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Date: September 15, 2021

To: Help@Hand Collaborative Cities and Counties

From: CalMHSA

Re: CalMHSA Comments on Help@Hand Year 3 Quarters 1 and 2 Evaluation Report

Dear Help@Hand Cities and Counties,

CalMHSA is proud to support this multi-year innovation project, in which 14 California Cities and Counties work together to explore mental health solutions through the use of technology. At publication of this report, Help@Hand project has achieved the following accomplishments:

- Twelve product launches (pilot or general implementation)
- Planning for four additional pilot launches and five general implementations
- More than 400 events (local and statewide) to share Help@Hand with stakeholders
- Increased awareness of the importance of digital literacy for product adoption

A key component of the project is evaluation, which reports results on an incremental and annual basis. The following report comprises Year 3, Quarters 1 and 2 (January 1, 2021 – June 30, 2021) of the Help@Hand evaluation and synthesizes evaluation findings across Cities/Counties.

The analysis and findings presented are those of the University of California, Irvine's (UCI) Help@Hand evaluation team. CalMHSA works collaboratively with UCI throughout the project and reviews the report for confidentiality, but neither CalMHSA, nor Cities/Counties are authors of the report.

### **How to Read This Report**

Evaluation reports are written with the Help@Hand Cities/Counties in mind as the target audience, however the project understands there are many other stakeholders who also have interest in these reports. Quarterly evaluation reports are not intended to be exhaustive. They are intended to provide Cities and Counties with formative feedback that can be integrated during the project, rather than waiting until the project conclusion. Despite the detail provided in the report, readers should note the analysis and findings outlined in herein are still in summary and do not constitute all City/County, collaborative or project management activities completed during this evaluation period.

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CalMHSA invites Help@Hand Cities/Counties to consider the following as they review the report:

- **Reflect** – Review and acknowledge the incredible work that has been done to date. Please take the time to recognize those on your teams, and in your communities, who have worked diligently to bring the project this far.
- **Learn** – One of the primary intentions of the Help@Hand innovation project is to learn. Learning includes both acknowledgement of successes and consideration of opportunities to improve. CalMHSA respects the openness and vulnerability of all project participants in embracing a learning mindset through which we explore and discover innovative solutions to improve our communities and save lives.
- **Respond** – After reading the report, if you have questions or wish to provide comments, please email your feedback to CalMHSA at [helpathand@calmhsa.org](mailto:helpathand@calmhsa.org) and to UCI at [dsorkin@uci.edu](mailto:dsorkin@uci.edu).

This report is a lengthy document in excess of 110 pages. To assist you in navigating, here is a preview of how the report is organized, including the page number where each section begins:

- Executive Summary (page 5)
- Summary of Activities (page 10)
- Recommendations (page 82-85)
- Spotlights (pages 15, 18, 47, 60, 64, 72)
- City/County Program Information (page 86)
- Learning Brief: Review of Headspace, MyStrength and other selected apps (page 108)
- Report Chapters are structured in the following format:
  - Key points for chapter
  - Overview and outline
  - Methods & Findings
  - Learnings

### **Year 3, Quarters 3 and 4 Preview**

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

- Cities/Counties are working on plans to launch additional pilots and general implementations. Working closely with CalMHSA's implementation managers they are developing implementation plans to leverage community-based organizations and other local experts to expand community engagement. Collaborative learning

9/15/2021



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and sharing continues to be a focus as CalMHSA explores additional ways to engage Cities and Counties and promote just-in-time sharing of lessons learned. CalMHSA conducted feedback sessions with Tech Leads during implementation calls to gain insight on how to enhance the shared learning experience and will be implementing solutions based on that feedback.

- The collaborative will present a project update to OAC in November 2021.
- Looking to 2022, the collaborative focus will begin shifting from pilots to implementations and sustainability of programs and products Cities and Counties may wish to continue beyond the lifespan of the innovation project.

Thank you for your interest in the learnings from Help@Hand. Questions or comments can be provided by contacting CalMHSA at [helpathand@calmhsa.org](mailto:helpathand@calmhsa.org) and UCI at [dsorkin@uci.edu](mailto:dsorkin@uci.edu).

# help @ hand™ Evaluation

## Mental Health Services Act (MHSA) Innovation Technology Suite Evaluation

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## Help@Hand Statewide Evaluation: Year 3 Report (Quarter 1 and Quarter 2) January – June 2021 Submitted July 2021





**Recommended Citation:** Sorkin, D.H.; Mukamel, D.; Eikey, E.; Schueller, S.M.; Schneider, M.; Stadnick, N.; Zheng, K.; Borghouts, J.; Bunyi, J.; Ceballos–Corro, E.; De Leon, C.; Jacobson, L.; Marcotte, V.; Mathew, A.B.; Neary, M.; Palomares, K.; Swanson, K. (2021). Help@Hand Statewide Evaluation: Year 3 Report (Quarter 1 and Quarter 2). Program of Research in Translational Technology Enabling High Quality Care, University of California, Irvine.

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

**Acknowledgements:**

The Help@Hand evaluation team wishes to acknowledge and thank the participating 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.

<b>EXECUTIVE SUMMARY</b> .....	5
<b>INTRODUCTION</b> .....	8
<b>SUMMARY OF ACTIVITIES</b> .....	10
<b>SPOTLIGHT – HELP@HAND COMMUNICATION: SUCCESS STORIES FROM THE WEBSITE AND COMMUNICATION TEMPLATES</b> .....	15
<b>SPOTLIGHT – CROSS-COUNTY AND CITY COLLABORATIONS</b> .....	18
<b>SYSTEM EVALUATION</b> .....	20
KEY POINTS.....	20
OVERVIEW.....	21
APP MARKET SURVEILLANCE.....	21
ENVIRONMENTAL SCAN.....	22
CROSS-COUNTY AND CITY LESSONS LEARNED EVALUATION.....	22
<b>PEER EVALUATION</b> .....	26
KEY POINTS.....	26
OVERVIEW.....	27
PEER EVALUATION .....	27
<b>COUNTY/CITY AND CONSUMER EXPERIENCE EVALUATION</b> .....	33
KEY POINTS.....	33
OVERVIEW.....	34
HEADSPACE EVALUATION.....	36
CITY OF BERKELEY.....	43
LOS ANGELES COUNTY .....	44
MARIN COUNTY .....	45
<b>SPOTLIGHT – STAFF OBSERVATIONS AND LESSONS LEARNED: MARIN COUNTY’S MYSTRENGTH PILOT</b> .....	47
MONO COUNTY .....	53
MONTEREY COUNTY .....	53
ORANGE COUNTY.....	55

RIVERSIDE COUNTY .....	58
<b>SPOTLIGHT - RIVERSIDE COUNTY SUCCESSFULLY MARKETING TAKEMYHAND.....</b>	<b>60</b>
<b>SPOTLIGHT - RIVERSIDE LGBTQIA COMMUNITY .....</b>	<b>64</b>
SAN FRANCISCO COUNTY .....	67
SAN MATEO COUNTY .....	69
<b>SPOTLIGHT - PROMPT ACTION IN RESPONSE TO UNAUTHORIZED ACCESS .....</b>	<b>72</b>
SANTA BARBARA COUNTY .....	74
TEHAMA COUNTY .....	76
TRI-CITY .....	78
<b>OUTCOMES EVALUATION AND DATA DASHBOARDS .....</b>	<b>80</b>
KEY POINTS.....	80
OVERVIEW .....	81
OUTCOMES EVALUATION.....	81
DATA DASHBOARDS .....	81
<b>RECOMMENDATIONS .....</b>	<b>82</b>
<b>REFERENCES .....</b>	<b>85</b>
<b>APPENDIX A COUNTY/CITY PROGRAM INFORMATION .....</b>	<b>86</b>
<b>APPENDIX B LEARNING BRIEF: REVIEW OF HEADSPACE, MYSTRENGTH, AND OTHER SELECTED APPS.....</b>	<b>108</b>

The Innovation Technology Suite Project (branded as Help@Hand in 2019) is a statewide innovation project funded by Prop 63 (now known as the Mental Health Services Act). Help@Hand aims to understand how digital therapeutics fit within the public mental health system of care. It also seeks to integrate Peers<sup>1</sup> throughout the program.

The first half of Year 3 for the Help@Hand program was marked with all participating counties/cities planning and implementing pilots and implementations of various technologies. It also involved counties/cities outreaching to communities with education on digital literacy, as well as providing devices to facilitate access to technology. Evaluation of these efforts this period included:

- A review of Headspace, myStrength, and comparable apps;
- Interviews and surveys with key stakeholders to understand program activities, successes, challenges, and lessons learned;
- Documentation of county/city activities throughout the period; and
- Collaboration with counties/cities and technology vendors to plan analysis of data from pilot and implementation projects.

## HELP@HAND EVALUATION ACTIVITIES, LEARNINGS, AND RECOMMENDATIONS

### System Evaluation

A market surveillance reviewing Headspace, myStrength, and comparable apps was conducted. Headspace and myStrength were chosen because they were considered or used by many counties/cities for the Help@Hand program. Key learnings from the review included:

- All apps reviewed had mindfulness and sleep content.
- English speaking individuals may benefit the most from these apps.
- Counties/cities should identify how content within a product aligns with program goals and how to support people within their county/city.
- Counties/cities should create implementation plans based on their expected use of a particular product (e.g., “Some people find that this app is most helpful when used X times each week” or “This app may be helpful to use when people are feeling Y”)

CalMHSA leadership was interviewed this period to learn about program changes, accomplishments, opportunities, successes, challenges, and lessons learned affecting Help@Hand. The interview revealed:

- CalMHSA identified shifting to respond to the COVID-19 pandemic and streamlining processes, particularly to facilitate faster technology launches, as program changes.
- Understanding the mental health technology needs of communities served, streamlining project processes, and expanding technology offerings for target populations were key accomplishments and successes.
- The COVID-19 pandemic offered an opportunity to discuss mental health and increase access to digital mental health resources around the world.
- Product limitations (e.g., limited language availability), barriers to adapt products, misaligned understanding of public sector mental health services between counties/cities and technology vendors, and competing county/city priorities during COVID-19 were challenges to the Help@Hand program.

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



- Based on the interview with CalMHSA Leadership, four primary reflections were reaffirmed: 1) the importance of assessing community needs before launching a technology; 2) ensuring use of culturally competent technologies; 3) conducting digital literacy trainings to help people feel comfortable with technology; and 4) streamlining processes to support faster launches of pilots and/or implementations.

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## Peer Evaluation

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Twelve individuals (eight Peer Leads, three Tech Leads, and one person who was both a Peer Lead and a Tech Lead) were surveyed and interviewed about the Help@Hand Peer component. Surveys and interviews on the Help@Hand Peer component suggested the following:

- Product testing, outreach, creating materials, receiving and delivering digital literacy training, and piloting technology were Peer activities this period.
- Help@Hand Peers had several successes during this evaluation period, including positive experiences for themselves and individuals in their communities, increased Peer input into decision-making and communication, and improved collaboration and workplace practices.
- Counties/cities experienced challenges related to translation of materials and dissemination of information.

Peer recommendations to improve Help@Hand included the following:

- Establish a system and process to facilitate sharing of new local Peer-created resources in each city/county across the Help@Hand Collaborative.
- Post to Sharepoint and regularly update a list of Peer Lead contacts at each Help@Hand county/city.
- Create an organizational chart that depicts the role of the Peer Leads within the Help@Hand program.
- Develop and distribute a newsletter to inform Help@Hand Peer Leads about Peer-led activities happening across the Collaborative.
- Include a one-on-one interaction during the handoff of mobile devices to community members for Help@Hand activities in order to educate the recipient on device use.
- Expect that the first implementation of any educational outreach effort may encounter challenges, and the goal should be to gather information that will inform the next attempt, which is then more likely to succeed.

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## County/City and Consumer Experience Evaluation

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Help@Hand counties/cities worked on a number of activities this period. These included:

- Orange and Riverside Counties planned needs assessments to understand their target population's perception of mental health, use of technology to support mental health, and desired resources to support mental health.
- Mono, Riverside, and Santa Barbara Counties explored different technologies in order to identify appropriate products to pilot or implement within their counties.
- Pilots tested potential technologies with a target population on a small scale in order to inform whether to implement those technologies on a larger scale. Marin, Riverside and San Francisco Counties as well as Tri-City planned pilots of Uniper, A4i, Take my Hand, and myStrength with their target populations, respectively. San Mateo and Tehama Counties launched pilots with Wysa and myStrength, respectively. Marin launched and completed a pilot of myStrength with older adults this period.

- Implementations launched technologies across the target populations or were used for the remainder of the project. Los Angeles County implemented Prevail with their general population. Orange County implemented Mindstrong with clients at a local healthcare provider. Riverside County implemented Take my Hand, their peer-chat app, with their residents. Meanwhile, the City of Berkeley planned an implementation of myStrength with its residents. Los Angeles County planned an implementation of MindLAMP with its clients.
- Los Angeles, San Francisco, and San Mateo Counties offered their communities Headspace as a way to address mental health needs across their counties, particularly for those communities impacted by COVID-19. The City of Berkeley began planning a similar launch of Headspace.
- Monterey and Los Angeles Counties released a Request for Proposal and selected a vendor to develop a web-based mental health assessment tool. The tool will screen individuals for a broad spectrum of mental health disorders and refer them to appropriate care within the local mental health system.
- Kern and Modoc Counties completed their Help@Hand projects and transitioned off the program this period.

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### Outcomes Evaluation and Data Dashboards

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Counties/cities and technology vendors worked with the Help@Hand evaluation team to discuss what data from apps and other sources to include in the evaluation as well as how to collect this data. The Help@Hand evaluation team also worked to collect data from the California Health Interview Survey (CHIS) and California Health and Human Services' Vital Statistics.

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### Recommendations

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Recommendations based on evaluation learnings are provided on page 83 for the Help@Hand Collaborative and the individual Help@Hand counties/cities.

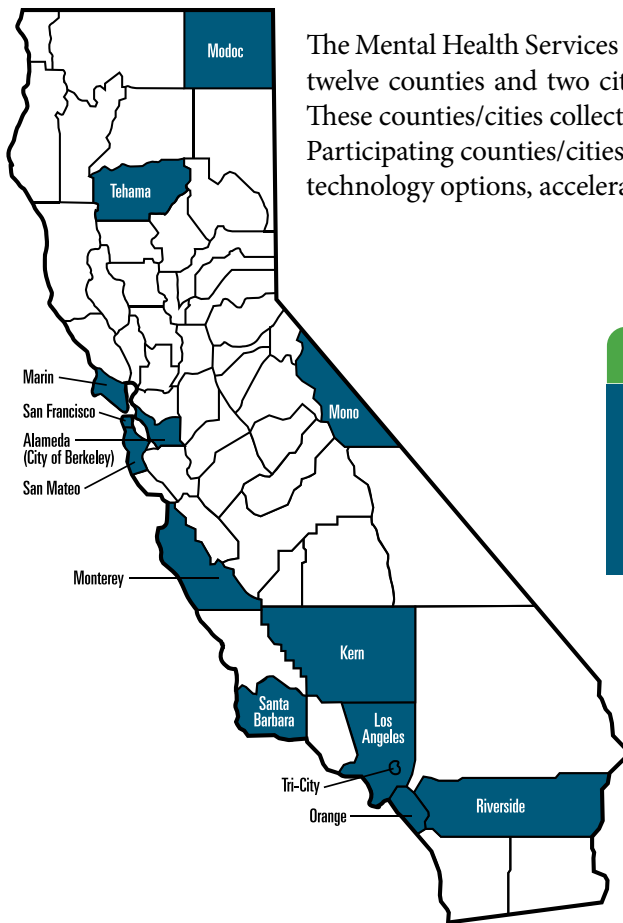


The Innovation Technology Suite Project (branded as Help@Hand in 2019) is a five-year<sup>2</sup> statewide demonstration funded by Prop 63 (now known as the Mental Health Services Act) and has a total budget of approximately \$101 million. It is designed to bring a set (or “suite”) of mental health digital therapeutic technologies into the public mental health system. The program intends to understand how digital therapeutics fit within the public mental health system of care. In addition, Help@Hand leads innovation efforts by integrating Peers throughout the program.

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

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

<sup>2</sup> The project was originally designated as a 3-year effort.



The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved twelve counties and two cities across the state of California to participate in the program.<sup>3</sup> These counties/cities collectively represent nearly one-half of the population in California. Participating counties/cities collaborate to develop a shared learning experience that expands technology options, accelerates learning, and improves cost sharing.

#### Participating Counties/Cities

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

## ABOUT THE EVALUATION

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

This evaluation report presents learnings and recommendations from Quarters 1 and 2 of Year 3 (January-June 2021). The report is organized as follows:

- **Summary of Activities – Describes key activities and milestones accomplished**
- **Evaluation – Reports activities and learnings on:**
  - o System Evaluation
  - o Peer Evaluation
  - o County/City and Consumer Experience Evaluation
  - o Outcomes Evaluation and Data Dashboards
- **Recommendations – Presents recommendations based on learnings**

<sup>3</sup> Counties and cities can participate by submitting a proposal to the MHSOAC. Upon approval, counties and cities contract with CalMHSA, which serves as the administrative and fiscal intermediary for the program. Inyo County began participating in 2018, but withdrew later in 2018 due to insufficient internal resource capacity.

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

## Q1: JANUARY-MARCH 2021

### Oversight and Help@Hand Leadership

- Held Help@Hand Leadership Committee meeting
- Approved process update for pilot approval and vendor selection
- Approved funding for California Health Interview Survey (CHIS) data collection in 2021-22
- Reviewed timeline for evaluation scope of work update

### County/City Activities

- Launched pilot (Marin County)
- Planned pilots (Riverside County, San Francisco County, San Mateo County, Tehama County, Tri-City)
- Continued implementations (Los Angeles County, Orange County, Riverside County, San Mateo County)
- Launched implementations (Los Angeles County, San Francisco County)
- Planned implementations (City of Berkeley, Los Angeles County)
- Explored technology with target populations (Riverside County, Santa Barbara County)
- Released Request for Proposal and held bidders' conference (Monterey County, Los Angeles County)
- Transitioned off project (Kern County)

### Project Management

- Presented updated Help@Hand Collaborative budget
- Announced open Peer Program Coordinator position
- Created brief Help@Hand introduction video
- Launched redesigned Help@Hand website
- Facilitated process with counties/cities and the Help@Hand evaluation team to discuss an updated Help@Hand evaluation scope of work
- Executed 14 contracts
- Created and shared "Equitable Distribution of Devices Information Sheet"
- Hosted meetings with vendors, counties/cities, and Help@Hand evaluation team
- Facilitated learnings on Tech Lead calls, Peer Lead calls, and cross-county and city collaboration meetings
- Developed "Marketing Checklist"

## Quarter 1 (January-March 2021)

### Oversight and Help@Hand Leadership

Help@Hand began the year with a Help@Hand Leadership Committee meeting attended by project leadership from each participating county/city. During the meeting, the Help@Hand leadership approved the new pilot approval and vendor selection process. The new pilot approval process involves CalMHSA reviewing and validating pilot proposals in lieu of Help@Hand leadership reviewing and approving proposals. The new process should help expedite the pilot process. The vendor selection process allows counties/cities to select vendors not currently available through the 2019 Help@Hand Request for Statement of Qualifications (RFSQ) provided they meet certain conditions.

The Help@Hand leadership also approved continued funding of survey collection by California Health Interview Survey (CHIS). CHIS is the largest state health survey in the nation that asks questions on a wide range of health topics to a random sample of teens and adults throughout California. In addition to collecting data from CHIS' routinely asked survey, the Help@Hand evaluation team and CalMHSA worked with CHIS to include additional questions related to Help@Hand. CHIS was contracted to field their survey with the additional questions between 2019-2020. This quarter the Help@Hand Leadership approved extending the survey collection to 2021-2022.

In addition, CalMHSA provided an overview and timeline to update the Help@Hand evaluation scope of work (SOW). The current evaluation SOW only includes the initial Help@Hand counties and technologies. The new SOW would support all counties/cities and technologies.

### County/City Activities

This period several counties/cities provided technology education and support to their communities, offered devices to those who could benefit from them, and worked on various technology pilots and implementations.

### Pilots

Marin County enrolled older adults to participate in their myStrength pilot as well as recruited and trained personnel to support the pilot. In March 2021, Marin County offered digital

**Q2: APRIL-JUNE 2021****Oversight and Help@Hand Leadership**

- Held no Help@Hand Leadership Committee meeting

**County/City Activities**

- Launched pilot (San Mateo County, Tehama County)
- Completed pilot (Marin County)
- Planned pilots (Marin County, Riverside County, San Francisco County, Tri-City)
- Continued implementations (Los Angeles County, Orange County, Riverside County, San Francisco County, San Mateo County)
- Planned implementations (City of Berkeley, Los Angeles County)
- Explored technology with target populations (Mono County, Riverside County, Santa Barbara County)
- Completed Request for Proposal (Monterey County, Los Angeles County)
- Transitioned off project (Modoc County)

**Project Management**

- Reviewed candidates for Peer Program Coordinator position
- Onboarded Implementation Manager
- Launched the Spanish version of the Help@Hand website
- Planned stakeholder webinar
- Continued to discuss new evaluation scope of work with counties/cities and the Help@Hand evaluation team
- Executed three contracts for Riverside County
- Hosted meetings with vendors, counties/cities, and Help@Hand evaluation team
- Facilitated learnings on Tech Lead calls, Peer Lead calls, and cross-county and city collaboration meetings
- Launched a new Help@Hand SharePoint site
- Developed "Implementation Checklist" and "Implementation Status Report"

literacy courses to pilot participants before they engaged with myStrength.

Riverside, San Francisco, San Mateo, and Tehama Counties as well as Tri-City planned technology pilots also. Riverside County began planning a pilot of A4i for use with consumers in their Full-Service Partnership (FSP) programs. San Francisco County decided to pilot Take my Hand, a peer-chat app developed by Riverside County, and worked closely with Riverside County to plan their pilot. San Mateo County received approval on their pilot proposal of Wysa with older adults and TAY. They also conducted launch design meetings with Wysa's developers and planned their pilot evaluation. Tehama County executed their myStrength contract and scope of work as well as met with myStrength to receive training and coordinate logistics. Tri-City selected myStrength for their pilot in February 2021 and began planning their pilot in March 2021.

***Implementations***

Los Angeles and San Mateo Counties continued to offer free subscriptions to Headspace within their respective counties. San Francisco County launched Headspace in their county in March 2021. Meanwhile, the City of Berkeley planned their implementation of Headspace and Santa Barbara explored Headspace with their target populations. In January 2021, these counties/cities participated in the Headspace Survey Workgroup, which was facilitated by the Help@Hand evaluation team, and aims to collaboratively develop a survey evaluating the consumer experience. More information about the workgroup can be found on page 36.

Counties/cities worked to implement other technologies in their communities as well. Orange County continued to implement Mindstrong and Riverside County continued to implement Take my Hand. Los Angeles County executed a contract with Prevail and launched their implementation. Los Angeles County also continued to plan their implementation of MindLAMP with their clients. The City of Berkeley decided to implement myStrength and began to plan their implementation.

On behalf of Monterey and Los Angeles Counties, CalMHSA released the Request for Proposal (RFP) in January 2021 to identify a technology vendor to design and develop an evidence-based assessment tool. A bidders' conference was also held in January 2021.

***Transitions***

Lastly, Kern County transitioned off the project and submitted their final report to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

## Project Management

### *Program Budget and Staffing*

This quarter CalMHSA updated the Help@Hand Collaborative budget to reflect recent changes such as Kern and Modoc Counties completing their Help@Hand projects. The updated budget was presented to Help@Hand Tech Leads in March 2021.

In March 2021, CalMHSA announced their open Peer Program Coordinator position. The role would provide guidance to CalMHSA and ensure projects align with the interests and needs of consumers in participating counties/cities.

### *External Communication*

Based on input from the Help@Hand Collaborative, CalMHSA created a brief video in February 2021. The video provides a high-level overview and vision of Help@Hand. It also informs how people can learn more about the program and engage with it. The video is available online at: <https://helppathandca.org/about/>.

In March 2021, CalMHSA launched the new Help@Hand website. The website was redesigned based on feedback from the Help@Hand Collaborative and is located at: <https://helppathandca.org>. The spotlight on page 15 has more information.

### *Contracts and Technology Support*

Throughout the quarter, CalMHSA worked with the Help@Hand evaluation team to facilitate discussions with counties/cities to select an updated Help@Hand evaluation SOW. Based on feedback from some counties/cities, the Help@Hand evaluation team presented different options for counties/cities to consider and select as the new SOW.

CalMHSA executed 14 contracts for the Help@Hand Collaborative this quarter. This included finalizing the device procurement contract for Riverside County to provide devices to community members in order to access technology available through the Help@Hand program.

CalMHSA researched resources to help counties/cities distribute devices to their community members. Resources were compiled in a document titled “Equitable Distribution of Devices Information Sheet,” which was shared with the Collaborative in January 2021.

In addition, CalMHSA hosted meetings with vendors, counties/cities, and the Help@Hand evaluation team in order to plan and coordinate efforts. These included 10 vendor launch meetings this quarter.

## Collaborative Learning

CalMHSA presented an overview of the software development life cycle (SDLC) to Help@Hand Tech Leads in January 2021. The presentation discussed general considerations and timelines for building an app as well as how SDLC applies to current Help@Hand activities.

In January 2021, CalMHSA and the Help@Hand evaluation team discussed with Help@Hand Tech Leads insights on the experience and learnings from recent focus groups. Members from Marin, Riverside, and Santa Barbara Counties also shared their experiences with holding focus groups. The “Lessons Learned: Sharing Tips for Focus Groups” presents these learnings and was shared with Tech Leads in February 2021.

Riverside County also presented information to Help@Hand Tech Leads about their implementation of Take my Hand and their Peer Operator training. In particular, they shared highlights of the trainings, how they developed the training, and examples of the training on their learning platform.

Along with supporting learning among Help@Hand Tech Leads, CalMHSA hosted and supported Peer Collaboration meetings. The meetings involved Peers sharing local project updates. CalMHSA also facilitated three cross-county and city collaboration meetings in February 2021. Topics included Peer sharing, marketing Headspace, and outreach.

The spotlight on page 18 highlights additional cross-county and city collaborations considered as program successes.

### *Tool Development*

CalMHSA developed the “Marketing Checklist.” CalMHSA previously wrote a whitepaper on marketing tactics and best practices. The “Marketing Checklist” outlines tactics CalMHSA can use to support counties/cities with marketing.

## Quarter 2 (April-June 2021)

### **Oversight and Help@Hand Leadership**

The Help@Hand Leadership Committee meeting was not held this quarter.

### **County/City Activities**

In Quarter 2, counties/cities continued to provide education and devices to their communities as well as work on technology launches.

## *Pilots*

This quarter San Mateo County launched their pilot of Wysa with 16 youth and 30 older adults. The pilot began with Peers hosting virtual kick-off meetings orienting participants to the pilot and technology. Focus groups and exploration groups will be held next quarter at the end of the pilots.

Tehama County launched their myStrength pilot with persons experiencing or at risk of homelessness, isolated individuals, and Tehama County Health Services Agency–Behavioral Health (TCHSA-BH) consumers. The county paused their pilot to revisit information sharing between partners.

Marin County completed their myStrength pilot with older adults, with the Help@Hand evaluation team analyzing pilot data to share with the county next quarter. Marin County also began to design a pilot of Uniper Care/Covia with older adults.

Riverside, and San Francisco Counties as well as Tri-City continued to plan their pilots. Mono County reviewed potential technologies and selected myStrength as a product to further explore for a pilot.

## *Implementations*

Los Angeles, San Francisco, and San Mateo Counties continued to offer free subscriptions to Headspace within their respective counties. The City of Berkeley and Santa Barbara County also continued to plan and explore Headspace for their communities, respectively. Those participating in the Headspace Survey Workgroup collaboratively drafted a survey to measure the consumer experience of Headspace.

Los Angeles, Orange, and Riverside Counties continued to implement Prevail, Mindstrong, and Take my Hand in their respective counties as well. The City of Berkeley also continued to plan their implementation of myStrength. The City of Berkeley executed a participation agreement with CalMHSA as well as worked on their budget and marketing contract with support from CalMHSA. Los Angeles County also continued to plan their implementation of MindLAMP.

Monterey County worked with an independent committee of reviewers to review proposals submitted to the screening tool RFP. CalMHSA announced CredibleMind won the bid for a contract in April 2021.

## *Transitions*

This quarter Modoc County officially transitioned off the project.

## *Project Management*

### *Staffing*

In Quarter 2, CalMHSA began to review candidates that applied for the Peer Program Coordinator position (described above). CalMHSA onboarded an Implementation Manager in April 2021. The new Implementation Manager filled a position that was vacated in March 2021.

### *External Communication*

In May 2021, CalMHSA launched Ayuda@La Mano, the Spanish version of the Help@Hand website. The Help@Hand Collaborative requested the website be created in order to provide program related information to Spanish-speaking community members.

In June 2021, CalMHSA also began to work with the Help@Hand Collaborative to plan an upcoming stakeholder webinar. The webinar was rescheduled from May to August 2021. It aims to provide information and updates related to Help@Hand to the general public.

### *Contracts and Technology Support*

CalMHSA continued to discuss an updated SOW with counties/cities and the Help@Hand evaluation team. Although CalMHSA expected to finalize an evaluation SOW in early 2021, the SOW discussions will continue into the next quarter.

CalMHSA continued to execute several contracts. These included executing three new contracts for Riverside County. In addition, CalMHSA met with vendors, counties/cities, and Help@Hand evaluation team to discuss contracts and technology support. Vendors engaged this quarter included A4i, CredibleMind, GM, Jaguar, LiveChat, MindLAMP, Prevail, and Qualtrics.

### *Collaborative Learning*

CalMHSA hosted and supported Peer Collaboration meetings. Peers gave updates related to their county/city's Help@Hand projects, shared activities for Mental Health Awareness Month, and gave recommendations on how to onboard the Peer and Community Engagement Manager.

CalMHSA presented to Tech Leads on participation agreements and business associate agreements (BAAs) established between CalMHSA, counties/cities, and vendors for the Help@Hand program. This presentation was in response to counties/cities' inquiries



about sharing protected health information (PHI) and personally identifiable information (PII) as part of the Help@Hand program.

With support from the Help@Hand evaluation team, CalMHSA facilitated learning between counties/cities on their experiences and best practices with distributing devices equitably to community members. The purpose of the meeting was for counties/cities to learn from each other, given that some already distributed devices, others were planning distribution, and still others decided against distributing devices.

Riverside and San Francisco Counties shared their experience with marketing their technology efforts. Riverside County used mixed media (e.g., bus advertisements and billboards) to market Take my Hand. San Francisco County used social media and radio advertisements to market Headspace within their county.

### *Tool Development*

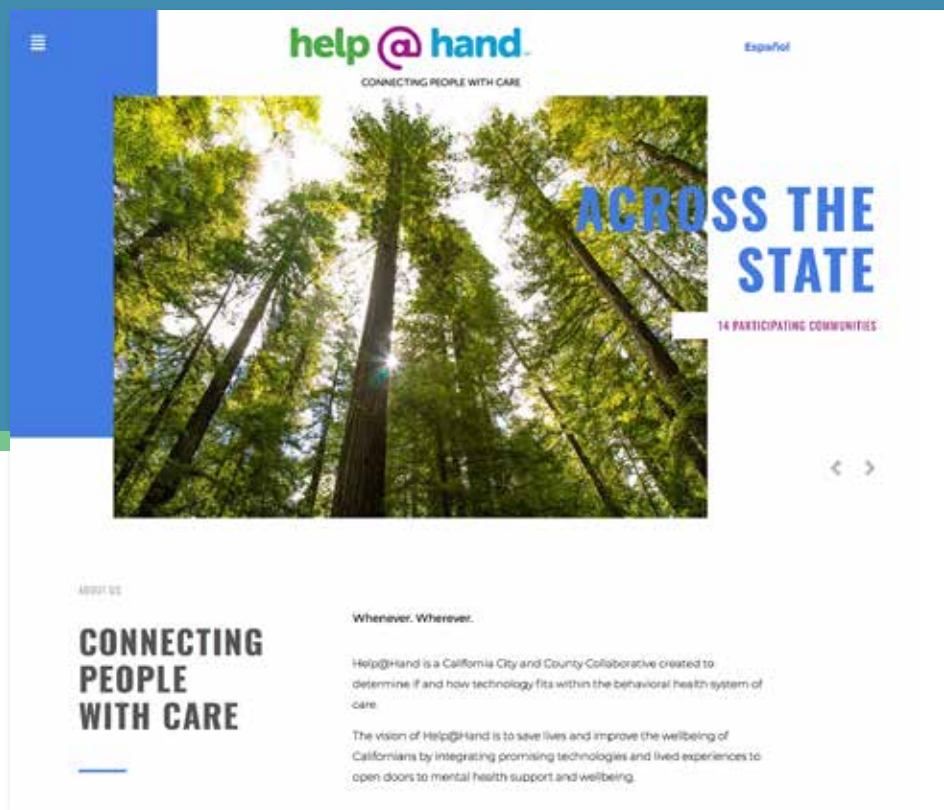
In May 2021, CalMHSA launched a new Help@Hand SharePoint website that replaced their previous SharePoint site. SharePoint is a web-based platform that allows teams to securely store, share, and access documents and other information internally. The new site was communicated during meetings and emails. Virtual office hours were held to orient Collaborative members to the new site and help them access it.

CalMHSA also developed the “Implementation Checklist,” which aims to simplify past project management tools. Tri-City successfully piloted the “Implementation Checklist.” The checklist is available to other counties/cities.

CalMHSA created the “Implementation Status Report.” This report summarizes each county/city’s project information, progress, timelines, and issues on a regular basis.

# SPOTLIGHT

## Help@Hand Communication: Success Stories from the Website and Communication Templates



### ● Introduction ●

The Help@Hand Collaborative is made up of 14 Counties and Cities who have several different goals for this project at their local levels. Over time CalMHSa has evolved Collaborative-wide practices of communication and processes to reach consensus amongst the differing needs of the counties and cities. Two recent examples highlight how Collaborative communication process changes throughout the project are working well: the Help@Hand website updates and updated Collaborative communication strategy approach.

These processes reflect considerations the Help@Hand project management team implemented after receiving recommendations in the evaluation reports to “continue to develop processes and tools for regular and integrated communication between Counties/Cities, CalMHSa, Help@Hand evaluation and other stakeholders for updates and collaborative planning” (2020 Quarter 2 evaluation report).

### ● Help@Hand Website Updates ●

In the Fall of 2020, the Help@Hand Collaborative decided the website could be updated with additional project information, graphics and overall design. The outcome of this initiative was a new Help@Hand collaborative website design and improved processes for Collaborative feedback.

HelpatHandca.org was originally built by a marketing contractor in the beginning of 2020. Since then, CalMHSA received consistent feedback from Counties and Cities that the landing page should be more robust to match the innovative vision of the project. CalMHSA had the skills to act on the collaborative's feedback internally, and at the directive of the Collaborative, made updates to the website based on initial feedback to improve the interface and the back end of the site. The process CalMHSA followed to make these updates is outlined below.

- CalMHSA sent out a survey form for the Collaborative to share other comments and suggestions based on their assessment of the site.
- CalMHSA reviewed and prioritized feedback to incorporate into a timeline for the website redesign.
- The Help@Hand website redesign was launched by CalMHSA on 1/21/21.
- After receiving additional feedback, the updated website was temporarily replaced by the original website while updates addressing wording and layout on the site were addressed.
- CalMHSA developed and implemented a new internal approval process to finalize website updates.
- The website was re-launched by CalMHSA on 3/17/21 and reflects the latest feedback from the Collaborative.

## Lessons Learned

The website was originally developed to be a static site. However, when the collaborative determined changes and more frequent updates were needed, CalMHSA defined a process and checklist for website updates and approval. This checklist not only included the content and design items that needed to be addressed, but what check points needed to be complete to reach the review stage and receive final approval. This also included detailing who the approvers were and what they needed to review and approve.

Throughout this process CalMHSA worked to clarify priorities for the website, including timelines and process updates. The overall goal was to clarify expectations for the website and ensure critical feedback received from the Collaborative was included in website updates. An example of how CalMHSA sought to clarify roles and expectations to improve the Collaborative approval and change making process is included in the excerpt of an email included below.

### SAMPLE

Your role: Please review the website and note any of the following:

- **"Critical" issues:** critical changes are egregious errors such as inaccurate information, broken links, or harmful messaging or imagery.
- **"Routine" issues:** routine changes are important, but can be worked into our regular update cadence and include spelling, format, stylistic or preferences, user experience.
- **General feedback:** anything else you would like to share with CalMHSA





## Integration of Peers

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Integrating Peers into the Help@Hand program has been part of the work for many cities and counties. In Tehama, Peers have been essential to the program from the beginning. They provided direct service as well as participated in the workgroup that defined and selected the measurement constructs being used by the evaluation team to assess mental health stigma. For cities and counties new to using Peers, Tehama has been a suggested example and support to them.

While in the midst of planning their Take my Hand pilot San Francisco Peers have been working closely with the Riverside Peers to understand the Peer Support Specialist's role for the Take my Hand app. San Francisco, who is leveraging Peers from the MHSF warm line to pilot the Take my Hand app, will use their warm line's training model along with information shared by Riverside's Peers to train Peers for their pilot.

Meanwhile, Santa Barbara County, where their approach has been to put the infrastructure in place first (e.g., access to devices, training on how to use devices), has participated in the Headspace work group. In this space, Santa Barbara has learned about marketing techniques that utilize Peers. Having an active Peer group, Santa Barbara plans to use some of the strategies used by other counties/cities to promote their product.

## Marketing and Outreach Best Practices

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Another example is the work between San Francisco and San Mateo counties and Headspace. In September 2020, San Mateo launched the implementation of Headspace. Six months into the project, San Mateo considered ways to market the unused Headspace licenses. Around the same time, San Francisco launched their implementation of Headspace. Realizing that each county would benefit from marketing tips from Headspace, CalMHSA facilitated a meeting for San Francisco and San Mateo to meet with Headspace staff. Over two meetings, Headspace first learned about what was taking place at both Help@Hand locations. In the follow-up meeting, Headspace offered formal training in marketing Headspace and shared a list of assets that could be used in a marketing campaign, including a video clip to play at community events. This was especially helpful for San Francisco who had just started their implementation.

Several collaborations are currently in the works. For instance, San Francisco is planning to pilot Riverside's Take my Hand app. San Francisco will train Peer Support Specialists to support the Take my Hand app. Both will be trying out the chatbot and use of LiveChat. Also, San Francisco will review the methods used to evaluate Take my Hand and see if any changes are needed. Having already shared documentation about their own implementation including training materials, change management, wireframe for their website and the data flow for the pilot, Riverside staff will continue to share their experiences and "nuggets of information" to support San Francisco's launch of Take my Hand.

# 1 SYSTEM EVALUATION

## Key Points

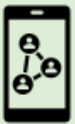
- Headspace, myStrength, and comparable apps were reviewed:
  - Mindfulness and sleep content was common in the apps reviewed.
  - People who speak English may benefit the most from these apps.
  - Different metrics are needed to determine reach (downloads), use (engagement such as monthly active users 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.
  - Counties/cities should identify how content within a product aligns with program goals and how to support people within their county/city.
  - Counties/cities should also create implementation plans based on their expected use of a particular product (e.g., “Some people find that this app is most helpful when used X times each week” or “This app may be helpful to use when people are feeling Y”).
- Interviews were conducted with CalMHSA leadership to learn about program changes, accomplishments, opportunities, successes, challenges, and lessons learned affecting Help@Hand.
  - Program changes involved shifting to respond to the COVID-19 pandemic and to streamline processes, particularly to facilitate faster technology launches.
  - Key accomplishments and successes included better understanding the mental health technology needs of communities served, streamlining project processes, and expanding technology offerings for target populations.
  - An opportunity presented by the COVID-19 pandemic allowed for more discussions on mental health and increased access to digital mental health resources.
  - Challenges were limitations of products (e.g., limited language availability), barriers to adapting products, misaligned understanding of public sector mental health services between counties/cities and technology vendors, and competing county/city priorities during COVID-19.
  - Lessons learned showed an importance for counties/cities to assess community needs before launching a technology, to ensure use of culturally competent technologies, to conduct digital literacy trainings to help people feel comfortable with technology, and to streamline processes to support faster launches of pilots and/or implementations.

## OVERVIEW

This section focuses on evaluating system-related factors that may affect Help@Hand. It presents the app market surveillance, the environmental scan, and the cross-county and city lessons learned evaluation.



The **app market surveillance** is a review of apps used within and outside of Help@Hand.



An **environmental scan** monitors public perceptions of mental health documented through key media events. It understands how international and local events (e.g. a celebrity opening up about their mental health struggles or a traumatic world event) may impact Help@Hand.



The **cross-county and city lessons learned evaluation** takes into consideration how the processes, interactions, and collaboration of counties/cities and other stakeholders impact the Help@Hand program.

## APP MARKET SURVEILLANCE

Headspace, myStrength, and comparable apps were reviewed during this period. These products were chosen because they were used or considered by many counties/cities for the Help@Hand program.

**Figure 1.1.** summarizes key learnings from the review. **Appendix B** includes a learning brief with more details.

Figure 1.1. Key Learnings from Review of Headspace, myStrength, and Comparable Apps.



1. Mindfulness and sleep content is commonly provided across the apps reviewed.



2. People who have consistent access to internet may benefit from these apps the most, since they can access the content in the apps at any time.



3. People who speak English may benefit the most from these apps.



4. Exercise caution when comparing app data using marketplace performance (e.g., download rate), as the number of people using each app varies tremendously.



5. 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.



6. Although apps with higher user experience might not always have high marketplace performance, user experience is still an important consideration when selecting apps.



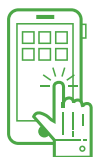
The Help@Hand evaluation team will pause work on the app market surveillance after Quarter 2 of Year 3. The pause is pending negotiations on the evaluation contract.

### Recommendations for the Help@Hand Collaborative: Market Surveillance

Key recommendations based on the review of Headspace, myStrength, and comparable apps are below. Counties/cities may consider these when making decisions about the use of mental health technologies within Help@Hand. **Appendix B** includes additional recommendations.



**Consider how content within a product aligns with goals.** If a county/city’s goal is to support non-English speaking communities, availability in languages other than English is a key decision factor when choosing a technology. If the goal is to support members with cognitive behavioral therapy (CBT) activities, the presence of CBT is the most important decision factor.



**Create implementation plans that involve expected use of products.** It might be helpful for counties/cities to specify different expected engagement patterns—for example, “Some people find that this app is most helpful when used X times each week” or “This app may be helpful to use when people are feeling Y”. Such concrete expectations can help set benchmarks on expected use both in terms of amount of use and types of content.

## ENVIRONMENTAL SCAN

An environmental scan monitors public perceptions of mental health documented through key media events. News stories based on keywords related to Help@Hand were collected, but analysis of these stories has not started due to limited staffing to support the environmental scan.

## CROSS-COUNTY AND CITY LESSONS LEARNED EVALUATION

The processes, interactions, and collaboration across the counties/cities and stakeholder groups can influence the Help@Hand program. The cross-county and city lessons learned evaluation examines these factors and identifies important learnings. The Help@Hand evaluation team interviewed CalMHSA leadership as part of the evaluation this period. The Collaborative requested a pause on conducting interviews and surveys with Help@Hand counties/cities since October 2019. There are plans to re-launch the interviews and surveys in Year 3.

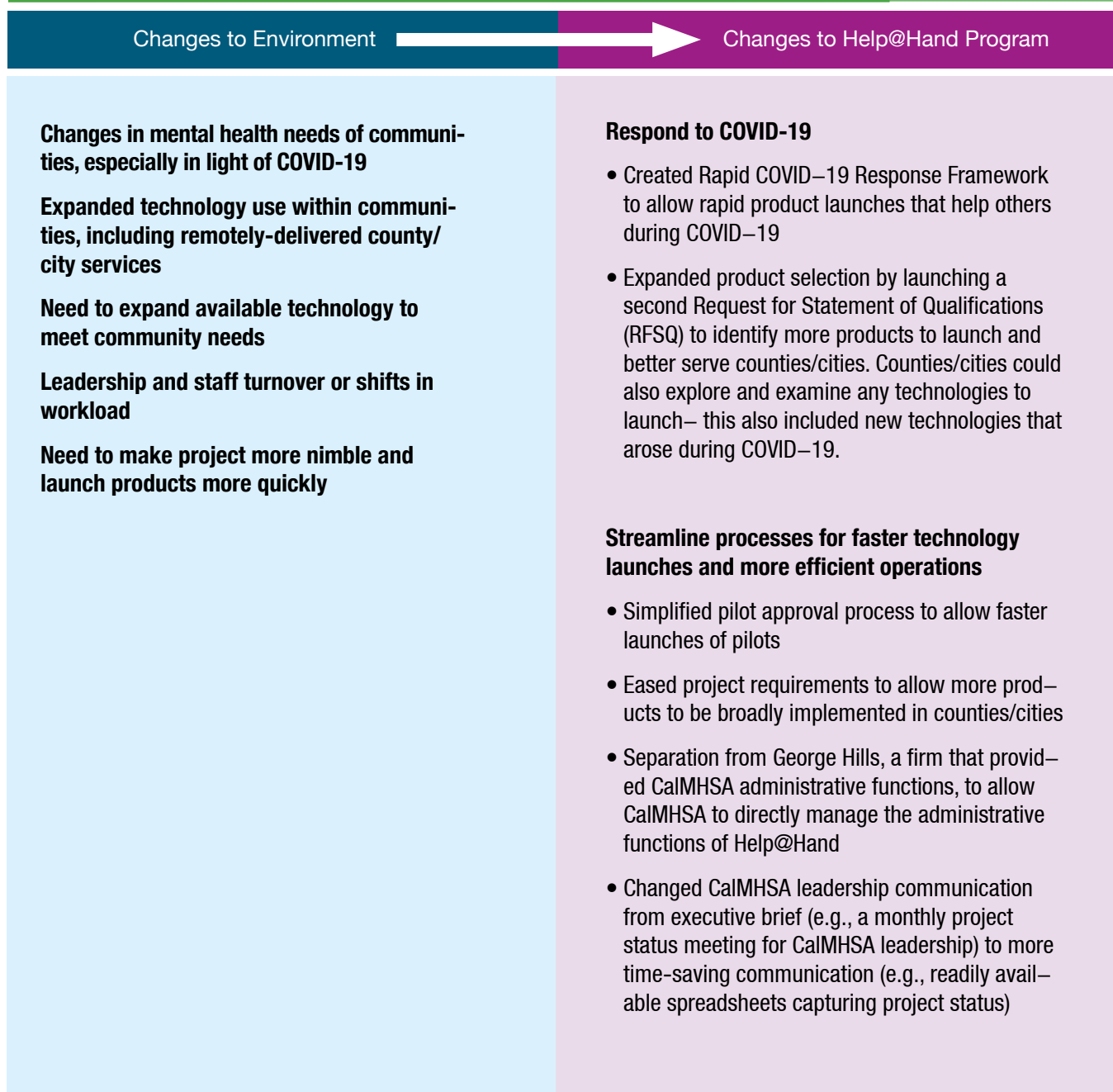
## INTERVIEW WITH CALMHSA LEADERSHIP

CalMHSA’s Executive Director, Project Director, and Help@Hand Program Manager participated in a 90-minute group interview on March 18, 2021. The interview aimed to understand programmatic changes, accomplishments, opportunities, successes, challenges, and lessons learned affecting Help@Hand.

## Program Changes

Changes in the program over the past year are shown in **Figure 1.2** and explained further below.

Figure 1.2. Changes to the Help@Hand Program Over the Past Year.



## Key Accomplishments and Successes



- **Deepened understanding of the mental health technology needs of target populations.** Counties/cities refined and improved their ability to identify and learn what implementing products mean to their specific populations.
- **Streamlined project processes.** Counties/cities streamlined processes to allow technology to launch faster. For example, counties/cities must continue to attain internal county/city approvals on technology pilots and implementations. However, they no longer need to receive additional approval from the Help@Hand leadership committee comprised of leaders from all Help@Hand counties/cities.
- **Expanded technology offerings for communities.** The program shifted from a narrow focus of three products to more products in order to better align with the needs and priorities of counties/cities and their communities.

## Opportunities

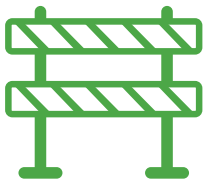


- **Impact of COVID-19.** The COVID-19 pandemic presented opportunities that impacted the Help@Hand program. One significant opportunity was discussions about mental health increased, including the benefits of mental health technologies. With this increase, more mental health apps and resources became available for people to explore and use. Thus, the Help@Hand program used this opportunity to adapt its processes to accommodate new technologies that were available.

## Challenges

The interviewees noted that innovation projects like Help@Hand can pave the way for more efficient and improved procedures and programs. However, improving project processes is not without challenges and limitations.

*“We are climbing a mountain while it is moving. We just did not realize the mountain was Everest” – CalMHSA Leadership*



- **Limitations of mental health technologies.** Although Help@Hand expanded technology offerings, available mental health technologies have limitations. This includes limited language availability as well as limited cultural and racial/ethnic representation in technology content and features.
- **Barriers to adapt products.** Technology vendors demonstrated variability in their willingness to adapt their products to fit the service delivery and/or client needs of counties/cities.
- **Limited understanding of public sector mental health services by technology vendors.** Vendors’ understanding of mental health services did not always align with the counties/cities’ understanding of these services. For example, a vendor might use “Peer support” (e.g., using individuals with lived experience who are not typically trained in the “Peer Support Model” to help support an individual experiencing a mental health crisis, [Mead, Hilton, & Curtis, 2001]) as part of their mental health services. However, counties/cities allow only Peers expertly trained on the “Peer Support Model” to provide support particularly due to public safety concerns. Thus, misalignment of services can result in the needs of counties/cities not being met.
- **Resources of counties/cities were restricted.** Due to COVID-19, many counties/cities had to divert their resources and time to accommodate other pressing priorities. Competing demands for county/city resources made it challenging for technology pilots and implementations to progress during this time.

### Learnings for the Help@Hand Collaborative: Cross-County and City Lessons Learned Evaluation

Counties/cities differed in their project objectives, populations served, and technologies considered. Despite these differences, interviews with CalMHSA leadership identified implementation learnings such as:



- **Needs assessments and stakeholder input.** Needs assessments and stakeholder input are important when planning to implement a technology because they provide insight on which technologies would be most beneficial to the community.
- **Cultural differences.** It is important to recognize cultural differences and consider specific needs of target populations when piloting or implementing a technology. For example, digital literacy trainings should be held in a population's native language and include content that is culturally relevant to them.
- **Digital literacy.** Identifying the target population's digital literacy level and training needs can help with the population's use of a technology.
- **Streamlining processes.** Streamlining processes during planning, executing, and monitoring technology launches was an essential component for project management.

## 2 PEER EVALUATION

### Key Points

- Surveys and interviews about the Help@Hand Peer component were conducted with 12 individuals (eight Peer Leads, three Tech Leads, and one person who was both a Peer Lead and a Tech Lead).
  - Peer activities for this period included product testing, outreach, creating materials, receiving and delivering digital literacy training, and piloting technology.
  - Help@Hand Peers had several successes during this evaluation period, including positive experiences for themselves and individuals in their communities, increased Peer input into decision-making and communication, and improved collaboration and workplace practices.
  - There were challenges related to translation of materials and dissemination of information within each county/city.
  - Peer recommendations to improve Help@Hand included the following:
    - Establish a system and process to facilitate sharing of new Peer-created resources across Help@Hand counties/cities.
    - Post to Sharepoint and regularly update a list of Peer Lead contacts at each Help@Hand county/city.
    - Create an organizational chart that depicts the role of the Peer Leads within the Help@Hand program.
    - Develop and distribute a newsletter to inform Help@Hand Peer Leads about Peer-led activities happening across the Collaborative.
    - Include a one-on-one interaction during the handoff of mobile devices to community members for Help@Hand activities in order to educate the recipients on device use.
    - Expect that the first implementation of any educational outreach effort may encounter challenges, and the goal should be to gather information that will inform the next attempt, which is then more likely to succeed.

## OVERVIEW

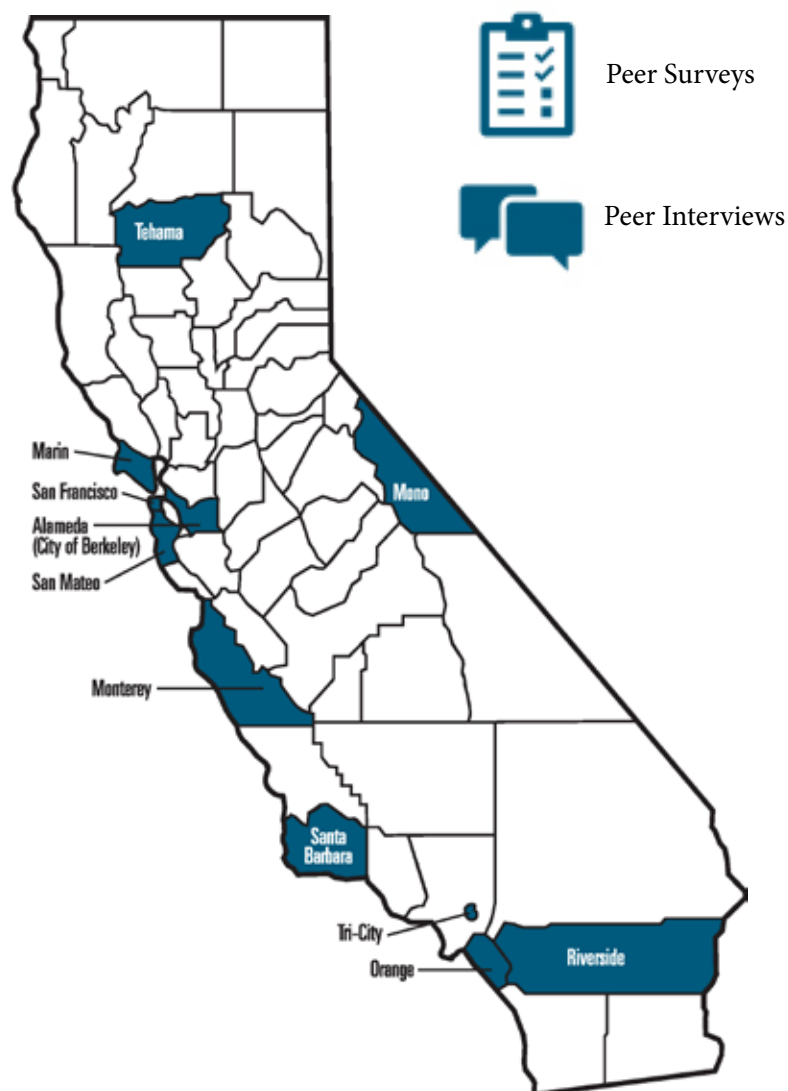
The goals of the Help@Hand Peer component evaluation are to document Peer activities, identify successes and challenges to implementing the Peer component, and share lessons learned across the Collaborative.

## PEER EVALUATION

Twelve individuals across 11 counties/cities were surveyed in March 2021 and interviewed in April 2021. These individuals included eight Peer Leads, three Tech Leads (from counties/cities without a Peer Lead), and one person who was both a Peer Lead and a Tech Lead in their county/city. Interviews provided an opportunity to elaborate on survey responses and share information that may not have been captured in the surveys.

**Figure 2.1** shows the counties/cities participating in the survey and interview. Similar surveys and interviews were conducted in Year 2.

Figure 2.1. Help@Hand Counties/Cities Participating in Peer Surveys and Interviews.



**HELP@HAND PEER COMPONENT IN COUNTIES/CITIES**

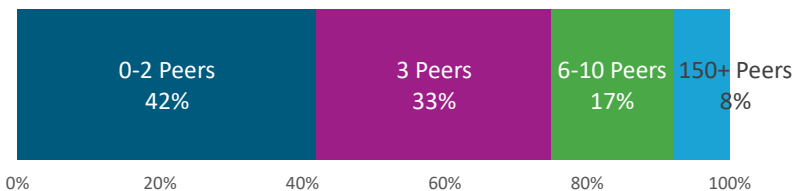
**66%** of Peer Leads were employed by counties/cities

**33%** of Peer Leads were contracted by counties/cities



**58%** of Peer Leads spend **at least 75%** of their time working on the Help@Hand program

**42%** of Peer Leads spend **25% or less** of their time working on the Help@Hand program



Most Peer Leads worked alone or with 1-3 other Peers

**PEER ACTIVITIES**

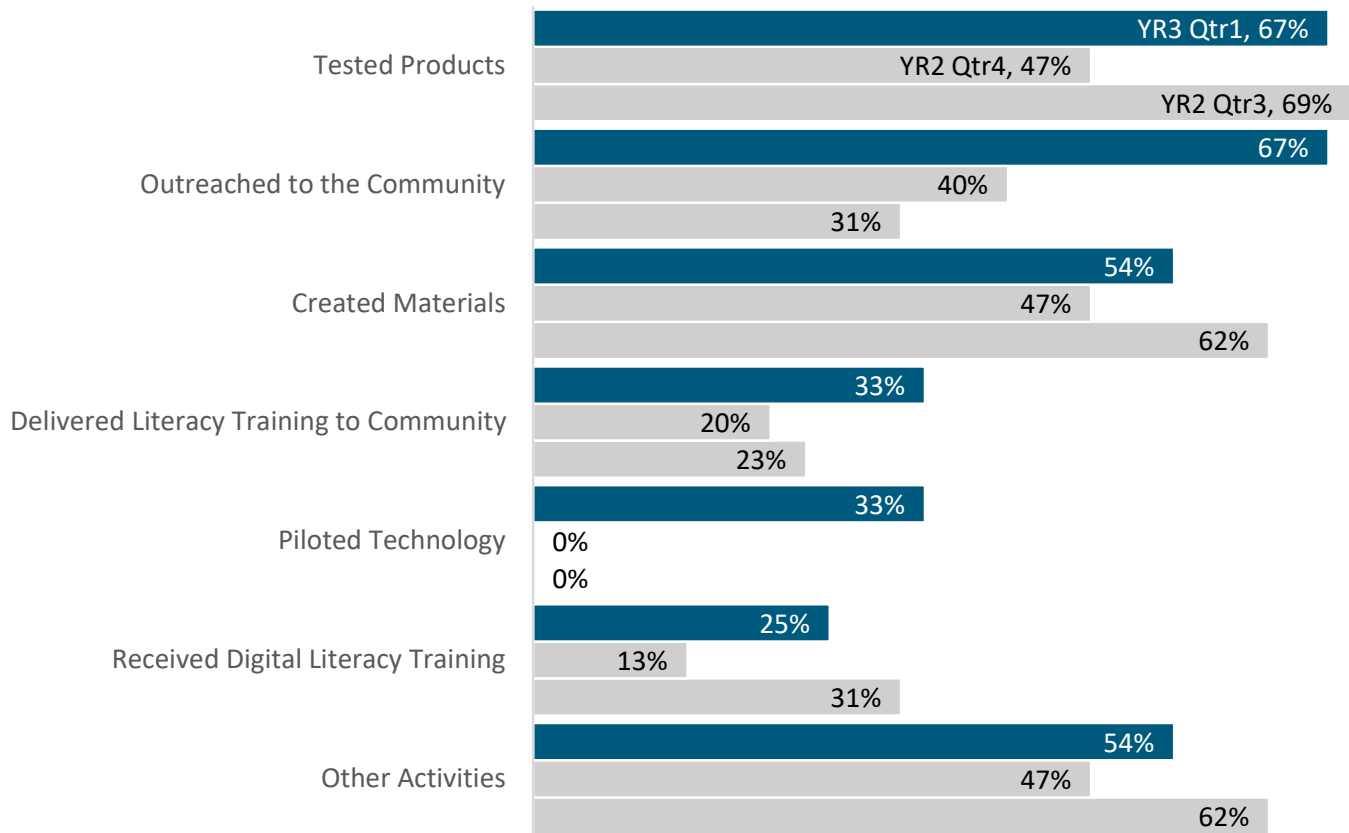
**Figure 2.2** displays the Peer activities that counties/cities reported this period. More Peer outreach activities and piloting of technologies occurred in Year 3 compared to Year 2. Outreach was limited and piloting did not occur in Year 2 due to social distancing requirements and other constraints related to COVID-19.

Peers developed a wide range of materials to support Help@Hand. These included the following:

- Logos and flyers for Help@Hand, including flyers to recruit volunteers to test apps
- Materials for virtual presentations, trainings and advertising
- Curriculum to train others on open-ended and engagement questions as well as coping skill suggestions
- Digital literacy training curriculum
- A smartphone literacy assessment
- A guide for the community about free apps, websites, and podcasts that support wellness
- A local resource guide for chat operators
- Instagram posts and Zines on mental health experiences as well as resources and tips for mindfulness meditation

Peers conducted additional activities, such as:

- Provided one-on-one technical assistance
- Distributed 20 tablets to adults 55+ years and oriented them on how to use tablets
- Trained transitional-aged youth (TAY) on understanding the mental health challenges faced by minority communities
- Received additional training from myStrength

Figure 2.2. Commonly Reported Help@Hand Peer Activities by Quarter.<sup>4</sup>

## SUCSESSES

Figure 2.3 reveals Help@Hand successes associated with the Help@Hand Peer component reported by counties/cities. Three successes gaining in momentum over time include:

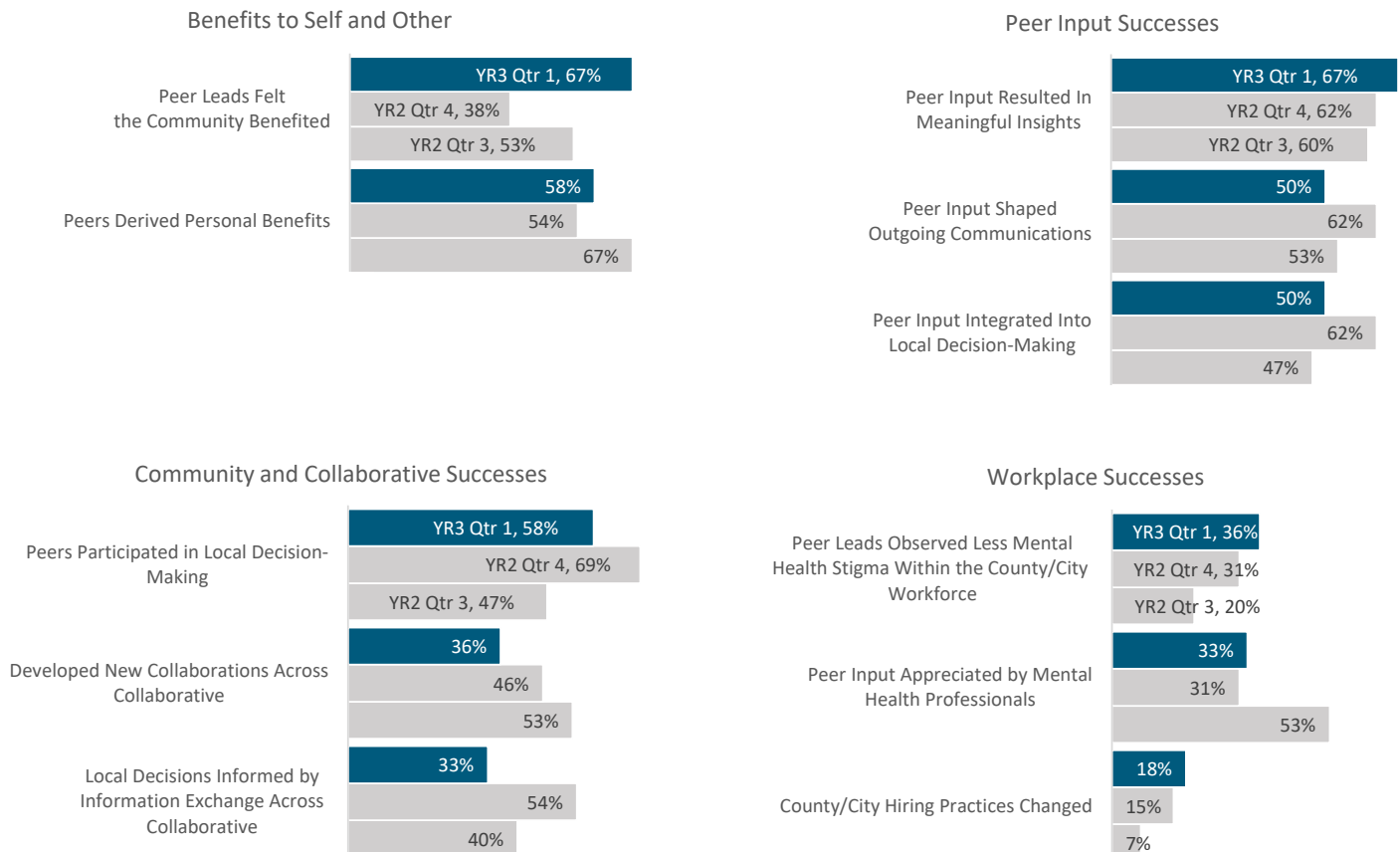
- Peer input resulting in meaningful insights
- Reductions in mental health stigma within the local workforces
- Changes to local hiring practices

New collaborations across Help@Hand counties/cities were reported less over time among those surveyed, from 53% in Quarter 3 of 2020 to 36% in Quarter 1 of 2021.

<sup>4</sup> There are some differences in the composition of the sample between quarters.



Figure 2.3. Peer-Related Successes Reported by Help@Hand Counties/Cities by Quarter.<sup>5</sup>



Below are successes from Quarter 1 of Year 3 reported by at least 50% of Help@Hand counties/cities. Illustrative interview quotes are also shown.

<p><b>Peers Participated in Local Decision-Making</b></p>	<p><i>“The Peers helped decide on [the technology]. They have been really helpful. They have given good input on questions to ask developers about features.”</i></p>
<p><b>Peer Input Resulted in Meaningful Insights</b></p>	<p><i>“They have reviewed the survey and were able to say that young people would not feel comfortable answering those questions.”</i></p>
<p><b>Peer Input Shaped Outgoing Communications</b></p>	<p><i>“We have a couple of Peers that are English as a second language. They reviewed the materials and provided suggestions. They were able to provide more appropriate language for the target audience.”</i></p>
<p><b>Peers Derived Personal Benefits</b></p>	<p><i>“The Peers really like [the app]—they use it for their own wellness.”</i></p>

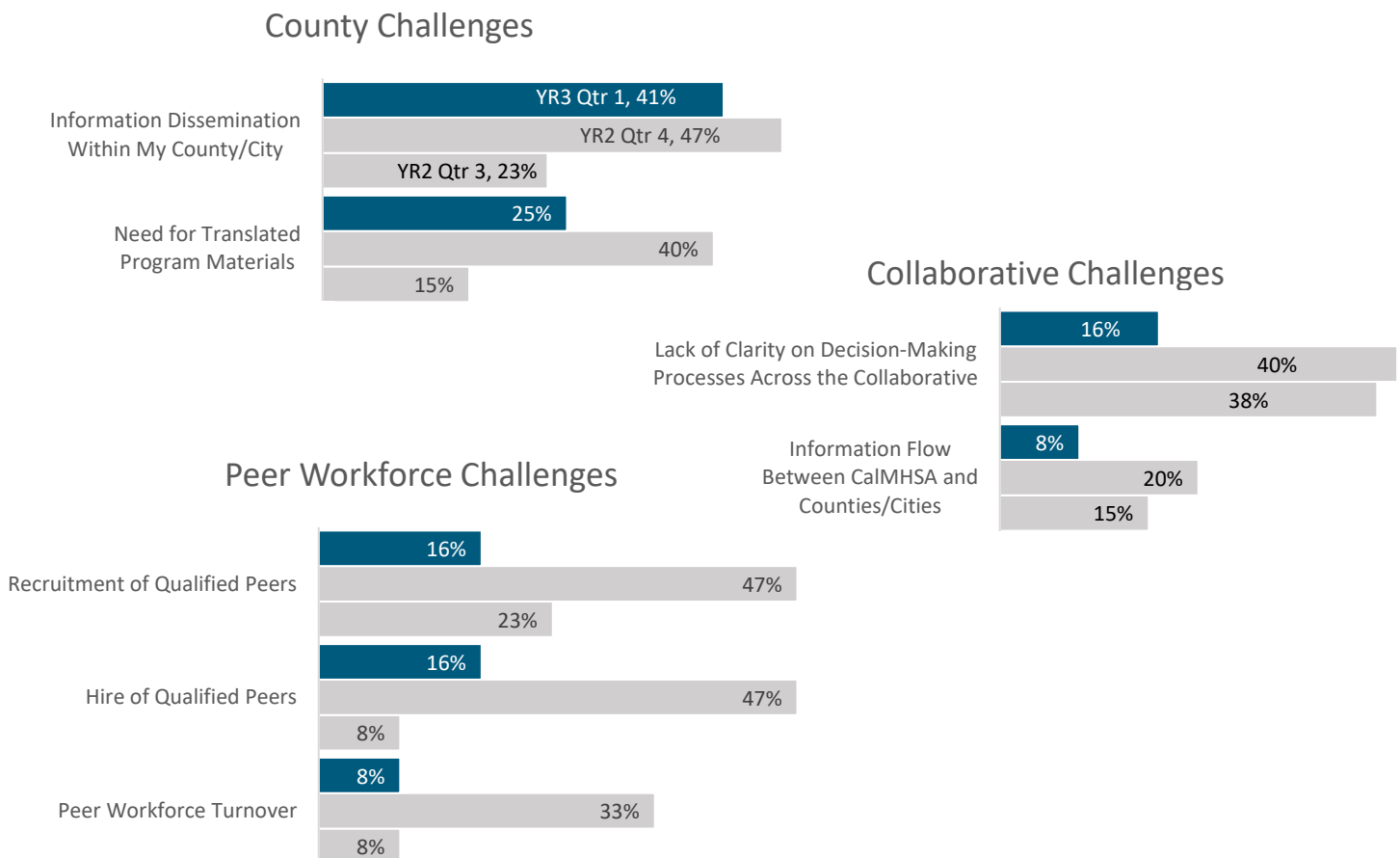
<sup>5</sup> There are some differences in the composition of the sample between quarters.

## CHALLENGES

Figure 2.4 shows challenges experienced when implementing the Peer component of Help@Hand reported in the surveys. Challenges decreased markedly between Quarter 1 of Year 3 and Quarter 3 of Year 2. Most noticeably, there was a decrease in the following:

- Lack of clarity regarding decision-making processes across the Collaborative
- Difficulty recruiting and hiring qualified Peers
- Turnover among the Peer workforce

Figure 2.4. Peer-Related Challenges Reported by Help@Hand Counties/Cities by Quarter.<sup>6</sup>



Dissemination of information within each county/city continued to be noted as a challenge, with almost half of counties/cities still reporting internal information-sharing as a challenge. Below are illustrative interview quotes to provide more context.

<p><b>Internal Information Sharing and Dissemination Challenges</b></p>	<p><i>"I think that one of the issues that we have been having is the communications with our main contracting... we are subcontractors so sometimes that communication is a little choppy. Sometimes we are not aware of decision-making processes."</i></p> <p><i>"Communication might get stopped because an email goes to the County Lead and does not make it to the Peer Lead."</i></p> <p><i>"With everybody scrambling and short-staffing, sometimes messages don't travel as well as they could."</i></p>
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<sup>6</sup> There are some differences in the composition of the sample between quarters.

## Learnings for the Help@Hand Collaborative: Peer Evaluation

During this period, surveys and interviews about Help@Hand's Peer component were conducted with eight Peer Leads, three Tech Leads (from counties/cities without a Peer Lead), and one person who was both a Peer Lead and a Tech Lead in their county/city. Interviews revealed the following suggestions and lessons learned.

### Suggestions

- **Resource sharing infrastructure.** A common suggestion was to create a stronger mechanism within Help@Hand for counties/cities to share resources with each other. Specific suggestions included a list of Peer contacts maintained by CalMHSA and posted on SharePoint, an organizational chart that would delineate the role of the Peers within the project, a newsletter that would highlight Peer activities of different counties/cities, and a process to share materials (like education and training materials) that have been developed by counties/cities to avoid duplication of effort.
- **Better Collaborative-level coordination.** In response to an open-ended question about opportunities for enhancing the Help@Hand project, interviewees expressed the desire for more direction and guidance from CalMHSA to better facilitate and coordinate collaboration between counties/cities.

### Lessons Learned

Lessons learned reflected more engagement with the community in the Help@Hand program in Year 3 compared to Year 2.

- **Some of the counties/cities had not yet determined how best to utilize the Peers.** While acknowledging Peer input as valuable to the project, a few counties/cities struggled with how best to integrate Peers into Help@Hand.
- **Limited potential for Peer input on technologies.** With some counties/cities shifting from testing potential technologies to assessing those selected technologies, there was some concern about the limited potential for Peer input to influence app design, function, or content.
- **Challenges with parental consent for TAY.** Data collection with TAY indicated that counties/cities must wrestle with the issue of parental consent. This is an area that counties/cities are not familiar and in which they could use technical assistance.
- **Disconnection from Collaborative.** Several Peer Leads could not attend monthly Peer Lead calls, where Peer Leads across the Collaborative meet and collaborate. Reasons included schedule conflicts, lack of time, or not being invited to the call. Peer Leads unable to attend the calls felt disconnected from the Collaborative.
- **Insufficient Peer personnel.** Although Peer recruitment and retention improved, many counties/cities believed there still was insufficient dedicated personnel time to fully execute Help@Hand. This challenge was evident among the four counties/cities with one or fewer Peers, and the five survey respondents reporting that less than 25% of their time was allocated to Help@Hand.
- **Mobile device education for communities.** Rather than simply giving devices to community members, counties/cities should include one-on-one interactions and provide education on how to use the device.
- **Outreach and education formats will take several attempts to fine tune.** The first attempt when deploying a new format for outreach and education (e.g., digital literacy trainings) will most likely fall short of expectations. The goal is to improve the process by gathering information to help with the next attempt, which is likely to be more successful.

### 3

## COUNTY/CITY AND CONSUMER EXPERIENCE EVALUATION

### Key Points

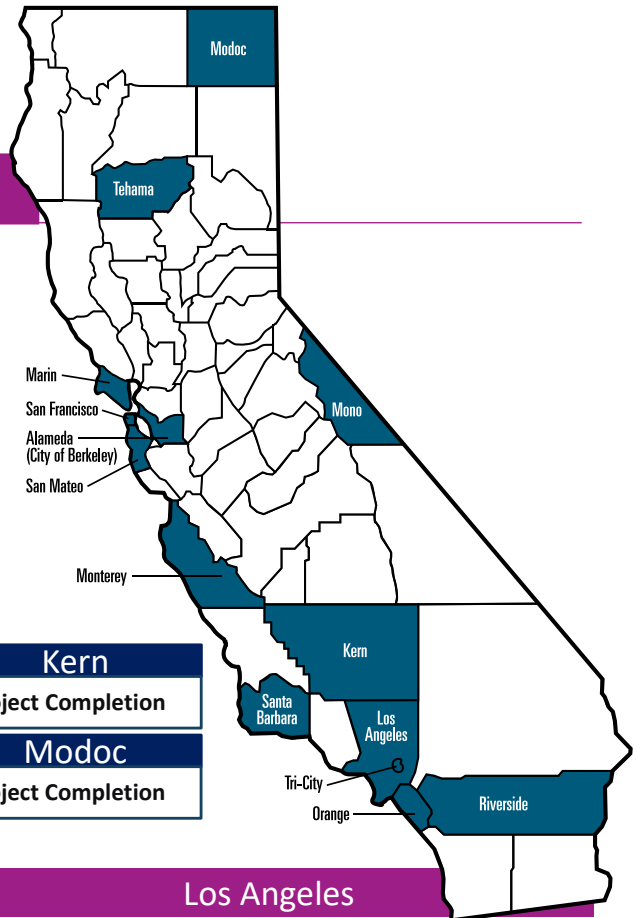
- Orange and Riverside Counties planned needs assessments with Behavioral Health Services clients and members of Riverside County's Deaf and Hard of Hearing Community, respectively. Needs assessments gather detailed information on perceptions of mental health among the target population, use of technology to support mental health, and resources desired to support mental health.
- Mono, Riverside, and Santa Barbara Counties explored different technologies in order to identify which product to pilot or implement.
- Pilots test potential technologies with a target population on a small scale and inform whether to implement those technologies on a larger scale. Marin, Riverside and San Francisco Counties as well as Tri-City planned pilots. San Mateo and Tehama Counties launched pilots, while Marin completed their pilot of myStrength with older adults this period.
- Implementations launch technologies across the target populations or are used for the remainder of the project. Los Angeles, Orange, and Riverside Counties implemented Prevail, Mindstrong, and Take my Hand with their counties, respectively. The City of Berkeley and Los Angeles County planned implementations of myStrength and MindLAMP, respectively.
- Los Angeles, San Francisco, and San Mateo Counties offered county residents Headspace in order to address mental health needs in communities, particularly those impacted by COVID-19. The City of Berkeley began planning their Headspace launch.
- Monterey and Los Angeles Counties released a Request for Proposal and selected a vendor to develop a web-based mental health assessment tool that screens individuals for a broad spectrum of mental health disorders, and refers them to appropriate care within the local mental health system.
- Kern and Modoc Counties completed their projects and transitioned off of Help@Hand.

OVERVIEW

Figure 3.1 presents the county/city activities this period, which are described in this section. Additional information on county/city activities can be found in Appendix A.

Table 3.1 summarizes the technologies considered and used by counties/cities.

Figure 3.1. County/City Activities from January-June 2021.



Marin

- **Pilot Completed** of myStrength with English and Spanish-speaking older adults
- **Planning Pilot** of Uniper with English and Spanish-speaking older adults

San Francisco

- **Planning Pilot** of Take my Hand with transitional aged youth (TAY) and transgender individuals
- **Implementation Underway** of Headspace with general population

Berkeley

- **Planning Implementation** of Headspace with general population
- **Planning Implementation** of myStrength with general population

San Mateo

- **Pilot Underway** of Wysa with older adults and TAY
- **Implementation Underway** of Headspace with general population

Monterey

- **Planning** of web-based screening tool with general population

Santa Barbara

- **Exploring** Headspace with TAY, geographically isolated communities, and those receiving crisis service

Tehama

- **Pilot Underway** of myStrength with individuals experiencing or at risk for homelessness, isolated individuals, Behavioral Health consumers

Mono

- **Exploring** myStrength

Kern

Project Completion

Modoc

Project Completion

Los Angeles

- **Implementation Underway** of Headspace with general population
- **Planning Implementation** of MindLAMP with dialectical behavior therapy (DBT) clients
- **Implementation Underway** of Prevail with general population

Tri-City

- **Planning Pilot** of myStrength with TAY, older adults, monolingual Spanish speakers









Riverside

- **Implementation Underway** of Take my Hand with general population
- **Planning Pilot** A4i with Full-Service Partnership consumers
- **Exploring** myStrength
- **Needs Assessment** with Deaf and Hard of Hearing Community

Orange

- **Implementation Underway** of Mindstrong with clients seen by a healthcare provider in Orange County
- **Needs Assessment** with Behavioral Health Services clients

Table 3.1. Technologies Considered and Used by Counties/Cities from January - June 2021.

App Name	About the App	Language(s)	Direct link to provider available	Platform availability
 A4i	Mental health technology aimed at helping those with schizophrenia and psychosis to manage their symptoms. Utilizes peer-to-peer support, digital phenotyping, cognitive behavioral therapy (CBT) content, goal tracking, and medication support.	English	Yes	iOS Android
 Headspace	Meditation app aimed at helping to improve mental wellness. Supports consumers in areas of stress, anxiety, and sleep.	English, French, German, Portuguese, Spanish	No	iOS Android
 Mindstrong	Mental health technology aimed at helping those with serious mental illness (SMI). Utilizes digital phenotyping to help passively track and measure symptoms of mental illness.	English, Dutch, Spanish	Yes	iOS Android
 MindLAMP	Mental health technology that helps collect information about health through real time surveys, brain games, Apple HealthKit data like step count and heart rate, as well as phone sensor data.	English	Yes	iOS Android
 MyStrength	CBT-based mental health technology that supports people experiencing stress, depression and other mood disorders, anxiety, and issues with sleep. Features include psychoeducational material, mental health exercises, mood tracking, and community forums.	English, Spanish	Yes	iOS Android Web
 Prevail	CBT-based mental health technology that provides support for conditions that include anxiety, depression, eating disorders, and stress. Utilizes psychoeducation, peer support, and coaching from a certified provider.	English, Spanish	Yes	Web
 Take my Hand	Peer support platform that links people experiencing mental health challenges such as stress, anxiety, or other behavioral challenges to a trained Peer Support Specialist. Support is provided via live text-based chat.	English, Spanish	Yes	Web
 Uniper	Mental health technology that helps older adults connect with others and improve mental wellness by reducing social isolation and providing support. Utilizes video conferencing technology, and psychoeducational content to help manage symptoms of stress, anxiety, depression, and more.	English, Arabic, Hebrew, Russian, Spanish	Yes	iOS Android Web
 Wysa	Artificially intelligent (AI) chatbot designed to help with a variety of issues, including depression, anxiety, sleep, issues facing the LGBTQ+ community, and more. Utilizes principles of CBT, dialectical behavior therapy (DBT), meditation, and motivational interviewing.	English	Yes	iOS Android

# HEADSPACE EVALUATION



Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley launched or plan to make available free Headspace subscriptions for residents in their county/city using the COVID-19 Rapid Response Framework. The COVID-19 Rapid Response Framework was developed by the Help@Hand project management team to accelerate the process for counties/cities to implement technologies among community members affected by COVID-19. More details about the COVID-19 Rapid Response Framework can be found in the Year 2, Quarter 2 Help@Hand Evaluation Report.

Evaluation of Headspace within Help@Hand included development of a consumer survey by a workgroup of counties/cities that was facilitated by the Help@Hand evaluation team. It also included dashboard metrics from Headspace.

## Headspace Survey Workgroup

In January 2021, Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley formed the Headspace Survey Workgroup, led by the Help@Hand evaluation team. The goal of the workgroup is to develop a survey to assess consumer experience with Headspace.

Four 2-hour workgroup meetings have taken place between January and June 2021. Workgroup members met to discuss and make decisions related to the survey method, instruments, and recruitment strategies. During meetings, the Help@Hand evaluation team conducted informal polls and ranking exercises to guide decision making. Counties/cities selected one person from each county/city to submit formal votes and rankings.

Counties/cities participating in the Headspace Survey Workgroup completed an online survey to reaffirm their commitment to collaboratively develop a core survey. Counties/cities also shared that it was important to obtain internal stakeholder feedback along the way. To support this, the Help@Hand evaluation team created documents to facilitate conversations with internal stakeholders when requesting feedback from the workgroup.

## Survey Method and Instruments

Counties/cities agreed to leverage email addresses available on the Headspace dashboard to distribute an online survey to Headspace consumers in their county/city. The workgroup will develop a one-time survey and interested counties/cities will work with the Help@Hand evaluation team to develop a follow-up survey. Surveys will be distributed in both English and Spanish.

Workgroup members have provided two rounds of feedback on the draft survey created by the Help@Hand evaluation team. During the May 2021 workgroup meeting, concerns were raised about the tone of particular survey items and questions that may feel intrusive to participants. These concerns echoed those raised by counties/cities on other evaluation surveys. The Help@Hand evaluation team shared the team's previous efforts to choose items to ensure balance of positively worded items while still capturing the necessary information to conduct the evaluation. This included the Conceptualizing and Measuring Mental Health Stigma Taskforce convened in 2019, the engagement of Tehama County Peers in 2020, and additional tailoring of survey items for San Mateo County in 2021. Workgroup members shared additional thoughts, insights, and suggestions for survey items. The survey was updated and is expected to be finalized in July 2021.

## Recruitment Strategies

Counties/cities expressed interest in various recruitment strategies. These strategies related to email subject lines, recruitment videos, and compensation.

### *Email Subject Lines*

The survey link will be emailed to consumers enrolled in Headspace. Email subject lines will serve as the evaluation team's first point of contact with consumers. As such, it is important to create subject lines that will encourage consumers to open the email and access the survey.

Some counties/cities would like to test various subject lines to determine which subject lines are most appealing to consumers. The workgroup developed and refined a list of five email subject lines to be tested.<sup>7</sup>

### *Recruitment Video and Peer Art*

The Headspace Survey Workgroup considered creating a fun and engaging video to recruit survey participants. The video would explain the purpose of the survey, eligibility criteria, information solicited, and how this information would be used.

The workgroup shared ideas for the video and developed a draft video script. The Help@Hand evaluation team met with a vendor to develop the video and shared the workgroup's vision for the video. While the video vendor was able to produce a video within the workgroup's budget, they were constrained to use animation from an existing library. A review of the available characters deemed them as not representative of the range of communities served within Help@Hand. The workgroup was not comfortable creating a video with characters who represented only some of their communities, as this could be exclusionary. Given these limitations and the goals of using a video for recruitment, they decided not to move forward with the video.

After viewing an image created by a Peer in Santa Barbara County, the workgroup expressed interest in exploring the possibility of commissioning art from the Peer community to include in the recruitment email. Viewing the image reminded the workgroup that there are very talented and creative Peers on this project. Peers are able to approach the task through a unique lens, which makes the art more representative of Help@Hand communities.

Based on their experience with the recruitment video and Peer art, the workgroup recommended contracting with vendors who can approach projects from a Peer perspective, solicit feedback from Peers on materials that will be shared with the broader communities, and provide feedback to vendors, particularly if their options lack diversity.

### *Compensation*

Some counties/cities are interested in compensating participants to increase survey response rates. Counties/cities have worked with the Help@Hand evaluation team to develop a compensation structure that will work with the county/city's budget.

## Future Directions

Headspace launch dates vary across counties/cities. As such, the survey launch date will also vary. Counties/cities have worked with the Help@Hand evaluation team to determine their survey launch date.

<sup>7</sup> A longer list of potential subject lines was shared by the Help@Hand evaluation team during a workgroup meeting. Workgroup members provided feedback on each subject line and participated in an informal ranking exercise. The subject lines were updated based on the feedback and shared via email with the workgroup for a formal ranking. Ranking results were presented at the next workgroup meeting. The workgroup provided additional feedback and selected the five subject lines to be tested.



Los Angeles, San Francisco, and San Mateo Counties rolled out Headspace within their counties. San Mateo County will be the first to launch the survey in July 2021. Since San Mateo and Santa Barbara Counties engaged in a partnership to help Santa Barbara explore the functionality of Headspace, some consumers in Santa Barbara County may also receive the survey. San Francisco County's survey will launch in September 2021. Santa Barbara County and City of Berkeley plan to launch Headspace in September 2021 and the survey will launch shortly after. Discussions are underway with Los Angeles County about surveys in their county.

### Headspace Dashboard Metrics

As mentioned above, Los Angeles, San Francisco, and San Mateo Counties launched Headspace to meet the needs of their communities. Below is data from Headspace between January 2021 to June 2021 for each rollout, including monthly active users, monthly engagement rate, and engagement by content type.

Metric	Definition
Monthly Active Users (MAU)	Number of enrolled Headspace members who have engaged with at least 1 piece of content in Headspace in a given month
Monthly Engagement Rate	Percentage of enrolled Headspace members who have engaged with at least 1 piece of content in Headspace in a given month
Engagement by Content Type	The number of users engaging with each section in the app (e.g. focus, meditation, sleep, etc.)

When looking across counties, it is important to note that each of these three counties are at different stages of their Headspace rollout. Los Angeles County first made Headspace available in the county in May 2020, San Mateo in September 2020, and San Francisco in March 2021. The size of the target populations within these counties is also different, which explains some of the differences in enrollments.

### Monthly Active Users and Monthly Engagement Rate

**Figure 3.2** shows that monthly active users and monthly engagement rates are relatively stable over time, especially in Los Angeles County. With that said, new members are enrolling in Headspace all the time. As engagement rates are not increasing, this suggests that there is some engagement drop-off over time.

This pattern of decreasing engagement over time is not surprising; analysis of app analytic data in previous evaluation reports showed a significant drop-off in engagement after Day 14. Studies have found that nearly 1 in 4 people abandon apps after only one use (Perez, 2016). Thus, this decreasing engagement may reflect an initial burst of interest in the technology, followed by a loss of interest when people are less engaged.

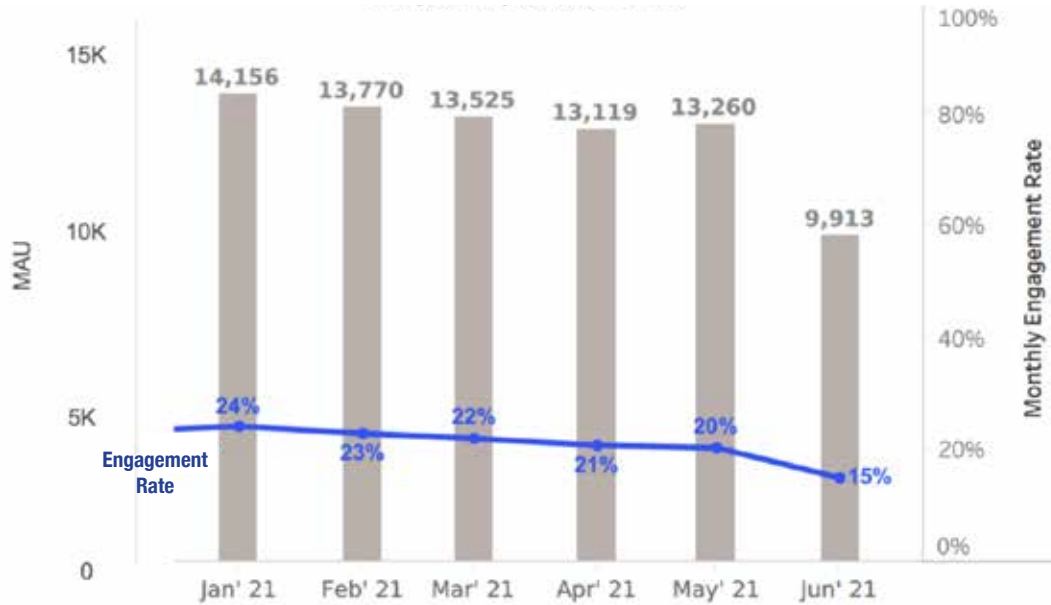
With this in mind, counties/cities should be mindful that the first few days of use may be when someone is a "motivated audience" and most interested in using a technology. The first few days of access are therefore a critical time to support and encourage people to use the app.

**Figure 3.2. Engagement Rates Are Not Increasing, Suggesting Engagement Drop-Off Over Time.**

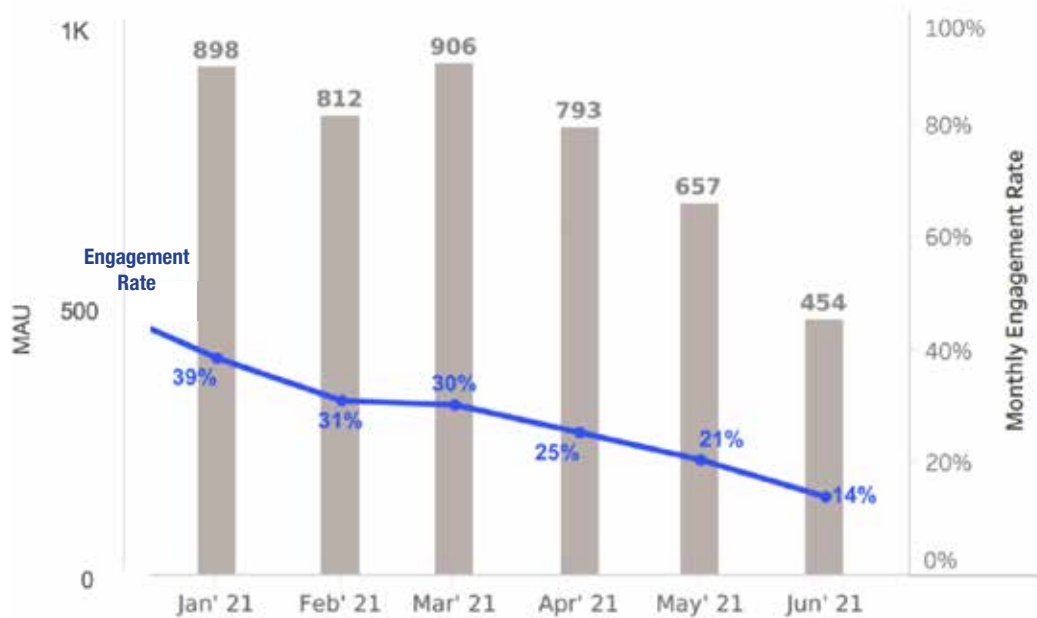
**Monthly Active Users (MAU):** Number of enrolled Headspace members who have engaged with at least 1 piece of content in Headspace in a given month.

**Monthly Engagement Rate:** Percentage of enrolled Headspace members who have engaged with at least 1 piece of content in Headspace in a given month .

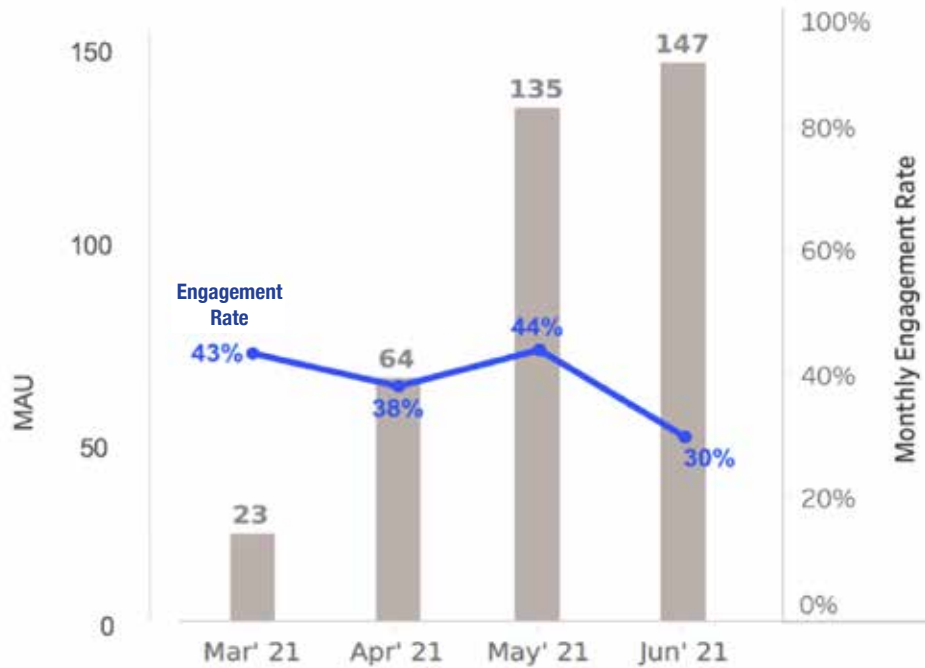
Los Angeles County's Headspace MAU



San Mateo County's Headspace MAU



San Francisco County's Headspace MAU



San Francisco County launched Headspace in their county in March 2021. Data is shown from the start of their launch through the end of Quarter 2.

### Engagement by Content Type

App engagement data can indicate not only whether people are using an app, but also which components of the app they are using. This provides a detailed understanding of app use and might be useful to support marketing, messaging, and integration with county services.

**Table 3.2** explains the different types of content within Headspace. **Figure 3.3** shows the types of content people are most engaged with in Los Angeles, San Francisco, and San Mateo Counties. Data is from Headspace.

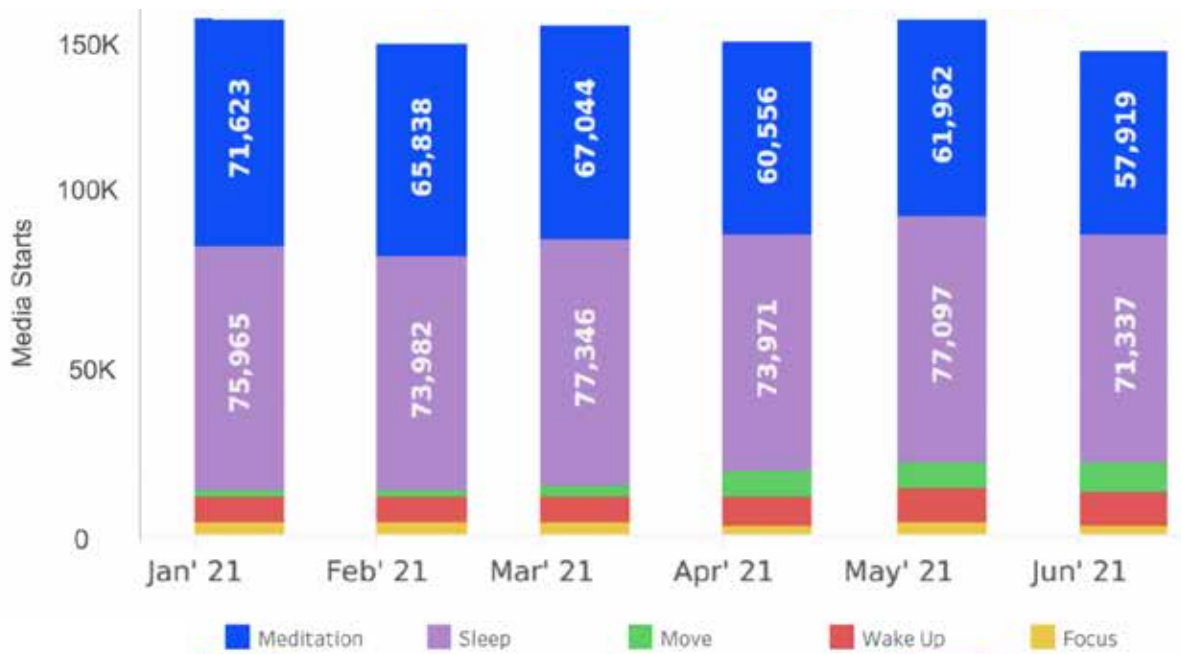
Although Headspace has been primarily marketed as a meditation app, sleep content is used more often than meditation content in both Los Angeles and San Mateo Counties. In San Francisco, meditation content is slightly more popular than sleep content. This mirrors the pattern seen in San Mateo and Los Angeles Counties at the beginning of their roll out, which was reported in the Year 2 Help@Hand evaluation report.

**Table 3.2. Content Types Within the Headspace App.**

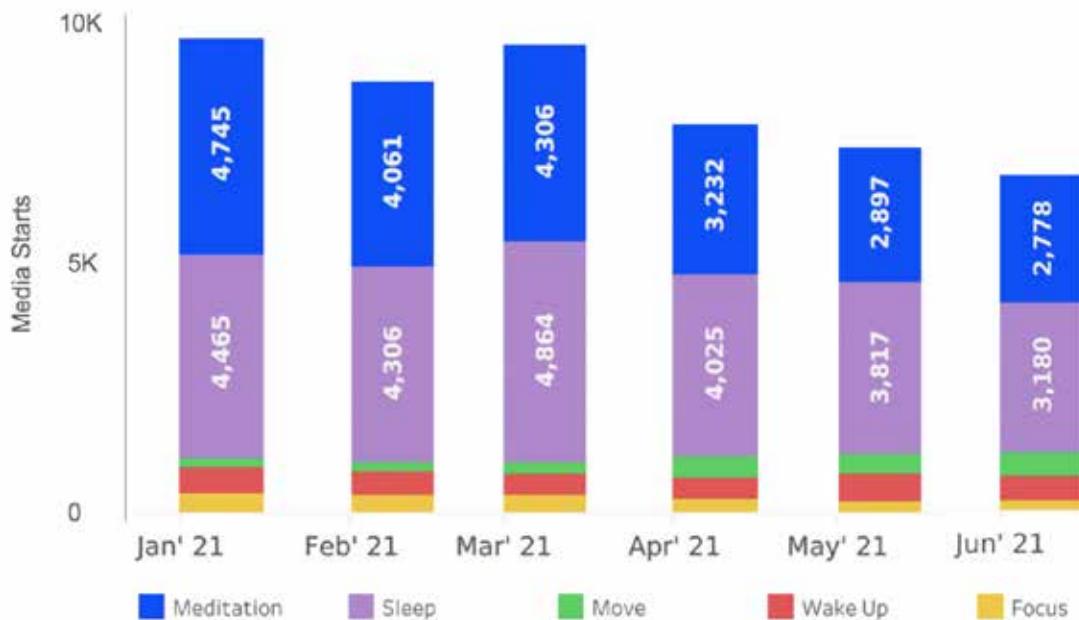
Metric	Definition
<b>Meditation</b>	Mindfulness meditation tracks, includes single meditations and meditation programs
<b>Sleep</b>	Stories, music, and sounds to help people fall asleep and sleep better
<b>Move</b>	Content to support strengthening the body and physical health through movement and exercise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

Figure 3.3. Sleep content is the most widely accessed part of Headspace in Los Angeles and San Mateo Counties. Meditation content is slightly more popular than sleep content in San Francisco County, the only county where this is the case.

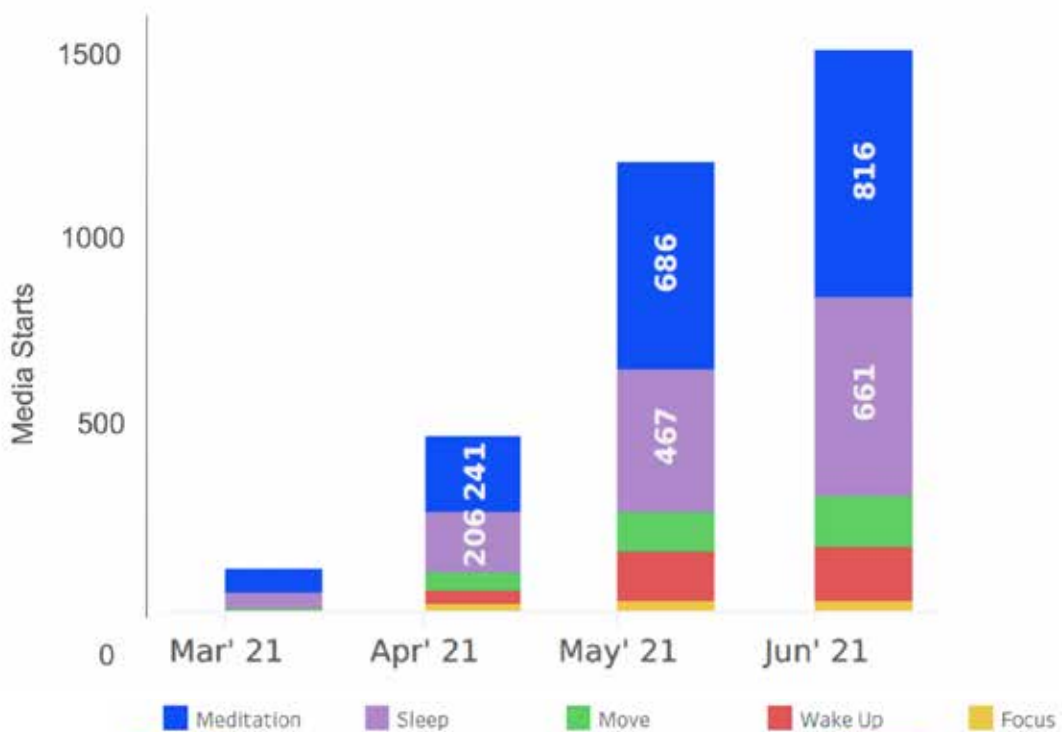
Number of Times Headspace Members Engaged with Specific Content Categories in Los Angeles County



Number of Times Headspace Members Engaged with Specific Content Categories in San Mateo County



Number of Times Headspace Members Engaged with Specific Content Categories in San Francisco County



San Francisco County launched Headspace in their county in March 2021. Data is shown from the start of their launch through the end of Quarter 2.

# COUNTY/CITY SPECIFIC ACTIVITIES AND MILESTONES

## CITY OF BERKELEY

City of Berkeley selected and planned implementations of Headspace and myStrength for their general population.

### HEADSPACE AND MYSTRENGTH IMPLEMENTATIONS



#### Technology Selection

In 2020, the City of Berkeley reviewed four apps (Headspace, myStrength, HeyPeers, and Uniper) for their transitional aged youth (TAY), isolated older adult, and general populations. The city's staff and Peers reviewed each app and determined myStrength and Headspace as likely technologies to implement, due especially to their widespread use with large numbers of people in various populations. This year these apps were further reviewed and selected for widespread implementation.



#### Implementation Planning - Headspace

Planning the Headspace implementations involved assessing the project budget and remaining funds. It also included contracting, marketing, and planning evaluation activities.



#### Contracting

Following the selection of Headspace, the City of Berkeley worked with Headspace and CalMHSA to negotiate a contract. Headspace required the purchase of 10,000 licenses upfront. The city initially explored the possibility of bundling licenses with other counties/cities implementing Headspace as a way to meet Headspace's license requirement. However, a compromise was made with Headspace in March 2021. The City of Berkeley could obtain 10,000 licenses over a two-year period. That is, 5,000 licenses could be purchased the first year of the launch and another 5,000 licenses could be purchased the second year.

The City of Berkeley could also customize their Headspace general landing page for their project, as did each county/city using Headspace. The customization would take about six weeks to develop and can begin once a Participation Agreement is in place. In addition, the City of Berkeley could select the enrollment workflow pages, which follow the landing page. Headspace offers two options for the enrollment workflow pages. The first option has nine pages, while the second option has a three-step process and has fewer pages. The City of Berkeley had concerns that the first option had too many pages and chose the second option.



#### Marketing

A marketing firm was selected and hired. A contract with the firm is in negotiation with support from CalMHSA.



#### Planning Evaluation Activities

The City of Berkeley participated in the Help@Hand evaluation Headspace Survey Workgroup. Five counties/cities (City of Berkeley, Los Angeles County, San Francisco County, San Mateo County, and Santa Barbara County) worked alongside the Help@Hand evaluation team to develop a survey to assess the experience of consumers with Headspace within each county/city. The Headspace Evaluation section on page 36 has more information. The City of Berkeley attended workgroup meetings and provided valuable feedback on the design and methods of the evaluation.



### Implementation Planning – myStrength

The City of Berkeley initially planned to launch myStrength after their Headspace implementation. In Quarter 2, it was decided to simultaneously implement myStrength with Headspace. Implementing both products at the same time was cost-effective since a singular marketing campaign could capture both applications in one campaign. To date, plans for evaluation will be primarily supported by a local evaluator.



### Future Directions

The next steps for the City of Berkeley will be to determine their outreach and marketing plan, as well as establish an evaluation plan. Headspace and myStrength are expected to launch later this year.

## LOS ANGELES COUNTY

Los Angeles County implemented Headspace and Prevail with county residents. The county also planned an implementation of MindLAMP with their dialectical behavior therapy clients.

### HEADSPACE IMPLEMENTATION

Los Angeles County began offering free Headspace subscriptions for all county residents in April 2020. This year they continued to implement Headspace across the county.

As part of the evaluation of Headspace, Los Angeles County participated in the Headspace Survey Workgroup. The workgroup aims to develop a survey evaluating the consumer experience with Headspace. The Headspace Evaluation section on page 36 describes the workgroup as well as measures from Headspace related to Los Angeles County's implementation.

### PREVAIL IMPLEMENTATION

Los Angeles County implemented Prevail across the county beginning in June 2021.

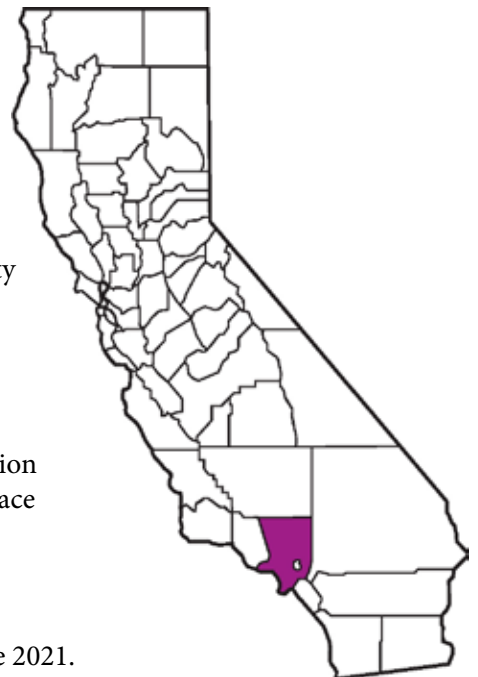
### PLANNING MINDLAMP IMPLEMENTATION



Los Angeles County initially worked with Mindstrong to provide dialectical behavior therapy (DBT) diary cards, tools used as part of DBT to track symptoms and coping skills (Linehan, 1993), at one of their DBT clinics.

Last year Los Angeles County decided to work with MindLAMP instead of Mindstrong. The decision was made for two reasons: 1) Mindstrong changed its business model to only support the full Mindstrong Care product line (not the DBT diary cards); and 2) Los Angeles County wanted a product that they could manage “in-house” in order to easily make customizations that meet client and county needs, such as having more active assessments.

A contract with MindLAMP was executed in October 2020. This year Los Angeles County continued to plan the implementation.



## MARIN COUNTY

Based on findings from their technology exploration of Uniper and myStrength with older adults and community members, Marin County's Advisory Committee decided to pilot both myStrength and Uniper with English and Spanish-speaking isolated older adults.

### MYSTRENGTH PILOT



#### **Pilot Launch**

In December 2020, Marin County presented its myStrength pilot to the Help@Hand Leadership and received approval to move forward. They also met with myStrength to receive training and coordinate logistics. The county launched and completed their pilot between March and June 2021. The pilot involved outreach and recruitment of older adults to participate in digital literacy training and engage with myStrength. It also involved evaluation of these efforts.

#### ***Outreach and Recruitment***

Marin County partnered with local agencies to recruit 20 English-speaking older adults. Promotores used word-of-mouth outreach to recruit 18 Spanish-speaking older adults for the pilot. Three Spanish-speaking older adults were referred to the pilot by local agencies.

Flyers at a local organization, laundromats, radio ads on a local station, and county social media were used, but did not result in any recruits.

#### ***Digital Literacy Training and myStrength Engagement***

County personnel, nurse interns, and promotores assisted older adults throughout the pilot.

Devices and internet were offered to pilot participants without these. Group classes were also offered to pilot participants beginning in February 2021. Individual coaching was available in-person or virtually. The purpose of the classes and coaching was to help pilot participants, especially those with low digital literacy skills, better use myStrength.

Marin County hired Technology4Life (Tech4Life), an organization whose mission is to teach adults of all ages how to use technology, to provide the digital literacy trainings. The county and Tech4Life co-developed four classes to train participants in digital literacy. Held via Zoom due to COVID-19 related restrictions, the classes were voluntary and included:

- Class 1: Computer Basics
- Class 2: Internet Basics
- Class 3: Email Basics
- Class 4: myStrength

After receiving digital literacy training, participating older adults engaged with myStrength for 8-weeks. County staff, nurse interns, and promotores checked in with participants periodically to prompt participants to use myStrength and provide technical assistance.

#### ***Evaluation***

The spotlight on page 47 presents staff observations and learnings from the pilot.





**Table 3.3** shows evaluation activities for Marin County’s myStrength pilot. The Help@Hand evaluation team is analyzing the data. A full pilot report is forthcoming.

**Table 3.3. Marin County’s myStrength Pilot Evaluation Activities.**

Evaluation Activity	Occurrence
Consumer Surveys	Occurs once before digital literacy training, after digital literacy training, and at the end of the pilot
Consumer Interviews	Occurs 4 weeks after the pilot start date
Staff Surveys and Interview	Occurs once at the end of the pilot

## UNIPER PILOT



### Pilot Planning

In 2020, Marin County met Uniper to begin planning their pilot. It was determined that Uniper had to create a Spanish interface, which was a high priority for Marin County given that one of its target audiences was monolingual Spanish-speaking older adults. Uniper developed its Spanish interface for the county’s review. Pilot planning was paused to allow Marin County to launch their myStrength pilot.

In Quarter 2, the county explored piloting Uniper with those in congregate housing (e.g., those in board and care facilities, county contracted agencies, or low-income housing). Marin County also met with Uniper to discuss licenses and vendor support to install the products, devices and internet.

Digital literacy coaching support was also considered. Digital literacy needs of pilot participants is anticipated to be low since Uniper can be used completely through a TV remote. That said, some support would be helpful.



### Future Directions

Marin County will continue to design their Uniper pilot with partners and other stakeholders.

# SPOTLIGHT

## Staff Observations and Lessons Learned: Marin County's myStrength Pilot

Marin initiated an ambitious project designed, for the first time, to provide isolated older adults free access to a digital mental health therapeutic, myStrength. Embarking on this opportunity required recognizing and addressing multiple barriers, including identifying and recruiting geographically isolated older adults and Spanish speaking older adults into a technology mental health program, addressing hardware barriers around accessing digital products (e.g. lack of computers, Wi-Fi, data plans), and raising the digital literacy levels of potential participants so that they had the requisite soft skills necessary to participate. As such, there were a number of hurdles that were addressed, and the identification of these challenges and the opportunity to solve them created key learnings to inform future planning. This spotlight highlights the Marin County myStrength pre-pilot and pilot work that took place between January 2021 through June 2021, and shares some of the extensive learnings documented by Lorraine Wilson, Help@Hand Program Coordinator, and Dámaris Caro, Peer Lead. The full pilot report is expected later this year.

1

**LEARNING: Facilitating the use of digital behavioral health platforms among specific target audiences requires intensive consideration of those individuals' unique needs and circumstances.**

**Low basic digital literacy skills.** Many older adults with low digital literacy skills lack understanding of the main elements of technology; it can be like learning a foreign language and can be scary for them to engage.

Examples:

- **Usernames/passwords** were forgotten and the process of entering them was overwhelming and/or challenging.
- **Basics** were hard to understand, for example:
  - o What is the difference between cable and Wi-Fi?
  - o How do devices connect at home and out of the home?
  - o What are basic functions/terms in tech (e.g., internet, Wi-Fi, cellular, cloud, apps, data packages, hotspots, parts of devices/hardware, Windows, etc.)?
  - o Why should you have different passwords on all accounts?

**Illiteracy and low language literacy.** This presented additional challenges in helping older adults (primarily those in the Spanish speaking cohort) understand learning materials, review mandatory documents, and read any translation/captioning in the myStrength platform.

**Spanish language considerations.** Engaging older adults in another language requires a flexible workforce or staff team able to respond to the language needs of the community.

- All communications need to be translated and vetted for linguistic and cultural appropriateness. This also included the county volunteer onboarding training, videos, and training materials for promotores.
- Vendors appear less familiar working in different languages and product engagement required requesting translation of terms of service and privacy policy. Finding products that address the diverse cultural and linguistic backgrounds of Californians remains an unmet need.
- App content was challenging for non-English speakers because the technology did not provide voice overs. Videos were in English with some having Spanish subtitles or transcripts, which were still difficult for Spanish speaking participants to follow.

**Medical Cancellations.** Older adults frequently experience physical or mental health conditions that limit or prohibit participation on a fixed schedule and/or contribute to exhaustion or fatigue.

*"On 'off days' engagement was hard for some, which was challenging with nurse interns only available mostly one day/week. In some cases, if an older adult was not feeling well on the only day nurses were available, they were unable to engage with the project."*

### Unique needs associated with aging.

Tablet touchpad responsiveness and older adult dexterity was an ongoing challenge for many. Some participants also had cognitive impairments, vision problems and psychological issues. These issues presented unique challenges for staff supporting older adults.

*"For those with no touch screen experience, it could consistently take 3 or more taps before the tablet registered the response. Further, several participants with clear dexterity challenges were reluctant (actively opted not to) learn speech to text, with two expressing privacy concerns."*

### The more older adults are able to access the internet through digital training, the more they are able to gain additional knowledge, entertainment, social connectedness, etc.

Participants not only gained skills specifically taught during the digital literacy training, but also reported improved feelings of connectedness and purpose through interacting with people during the classes, as well as opening their world to additional ways technology can support their needs. However, their specific needs must be considered to optimize potential participation.

WhatsApp  
social time  
email life-changing health  
Google family connection YouTube  
old acquaintances  
Zoom live events music  
genealogy  
friends

### Participants had significant decreases in loneliness and social isolation after participating in the program.

Although participants sometimes had a difficult time with technology, they felt the pilot helped them socialize and feel more connected.

2

**LEARNING:** Structured digital literacy training may be an effective and efficient way to elevate an individual's skill set. The nature (e.g. format, frequency) and content of these courses needs to be tailored to the specific needs and requirements of the individuals attending.

### Individual Coaching vs. Group Classes.

- **Individual coaching** appeared more effective than group classes **for participants with low digital literacy**. They needed more repetition that was customized to their unique learning needs. Some participants appreciated how coaches were patient and helped them learn, which differed from family members who might perform digital tasks for them instead of teaching them.
- **Group classes** appeared to work better **for older adults with higher digital literacy**, but they often wanted support for specific tasks outside of the scope of the class (e.g., downloading photos or correcting issues with Dropbox).

### Class Content.

Participants enjoyed the digital literacy classes, but the nature and content of the courses ideally would be tailored to individuals' specific needs and pace of participants.

Examples:

- **Offer drop-in times on specific content.**
- **Include description of content to be covered during class so older adults can choose where and when they felt group classes would be instructive for their unique learning needs.**
- **Break classes into smaller segments (1 hour) with more focused topics.**
- **Offer more hands-on practice before presenting new concepts.** This approach may be more effective with lower literacy participants. Some classes had too many details, in-depth theoretical information, and advanced words and concepts, especially for beginners. Consider a low literacy cohort with more basic classes paired with in-person support.

*"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.)"*

*"It was overwhelming to some just trying to grasp how to look at the screen and turn it on or off—not yet ready to grasp 'what is a cookie'."*

- **Consider offering more than 4 sessions.** Four sessions did not appear to be enough. Many in the Spanish cohort, particularly those with low digital literacy, wanted more classes.
- **Schedule on more days/times.** Offering courses more often might have been better for working individuals. Course offerings were limited to Tuesdays and Thursdays to align with nurse and teacher schedules, and did not work for many older adults due to other conflicts (e.g., caregiving, work, social activities).

3

**LEARNING: Including older adults in a program to access digital products requires significant in-person support/remote support.**

**Making sure older adults know how to access technology safely is important.** Overcoming challenges, particularly for those with low digital literacy or who are isolated from family members, requires a lot of staff time.

**Develop dynamic collaboration with a number of key partners.** Internal and external partnerships were formed to leverage support for the project. These partnerships included:

## PERSONNEL



2

1 Part-time **Coordinator**  
1 Part-time **Peer Lead**



13

**Nurse Interns**  
Gave one-on-one support to onboard and coach participants



4

**Promotores**  
Recruited Spanish speaking participants and virtually coached participants due to insufficient number of Spanish speaking interns/peers



1

**Behavioral Health Intern**

## ORGANIZATIONAL PARTNERSHIPS



### **Technology4Life**

Provided group digital literacy classes



### **Help@Hand Evaluation Team**

Provided evaluation support



### **West Marin Senior Services and Jewish Family and Children's Services**

Referred English speaking participants



### **North Marin Community Services**

Referred Spanish Speaking participants



### **Division of Aging Telehealth Equity Project**

Provided access to 13 nurse interns from 2 universities

### **County Departments**

- Compliance: Reviewed all intern engagement/instructions, participant agreements, privacy issues, and project design
- County Counsel: Reviewed all instructions for volunteers related to protection of personally identifiable information (PII), participant agreement for older adults, device use agreements, and Google Acceptance Agreements for participants to use Samsung devices provided by the project
- IT: Consultation on device purchase and advice on device configuration and establishment of gmail/Google

4

**LEARNING: A significant number of isolated older adults do not own devices to connect to the internet. Without a device, they cannot use digital services. Many cannot afford a device or its associated maintenance (data plan/modem).**

**Many older adults cannot afford the cost associated with the internet.** Some could not afford these costs even when they qualified for low-income internet.

**Internet costs vary.** Wi-Fi for participants for less than a one-year contract is double that of a month-to-month scenario. Furthermore, inconsistent information about eligibility and cost is given by some internet providers, even for the same participants.

**Older adults need help connecting Wi-Fi in their homes.** Service providers for low-income accounts expect self-installation, which many older adults do not feel they can do independently. Staff were able to assist with providing a disability access number that will provide support if needed, but is not broadly promoted.

**Isolated older adults in remote areas and without Wi-Fi require significant in-person and virtual support getting online, with drive time being 45 minutes to an hour between participants.**

**Reduced-price internet programs may have requirements for qualifying that exclude some potential participants.** Comcast's Internet Essentials program

offers reduced price internet. Many older adults qualified for the program, but some did not for reasons not related to their income level (e.g., they had a cable TV provider within the last 90 days or they lived in a home with someone who had an account that they did not have permission to use).

*"It can take several hours to qualify... for internet service – one situation involved more than 6 hours of staff time to gain Wi-Fi, and ultimately the participant was unable to establish an account."*

*"Participants in both cohorts experienced difficulty signing up for low-cost internet. They were not able to provide the required proof of qualification documents (e.g., they could not find such documents and/or did not have a device/Wi-Fi to upload them). For some, a credit check was required for which they were not able to provide paperwork. Another option was for Marin County to pay a deposit for these accounts, but no such system currently exists. As a result, four participants had to drop from the pilot."*

5

**LEARNING: County efforts to help participants acquire internet services are complicated by the need to meet county policy and fiscal requirements.**

**County needs fiscal systems designed to support payments for individual internet service for participants.** The county typically uses invoices to pay vendors for services. The County required information upfront on the cost of internet service for participants in order to obtain approval for such payment. However, internet service costs were highly variable from individual to individual and the costs could not be estimated for participants until they officially qualified. It was difficult to estimate costs upfront.

**County policy limits access to credit cards for direct program staff.** Given challenges with invoice payments, credit cards were the only option available to pay for internet services for participants. County administration requires specific details on estimated costs, which was challenging to obtain due to variable internet service costs and participant dropout from the program. Better systems are needed to efficiently manage payment and support for a project of this nature.

6

**LEARNING:** Intensive support is needed to onboard and support device use. People must learn how to use the device and create an email address, which requires intensive support for online security, safe passwords, password management, device basics, e-mail, and Zoom. They also need support in acquiring the device and connecting it to the internet.

Help@Hand staff has access to consultation from IT and compliance to recommend processes, but staff without technical backgrounds were challenged both in time and expertise. Staff needed to configure tablets, establish Google Accounts (Google requires new phone numbers to prevent fraud for every few accounts established, which lead to being locked out constantly) and to download necessary software. This was a significant resource drain for the project. Google Work Space could be used to better manage this process, but would create additional project costs and require training and/or additional support from IT.

*"I felt like both [Facilitator 1] and [Facilitator 2] were very knowledgeable and helpful... I mean, they could answer almost any question I had. Yeah, I mean we had, you know, she was available at certain times. She had appointments, and she came out here, and, you know, everything I know about using the tablet I learned from those two people, either one or the other."*

7

**LEARNING:** Recruiting hard-to-reach people takes additional effort to engage them in the program.

Accessing a network of Promotores that know the community can support the reaching of key target populations.

Using word-of-mouth outreach can be a particularly effective way for communities that have low digital literacy to be engaged. Digital engagement for older adults requires some level of trust, and leveraging trusting partnerships appears to be the most effective way to engage isolated populations.

Find outlets that are relevant for the target audience. In this case, flyers generally did not appear successful.

8

**LEARNING:** Working with nurse interns created unique opportunities and challenges.

**Fit between nurse intern role and the project had some misalignment with project needs.** The support provided by nurse interns tasked with onboarding and supporting program participants was not consistent across all participants. Nurse support of participants ranged from 5 hours to 70 hours. Furthermore, the nurse interns had varied skills and interest in gerontology and issues related to aging and technology.

"Having the support of nurse interns was of great appeal to most older adults in the project and there were many benefits that are not documented through Help@Hand, such as home safety assessments and other nurse intern work related to vaccination support and other resource needs. However, the restricted schedule of the nurses, particularly those only available one day a week, was not always effective for high need participants."

**Ideally, participants would have more flexible access to work with staff than could be offered through an intern model. Staff feel a peer model would support the needs of participants in a more flexible manner.**

**Tracking activities was difficult.** It was hard to track the activities of Promotores given their volunteer status and other personal and professional commitments. However, of all staff, Promotores were the most available in non-traditional hours, which was very helpful to participants with busy schedules.

9

**LEARNING:** Aligning expectations and information across the many partnerships can be difficult in the best of circumstances, and was particularly challenging given the tight timeline for starting and managing the pilot.

Due to the complex nature of partnerships on the project, it was hard to ensure all partners had accurate information and expectations. This was particularly relevant as decisions were made in order to adapt to the rapidly changing environment.

**Recognize that building partnership takes time, and where possible ensure continuous communications throughout the project.** Develop regular meeting cadence with all partners present, where possible. Consider using shared project management dashboards.

*“There was some misunderstanding around the expectations for nurse interns to travel to older adults’ homes. The project was marketed to some interns as remote support only, with some interns having no transportation access join the project. Others were not willing to drive to West Marin. Nurses from one university determined they needed to travel in pairs for safety reasons, creating additional scheduling challenges.”*

*The evaluation team wishes to extend a thanks to Lorraine and Dámaris for generously sharing their extensive observations and lessons learned.*

## MONO COUNTY

Mono County continued to await results and learnings from pilots conducted by other Help@Hand counties/cities. This period Mono County also began to explore technologies for their target populations.

### EXPLORING MYSTRENGTH



#### Technology Selection

Mono County explored myStrength and Wysa for isolated individuals with limited access to social support and mental health services. These technologies were also explored for local community college students. The county decided to further explore myStrength due to cost.

Mono County obtained 10 myStrength test licenses from CalMHSA in order for staff to explore the technology. Test accounts were provided to three Peers from Mono County's wellness center, two Spanish-speaking staff members, and the director of their senior center. Staff members testing myStrength were selected to represent geographical diversity. Those well connected to the community and who might be most helpful when disseminating to the community were also selected.



#### Future Directions

Staff are currently testing myStrength and will provide informal feedback that will inform next steps.

## MONTEREY COUNTY

Monterey County continued to plan the development of a web-based screening tool. The tool aims to help alleviate the demand for mental health services, which has outpaced the capacity of mental health services to appropriately screen and refer individuals. Indeed, the demand for mental health services increased over 100% over a three-year period between FY2015-17 (CalMHSA, 2021).

With the rise of mental health technology, Monterey County searched for an app that would assist them in providing screening and referrals. A thorough scan of mental health apps, however, did not reveal an app that would address this need. Without one available, Monterey County, in collaboration with Los Angeles County, decided to develop a web-based mental health assessment application that can screen for a broad spectrum of mental health disorders and refer individuals to the appropriate level of care within the local mental health system developed.

### PLANNING DEVELOPMENT OF A WEB-BASED SCREENING TOOL

#### Request for Proposal (RFP)

In January 2021, CalMHSA, on behalf of Monterey and Los Angeles Counties, released an RFP to identify a technology vendor to design and develop an evidence-based assessment tool. The tool would include a series of questions that yield an assessment score. The assessment score would determine whether the individual was experiencing symptoms of an array of mental health disorders. It would also be able to refer individuals to the appropriate level of care within the local mental health system.





As stated in the RFP, an app like this could be used by an individual and/or their family member to help identify resources based on the symptoms being experienced. Mental health clinics could use this app for new individuals as they wait for services. Community outreach providers could use this tool while conducting outreach with individuals in need. In each case, a completed assessment would yield the type and severity of mental health symptoms along with treatment program options that would be a good fit.

In response to the RFP, vendors were asked to submit proposals that explained how the tool would be developed related to the following core criteria:

- Screens for a broad range of disorders, from low risk with mild need to severe with urgent need
- Is easily accessible to community-based providers helping individuals acquire treatment
- Maintains confidentiality standards
- Is available in English and Spanish
- Is built upon current evidence-based screening tools with proven validity
- Utilizes item response theory to minimize the number of questions and time involved in the assessment

The RFP proposed the development of the tool take place in two stages—design and technology. The design phase ensures that the tool meets the above core criteria. In particular, the tool is built upon research-based tools that an individual can complete on their own. It also insures that the tool is in English and Spanish, is open-source software, and does not duplicate questions. The tool would lead to the possible identification of, at a minimum, depression, bipolar disorder, schizophrenia, psychosis, post-traumatic stress disorder (PTSD), anxiety disorders, and substance abuse disorders.

The technology phase involves the development of the web-based screening tool by a team of technologists into an application that can be used across platforms and is on a cloud-based infrastructure. Vendors submitting to the RFP were asked to describe their proposed delivery model for the tool and the advantages of the model.

Ten proposals were submitted by the mid-February deadline. The review process began soon afterward with an independent review panel scoring the proposals. Credible Mind was awarded the contract because the app would be built from the ground up, had competitive pricing, was flexible, and responded to all of the questions in the RFP.



### Future Directions

Contract negotiations began in Quarter 2 and will need to continue. Credible Mind will be asked to research and design the screening protocols, build the application, and assist with the implementation and evaluation. As a product, Credible Mind will collect data to evaluate the consumer experience and Monterey County will write an internal report. Work is anticipated to begin later this year.

## ORANGE COUNTY

Orange County continued to plan a needs assessment with their Behavioral Health Service (BHS) clients. They also continued to implement Mindstrong with a healthcare provider in Orange County.

### NEEDS ASSESSMENT



#### Needs Assessment Planning

During COVID-19, Orange County began to use telehealth to deliver county behavioral health services. Anecdotally, some TAY clients expressed a preference for in-person appointments.

Orange County partnered with the Help@Hand evaluation team to develop a needs assessment with BHS clients over the age of 13, and parents or guardians of clients under the age of 13. The needs assessment aimed to learn:

- 1) Whether behavioral health clients preferred in-person or telehealth services
- 2) What challenges clients may face when using telehealth services
- 3) What factors may contribute to dissatisfaction with telehealth services.

In 2020, two versions of the survey were drafted—one for clients over the age of 13, and another for parents or guardians of clients under the age of 13. The surveys were based on findings from a clinician telehealth study conducted by the county between September and October 2020.



#### Future Directions

This period Orange County and the Help@Hand evaluation team continued to finalize the surveys. They plan to conduct the needs assessment with clients in 2021.

### MINDSTRONG IMPLEMENTATION



#### Implementation Launch

In May 2020, Orange County launched Mindstrong with clients seen by a local healthcare provider.

The launch began with only two providers, but later included an additional 22 resident providers referring eligible clients to Mindstrong. Eligible clients include clients who are over the age of 18, do not have an active psychotherapist, and meet the clinical eligibility criteria. Clients must also have access to a compatible smartphone that they primarily use.

After clients are referred, Orange County's Peers call clients to answer questions and gain the consent of those clients interested in using Mindstrong. Mindstrong then contacts those clients interested in participating to confirm their interest, download the app, and enroll clients in services.

In 2021, Orange County looked to improve their Mindstrong program through digitizing the consent process, developing marketing materials, and evaluating the implementation.

#### *Digitizing the Consent Process*

Orange County is working on digitizing the consent process to help facilitate a more efficient and broader scope implementation. Once complete, clients will be able to navigate through a series of videos that explain the program and to provide consent on their own. The digitized consent process is expected to launch later this year.



#### Developing Marketing Materials

Orange County created marketing materials for providers and clients to reference about the Mindstrong program at any time. **Figure 3.4** displays these materials. The provider flyer shares information

on the Mindstrong program, eligibility criteria, and referral process. The consumer postcard provides clients with information on the program and what to expect from the enrollment process.

Figure 3.4. Marketing Materials for Orange County’s Mindstrong Program.

The figure displays marketing materials for the Mindstrong app. At the top is a smartphone advertisement with the Mindstrong logo and the text: "With the Mindstrong app, it's easy to connect whenever, wherever you need. Features include: 24/7 Mental Health Support, Easily Accessible, No Cost, and Safe and Secure." Below this is a flowchart divided into two columns: "Getting Started" and "What to Expect".

Getting Started	What to Expect
<ul style="list-style-type: none"> <li><b>Smartphone:</b> Compatible with Android 6 or iOS 11 and above.</li> <li><b>Data Plan:</b> Some data will be used by the app.</li> <li><b>Internet access:</b> Wi-Fi at home, work or school and/or cellular data plan.</li> <li>Be <b>18+</b> and the <b>primary user</b> of your smartphone.</li> </ul>	<ol style="list-style-type: none"> <li><b>Referral</b> Your provider checks your eligibility and refers you to the project.</li> <li><b>OC HCA Consent</b> OCHCA calls you from a private number to describe the project and get your consent.</li> <li><b>Mindstrong Enrollment</b> Mindstrong calls to confirm your interest and enroll you in services.</li> </ol>

Logos for Orange County Health Care Agency and Help@Hand Evaluation are shown at the bottom of the flowchart.

**Evaluating the Implementation**

Orange County worked with the Help@Hand evaluation team to assess the implementation of their Mindstrong program. The evaluation included:

- Surveys and interviews with Mindstrong consumers and providers
- Analysis of app data received from Mindstrong

**Findings from Consumer Surveys**

The Help@Hand evaluation team called clients who consented to participate in Orange County’s Mindstrong program and invited them to participate in an evaluation survey. Fifty-eight initial surveys were completed by

adopters (eligible clients who currently use Mindstrong or intend to use Mindstrong in the future; N=48) and non-adopters (eligible clients do not intend to use Mindstrong; N=10) between October 29, 2020 and June 7, 2021. Survey results are forthcoming.

### Findings from Clinician Interviews and Surveys

The Help@Hand evaluation team conducted surveys and semi-structured interviews with the residents involved in Orange County's Mindstrong implementation between October and December 2020. The purpose of these surveys and interviews was to identify early learnings and elicit strategies to improve Mindstrong implementation moving forward. Of the 22 clinicians invited to participate in the survey and interview, four agreed to interviews and sixteen completed surveys.

Key takeaways from the surveys and interviews with clinicians in Orange County's Mindstrong implementation include:



**Positive Impressions of Mindstrong.** Providers had positive impressions of Mindstrong, especially given the potential for technology-delivered care during the COVID-19 pandemic. Providers had positive impressions of Mindstrong regarding the appropriateness, practicality, and usability within Orange County



**Adequate Resources Provided.** Majority of providers felt the necessary leadership, training, support, and other resources were given to use Mindstrong.



**Additional Education and Training Needed.** Additional educational materials and resources (e.g., time and personnel to provide trainings) were needed, specifically for the residents referring clients. More training could also help support better familiarity with Mindstrong.



**Identify who would benefit the most from Mindstrong.** It was thought that it would be important to clarify the features of Mindstrong to better understand who might be most appropriate to use Mindstrong for a wider-scale implementation.

Overall, Mindstrong was viewed as a positive addition during the initial implementation period. However, some barriers around referral and evaluation procedures of Mindstrong implementation were identified. More training and information on Mindstrong for the residents were identified as beneficial to improving the referral process. As such, Orange created the marketing materials described above.

### Analysis of App Data Received from Mindstrong

A Data Use Agreement (DUA) between Mindstrong and the Help@Hand evaluation team was established in May 2021 to allow for data sharing between the entities. Data sharing cadence and logistics are currently being discussed.



### Future Directions

Orange County will continue to implement and evaluate their Mindstrong program.

## RIVERSIDE COUNTY

Riverside County worked on a needs assessment for their Deaf and Hard of Hearing Community. The county also planned a pilot for A4i with some of their clients as well as continued to implement Take my Hand and expand it to other counties/cities. Additional efforts were made to explore myStrength and distribute devices to the community.

### NEEDS ASSESSMENT

#### Needs Assessment and Digital Mental Health Literacy Video Series

In 2020, Riverside County began to adapt a digital mental health literacy (DMHL) video series to reflect the languages of the Deaf and Hard of Hearing Community. A company specialized in Deaf-communication products was contracted to update the DMHL video series. Videos were completed in March 2021. After creating a Vimeo account, the DMHL video series were uploaded to Vimeo and will be posted to Riverside's Help@Hand landing page.

Riverside County also partnered with the Center on Deafness Inland Empire (CODIE) and the Help@Hand evaluation team to conduct a needs assessment of the Deaf and Hard of Hearing Community last year. The needs assessment aimed to learn more about the population and how to meet their needs. A focus group and survey were conducted in September 2020 with community advocates who identified as members of the Deaf and Hard of Hearing Community and were members of CODIE. Eleven people were invited to participate in the focus group and survey.



#### Expanding the Needs Assessment

Given that results cannot be generalized to the larger Riverside Deaf and Hard of Hearing Community due to the small sample of the focus group and survey, Riverside County decided to expand the needs assessment survey to the larger Riverside Deaf and Hard of Hearing Community.

Riverside County worked with the Help@Hand evaluation team to create the expanded needs assessment. The same company that updated the DMHL video series was contracted to create one video for each question in the needs assessment. The needs assessment will include approximately 80 videos that will be desktop and mobile compatible.



#### Future Directions

Upon completion of the videos described above, the needs assessment will be promoted in different Deaf and Hard of Hearing agencies and at schools for the Deaf and Hard of Hearing. Gift cards will be offered as incentives for completing the needs assessment. The needs assessment is expected to launch in the second half of Year 3.

### A4I PILOT



#### Pilot Planning

In 2020, Riverside County decided to pilot A4i in three clinics. A4i is a platform for supporting the schizophrenia and psychosis recovery process. The county tested A4i as well as planned the pilot workflow and evaluation this period.

### Testing A4i

Staff and at least one Peer tested A4i. Based on input from the testing, a few customizations were requested. These customizations included removing ads from the introduction and changing the name of one feature from “Notes to my Doctor” to “Notes to my Care Team”. A4i approved these customizations and are working to incorporate them.



#### Planning Pilot Workflow and Staff Engagement

Riverside County began to draft their pilot proposal. The county is planning to have interested clinicians self-select into the pilot. Clinicians will refer A4i to eligible consumers in their Full-Service Partnership (FSP), an intensive program offering mental health and support services for those experiencing and/or at-risk for institutionalization, homelessness, incarceration, or psychiatric in-patient services. Peers will be available to assist pilot participants.

Riverside County provided presentations to garner clinician buy-in and recruit staff. Development of informed consent forms and training materials also began this period. Staff and pilot participants will be trained on A4i and DMHL. To assure access to A4i, pilot participants who need a phone will receive one. The phone will be pre-programmed with A4i and other selected applications. All phones will be locked prior to clients receiving them so that pilot participants will not be able to add any other applications to their phone.

#### Evaluation Planning



Riverside County will use their local evaluator to assess the consumer experience of the application. Foremost to the evaluation are the questions about whether clients benefit from the app and whether the app helps clinicians. The Help@Hand evaluation team will support the local evaluator’s efforts.

#### Future Directions



The pilot is anticipated to begin in the second half of Year 3

## TAKE MY HAND IMPLEMENTATION



### Implementation within Riverside County

In April 2020, Riverside County developed and launched a peer-chat app called Take my Hand. Peer Support Specialists operated chats and on-call clinicians were available to support individuals whose chats indicated they were in crisis.

This period Riverside County explored and expanded their Take my Hand services by initiating a new marketing campaign and expanding operations.



#### Marketing

To spread the word about Take my Hand, Riverside partnered with Dreamsyte, a firm that provides email marketing, social media, and online advertising. An ad campaign was created and executed based on the culture of Take my Hand and the specific message that Riverside County wanted the public to receive about Take my Hand. The campaign included billboards, bus wraps, and bus shelters throughout the county. It is anticipated that the increased marketing will increase the number of chats. Dreamsyte also provided support with social media and local radio spot advertisements. The spotlight on page 61 has more information.

# SPOTLIGHT

Riverside County Successfully Marketing *TakemyHand*<sup>™</sup>



**H**

Heading east on I-10 towards Cathedral City, CA a large billboard for *TakemyHand*<sup>™</sup> is prominently posted. The warm yellow hue against the blue sky draws one in to see a diverse group of individuals and a tagline that reads *All Feelings Welcome*. Located throughout Riverside County, billboards like this one advertise *TakemyHand*<sup>™</sup>, Riverside University Health System–Behavioral Health (RUHS-BH) peer chat app. This Live Peer Chat Line gives individuals the opportunity to chat with a Peer Support Specialist for free.

Take

my

Hand

To inform individuals throughout the county about *TakemyHand*<sup>™</sup>, which started in 2020, RUHS-BH staff worked closely with Dreamsyte (a marketing vendor) to develop a successful marketing campaign. The process began by clearly defining the service that *TakemyHand*<sup>™</sup> provides. From there, a marketing campaign was created which includes Billboards, Bus Wraps, Bus Shelters, Radio and Social Media. The marketing for *TakemyHand*<sup>™</sup> was a well-planned and well thought out process that included all

team members, from Peers, Clinical Therapist, Analyst, Tech Lead, to Leadership—all contributing to the message, design, and placement of advertisements.



Riverside County, located in southern California, encompasses over 7,000 square miles and spans from greater Los Angeles to the Arizona border. Within the county is the large city of Riverside, as well as other cities like Temecula, and Lake Elsinore. Also included are desert cities like Palm Springs, Blythe, and Coachella—just to name a few. The team understood that the marketing needed to be strategic in reaching all communities, especially communities located in the rural areas. To accomplish this, the team used zip codes throughout

the county to determine the best location to market in these rural areas. Another consideration was traffic flow – the rate at which cars pass on the freeways. The major arteries needed to be determined, but also the speed of traffic needed to match with the placement of each billboard. For instance, slow traffic gives drivers a chance to read a billboard up close. In areas with high speeds, having the billboard visible from afar makes it easier for drivers to read a billboard as they near its location. Lastly, to make this work, Dreamsyte was tasked with making sure a vacant billboard was available in the identified rural locations for the TakemyHand advertisements.

Currently, there are seven billboards on all main Riverside Freeways–10, 15, 60, 91, and 215. They have been placed on major arteries that lead from Riverside’s rural communities to downtown Riverside. Intentionally placed billboards reach rural communities towards Coachella, suburban areas including Corona and the city communities. Billboards are placed throughout the County and, often, two are placed near each other but facing in the opposite direction so that they’re seen regardless of the direction one is traveling.



There are print billboards and digital billboards. The print billboard is static whereas the digital billboards scroll through different ads – only one of which is the *TakemyHand*™ ad. The benefit of the static billboard is that when traffic flow permits, a

driver is able to easily see the billboard and read it. This is not the case for the digital billboard which scrolls through ads. As with most innovation projects, there was a downside, or a ‘lesson-learned’ from having the digital billboards. The team quickly learned that drivers do not see each message on the digital billboard as it scrolls through each advertisement. Which means, individuals traveling in the areas where digital billboards are located may not see the *TakemyHand*™ advertisement. Indeed, one staff member stated “Every time I drive by I am looking for us and I have not yet seen us. I know other people have but in 3 or 4 different times I’ve been going by at a speed where I can be watching and there is another ad, it’ll switch to another ad, and another ad and I haven’t seen our ad yet. It flashes rather quickly.” Another staff member responded by saying “we did get feedback in the manager’s meeting that they were able to see it and it is beautiful.”

The benefit of the digital billboard is that it can easily be altered; within a short time span, a change to the billboard is made simply by creating a new file, then, having the file uploaded to replace the current billboard. As an example, after realizing that the digital billboard ad contained too many words for drivers to comprehend, the team asked Dreamsyte to download another ad on the billboard. Within a day, a new *TakemyHand*™ ad, that was less wordy, was in place and visible.

The goal of the billboards is to inform, as well as educate and normalize mental health and wellness. As a new innovation project, the impact to the community has yet to be ascertained. Meanwhile, marketing will continue with *TakemyHand*™ advertisements on billboards, bus shelters, bus wraps, radio, and social media campaigns.



### *Enhancing Operations*

Operations were expanded and staffing was bolstered to prepare for potential increases in chats. Specific improvements included:

- 1 **Extending program hours** from 8am-5pm to 8am-10pm 7 days a week to support consumers later in the day.
- 2 **Including a Spanish-speaking Peer on every shift** to better support Spanish-speaking consumers
- 3 **Establishing a training plan to certify Deaf and Hard of Hearing Peers as Peer Support Specialists** to better support the needs of the Deaf and Hard of Hearing Community
- 4 **Offering clinical therapists training** in Take my Hand and training additional clinical therapists.
- 5 **Developing a chatbot** to support consumers during non-operating hours. Chatbots are used to answer frequently asked questions through canned responses. Free text is not included due to issues with HIPAA compliance. The chatbot went live in Quarter 2 of this year.

In addition, Riverside County improved operations to better serve various communities. The spotlight on page 65 describes Riverside County's efforts to better support the LGBTQIA community.

### **Expansion Beyond Riverside County**

This period Riverside County also looked to expand Take my Hand to other counties/cities. This involved making Take my Hand an app, partnering with San Francisco County to plan a pilot in their county, and working to add Take my Hand as a portfolio app that other Help@Hand counties/cities may use.

#### *App Production*

In February 2021, Riverside County began exploring how to make Take my Hand an app available on Android and Apple devices. Take my Hand app production became a priority in April 2021. Riverside examined associated costs and decided to move forward with app production. Creation of the app began in Quarter 2 and is ongoing.



#### ***San Francisco Pilot Planning***

In January 2021, San Francisco County decided to pilot Take my Hand in their county. A walk-through of Take my Hand was provided to San Francisco County in February 2021. Riverside County met with San Francisco County throughout this year to address questions that San Francisco County had about Take my Hand. Riverside County also shared information on the cost to maintain Take my Hand, which included staffing and licenses based on Riverside's current model of operations.

It was decided that Riverside County would host the Take my Hand website, but San Francisco County would have their own landing page and terms of service as well as utilize Peers in San Francisco County. Riverside County will also share training materials that San Francisco County can adapt as needed.



#### ***Portfolio Planning***

Portfolio apps can be used by any county/city without restriction as part of the Help@Hand program.

In January 2021, Riverside County presented Take my Hand to others during a Help@Hand Tech Lead Call. The presenter walked through the training that Peers receive prior to working as a Peer Operator for Take my Hand. It was recorded and available as a resource for other counties/cities interested in using Take my Hand.

In addition, Riverside County worked to create a 30-minute presentation to Help@Hand leadership that would request approval for Take my Hand to become a portfolio app. The Help@Hand leadership is revisiting the steps needed to become a portfolio app. As such, Riverside County may also need to create a written summary of their work for Help@Hand leadership to review as part of the process of approving technologies as portfolio apps. The summary may include a description of the implementation process and overall outcomes of implementation to date; any evaluation materials; plans to implement the product on a larger scale; and learnings from pilot/initial implementations that can help other Help@Hand counties/cities with their implementations.



### Future Directions

Riverside County will continue to implement Take my Hand and look to offer it in other counties/cities.

### EXPLORING MYSTRENGTH

In 2020, Riverside County began to explore myStrength as another technology to offer their community. At the beginning of this year, Riverside County staff continued to explore myStrength. Staff tested the app and learned about ways that the application was broadening its services to include COVID-19 and LGBTQ resources. In April 2021, Riverside County decided to pause their exploration of myStrength due to time constraints.

### DEVICE DISTRIBUTION

An IT support vendor received 300 devices (100 iPads, 100 Galaxy Tab A, 100 Android phones) which they worked to configure throughout Quarters 1 and 2. Device cases and shield protectors were ordered in Quarter 2.

Riverside County looked to install kiosks in clinics throughout the county. Kiosks would engage consumers and promote the use of technology-based mental health solutions, which is one of the Help@Hand core goals. Consumers may use the kiosk to:

- Learn about available resources
- Access and explore resources at the kiosk.

Forty kiosks were configured with free supportive resources like Take my Hand as well as other applications that staff evaluated like Happy, Canva, and PTSD Coach. There will be two types of kiosks – an iPad kiosk and large 55” TV kiosk. An added bonus of the smaller, iPad kiosk is that clinic personnel may use it to also demonstrate how to use a tablet. Dreamsyte created four landing page designs and one was chosen.



### Future Directions

Plans are in place for 32 iPad kiosks and eight 55” TV kiosks. Installation of kiosks began in June 2021 and will continue into the second half of Year 3.

# SPOTLIGHT

## Riverside LGBTQIA community



From the start of the Help@Hand program to the current moment, RUHS-BH has maintained their commitment to the LGBTQIA community. Through their development of the Take my Hand app, to the thoughtful and intentional marketing strategy to the Take my Hand training and the work that's currently being conducted in both marketing and by the Take my Hand Peer Operators, RUHS-BH has remained steadfast to the LGBTQIA community.

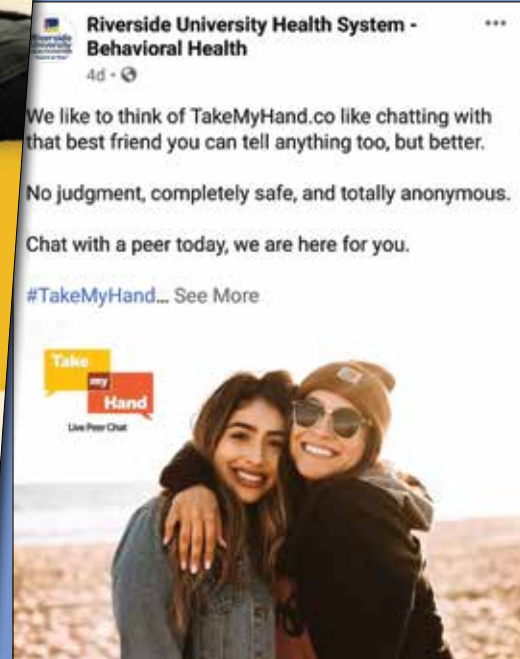
To serve this community, Riverside began exploring available mental health apps. As Shannon McCleery-Hooper, Peer Support Oversight & Accountability Administrator, said "I think that when we were identifying apps we saw a few we liked. But nothing ever panned out. They didn't pan out because we didn't think that we could reach this population with something that was already cookie cutter. We thought that with the development of the Take my Hand app it was a way to reach anyone and everyone".

Indeed, with the development of Take my Hand, a free online Live Peer Chat that gives individuals the opportunity to text with a Peer Support Specialist, the LGBTQIA community among others are served. Through the use of Peer operators including some who self-identify as a member of the LGBTQIA community, and a catalog of available resources, Take my Hand fills a gap in services. Prior to Take my Hand, if someone wanted to talk to a Peer they needed to go into a clinic. Now, they can chat with a Peer online.

**Riverside University Health System - Behavioral Health**  
Jun 4 • 🌐

Happy Pride month! We know that we all have powerful stories, and all come from different walks of life. We know that this time can be so exciting and also so triggering for some. "How do I accept another person who thinks differently than me?", "How do I tell my family who I really am?", or "Now that I'm being true to who I am, where do I go next?... See More

Take my Hand



Support begins with training Peer Support Specialists to be Take my Hand operators. First, required of all RUHS-BH staff is an eight (8) module cultural competency training. Second is an emphasis on communication. Of particular importance is communication in the absence of nonverbal and paraverbal communication. Shannon McCleerey-Hooper explains “We have really spent a lot of time training to non-paraverbal communication – when you don’t see their hands, don’t see their eyes, you don’t hear them breathe. A lot of time we know about how someone feels just by the way that they breath in. It’s one of those things we have really fine-tuned the way we train.” To adjust to communicating via text, focus is on the open-ended questions that take place during a live chat. Like an exchange with a therapist, operators reflect on what words the person is texting, validate the individual, support their effort to pinpoint their emotions then work with them on managing them. Operators continue their learning through weekly team meetings, periodic check-ins with the Peer Lead, especially for those who have had a difficult and/or negative response to a chat and routine reflection on previous chats.

Take my Hand also supports the LGBTQIA community through a catalog of resources that the Take my Hand staff have compiled. That is, along with the opportunity to chat with a Take my Hand operator, individuals can also learn about additional resources they can use. For example, the catalog contains contact information for LGBTQIA resource centers throughout the county and other community programs that are openly accepting of the LGBTQIA community. Currently, the catalog is being updated to include resources like a new LGBTQIA resource center, adding more detailed information about resources, and including digital resources. Pamela Norton, Senior Peer Support Specialist–Peer Lead, explains: “We’re creating resources that are specific to the community and making sure we have information for PFlag and information for the Trevor Line, resource centers and different websites.” Also, in the works is a digital catalog which will include applications as well as podcasts, videos, and other digital resources.

The Take my Hand whisper feature is another mechanism that operators use to support individuals who self-identify as LGBTQIA. The whisper feature is one way that Peers support one another during a live chat. For example, if an operator is chatting with an individual that self-identifies as LGBTQIA and they are chatting about an issue related to that, the operator can have one of their Peer

operators gather resources and paste them in the chat. The operator can also have a Peer that self-identifies as LGBTQIA use the whisper feature to give suggestions on chat responses. In this way, multiple operators support the individual in the best way possible. Pam shared the following example: "It's this fantastic thing. You have the Peer who is able to just be there and have the conversation. They don't need to be hesitant because they have someone else in the background looking for resources and plugging in the resources so that the Peer can just cut and paste it into the chat. Here's information about a resource near you. Here's a phone number for a clinic that is open and provides resources and is open and supportive of the LGBTQ community."

To inform the community about Take my Hand's services, RUHS-BH worked with the Dreamsyte marketing firm to create a marketing campaign. To ensure that the LGBTQIA community is reached, targeted ads using a gender non-binary individual are used in the ad campaign. Moreover, RUHS-BH staff used

feedback about the images from the Center for Advocacy in Gender and Social Inclusion before finalizing the campaign. Currently, the campaign includes a slider image on the Take my Hand website, bus skins, and is included in the billboards campaign. Social media is also being used to post messages directed towards the LGBTQIA community. Other forms of media are also being used. In Palm Springs a large Take my Hand poster is prominently displayed during their annual Art Walk. For Hemet Pride, a video advertisement reaching out to the LGBTQIA community will be used too. There are also plans for a float at the Palm Springs Pride event in November 2021. Moreover, a kiosk will be placed in the new RUHS-Medical Center's Transgender Health Center. All kiosks will have preprogrammed apps – many of which are geared towards this community. Finally, an infographic specifically for this community is available as a resource (see insert). Each media effort is designed to advertise as well as normalize and educate about mental health and the various communities such as the LGBTQIA community.

The response to this has been individuals who self-identify as LGBTQIA interfacing with Take my Hand. Peer operators are fielding chats with individuals contemplating coming out, those who are struggling with their own gender identity, expression with their families, and whether their sexual orientation is fluid or undecided.

As an example, Pamela Norton described a chat she facilitated shortly after Take my Hand was launched: "I had an exchange with someone who was visiting a parent and was having challenges around his status, and he reached out to us for support." She further explained the impact that COVID had on this community. For those in living situations where their families may not know how they self-identify or for individuals who have come out to their family members but aren't fully accepted, their home becomes a place for necessities like eating and sleeping. Their support comes from outside of the home in a separate environment. Because of the lockdown that occurred due to COVID, some in this community were without their support networks. For those who reached out, Take my Hand was able to provide resources and needed support through the chat services.

The value of each chat varies. Reports of positive chats are given. For instance, one Peer Support Specialist shared that the individual they were chatting with said "this was the best time I've spent talking with someone in a long time". Another individual shared that they were happy to have someone to chat with after clinic hours. Sometimes, though, chats do end abruptly, or the consumer is unhappy. Operators consider these occurrences as learning opportunities. Peers may look over their thread to see if they can identify where the chat may have gone south or talk about it with the Lead Peer Support Specialist.



## SAN FRANCISCO COUNTY

San Francisco County selected and planned a pilot of Take my Hand with their TAY and transgender community members. They also selected, planned, and launched Headspace for their general population. Additionally, San Francisco County provided digital literacy education and established a technology procurement program to support community members.



### TAKE MY HAND PILOT



#### Pilot Planning

After choosing to pilot Take my Hand at the beginning of this year, San Francisco County started to prepare to launch the pilot. This involved discussions on contracting and designing the program model, as well as planning evaluation activities.



#### Discussions on Contract and Program Design

Discussions began by addressing questions on what hours the program should be operational, staffing and training for Peer Operators to answer chats on the platform, and pilot design. Riverside County, the developers of Take my Hand, provided deeper understanding of staffing logistics, availability of a training that can be tailored to San Francisco County's needs, and choosing whether to operate the program 24/7 or during regular business hours (9am – 5pm).

Riverside County would host the Take my Hand website, while San Francisco County would have their own landing page and terms of service. San Francisco County also planned to leverage Peers from an existing Peer warmline. Already trained in providing Peer support, the Peers on the existing warmline would need training on the Take my Hand system. Decisions were also made to utilize a chatbot and a learning management system for the training.

In addition, cost was established for the pilot. Pricing would be by license as well as the cost of paying each Peer Operator.



#### Planning Evaluation Activities

Evaluation of San Francisco's pilot would be similar to the evaluation of Riverside's Take my Hand implementation in 2020. Primary sources of data will include within-app data (e.g., data from the Take my Hand platform), two short surveys at the beginning and end of the chat, as well as interviews with the Peer Operators. San Francisco County will also have their own dashboard that will show only San Francisco metrics including daily visitors and chats completed.



#### Future Directions

The pilot is expected to be four months, with one month for the ramp up and another month to ramp down. The start date is still to be determined as contract negotiations are taking longer than expected. If the pilot proves useful, San Francisco County plans to expand to an implementation with either a broad population or to a target population through the duration of their Help@Hand project timeframe.

### HEADSPACE IMPLEMENTATION



#### Technology Selection

San Francisco County began the year also choosing to launch Headspace. San Francisco's team selected Headspace in order to rapidly support community members during COVID-19. Other Help@Hand counties/cities selected Headspace for similar reasons.



### Implementation Planning

The county worked with Headspace to understand and select an appropriate enrollment workflow option. From the landing page customized to San Francisco County, eligible participants follow an enrollment workflow to create their account.

Language options that Headspace offered were also reviewed. The majority of content is in English, Spanish, French, German, and Portuguese; however, the daily activities are only in English. Although considered, translation into Spanish was not pursued.



### Implementation Launch

San Francisco County launched Headspace in mid-March 2021. The launch involved outreach and evaluation.

#### *Outreach*

Outreach plans began prior to the launch of Headspace. With the purchase of 10,000 licenses for one year, San Francisco County's first question related to how to provide a link or avenue for the community to use Headspace. The county met with Headspace staff and learned about the Headspace brand toolkit. They also learned if the Headspace logo was used on any materials that it needed to be approved by Headspace.

San Francisco County hired a Tech Coordinator as well as presented at community events and connected with many local systems of support. The county's Headspace landing page was embedded in the presentation to help the community enroll in the program. Materials provided by Headspace were also used for in-person outreach. As of June 2021, presentations had been made at over 15 community events.

A new marketing and outreach plan was kicked off in Quarter 2. In addition to community presentations, the plan included marketing campaigns to local radio stations. In Quarter 2, San Francisco County hired Odyssey, a third-party media marketing agency. A radio campaign went live in May 2021 followed by a social media campaign. By the end of Quarter 2, 65,000 radio impressions and 25,000 Facebook advertisements had been made. Enrollment rates rose from approximately 200 in May 2021 to over 500 in June 2021.



### Evaluation

To evaluate Headspace, San Francisco County has been an active member of the Headspace Survey Workgroup. Facilitated by the Help@Hand evaluation team, the workgroup developed a survey to assess the experience of consumers with Headspace. More information about the workgroup as well as metrics from San Francisco's implementation can be found in the Headspace Evaluation section on page 36.



### Future Directions

San Francisco County will continue to implement Headspace in their county.

## **DIGITAL LITERACY EDUCATION AND TECHNOLOGY PROCUREMENT PROGRAM**

In response to community feedback related to the digital divide, San Francisco County adapted CalMHSA's digital literacy education trainings into a 12-part series with support from Painted Brain. Trainings were intended for those historically excluded, particularly TAY and transgender community members. San Francisco County conducted the trainings as well as recorded them for people to view on an ongoing basis.

Along with education, San Francisco County established a technology procurement program to provide community members with devices and data as another way to address the digital divide. In particular, the county is developing an RFP process that will allow community programs to apply for funding to acquire and distribute technology and data to individuals.



### Future Directions

San Francisco County will continue to develop their RFP process to support device and data distribution within the county.

## SAN MATEO COUNTY

Phase 1 of San Mateo County's Help@Hand project involved Help@Hand Peer Ambassadors promoting and supporting use of the county's Help@Hand apps (e.g., Wysa and Headspace) among their target population. Phase 2 includes Behavioral Health Recovery Services (BHRS) Ambassadors helping to integrate apps within BHRS through Peers training clients on digital mental health.

This year San Mateo County piloted Wysa with older adults and transitional aged youth (TAY). They also implemented Headspace across the county. In addition, San Mateo County provided community members with digital literacy education and technology.



### WYSA PILOT



#### Technology Selection

In 2020, San Mateo County explored various technologies for their older adult and TAY target populations. Based on their exploration, the county selected Wysa to pilot with both populations. In particular, both target populations viewed Wysa as more culturally competent compared to the other technologies explored. San Mateo County also appreciated Wysa's flexibility to make changes to the app and add county-specific resources.



#### Pilot Planning

This year the county worked with their local evaluator (RDA), CalMHSA, and the Help@Hand evaluation team to develop their pilot and evaluation plans, consent forms, as well as evaluation surveys. For their evaluation, they plan to conduct demographic, pre- and post-surveys, focus groups, and exploration groups with older adult and TAY consumers in their pilot. San Mateo County's local evaluator will collect all data for this pilot evaluation.



#### Pilot Launch with Older Adults

Thirty-two older adults were recruited through Appy Hours, social media, and older adult service providers. A 2-month pilot was launched with older adults on April 16th. Peers hosted virtual kickoff meetings to orient participants to the project. Follow-up calls with the older adults attending the kickoff were done to help them download Wysa and walk them through the demographic and pre-surveys. The pre-survey measures baseline data on outcomes and expectations of Wysa. Older adult participants could attend optional Appy Hour workshops to receive additional technical assistance. Focus groups and post-surveys will be completed in July 2021. Pilot participants will also attend exploration groups to take a deeper dive into specific features and identify areas for improvement. These recommendations will be used during negotiations with Wysa app developers for a larger scale implementation with older adults throughout the county.



#### Pilot Launch with TAY

Sixteen TAY participants were recruited from youth groups across San Mateo County. A two-month pilot was planned to launch in April 2021. However, it was discovered right before the pilot launch that San Mateo County needed to obtain parental consent, since the pilot included participants under the age of 18. Drafting the parental consent form, obtaining county approval on the form, and securing parental consent delayed the kickoff date. The TAY pilot launched on May 24th with Peers hosting virtual kickoff meetings. The kickoff meetings oriented pilot participants to the project, provided them instructions to download



the app, and helped them complete the demographic and pre-surveys. Focus groups and post-surveys will be completed in July 2021. Exploration groups to identify specific tester recommendations are scheduled for August 2021.



### Future Directions

San Mateo County's Wysa pilot is expected to end in August 2021. Pilot findings will be presented during a future Tech Lead Collaboration Call. The findings will inform a larger-scale implementation for older adults and TAY across the county.

### Lessons Learned from the Wysa Pilot Evaluation

San Mateo County collaborated with Peers, local evaluators, and the Help@Hand evaluation team to develop the demographic, pre-, and post-surveys. There were several discussions on different ways to measure mental health and related topics. The Help@Hand evaluation team shared measures used for other Help@Hand pilot evaluations as well as additional measures to consider. The survey was translated into Spanish by the Help@Hand evaluation team and programmed into an online format by the county's local evaluators.

After the launch of the survey, a participant shared with the county that the wording and tone of the stigma items made the participants feel very uncomfortable. San Mateo County and the Help@Hand evaluation team acknowledged that items assessing stigma may produce negative feelings, and steps to minimize any discomfort should be taken.

It is important to select questions that capture and measure important information, while minimizing harm and resonating with the communities served. The Help@Hand evaluation team convened the Conceptualizing and Measuring Mental Health Stigma Taskforce in 2019 and engaged Tehama Peers in 2020 for this purpose. Given the feedback from the participant, the Help@Hand evaluation team created a document identifying different ways to measure stigma and related topics. San Mateo County selected measures to include in the evaluation. The Help@Hand evaluation team provided Spanish translations sourced from the internet.

The county, CalMHSA, and the Help@Hand evaluation team discussed additional ways to protect participants when responding to these questions, such as adding survey language to introduce the items, allowing people to skip questions, providing a list of support/resources, and telling participants about the types of questions that will be asked.

## HEADSPACE IMPLEMENTATION



### Implementation Launch

In 2020, San Mateo County made Headspace available to residents across the county. The San Mateo County team focused their initial outreach on a small, targeted audience.

This year San Mateo County's Headspace implementation included expanding marketing and outreach, addressing unauthorized access of licenses, developing enrollment workflows in Spanish, and planning evaluation activities.



### Expanding Marketing and Outreach

In 2021, San Mateo County expanded their marketing and outreach efforts. PopSockets, pens, styluses, and earbuds were created to distribute within the county. The county explored a potential partnership with San Francisco County, who initiated a contract with a local organization to conduct marketing and outreach for their Headspace implementation. Ultimately, San Mateo County decided to focus marketing Headspace through their own social media and county events.

San Mateo County is currently working with CalMHSA to develop a Help@Hand county-specific landing page. The page will help the county share information about the project with stakeholders and market Headspace.

### *Addressing Unauthorized Access of Licenses*

In March 2021, San Mateo County was made aware of inappropriate use of their Headspace licenses. 7,500 spam accounts were created between February 12th and February 21st, exhausting all of San Mateo County's remaining Headspace licenses. The accounts were promptly deleted once the issue was identified and the licenses were restored. Headspace developed a new enrollment page for San Mateo County, and the county was asked to redirect individuals to the new link. This caused some confusion within the county as individuals who tried to access the old link received error messages. San Mateo County and CalMHSA shared some ways to prevent this from happening in the future, such as being mindful of where the enrollment page link is posted, using geolocation to confirm an individual's location, and adding language to outreach materials stating that the product is only available in San Mateo County. The spotlight on page 73 has more information.

### *Developing Enrollment Workflows in Spanish*

San Mateo County also worked with Headspace and CalMHSA to make the Headspace enrollment workflow available in Spanish. Individuals can enter their city and zip code on the customized landing page to confirm that they are located in San Mateo County and eligible for a free Headspace account. Once their eligibility is confirmed, individuals are led through the process to create their account. This work was completed in April 2021.



### *Planning Evaluation Activities*

San Mateo County is also part of the Help@Hand evaluation Headspace Survey Workgroup and will launch their evaluation survey in July 2021. More information about the Headspace Survey Workgroup can be found on page 36.



### **Future Directions**

The Headspace licenses will expire in August 2021. San Mateo County considered extending their Headspace licenses 6 months to February 2022, but decided to keep the original end date, because the price of Headspace licenses had increased.

## **DIGITAL LITERACY EDUCATION AND TECHNOLOGY**

San Mateo County contracted with Painted Brain to provide “tech hours” for clients, technical assistance to community-based agencies, digital mental health literacy train-the-trainer training to Peers, and advanced Zoom training for providers.

In Quarter 2, Painted Brain launched their first series of advanced Zoom topics titled “Liberation Practices for Virtual Meeting Spaces.” The series intended to enhance virtual meeting facilitation reflecting consciousness, empowerment, and equity. Phase 2 of San Mateo County's Help@Hand project was also launched in Quarter 2.

The county also leveraged funding to procure federally subsidized devices for clients to use for Help@Hand as well as telehealth services.

# SPOTLIGHT

## PROMPT ACTION IN RESPONSE TO UNAUTHORIZED ACCESS

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San Mateo County is one of several counties implementing an application. As part of their implementation, they have purchased a fixed number of licenses for the specific application/product and users gain access to the licenses by visiting an “ungated” URL.

The use of an ungated URL was the only option available at the time. The URL has been included in, and promoted through, marketing & outreach material.

**Gated/Gating** – this typically means that online content or links are restricted or limited by including specific access points. This can include requirements: to fill a form, provide access code(s), “captcha”, user profiles, geolocation, consumer list, etc.

### ISSUE

On 2/21/2021, the product vendor notified CalMHSA that unauthorized users had gained access to licenses, likely through a consumer sharing the URL in a public forum (such as Reddit or a similar forum). This was not a widespread issue with other customers of this product. There was no indication San Mateo County was targeted. The product vendor acknowledged San Mateo did not do anything to cause the issue.

Within 24 hours of identification, the product vendor notified CalMHSA of the issue, canceled the unauthorized licenses, and created a new URL to house the licenses.

Additionally, CalMHSA promptly responded by:

- Notifying San Mateo County
- Collaborating with the product vendor to obtain additional details
- Requesting a root cause analysis & mitigations
- Ensuring that other vendor contracts included contractual requirements that vendors notify and provide root cause analysis when such issues occur



## IMPACT

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CalMHSA and San Mateo project teams both experienced an unplanned impact to time and resources while researching and resolving the issue. Consumers needed to be directed to use the new URL. This caused confusion among some consumers who received error messages when attempting to access the old URL, and resulted in many calls/emails for the San Mateo team to respond to. Additionally, all communication containing the old URL had to be updated and shared out with audiences. Note—current active user licenses were NOT canceled.

## LEARNINGS FOR CONSIDERATION WITH FUTURE IMPLEMENTATIONS

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Overall, this was an excellent example of how the processes and procedures established by the collaborative to keep counties/cities and users safe are working. This instance also surfaced additional considerations for future implementations:

- 1 When available, “gating” options such as captcha, user profiles, geolocation, or consumer lists may help prevent unauthorized use of licenses. Note - this is not always an option based on the vendor agreement.

Social media is an important resource for those seeking support. As part of the outreach and marketing strategy, counties/cities should consider messaging that clarifies the call to action for the consumers. For example, does the county/city want the consumer to use the technology and share it with others in the community, or use the technology and provide feedback to the county/city but is not meant to be shared with others? The call to action should also help make this message personal for the local community (include the “why” or the “so what”). Counties/cities are encouraged to engage local Peers to help shape the message so it is relevant to the local audience.
- 2
- 3 Providing access to licenses through the county/city landing pages can help streamline communication should there be a need to change the URL. County/city landing pages can be redirected to a new URL with no impact to consumers.
- 4 Counties/cities should consider additional marketing strategies and mitigations if there is a need to change the points of access (URL, QR code, short code, etc.).

## SANTA BARBARA COUNTY

Santa Barbara County began exploring Headspace with staff at a crisis residential facility, attendees of a Peer empowerment conference, Transitional Aged Youth (TAY), and psychiatric clients. The county has also undertaken several activities to support the digital needs of their community.

### EXPLORING HEADSPACE



#### Technology Selection

In January 2021, San Mateo and Santa Barbara Counties engaged in a partnership to help Santa Barbara County explore the functionality of Headspace. To explore Headspace, Santa Barbara County tested the technology with their target communities and staff, looked to understand and support the needs of their target populations, as well as planned evaluation activities.

#### *Testing Headspace with Target Communities and Staff*

Santa Barbara County began testing Headspace during groups at the Psychiatric Health Facility (PHF). Staff felt that clients were more receptive if groups started off with an introduction to technology before testing Headspace. Staff and clients reported enjoying Headspace.

In addition, Headspace was incorporated into staff meetings at crisis residential treatment facilities and long-term housing facilities. Within the Help@Hand Collaborative, utilization of Headspace with staff members is a unique strategy that Santa Barbara County has taken. The goals in both instances were to:

- Gain a basic understanding of how staff and clients may benefit from Headspace
- Enable staff to become familiar with Headspace so that they can eventually support clients' use of the app

After testing Headspace with clients at the 30-day crisis residential facility, staff learned about a barrier for connecting clients to technology. Clients could not access Headspace because they did not have a phone. Clients needed a permanent address to receive a LifeLine phone from the California LifeLine Program, a state program offering discounted home and cell phone services to eligible households. Moreover, LifeLine vendors are limited in the products that they have.

Santa Barbara County removed this barrier by purchasing pre-paid phones for clients discharged from the PHF. With the pre-paid phones, clients could download Headspace and Zoom – which was used for client therapy appointments. The local evaluator assessed the impact of the pre-paid phones with the rate of attendance at follow-up therapy appointments.

#### *Planning Evaluation Activities*

Santa Barbara County has been participating in the Headspace Survey Workgroup in the Headspace Evaluation section on page 36. The group began with five counties/cities working alongside the Help@Hand evaluation team to develop a survey that assesses experiences with Headspace by those using it in each county/city. Santa Barbara County staff and Peers regularly attended workgroup meetings and provided valuable feedback.

With input from the local Santa Barbara team, a local evaluator is putting together a shortened version of the Headspace survey to collect data during Santa Barbara's exploration phase of Headspace. Possible revisions to survey questions will be shared with the Headspace Survey Workgroup.





### Future Directions

In June 2021, Santa Barbara County decided to move forward with Headspace. The county will purchase 10,000 licenses (5,000 in FY2021-22 and 5,000 in FY2022-23). Santa Barbara County is working with CalMHSA to develop their Help@Hand landing page as part of their outreach efforts. In addition, the county's local evaluator will assess this exploration with a short survey. It is anticipated that results from the short survey will help determine whether Santa Barbara should implement Headspace on a larger scale.

### UNDERSTANDING AND SUPPORTING TARGET POPULATION NEEDS

Santa Barbara County partnered with Painted Brain to work with local TAY to develop a curriculum on online safety practices, basic computer skills, and digital wellness and recovery tools. The curriculum will be shared with providers, TAY, and Recovery Learning Communities to enhance digital literacy and outreach efforts. Santa Barbara County will also use the curriculum to support community outreach and engagement technology workshops.

To develop the curriculum, Painted Brain hosted four listening sessions to understand the technical capabilities and needs of each of their target communities.

In March 2021 two listening sessions were with TAY, including one at a local community college. Feedback from the listening sessions shed light on how TAY are using devices and what needs they have. The results were used to design a digital literacy curriculum with lessons on how to use digital wellness tools to support mental wellness of TAY.

Another listening session took place with the broader community in April 2021 and the last listening session was conducted in Spanish with the geographically isolated. For these, the focus was on getting specific feedback on digital literacy topics so that a curriculum could be tailored to the needs of the community.

Painted Brain also offered Appy Hours within the in-patient PHF and crisis residential treatment facilities. Appy Hours are also offered throughout Santa Barbara County's Behavioral Wellness system, including partners working with geographically isolated communities. Santa Barbara County's "Guide to Wellness App" brochure is used during the Appy Hours.

The "Guide to Wellness App" brochure and connection to LifeLine phones have been provided by Santa Barbara County in wellness outreach fairs throughout the county.



### Future Directions

The county will continue to work with Painted Brain to develop their digital literacy curriculum as well as continue to provide outreach and engagement with the community.

## TEHAMA COUNTY

Tehama County piloted myStrength with persons experiencing or at risk of homelessness, isolated individuals, and Tehama County Health Services Agency–Behavioral Health (TCHSA-BH) consumers.



### MYSTRENGTH PILOT



#### Technology Selection

In 2020, Tehama County decided to pilot myStrength with their target populations – persons experiencing homelessness or at risk of homelessness, isolated individuals, and TCHSA-BH consumers. Tehama County selected myStrength based on input from their staff and Peers after exploring several other apps.



#### Pilot Planning

For their pilot, Tehama County plans to have Wellness Advocates and Peer advocates recruit and engage 30 participants (10 from each target population). All participants must be Tehama County residents with access to computers or smartphones. Clinicians and Peer advocates will help participants download and enroll in myStrength. Peers will help participants schedule and complete evaluation activities with the Help@Hand evaluation team. Peers will also be available to provide technical assistance during the pilot.

In 2020, Tehama County presented their pilot proposal to the Help@Hand leadership and received approval to move forward. This year Tehama County attended myStrength pre-launch training sessions and continued to plan workflows and evaluation activities.



#### Contract Execution and Attending myStrength's Pre-Launch Training Sessions

Tehama County's contract with myStrength was executed in 2021. In February and March 2021, Tehama County staff attended three required pre-launch training sessions that were virtually held by myStrength. The training sessions consisted of a high-level walkthrough of myStrength with TCHSA-BH staff and Peers. Logistics were also discussed to ensure a successful pilot launch of myStrength in Tehama County. These logistics included finalizing how access codes (e.g., a code to access myStrength) could be distributed to participants, troubleshooting Tehama County staff login challenges, as well as discussing marketing plans, Tehama County's landing page, and data collection considerations.



#### Planning Referral and Enrollment Workflows

The county developed a pilot participant list and a process to coordinate the handoff between clinician (referrer), pilot participants, and Peers. The process involved the referrer informing Tehama County's Help@Hand project lead that a potential participant is interested in the program. After the potential participant is assigned an access code, the clinician or a Peer would help them to download the myStrength app.



#### Planning Evaluation Activities

**Table 3.4** describes Tehama County's pilot evaluation activities. Tehama County's Peers were involved in informing the pilot evaluation.

The instruments and data collection logistics for the staff surveys and interviews were finalized last year. The consumer survey instruments were finalized this year, while logistics for the consumer evaluation continued to be discussed. The consumer survey, interview guide, and focus group guide will also be available in Spanish.

Table 3.4. Tehama County's myStrength Pilot Evaluation Activities.

Evaluation Activity	Occurance
Consumer Surveys	Occurs once at the beginning and once at the end of the pilot
Consumer Interviews	Occurs 4 weeks after the pilot start date and once at the end of the pilot
Consumer Focus Groups	Occurs 3 months and 5 months after the pilot start date
Staff Surveys	Occurs once no sooner than 2 months after the pilot start date
Staff Interviews	Occurs once at the end of the pilot



### Pilot Launch and Pause

In March 2021, Tehama County launched their myStrength pilot. Clinicians and staff were provided instructions on the process to refer TCHSA-BH consumers to myStrength. Peer staff were asked to reach out and engage with clients from the other two target populations (persons experiencing homelessness or at risk of homelessness and isolated individuals). Shortly after the pilot launch, Tehama County consulted with their Compliance Officer to determine how participant information could be shared securely with external contractors (e.g., Peers and the Help@Hand evaluation team) for pilot activities. The Compliance Officer reviewed existing contracts between various Parties and identified a need for an additional Business Associate Agreements (BAA) between Tehama County and external contractors. The pilot was paused until the BAAs are in place.



### Future Directions

Tehama County's myStrength pilot is on pause while the county revisits how to share personally identifiable information (PII) data with external contractors (e.g., Peers and the Help@Hand evaluation team). Tehama County is drafting a BAA that would be entered into with external contractors to ensure agreement on how to safeguard protected information.



## TRI-CITY

Tri-City continued to plan their myStrength pilot with older adults, TAY, and monolingual Spanish speakers.

### MYSTRENGTH PILOT



#### Technology Selection

In February 2021, Tri-City conducted focus groups with its clinical staff, Peers, and consumers to determine whether myStrength, Headspace, or Mindstrong best fit the needs of their older adult, TAY, and monolingual Spanish-speaking populations. Tri-City held two focus groups with Peers and consumers, and one focus group with clinical staff. Tri-City decided to pilot myStrength with its target populations based on feedback from the focus groups.



#### Pilot Planning

Tri-City plans to have a three-month pilot with older adults, TAY, and monolingual Spanish-speakers. They plan to recruit a total of 60 individuals (20 from each target population) through clinician referrals and community outreach. Participants will meet with Tri-City’s program coordinator to learn more about the project, the myStrength app, and evaluation activities. Appy hours will be available for participants who may need digital literacy support prior to engaging with myStrength. Painted Brain, a peer-led organization that has provided support to other counties/cities’ Help@Hand projects, will onboard pilot participants, host Appy Hours, and support participants in completing evaluation activities. A contract with Painted Brain will be established for these activities.

Tri-City has engaged in various activities in preparation for their pilot launch. These include developing communication materials and timelines, planning evaluation activities, and attending myStrength’s pre-launch training sessions.

#### *Developing Communication Materials and Timelines*

A “welcome packet” with Frequently Asked Questions was developed to support pilot participants. Learnings from Marin County’s myStrength pilot and Orange County’s Mindstrong implementation helped inform this document. Tri-City also established a Help@Hand landing page and created an online participant registration form. CalMHSA shared Marin’s week-by-week pilot outline to help Tri-City develop a timeline for their pilot.

#### *Planning Evaluation Activities*

Table 3.5 shows Tri-City’s pilot evaluation activities. The Help@Hand evaluation team will lead the evaluation of TAY pilot participants, while Tri-City will lead the evaluation of older adult and monolingual Spanish speaking participants. The Help@Hand evaluation team developed surveys tailored for TAY, which Tri-City is planning to adapt for their other target populations. The surveys were translated into Spanish as some TAY may be monolingual Spanish-speakers. The Help@Hand evaluation team programmed the surveys to be electronic. Painted Brain will distribute the electronic surveys and help consumers in the pilot complete the surveys.



**Table 3.5. Tri-City’s myStrength Pilot Evaluation Activities.**

Evaluation Activity	Occurance
Consumer Surveys	Occurs once at the beginning and once at the end of the pilot
Consumer Focus Groups	Occurs 3 months and 5 months after the pilot start date
Clinician Surveys	Occurs once no sooner than 2 months after the pilot start date

Tri-City identified potential barriers that may impact their target population's engagement with myStrength. During the exploration phase, some thought that myStrength may not be culturally competent and/or useful for all target populations. For example, some Spanish translations within the app could be improved and many videos were not available in Spanish. Also, there were questions on whether TAY would be able to relate to the people represented in the app. Tri-City will gather participants' perspectives on these issues during their pilot evaluation focus groups.

### *Attending myStrength's Pre-Launch Training Sessions*

In April 2021, Tri-City, CalMHSA, and the Help@Hand evaluation team attended three meetings with myStrength. The purpose of these meetings was for myStrength to understand Tri-City's pilot plan and the type of app data Tri-City would access, as well as discuss marketing strategies.

Tri-City's marketing and IT teams attended the third meeting. Questions were raised on ownership of consumer data, data storage, who would have access to data, and how data will be managed after the pilot or once accounts were terminated. It was also noted that proper safety protocols were needed for Tri-City clients if a crisis were to arise. This echoed similar concerns previously raised by Tri-City around liability and HIPAA compliance. As a result of this conversation, Tri-City determined that a BAA between Tri-City and myStrength would need to be established.

Tri-City also attended a myStrength training where attendees were led through a demonstration of myStrength.



### **Future Directions**

Tri-City's pilot proposal was shared with their internal executive team for signature in April 2021 and is expected to be signed once a BAA is established with myStrength. After it is signed by Tri-City's executive team, the pilot proposal will be reviewed for approval by CalMHSA. Tri-City can then launch their pilot. Currently, Tri-City paused their pilot launch to allow more time to finalize details of the BAA.

## 4 OUTCOMES EVALUATION AND DATA DASHBOARDS

### Key Points

- Counties/cities and technology vendors continued to work with the Help@Hand evaluation team to plan which data to collect from apps and other sources. Discussion was also held on how to collect this data.
- The Help@Hand evaluation team worked to collect data from the California Health Interview Survey (CHIS) and California Health and Human Services' Vital Statistics.

## OVERVIEW

This section focuses on evaluating the effect of Help@Hand on achieving its five shared learning objectives (shown on page 8) across the state of California. It presents the following activities and learnings:

- **Outcomes Evaluation**
- **Data Dashboards**

## OUTCOMES EVALUATION

Counties/cities and technology vendors collected important data that can help reveal the impact of Help@Hand in communities and across the state. Discussions on how to access data from county/city and technology vendor systems continued this period. In addition, the Help@Hand evaluation team worked with stakeholders to collect data from the California Health Interview Survey (CHIS) and California Health and Human Services' Vital Statistics. At the current time, there is no new data to be shared from the CHIS. Previous CHIS analysis comparing Help@Hand counties/cities to other California counties/cities can be found in the Year 2 Annual Help@Hand Evaluation Report.

## DATA DASHBOARDS

Orange County and the Help@Hand evaluation team planned to pilot decision support dashboards that would be shared with other counties/cities. This work is paused to allow Orange County to focus on other project priorities and activities.

The Help@Hand evaluation team recommends the following for the Help@Hand Collaborative and the individual Help@Hand counties/cities based on learnings presented in this report.

## RECOMMENDATIONS TO THE HELP@HAND COLLABORATIVE

### Collaborative Learning

- **Continue to provide opportunities for collaborative learning.** It is important to continue to have meetings and other opportunities where counties/cities can learn from experts and each other.
- **Interview the Tech Leads from each county/city** to gain an understanding of their experience with the Help@Hand project and gather cross-county and city lessons learned.

### Help@Hand Peer Component Considerations

- **Develop stronger mechanisms to facilitate sharing resources and best practices across counties/cities.** Specific suggestions included a list of Peer contacts maintained by CalMHSA and posted on SharePoint, an organizational chart that would delineate the role of the Peers within the project, a newsletter that would highlight Peer activities of different counties/cities, and a process to share materials (like education and training materials) that have been developed by counties/cities to avoid duplication of effort.
- **Improve collaboration between counties/cities.** Several counties/cities expressed the desire for more direction and guidance from CalMHSA to better facilitate and coordinate collaboration between counties/cities.

## RECOMMENDATIONS TO HELP@HAND COUNTIES/CITIES

### Target Population Considerations to Design Program that Address their Needs

- **Needs assessments and stakeholder input is crucial.** They give insights on which technologies can most benefit the community.
- **Recognize cultural differences and the specific needs of target populations.** For example, digital literacy trainings and app content should be available in languages used by the target population. They should also be culturally relevant to them.
- **Identify the target population's digital literacy level and training needs** in order to help the population's use of a technology. Individuals may need support with joining the training, technical support during the training, and ongoing digital literacy needs after the training.
- **Recognize people have their own preferences and there is not a one-size-fits all product.** A common reason people report for not using a digital mental health product was that they wanted to deal with problems on their own. Efforts to engage potential participants may want to explicitly advertise any evidence-based or evidence-informed benefits of the product.

### App Features and Data Considerations to Inform Project Goals, Plans, Outreach, and Engagement

- **Consider how content within a product aligns with goals.** If a county/city's goal is to support non-English speaking communities, availability in languages other than English is a key decision factor when choosing an app. If the goal is to support members with cognitive behavioral therapy (CBT) activities, the presence of CBT is the most important decision factor.
- **Create implementation plans that consider patterns of engagement.** It might be helpful for counties/cities to specify different expected uses of products – for example, “Some people find that this app is most helpful when used X times each week” or “This app may be helpful to use when people are feeling Y”. Such concrete expectations can help set benchmarks on expected use both in terms of amount of use and types of content.

- **Counties/cities should use app analytic data to understand which app features people are most interested in, and to create messaging or marketing based on these features.** For example, data from the Headspace enrollment reports for Los Angeles and San Mateo Counties showed that sleep content was most popular among Help@Hand consumers using Headspace in those counties. Therefore, a way to engage more people in the app may be to promote this feature, rather than the meditation feature alone.
- **It is critical for counties/cities to support and encourage people to use apps within the first few days of access.** Data from the Headspace Enrollment Reports suggest that the first few days after a client downloads an app may be the most likely time for them to become engaged with the app.

## Program Implementation and Evaluation Considerations

- **Strive to make the app enrollment process for consumers as simple and short as possible.** Consumers may be less likely to use apps if the process for enrollment is long or complicated. Counties/cities should simplify this process and sharing the time commitment expected for participating in pilots, implementations, and evaluation activities to help consumers make an informed decision.
- **Plan for additional time and staffing to provide initial and ongoing support for some target audiences to be able to use digital products.** Digital literacy training can help target audience members gain confidence with technology. However, digital literacy training may only be the first step at effectively supporting some individuals to engage with the technologies deployed. For target audiences with low digital literacy or lack of experience with certain types of technologies or devices, counties/cities may consider offering digital literacy training, additional types of training, and/or ongoing technical support. Counties/cities should plan for additional staffing and time in their pilots to onboard participants and provide technical support for populations with low digital literacy, even when initial digital literacy training is provided.
- **Recognize that outreach and education formats take several attempts to fine tune.** The goal is to gather information to improve the process with each attempt.
- **Clarify recruitment materials.** Ensure recruitment materials clarify the requirements for participation (e.g., time commitment for participation, potential cost, privacy concerns, participation in evaluation).
- **Ensure adequate Peer staffing.** Many Peer Leads noted there was insufficient dedicated personnel to fully execute Help@Hand due to various underlying dynamics.
- **Provide mobile device education for communities.** Counties/cities should use one-on-one interactions and provide education on how to use the device instead of simply giving devices to community members.
- **Understand parental consent for transition aged youth (TAY).** Interviews with Peer Leads reveal counties/cities must wrestle with the issue of parental consent. This is an area that counties/cities are unfamiliar with and in which they could use technical assistance.
- **Balance using stigma and mental health survey items that resonate with communities and using standardized items to enable data collection across counties/cities.** Peers and other stakeholders familiar with the target audience can help select and tailor evaluation survey items that will resonate with the communities served. These items or adaptations should be weighed with the need to capture data across counties/cities in a standardized way. Creating a balance of positively worded items, adding survey language to introduce the items, allowing people to skip questions, providing a list of support/resources, and telling participants about the types of questions that will be asked may also help mitigate possible discomfort.

## Partnership Considerations

- **Consider deploying apps with respected and trusted entities or partners.** The context in which the technology is introduced can influence the target audience's decision to accept. Partnering with organizations that are respected by target audience members or deploying technologies in settings that are trusted can help promote uptake of technologies.

- **Understand that mental health technologies have limitations.** This includes limited language availability as well as limited cultural and racial/ethnic representation in technology content and features.
- **Establish common understanding for service delivery requirements and expectations.** Vendors' understanding of mental health services sometimes do not align with the counties/cities' understanding of these services. For example, some counties/cities only allow Peers with expert training on the "Peer Support Model" to provide services. However, Peers do not have to have such training to provide services within some technologies.
- **Negotiate with technology vendors to adapt products.** Technology vendors demonstrated variability in their willingness to adapt their products to fit the service delivery and/or client needs of counties/cities. Such negotiations may take time.
- **Consider privacy concerns when negotiating data collection and sharing plans with technology vendors.** Detailed, individual-level data allow counties/cities to determine the real-world engagement and effectiveness of the apps as well as help achieve learning objectives. This data may include protected health information (PHI) or personally identifiable information (PII) that require appropriate legal and other mechanisms.

California Mental Health Services Authority. (2021). *Request for Proposal Help@Hand Screening Tool Project*. <https://www.calmhsa.org/wp-content/uploads/Screening-Tool-RFP-.pdf>

Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. Guilford Press.

Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134–141. <https://doi.org/10.1037/h0095032>

Perez, S. (2016). *Nearly 1 in 4 people abandon mobile apps after only one use*. TechCrunch. <https://techcrunch.com/2016/05/31/nearly-1-in-4-people-abandon-mobile-apps-after-only-one-use/>



# APPENDIX A: COUNTY/CITY PROGRAM INFORMATION

The tables in this appendix were completed by each Help@Hand county/city and describe their program information, accomplishments, lessons learned, as well as recommendations.

City of Berkeley	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>• Kirsten White</li> <li>• Karen Klatt</li> </ul>	<ul style="list-style-type: none"> <li>• No changes</li> </ul>
Implementation Site	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Team Composition	<ul style="list-style-type: none"> <li>• Steven, BH Director</li> <li>• Karen, MHSA Coordinator</li> <li>• Jaime, Peer Lead</li> <li>• Kirsten, RDA Consultant</li> <li>• Emma, RDA Consultant</li> <li>• Jeff Buell, Clinical Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• No changes</li> </ul>
Target Audience	<ul style="list-style-type: none"> <li>• TAY</li> <li>• Isolated seniors</li> <li>• Communities of color, including African Americans, Latinx, and API community members</li> <li>• General population of Berkeley</li> </ul> <p><i>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. Berkeley is working with a marketing vendor to ensure outreach is inclusive and engages target populations.</i></p>	<ul style="list-style-type: none"> <li>• While we would like to reach these populations, the apps will be released to the general population.</li> </ul>
Products in Use/Planned	<ul style="list-style-type: none"> <li>• Headspace – two-year contract, launching July 1</li> <li>• myStrength – one-year contract, launching July 1</li> </ul>	<ul style="list-style-type: none"> <li>• Both apps will be launched in September 2021</li> </ul>
Implementation Approach	<ul style="list-style-type: none"> <li>• Rapid Response</li> </ul>	<ul style="list-style-type: none"> <li>• No changes</li> </ul>
Other Unique Qualities <i>(related to target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Milestones	<ul style="list-style-type: none"> <li>• Finalized apps and timeline for each app</li> <li>• Identified marketing vendor. CalMHSA to sole source marketing vendor for Berkeley</li> </ul>	<ul style="list-style-type: none"> <li>• Executed the Participation Agreement with CalMHSA</li> <li>• Transferred payment to CalMHSA</li> <li>• Worked with CalMHSA on details around the remaining project budget</li> <li>• Worked with CalMHSA on details for the Marketing Vendor Contract</li> </ul>
Lessons Learned		
Recommendations	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• Note: There are a couple of recommendations from Year 2 that are repeated above, as they remain needs/priorities.</li> </ul>	
Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i>	(Not queried during Q1)	
<i>Please list any sharing you provided or received to/from other counties/cities this quarter.</i>		

Marin County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>Lorraine Wilson</li> </ul>	No changes
Implementation Site	<ul style="list-style-type: none"> <li>Marin County – Community/Field Based</li> </ul>	No changes
Team Composition	<ul style="list-style-type: none"> <li>Lorraine Wilson, Tech Lead;</li> <li>Dámaris Caro, Peer Lead;</li> <li>Chandrika Zager, Prevention and Outreach Supervisor</li> </ul>	No changes
Target Audience	<ul style="list-style-type: none"> <li>Isolated Older Adults</li> </ul>	No changes
Products in Use/Planned	<ul style="list-style-type: none"> <li>myStrength™</li> </ul>	<ul style="list-style-type: none"> <li>myStrength™</li> <li>Unipercare/Covia</li> </ul>
Implementation Approach	<ul style="list-style-type: none"> <li>Provide group digital literacy classes and one-on-one support (virtual and in-person) prior to myStrength™ engagement</li> <li>Utilize nurse interns, peer and Promotores to deliver coaching and support</li> </ul>	<ul style="list-style-type: none"> <li>myStrength™ :</li> <li>Peer, staff and promotores provide coaching support for older adults post-nurse internship and through end of myStrength™ pilot</li> <li>Unipercare/Covia:</li> <li>Exploring Uniper and planning to focus more on congregate housing (Board and Care facilities, BHRS contract agencies, low-income housing)</li> </ul>
Other Unique Qualities <i>(related to target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>50% English Speaking (Geographically Isolated West Marin)</li> <li>50% Spanish Speaking (Countywide)</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>myStrength™:</li> <li>50% English Speaking (Geographically Isolated West Marin)</li> <li>50% Spanish Speaking (County Wide)</li> <li>Unipercare/Covia:</li> <li>TBD – Countywide pilot in English and Spanish</li> <li>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)</li> <li>Delivery of technology/internet through the vendor and coaching support through volunteer teams TBD - intergenerational</li> </ul>
Milestones	<ul style="list-style-type: none"> <li>Enrolled 41 participants in pilot.</li> <li>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.</li> <li>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.</li> <li>Served 10 older adults who were brand new to devices and Wi-Fi</li> </ul>	<ul style="list-style-type: none"> <li>myStrength pilot:</li> <li>Complete. Data analysis in progress.</li> <li>Unipercare/Covia:</li> <li>Meeting with key Marin constituents and potential partners. Designing pilot.</li> </ul>
Lessons Learned	<ul style="list-style-type: none"> <li>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.</li> <li>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.)</li> <li>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</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>myStrength: See last quarter notes.</li> <li>English Cohort: Older adults that finished out pilot with staff coaching showed high interest in use of Google and Youtube and less in myStrength.</li> </ul>

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Marin County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Lessons Learned	<p>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 turnaround timelines.</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• Addressing barriers around access was critical for program success. Providing low-cost internet is challenging to establish; internet provider has inconsistent policies and procedures</li> <li>• Engaging low digital literacy participants requires significant and ongoing hands-on/in-person support</li> <li>• 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</li> <li>• 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.</li> <li>• The Promotores model provides culturally responsive support with a more flexible schedule. Promotores speak Spanish and understand culturally 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.</li> <li>• Promotores called participants even on weekends and at night 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</li> <li>• 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</li> <li>• Feedback from interns suggests that product marketing should be tailored to respond to the unique interests of the target populations (older adults and Spanish Speakers)</li> <li>• 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.</li> <li>• When working with the older adult community, it is important to recognize significant variation in digital literacy skills (e.g., for example some participants need basic support turning on and working with a computer while others were</li> </ul>	

Continued on next page

Marin County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Lessons Learned	<p>quite advanced). Project design should be responsive to this heterogeneity.</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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 using a different internet plan</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul>	
Recommendations	<ul style="list-style-type: none"> <li>• Lessons learned will inform planning for second pilot (if approved)</li> <li>• More pre-assessment of participants should occur up front</li> <li>• Nurse intern model reevaluated for second pilot (if approved)</li> <li>• Participant support and digital literacy training should be offered on a flexible schedule, not a set one, requiring a different staffing model</li> <li>• Counties may want to consider establishing a system to pay for supporting clients’ hardware and software needs, including making accessible service and customer support calls to address challenges</li> <li>• Counties may want to explore a range of devices for older adults and plan their budget accordingly</li> </ul>	<ul style="list-style-type: none"> <li>• We are exploring the current staffing structure to meet the program needs for the next pilot.</li> </ul>
<p>Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i></p> <p><i>Please list any sharing you provided or received to/from other counties/cities this quarter.</i></p>	(Not queried during Q1)	<ul style="list-style-type: none"> <li>• Participation agreements and device use agreements</li> </ul>

Mono County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>Amanda Greenberg, MPH</li> <li>Stephany Valadez</li> </ul>	<ul style="list-style-type: none"> <li>Amanda Greenberg</li> </ul>
Implementation Site	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>N/A at this time</li> </ul>
Team Composition	<ul style="list-style-type: none"> <li>Behavioral Health Program Manager, Behavioral Health Services Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>N/A at this time</li> </ul>
Target Audience	<ul style="list-style-type: none"> <li>Individuals in remote, isolated areas of the County who have less access to social support and mental health services</li> <li>Students attending Cerro Coso Community College in Mammoth Lakes</li> </ul>	<ul style="list-style-type: none"> <li>Isolated seniors and transition aged youth</li> </ul>
Products in Use/Planned	<ul style="list-style-type: none"> <li>TBD (awaiting larger county/city pilots to be completed)</li> </ul>	<ul style="list-style-type: none"> <li>Currently testing MyStrength with staff and stakeholders</li> </ul>
Implementation Approach	<ul style="list-style-type: none"> <li>TBD—considering “ready-made”, out of the box, implementation-specific products</li> </ul>	
Other Unique Qualities <i>(of target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas</li> </ul>	
Milestones	<ul style="list-style-type: none"> <li>Awaiting pilots</li> </ul>	<ul style="list-style-type: none"> <li>Staff have met with CalMHSA to discuss licensing options.</li> <li>We have obtained 10 MyStrength test licenses and have provided them to several staff, peers, and community stakeholders to test.</li> </ul>
Lessons Learned		
Recommendations		
<p>Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i></p> <p><i>Please list any sharing you provided or received to/from other counties/cities this quarter.</i></p>	(Not queried during Q1)	

Monterey County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>Wesley Schweikhard</li> </ul>	No changes
Implementation Site	<ul style="list-style-type: none"> <li>Monterey County</li> </ul>	No changes
Team Composition	<ul style="list-style-type: none"> <li>Wesley Schweikhard (INN Coordinator);</li> <li>Jon Drake (Asst. Bureau Chief)</li> </ul>	No changes
Target Audience	<ul style="list-style-type: none"> <li>All Monterey County residents</li> </ul>	No changes
Products in Use/Planned	<ul style="list-style-type: none"> <li>Screening and Referral Application</li> </ul>	No changes
Implementation Approach		
Other Unique Qualities <i>(of target audience, implementation, or other program aspect)</i>		
Milestones	<ul style="list-style-type: none"> <li>RFP completed and vendor intent to award notice sent by CalMHSA</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>A timeline with milestones has been established by the vendor, with work to initiate in mid/late summer.</li> </ul>
Lessons Learned		
Recommendations		
<p>Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i></p> <p><i>Please list any sharing you <u>provided or received to/from other counties/cities</u> this quarter.</i></p>	(Not queried during Q1)	

Orange County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>Sharon Ishikawa, PhD</li> <li>Flor Yousefian Tehrani, PsyD, LMFT</li> </ul>	No changes
Implementation Site	<ul style="list-style-type: none"> <li>Large medical provider</li> </ul>	No changes
Team Composition	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>
Target Audience	<ul style="list-style-type: none"> <li>Mindstrong</li> <li>Adults 18+</li> <li>English fluency</li> <li>Resident of Orange County</li> <li>Qualifying diagnoses</li> <li>Owns a smartphone (Android 6/iOS 11 or newer)</li> <li>Internet access: Wi-Fi at home, work, school and/or cellular data plan</li> <li>Primary user of their smartphone device</li> <li>Exclusion Criteria: <ul style="list-style-type: none"> <li>Does not currently have a psychotherapist</li> <li>Consistent attendance at scheduled psychotherapy sessions provided by a licensed MFT/LCSW/LPCC or intern, or license-waivered clinician</li> </ul> </li> <li>Client only receiving non-clinical ancillary supports (i.e., case management, peer support, housing support, etc.) is <b>NOT</b> excluded from this program</li> </ul>	No changes
Products in Use/Planned	<ul style="list-style-type: none"> <li>Mindstrong Health</li> </ul>	No changes
Implementation Approach	<ul style="list-style-type: none"> <li>Started discussions on how to move to a broader marketing approach rather than a case by case referral</li> <li>Identified changes needed on the OC Help@Hand website and began internal discussions to update information</li> <li>Developed digital consent videos in Qualtrics to automate HCA-informed consent process</li> <li>Distributed an eligibility and referral guide to help providers with referral process</li> <li>Distributed physical outreach materials (postcard) to be used when referring providers want to share Mindstrong information with consumers</li> <li>Help@Hand 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</li> <li>Increased Peer involvement through participation in tech lead calls, development of outreach materials (brochures, flyers, MS video, FAQs) and the Consenting process.</li> <li>Collaborated with Mindstrong to develop a dashboard for enrollment details, demographic information and referral tracking</li> </ul>	<ul style="list-style-type: none"> <li>Continued discussions on marketing expansion to Community Colleges in 2021</li> <li>Began contact reestablishment of communications with primary Community College stakeholders</li> <li>Continued to develop digital consenting in Qualtrics to automate HCA-informed consent process</li> <li>Assessed the existing Consenting process and areas of opportunity</li> <li>Help@Hand Evaluation increased the number of conducted interviews with referring providers and consumers to gather their feedback and perspectives on the referral process and to identify potential areas for improvement</li> <li>Optimized the Consenting process related to Peer involvement</li> <li>Developed Policies and Procedures for the Consenting process</li> <li>Initiated Mindstrong dashboard reconciliation</li> <li>Conducted an HCA tracking log review and reconciliation</li> </ul>
Other Unique Qualities <i>(of target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>Evaluated referral flow and numbers and adjusted the process for improvements</li> </ul>	<ul style="list-style-type: none"> <li>Established that physical outreach materials were effective in supporting consumer referrals</li> <li>Identified that providing a call-back number for potential consumers improved opportunities for consumer contact</li> <li>Explored the benefits of providing multiple avenues to initiate consent</li> <li>Assessed ways to provide project information while maintaining confidentiality</li> </ul>
Milestones	<ul style="list-style-type: none"> <li>Peers were trained in and began supporting the informed consent process</li> <li>Trained clinicians</li> <li>Updated the clinical eligibility criteria and expanded the target audience</li> </ul>	<ul style="list-style-type: none"> <li>Reached a critical number of consumers enrolled in the program to allow for optimal data sharing between Mindstrong and Help@Hand Evaluation</li> <li>Trained 2021 incoming residents</li> <li>Established a data sharing model between Mindstrong and Help@Hand Evaluation</li> <li>Distributed outreach materials to support referrals</li> <li>Finalized OCHCA Innovation website Mindstrong content</li> </ul>

Orange County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Lessons Learned	<ul style="list-style-type: none"> <li>• Website development includes security requirements, policies and processes that require collaboration; scheduling and communication with HCA IT, which may result in unexpected delays.</li> <li>• Changes in the EMR affect the referral process flow.</li> <li>• Newly trained referring providers may not have the ability to address all product and project related consumer questions immediately.</li> <li>• Storing project information in multiple locations (physical and virtual) may make it difficult for consumers to access and learn about the project.</li> <li>• Expanding the eligibility criteria of qualifying diagnoses increased referrals and introduced unique scenarios during the informed consent process that required case-by-case review and discussion.</li> </ul>	<ul style="list-style-type: none"> <li>• The consent and referral process contains multiple sub-processes, requiring extensive training for support staff.</li> <li>• When training for referring providers is conducted, it is important to tailor it to their schedule and learning style.</li> <li>• The number of consumers who engage in the Consenting process may be increased with a self-paced process that can be self-initiated.</li> <li>• Having a consenting process that requires reading the informed consent may deter individuals who prefer visual and auditory learning.</li> <li>• Consumer engagement requires multiple channels of communication in the program to support process improvement and care coordination.</li> <li>• Short codes were used to share relevant web links with the consumer during the Consenting process and these codes' nation-wide discontinuance affects this process.</li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>• Plan website design and revisions in advance with IT to ensure timely updates to security requirements and site content.</li> <li>• Maintain constant review of referral process steps and conduct ongoing project meetings that include representation from each project partner.</li> <li>• Implement ongoing virtual and on-site provider training options to maintain knowledge and awareness of Mindstrong services. Visible materials also encourage referring providers to introduce the service to their patients.</li> <li>• Develop a locally-managed, easy-access website that includes project information.</li> <li>• Implement frequent, regular check ins with project staff to address questions and discuss unique scenarios that require case by case review.</li> </ul>	<ul style="list-style-type: none"> <li>• Create a Policies and Procedures document that can serve as a reference guide for support staff.</li> <li>• Create and conduct trainings that can be ingested in a learning model common for referring providers. Collaborate with provider champion in training creation.</li> <li>• Create a consent process which allows a consumer to initiate consent at a time and pace convenient to them.</li> <li>• Consistently verify and validate that all appropriate parties are included in care coordination communication.</li> <li>• Create a digital consenting process which allows a consumer to watch readily accessible informed consent videos.</li> <li>• Develop alternative access methods to share web link information with the consumer.</li> </ul>
<p>Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i></p> <p><i>Please list any sharing you <u>provided or received</u> to/from other counties/cities this quarter.</i></p>	(Not queried during Q1)	



Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>• Maria Martha Moreno, MS CIS</li> </ul>	No changes
Implementation Site	<ul style="list-style-type: none"> <li>• Take my Hand 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</li> <li>• A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County</li> </ul>	<ul style="list-style-type: none"> <li>• TakemyHand Live Peer Chat: Riverside Community.</li> <li>• A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County</li> </ul>
Team Composition	<ul style="list-style-type: none"> <li>• <b>Leadership:</b> <ul style="list-style-type: none"> <li>• Mathew Chang, Director</li> <li>• Amy McCann, Assistant Director</li> <li>• Brandon Jacobs, Deputy Director Research &amp; Quality</li> <li>• David Schoelen, MHSA Administrator</li> </ul> </li> <li>• <b>IT:</b> <ul style="list-style-type: none"> <li>• Tura Morice, Chief Information Officer</li> <li>• Jimmy Tran, Chief Information Security Officer</li> <li>• Robert Watson, IT System Administrator</li> </ul> </li> <li>• <b>Compliance Officer:</b> <ul style="list-style-type: none"> <li>• Ashley Trevino-Kwong, Compliance Officer</li> </ul> </li> <li>• <b>Senior Public Information Specialist:</b> <ul style="list-style-type: none"> <li>• TBD</li> </ul> </li> <li>• <b>Cultural Competency:</b> <ul style="list-style-type: none"> <li>• Tonica Robinson, Manager</li> <li>• Consulting Cultural Outreach &amp; Education Workforce</li> </ul> </li> <li>• <b>Peer Support Administrator:</b> <ul style="list-style-type: none"> <li>• Shannon McCleerey-Hooper</li> </ul> </li> <li>• <b>Social Services Planner:</b> <ul style="list-style-type: none"> <li>• Tondra Hill</li> </ul> </li> <li>• <b>Senior Peer:</b> <ul style="list-style-type: none"> <li>• Pamela Norton</li> </ul> </li> <li>• <b>Peers:</b> <ul style="list-style-type: none"> <li>• Dakota Brown,</li> <li>• Melissa Vasquez,</li> <li>• Peter Kiriakos,</li> <li>• Rhonda Taiwo,</li> <li>• Carmela Gonzalez-Soto,</li> <li>• Robert Brooks.</li> </ul> </li> <li>• <b>Social Media:</b> <ul style="list-style-type: none"> <li>• Dylan Colt</li> <li>• Robert Youssef</li> </ul> </li> <li>• <b>Senior Clinical Therapist:</b> <ul style="list-style-type: none"> <li>• Amenze Ogbebor</li> </ul> </li> <li>• <b>Evaluation:</b> <ul style="list-style-type: none"> <li>• Suzanna Juarez-Williamson, Supervisor</li> <li>• Christy Mota, Research Specialist II.</li> </ul> </li> <li>• <b>Application Developer:</b> <ul style="list-style-type: none"> <li>• Rick Wright</li> </ul> </li> <li>• <b>Administrative Svc Analyst:</b> <ul style="list-style-type: none"> <li>• Ursula Lewis</li> </ul> </li> <li>• <b>CODIE Representatives:</b> <ul style="list-style-type: none"> <li>• Gloria Moriarty</li> <li>• Lisa Price</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Leadership:</b> <ul style="list-style-type: none"> <li>• Matthew Chang, Director</li> <li>• Amy McCann, Assistant Director</li> <li>• Brandon Jacobs, Deputy Director Research &amp; Quality</li> <li>• David Schoelen, MHSA Administrator</li> </ul> </li> <li>• <b>IT:</b> <ul style="list-style-type: none"> <li>• Tura Morice, Chief Information Officer</li> <li>• Jimmy Tran, Chief Information Security Officer</li> <li>• Robert Watson, IT System Administrator</li> </ul> </li> <li>• <b>Compliance Officer:</b> <ul style="list-style-type: none"> <li>• Ashley Trevino-Kwong, Compliance Officer</li> </ul> </li> <li>• <b>Senior Public Information Specialist:</b> <ul style="list-style-type: none"> <li>• Robert Youssef - Interim</li> </ul> </li> <li>• <b>Cultural Competency:</b> <ul style="list-style-type: none"> <li>• Tonica Robinson, Manager</li> <li>• Consulting Cultural Outreach &amp; Education Workforce</li> </ul> </li> <li>• <b>Peer Support Administrator:</b> <ul style="list-style-type: none"> <li>• Shannon McCleerey-Hooper</li> </ul> </li> <li>• <b>Social Services Planner:</b> <ul style="list-style-type: none"> <li>• Tondra Hill</li> </ul> </li> <li>• <b>Senior Peer:</b> <ul style="list-style-type: none"> <li>• Pamela Norton</li> </ul> </li> <li>• <b>Peers:</b> <ul style="list-style-type: none"> <li>• Dakota Brown,</li> <li>• Melissa Vasquez,</li> <li>• Peter Kiriakos,</li> <li>• Rhonda Taiwo,</li> <li>• Carmela Gonzalez-Soto,</li> <li>• Robert Brooks.</li> </ul> </li> <li>• <b>Social Media:</b> <ul style="list-style-type: none"> <li>• Dylan Colt</li> <li>• Robert Youssef</li> </ul> </li> <li>• <b>Senior Clinical Therapist:</b> <ul style="list-style-type: none"> <li>• Amenze Ogbebor</li> </ul> </li> <li>• <b>Evaluation:</b> <ul style="list-style-type: none"> <li>• Suzanna Juarez-Williamson, Supervisor</li> <li>• Christy Mota, Research Specialist II.</li> </ul> </li> <li>• <b>Application Developer:</b> <ul style="list-style-type: none"> <li>• Rick Wright</li> </ul> </li> <li>• <b>Administrative Svc Analyst:</b> <ul style="list-style-type: none"> <li>• Ursula Lewis</li> </ul> </li> <li>• <b>CODIE Representatives:</b> <ul style="list-style-type: none"> <li>• Gloria Moriarty</li> <li>• Lisa Price</li> </ul> </li> </ul>
Target Audience	<ul style="list-style-type: none"> <li>• <b>Early Detection:</b> TAY</li> <li>• <b>Suicide Prevention:</b> Men over the age of 45, Adults over the age of 65, TAY (including college campuses)</li> <li>• <b>Improve Outcomes for High Risk Populations:</b> Re-entry Consumers, FSP Consumers, Eating Disorder Consumers</li> </ul>	No changes

Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
	<ul style="list-style-type: none"> <li>• <b>Improve Service Access to Underserved Communities and for Rural Regions:</b> Deaf and Hard of Hearing, Visually Impaired, Mid-County &amp; Desert Regions, Ethnic Cultural &amp; LGBT communities</li> </ul>	
Products in Use/Planned	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	No changes
Implementation Approach	<ul style="list-style-type: none"> <li>• Takemyhand Peer chat is available to the Riverside community and promoted within the department via county emails, committees, social media, newsletters, etc.</li> <li>• Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions)</li> <li>• Take my Hand Marketing Strategy and Implementation</li> <li>• Planning for evaluation Phase of Take my Hand Peer chat.</li> <li>• DMHL – Senior Peer Support Specialists and regional ambassadors department-wide.</li> </ul>	<ul style="list-style-type: none"> <li>• Takemyhand Peer chat is available to the Riverside community and promoted within the community.</li> <li>• Take my Hand Marketing Strategy and Implementation</li> <li>• Extended hours Evaluation Phase of Take my Hand Peer chat started on May 20th, 2021 and it will conclude on July 15th, 2021.</li> <li>• Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions)</li> <li>• DMHL – Training Development – Peer Team.</li> </ul>
Other Unique Qualities <i>(of target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>• <b>Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.</b></li> <li>• Regular collaboration feedback/updates to stakeholders Committees/Meetings: <ul style="list-style-type: none"> <li>• FSP Committee – Melissa, Dakota, Martha, Amenze</li> <li>• Adult System of Care Committee – Melissa, Peter</li> <li>• Behavioral Health Commission – Martha, Pamela, Melissa, Amenze</li> <li>• Center on Deafness Inland Empire – Dakota</li> <li>• Children’s Committee – Melissa</li> <li>• Cultural Competency Reducing Disparities Committee – Martha, Pamela, Melissa, Amenze</li> <li>• Desert Regional Board meetings – Dakota</li> <li>• Eating Disorder Collaborative meetings – Dakota</li> <li>• Legislative Committee – Melissa</li> <li>• Mid-County Regional Board meetings – Melissa</li> <li>• Model Deaf Community Committee – Dakota, Pamela, Martha, Shannon</li> <li>• NAMI San Jacinto meetings – Martha</li> <li>• Older Adults System of Care Committee – Dakota, Amenze, Peter</li> <li>• TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota</li> <li>• Housing Committee – Amenze</li> <li>• Veterans Committee – Peter</li> <li>• Riverside Resilience community meetings – TBD</li> <li>• May is Mental Health Month Fairs- Western &amp; Mid County – TBD</li> <li>• Criminal Justice Committee – TBD</li> <li>• Inland Empire Kindness Campaign meetings – TBD</li> <li>• CAGSI – LGBTQIAN+ Task Force – Dylan Colt</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.</b></li> <li>• Regular collaboration feedback/updates to stakeholders Committees/Meetings: <ul style="list-style-type: none"> <li>• FSP Committee – Melissa, Dakota, Martha, Amenze</li> <li>• Adult System of Care Committee – Melissa, Peter</li> <li>• Behavioral Health Commission – Martha, Pamela, Melissa, Amenze</li> <li>• Center on Deafness Inland Empire – Dakota</li> <li>• Children’s Committee – Melissa</li> <li>• Cultural Competency Reducing Disparities Committee – Martha, Pamela, Melissa, Amenze</li> <li>• Desert Regional Board meetings – Dakota</li> <li>• Eating Disorder Collaborative meetings – Dakota</li> <li>• Legislative Committee – Melissa</li> <li>• Mid County Regional Board meetings – Melissa</li> <li>• Model Deaf Community Committee – Dakota, Pamela, Martha, Shannon</li> <li>• NAMI San Jacinto meetings – Martha</li> <li>• Older Adults System of Care Committee – Dakota, Amenze, Peter</li> <li>• TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota</li> <li>• Housing Committee – Amenze</li> <li>• Veterans Committee – Peter</li> <li>• Riverside Resilience community meetings – TBD</li> <li>• May is Mental Health Month Fairs- Western &amp; Mid County – TBD</li> <li>• Criminal Justice Committee – TBD</li> <li>• Inland Empire Kindness Campaign meetings – TBD</li> <li>• CAGSI- LGBTQIAN+ Task Force – Dylan Colt</li> </ul> </li> </ul>
Milestones	<ul style="list-style-type: none"> <li>• <b>Target Area:</b> Improve Service Access to Underserved Communities</li> <li>• <b>Population:</b> Deaf and Hard of Hearing</li> <li>• Community Needs Assessment Survey Question selections and logistic for implementation.</li> <li>• Provided Recovery Language feedback in design of the Deaf/HoH Community Needs Assessment Survey.</li> <li>• Provided feedback to Sorenson for the completion of the adaptation of the 10 DMHL Videos.</li> <li>• Sorenson completed adaptation of the 10 DMHL Videos.</li> <li>• Vimeo account acquired and ASL DMHL videos were uploaded to Vimeo so they can be posted on the Riverside Help@Hand landing website page.</li> <li>• Started the work with Sorenson contract for adaptation of the Needs Community Assessment Survey</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Technology- Kiosks and Mobile Devices</b></li> <li>• IT Support vendor received 100 remaining android devices, eight 55" Displays, eight Wireless adapters.</li> <li>• IT Support - Jaguar Computer Systems – Configuration of Kiosk and mobile devices in progress.</li> <li>• Team finalized the list of free apps to be pre-loaded on the mobile devices.</li> <li>• Interactive Map - Bringing Technology to the community -Kiosk Locations – introduced in various Department meetings.</li> <li>• How was your visit today? Short survey to add in the landing page of the Kiosk devices (Spanish Version).</li> <li>• Coordinate with facilities management for the rollout of Kiosk technology.</li> <li>• Jaguar integrated sanitation video on the Kiosk Landing page- COVID safety procedures.</li> </ul>

Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
	<ul style="list-style-type: none"> <li>• Building Peer Leaders with CODIE Members – Planning for training Activities started.</li> <li>• <b>Technology</b></li> <li>• Mobile Devices/Kiosks - Contract Completed.</li> <li>• IT Support vendor received 300 devices (100 iPads, 100 Galaxy Tab A, 100 Android Phones).</li> <li>• IT Support–Jaguar Computer Systems–Configuration of Kiosk and mobile devices started.</li> <li>• Team evaluated free apps to be pre-loaded on the mobile devices.</li> <li>• GIM–Kiosk–32 small kiosks, 7 (55") large kiosks–contract finalized.</li> <li>• Kiosk Technology Presentation–introduced in various Department meetings.</li> <li>• How was your visit today? Short survey to add in the landing page of the Kiosk devices (English Version).</li> <li>• Coordinate with facilities management for the rollout of Kiosk technology.</li> <li>• Video Kiosk Landing page- Sanitation and COVID safety procedures.</li> <li>• Approval from County Counsel on the User Device Agreement</li> <li>• <b>Take my Hand Peer Chat</b></li> <li>• <b>Target Area:</b> Improve Service Access to Underserved Communities</li> <li>• Population: Deaf and Hard of Hearing, Mid-County &amp; Desert Regions, Ethnic Cultural and LGBT</li> <li>• <b>Marketing:</b> <ul style="list-style-type: none"> <li>o Kick Off Call - Brand Discovery &amp; Definition – Goals</li> <li>o Send out branding work sheets, customer avatar work-sheets, and questionnaires to define goals.</li> <li>o Mentor Questionnaire</li> <li>o Take my Hand Brand Story Definition</li> <li>o Brand identity workbook</li> <li>o Completed branding discovery live sessions.</li> <li>o Finalize and secure posters, billboards, bulletins, and radio spots. Get deadlines to send in creative to get into production</li> <li>o Collect ideas on marketing, create social calendar</li> </ul> </li> <li>• Continued promoting Take my Hand Peer Chat Operation 8 am to 5 pm Monday through Friday–RUHS Social media channels, newsletters.</li> <li>• Crisis CT Role for Take my Hand completed training</li> <li>• Senior CT meeting with Peer team weekly to review chats as means of implementing best practices in providing peer chat services.</li> <li>• Continued updating resources document list</li> <li>• Marketing Take my Hand within RUHS</li> <li>• Take my Hand Peer Operator Online USER GUIDE–New scenarios added.</li> <li>• TMH Service Mark (Trademark process)–with RUHS–BH County Counsel–Application submitted.</li> <li>• TechSuite Electronic Health Records new service codes for staff time accounting–add new as needed</li> <li>• Submitted Take my Hand resource to ConnectE.org</li> <li>• Created draft for Take my Hand Newsletter No. 4–will release in April upon Public Officer’s approval.</li> <li>• Peer Staff Development (ongoing)</li> <li>• Coping skills Resource Binder per Topic (WIP)</li> <li>• Articulate tool training to create presentations</li> <li>• Searchable spreadsheet for our resource list (WIP)</li> <li>• Ongoing–Identified need to create fuller Peer/CT Operator Training for TMH.</li> <li>• Ongoing–Identified need to train Peer Team regarding emotional response and effective communication in text.</li> <li>• Completed first prototype video on Take my Hand Terms of Service.</li> <li>• Completed video on how to use Take my Hand–posted on RUHS–BH social media channels.</li> <li>• Athena Resource Reference and Tool for Peer Chat Operators.</li> <li>• Redefined global chat tags to incorporate learnings from</li> </ul>	<ul style="list-style-type: none"> <li>• Jaguar is coordinating with RCIT to add four wireless points of access on the Rustin site.</li> <li>• Order the 300 cases and shield protectors for devices</li> <li>• Deployment of Kiosks–32 small kiosks</li> <li>• GIM–Kios–contract amended to include one additional large Kiosk.</li> <li>• GIM–Kiosk–amended to include secure floor installation.</li> <li>• County Facilities started work on installing electrical outlets</li> <li>• Dreamsyte contract amended to add completion of landing page for Kiosk and Help@Hand.</li> <li>• Dreamsyte provided four Kiosk landing page designs and one was selected.</li> <li>• <b>Target Area:</b> Improve Service Access to Underserved Communities</li> <li>• <b>Population:</b> Deaf and Hard of Hearing</li> <li>• Building Peer Leaders with CODIE Members–Planning for training Activities started.</li> <li>• Initiated Qualtrics contract</li> <li>• Initiated TangoCard contract</li> <li>• 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 to 27 questions.</li> <li>• Finalized the contract with Sorenson on the 82 survey videos</li> <li>• Initiated contract arrangements for ASL interpreters –Peer Training Certification Classes.</li> <li>• <b>Take my Hand Peer Chat</b></li> <li>• <b>Target Area:</b> Improve Service Access to Underserved Communities</li> <li>• <b>Population:</b> Deaf and Hard of Hearing, Mid-County &amp; Desert Regions, Ethnic Cultural and LGBT</li> <li>• <b>Marketing (Dreamsytte)</b> <ul style="list-style-type: none"> <li>o Staff completed and sent Dreamsytte “Brand Questionnaire”</li> <li>o TMH Brand-Guidelines document was finalized and distributed to the team.</li> <li>o 7 Billboards went live (2 digital and 5 print) on Riverside county main freeways.</li> <li>o Dreamsytte provided a social media schedule for the month of June.</li> <li>o New sliders were added to the Take my Hand Website.</li> <li>o Radio spot advertisement in one of our local radio station KOYT that covers some of the rural areas.</li> <li>o Visual concepts were presented and final visuals were selected for the Bus Wraps and Bus shelters in the Desert region (Blythe, Desert Hot Springs, Coachella, Thermal)</li> <li>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).</li> <li>o Google Ads account setup.</li> <li>o Google Ads were launched.</li> <li>o TakemyHand Spanish Infographic completed.</li> <li>o Several eye catcher visuals concepts were provided and one was selected by Peer team (English/Spanish).</li> </ul> </li> <li>• <b>Milestones</b></li> <li>• Promote extended evaluation phase chat hours–8 am to 10 pm 7-Days–RUHS Social media channels, newsletters, department emails (ongoing).</li> <li>• Recruited backup Peer Support Specialist and CTs for extended hours of operation.</li> <li>• Created video to recruit &amp; train CTs for enhanced deployment.</li> <li>• Developed workflow for backup PSS and CTs (scheduling work hours, develop chain of command with respective supervisors, accounting for time).</li> <li>• Provided TMH training for backup PSS and CTs (ongoing).</li> <li>• Crisis CT Role for Take my Hand updated training (ongoing).</li> </ul>

Continued on next page

Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
	<p>previous chats.</p> <ul style="list-style-type: none"> <li>Contract Renewed with chat engine vendor to incorporate chat translator, chatbot and video functionality.</li> <li>Chat eye catcher changed</li> <li>Apple's approval for the Apple Developer Subscription.</li> <li>Updated canned responses to include "warm handoff" language for crisis transfers, provide a gentle redirect to underage 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.</li> <li>Articulate tool to support training new Peers on how to document on our electronic health records system and properly code staff time. Also, video training on how to access department policies.</li> <li>Built an "Engagement Engine" to support March presentation of "what H@H is" to Mid-county TAY Collaborative.</li> <li>Take my Hand Peer Operator presentation in the Tech Lead CalMHSA meeting.</li> </ul> <ul style="list-style-type: none"> <li><b>A4i App</b></li> <li><b>Target Area:</b> Improve Outcomes for High Risk Populations.</li> <li><b>Population:</b> FSP Consumers</li> <li>Tested &amp; Explored A4i app</li> <li>Pilot Proposal draft</li> <li>Contract work in progress.</li> <li>Began presentation to gain clinician buy-in for a4i pilot.</li> <li>Began staff recruitment outreach for A4i.</li> <li>Began development of training material for A4i consumers and staff.</li> <li>Completed RUHS-BH approved Device user agreement for phone and tablet devices for use of A4i Pilot.</li> <li>Developing informed consent form for potential A4i Pilot participants</li> </ul> <ul style="list-style-type: none"> <li><b>Evaluation (Local and UCI)</b></li> <li>Draft of A4i App Pilot Evaluation Plan</li> <li>Take my Hand Evaluation Plan</li> <li>Outreach Activities Handout Checklist</li> <li>Sign-in Sheet</li> <li>Deaf and Hard of Hearing Community Needs Assessment</li> <li>Short Survey "How Was Your Visit Today" – Kiosk landing page.</li> <li>Developing Take My Hand Evaluation Proposal presentation for RUHS-BH staff.</li> </ul> <ul style="list-style-type: none"> <li><b>Digital Mental Health Literacy Training</b></li> <li>Section 2 of DMHL Self-Guided Online Platform version (including some additions: a video showing Cookies and a Graphic for Bully roles)</li> <li>Facilitator's Guide for Distance Learning - DMHL: Managing Your Digital Presence</li> <li>Facilitator's Guide for Distance Learning DMHL: Understanding and Managing Cyberbullying</li> <li>Began incorporating podcasts into digital discovery.</li> <li>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.</li> </ul> <ul style="list-style-type: none"> <li><b>Reduce stigma associated with mental illness by promoting mental wellness</b></li> <li><b>Educate/Outreach/Reduce Stigma/Partnership/Resources</b></li> <li>Operation Uplift–Medical Center offering the Take my Hand Peer Chat Resource</li> <li>LGBT Medical Center offering the Take my Hand Peer Chat Resource</li> <li>Suicide Prevention Coalition</li> <li>Cultural Competency Reducing Disparities Committee</li> <li>FSP Committee</li> <li>Behavioral Health Commission</li> <li>Eating Disorder Collaborative</li> <li>Tested &amp; Explored free Apps</li> </ul>	<ul style="list-style-type: none"> <li>Senior CT meeting with Peer team weekly to review chats as means towards implementing best practices in providing Peer chat services (ongoing).</li> <li>Continued updating resources document provided by Peers.</li> <li>Promote and update stakeholder's Help@Hand Presentation in the Behavioral Health Commission Meeting.</li> <li>Take my Hand presentations within RUHS in various clinic staff meetings (ongoing).</li> <li>Take my Hand Peer Operator Online training manual–(ongoing).</li> <li>TMH Service Mark (Trademark process)–with RUHS–BH County Counsel–Application accepted.</li> <li>TechSuite Electronic Health Records new service codes for staff time accounting (ongoing).</li> <li>Created draft for Take my Hand Newsletter No. 4–will release in July 2021 upon Interim Public Officer's approval.</li> <li>Peer Staff Development (ongoing).</li> <li>Articulate tool training to create presentations (ongoing).</li> <li>Take my Hand Terms of Service video–Work in Progress</li> <li>How to use Take my Hand video–posted on RUHS–BH social media channels and chatbot story.</li> <li>Athena Resource Reference and Tool for Peer Chat Operators. Communication in text tools, depression coping skills, awareness/community used acronyms, etc. (ongoing).</li> <li>Kevin - links to Mental Health Resources (ongoing).</li> <li>Chatbot was enabled and configured. English version of the chatbot basic story was created.</li> <li>Created and posted on social media: video on how to access Take my Hand</li> <li>Worked on bringing recovery language to ToS script.</li> <li>Added Spanish translator function to Take my Hand app</li> <li>Help@Hand "ConvoColors" Flier to reflect enhanced hours</li> </ul> <ul style="list-style-type: none"> <li>Take my Hand Peer Chat – San Francisco</li> <li>Target Area: San Francisco County- Pilot</li> <li>Provided training materials for Take my Hand chat operators- Peer and clinician staff.</li> <li>Held meetings to discuss San Francisco questions on Take my Hand (technical/operations)</li> </ul> <ul style="list-style-type: none"> <li><b>A4i App</b></li> <li><b>Target Area:</b> Improve Outcomes for High Risk Populations.</li> <li><b>Population:</b> FSP Consumers</li> <li>Pilot Proposal routed for compliance and executive approval- Pending.</li> <li>Contract work in progress. Currently meetings are being held with vendor to discuss customization and enhancements to sound detector functionality–Work in Progress.</li> <li>Presentations to gain clinic supervisors and staff buy-in for a4i pilot –Completed.</li> <li>Began staff recruitment outreach for A4i (ongoing).</li> <li>Develop training material for A4i consumers (hybrid)–Work in Progress.</li> <li>Develop training material for A4i Care Team staff–Completed.</li> <li>Develop draft Participant Consent Agreement for A4i Pilot client participants–Work in Progress.</li> <li>Testing &amp; exploring the A4i App (ongoing).</li> <li>Initiated contract arrangements with BASIS-24® (Behavior and Symptom Identification Scale)–Work in Progress.</li> <li>Test A4i Clinician Portal/dashboard.</li> <li>Created A4i Ambient Sound Detector videos–Work in Progress.</li> </ul> <ul style="list-style-type: none"> <li><b>Evaluation (Local and UCI)</b></li> <li>A4i App Pilot Evaluation Plan document- completed.</li> <li>Deaf and Hard of Hearing Community Needs Assessment – Work in Progress.</li> <li>Take My Hand Evaluation for extended chat-hours phase- Work in Progress.</li> </ul> <ul style="list-style-type: none"> <li><b>Digital Mental Health Literacy Training</b></li> <li>Section 2 of DMHL Self-Guided Online Platform version</li> </ul>

Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
	<ul style="list-style-type: none"> <li>• Riverside Free Apps Brochure–English</li> <li>• Riverside Free Apps Brochure–Spanish</li> <li>• Rural Communities (Facebook live panel to learn about approaches to reach rural communities in California)</li> <li>• Map -Unincorporated Riverside Communities</li> <li>• Attempted to contact and build rapport in order to incorporate Model Deaf Community Committee’s perspective in DHoH survey for a fuller community view.</li> <li>• Collecting app information (Android &amp; iOS) from the team to maintain information on free/freemium apps to keep Free App brochure up to date.</li> <li>• Exploring free to freemium apps (during down time)</li> <li>• Explore and test myStrength app–for 2020 new features</li> <li>• Standardized Outreach Gift Bag Prototype (Infographic [English/Spanish], pen, magnet, tote, mobile phone holder, free apps brochure, Flier)</li> <li>• Three vehicles obtained for outreach activities</li> <li>• Peer team developing a directory of freemium apps</li> </ul> <p><b>• Workgroup Meetings &amp; Trainings</b></p> <ul style="list-style-type: none"> <li>• Regular weekly and bi-weekly meetings are held to discuss project implementations and priorities.</li> <li>• Peers team meets every other week to update each other on individual projects and team build.</li> <li>• “Eating Disorders During the Pandemic”</li> <li>• Attended Braille Institute Zoom presentations - Research into the Visual-Impaired community.</li> </ul>	<p>(including some additions: a video showing Cookies and a Graphic for Bully roles)</p> <ul style="list-style-type: none"> <li>• Facilitator’s Guide for Distance Learning DMHL: Managing Your Digital Presence</li> <li>• Facilitator’s Guide for Distance Learning DMHL: Understanding and Managing Cyberbullying</li> <li>• 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.</li> <li>• Mable–Catalog of Free Apps (Universe Version).</li> <li>• Updated Contact Lists Created “How to” fliers with clickable QR codes and hyperlinked pics.</li> <li>• Updated DMHL training–specifically “Cookies” module</li> <li>• Created ELMR code training in Rise for PSS</li> <li>• Kiosk Sanitation sheet and video.</li> </ul> <p><b>• Reduce stigma associated with mental illness by promoting mental wellness</b></p> <p><b>• Educate/Outreach/Reduce Stigma/Partnership/Resources</b></p> <ul style="list-style-type: none"> <li>• Suicide Prevention Coalition</li> <li>• Cultural Competency Reducing Disparities Committee</li> <li>• FSP Committee</li> <li>• Behavioral Health Commission–Engagement Engine presentation of Riverside Help@Hand Project Updates. Interactive Map with Billboard and Kiosk locations.</li> <li>• Eating Disorder Collaborative</li> <li>• Tested &amp; Explored free Apps</li> <li>• Riverside Free Apps Brochure–English (ongoing)</li> <li>• Riverside Free Apps Brochure–Spanish (ongoing)</li> <li>• Mable–Catalog of Free Apps (Universe Version).</li> <li>• Collecting app information (Android &amp; iOS) from the team to maintain information on free-freemium apps to keep Free App brochure up-to-date.</li> <li>• Exploring free to freemium apps (during down time)</li> <li>• Standardized Outreach Gift Bag Prototype (Infographic [English/Spanish], pen, magnet, tote, mobile phone holder, free apps brochure, Flier)</li> <li>• RUHS Employee Recognition Week–TMH Swag.</li> <li>• June Pride–Hemet, CA–TMH Swag.</li> <li>• Health Fair Riverside, Ca.–TMH Swag.</li> <li>• One-on-one TMH promotion–Swag.</li> <li>• Attained and dispersed three Help@Hand vehicles to different regions.</li> <li>• Developed OUTREACH forms (participant lists, checklists, workflow chart, etc.)</li> </ul> <p><b>• Workgroup Meetings &amp; Trainings</b></p> <ul style="list-style-type: none"> <li>• Regular weekly and bi-weekly meetings are held to discuss project implementations and priorities.</li> <li>• Peer team meets every week to update each other on individual projects and team build.</li> </ul>
Lessons Learned	<ul style="list-style-type: none"> <li>• As we move forward in implementing the various concurrent technology projects, we have been realizing that it takes great time and effort to steadily move towards making progress and to transition the projects from the planning phase to Go-Live status. In addition, synchronizing feedback from the various entities and stakeholders takes time and requires regular meetings to go from a disconnected silo implementation approach to an engaged collective approach. Regular communication, education and awareness processes are critical to implement prior to being able to obtain the ‘buy-in’ of all entities and stakeholders involved.</li> </ul>	<ul style="list-style-type: none"> <li>• As we move forward in implementing the various concurrent technology projects, we have been realizing that it takes great time and effort to steadily move towards making progress and to transition the projects from the planning phase to Go-Live status. In addition, synchronizing feedback from the various entities and stakeholders takes time and requires regular meetings to go from a disconnected silo implementation approach to an engaged collective approach. Regular communication, education and awareness processes are critical to implement prior to being able to obtain the ‘buy-in’ of all entities and stakeholders involved.</li> <li>• In implementing the A4i pilot, it is key to have the clinic supervisor’s buy-in in order to engage staff participation. Providing some form of incentive to staff such as getting an iPad to check A4i Clinical dashboard or getting free lunch during staff trainings can also encourage participation.</li> <li>• Higher impact on staff and consumers with fixed signage/</li> </ul>

Continued on next page

Riverside County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
		<p>billboards, with simpler graphics. The digital billboards flash so quickly, it is hard for drivers to see the whole content and connect with what is being offered in the ad.</p> <ul style="list-style-type: none"> <li>• Kiosk installation is cumbersome for programs in leased buildings/spaces. Longer lead-time is required to get all parties (program administration, supervisor, leasing agent and building owner) on the same page to approve and schedule installation.</li> <li>• We experienced that the Wi-Fi capabilities did not come with the 55" TV Displays that we purchased and that the recommended TV displays were already a five-year-old technology. With the devices already purchased and delivered, our IT contractor was able to research a solution and track down LG WF500 WiFi UBS Adapters supporting 55" LG/Peerless Kiosks (contingency contract funds were utilized for this purchase).</li> </ul>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Simultaneous implementation of complex technology project is not advisable. It creates unnecessary project timeline delays due to the intensive need to coordinate efforts among different teams, departments and agencies.</li> <li>• It is important to divide tasks/responsibilities and to develop smaller specialized workforce teams. Goals can only be attainable with the contribution of everyone on the team.</li> <li>• Regular communication with the executive team is also key to gaining ongoing support for the various administrative approval requests (Consents, Pilot Proposals, purchases, Outreach Activities, Stakeholder's updates, etc.)</li> <li>• The Riverside team recommends assessing on a regular basis the priority and timelines of projects. It is also critical to 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 as to free up resources to attend to high priority or time sensitive tasks.</li> </ul>
<p>Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i></p> <p><i>Please list any sharing you <u>provided or received</u> to/from other counties/cities this quarter.</i></p>	<p>(Not queried during Q1)</p>	

San Francisco County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>William Tran (MHASF), Meaghan O'Brien (MHASF), Teresa Yu (SF DPH)</li> </ul>	<ul style="list-style-type: none"> <li>No changes</li> </ul>
Implementation Site	<ul style="list-style-type: none"> <li>San Francisco County- Mental Health Association of San Francisco (MHASF)</li> </ul>	<ul style="list-style-type: none"> <li>No changes</li> </ul>
Team Composition	<ul style="list-style-type: none"> <li>William Tran (MHASF), Meaghan O'Brien (MHASF), Lennox Nemeth (MHASF), Vanessa Hamill-Meeryakerd (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)</li> </ul>	<ul style="list-style-type: none"> <li>William Tran (MHASF), Meaghan O'Brien (MHASF), Lennox Németh (MHASF), Vanessa Hamill-Meeryakerd (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)</li> </ul>
Target Audience	<ul style="list-style-type: none"> <li>Headspace: People who live, attend school, and work in SF; behavioral health consumers, Take My Hand: emphasis on TAY and trans-identified community members</li> </ul>	<ul style="list-style-type: none"> <li>Headspace: People who live, attend school, and work in SF; behavioral health consumers.</li> <li>Digital Literacy Education Trainings: Historically-excluded San Franciscans, with an emphasis on TAY (Transitional Age Youth) and trans community members.</li> <li>Take My Hand: emphasis on TAY and trans community members</li> </ul>
Products in Use/Planned	<ul style="list-style-type: none"> <li>Headspace (as of 3/15/21) and Take My Hand (determined formal implementation phase 2/13/21)</li> </ul>	<ul style="list-style-type: none"> <li>Headspace (as of 3/15/21)</li> <li>Take My Hand (implementation anticipated date 8/15/21— this will be revised due to paperwork completion and legal review)</li> <li>MHASF adapted Digital Literacy Education trainings, has conducted them all to the community, and recorded them for ongoing community access.</li> </ul>
Implementation Approach	<ul style="list-style-type: none"> <li>Headspace: rapid response due to COVID-19 Pilot of Take My Hand through MHASF</li> </ul>	<ul style="list-style-type: none"> <li>Headspace: rapid response due to COVID-19</li> <li>Pilot of Take My Hand through MHASF</li> <li>Digital Literacy Education Training series: response due to community feedback on digital divide and waiting for approval to pilot Take My Hand</li> </ul>
Other Unique Qualities <i>(of target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>In order to support the Help@Hand initiative, we learned from our community that there are severe barriers to 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.</li> </ul>	<ul style="list-style-type: none"> <li>In order to support the Help@Hand initiative, we learned from our community that there are severe barriers to 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.</li> <li>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.</li> </ul>
Milestones	<ul style="list-style-type: none"> <li>Implementing Headspace at a county level</li> <li>Hired MH Tech Outreach Coordinator (as of 3/25/21 for Headspace distribution)</li> <li>Hired two Digital Peer Navigators (as of 2/1/2021)</li> <li>Determined to pilot Take My Hand for SF County (as of 2/9/21)</li> <li>Developing budget and program plan to implement pilot</li> <li>Recording DLET series for community members to access as needed</li> <li>Implemented technical assistance hours via Digital Peer Navigators for community members to receive 1-to-1 tech support/troubleshooting</li> </ul>	<ul style="list-style-type: none"> <li>Implementing Headspace at a county level</li> <li>Hired MH Tech Outreach Coordinator (as of 3/25/21 for Headspace distribution)</li> <li>Hired two Digital Peer Navigators (as of 2/1/2021)</li> <li>Determined to pilot – Take My Hand for SF County (as of 2/9/21)</li> <li>Take My Hand budget has been approved by SF DPH (as of 6/9/21)</li> <li>Recording DLET series for community members to access as needed (as of 6/8/21)</li> <li>Implemented technical assistance hours via Digital Peer Navigators for community members to receive 1-to-1 tech support/troubleshooting</li> </ul>

Continued on next page

San Francisco County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
		<ul style="list-style-type: none"> <li>• 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).</li> <li>• Marketing and outreach campaign 5/1/2021</li> <li>• On 6/15/21 MH Tech Outreach Coordinator shared with Tech Lead call on partnership with radio company for Marketing and Outreach for Headspace.</li> </ul>
Lessons Learned	<ul style="list-style-type: none"> <li>• Community members are in need of more than just digital literacy training. They need to have workable technology in order to participate in these spaces. Technology includes smart phones, tablets, laptops, or desktops (older technology does not work as well with 5G and related upgrades) and Internet and/or Data plans. There are not a lot of programs in San Francisco (Citywide is the only known program distributing technology on a programmatic level) that are providing technology to community members. This influences the digital divide of seeking supportive services while under SIP orders. Additionally, if technology is provided to community members, they will need training on budgeting to maintain technology once Internet/Data plans expire.</li> </ul>	<ul style="list-style-type: none"> <li>• When going into pilot phases and using underutilized county technology solutions, there are a lot of moving parts and people involved. It's important to make sure all parties are involved.</li> <li>• For project planning, development, and organization, it would be helpful to have a central planning document or platform (ex: excel spreadsheet or Asana board) where all necessary parties can see project plans, what needs to be done, assign people to tasks, etc. SharePoint is really helpful to obtain needed documentation and notes, however, having a centralized place for project management would be really beneficial for all parties (CalMHSA, Help@Hand evaluation team, counties, contractors).</li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>• Developing technology distribution program to provide technology including Internet/Data to community members</li> <li>• Budgeting trainings and ongoing support to incorporating technology into personal budgets</li> <li>• Ongoing DLET training on a larger scale</li> <li>• Ongoing technical assistance to support the technology learning curve (Digital Peer Navigators currently do this)</li> </ul>	<ul style="list-style-type: none"> <li>• Centralized project management platform for each county and all stakeholders have access to and utilize for purposes of the project</li> <li>• Budgeting trainings and ongoing support to incorporating technology into personal budgets</li> <li>• Ongoing DLET training on a larger scale</li> <li>• Ongoing technical assistance to support the technology learning curve (Digital Peer Navigators currently do this)</li> </ul>
<p>Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i></p> <p><i>Please list any sharing you <u>provided or received to/from other counties/cities</u> this quarter.</i></p>	(Not queried during Q1)	<ul style="list-style-type: none"> <li>• San Francisco has worked with the City of Berkeley, San Mateo, Marin, Riverside, and Santa Barbara on many facets of Help@Hand.</li> <li>• We all are working on developing evaluations for Headspace that are not too invasive and are culturally relevant.</li> <li>• On 6/15/21 MH Tech Outreach Coordinator shared with Tech Lead call on partnership with radio company for Marketing and Outreach for Headspace.</li> <li>• San Mateo has shared their tech procurement materials and findings with MHASF to inform our practices.</li> </ul>



San Mateo County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>Doris Estremera, MPH</li> </ul>	No changes
Implementation Site	<ul style="list-style-type: none"> <li>Community-based agencies, BHRS clinics, online</li> </ul>	No changes
Team Composition	<ul style="list-style-type: none"> <li>MHSA Coordinator</li> <li>Office of Consumer and Family Affairs: Peer Specialist/Peer Support</li> <li>Contracted Agencies:               <ol style="list-style-type: none"> <li>Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish)</li> <li>Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, .5FTE bilingual/bicultural Peer (Spanish)</li> <li>California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors</li> <li>Painted Brain: Peers providing digital mental health literacy train-the-trainer for peers, “tech hours” for clients and advanced Zoom topics for providers</li> </ol> </li> </ul>	No changes
Target Audience	<ul style="list-style-type: none"> <li>Transitional age youth (TAY)</li> <li>Older adults</li> </ul>	No changes
Products in Use/Planned	<ul style="list-style-type: none"> <li>Headspace for COVID-19 Rapid Response released September 2020</li> <li>Older Adults and TAY selected Wysa for pilot to launch in April 2021</li> </ul>	<ul style="list-style-type: none"> <li>Headspace for COVID Rapid Response; September 2020 - August 2021</li> <li>Older Adults and TAY selected Wysa for pilot; April 2021 - August 2021</li> </ul>
Implementation Approach	<ul style="list-style-type: none"> <li>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</li> <li>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.               <ul style="list-style-type: none"> <li>Further marketing and outreach plans for Headspace response under development.</li> <li>Pilot proposal for Wysa app completed and approved</li> </ul> </li> <li>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               <ul style="list-style-type: none"> <li>Painted Brain is supporting Digital MH Literacy trainings including:                   <ul style="list-style-type: none"> <li>Community Tech Café for clients who needs basic device supports; downloading apps, setting up e-mail and basic use of telehealth and Zoom.</li> <li>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.</li> <li>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.)</li> </ul> </li> </ul> </li> </ul>	No changes
Other Unique Qualities <i>(of target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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</li> </ul>	No changes

Continued on next page

San Mateo County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
	<ul style="list-style-type: none"> <li>Using Headspace as a broader COVID response to the San Mateo County community-at-large</li> </ul>	
Milestones	<ul style="list-style-type: none"> <li>Wysa pilot proposal drafted and approved</li> <li>Wysa evaluation instruments developed and approved</li> <li>Launch design meeting with Wysa developers conducted</li> </ul>	<ul style="list-style-type: none"> <li>Wysa pilot launched with 16 youth and 30 older adults</li> <li>Focus groups and exploration groups scheduled for end of July, early August 2021</li> <li>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.</li> <li>Launched Phase 2 of our local Help@Hand strategy: integration of apps into Behavioral Health and Recovery Services</li> </ul>
Lessons Learned	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>When engaging youth, parental consents will require additional planning and considerations</li> <li>Tech Cafes to offer basic tech support and digital mental health literacy for community members and clients work best when offered in collaboration with agencies that have access to the target audience.</li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Remain flexible, there are a lot of unanticipated challenges when implementing something this innovative</li> </ul>
<p>Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i></p> <p><i>Please list any sharing you <u>provided</u> or <u>received</u> to/from other counties/cities this quarter.</i></p>	(Not queried during Q1)	<ul style="list-style-type: none"> <li>Shared Headspace codes with Santa Barbara County and Tri-City for their pilot</li> <li>Shared Headspace outreach and marketing best practices with Santa Barbara and San Francisco</li> <li>Received press kit from Wysa, which was used to promote the TAY pilot.</li> <li>Participated in Headspace marketing meeting along with San Francisco, used collateral developed by Headspace for our local Mental Health Awareness Month promotion of Headspace</li> </ul>

Santa Barbara County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>Vanessa Ramos, Barbara Lopez</li> </ul>	<ul style="list-style-type: none"> <li>Vanessa Ramos, Barbara Lopez, Amanda Kirk</li> </ul>
Implementation Site	<ul style="list-style-type: none"> <li>Santa Barbara County- Psychiatric Health Facility; Crisis Residential Treatment; Recovery Learning Communities; Contracted Community-Based Organizations; Community sessions hosted via Zoom; BeWell Clinics</li> </ul>	No changes
Team Composition	<ul style="list-style-type: none"> <li>Help@Hand Team; BeWell Administration- Clinical/Peer/ MHSa/IT</li> </ul>	No changes
Target Audience	<ul style="list-style-type: none"> <li>Recipients of Crisis Services; Transitioned Aged Youth; Geographically Isolated Communities</li> </ul>	No changes
Products in Use/Planned	<ul style="list-style-type: none"> <li>Headspace; Wellness App Brochure; Tracphones; Lifeline phones; Tablets</li> </ul>	No changes
Implementation Approach	<ul style="list-style-type: none"> <li>Increasing access to smartphones; enhancing digital literacy to support one's mental wellness; piloting Headspace application throughout the system of care</li> </ul>	No changes
Other Unique Qualities <i>(of target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>Santa Barbara continues to focus on increasing access to smartphones. This is completed through creating a net of Lifeline vendors that serve within key organizations that provide mental health services. Santa Barbara has purchased pre-paid phones for clients that are receiving crisis services that may not qualify for a phone.</li> <li>Santa Barbara is enhancing digital literacy to support one's mental wellness through hosting Appy Hours throughout the Santa Barbara community, 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 utilize the Guide to Wellness App brochure created by the local Santa Barbara Help@Hand team and contracted vendor Painted Brain.</li> <li>Santa Barbara is piloting the mindfulness application Headspace throughout the project's target populations by sharing Headspace with Behavioral Wellness Clinicians (Clinical Leads), contracted community partners (meetings/ CBO Collaborative/Department Action Teams), clients within project target populations and BeWell staff.</li> </ul>	<ul style="list-style-type: none"> <li>Santa Barbara is participating in wellness outreach fairs throughout the county led by community-based organizations such as Casa De La Raza and Transitions Mental Health Association. At these events, Santa Barbara provides the community with Guide to Wellness App brochure and connects those who qualify with Lifeline smartphones.</li> <li>Santa Barbara is working with the community to better understand barriers in obtaining "mobile hotspots" as requested by community members. A barrier in obtaining a mobile hotspot includes lack of financial ability to pay for the hotspot device needed for the discounted broadband service. In response, community members are being encouraged to access WIFI at local community centers such as public libraries and community centers.</li> <li>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. The local Santa Barbara team will focus on walking through the Headspace enrollment process and will be hosting community technology workshops "Appy Hours" to ensure that target populations are able to fully navigate the Headspace application. The project is working closely with Recovery Learning Communities and contracted community-based organizations to better understand barriers and work through solutions.</li> </ul>
Milestones	<ul style="list-style-type: none"> <li>Help@Hand Santa Barbara team has had many milestones this quarter. Some of the milestones are as follows:</li> <li>More than 30 clients that have been connected with phones via either Lifeline and/or prepaid phones.</li> <li>Hosted more than 30 groups from Jan2021-April2021 with more than 100 clients served throughout the BeWell system of care.</li> <li>Enhancing BeWell Peer Services staffing through the funding 3 additional full-time civil service roles (1) Outreach Coordinator/Case Worker (peer preferred) (2) Wellness Ambassadors/Recovery Assistants (peer preferred).</li> <li>Bridging the knowledge gap that exists between the use of 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 Psyber-Guide.</li> <li>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.</li> <li>The Research and Evaluation team has selected to measure the success between clients leaving the in-patient psychi-</li> </ul>	<ul style="list-style-type: none"> <li>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).</li> <li>Launched exploration: Santa Barbara launched the Exploration of Headspace with more than 40 enrolled. Enrolled are participants within the project's target population including attendees of Peer Empowerment Conference. This exploration was supported by Santa Barbara IT, who were able to register county cellphones into the App Management system, allowing for staff to download Headspace on county phones.</li> <li>TAY Curriculum: Santa Barbara, in collaboration with Painted Brain, hosted 4 community listening sessions over the course of 3 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 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.</li> <li>Local Research and Survey Instruments: Headspace Survey was originally created by the Help@Hand evaluation team and project peer partners throughout the multi-county collaborative. Local researcher, Dr. Patricia Gonzalez created a shorter version of this Headspace survey instrument with</li> </ul>

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Santa Barbara County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
	<p>atric 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 CA's External Quality Review Organization to be considered for a Project Improvement Plan.</p> <ul style="list-style-type: none"> <li>Painted Brain is currently contracted to work with local Santa Barbara Transitioned Aged Youth to build a curriculum that covers On-Line Safety Practices, Basic Computer Skills and Digital Wellness and Recovery Tools. This curriculum will be shared with BeWell TAY providers through the facilitation of Appy Hour series facilitated by the local Help@Hand team.</li> </ul>	<p>input from the local Santa Barbara team. Input from the local Santa Barbara team will be shared with the Headspace Survey Workgroup for consideration.</p> <ul style="list-style-type: none"> <li>Santa Barbara County Department of Behavioral Wellness has received a Youth Opioid Response Grant. This grant will be deployed in the Lompoc area with a focus 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.</li> </ul>
Lessons Learned	<ul style="list-style-type: none"> <li>This quarter the local Santa Barbara Help@Hand project has learned that: <ul style="list-style-type: none"> <li>Clients need a safe place to charge their phones,</li> <li>Clients experience barriers in accessing smartphones under the Lifeline grant due to lack of identifying documents, lack of residency and lack of proof of benefits (Medi-cal benefits card)</li> <li>Clients need assistance in how to operate their smartphones (how to download apps/how to delete apps/how to enter contacts)</li> <li>Continuous client and stakeholder feedback is needed to ensure that the local Help@Hand project is reaching and serving clients in a manner that embodies compassion, dignity and respect</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>This quarter the local Santa Barbara Help@Hand project has learned that: <ul style="list-style-type: none"> <li>Lifeline vendors may be better suited to train non-county employees due to the liability that may arise from the conflict of interest.</li> <li>Monthly meetings with Peer, Cultural Competence and Ethnic Services Manager will be held to ensure that Project Manager, Outreach Coordinator, Recovery Assistants and Digital Navigators sustain the outreach and engagement plan for the upcoming roll-out of the 5,000 Headspace license.</li> <li>Recovery Learning Communities benefit from bi-weekly meetings to plan the approach to increasing access to smartphones, increased digital literacy and the use of Headspace.</li> </ul> </li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>Use technology funds to purchase more pre-paid phones for clients that do not qualify for Lifeline phones</li> <li>Create more Lifeline vendor hubs at providers</li> <li>Increase digital literacy sessions as technology applications are implemented to ensure clients understand how to download app onto smartphone/tablet</li> <li>Use technology funds to buy charging stations that clients are able to access (clinics/contracted recovery learning communities)</li> <li>Incorporate selected apps within treatment sessions to ensure that clients understand how to use the app</li> <li>Contract peer vendors to develop digital literacy such as Painted Brain</li> <li>Educate the community on wellness apps using platforms such as One Mind PsyberGuide</li> </ul>	<ul style="list-style-type: none"> <li>Use technology funds to purchase charging stations for smartphones at each clinic and at Recovery Learning Communities.</li> <li>Create a how to use Headspace booklet to ensure that community has tangible tool when using Headspace with access code for pre-paid licenses.</li> <li>Create engagement sessions with the community using already created Headspace tools such as a Netflix Movie Night.</li> <li>Utilize the Cultural Competence and Diversity Action Team meeting and Consumer and Family Member Action Team to gain stakeholder feedback on how to deploy Headspace and share updates on the project.</li> <li>Create a digital binder of the materials created by Painted Brain and work with Recovery Learning Communities to explain the materials and how they can be used to support digital literacy sessions at the RLC computer lab and at co-facilitated Appy Hours.</li> <li>Educate the community on wellness apps using platforms such as One Mind PsyberGuide</li> </ul>
<p>Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i></p> <p><i>Please list any sharing you <u>provided or received to/from other counties/cities</u> this quarter.</i></p>	(Not queried during Q1)	<ul style="list-style-type: none"> <li>San Francisco shared the Headspace Outreach and Engagement strategies that will be considered by the local Help@Hand team.</li> <li>San Mateo shared Headspace licenses that are being used to support the Exploration of Headspace in preparation of the deployment of Headspace in Santa Barbara.</li> <li>Implementation Manager Terri Rosas supports the local Help@Hand project bringing insights of technology implementation from the multi-county collaborative</li> </ul>

Tehama County	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>Travis Lyon, Avery Vilche</li> </ul>	No changes
Implementation Site	<ul style="list-style-type: none"> <li>Tehama County Health Services Agency</li> </ul>	No changes
Team Composition	<ul style="list-style-type: none"> <li>Travis Lyon, Avery Vilche, Fernando Villegas, Ron Culver, Dahisy Ramirez</li> </ul>	No changes
Target Audience	<ul style="list-style-type: none"> <li>Persons who are homeless or at risk of homelessness; isolated individuals; Tehama County Health Services Agency – Behavioral Health consumers</li> </ul>	No changes
Products in Use/Planned	<ul style="list-style-type: none"> <li>myStrength</li> </ul>	No changes
Implementation Approach	<ul style="list-style-type: none"> <li>Pilot with 30 people (10 from each target population); track progress</li> </ul>	No changes
Other Unique Qualities <i>(of target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates</li> </ul>	No changes
Milestones	<ul style="list-style-type: none"> <li>myStrength contract and SOW executed</li> <li>Completed myStrength launch meetings</li> <li>Completed myStrength training</li> </ul>	
Lessons Learned	<ul style="list-style-type: none"> <li>Time required for processes and approvals</li> <li>Complete all documentation requirements ahead of time</li> </ul>	
Recommendations		
<p>Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i></p> <p><i>Please list any sharing you <u>provided or received</u> to/from other counties/cities this quarter.</i></p>	(Not queried during Q1)	

Tri-City	Quarter 1 (Jan–Mar 2021)	Quarter 2 (Apr – Jun 2021)
Tech Lead(s)	<ul style="list-style-type: none"> <li>Amanda Colt</li> <li>Dana Barford</li> </ul>	No changes
Implementation Site	<ul style="list-style-type: none"> <li>Virtual due to COVID-19</li> </ul>	No changes
Team Composition	<ul style="list-style-type: none"> <li>MHSA Manager, MHSA-Inn Program Coordinator, MHSA Director, Cambria Consultant, Painted Brain Peer Consultant, Help@Hand Evaluation Team</li> </ul>	No changes
Target Audience	<ul style="list-style-type: none"> <li>Older Adults (60+)</li> <li>TAY (16-25)</li> <li>Monolingual Spanish Speakers</li> </ul>	No changes
Products in Use/Planned	<ul style="list-style-type: none"> <li>myStrength Application</li> </ul>	No changes
Implementation Approach	<ul style="list-style-type: none"> <li>Launching a Pilot of myStrength within our 3 Target Populations began 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.</li> </ul>	<ul style="list-style-type: none"> <li>In the process of planning a pilot launch within our 3 Target Populations.</li> <li>Waiting on a BAA with myStrength so our Executive Team can sign off on our Pilot Proposal.</li> <li>Will begin recruiting once BAA is signed.</li> </ul>
Other Unique Qualities <i>(of target audience, implementation, or other program aspect)</i>	<ul style="list-style-type: none"> <li>Recruiting for participants via our community partners and groups offered through our wellness center.</li> <li>Coordinator will be presenting a PowerPoint slide to potential participants to gain their interest.</li> <li>Working on developing a Landing Page for our pilot through the Help@Hand website.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Created a Welcome Packet for participants of the pilot</li> </ul>
Milestones	<ul style="list-style-type: none"> <li>January: Decided with the help of our Executive team not to move forward with MindStrong.</li> <li>February: Held a focus group for the myStrength app which resulted in good first impression by participants.</li> <li>March: Began planning our Pilot program</li> </ul>	<ul style="list-style-type: none"> <li>April: Met with myStrength and trained on the app</li> <li>May: Worked on Help@Hand Landing page for Pilot as well as creating registration page for participants to sign up.</li> <li>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.</li> </ul>
Lessons Learned	<ul style="list-style-type: none"> <li>Reaching out and communicating with other counties is extremely helpful.</li> <li>Utilizing information other counties have learned can expedite the process.</li> </ul>	<ul style="list-style-type: none"> <li>Decided to only target TAY 18-25 for the pilot to avoid having to create a parental permission letter.</li> <li>We need our own BAA agreement with all vendors—both current and future—that we engage with for this project.</li> <li>We will need to collect our own data or execute a BAA agreement with the Help@Hand evaluation team.</li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>Collaborate with Painted Brain to recruit and onboard participants for the pilot.</li> </ul>	<ul style="list-style-type: none"> <li>Make sure all documentation is signed and in place prior to scheduling a launch date.</li> <li>Continue to monitor both local and CalMHSA held funds to ensure funding is expended in a timely manner.</li> <li>Continue to include all key Tri-City staff in regular conversations/updates throughout this project.</li> </ul>
Cross-County and City Sharing <i>Sharing knowledge, resources, and opportunities occur within Help@Hand.</i>  <i>Please list any sharing you provided or received to/from other counties/cities this quarter.</i>	(Not queried during Q1)	<ul style="list-style-type: none"> <li>Shared wording of pilot on our landing page with Santa Barbara</li> <li>Other counties shared their experiences with device procurement.</li> <li>Marin Provided Feedback on myStrength and the Spanish-speaking population</li> <li>Marin county also shared their Pilot Project Timeline</li> </ul>

## Learning Brief: Review of Headspace, myStrength, and Other Selected Apps

June 2021

Headspace and myStrength were reviewed for this learning brief. These products were chosen because they were used or considered by many counties/cities in the Help@Hand program. For each product, two comparable products that were available for download on the app stores<sup>1</sup> were selected. Two other meditation apps were compared to Headspace and two other cognitive behavioral therapy (CBT) apps were compared to myStrength. When possible, comparable products that were considered in the Help@Hand program (e.g. Calm, Happify) were chosen. **Table 1** shows all apps reviewed.

Learnings and recommendations are presented to help inform implementation and evaluation of Headspace, myStrength, and other products within counties/cities, particularly for the Help@Hand program.

### Summary of Learnings



1. Mindfulness and sleep content is commonly provided across the apps reviewed.



2. People who have consistent access to internet may benefit from these apps the most, since they can access the content in the apps at any time.



3. People who speak English may benefit the most from these apps.



4. Exercise caution when comparing app data using marketplace performance (e.g., download rate), as the number of people using each app varies tremendously.



5. 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.



6. Although apps with higher user experience might not always have high marketplace performance, it is still an important consideration when selecting apps.

#### Learning #1: Mindfulness and sleep content is commonly provided across the apps reviewed.

**Table 1** reveals that all of the apps reviewed contained mindfulness and sleep programs, showing that content for mindfulness and sleep is popular across many different types of apps. Other common features included tracking (e.g. symptoms, mood, health), social and community features, and psychoeducation.

#### Learning #2: People who have consistent access to internet may benefit from these apps the most since they can access all the content in the apps at any time.

**Table 1** shows that all of the apps reviewed require people to be connected to the internet for use. Only two apps (Calm and Headspace) allow people to download content when they are connected to the internet and access offline later.

#### Learning #3: People who speak English may benefit the most from these apps.

**Table 2** shows five out of six apps were available in both Spanish and English. Availability in other California threshold languages<sup>2</sup> was very limited; Happify was available in Simplified Chinese, and Calm was available in Korean. Four out of six apps were available in other languages.

Even when an app is translated, audio or video content is often not translated and instead people need to read subtitles. Moreover, translating the text of an app does not ensure cultural relevance. Counties/cities should consider the need to culturally adapt content and examples, or include representation of the target population in graphics and videos.

<sup>1</sup> All products reviewed were available on both iOS and Android, and were designed to be self-guided or standalone apps, rather than used as an adjunct to face-to-face treatment.

<sup>2</sup> A threshold language is a language spoken by 3,000 Medi-Cal eligibles or 5% of the Medi-Cal population in California.

**Table 1. Meditation and CBT apps reviewed.**

**Meditation apps** aim to help people learn to meditate and be mindful in their daily lives. Meditation apps might help people manage their mood, anxiety, stress, and sleep. **Cognitive Behavioral Therapy (CBT) apps** help people learn skills to support healthy ways to deal with thoughts, emotions, and behaviors. CBT apps can help people with various conditions, such as mood disorders, anxiety, stress, substance use, post-traumatic stress disorder (PTSD), chronic pain, and sleep problems.

App type	App	Product Features	Cost <sup>3</sup>	Internet Requirements
Meditation	<a href="#">Headspace</a>	Listen to mindfulness audio tracks Listen to audio for sleep, focus, exercise, etc. Set reminders and notifications to meditate Track the amount of time spent meditating Connect and meditate with friends	\$12.99 /month (mo), \$69.99 /year (yr) <b>Collaborative Pricing:</b> \$18/user/yr	Internet needed. Some content can be downloaded when connected to the internet and accessed later when offline.
Meditation	<a href="#">Calm</a>	Listen to mindfulness audio tracks Listen to audio for focus, sleep, relaxation, etc. Set reminders and notifications to meditate Track the amount of time spent meditating	\$14.99/mo, \$69.99 /yr <b>Collaborative Pricing:</b> \$46.56-\$48.72/user/yr	Internet needed. Some content can be downloaded when connected to the internet and accessed later when offline.
Meditation	<a href="#">MyLife</a>	Listen to mindfulness audio tracks Track emotions and mood every time the app is used	\$9.99/mo, \$119.99/yr	Internet needed. All content can be used only when connected to the internet.
CBT	<a href="#">myStrength</a>	Access content and activities based on CBT Track emotions, mood, health, goals, etc. Connect with other people on a community forum Access content to support better sleep Listen to mindfulness audio tracks Read educational content and articles Access content based on evidence-based psychotherapy <sup>5</sup>	No cost to user, but must get access through insurance or medical provider <b>Collaborative Pricing:</b> \$7/user/yr	Internet needed. All content can be used only when connected to the internet.
CBT	<a href="#">Happify</a>	Access content and activities based on CBT Track emotions and mood every time the app is used Message with an artificial intelligent (AI) chatbot coach Connect with other users on a community forum See positive news feed Listen to mindfulness audio tracks Read educational content and articles Use a gratitude journal	\$14.95/mo, \$139.95/yr	Internet needed. All content can be used only when connected to the internet.
CBT	<a href="#">SilverCloud</a>	Access content and activities based on CBT Track emotions, mood, health, goals, etc. Use a personal journal Connect with a trained coach Schedule activities and track progress completing them Listen to mindfulness audio tracks Read educational content and articles	No cost to user, but must get access through insurance or medical provider <b>Collaborative Pricing:</b> \$90-\$140/user/yr	Internet needed. All content can be used only when connected to the internet.

**Table 2. Language availability of apps reviewed.<sup>6</sup>**

	Headspace	Calm	MyLife	myStrength	Happify	SilverCloud
English	✓	✓	✓	✓	✓	✓
Spanish	✓	✓		✓	✓	✓
Simplified Chinese					✓	
Korean		✓				
Non-threshold Languages	✓	✓			✓	✓

<sup>3</sup> Cost as of time of review in May 2021. Costs may change over time.

<sup>4</sup> When available, pricing quotes provided by these apps to the Help@Hand Collaborative are included. In some cases, a range is provided because pricing will change based on the number of licenses purchased. Note that there are some one-time fees in addition to the per user costs.

<sup>5</sup> Evidence-based psychotherapy includes dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), and medication-assisted treatment (MAT).

<sup>6</sup> The table notes threshold languages in California available in the apps (e.g., English, Spanish, Simplified Chinese, and Korean). Non-threshold languages include French, Italian, and German).



**Learning #4: Exercise caution when comparing app data using marketplace performance (e.g., download rate), as the number of people using each app varies tremendously.**

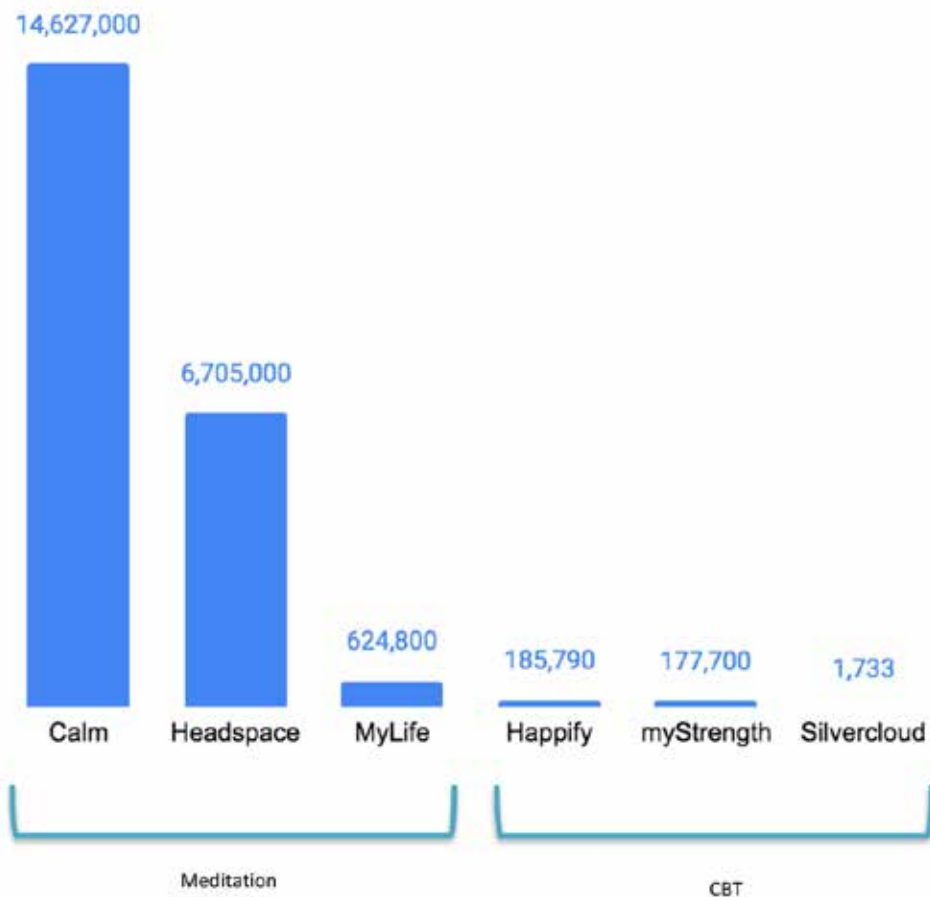
Comparing analytic data of Calm and Headspace to other apps makes it look like other apps perform poorly. However, this is not necessarily the case.

**Figure 1** shows that Calm and Headspace have a huge share of the market, with over 14 million and 6 million downloads over the past year, respectively. Their downloads far exceed the downloads of other apps. In the figure, it looks like MyLife meditation performs poorly. However, it was downloaded over 600,000 times, which is more than the 3 CBT apps (Happify, myStrength, and Silvercloud) combined.

Note that some products have different entry points to use; for example Happify, which is available for anyone to download, performed similarly to myStrength, which has more limited access (e.g. through insurance provider). Silvercloud must be accessed through an insurance provider, which is likely to impact the number of downloads, as a referral is needed.

Given differences in downloads rates, examining other metrics might be more useful to compare use and engagement. For counties/cities looking for realistic benchmarks of use, it might be worthwhile to consider other comparisons or metrics (see Learning #5 for an example).

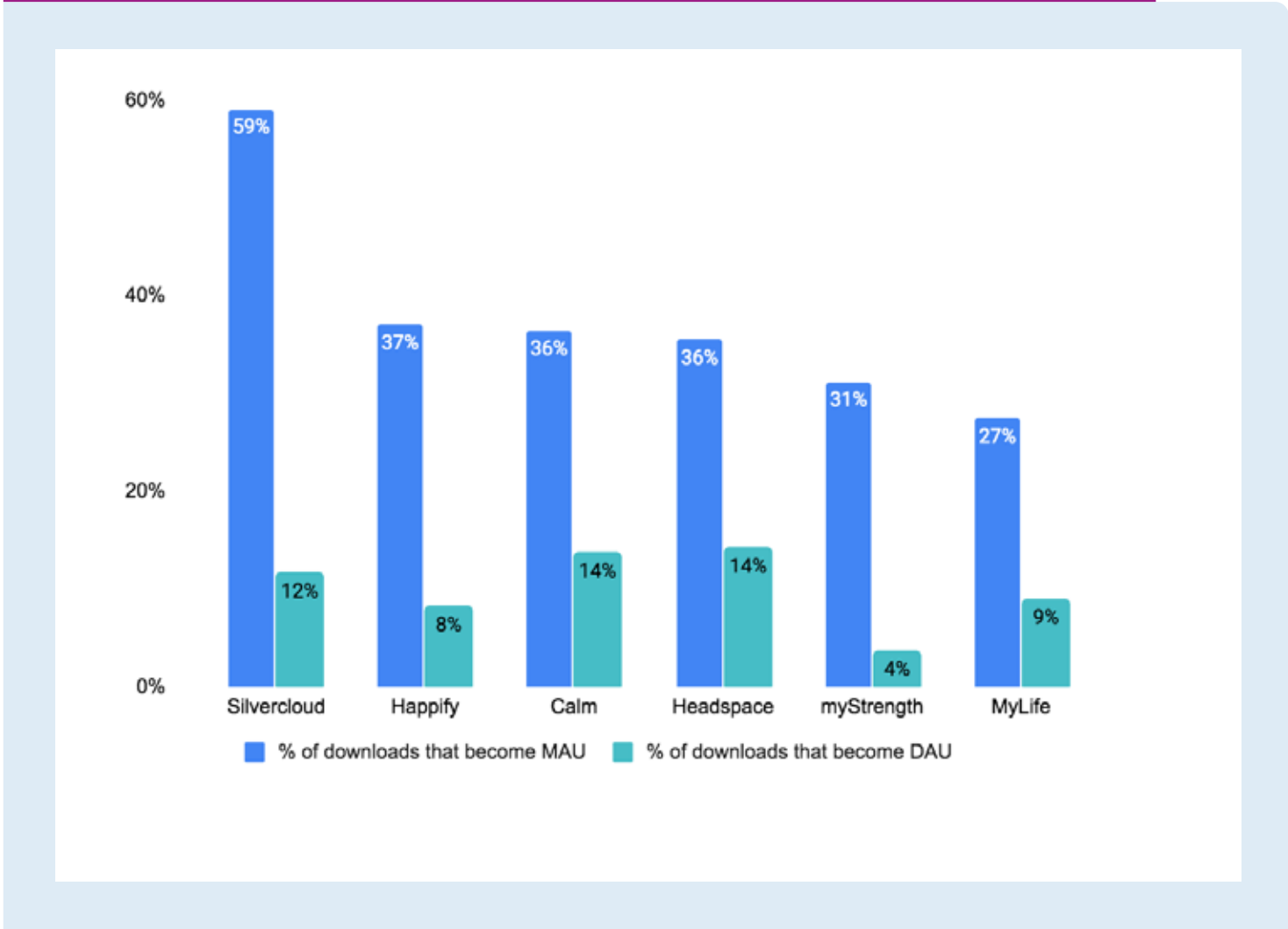
**Figure 1. Total downloads over the past year for all apps reviewed.**



**Learning #5: Metrics such as app use and engagement provide rich information on how people are benefiting from the apps reviewed.**

Downloads alone do not indicate that people will benefit from these products, since someone could download the app and never actually open it. 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. **Figure 2** shows the percentage of people who download the app and then become Monthly Active Users (MAU) or Daily Active Users (DAU) for each app reviewed.<sup>7</sup>

**Figure 2. Conversion rates from downloads to Monthly Active Users (MAU) and Daily Active Users (DAU)<sup>7</sup> of apps reviewed.**



Although SilverCloud had the lowest number of downloads (as shown in **Figure 1**), it had the highest rate of people downloading the app and becoming MAU (as shown in **Figure 2**). This suggests that people who download SilverCloud are more likely to actually use the app regularly.

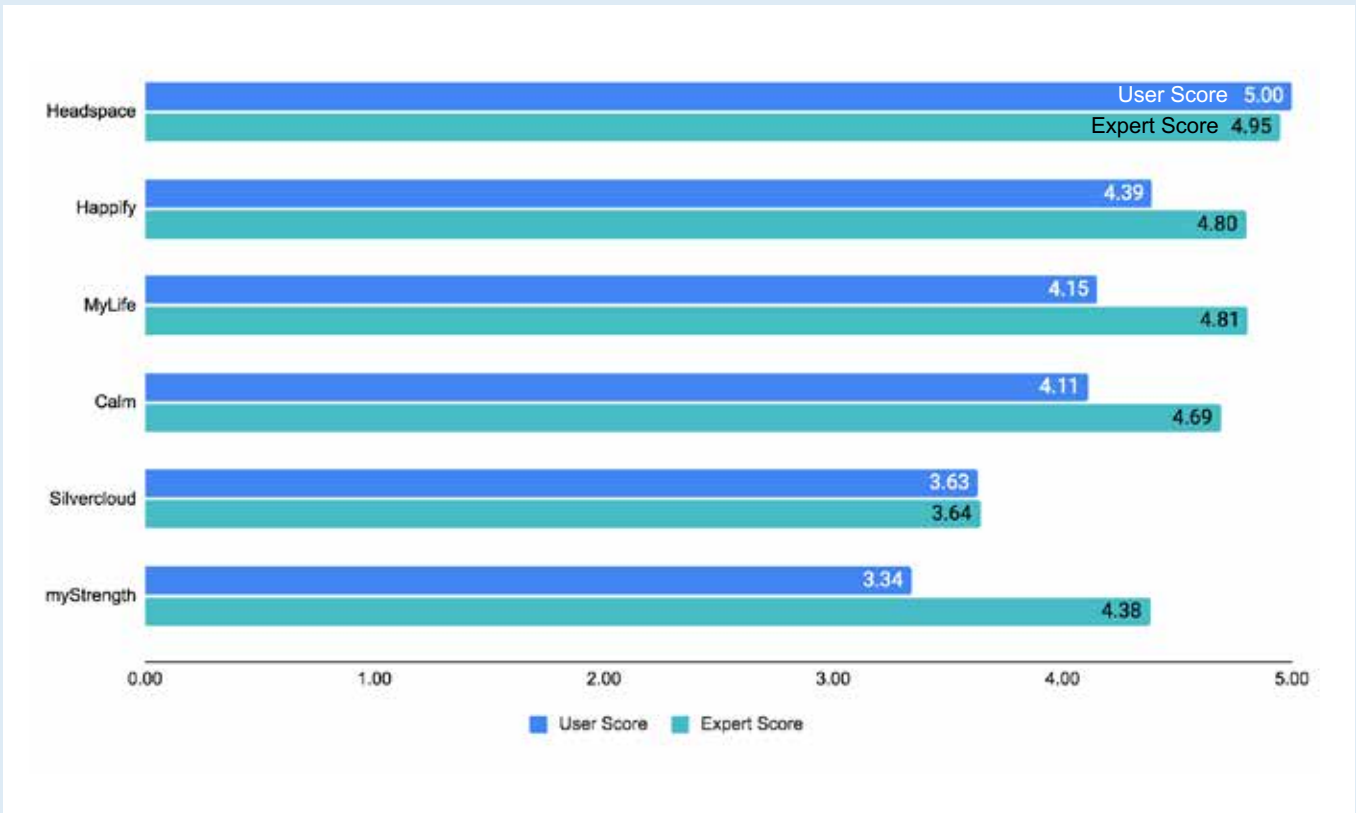
**Figure 2** also shows that apps differ in their conversion to DAU versus MAU. Although 31% of myStrength downloads convert to MAU, only 4% convert to DAU. Conversely, some apps might lead to more daily use. Understanding the expected engagement with these apps can help set benchmarks for measuring success. For example, if an app encourages users to use it every day, we would hope to see a higher conversion from downloads to DAU. If an app encourages users to use it a couple of times a week, we would hope to see a higher conversion to MAU.

<sup>7</sup> Monthly Active Users (MAU) are the number of users who opened the app at least once in a 30-day period. Daily Active Users (DAU) are the number of users who opened the app at least once in a day.

**Learning #6: Although apps with high user experience might not have high marketplace performance, user experience of an app is still an important consideration when selecting apps.**

Two experts in health apps and one user with lived experience downloaded and used each of the apps and rated them on the Mobile App Rating Scale (MARS), a measure of how engaging, easy to use, visually appealing, and informative the app is. The maximum possible score is 5. **Figure 3** shows the User Experience scores of the apps reviewed.

**Figure 3. User Experience scores of apps reviewed.**



User experience scores do not align perfectly with marketplace performance (shown in Figure 2). For example, MyLife outperforms Happify in terms of marketplace data, but underperforms on user experience. Headspace had the highest user and expert user experience scores, but did not perform as highly as Calm in terms of number of downloads. This shows that good user experience (e.g. nice graphics, layout, ease of use, etc.) does not always translate to real-world engagement with these apps. That said, user experience is still an important consideration as it is unlikely a user will continue to use the app if it has technical issues, is not visually appealing, or is hard to navigate.

## Recommendations

The following recommendations are meant to help counties/cities make decisions about the implementation and evaluation of mental health apps' use within Help@Hand.

- 1. Consider how content within a product aligns with goals.** If a county/city's goal is to support non-English speaking communities, availability in languages other than English is a key decision factor when choosing an app. If the goal is to support members with CBT activities, the presence of CBT is the most important decision factor.
- 2. Create implementation plans that consider patterns of engagement.** It might be helpful for counties/cities to specify different expected uses of products – for example "Some people find that this app is most helpful when used X times each week" or "This app may be helpful to use when people are feeling Y". Such concrete expectations can help set benchmarks on expected use both in terms of amount of use and types of content.
- 3. Define outcome metrics that can provide insights into whether or not a user may actually be getting benefits from the app.** The number of downloads does not tell counties/cities about app use. Instead, the number of Monthly Active Users may be more meaningful because it shows how many people who download the app are actually opening and using the app. If counties/cities can receive individual user-level app data, they may also be able to determine metrics such as the number of users who remain active after certain periods such as 2 weeks or 1 month.
- 4. Understand that good user experience might be important, but not a necessary criteria for user engagement.** The apps reviewed that outperformed in the marketplace did not always have the highest user experience score. Counties/cities should try to understand what other factors drive people's use of these apps, beyond a positive user experience. (For example, is it because they trust the app? Is it because they find it helps them feel better?)
- 5. Appreciate that Calm and Headspace are already widely downloaded, but have download rates that are inconsistent with the wider marketplace.** This might offer an opportunity for consumer education and awareness of other digital mental health products. For example, outreach teams can educate consumers by saying "You may have heard of wellness apps like Headspace or Calm, but did you know that there are other apps out there that can do more than just help you meditate? You can also learn other skills to promote your wellness."

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## Evaluation

This report was prepared as an account of work sponsored by the California Mental Health Services Authority (CalMHSA), but does not represent the views of CalMHSA or its staff except to the extent, if any, that it has been accepted by CalMHSA as work product of the Help@Hand evaluation team. For information regarding any such action, communicate directly with CalMHSA's Executive Director. Neither CalMHSA, nor any officer or staff thereof, nor any of its contractors or subcontractors makes any warranty, express or implied, or assumes any legal liability whatsoever for the contents of this document. Nor does any party represent that use of the data contained herein, would not infringe upon privately owned rights without obtaining permission or authorization from any party who has any rights in connection with the data.

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