – 1FTE - Program Coordinator - Health Equity Services Manager
Core Audiences	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara) • MCW Project, momthers with children ages 0-2 in the Santa Maria area, who were monolingual Spanish speakers or monolingual English speakers interested in learning about technology to improve their overall health.	• General population in Santa Barbara County
Products in Use/Planned	• Headspace • Wellness App Brochure • Tablets • 8 Dimensions of Wellness Curriculum-integrated into technology presentations • Trac Phones	• Headspace • Wellness App Brochure • Tablets • 8 Dimensions of Wellness Curriculum-integrated into technology presentations • Trac Phones	• Headspace • Wellness App Brochure • Tablets • 8 Dimensions of Wellness Curriculum-integrated into technology presentations • Trac Phones	• Wellness App Brochure • Tablets • 8 Dimensions of Wellness Curriculum intergrated into technology presentations.
Implementation Approach	• Social Media postings by Uptown Studios • Presence in community events to assist directly with enrollment and share BWell resources • Community contact, via canvassing, events, workshops has continued to increase better understanding of the benefits of Headspace	• Social Media postings by Uptown Studios • Presence in community events to assist directly with enrollment and share BWell resources • Community contact, via canvassing, events, workshops has continued to increase better understanding of the benefits of Headspace	• Presence in community events to assist directly with enrollment and share BWell resources • Community contact, through workshops and CBO partnerships such as Housing Authority of SB County, Santa Maria Bonita School District, SB County Promotores Network, Allan Hancock College (Santa Maria and Lompoc sites), participating in Coalitions that are county wide and serve a diverse population. • MCW – contracting Promotores via CalMHSA, to recruit, facilitate and provide one-to-one support and weekly check-ins to support with Headspace and other apps/technology. • MCW – contracted with Dr. Dulce Lopez PsyD to	• Presence in community events to assist directly with technology and share BWell resources • Community contact, through workshops and CBO partnerships such as Housing Authority of SB County, Santa Maria Bonita School District, participating in Coalitions that are county wide and serve a diverse population.

Santa Barbara County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
			provide basic psycho eduation on anxiety, depression and post-partum depression. • MCW-developing partnerships with other CBO to provide tablets or Chromebooks, increase access to technology and allow for participants to utilize Headspace, other wellness apps and find resources as needed.	
Other Unique Qualities	• Community events/outreach - Allan Hancock College – Student orientation events in both Santa Maria and Lompoc campuses - NAACP organized – Black History Month events, Lompoc and Santa Barbara 3 events - Carpinteria Children's Project – Parent event - Alpha Resource Center and MICOP – Child Development Health Fair - Canvassing in Santa Barbara, small business owners, downtown, SB Funkzone (wineries, small restaurants, local artist shops, surf shops, alternative wellness stores, restaurants. Westside neighborhoodof SB (mom and pop shops, local deli's, cornerstores, health clinics, food markets, laundromats, etc.) Provided printed materials, flyers and brochures at locations and events listed above	• Community events/outreach - - Goleta Unified School District – Health Fair for children and families - Route 1 Farmer's Market – Vandenberg Village - Cottage Hospital Mental Health Fair – for hospital staff and community - Dia del Campesino – Migrant farmworkers and families - Senior Health Fair – Seniors and caregivers - Righetti High School – High School Students and staff - Tobacco Prevention Summit – Community Based Organizations including school staff, local government representatives, law enforcement and other county departments - SAVIE Health Clinic – community event - House of Pride and Equity – LGBTQ and community at large - St. George Zumbathon – community - Juneteenth celebration – community - Canvassing in Santa Barbara, small business owners, SB Upper State St. small restaurants, local artist shops, wellness stores. Provided printed materials, flyers and brochures at locations and events listed above	• Community events/outreach - Allan Hancock College – Student orientation events in both Santa Maria and Lompoc campuses - Promotores Core Training -event in Santa Barbara, county wide Promotores, peers, adults, youth and seniors - Lemon Festival in Goleta – community event, all populations - Labor Day Picnic – Santa Maria, all populations - Santa Maria Bonita School District – Culture Celebration, all populations, particularly youth and families, Spanish/English/Mixteco Provided printed materials, flyers and brochures at locations and events listed above	• Community events/outreach - Out of the Darkness Walk – Suicide prevention - Dia de Los Muertos Celebration - Vet's Stand Down - SB County Fire Safe Council Event - Righetti High School Provided printed materials, flyers and brochures at locations and events listed above - Planning for Dad Connecting to Wellness – began planning meetings to launch Dad Connecting to Wellness in the next quarter. - Developed final activities for the remainder of the project. Resource Fairs, Speaker's Bureau trainings, develop final materials to share within the department and other Peers at the end of the project.
Milestones	• Uptown Studios, continues to post regularly on Behavioral Wellness social media pages, in both English and Spanish. • Continued increase enrollment in Headspace. • Additional Digital Health Literacy PowerPoint presentations, translated into Spanish. • Continued to develop pilot project focusing on maternal health with integrating mental wellness and technology for mothers with children 0-2 years old. This is aiming at "Mommy" understanding the importance of mental wellness as part of whole person care approach and connecting to Wellness-introducing "Wellness Recovery Action Plan" as a new life skill, technology products and local community inperosn and online resources	• Continued increase enrollment in Headspace, reached 2520 members as of June 30th. • Additional Digital Health Literacy PowerPoint presentations, translated into Spanish and Pre and Post Evaluation Surveys developed in both English and Spanish for each of the 8 Dimensions of Wellness workshops (General and 8 individual presentaitons) • Finalized pilot project, Mommy Connecting to Wellness focusing on maternal health, integrating mental wellness and technology for mothers with children 0-2 years old. This is aiming at "Mommy" understanding the importance of mental wellness as part of whole person care approach. Psycho education workshop to discuss anxiety, depression and postpartum depression signs and symptoms, as well as tools for selfhelp activities. 8 Dimensions of Wellness series and mindfulness	• Continued enrollment in Headspace through the end of September, reached 2560 members at end of program. • MCW Project was implemented, 19 particpants completed the 6 week workshops, receiving education, access to technology, increase understanding and utilization of online apps and resources. Utilized Headspace to increase, resiliency, improve their overall wellbeing as well as their children's wellbeing. Utilizing 8 Dimensions of Wellness and Apps as main curriculum, CBO participation included technology device distribution and education on On-line Safety. ADP under Behavioral Wellness also provided resources and education. Participants were provided meals during trainings, weekly incentives to address and increase self-care and an incentive of their choice at the end of the project. Example of incentives selected were,	• Attended the in-person conference hosted and presented by CalMHSA. Very useful in planning for project closeout. This will support our final project closure materials for both community and partners. • Community-based organizations want to train on digital wellness and the 8 Dimension of Wellness. • Received positive feedback from participants of the Help@Hand project assisted them on their overall wellness.

Santa Barbara County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
		activities utilizing Headspace. Participants will receive a free device along with Online Safety and Zoom/Telehealth workshops. Weekly one to one support from Promotores, local community resources and referrals as needed.	strollers, wagons, crib, high-chair, sound machines, clothing, diapers, wipes.	

Lessons Learned Across Year 5

- In order to continue this project the project needs to be fully staff to get to all of the regions of the county. This quarter we were down to two full time staff, while at the same time our team was called to support Behavioral Wellness Department in supporting a North and South County Disaster Recovery Centers, after county experienced a natural disaster (flooding).
- Need to continue canvassing to be able to have the one to one contact with business owners, schools, local CBOs to answer questions and build relationships.
- Social media presence continues to increase, tagging, sharing, making a difference in building a stronger presence. Tech Leads provided support to review for culturally and linguistically appropriately content.
- Community members continue to express concern about membership ending Sept. of 2023.
- Giveaways are very useful in outreach events, creates interest and community approaches easier.
- As Staff assisted with the MHSA Community Program Planning Process with stakeholders the need for more education around "mental health" was identified. Participants shared that this is a new concept as this was not something that was familiar to them or spoken about in their home country. When participants hear the term "salud mental" it was noticeable that they don't understand what that refers to. Participants shared that they need educational workshops for the community who speak a language other than English.
- Through community contact, we have learned that early on in this project, CBOs and public heard about Headspace, understood that the county had free licenses but did not understand what Headspace actually had to offer. Most said they thought it was meditating only and did not know how it differed from apps they were already using. Through the many staffing changes and being understaffed, messaging was not constant or expanded to provide a better understanding of the content which could have led to an increased number of licenses being issued.
- Need to increase an anti-stigma campaign around mental health in order for community to self-identify and recognize the need for self-care and increase help seeking behaviors, as well as accept support like utilizing applications such as Headspace.
- Help@Hand team members received comments such as "thank you for being out here for us," during tabling events. Community members shared the importance of being present as a County Department- Behavioral Wellness, to show community that they are important and to have that connection.
- Non-English speaking community members, struggled to understand what mental wellness meant…through outreach events, staff was able to interact and ask community how they felt their mental wellness was as they introduced Headspace. Spanish speakers as well as Mixteco community members did not understand the concept of mental wellness, as they would respond with "I don't know" or "what are you referring to?"
- Headspace enrollment was a challenge…closing out the memberships in September, rather then at the end of the calendar year slowed down the enrollment process this quarter. It was difficlut to motivate community to enroll for only a few weeks/days due to the challenging and lengthy enrollment process too many steps.
- Important to have a transition plan for staff as the project ends, to be able to provide certainty, stability so that all staff will feel comfortable staying with the project until the end/final closure.
- Dad Connecting to Wellness – we will be doing Pre-Surveys in a group format prior to the start of the series to make sure all participants complete surveys in a timely manner. Should facilitate the survey process, remove barriers and confirm pre work is done.
- Important to provide choice for incentives, respectful, dignifying way.
- Providing dinner removes barriers to starting on time or attending the sessions and being able to focus as workshops are in the evening.
- Childcare would have also made it easier for participant, it is a need for families.

Mommy Connecting to Wellness

- Direct contact with Promotoras was crucial in being able to adjust, adapt, follow up with surveys and address challenges as they came up.
- Population of mothers that responded to the MCW Project invitation for the English group, preferred English but did have the ability to speak Spanish. Those that participated in the Spanish group, were Spanish speaking. However about half of the participants also spoke Mixteco.
- Transportation barriers, some of the participants did not have transportation after the workshops but the participants supported eachother and provided rides, in the Spanish group. The English group did not have this barrier.
- Childcare was also a big need for participants, some participants had their spouse and other children wait for them outside in their car each night of the workshop.
- Difficulty with surveys, this process was a challenge even for those that were technologically savvy. Receiving multiple surveys, Headspace, UCI was also confusing at the start of the project.
- Participants in both groups, expressed interest in an ongoing support group.
- Participants expressed the importance of learning how mental health impacts the different areas of life.
- Social media needs to increase – English speaking participants shared learning about this project from Facebook, where promotores shared the recruitment flyers. Participants also shared the social media posts as well.

Recommendations Across Year 5

- Continue to increase social media presence in both English and Spanish and include mental health education, signs, symptoms, resources, options…begin to expand on the "mental health" terminology utilizing social media and print and radio for non-english speakers.
- A creation of a community outreach team comprised of Peers is needed in order to connect and build trust within the community. Having this bridge-building program will help individuals be referred/provided a warm hand-off to the access team and/or to community resources. This would increase awareness and access to resources and services as well as a tool to reduce stigma.
- Develop an outreach and community education campaign that is inclusive of all community members, utilizing signs on public transportation, CBOs, all Hospitals in the county, radio and other media…to reduce stigma, increase understanding of wellness, mental health and share the BWell Access Line or another resource number to community.
- Support groups for mothers to learn about wellness, mental health, self-care in an open and nurtuging environment are needed.

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	• Creation of a community outreach team comprised of Peers is needed in order to connect and build trust within the community. Having this bridge-building program will help individuals be referred/provided a warm hand-off to the access team and/or to community resources. This would increase awareness and access to resources • Increase the use of social media to promote education, workshops, resources and opportunities such as the MCW project. • Continued direct contact with community is important to build trust and begin normalizing the conversations about mental health to decrease stigma. • Seniors continue to need support, develop easy to read and see, simple wording step-by-step tipsheets for technology support. Password safety, how to scan QR codes, etc.			
Cross County/City Sharing Across Year 5	• Through EY's collaboration meetings and UCI feedback from learnings from other county partners, we received feedback on experiences that other counties had in working with Promotores. This allowed us to have open and clear conversations with Health Linkages/Promotores so they can develop a clear, specific, and detailed SOW so that expectations are understood by all involved. • Help@Hand Collaboration meetings were informative and useful in their new format, we get to exchange information. Seeing some of the success that other counties are having is inspirational. Through collaboration meetings, EY and UCI meetings, the importance of having the direct connection and communication with Promotoras was crucial in making sure we could continue to make adjustments to the project as needed.			

Santa Barbara County	**Quarter 1** (Jan – Mar 2024)	**Quarter 2** (Apr – Jun 2024)
Tech Lead(s)	• Maria Arteaga and Maribel Landeros	• Maria Arteaga and Maribel Landeros
Implementation Site	• Santa Barbara County- Psychiatric Health Facility • Events/outreach events	• Santa Barbara County- Psychiatric Health Facility • Events/outreach events • Workshops
Team Composition	• 1 FTE – Peer Recovery Assistant • 1 FTE – Outreach Coordinator, Program Coordinator • 1 FTE – Health Equity Services Manager	• 1 FTE – Peer Recovery Assistant • 1 FTE – Outreach Coordinator • 1 FTE - Program Coordinator • 1 FTE – Health Equity Services Manager
Core Audiences	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)	• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)
Products in Use/Planned	• Wellness App Brochure • 8 Dimensions of Wellness Curriculum-integrated into technology presentations • Password Safety Tip sheets, Digital Safety Tips and Scanning, Benefits of an email account and Senior Password magnets • Trac Phones • Dad Connecting to Wellness workshops Planned - • App resource list with direct QR codes, should be ready to be used by April 1st.	• Wellness App brochure • 8 Dimensions of Wellness Curriculum-integrated into technology presentations • Password Safety Tip sheets, Digital Safety Tips and Scanning, Benefits of an email account and Senior Password magnets • Dad Connecting to Wellness workshops • App resource list with direct QR codes • La CLAVE brochure
Implementation Approach	• Presence in community events to assist directly with enrollment and share BWell resources • Community contact, through workshops and CBO partnerships such as Housing Authority of SB County, Santa Maria Bonita School District, SB County Promotores Network, Allan Hancock College -Santa Maria and Lompoc sites. • DCW – contracting Promotores via CalMHSA, to recruit, provide one-to-one support and weekly check-ins to support with Headspace and other apps/technology. • DCW – contracted with Dr. Jonathan Martinez PsyD to provide basic psycho education on anxiety, depression and post-partum depression. • DCW-developed partnerships with other CBO to provide tablets or Chromebooks, increase access to technology and allow for participants to utilize Headspace, other wellness apps and find resources as needed. • Speaker's Bureau Trainings and Practice sessions were facilitated by Painted Brain, these were offered to CBOs as well as community members in both English and Spanish throughout the county. These sessions offered an opportunity to practice public speaking, support in developing an impactful message as they share their "lived experience." A total of 19 community members, participated in various sessions • Community outreach events o Allan Hancock College – Student orientation events in both Santa Maria and Lompoc campuses o Housing Authority – Senior Technology fairs (Lompoc locations) o Mental Health Awareness event – Guadalupe elementary school o C4 – Community events in Lompoc - (Youth violence-work groups for families) o NAACP Black History events – Santa Maria and Lompoc o New Cuyama Family Resource Center – Food distribution event o Child Development Conference – MICOP, Alpha Resource Center and Tri-Counties Regional Center	• Community contact, through workshops and CBO partnerships such as Housing Authority of SB County, SB County Promotores Network, Allan Hancock College -Santa Maria and Lompoc sites, Dick DeWees Senior Center. • DCW – Two 6-week sessions were held, one session in English and one in Spanish, a total of 16 participants were enrolled in these sessions, 12 completed the series. o Dr. Jonathan Martinez PsyD provided basic psycho education on anxiety, depression and post-partum depression. o Each participant was provided with a tablet through SB County Education Office – Partners in Education Program in order to increase access to technology and allow for participants to utilize Headspace, other wellness apps and find resources as needed. o Dr. Luis Garcia, PsyD facilitated the 8 Dimensions of Wellness and Apps presentations, supporting the learning and understanding of each of the 8 Dimensions as they relate to overall wellness. Through apps specifically selected to support each dimension, technology was utilized as an easy hands approach to increasing overall wellness, finding local resources and connect to services. o Help@Hand staff Adriana Cruz and Maribel Landeros, Promotores Martha Jimenez and Francisco Lozano, supported participants with creating email accounts (for participants without one), downloading apps, installing data cards to maximize devices. Also, supporting participants with understanding apps, specifically Headspace. • Speaker's Bureau Practice sessions were facilitated by Painted Brain, these sessions offered an opportunity to practice public speaking, support in developing an impactful message as they share their "lived experience." • Two La CLAVE Train-the-Trainer workshops were offered; first cohort was offered to Behavioral Wellness Department staff held in English and the second was offered to CBOs held in Spanish; a total of 20 participants received a 16-hour training. La CLAVE Project was developed as a way to provide education about psychosis to the Hispanic/Latino community in a way that is culturally relevant and linguistically appropriate. As well as support early detection through identifying early sign and symptoms, reduce stigma and encourage family or individuals in accessing services early on. Upon completing this training, participants will need to facilitate a community presentation and submit recording to La CLAVE to confirm fidelity

Santa Barbara County	Quarter 1 (Jan – Mar 2024)	Quarter 2 (Apr – Jun 2024)
		and skills meet requirements, at that point La CLAVE master trainers will provide feedback and certification. Currently 3 participants were approved as facilitators as well as Train-the-trainers. • 8 Dimensions of Wellness and Apps facilitator training was provided by the Help@Hand staff to 10 Santa Barbara County Promotores. This 3-day, 9-hour training was offered as a way to be able to sustain this work in the community. Promotores explored each dimension and discussed how it can be applied when working with individuals, families and in groups…highlighting the use of technology/apps identified for each dimension. Promotores received access to the PowerPoint presentations, notes, resources as well as having the opportunity to practice the basic description of each dimension with each other. Two of the Promotores who were trained through the MCW have already facilitated two groups in their community, successfully sharing these workshops with 25 participants. • Peer Empowerment Manager, Traci Lewis, requested Help@Hand staff to provide the general presentation,8 Dimensions of Wellness and Apps, as a training to Peers working for Behavioral Wellness. 14 Peers as well as the Peer Empowerment Manager received the training and a USB drive with the presentation available in English and Spanish so that they can use it to support their clients or facilitate groups. This will allow for educational material created by the Help@Hand Project to be more sustainable within the department. • Community outreach events and workshops: o Goleta Community Center – Senior Expo and Resource Fair o La Purisima Concepcion, Religious Education parent meeting – 8 Dimensions of Wellness and Apps o County of Santa Barbara – Family Engagement Fairs in Lompoc and Santa Maria o Housing Authority County of Santa Barbara - 8 Dimensions of Wellness and Apps (general presentation) Santa Maria – West Cox and Depot Street properties o City of Santa Maria - Dia Del Niño o City of Lompoc, Dick DeWees Senior Center – Senior Expo and Resource Fair o Housing Authority County of Santa Barbara, Goleta, Lompoc and Santa Maria – Appy Hour for Seniors o Santa Barbara County Promotores Network resource table – Buellton o Santa Barbara County Promotores Network – 8 Dimensions and Apps, series, training
Milestones	• Developed additional resources to support technology/literacy and distributed at events county wide and shared them with CBO's like Santa Barbara County Promotores Network • Finalized contracts for DCW promotores and facilitators to be able to begin project • The 8 Dimensions of Wellness curriculum developed by the Help@Hand team, is now being implemented by Santa Barbara County Promotores Network in Lompoc; Two Promotoras who participated and were trained for the MCW workshops, have been utilizing the presentations to facilitate 8 Dimensions of Wellness series. They currently have two groups and a total of 25 participants.	• Successfully completed the Daddy Connecting to Wellness pilot project, including focus group with UCI to provide feedback and discuss learnings from Promotores, facilitator and staff involved with project. • Provided trainings and resources to Peers within the Department as well as Santa Barbara County Promotores Network that will support the continued sharing; sustainability. • Project closure – worked with CalMHSA to finalize documents related to Help@Hand closure that will be shared with the department. • Project Coordinator met with UCI Evaluations staff for project closing interview. • Help@Hand developed a "thank you" card for distribution to CBO's and programs/clinics/staff that supported the project through out these 5 years.
Lessons Learned Across Year 5	• Spanish speaking community continued to express an interested in receiving education around mental health and well-being. • Through the MCW project, we learned that there is a lack of resources offered in Spanish and or Mixteco for our community here in the Santa Maria area. After hearing from the participants about the interest for continued workshops specially parents, in Spanish/Mixteco the Dad Connecting to Wellness Project was planned. We were also able to recruit a well-known community advocate/promotor who is part of the indigenous Mixteco speaking community to support the workshops and participants. He was able to assess through, one to one conversations their level of understanding in Spanish as well if the Mixteco variant they spoke was similar so that the Promotor could support with the language or if interpretation was needed. Out of the final 10 Spanish speaking participants, 8 speak Mixteco. • The DCW recruitment was delayed due to the contracting process. However, with the support from Promotores, the project was still able to recruit participants. The project attracted many participants that a wait list was created. There were 28 people who expressed interest in participating and registered utilizing the registration link, in a short amount of time. Thus, this project highlights the importance of the need for Spanish speaking psycho-education among the Spanish Speaking community. • As shared with UCI during closing interview, the diverse population had diverse needs in regards to technology, not only with the experience in utilizing technology but access to reliable internet. This was a barrier to some community members who might be willing to use technology not only for wellness but other day to day things like paying bills, communicating with their doctors or children's schools…service not reliable and not affordable for everyone. • Wellness is different for everyone, community really enjoyed the 8 Dimensions of Wellness and Apps because everyone was able to give "wellness" their own meaning…what wellness looks like for them. For example, during the MCW and DCW workshops participants described "Financial" wellness as really having an impact on their overall wellness. Constantly worrying about being able to cover their expenses, was a big stressor…learning to utilize technology to help them track expenses or to find resources such as food distribution locations, or coupons or downloading store savings apps was more meaningful then utilizing a relaxation app.	

Santa Barbara County	Quarter 1 (Jan – Mar 2024)	Quarter 2 (Apr – Jun 2024)
Recommendations Across Year 5	• It is very important that the agencies/facilitators, trainers who provide workshops, trainings and recruit for participation for an event that not only have the capacity, expertise, and facilitation skills but also ensure that the delivery of services or the content be culturally and linguistically appropriate to have the best outcomes. • In regards to providing Speaker's Bureau sessions, it is important that the facilitators have understanding who the population is that is being served in regards to communication style of the target population being served is essential. For example sending one link for all the sessions in one email is much easier to understand versus a different link and calendar invite for each session. • Riverside County met with SB County to share information regarding LaCLAve training. CalMHSA is now in the process of contracting with Dr. Lopez to have this evidence based psyco-education model be offered in our County. Two trainings, with a max of 20 participants are to receive training as facilitators and 3 potential trainers would be selected from these sessions.	• One recommendation shared during the closeout interview, was the importance of taking into consideration the resources available within each region of the county. To better utilize and individualize the resources available and then offered to the diverse communities. For example, internet access is very different throughout the county. Understanding the demographics in each of the regions of the county are crucial, in maximizing resources and making sure that staff are able to identify, connect and understand those they are serving in order to facilitate engagement in a respectful and beneficial manner for service provider and community. • Collaboration is key, the Help@Hand team was able to reach 9,918 community members throughout Santa Barbara County, including marginalized regions, such as New Cuyama, Los Alamos, Guadalupe and Isla Vista. Partnering with over 25 Community Based Organizations, School Districts, coalitions as well as service providers, allowed us to maximize our resources and reach a diverse population. • Bilingual, bicultural staff, is a must in order to connect and understand those you are trying to engage with. Depending on the county/region language needs, staff should represent the community being served. For example, the norther part of SB County has a large indigenous language population and although in a clinic setting a language line can be accessed it is not the case for canvassing or outreach/tabling events. • Outreach, important to participate in a range of activities, such as canvassing to reach locally owned business who already have the trust of their patrons so they can become familiar with your services. Coalitions, are also important as this is where you can connect, share resources and learn about what is happening in the community. Usually, there will be a wide range of CBOs, providers, that you can build partnerships with and again, reach the community. Community events, festivals, community celebrations, etc., all great opportunities to share resources and engage with community. • Material, such as brochures, flyers, informational handouts, etc. that is culturally appropriate is essential. Easy to read, not medical or technical terminology, not text heavy, and visually engaging is best. Giveaways are a useful tool in having community approach your table when doing events…personalizing these items with access numbers or websites will increase the likelihood community accessing services when they are ready.
Cross County/City Sharing Across Year 5	• Riverside County met with SB County to share information regarding LaCLAve training. CalMHSA is now in the process of contracting with Dr. Lopez to have this evidence based psyco-education model be offered in our County. Two trainings, with a max of 20 participants are to receive training as facilitators and 3 potential trainers would be selected from these sessions	

*Santa Barbara County's Help@Hand project ended in June 2024.
**Tables were completed for Quarter 1-2 in 2024 and incorporated in Year 5.

Tehama County

Year 1: September 2018-December 2019
Data not collected for Cohort #2 Counties/Cities, which included Tehama County.

Year 2: January 2020-December 2020

Tehama County	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Michelle Brousseau • Avery Vilche	• Travis Lyon • Avery Vilche	• Travis Lyon • Avery Vilche	• Travis Lyon • Avery Vilche
Implementation Site	• TBD	• Tehama County	• Tehama County	• Tehama County
Team Composition	• MHSA Coordinator, Tech Leads, Peer, Behavioral Health Director, Staff	• Behavioral Health Director, MHSA Coordinator, Tech Leads, Peer Supervisor, Staff, Peer Advocates	• Behavioral Health Director, MHSA Coordinator, Clinician, Case Manager, 2 Health Educators, Peer Supervisor, 2 Peer Advocates, Health Services Analyst	• Behavioral Health Director, MHSA Coordinator, Clinician, Case Manager, 2 Health Educators, Peer Supervisor, 2 Peer Advocates, Health Services Analyst
Core Audiences	• TBD	• Persons who are Homeless or at risk of Homelessness, Geographically Isolated Adults, and TCHSA-BH Consumers	• Persons who are Homeless or at risk of Homelessness • Isolated Individuals • Tehama County Health Services Agency – Behavioral Health (TCHSA-BH) Consumers	• Persons who are Homeless or at risk of Homelessness • Isolated Individuals • Tehama County Health Services Agency – Behavioral Health (TCHSA-BH) Consumers
Products in Use/Planned	• TBD	• myStrength	• myStrength	• myStrength
Implementation Approach	• TBD	• Pilot with 30 people (10 from each Target Audience), Track Progress	• Pilot with 30 people (10 from each Target Audience), Track Progress	• Pilot with 30 people (10 from each Target Audience), Track Progress
Other Unique Qualities	• TBD	• TBD	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates
Milestones	• Not applicable	• Not applicable	• Pilot Proposal received budget approval from Collaborative Leadership • Organizational change management (OCM) Plan completed and initiated • Evaluation Plan completed • Vendor Engagement Plan completed	• Evaluation instruments completed • Statement of Work drafted
Lessons Learned Across Year 2	• Time required for processes and approvals • Project requires dedicated resources • OCM is as important as the technology • Strong ad hoc communication between implementation meetings facilitates progress			
Recommendations Across Year 2				

Tehama County	**Quarter 1** (Jan – Mar 2021)	**Quarter 2** (Apr – Jun 2021)	**Quarter 3** (Jul – Sept 2021)	**Quarter 4** (Oct – Dec 2021)
Tech Lead(s)	• Travis Lyon, Avery Vilche	• Travis Lyon, Avery Vilche	• Travis Lyon, Avery Vilche	• Travis Lyon, Avery Vilche
Implementation Site	• Tehama County Health Services Agency	• Tehama County Health Services Agency	• Tehama County Health Services Agency	• Tehama County Health Services Agency
Team Composition	• Travis Lyon, Avery Vilche, Fernando Villegas, Ron Culver, Dahisy Ramirez	• Travis Lyon, Avery Vilche, Fernando Villegas, Ron Culver, Dahisy Ramirez	• Travis Lyon, Avery Vilche, Fernando Villegas, Ron Culver, Dahisy Ramirez	• Travis Lyon, Avery Vilche, Fernando Villegas, Ron Culver, Dahisy Ramirez
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	• Persons who are homeless or at risk of homelessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers	• Persons who are homeless or at risk of homelessness; Isolated individuals; Tehama County Health Services Agency • Behavioral Health consumers
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Approach	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); track progress
Other Unique Qualities	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates
Milestones	• myStrength contract and SOW executed • Completed myStrength launch meetings • Completed myStrength training	• myStrength contract and SOW executed • Completed myStrength launch meetings • Completed myStrength training	• myStrength contract and SOW executed • Completed myStrength launch meetings • Completed myStrength training	• myStrength contract and SOW executed • Completed myStrength launch meetings • Completed myStrength training
Lessons Learned Across Year 3	• N/A			
Recommendations Across Year 3	• N/A			
Cross County/City Sharing Across Year 3	• N/A			

Tehama County	**Quarter 1** (Jan – Mar 2022)	**Quarter 2** (Apr – Jun 2022)	**Quarter 3** (Jul – Sept 2022)	**Quarter 4** (Oct – Dec 2022)
Tech Lead(s)	• Travis Lyon • Avery Vilche	• Travis Lyon • Avery Vilche	• Travis Lyon • Avery Vilche	• Travis Lyon • Avery Vilche
Implementation Site	• Tehama County Health Services Agency	• Tehama County Health Services Agency	• Tehama County Health Services Agency	• Tehama County Health Services Agency
Team Composition	• Travis Lyon • Avery Vilche • Fernando Villegas • Ron Culver • Dahisy Ramirez	• Travis Lyon • Avery Vilche • Fernando Villegas • Ron Culver • Dahisy Ramirez	• Travis Lyon • Avery Vilche • Fernando Villegas • Ron Culver • Dahisy Ramirez	• Travis Lyon • Avery Vilche • Fernando Villegas • Ron Culver • Dahisy Ramirez
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	• Persons who are homeless or at risk of homelessness • Isolated individuals • Tehama County Health Services Agency, Behavioral Health consumers	• Persons who are homeless or at risk of homelessness • Isolated individuals • Tehama County Health Services Agency, Behavioral Health consumers
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Approach	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); track progress	• Pilot with 30 people (10 from each target population); track progress
Other Unique Qualities	• Tehama County will be using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Tehama County will be using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Tehama County will be using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates	• Tehama County will be using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates
Milestones	• N/A	• N/A	• N/A	• N/A
Lessons Learned Across Year 4	• N/A			
Recommendations Across Year 4	• N/A			
Cross County/City Sharing Across Year 4	• N/A			

Tehama County	**Quarter 1** (Jan – Mar 2023)	**Quarter 2** (Apr – Jun 2023)	**Quarter 3** (Jul – Sept 2023)	**Quarter 4** (Oct – Dec 2023)
Tech Lead(s)	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator
Implementation Site	• STANS Wellness & Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)	• STANS Wellness & Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)	• STANS Wellness & Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)	• STANS Wellness & Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)
Team Composition	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator • Fernando Villegas, Health Educator • Ron Culver, Peer Supervisor	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator • Fernando Villegas, Health Educator • Ron Culver, Peer Supervisor	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator • Fernando Villegas, Health Educator • Ron Culver, Peer Supervisor	• Travis Lyon, MHSA Coordinator • Avery Vilche, Health Educator • Fernando Villegas, Health Educator • Ron Culver, Peer • Supervisor James, Juli, Linda, Mike, & Wendy - Peers
Core Audiences	• Individuals who are Isolated • Individuals who are experiencing homelessness • Individuals who are current TCHSA-BH clients	• Individuals who are Isolated • Individuals who are experiencing homelessness • Individuals who are current TCHSA-BH clients	• Individuals who are Isolated • Individuals who are experiencing homelessness Individuals who are current TCHSA-BH clients	• Individuals who are current TCHSA-BH clients
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Approach	• Engage Peers with the app and have them introduce the app to Pilot participants. • Have Peers and UCI conduct Interviews and Surveys as appropriate.	• Engage Peers with the app and have them introduce the app to Pilot participants. • Have Peers and UCI conduct Interviews and Surveys as appropriate.	• Engage Peers with the app and have them introduce the app to Pilot participants. • Have Peers and UCI conduct Interviews and Surveys as appropriate.	• Engage Peers with the app and have them introduce the app to Pilot participants. • Have Peers and UCI conduct Interviews and Surveys as appropriate.
Other Unique Qualities	• Ongoing Digital Literacy Training with & by Peers and Pilot participants.	• Ongoing Digital Literacy Training with & by Peers and Pilot participants.	• Ongoing Digital Literacy Training with & by Peers and Pilot participants.	• Ongoing Digital Literacy Training with & by Peers and Pilot participants.
Milestones	• Ordered 10 laptops and a charging cart through CalMHSA to be used in the pilot program (and beyond) for digital literacy training, and ongoing applications concerning digital mental health approaches.	• CalMHSA addressing the contract with myStrength for a proposed restart of the Pilot in August 2023.	• Tehama developing referral letter to be distributed to TCHSA Clinicians and Case Managers. UCI review surveys and interviews to be used with paricipants. CalMHSA addressing access codes to be used by participants with myStrength.	• Peers engaged with client referrals to enroll participants into myStrength. UCI – surveys, questionaires, and interviews; data collection. CalMHSA support implementation and end of project documentation requirements.
Lessons Learned Across Year 5				
Recommendations Across Year 5				
Cross County/City Sharing Across Year 5				

*Tehama County's Help@Hand project ended in December 2023.

Tri-City

Year 1: September 2018-December 2019
Data not collected for Cohort #2 Counties/Cities, which included Tri-City.

Year 2: January 2020-December 2020

Tri-City	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
Tech Lead(s)	• Toni Robinson • Dana Barford	• Toni Robinson • Dana Barford	• Dana Barford	• Amanda Colt • Dana Barford
Implementation Site	• Transitional Age Youth Wellness Center	• Tri-City Wellness Center	• Tri-City Wellness Center	• Virtual due to COVID-19
Team Composition	• MHSA Coordinator, MHSA Manager, Peer Lead, MHSA Director	• MHSA Manager, MHSA Coordinator, Wellness Advocate Supervisor, Wellness Advocates, Wellness Center Supervisor, Clinicians, MHSA Director, Clinical Director	• MHSA Manager, MHSA Coordinator, Wellness Advocate Supervisor, Wellness Advocates, Wellness Center Supervisor, Clinicians, MHSA Director, Clinical Director	• MHSA Manager, MHSA-Inn Program Coordinator, MHSA Director, Cambria Consultant, Painted Brain Peer Consultant
Core Audiences	• Transitional age youth • Older adults • Monolingual Spanish speakers	• For the potential pilot, our target audience has been updated to include: TAY; Older adults; Wellness advocates (peers); FSP clients being monitored by their clinicians	• For the potential pilot, our target audience has been updated to include: TAY; Older adults; Wellness advocates (peers); FSP clients being monitored by their clinicians	• For Implementation, our target populations will be TAY, Older adults, and Monolingual Spanish Speakers
Products in Use/Planned	• Wysa with transitional age youth	• Wysa	• Wysa	• Mindstrong collaboration with Orange County • Headspace or myStrength with CalMHSA
Implementation Approach	• Have a small focus group for pilot to obtain valuable feedback on a biweekly basis	• Twenty users will be recruited to use Wysa for 3 months and will participate in 7 focus groups held biweekly to evaluate Wysa's usability and effectiveness.	• Due to the loss of key staff, the pilot project and related focus groups were placed on temporary hold. However, Tri-City continues to actively participate in all other aspects and activities of this project and the Collaborative	• Due to COVID-19 and turnover of Program Coordinators we have continued to participate in all activities of the collaborative, but implementation of project has been delayed • Currently in discussion with Orange County to join them in the implementation of Mindstrong • Working with CalMHSA to implement either HeadSpace or myStrength with our target populations
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Having input from a focus group of peers to select the app to be piloted	• A group of 4 clinicians will also be recruited to determine the feasibility and appropriateness of using Wysa in support of the services they provide.	• Due to COVID-19, the 4 clinicians originally anticipated to determine the feasibility and appropriateness of using Wysa were not available to support this project due to the increased need for client services. The goal is to reevaluate this component in January 2021	• We will be holding a workgroup in January to present to them our ideas for moving forward with Mindstrong and either Headspace or myStrength
Milestones	• Focus group selected the app for pilot	April • A focus group comprised of Wellness Advocates, MHSA staff, and the IT consultant, participated in a product testing of the Wysa application • Product testing resulted in Tri-City moving forward with the app, with adjustments to the emergency contact function	August • Innovation Coordinator/Tech Lead left Tri-City in August. As a result, the Wysa pilot project was placed on temporary hold until a replacement is hired • Tri-City continues to actively participate in all other aspects and activities of this project and the Collaborative	December • Hired new Innovation Program Coordinator • Speaking with Orange County to possibly collaborate with them in order to implement Mindstrong in Tri-City • In discussion with CalMHSA about implementing either HeadSpace or myStrength with our Target Populations

Tri-City	Quarter 1 (Jan – Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)	Quarter 4 (Oct – Dec 2020)
		May • Wysa agreed to making adjustments to the emergency contact function of the app • CalMHSA began contract negotiations with Wysa • Tri-City started drafting the pilot proposal • Through the collaboration, various wellness apps have made accessing their apps free for participating counties/agencies and Tri-City has been taking advantage of the opportunity by providing the resources to staff and clients • CalMHSA created Digital Mental Health Literacy training videos and Tri-City will be utilizing the videos for clients and community members • Tri-City met with UCI to develop an evaluation plan for the pilot process June • CalMHSA and Wysa reached an agreement in contract negotiations and Tri-City was given the green light to move forward with the pilot proposal and pilot evaluation plan • Tri-City continued to send useful wellness app information to our staff for self-care (and some client resources) • Tri-City Wellness Advocates started planning for a Community Connections webinar to teach our clients and community members how to be safe online. They will be using the skills and information they acquired during the train-the-trainer session of the February Help@Hand Peer Summit • Tri-City was trained to use Smartsheet for project management		
Lessons Learned Across Year 2	• We learned that we did not have the adequate internal staff to support implementation of project. We are reaching out to Painted Brain and Cambria to assist with support during implementation of future projects in order to ensure we can have a successful launch.			
Recommendations Across Year 2	• Collaborate with Orange County to take over some of their licenses for Mindstrong in order to roll out Mindstrong to our Target Populations. Work with CalMHSA to implement either Headspace or myStrength.			

Tri-City	Quarter 1 (Jan – Mar 2021)	Quarter 2 (Apr – Jun 2021)	Quarter 3 (Jul – Sept 2021)	Quarter 4 (Oct – Dec 2021)
Tech Lead(s)	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford
Implementation Site	• Virtual due to COVID-19	• Virtual due to COVID-19	• Virtual due to COVID-19	• Virtual due to COVID-19
Team Composition	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant, • Painted Brain Peer Consultant • Help@Hand Evaluation Team	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant, • Painted Brain Peer Consultant • Help@Hand Evaluation Team	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director, • Cambria Consultant • Help@Hand Evaluation Team	• MHSA Manager, • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant, • Painted Brain Peer Consultant • Help@Hand Evaluation Team
Core Audiences	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers
Products in Use/Planned	• myStrength	• myStrength	• n/a	• Currently reviewing the various apps to determine a few to fully implement
Implementation Approach	• Launching a Pilot of myStrength within our 3 Target Populations begin in May. Currently recruiting for 20 participants of each population for a total of 60 participants in our Pilot Program. Pilot will run for 3 months.	• In the process of planning a pilot launch within our 3 Target Populations. • Waiting on a BAA with myStrength so our Executive Team can sign off on our Pilot Proposal. • Will begin recruiting once BAA is signed.	• Foregoing a Pilot due to a lack of support staff: including IT, Peers, and Clinical. • Will wait to review data from other counties pilots to determine which apps we would like to implement for our cities.	• Looking to launch 2-3 apps in the new year for our populations to utilize.
Other Unique Qualities	• Recruiting for participants via our community partners and groups offered through our wellness center. • Coordinator will be presenting a PowerPoint slide to potential participants to gain their interest. • Working on developing a Landing Page for our pilot through the Help@Hand website.	• Created a registration form for Participants to sign up to participate. This will help us insure they are a part of our priority population and that they live within our 3 cities. • Created a Welcome Packet for participants of the pilot	• Delays due to waiting for BAA agreements between Help@Hand evaluation team & myStrength • Additional Delay for BAA between Help@Hand evaluation team & Tri-City.	• None to report for this quarter
Milestones	• January: Decided with the help of our Executive team not to move forward with MindStrong. • February: Held a focus group for the myStrength app which resulted in good first impression by participants. • March: Began planning our Pilot program	• April: Met with myStrength and trained on the app • May: Worked on Help@Hand Landing page for Pilot as well as creating registration page for participants to sign up. • June: Worked on creating a Welcome Packet for Participants that will outline the Pilot, have resources, FAQ, a calendar of important dates, and contact information.	• No additional milestones at this time	• No additional milestones at this time
Lessons Learned Across Year 3	• This year was all about learning. We learned that it is important to have all documentation in place and have all our executive team sign off on any plans before trying to move forward. • BAA are a key document that our executive team needs in order to move forward. It is imperative that we ensure all our bases are covered and that all parties are in agreement. • Continue to experience the impact of COVID-19 with the loss of staff and needing to balance existing innovation projects with new innovation projects and staff.			
Recommendations Across Year 3	• For year 4 it is essential that the program coordinator does a thorough review of all documentation prior to any sort of implementation planning. • Ensure that all documentation is in order and signed off by executive team prior to planning a launch. • Utilize Painted Brain to assist with the peer aspect.			
Cross County/City Sharing Across Year 3	• Shared wording of pilot on our landing page with Santa Barbara • Other counties shared their experiences with device procurement. • Marin Provided Feedback on myStrength and the Spanish Speaking Population • Marin county also shared their Pilot Project Timeline			

Tri-City	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Tech Lead(s)	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford
Implementation Site	• Virtual due to Covid-19	• Virtual due to Covid-19 limitations	• Virtual due to Covid-19 limitations	• Virtual due to Covid-19 limitations • Local senior centers
Team Composition	• Mental Health Services Act (MHSA) Manager • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• Mental Health Services Act (MHSA) Manager • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• Mental Health Services Act (MHSA) Manager • MHSA-Inn Program Coordinator • Ernst & Young (E&Y) Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• Mental Health Services Act (MHSA) Manager • MHSA-Inn Program Coordinator • E&Y Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)
Core Audiences	• Older Adults (60+) • Transition Aged Youth (TAY) (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers • General Tri-City Public	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers • General Tri-City Public
Products in Use/Planned	• myStrength launch is planned for June 2022.	• myStrength, actively recruiting users starting Mid-July 2022	• myStrength	• myStrength
Implementation Approach	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Planning to conduct a "mini pilot" in the beginning of our launch for myStrength targeting our priority populations. Once that is completed, the county will still open myStrength up to the general public.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Planning to conduct a "mini pilot" in the beginning of our launch (August/September) for myStrength targeting our priority populations. Once that is completed, the county will still open myStrength up to the general public.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.
Other Unique Qualities	• Still having trouble engaging TAY in this project.		• Created a PowerPoint presentation specifically for partner agencies. Invited community partners to a short 30-minute presentation to introduce them to myStrength and for them to learn how they can help support Tri-City by sharing information with clients utilizing our Partner Toolkit.	• Hosted 2 informational meetings to increase awareness of myStrength and to gain interest from Seniors in joining Digital Health Literacy (DHL) workshop.
Milestones	• Created a Microsoft form for participants who are interested in participating in the myStrength launch. • Created a survey for device eligibility.	• Held 2 focus groups in May with our priority population (Transition Aged Youth /Spanish) to help develop marketing for project. • Created a welcome packet which includes information on requirements of participants, how to download app, Frequently Asked Questions (FAQ's) and how to contact for more help.	• Marketing campaign launch • Procure and distribute hardware • Data collection and analysis	• Hosted an in-person Digital Health Literacy (DHL) for Seniors to walk them through the process of downloading and accessing myStrength. • Met with two separate seniors individually to get them set up on their tablet and download the myStrength app. • Shared information with Pomona's Youth Commission about myStrength • Presented about myStrength to Pomona Community Services

Tri-City	Quarter 1 (Jan – Mar 2022)	Quarter 2 (Apr – Jun 2022)	Quarter 3 (Jul – Sept 2022)	Quarter 4 (Oct – Dec 2022)
Lessons Learned Across Year 4	• Community members are more likely to participate if there is an incentive. Held 2 focus groups for our marketing team and had great turn out due to $50 gift cards being handed out for participation. • Community members are more likely to participate if there is an incentive. Held 2 focus groups for our marketing team and had great turn out due to $50 gift cards being handed out for participation. • Launching social media marketing and ads after the official launch has resulted in lower participation in the beginning. • Seniors appreciate the one-on-one support and guidance when downloading and accessing the myStrength app.			
Recommendations Across Year 4	• Keep track of Transition Aged Youth (TAY) who participate early on in development of project to ensure we can invite them back to sign up for myStrength in June when it launches. • Widen our outreach to TAY to include schools. • Create a welcome packet that outlines exactly what participants need to do in order to participate in implementation as well as earn any rewards. • Have social media/marketing plan prepared prior to launch. • Purchase outreach incentives prior to launch. • Ensure peer support is available as needed to help seniors with DHL and downloading/accessing the app.			
Cross County/City Sharing Across Year 4	• Tri-City shared an update to the counites in February on where we are with the project. Talked about our trouble with staffing and how that has affected our Help@Hand project. • Joined a device distribution call with other counties to learn about what they did when it came to distributing devices. Resources were shared on device agreements and surveys to help determine eligibility. • Reached out to Riverside County to ask about utilizing their wording on their device agreement for participants. • Shared my welcome packet with other counties.			

Tri-City County	Quarter 1 (Jan – Mar 2023)	Quarter 2 (Apr – Jun 2023)	Quarter 3 (Jul – Sept 2023)	Quarter 4 (Oct – Dec 2023)
Tech Lead(s)	• Amanda Colt • Dana Barford	• Amanda Colt • Dana Barford	• Paulina Ale • Rachel Straight • Amanda Colt	• Paulina Ale • Rachel Straight • Amanda Colt
Implementation Site	• Virtual due to Covid-19 limitations • Local senior centers • Social Media	• Virtual due to Covid-19 limitations • Local senior centers • Social Media	• Virtual due to Covid-19 limitations • Local senior centers • Social Media	• Virtual due to Covid-19 limitations • Local senior centers • Social Media
Team Composition	• MHSA Manager • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• MHSA Manager • MHSA-Inn Program Coordinator • MHSA Director • Cambria Consultant • Painted Brain Peer Consultant • Help@Hand Evaluation Team • Uptown Studios Marketing • Jaguar (Technology)	• WET Superviosr • MHSA-Inn Program Coordinator • Clinical Wellness Advocate • EY Consultant • Painted Brain Consultant • Help@Hand Evaluation Team • Uptown Studios • Jaguar (Technology)	• WET Superviosr • MHSA-Inn Program Coordinator • Clinical Wellness Advocate • EY Consultant • Painted Brain Consultant • Help@Hand Evaluation Team • Uptown Studios • Jaguar (Technology)
Core Audiences	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers	• Older Adults (60+) • TAY (16-25) • Monolingual Spanish Speakers • Community Members	• Older Adults (60+) • TAY (18-25) • Monolingual Spanish Speakers • Community Members	• Older Adults (60+) • TAY (18-25) • Monolingual Spanish Speakers • Community Members
Products in Use/Planned	• myStrength	• myStrength	• myStrength	• myStrength
Implementation Approach	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.	• Contracting with Uptown Studios (for branding and design landing page) • Painted Brain (for outreach target populations) • Jaguar (for technology) • Sharing partner toolkit with community partners to help spread the word. • Social media post and outreach. • Presentations to priority populations.
Other Unique Qualities	• Having a hard time engaging older adults. They do not seem to be to keen on technology no matter the benefits or even incentives.		• Tabling oppurtunities have picked up with school being back in session.	• Tabling events seem to garner an increase in individuals registering for myStrength. Being able to speak to our target audiences in person allows for follow-up questions and the opportunity to take a flyer on the go to register later.
Milestones	• Attended 3 tabling events in the community and shared information about myStrength with our priority populations.	• Posted for a Peer Support position to assist with outreach and participant recruiment for Help@Hand	• Hired our Peer support specialist to assist with the close out of this project.	• Peer Support Specialist has assisted at tabling events by providing one on one support to individuals signing up for myStrength. Attended 8 tabling events in the community to promote myStrength to our priority populations.
Lessons Learned Across Year 5	• Seniors appreciate the one on one support and guidance when downloading and accessing the myStrength app. • We learned that in person interaction/engagement helped increase signups for myStrength. We also learned that sending participants emails to fill out documents and pre and post surveys was a challenge.			
Recommendations Across Year 5	• Ensure peer support is available as needed to help seniors with DHL and downloading/accessing the app.			
Cross County/City Sharing Across Year 5	• Reached out to City of Berkely to get a better understanding of how they shared their access codes with the community.			

*Tri-City's Help@Hand project ended in December 2023.

Additional appendices include the following. This report and all appendices are located at: https://sites.uci.edu/helpathand/.

- Appendix B- Conceptualizing and Measuring Mental Health Stigma
- Appendix C- Making Devices and Internet Available in Help@Hand Counties/Cities Learning Brief
- Appendix D- City of Berkeley: Help@Hand Evaluation Final Report
- Appendix E- Kern County: INN Tech Suite (Help@Hand) Final Report
- Appendix F- Kern County and Help@Hand Evaluation Team: Guide to Behavioral Health Apps Journal Article
- Appendix G- Los Angeles County: El Camino College Students' Mental Health Needs and Views on Mental Health Technologies Report
- Appendix H- Marin County: myStrength Pilot Report
- Appendix I- Modoc County: INN Tech Suite (Help@Hand) Final Report
- Appendix J- Monterey County: Help@Hand Screening Application/Tool Pre-Implementation Qualitative Evaluation Report
- Appendix K- Monterey County: Help@Hand Screening Application/Tool Pre-Implementation Qualitative Evaluation Report SUPPLEMENT, Spanish-Speaking Client Perspectives
- Appendix L- Monterey County: WellScreen Monterey Evaluation Final Report
- Appendix M- Orange County: INN Tech Suite (Help@Hand) Final Report
- Appendix N- Riverside County and Help@Hand Evaluation Team: DHoH Needs Assessment Journal Article
- Appendix O- Riverside County: Help@Hand Innovation Project Evaluation Report
- Appendix P- San Mateo County: MHSA INN Final Report
- Appendix Q- Santa Barbara County: Mommy Connecting to Wellness Presentation

help @ hand™ Evaluation

For questions or feedback, please contact:
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