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Date: September 15, 2023

To: Help@Hand Collaborative Cities and Counties

From: CalMHSA

Re: CalMHSA Comments on Help@Hand Mid-Year (5) Evaluation Report

Dear Help@Hand Cities and Counties,

CalMHSA is proud to support this multi-year innovation project, in which 11 California Cities and Counties work together to explore mental health solutions through the use of technology. At publication of this report, Help@Hand project has achieved the following accomplishments:

- Over 35 product and service launches (pilot or general implementation) to date
  - And 1 Implementation planned
- Increased awareness of the importance of digital literacy for product adoption
- Closed out 6 County Help@Hand Projects

A key component of this project is evaluation, which reports results on an incremental and annual basis. The following report comprises Year 4 (January -December 2022) of the Help@Hand evaluation and synthesizes evaluation findings across Cities/Counties.

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

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

Evaluation reports are written with the Help@Hand Cities/Counties in mind as the target audience, however the project understands there are many other stakeholders who also have interest in these reports. Evaluation reports are not intended to be exhaustive. They are intended to provide Cities and Counties with formative feedback that can be integrated during the project, rather than waiting until the project conclusion. Recommendations include both learnings and recommendations based on the experience of one or more Cities/Counties. Recommendations do not constitute failures, rather opportunities to share insights or ways to advance the work of others in the true spirit of innovation.

Despite the details provided in the report, readers should note the analysis and findings outlined herein are still a summary and do not constitute all City/County, collaborative or project management activities completed during this evaluation period.

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

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

This report is a lengthy document, 199 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 153)
- Spotlights (pages 102,129)
- City/County Program Information (page 162)
- Report Chapters are structured in the following format:
  - Key points
  - Overview
  - Methods & Findings
  - Learnings

### **Year 5 Mid-Year Report Preview**

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

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

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

Thank you for your interest in the learnings from Help@Hand. Questions or comments can be provided by contacting CalMHSA at [helpathand@calmhsa.org](mailto:helpathand@calmhsa.org) and to 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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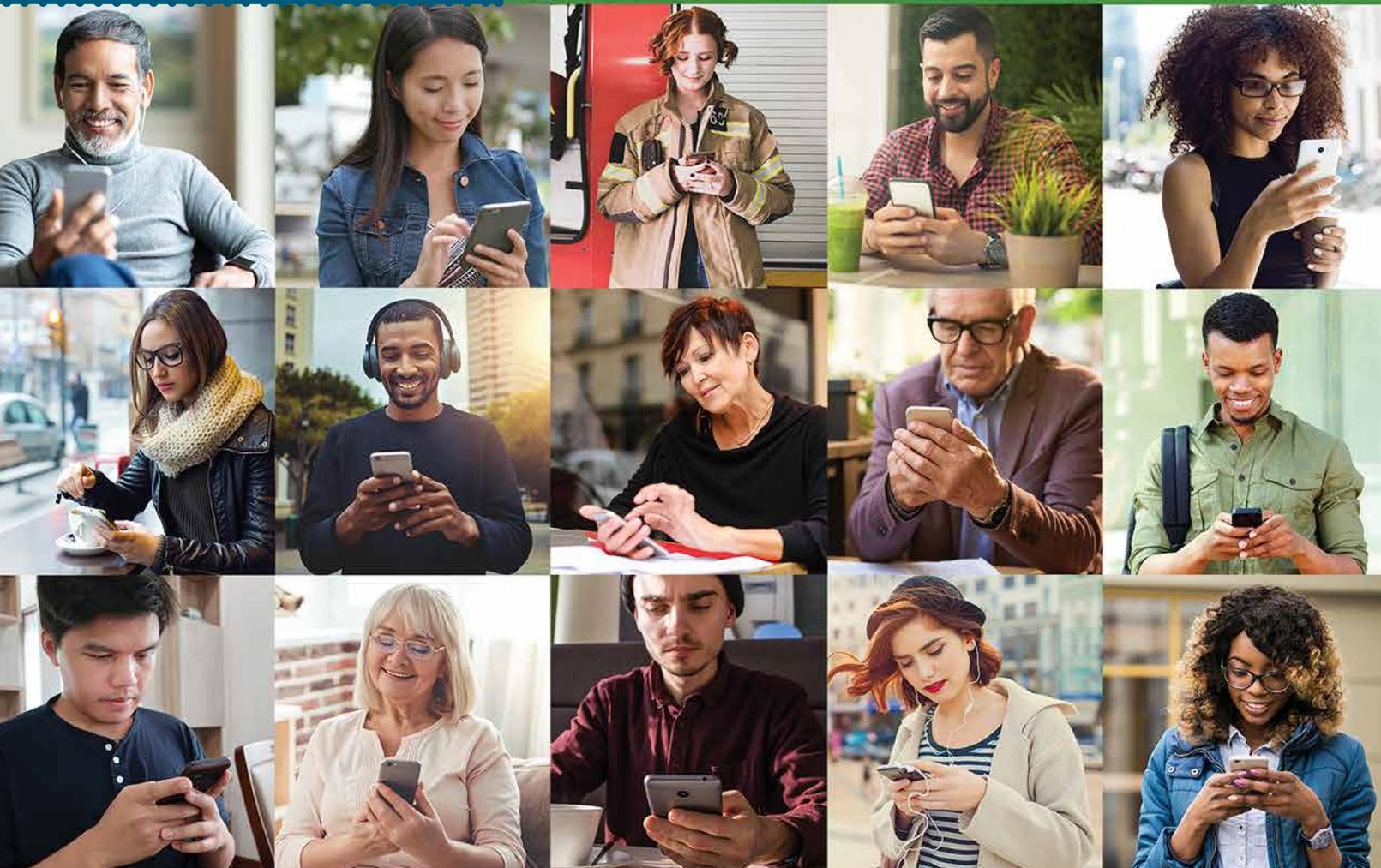
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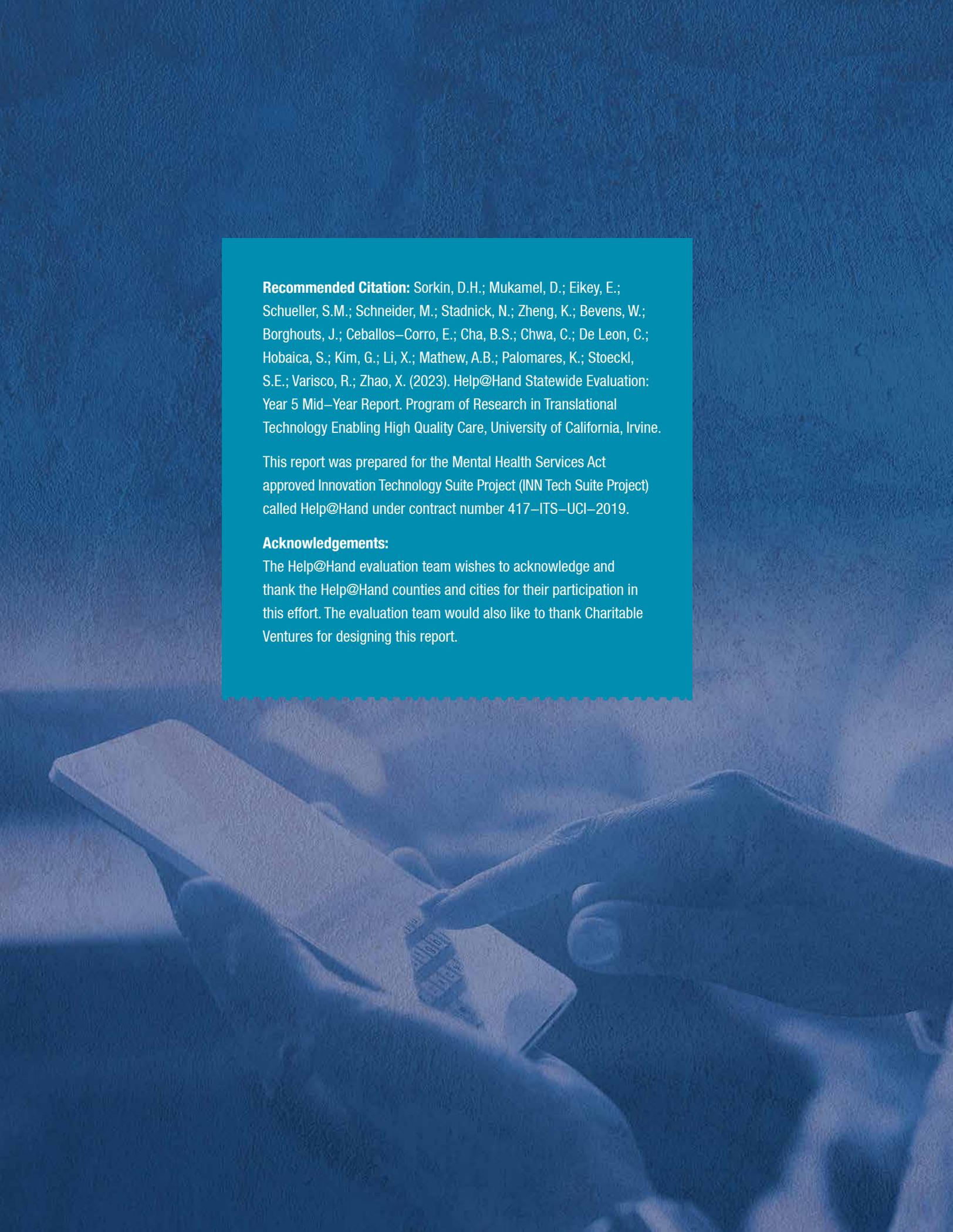
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University of California, Irvine

## Help@Hand Statewide Evaluation: Year 5 Mid-Year Report January – June 2023 Submitted July 2023





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**Acknowledgements:**

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

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This report covers the period of January through June 2023 for the Help@Hand project. Help@Hand counties/cities continued to offer a mix of technologies, digital literacy trainings, devices, and other support to key members of their communities and to their constituents. Two counties/cities, Los Angeles and Mono, concluded their participation in Help@Hand during this period, while Monterey, Tehama, and Tri-City began preparing to end their participation at the end of this year. In addition to describing county/city efforts in this period, this report also presents evaluation learnings and recommendations.

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

### Cross County/City Process Evaluation

The cross county/city lessons learned evaluation aims to identify successes, challenges, future plans, and lessons learned. Findings included:



Counties/cities identified several successes related to community outreach, data analyses, evaluation, and digital literacy.



Many counties/cities continued to experience staffing challenges, including competing priorities for current staff and staff shortages.



Future plans for Help@Hand counties/cities include community outreach, digital literacy training, and planning for the end of the project.



As counties/cities approached project completion, counties/cities found it important to inform consumers about the project end, ensure transparency, and continue care.

### Peer<sup>1</sup> Evaluation

The Peer evaluation documents Peer activities, identifies successes and challenges, and shares lessons learned. Findings included:



Peers continued to actively engage with the community through outreach and technology-related support.



Peer input contributed to successes across multiple levels of the Help@Hand program..



Peers identified challenges with managing several responsibilities, lack of integration of Peer input into local decision-making, and contract-related delays.

### Pilot and Implementation Evaluations

Help@Hand counties/cities worked on the following:



Los Angeles County's implementation of Headspace ended in February 2023. The City of Berkeley and Santa Barbara County will continue to provide free Headspace subscriptions through September 2023. This report presents vendor provided dashboard data from the Headspace implementations.



The City of Berkeley and Mono County concluded their myStrength implementations. Tri-City will continue their implementation of myStrength through December 2023. Tehama County resumed their myStrength pilot planning efforts. Learnings from app data, consumer surveys, and staff surveys/interviews are included in this report.

<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.



Los Angeles County concluded their Help@Hand program in February 2023. The county continued their iPrevail and SyntraNet implementations through their Prevention and Early Intervention program. This report presents learnings for these implementations.



Monterey County continued to implement WellScreen Monterey. The county also conducted a needs assessment to inform their technology build. Learnings are presented in this report.



Riverside County continued to implement and make improvements to TakemyHand™, their Peer support platform. Evaluation data from Riverside County is presented in this report. San Francisco County discontinued planning a pilot of TakemyHand™.



Riverside County launched a pilot of Recovery Record, an app that supports eating disorder recovery. The county also continued to offer A4i to support clients with schizophrenia and the psychosis recovery process. Learnings from evaluation data from Riverside County and the Help@Hand evaluation team are presented in this report.



Santa Barbara County continued to plan their Mommy Connecting to Wellness program with mothers of children 0-2 years old. The program integrates mental wellness and technology.



Riverside, San Francisco, and Santa Barbara Counties trained their communities on digital literacy and/or offered technology devices. Marin, Monterey, and Tehama Counties planned similar efforts. This report shares evaluation data from San Francisco and Riverside County.



Riverside County continued to assess clients on their non-medical determinants of health. The county also continued their needs assessment of the Deaf and Hard of Hearing Community

## Outcomes Evaluation

The outcomes evaluation aims to evaluate Help@Hand across the state of California. Activities included:



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

## Recommendations

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

- **Marketing, Outreach, and Consumer Recruitment:** Start planning ahead of the program start date and get input from community-based organizations to strategically tailor messaging to core audiences. Simplify enrollment process.
- **Consumer Experience:** Focus on accessibility of the technology and the needs of the consumer.
- **Digital Literacy:** Tailor digital literacy trainings based on the audience's needs. Partner with organizations who have done similar trainings in the past to increase resource efficiency.
- **Device Distribution and Kiosks:** Distribute devices ahead of time and ensure consumers' personal information is protected.
- **Peers:** Plan to integrate Peer input and allocate sufficient funds for Peer support. Develop protocol to navigate inappropriate chats and urgent mental health needs.
- **Working with Partners:** External partners may help alleviate internal staffing shortages and have the experience and resources to engage community members. Communicate early with collaborators to facilitate realistic and smooth planning and implementation of contracts.
- **Learning Collaboration:** Increase opportunities to share between counties/cities about successes and challenges throughout the project. Document changes and adapt accordingly.

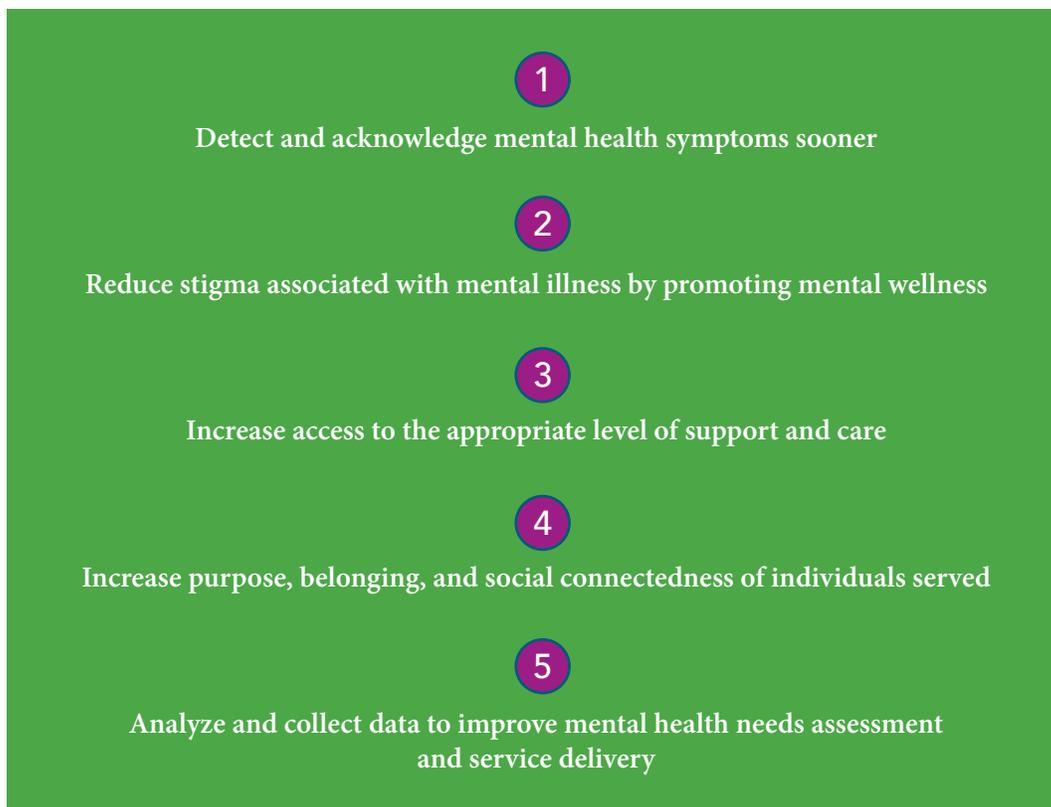
- **Project Planning:** Periodically review project goals and consider staff, time and resources needed to make appropriate adjustments to project plans.
- **Staffing and Resources:** Partner with external partners to address staff shortages, hire additional staff both generally and in case of unforeseen emergencies that require attention, and plan for staff transitions and onboarding.
- **Evaluation:** Align data collection with project goals, stakeholder input, and core audiences. Stakeholders can also provide useful feedback on the development, implementation and analysis of evaluation efforts.
- **Project Closing and Sustainability:** Plan to make use of all purchased resources, inform participants about project completion, and update the Help@Hand Transition Plan as needed.

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

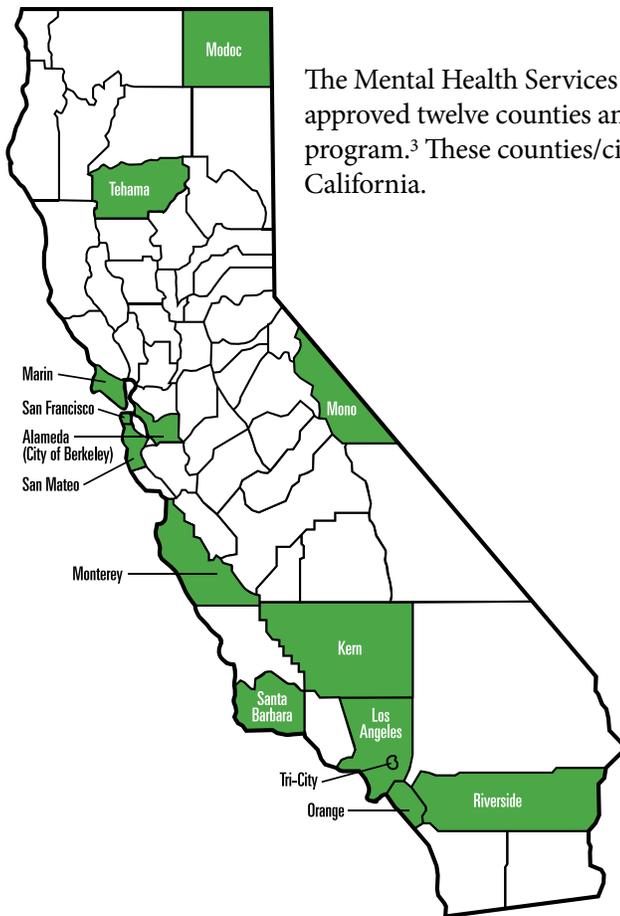


The Innovation Technology Suite (branded as Help@Hand in 2019) is a five-year<sup>2</sup> statewide demonstration funded by Prop 63 (now known as the Mental Health Services Act) and has a total budget of approximately \$101 million. It is designed to bring a set (or “suite”) of mental health digital 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. Counties/cities participating in Help@Hand collaborate to develop a shared learning experience that expands technology options, accelerates learning, and improves cost sharing.

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



<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.

#### Help@Hand Counties/Cities Executing Help@Hand Project (as of June 2023)

- City of Berkeley
- Marin County
- Monterey County
- Riverside County
- San Francisco County
- Santa Barbara County
- Tehama County
- Tri-City

#### Completed Help@Hand Project

- Kern County (completed in 2020)
- Los Angeles County (completed in 2023)
- Modoc County (completed in 2021)
- Mono County (completed in 2023)
- Orange County (completed in 2023)
- San Mateo County (completed in 2022)

## ABOUT THE EVALUATION

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

This evaluation report presents learnings and recommendations from Quarter 1 and 2 of Year 5 (January-June 2023). The report is organized as follows:

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

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

# SUMMARY OF ACTIVITIES

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

## Q1: JANUARY-MARCH 2023

### County/City Activities

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

### Project Management

- Provided contract management and invoicing support (CalMHSA)
- Provided county/city–level support (CalMHSA)
- Supported the transition and closeout of counties/cities (CalMHSA)
- Restructured collaboration meeting and email communication (CalMHSA)

Between January–June 2023, two counties/cities, Los Angeles and Mono Counties, completed their participation in Help@Hand. Counties/cities ending their participation in Help@Hand at the end of 2023, including Marin, Monterey, and Tehama Counties and Tri–City, began to actively plan the end of their technology pilots (e.g., testing a technology with a small group for a short period) and implementations (e.g., offering a technology with a broad group for a long period). Counties/cities also supported communities through digital literacy trainings, devices, and other activities.

## COUNTY/CITY ACTIVITIES

### Technology Pilots and Implementations

#### *Completed*

The City of Berkeley provided myStrength to their general population between October 2021 and October 2022. This year, the City continued to communicate the end of their myStrength implementation and encourage the general public to enroll in their Headspace implementation.

**Mono County** also completed their participation in Help@Hand in February 2023. The county offered myStrength between April 2022 and March 2023 to the general population, particularly college students, isolated populations, and monolingual Spanish speakers.

**Los Angeles County** completed their participation in Help@Hand in February 2023. At the time of their completion, they had three active projects – Headspace, iPrevail, and SyntraNet implementations. The county continued to provide free Headspace subscriptions to residents until March 2023. iPrevail and SyntraNet were sustained and incorporated in the county’s Prevention and Early Intervention program.

#### *Launched and Continued*

In early 2023, Riverside County launched their Recovery Record pilot for clients with an eating disorder diagnosis. The county also continued their pilot of A4i with clients. In addition, Riverside County continued to implement their TakemyHand™ Live Peer Chat. Notable milestones included development of a Spanish-language website (TomamiMano™), an American Sign Language platform, and an app.

**Monterey County** launched their WellScreen Monterey screening and referral platform in November 2022 and

**Q2: APRIL-JUNE 2023****County/City Activities**

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

**Project Management**

- Provided contract management and invoicing support (CalMHSA)
- Provide county/city-level support (CalMHSA)
- Supported the transition and closeout of counties/cities (CalMHSA)
- Restructured collaboration meeting and email communication (CalMHSA)
- Developed communication campaign for the Peer Collaboration meetings (CalMHSA)

continued to implement it in 2023. This year, the county continued to market and update the website. They also presented to their Behavioral Health Commission and will present at the National Association of County and City Health Officials (NACCHO) Conference.

**The City of Berkeley** and **Santa Barbara County** continued to offer Headspace to their core audiences. Their Headspace implementations will end in September 2023. Similarly, Tri-City continued to provide myStrength to their general population until December 2023.

***Planned Pilot***

**Tehama County** resumed planning their myStrength pilot with Tehama County Health Services Agency – Behavioral Health (TCHSA-BH) clients, people experiencing homelessness, and isolated individuals. This year, the county worked with CalMHSA and the Help@Hand evaluation team on contracting as well as planning outreach communication and evaluation activities.

***Discontinued***

**San Francisco County** and Mental Health Association of San Francisco (MHASF) partnered with Riverside County to pilot TakemyHand™ Live Peer Chat with their core audiences in San Francisco County. This year, the county worked with their leadership team to review several contracts and agreements. In June 2023, the county decided to discontinue their planning of the TakeMyHand™ pilot due to the complexity of finalizing agreement before the end of their Help@Hand participation.

**Digital Literacy Training and Device Distribution*****Planning***

**Marin County** released a Request for Proposals (RFP) offering one-time grants to community-based organizations to support digital literacy and mental wellness among older adults. Seven grantees were selected and their programs are anticipated to begin in July 2023. In addition, the county planned digital learning workshops and one-on-one drop-in sessions with Peers embedded at two Peer-led community organizations.

**Monterey County** purchased and configured 30 tablets. The tablets will be distributed to libraries, clinics and other county locations in order to increase access to their WellScreen Monterey for individuals with limited access to the internet.

**Tehama County** purchased ten laptops and charging cart for their wellness center. The devices will be used for digital literacy trainings. Clients may also borrow the devices.

***Underway***

Peers in **Santa Barbara County** conducted a series on the 8 dimensions of wellness. The series incorporates how apps can increase mindfulness practices and activities. The county also

planned Mommy Connecting to Wellness, a maternal health program that integrates mental wellness and technology for mothers with children 0-2 years old.

**San Francisco County** and MHASF continued their Tech@Hand project. The project provides free tablets, internet service, digital literacy support, and Peer support to help people access and utilize digital mental health resources.

**Riverside County** installed new kiosks and replaced older kiosks this year. The county also partnered with Painted Brain, La CLAVE, and Man Therapy®. Painted Brain conducted Train-the-Trainer workshops with county staff and will host a total of 39 Appy Hours (e.g., drop-in sessions) for consumers across the county. La CLAVE helped develop marketing materials and content for the TakemyHand™ app to better serve the county's Latino population. LaCLAVE also trained community members, organizational representatives, mental health professionals, and county staff. Riverside County partnered with Man Therapy® to promote the use of mental health resources among men in the county.

**Tri-City** continued to partner with Painted Brain to conduct digital literacy workshops with community members. They also distributed devices to older adults at senior centers.

### Other Activities

In collaboration with the Center on Deafness Inland Empire (CODIE), **Riverside County** continued to survey the Deaf and Hard of Hearing (DHOH) Community and understand their mental health needs. The county also continued to implement and improve their Whole Person Health Score (WPHS) assessment tool that measures non-medical determinants of health.

## PROJECT MANAGEMENT

### Project Operations

CalMHSA provided **contract management support** for the Collaborative. They helped develop contracts and amendments, and prepared closeout of contracts that ended. In addition, CalMHSA supported **invoicing**. They developed communication to counties/cities and vendors that clarified the timeline for vendors to submit their invoices to ensure timely expense reporting for each county/city. Invoices must be received and approved within 30 days after the last day of the quarter to maintain contractual obligations with vendors and be reflected on the quarterly expense report.

Implementation Managers (e.g., project managers contracted with CalMHSA) continued to **support individual counties/cities with their Help@Hand projects**. Activities included:

- Scope development for Marin and Santa Barbara Counties
- Budget planning for Mono County
- Budget forecasting with Monterey, Riverside, Santa Barbara, and Tehama Counties, and Tri-City to help maximize their local Help@Hand funds with CalMHSA
- Development of Monterey County's marketing strategy
- Support the development of Monterey County's Help@Hand presentation at the National Association of County and City Health Officials (NACCHO) conference in July 2023
- Support the development and facilitate discussion on evaluation tools for Marin and Santa Barbara Counties
- Coordination between CalMHSA and Tehama County to procure and purchase devices
- Vendor management with Verizon

CalMHSA **supported the transition and closeout of counties/cities** as they approached the end of their projects. They leveraged their Transition Plan template to ensure Los Angeles and Mono Counties completed appropriate closeout activities. CalMHSA also communicated project closure expectations for SharePoint (the platform used for document sharing on the project) and the Help@Hand website. SharePoint and the website will remain available until June 30, 2025 to allow each county/city ample access after their individual projects end. In addition, CalMHSA is developing an artifact organization framework to make access to Help@Hand project documents convenient to counties/cities to download for future use.

### Collaborative Learning

In December 2022, CalMHSA **restructured collaboration meetings with counties/cities** to increase engagement and participation. The structure included a new presentation series on topics and themes based on Collaborative feedback. It also included break-out sessions. Email inserts were created and featured five key sections – collaboration

meeting agenda, evaluation report feature, reminders, key documents Collaborative members may need, and a Help@Hand team member feature.

This year, presentations during collaboration meetings included:

- **Marketing/Strategies and Communication Challenges:** Discussed unique marketing and communication challenges and solutions of the Deaf and Hard of Hearing Community that can conceptually apply to all groups.
- **Privacy/Security Best Practices:** Shared security awareness for safe management of technology on projects.
- **Device Distribution:** Discussed the importance of digital mental health literacy training, various device management policies, and coordination efforts.

- **Mental Health Awareness Month:** Celebrated activities, outreach, and marketing materials conducted by counties/cities
- **Expense Reporting and Budget for Project Closure Planning:** Included a review of current practices.
- **Marketing Findings and Access Expansion:** Learned how Riverside County analyzed Google ads, site traffic, and engagement data.
- **Evaluation:** Reviewed the Help@Hand Annual Evaluation Report for Year 4.
- **Project Management Lessons Learned:** Presented learnings from January-June 2023.

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

**COLLABORATIVE UPDATES** 

**H@H COLLABORATIVE MEETING AGENDA**  
**JANUARY 10, 2023**

- Ice-Breaker
- New Meeting Format Rollout

Encouraged attendees: All members of each County/City project Team

**UCI REPORT FEATURE**  
**CROSS-COUNTY LESSONS LEARNED EVALUATION**  
*Quick view of the UCI Eval Report Sections. Take a look: Y4 Q1&2- p.20*

The cross county/city process evaluation identified successes, challenges, goals, and learnings that might not be captured from other evaluation activities. It includes suggestions such as creating new opportunities to review the UCI Evaluation Reports together and lessons learned around overcoming staff challenges.

**REMINDER**

- FY '21/'22 Budget Summaries are available
- FY '22/'23 Q1 Expense Reports are available

**WHAT YOU MAY NEED**

The Transition Plan Templates are available on the H@H SharePoint

**OUR H@H TEAM**

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

**COLLABORATIVE UPDATES** 

**H@H COLLABORATIVE MEETING AGENDA**  
**JANUARY 24, 2023**

- CalMHSA Presentation: Cross County Sharing (How & What to Present)
- (UCI) Present latest paper on: *Understanding the Role of Support in Digital Mental Health Programs With Older Adults: Users' Perspective and Mixed Methods Study*

Question from Riverside: How did others overcome obstacles to get Behavioral Health Clinic participation or other stakeholders engaged?

**WHAT YOU MAY NEED**

The Transition Plan Templates are available on the H@H SharePoint

**OUR H@H TEAM**

Amanda Colt is a certified health education specialist with a masters degree in public health. She is currently the Program Coordinator for Innovation with Tri-City Mental Health Help@Hand program as well as all other innovation projects.

*\*Encouraged attendees: All members of each County/City project Team*

**UCI REPORT FEATURE**  
**SCREENING/REFERRAL TECHNOLOGY (NEEDS ASSESSMENT) AND RESOURCE GUIDE**  
*Take a look: Y4 Q1&2- p.76*

Counties are working to develop a screening tool to refer users (families/individuals) to county mental health services. Assessment results can be used by providers to help coordinate care for clients. See Spotlight Article on page 78. CredibleMind initiated surveys, interviews, and focus groups to engage stakeholders.

**COLLABORATIVE UPDATES** 

**H@H COLLABORATIVE MEETING AGENDA**  
**FEBRUARY 7, 2023**

- UCI Recommendations for Completing Quarterly Reports
- Project Management Lessons Learned

*\*Encouraged attendees: County/City H@H Tech Leads, Managers, and Coordinators*

**UCI REPORT FEATURE**  
**SPOTLIGHT: SPREADING INNOVATION THROUGH COLLABORATIVE PARTNERSHIPS AND OUTSIDE PROGRAM INITIATIVES**  
*Take a look: Y4 Q1&2- p.28*

- It is certainly a credit to counties/cities when the results of their efforts are referenced to apply to statewide projects or are reinforced through Federal endorsement.
- Learn more about the learnings applied to other program initiatives and statewide projects in this spotlight article.

**WHAT YOU MAY NEED**

- [Communication Tool](#)

**OUR H@H TEAM**

Rafael Valdovinos Jr. is a Certified Medi-Cal Peer Support Specialist with associate degrees in Psychology, Addiction Studies, and Co-occurring disorders, currently completing his Bachelor's Degree in Social Work. He is currently a Wellness Technology Peer Supporter with Santa Barbara County Behavioral Wellness Help@Hand Project.

**COLLABORATIVE UPDATES** 

**H@H COLLABORATIVE MEETING AGENDA**  
**FEBRUARY 21, 2023**

- Introduction - Engagement/Marketing strategies information
- Riverside Deaf and Hard of Hearing (DHoH) Engagement Presentation

*We will start at the top of the hour to maximize our time.*

**REMINDER**

All Evaluation Reports are available on SharePoint

**WHAT YOU MAY NEED**

[Help@Hand SharePoint Site](#)

**OUR H@H TEAM**

Nominate a team member to be featured!  
 Email your blurbs to: [Lorena.campos@calmhsa.org](mailto:Lorena.campos@calmhsa.org)

**UCI REPORT FEATURE**  
**DEAF AND HARD OF HEARING NEEDS ASSESSMENT SURVEYS**

One needs assessment determined that people who are Deaf and Hard of Hearing (DHoH) could benefit from a Digital Mental Health Literacy (DMHL) video series. Another assessment survey is circulating in the Deaf and Hard of Hearing (DHoH) community to determine how Riverside can continue to serve them using video chatting. Learn more about Riverside's work with the DHoH:

- *Year 4 UCI Eval Report: Pilot and Implementation Evaluation - Future Directions. P. 87: Deaf and Hard of Hearing Needs Assessment Survey P.100*
- *Year 3 UCI Eval Report: County/City and Consumer Experience Evaluation: P. 90*

**COLLABORATIVE UPDATES** **help @ hand.**  
CONNECTING PEOPLE WITH CARE

**H@H COLLABORATIVE MEETING AGENDA**  
**MARCH 7, 2023**

- Updates:
  - H@H Status Report
  - Website Dashboard
- Marketing Strategies & Outreach Efforts
  - Breakout discussions

**UCI REPORT FEATURE**  
**MYSTRENGTH AND HEADSPACE IMPLEMENTATION MARKETING STRATEGIES**  
*Take a look: Y4 Q1&2- p.56*

The City of Berkeley discovered a marketing strategy to increase enrollment into Headspace and my Strength within a short period of time. Read more about their good work in the County/City Activities and Milestone Section.

**REMINDER**

- All County Status - High Level Implementation Status

**WHAT YOU MAY NEED**

Links from Previous Collaboration Meeting

- Implementation Marketing Outreach Recommendations
- Implementation Marketing Checklist
- Help@Hand Communications Tool

**OUR H@H TEAM**

Milika Baetcke is one of the Implementation Managers supporting CalMHSA's Help@Hand program. Milika leverages her experience in organizational development and public health to work collaboratively with stakeholders to meet goals and achieve results.

**COLLABORATIVE UPDATES** **help @ hand.**  
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**H@H COLLABORATIVE MEETING AGENDA**  
**MARCH 21, 2023**

- Marketing/Outreach Strategies - Key Takeaways
- Quarterly Expenditure Reports Overview

**UCI REPORT FEATURE**  
**MAKING THINGS ONE CLICK AWAY: DEVELOPING A COLLABORATIVE DATABASE OF RESOURCES**

*Quick view of the UCI Eval Report Sections. Take a look: Y4 Q1&2- p.71*  
Find out more from Alex Elliott MSW, Health Program Analyst with LA County Department of Mental Health on what's happening across California to address community needs such as housing, food, education, healthcare access or assistive technologies.

**REMINDER**

Fiscal Year 22/23 Quarter 2 Expense reports are now available. These have been sent via email to each county/city team and they are available in your private folders on the Help@Hand SharePoint.

**WHAT YOU MAY NEED**

- Mock Quarterly Expense Report Guide
- Access for All - Community and Accessibility Resources

**OUR H@H TEAM**

Alex Elliott is a Health Program Analyst for the Los Angeles County Department of Mental Health. He serves as the tech lead for Help@Hand, chair of the Santa Monica Disabilities Commission, and member of the NASW-CA Disabilities Council.

**COLLABORATIVE UPDATES** **help @ hand.**  
CONNECTING PEOPLE WITH CARE

**H@H COLLABORATIVE MEETING AGENDA**  
**APRIL 4, 2023**

- Terms of Service Video - Riverside
- Marketing Strategy Discussion: Communication Challenges

**UCI REPORT FEATURE**  
**CULTURALLY APPROPRIATE LANGUAGE**  
*Year 2 Recommendations section, P. 102 - 103/99-100. UCI has provided recommendations in the UCI Evaluation Report Year 2 on how to approach and address Culturally Appropriate Language. Recommendation Bullets:*

- Continue Adopting A Person-Centered Approach, Matching The Needs of Diverse Target Audience Members to Appropriate Available Technologies
- Include Important Stakeholders for Conducting Cultural Tailoring and Dissemination.

**REMINDER**

- Learning Briefs are available on the H@H SharePoint site [in this folder](#).

UCI Reminders:

- Q1 Appendix A Tables were sent out 3/24/23 and are due 4/14/23
- Cross County Evaluation and Peer Lead surveys will be sent out soon

**WHAT YOU MAY NEED**

CA Department of Technology Broadband For All - Digital Equity Ecosystem Mapping (DEEM) survey in English and Spanish.

**OUR H@H TEAM**

Rosa Palmerin is a book and cat connoisseur. Rosa has a BA in Sociology and is currently working as the part-time Peer Support Specialist for Help@Hand, Marin County while she continues working on her creativity and role as a graduate student.

**COLLABORATIVE UPDATES** **help @ hand.**  
CONNECTING PEOPLE WITH CARE

**H@H COLLABORATIVE MEETING AGENDA**  
**APRIL 18, 2023**

- Communication Challenges Discussion - Key Takeaways
- Privacy and Security Best Practices

**UCI REPORT FEATURE**  
**H@H TECHNOLOGY CONSIDERATIONS**

For a brief listing of apps and descriptions that includes available languages, go to the [UCI Year 3 Annual Report](#), Table 3.1. Technologies Considered and Used by Counties/Cities in Year 3 (January-December 2021), p. 34

- Similar information may be found on the Help@Hand website products page: <https://helpathandca.org/products/>

**REMINDER**

- La Clave - Resource for Spanish Speaking communities: <https://www.useaclave.com/que-es-la-clave/>

**WHAT YOU MAY NEED**

Help@Hand Products Webpage: <https://helpathandca.org/products/>

**OUR H@H TEAM**

Thiago Ocampo is a multi-disciplinary artist, with a BA in Studio Art and Art History and a minor in Women Gender Studies. As a Digital Peer Navigator at the Mental Health Association of San Francisco (MHASF), he utilizes his creativity and passion for peer-support to advocate for vulnerable communities in the Bay Area.

**COLLABORATIVE UPDATES** **help @ hand.**  
CONNECTING PEOPLE WITH CARE

**H@H COLLABORATIVE MEETING AGENDA**  
**MAY 16, 2023**

- Device Distribution and Implementation
- Mental Health Awareness Month - swag and activities

**UCI REPORT FEATURE**  
**SPOTLIGHT ARTICLE: MAKING DEVICES AND INTERNET AVAILABLE IN HELP@HAND COUNTIES/CITIES**  
*Year 4 Annual Report Q1-2, p. 28*

Read about common learnings and recommendations collected by the UCI Evaluation team on activities to make devices and internet available.

**REMINDER**

Counties/Cities are allotted 2 minutes to share their Mental Health Awareness Month swag and activities.

**WHAT YOU MAY NEED**

- Save the date: June 13th | UCI will present the Year 4 Evaluation Report
- The next quarterly expense report will be available by the end of May

**OUR H@H TEAM**

Jeff Blood is an Implementation Manager supporting CalMHSA's Help@Hand program. Jeff is a Registered Nurse and self-professed technology enthusiast, aka "geek", fusing his love for healthcare and technology to challenge the status quo. When Jeff isn't working, he enjoys working on his golf game, cooking, traveling, and boating with his family.

**COLLABORATIVE UPDATES** **help @ hand.**  
CONNECTING PEOPLE WITH CARE

**H@H COLLABORATIVE MEETING AGENDA**  
**MAY 30, 2023**

- Quarter Expense Report Reminder
- Follow-up Mental Health Awareness Month Activities & SWAG
- Riverside (Marketing Findings, TakeMyHand App Access expansion)

**UCI REPORT FEATURE**  
**APPENDIX C: TAKEMYHAND REPORTING PHASE**  
*Year 4 Annual Report p. 206* The UCI Evaluation team collected data for the TakemyHand Live Peer Chat application during a public testing phase from April 2020 to May 2022. From Chat Frequency Per Month to Outreach Efforts, learn more about the data behind the activities.

**REMINDER**

- Final chance to share your Mental Health Month Activities & SWAG for Mental Health Awareness month.
- UCI Year 4 Annual UCI Evaluation Report is available on SharePoint. UCI will Present on the report 6/13

**WHAT YOU MAY NEED**

Shared Resources from Alex - Los Angeles County

- California State Digital Equity Plan: Public Survey
- Digital Equity Survey Toolkit

**OUR H@H TEAM**

Maria Martha Moreno is Riverside's Tech Lead for the MHSA Help@Hand Program. Maria Martha is results-oriented and a high-energy implementation technology manager with talent for leading by example and inspiring peak performance. Maria Martha enjoys being of service to her teams and community.

**COLLABORATIVE UPDATES** **help @ hand.**  
CONNECTING PEOPLE WITH CARE

**H@H COLLABORATIVE MEETING AGENDA**  
**JUNE 13, 2023**

- UCI will present on the latest Annual Evaluation Report Year 4
- Collaboration Meeting Survey

**UCI REPORT FEATURE**  
**YEAR 4 ANNUAL EVALUATION REPORT**

Available NOW on the Help@Hand SharePoint The latest evaluation report from UCI comprises Year 4 (January-December 2022) of the Help@Hand evaluation and synthesizes evaluation findings across Cities/Counties.

**REMINDER**

- All UCI Evaluation Reports are accessible via the County SharePoint Site.

**WHAT YOU MAY NEED**

Shared Resources from Alex - Los Angeles County

- Access for All May Resources

**OUR H@H TEAM**

Lynne Williamson is a Senior Consultant for EY, LSSGB, Certified OCM practitioner and Scrum Master. For the Collaborative, she provides overall PM and OCM Support: creates Help@Hand reports and tools, drives Collaboration meeting planning, facilitates internal meetings, and provides Spotlight Article editorial support.

**COLLABORATIVE UPDATES** **help @ hand.**  
CONNECTING PEOPLE WITH CARE

**H@H COLLABORATIVE MEETING AGENDA**  
**JUNE 27, 2023**

- PM Lessons Learned
- Help@Hand Project Close Expectations

**UCI REPORT FEATURE**  
**BENEFITS OF WORKING TOGETHER: CALMHSA'S ROLE AS HELP@HAND CONTRACTS ADMINISTRATORS**

*Year 4 Annual Report, p. 33*  
In this Spotlight article, learn about contracts used and the teams working behind the scenes of the CalMHSA Help@Hand program to support County and City implementations and pilots.

**REMINDER**

- UCI Evaluation Reports are accessible via Help@Hand Website and the County SharePoint Site
- Review local Webpages and Resources related to Help@Hand

**WHAT YOU MAY NEED**

Take time to review the [Annual Year 4 UCI Evaluation Report](#).

**OUR H@H TEAM**

Stephanie Milius is a Digital Peer Navigator with a BA in Psychology and an AA in Social and Behavioral Science. She works with the Mental Health Association of San Francisco to provide technical support for program participants and referrals to peer mental health services.

Above: The Help@Hand Collaborative Email Inserts and Personnel Spotlights for January-June 2023  
Source: CalMHSA Help@Hand Project Management Team (2023)

## Key Points

- **Help@Hand counties/cities identified successes in various areas.** Successes from January to March 2023 mainly related to community outreach, data analyses, evaluation, and digital literacy.
- **Workforce-related challenges are common.** Although some new staff were hired to support Help@Hand activities in 2023, competing priorities and demands of the current staff and staff shortages continued to be the most common challenges. Beyond hiring sufficient staff, having dedicated staff and staff with the specialized knowledge and expertise may help.
- **Counties/cities continue to have an important focus on community engagement.** Counties/cities started to plan for project completion and expressed a desire to conduct more community engagement efforts. The most common plans for the next six months reported by counties/cities included outreach to community members, outreach to community organizations, and digital literacy training.
- **Project completion needs flexibility and early planning.** Most counties/cities had unanticipated project delays. This suggests a need for flexibility in project planning and implementation. As counties/cities started to shift their focus to project completion, informing consumers, ensuring transparency, and continuity in care are important. Most counties/cities found creating plans to inform users that projects would end as a very helpful recommendation.

## OVERVIEW

Help@Hand’s cross-county/city evaluation aims to identify successes, challenges, future plans, and lessons learned. Key themes related to the following programmatic areas include: enrollment, product launches, deployment, staffing, contracts, device distribution, digital literacy, cross-county/city collaboration, product development, project operations, data analysis, evaluation, and dissemination.

## SURVEYS WITH TECH LEADS

The Help@Hand evaluation team administered a survey to Tech Leads to capture the successes, challenges, future plans, and learnings of the Help@Hand program from the first half of 2023. Tech Leads are individuals identified as the project leads of each county/city in the Help@Hand program. In April 2023, eleven Tech Leads from 11 participating Help@Hand counties/cities completed surveys.

	Evaluation Activity	Period when Surveys were Administered	Reporting Period	Respondents
	Survey	April 2023	Jan-March 2023	11 Tech Leads from 11 counties/cities

This section shows the percentage of counties/cities that reported specific successes, challenges, plans for the future, and lessons learned/recommendations for their Help@Hand program.

### Successes

Tech Leads were presented a list of successes that were shared during interviews and surveys in 2022. In the first half of 2023, most counties/cities reported successes related to outreach and evaluation activities. Additionally, counties/cities continued to provide digital literacy training.

			N=11
	Outreached to community members		<b>82%</b> (9 counties/cities)
	Conducted data analysis		<b>64%</b> (7 counties/cities)
	Engaged in evaluation activities		Outreached to community organizations <b>55%</b> (6 counties/cities)
	Provided digital literacy training to the community		<b>45%</b> (5 counties/cities)
	Hired a new staff member	 Executed a contract	 Distributed devices
			 Provided digital literacy training to staff/peers <b>36%</b> (4 counties/cities)
	Launched a product	 Had cross-county/city collaboration	 Created sign-up and screening methods for enrollment <b>27%</b> (3 counties/cities)

## Challenges

Tech Leads were presented a list of challenges that were shared during interviews and surveys in 2022. In the first half of 2023, the most common challenges related to staffing, such as competing workload demands/priorities and staff shortages. All but four counties/cities noted the success of hiring staff.

Counties/cities continued to experience pandemic-related disruptions and delayed product launches. As a result, this affected counties/cities' outreach efforts.

		N=11
	Competing priorities / demands	<b>73%</b> (8 counties/cities)
	Staff shortages	<b>45%</b> (5 counties/cities)
	Pandemic-related disruptions	
	Delayed product launch	<b>36%</b> (4 counties/cities)
	Outreach challenges	
	Contracting difficulties	<b>27%</b> (3 counties/cities)
	Peer shortages	
	Consumer engagement challenges	
	Device-related challenges	

## Future Plans

Future plans of counties/cities for the next 6 months will continue to focus on community outreach.

Counties/cities also plan to increase dissemination efforts, such as improving digital literacy of their community members and applying lessons learned from Help@Hand to the exploration, development, and piloting of digital solutions outside of the Help@Hand program.

		N=11
	Outreach to community members	<b>73%</b> (8 counties/cities)
	Outreach to community organizations	<b>64%</b> (7 counties/cities)
	Improve digital literacy	<b>55%</b> (6 counties/cities)
	Apply lessons learned to projects outside Help@Hand	<b>45%</b> (5 counties/cities)
	Distribute devices	<b>36%</b> (4 counties/cities)
	Launch a product	<b>27%</b> (3 counties/cities)
	Evaluate products/ deployments	
	Finish a pilot project	
	Hire more staff	

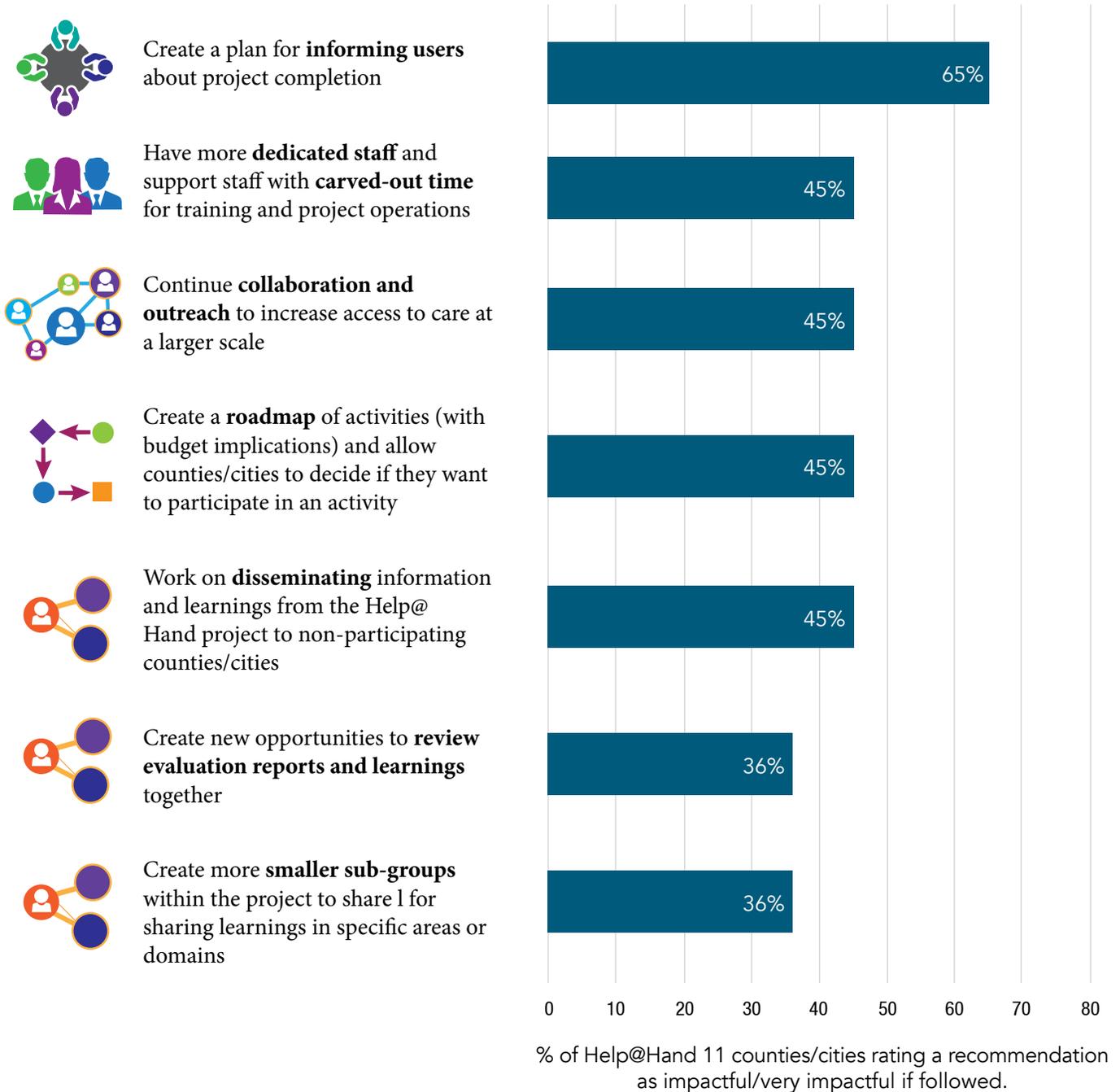
## Lessons Learned

Tech Leads were presented with a list of learning lessons and asked to rate how meaningful each lesson has been to their county/city. Below are the percentages of Tech Leads that found each lesson “very meaningful” to their counties/cities. The most meaningful lessons were that technology projects require dedicated staff with specialized skills/knowledge, flexibility, and contribution and buy-in from several core groups.

		N=11
 <p>Dedicated staffing is necessary for project success</p>	 <p>Unanticipated delays in projects are likely</p>	<p><b>64%</b> (7 counties/cities)</p>
 <p>Innovation projects can benefit consumers, peers, staff, and other stakeholders</p>	 <p>Project delay requires flexible estimates and abilities to amend project timelines</p>	<p><b>55%</b> (6 counties/cities)</p>
 <p>Technology projects require staffing with specialty skills</p>  <p>Technology projects require infrastructure and specific knowledge</p>  <p>Technologies can change quickly and as such require continued adaptations and flexibility in their deployment</p>  <p>It is essential for public mental health systems to incorporate learnings and best practices from other settings (e.g., private sector, VA, other public or private health systems) regarding the use of digital mental health</p>		<p><b>45%</b> (5 counties/cities)</p>
 <p>Initial assumptions about access to devices and knowledge to use technologies should be continuously examined/considered</p>  <p>Engaging all stakeholders from the start is essential</p>  <p>Regular meetings on collaborative budget are beneficial</p>  <p>Being fully staffed is necessary for project success</p>		<p><b>36%</b> (4 counties/cities)</p>
 <p>Existing staff often do not have the specialty skills</p>		<p><b>27%</b> (3 counties/cities)</p>

## Recommendations

Tech Leads were asked how impactful recommendations would be if followed. These recommendations were provided by counties/cities in previous surveys and interviews. Tech Leads endorsed creating a plan to inform users that projects would end most frequently.



## Learnings from the Cross County/City Process Evaluation

Surveys with Tech Leads in Help@Hand indicated:

- **Community engagement is key to project success and future planning.** Tech Leads shared their successful efforts related to community outreach. Efforts related to community engagement included providing digital literacy training to the community, engaging in outreach activities to members of the community who may benefit from the Help@Hand technology, and engaging in outreach activities with organizations or partner groups about the Help@Hand program. Community outreach continues to be a shared goal across multiple counties/cities.
- **Overcoming staffing challenges is important.** Tech Leads reported competing priorities/demands of the current staff, staff shortages, and peer shortages as common challenges.
- **Project success requires specialty training and knowledge.** It is important to involve stakeholders with specialty training and knowledge early in project planning. Involving diverse community members with expertise and knowledge from different mental health systems (e.g., VA, hospital) could contribute to implementation success.
- **Implementation success requires flexibility.** Given the complexity of behavior health settings and implementation contexts, when experiencing unexpected delays, allowing flexibility and facilitating communication is important.
- **Counties/cities began planning for project completion.** As counties/cities prepare for the end of their Help@Hand program, Tech Leads shared that informing consumers about the project completion was an important task. Creating a roadmap of potential activities and facilitating group discussions could help plan for program completion.

The Help@Hand evaluation team suggests the following based on the results of these surveys.

- **Continue community outreach activities.** Community outreach continues to be a focus across counties/cities in 2023. Several counties/cities reported their successful experience of engaging in outreach to community members and partner organizations. More than half of the counties/cities shared their intention to increase outreach to community members and partner organizations.
- **Continue to address staffing and infrastructure challenges.** Although four of the counties/cities reported hiring new staff to support Help@Hand activities, multiple counties/cities reported they experienced challenges with competing priorities and staff shortages. Similarly, almost half of the counties/cities reported that a very meaningful lesson learned from the project was the need for more dedicated staff as well as supporting staff with carved-out time for training and project operations. Overcoming staffing challenges is not trivial and solutions will likely vary by county/city. Fully allocating staff to the project can help, but raises further challenges, such as identifying funding to retain staff after the project ends.
- **Plan for project completion.** As counties/cities start to plan for program completion, they should create a plan to inform participants and community members about project completion.
- **Create opportunities to help counties/cities communicate within the Help@Hand program.** Many challenges, goals, and lessons learned applied to multiple counties/cities. Cultivating space, such as creating small groups for discussion, could encourage counties/cities to share their solutions and learnings within the Help@Hand program.
- **Develop feasible and scalable dissemination strategies to increase impact beyond the Help@Hand program.** It is important to support counties/cities to sustain community partnerships made through the Help@Hand program, share learnings beyond the Help@Hand program, and sustain successful programs introduced through the Help@Hand program.

### Key Points

- **Peers continued to contribute to multiple community-oriented activities.** Peers reported involvement in a range of activities that actively engaged community members through outreach and technology-related support.
- **Peers contributed to successes at multiple levels of the Help@Hand program.** Peer involvement contributed to benefits to themselves, the community, their workplaces, and other Peers across the Collaborative.
- **Peers continued to navigate diverse challenges.** Challenges included managing multiple responsibilities, lack of integration of Peer input into local decisions, and contract-related delays.

## OVERVIEW

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

### SURVEYS WITH COUNTY/CITY PEER LEADS

In the first quarter (Q1) of 2023, the Help@Hand evaluation team administered a survey to Peer Leads to capture activities, successes, challenges, and suggestions. For counties/cities without Peer Leads, Tech Leads took over the role of completing the surveys. Peer Leads were identified as the lead for each county’s/city’s Peer component. Tech Leads were identified as overall project leads of their respective county’s/city’s Help@Hand projects.

	Evaluation Activity	Period when Surveys were Administered	Reporting Period	Respondents
	Q1 Survey	April–May 2023	Jan–March 2023	9 Respondents (including 5 Peer Leads) from 9 counties/cities

This section shows the percent of counties/cities that reported specific information about the Peer component of the Help@Hand project as well as Peer-related activities, successes, challenges, and suggestions.

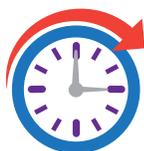
### Help@Hand Peer Component in Counties/Cities

Data from the surveys conducted in Q1 of 2023 are presented below. The structure of the Peer workforce remained stable overall over the course of the Help@Hand project, with little year-to-year fluctuation in the percent of Peer Leads who were employed directly by their respective counties/cities, the proportion of Peer Leads who spent less than half their time on Help@Hand, and the average number of Peers who were employed in each county/city.

#### Employment



- 89% of respondents reported that Peer Leads were directly employed by their respective counties/cities
- 67% reported that the Peer workforce (excluding Peer Leads) were employed by counties/cities
- Peers who were not directly employed by counties/cities were sub-contracted as staff



#### Time Spent on Help@Hand

- 88% of respondents reported that they were full-time employees
- 56% spent less than half of their time on Help@Hand activities

#### Average Number of Peers Employed in Counties/Cities



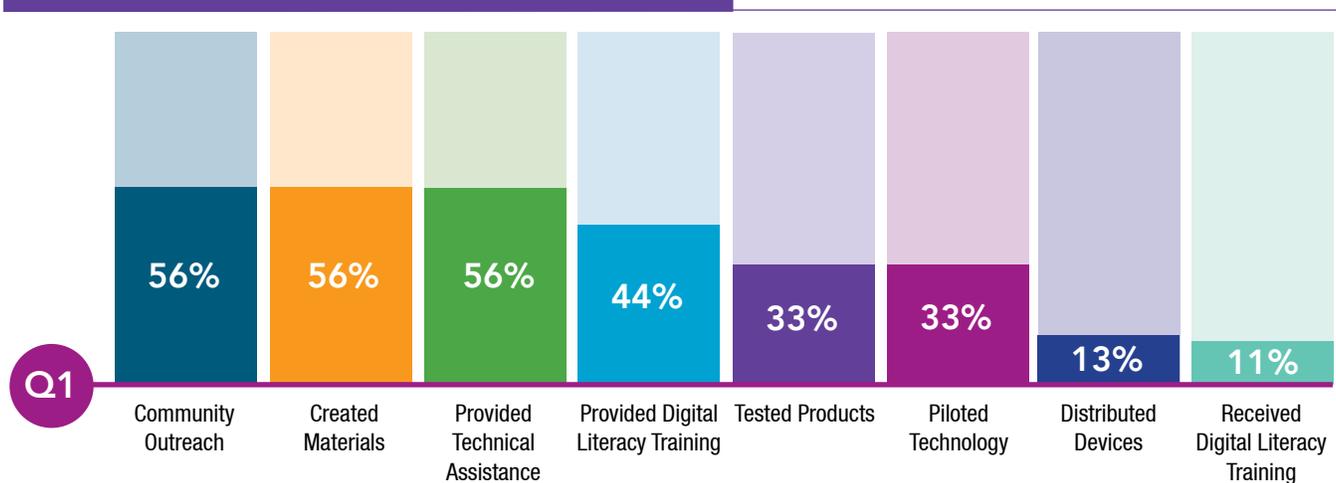
- 67% of counties/cities employed less than 5 Peers, with an average of 4 Peers
- 33% of counties/cities did not have any Peers at the time of the survey

## Peer Activities

In 56% of counties/cities, Peer activities included community outreach, created materials for Help@Hand, and provided technical assistance in early 2023. Approximately 45% of counties/cities reported that Peers also engaged in providing digital literacy training to their communities.

The data provides a snapshot of activities occurring in Q1 of 2023. It is worth noting that data reported in prior reports show that most counties/cities (more than 80%) reported at least once during the life of the Help@Hand project that Peers engaged with creating materials, testing products, and/or piloting technology. Similarly, approximately two-thirds of counties/cities reported at least once that Peers provided digital literacy training to the community, engaged in community outreach, and/or provided technical assistance. A minority of counties/cities elected to distribute devices as part of their Help@Hand project, and by the beginning of 2023 most Peers already received digital literacy training. Whether a county/city reported a specific activity in Q1 of 2023 was likely a function of where they were in the evolution of their Help@Hand project.

Figure 2.1. Help@Hand Peer Activities in Q1 of 2023.

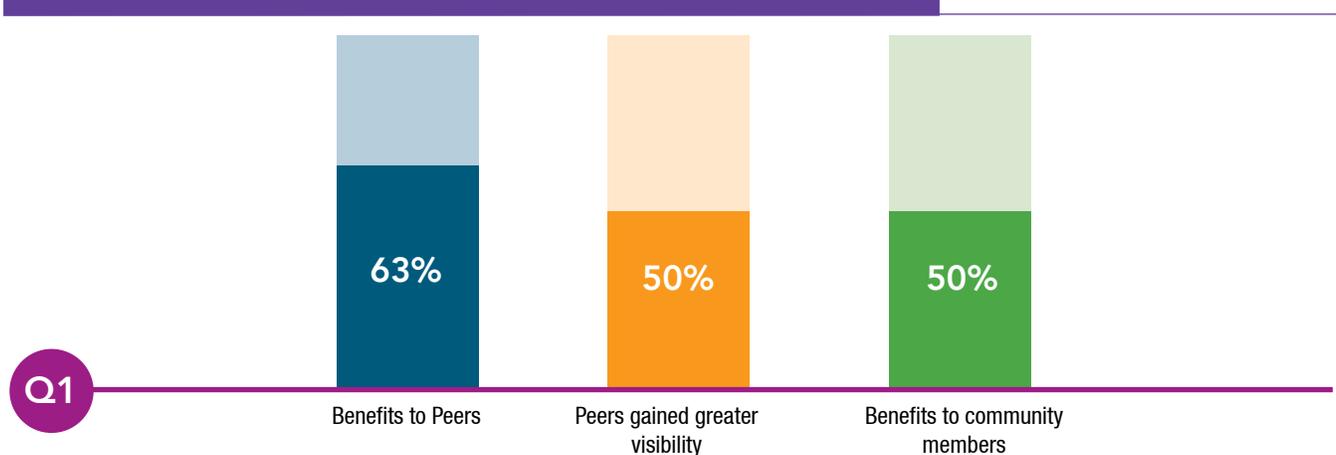


## Successes

### Benefits to Peers and Community Members

Sixty-three percent (63%) of respondents perceived that Peers benefited through employment by the Help@Hand program, with half reporting that Peers have greater visibility through presentations and trainings to internal and external groups. Half of the respondents also reported that individual community members benefited from the Help@Hand project.

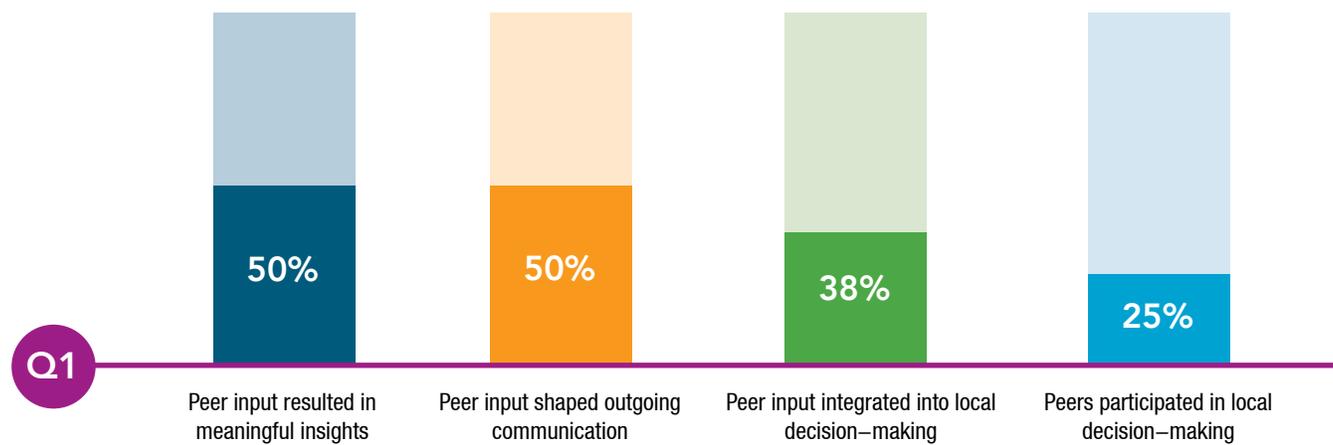
Figure 2.2. Benefits to Peers and Community Members in Q1 of 2023.



### Peer Contribution to Projects and Communication

Half of the survey respondents reported Peer input resulting in meaningful insights and shaping outgoing communication, with fewer reporting that Peers and their input were integrated into local decision-making. These numbers are consistent with data collected earlier in the project, as some counties/cities consistently reported engaging Peers in multiple aspects of the project and others reported more sporadic engagement of Peers.

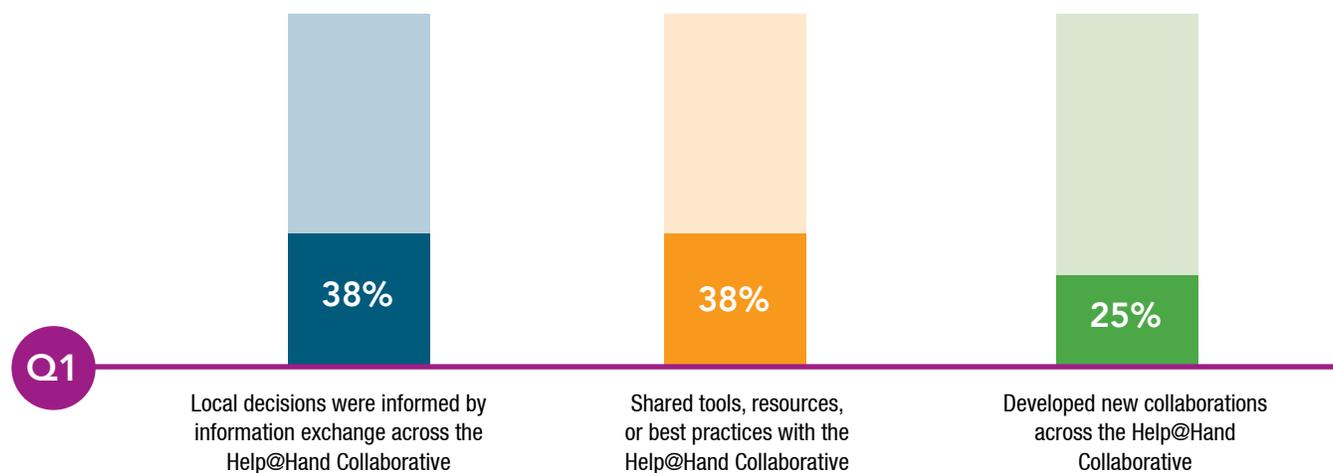
Figure 2.3. Peer Contribution to Projects and Communication in Q1 of 2023.



### Collaboration Across Help@Hand Counties/Cities

Thirty-eight percent (38%) of respondents reported local decisions were informed by information shared by other counties/cities in Help@Hand. They also shared tools, resources, and best practices across the Help@Hand Collaborative. A quarter (25%) of respondents reported developing new collaborations in Q1 of 2023.

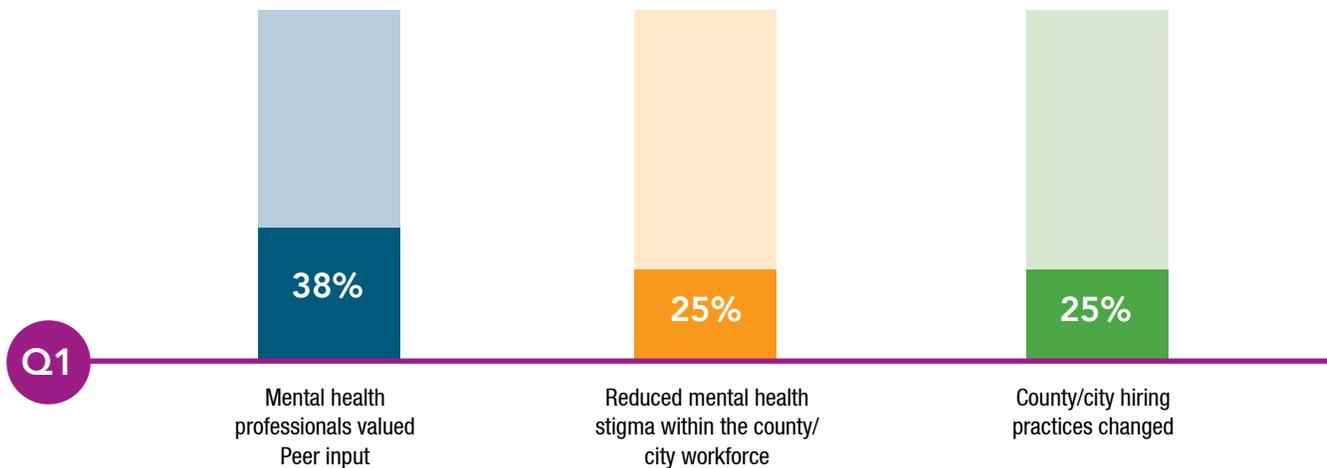
Figure 2.4. Collaboration Across Help@Hand Counties/Cities in Q1 of 2023.



## Workplace Changes

During Q1 of 2023, nearly 40% of respondents reported that they had noticed mental health professionals valuing Peer input. Fewer respondents reported reduced mental health stigma or changes to hiring practices, likely because these changes were noted in earlier surveys and were no longer considered new.

Figure 2.5. Workplace Changes in Q1 of 2023.

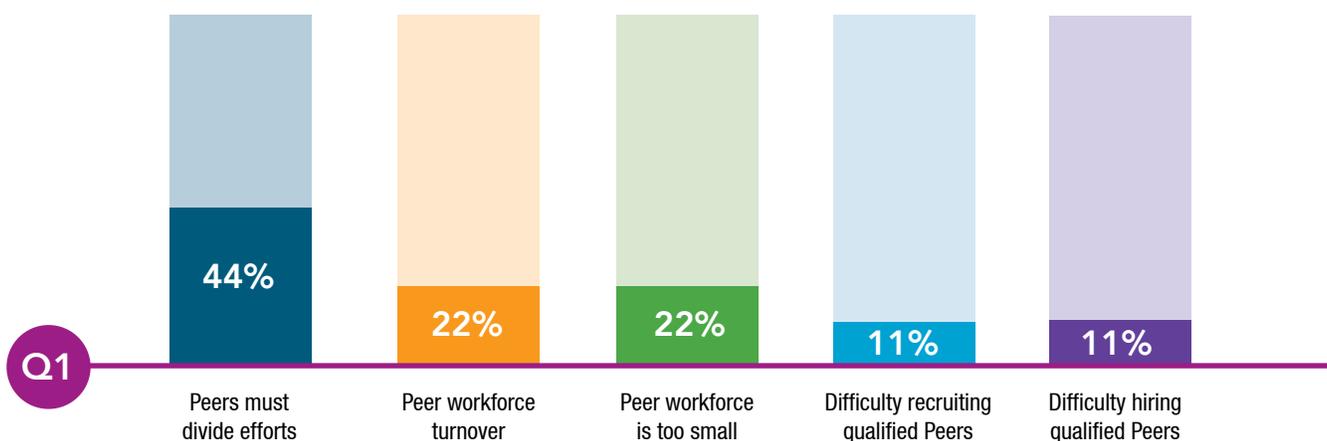


## Challenges

### Peer Workforce Challenges

Nearly 45% reported that Peers divided their efforts across multiple projects. Twenty-two percent of counties/cities reported staff turnover and feelings that the Peer workforce was too small. Eleven percent of respondents reported difficulty with recruiting or hiring qualified Peers.

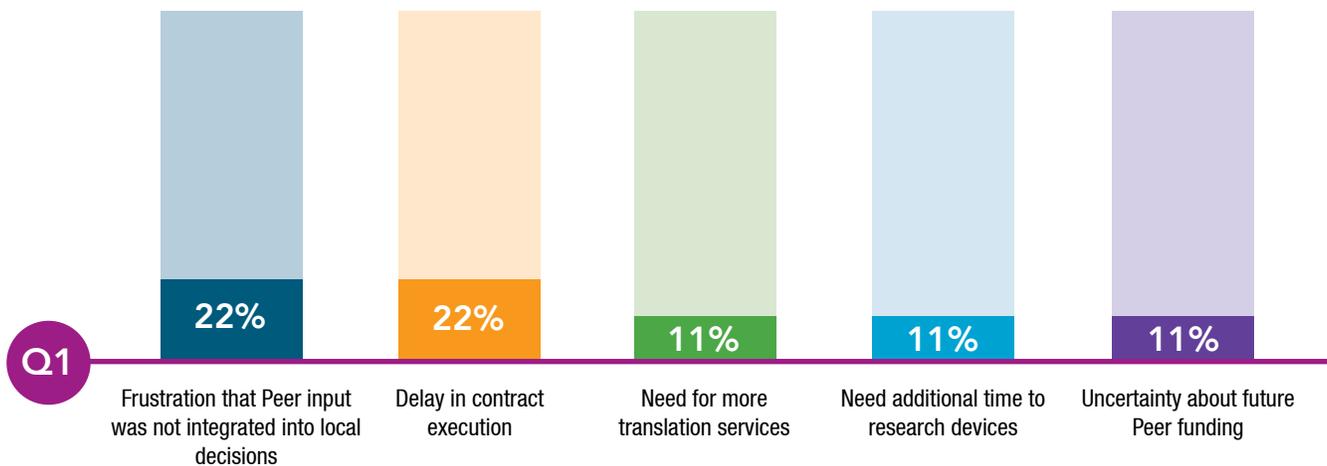
Figure 2.6. Peer Workforce Challenges in Q1 of 2023.



## Other Challenges

Twenty-two percent (22%) of respondents expressed frustration that Peer input was not integrated into local decisions, and that there were barriers or delays related to slow execution of contracts. Approximately 10% of respondents reported challenges related to unmet needs for translated materials, challenges with needing time to research devices, and uncertainty about future funding.

Figure 2.7. Other Challenges in Q1 of 2023.



Furthermore, for the first time since survey data on the Peer component of Help@Hand was collected (e.g. since Summer 2020), respondents did not report any challenges related to the information dissemination within their county/city, information dissemination between CalMHSA and the counties/cities, or needing further clarity on decision-making across the Collaborative (data not shown).

## Learnings from the Peer Evaluation

Surveys about the Help@Hand Peer component point to the following suggestions made by the Help@Hand evaluation team:

- **Plan ahead to prepare a sufficient Peer workforce.** Peer workforce-related challenges were commonly reported in the surveys. This suggests that planning for sufficient Peer staffing can promote meaningful engagement of Peers. These observations can help inform counties/cities that are considering similar programs in the future.
- **Find ways to further integrate Peer input.** Ensuring that programs fully utilize the valuable perspectives that Peers bring holds promise for supporting effective program implementation, helping Peers feel valued, and promoting their continued retention in the workforce.

Consistent with findings from Peer evaluations from prior years, surveys about the Help@Hand Peer component found the following:

- **Peers continue to contribute to a wide range of community-facing activities.** Peers involvement included in community outreach, creating community-facing materials, providing technical assistance, and delivering digital literacy training for their respective communities. This suggests that Peers continue to be a valuable resource for delivering programmatic products and services out to the community.
- **Strategically managing the hiring, retention, and workload of Peers may enhance the efficacy of the Peer workforce.** Nearly half of Peers reported their need to divide their time and attention across several projects, while approximately a quarter experienced challenges related to staff turnover or felt that their workforce was too small. These experiences suggest that strategic recruitment, training, and retention of Peers will be important for future efforts as counties/cities continue or end their Help@Hand program.
- **Peer input should be fully integrated into decision-making.** Overall, Peer involvement and input were perceived as beneficial to local communities, but lower rates of Peer participation in local decision-making indicate that Peers could be further involved in project processes and goals.
- **Involving Peers leads to changes in the broader workplace.** Throughout the years of the Help@Hand program, the workplace changes that Peers reported were: 1) feeling more valued by other mental health professionals, 2) reducing mental health stigma among the county/city workforce, and 3) seeing more Peer-friendly local hiring practices.
- **Communication within counties/cities and across the Collaborative worked well in Q1 of 2023.** For the first time since the start of the Peer evaluation, Peers reported not experiencing any challenges related to information dissemination within their county/city, information flow between CalMHSA and the counties/cities, or with needing further clarity on decision-making across the Collaborative. These shifts may be a function of the project phase, with most counties/cities winding down their Help@Hand programs. However, this may indicate that the communication flow improved over the course of the Help@Hand years.

## Key Points

- Los Angeles County's implementation that offered free subscriptions to the meditation app, Headspace, ended in February 2023. The City of Berkeley and Santa Barbara County's Headspace implementations will continue until September 2023. This section presents vendor dashboard data from these implementations.
- myStrength is a mental health technology that uses evidence-based support for emotional health. The City of Berkeley and Mono County completed their myStrength implementations, while Tri-City will continue to provide subscriptions to myStrength until December 2023. Meanwhile, Tehama County resumed planning their myStrength pilot this year. This section reports summaries of app data, staff surveys, and staff interviews.
- Although Los Angeles County concluded their participation with the Help@Hand program in February 2023, their iPrevail (a platform that provides Peer-chat and other mental health support) and SyntraNet (a care management platform) implementations will continue through their Prevention and Early Intervention program. This section presents learnings from these implementations.
- Monterey continued to implement their screening and referral tool, WellScreen Monterey. The county conducted a needs assessment to inform the development of the tool. This section presents these learnings.
- Riverside County continued to implement and improve their Peer support platform, TakemyHand™. Evaluation data from Riverside County is presented in this section. Riverside and San Francisco Counties explored the possibility of piloting TakemyHand™, but there was never an agreement executed and project plan developed.
- Riverside County launched a pilot with Recovery Record, an app supporting eating disorder recovery. The county also continued to offer A4i, a platform that supports clients with schizophrenia and the psychosis recovery process. This section reports learnings from evaluation data from Riverside County and the Help@Hand evaluation team.
- Santa Barbara County continued to plan their Mommy Connecting to Wellness program. The program integrates mental wellness and technology for mothers with children ages 0-2 years old.
- Marin, Monterey, and Tehama Counties planned to distribute electronic devices and train their communities on digital literacy. Riverside, San Francisco, and Santa Barbara Counties as well as Tri-City carried out these programs. This section includes the sharing of evaluation data from San Francisco and Riverside County.
- Riverside County continued their needs assessment of the Deaf and Hard of Hearing Community. In addition, they continued Whole Person Health Score, a patient-focused assessment tool that measures non-medical determinants of health.

## OVERVIEW

**Table 3.1** presents the activities that counties/cities worked on for the Help@Hand project between January - June 2023. This section describes these efforts and presents evaluation learnings.<sup>4</sup>

**Table 3.2** summarizes the technologies considered or used for the project between January - June 2023.

**Table 3.1. Help@Hand Pilots and Implementations (January-June 2023).**

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

<sup>4</sup> Kern and Modoc Counties completed their Help@Hand projects in 2021, while San Mateo County completed their Help@Hand project in 2022. Orange County graduated from the Help@Hand Collaborative in December 2021 to focus on their local implementation.

Table 3.2. Technologies Considered and Used by Counties/Cities (January-June 2023).

Product Name	Description
<b>App4Independence (A4i)</b> 	Platform with a client-facing app and a provider portal that supports the schizophrenia and psychosis recovery process.
<b>Headspace</b> 	Meditation app to improve mental wellness and help people with stress, anxiety, and sleep.
<b>iPrevail</b> 	CBT- and Peer-chat-based mental health technology that provides support for conditions that include anxiety, depression, eating disorders, and stress.
<b>myStrength</b> 	CBT-based mental health technology that supports people experiencing stress, depression and other mood disorders, anxiety, and sleep issues. Features include psychoeducational materials, mental health exercises, mood tracking, and community forums.
<b>Recovery Record</b> 	An app designed to aid recovery from eating disorders using techniques based in CBT.
<b>Syntranet</b> 	Care management platform that consolidates patient information into a single record with the goal of coordinating care teams and services.
<b>TakemyHand™</b> 	Peer support platform that links people experiencing mental health challenges, such as stress, anxiety, or other behavioral challenges to a trained Peer Support Specialist via live chat.
<b>WellScreen Monterey</b> 	Tool that will screen individuals in Monterey County and direct them to local services and resources.

# COUNTY/CITY ACTIVITIES AND MILESTONES

## CITY OF BERKELEY

The City of Berkeley began offering myStrength and Headspace in October 2021 to anyone who lives, works, or goes to school within the City. Their myStrength implementation ended in October 2022 and their Headspace implementation will end in September 2023.



### myStrength Implementation



#### Implementation Completed

The City of Berkeley worked with their leadership team and myStrength to develop messaging that communicated the end of the myStrength implementation.

An update about the end of the myStrength implementation was posted on the City of Berkeley's Help@Hand website. The City also worked with myStrength to email consumers and inform them of the end of the myStrength program, how to voluntarily participate in the evaluation to share their experiences with the myStrength app, and how to sign-up for the Headspace program.

#### myStrength Update

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

*Above: myStrength Update on the City of Berkeley's Help@Hand website*

*Source: Help@Hand- Connecting People with Care. (2018). Berkeley Mental Health. Retrieved from <https://helpandca.org/%20berkeley/>*



#### Evaluation

The City of Berkeley worked with Hatchuel, Tabernik and Associates (HTA) to evaluate their Help@Hand program. Evaluation data included marketing data, app data, surveys, interviews, and focus groups with consumers. Findings will be presented in an upcoming evaluation report.

The City also worked with the Help@Hand evaluation team to assess myStrength and Headspace across Help@Hand counties/cities that implemented these technologies. Preliminary evaluation findings are on page 33 and 136, respectively.



#### Future Directions

HTA and the Help@Hand evaluation team will share their evaluation reports with the City of Berkeley. Evaluation learnings will be disseminated and used to inform future programming.

## ● Headspace Implementation



### **Implementation Underway**

This year, the City of Berkeley strategized how to extend their contract and enroll more consumers in Headspace before the end of its implementation. The City continued to make Headspace easily accessible by not requiring an access code when signing up for Headspace through the City of Berkeley's Help@Hand program.



### **Contracting**

The City examined extending Headspace licenses not used prior to the implementation's end date. Headspace was willing to extend all licenses for an additional fee. However, the City of Berkeley decided to not spend additional funds. Thus, Headspace will conclude in September 2023.



### **Community Outreach**

After the conclusion of the marketing campaigns for the myStrength and Headspace implementations in May 2022, the City of Berkeley made announcements at monthly City meetings and in emails to City staff to promote the program. Emails sent to community members, local colleges/schools, and providers across the system of care also informed the public of the program and how to obtain access to Headspace.



### **Future Directions**

The City of Berkeley will continue to offer Headspace free of charge to the public through September 30, 2023. They will also work with CalMHSA to seamlessly end their implementation and develop a plan to effectively communicate the end of the implementation to current users. Evaluation findings will be finalized and shared with the City of Berkeley.

# City of Berkeley, Mono County, and Tri-City myStrength Evaluation



## INTRODUCTION

The City of Berkeley, Mono County, and Tri-City offered free myStrength subscriptions for residents in their county/city as described in **Table 3.1**.

**Table 3.1. Implementation of myStrength in Help@Hand Counties/Cities.**

County/City	Time Period of myStrength Implementation	Core Audiences	Number of Consumers who Enrolled in myStrength <sup>5</sup>
City of Berkeley	October 2021 – October 2022	All city residents	1,729
Mono County	May 2022 – February 2023 <sup>6</sup>	All county residents, with a focus on: <ul style="list-style-type: none"><li>• College students</li><li>• Monolingual Spanish speakers</li><li>• Isolated populations</li></ul>	104
Tri-City	June 2022 – Ongoing	Selected populations within the county: <ul style="list-style-type: none"><li>• Transition Aged Youth (TAY)</li><li>• Monolingual Spanish speakers</li><li>• Older adults</li></ul>	22

This section includes preliminary findings on consumer engagement and the staff experience. Evaluation of consumer engagement with myStrength in the City of Berkeley, Mono County, and Tri-City included analysis of app data and a consumer survey. Evaluation of the staff experience included surveys with staff in Mono County and interviews with staff in Tri-City.

<sup>5</sup> Data reflects the number of enrolled consumers as of June 22, 2023..

<sup>6</sup> Mono County's myStrength program ended February 2023, but myStrength licenses of those enrolled remained active through March 2023.

## CONSUMER ENGAGEMENT EVALUATION

This section reports app data of 1,855 consumers (93% of consumers were City of Berkeley residents) between October 2021 and June 2023.<sup>7</sup> Key findings from app data are largely similar to the Help@Hand Statewide Evaluation: Year 4 Annual Report. It is important to note that results and trends are preliminary since enrollments are still ongoing.

In addition to the app data, the Help@Hand evaluation team emailed surveys to consumers enrolled in myStrength. This section does not include data from the consumer surveys since there were small increases in survey responses since the Help@Hand Statewide Evaluation: Year 4 Annual Report. The next Help@Hand Statewide Evaluation Report will include updates on the survey data.

### Key Findings

#### User Engagement



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

#### User Interests



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

#### Mental Health



Over a third of consumers scored high on depression (40%) and anxiety (35%).

#### Recommended Programs



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

#### Mood



32% of consumers reported an improvement in mood.

#### User Activities

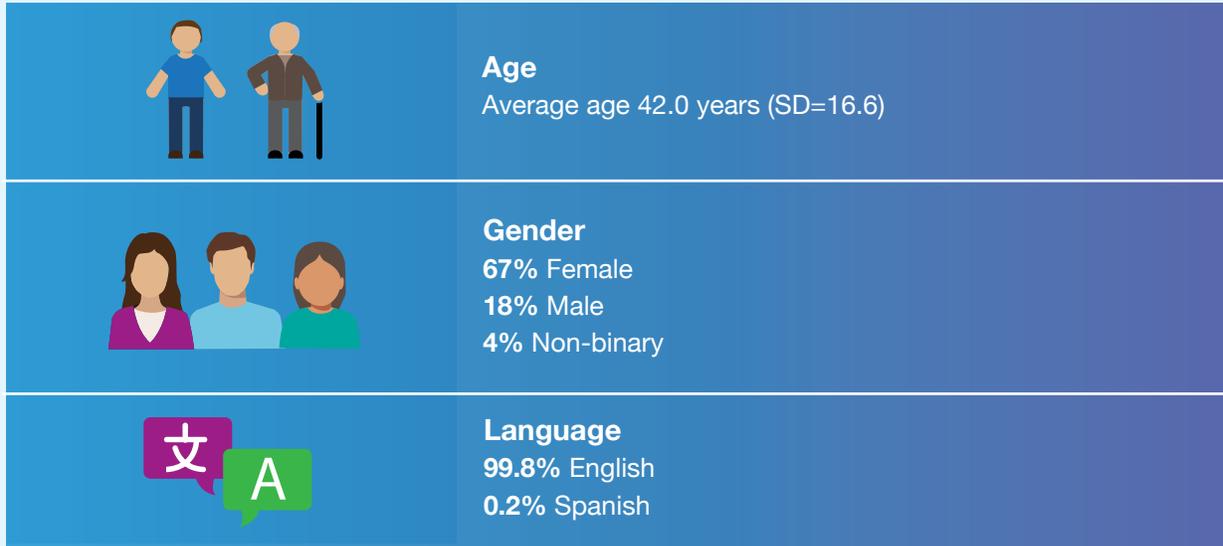


PTSD and sleep were the most popular activities.

<sup>7</sup> App data was collected until June 2023, but the last app activity of consumers on myStrength was January 29, 2023.

## Consumer Demographics

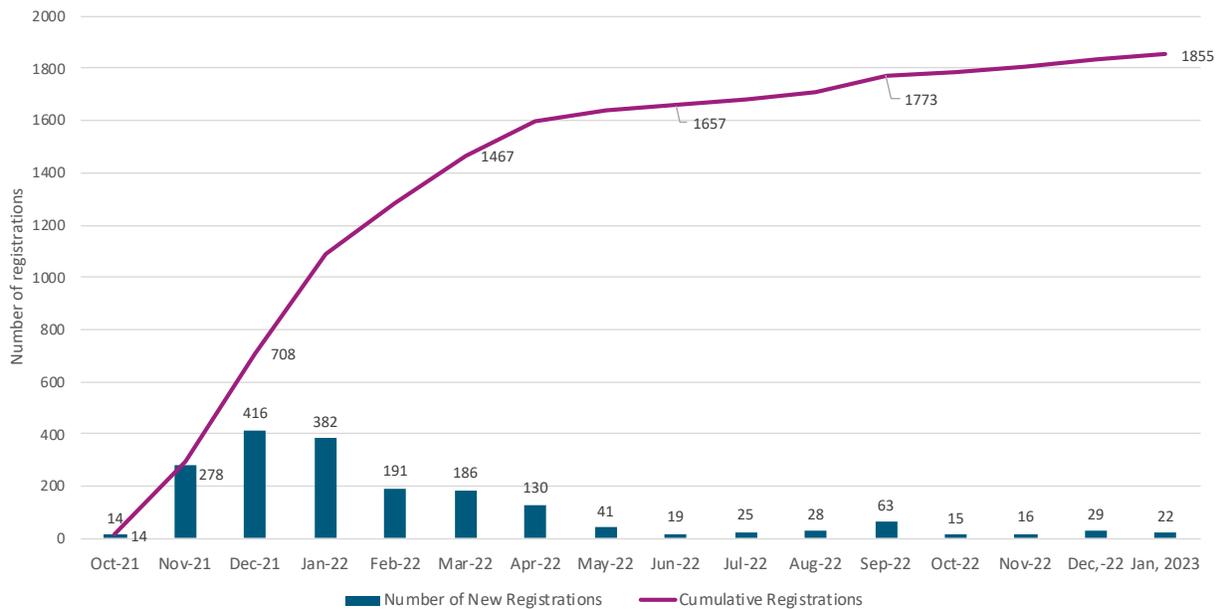
Consumers were on average 42 years old, and the majority of consumers were female and selected to use myStrength in English (N = 1,855).



## Consumer Use of myStrength

### Consumer Enrollments

The majority of consumers enrolled between November 2021 and April 2022. There were no new enrollments between February-June 2023.



## Consumer Logins and Engagement

Consumers on average logged into myStrength 3 times and used it for 20 days (N = 1,855).



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



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



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



Days on average from a consumer's registration to their last login onto myStrength (SD=63.7)



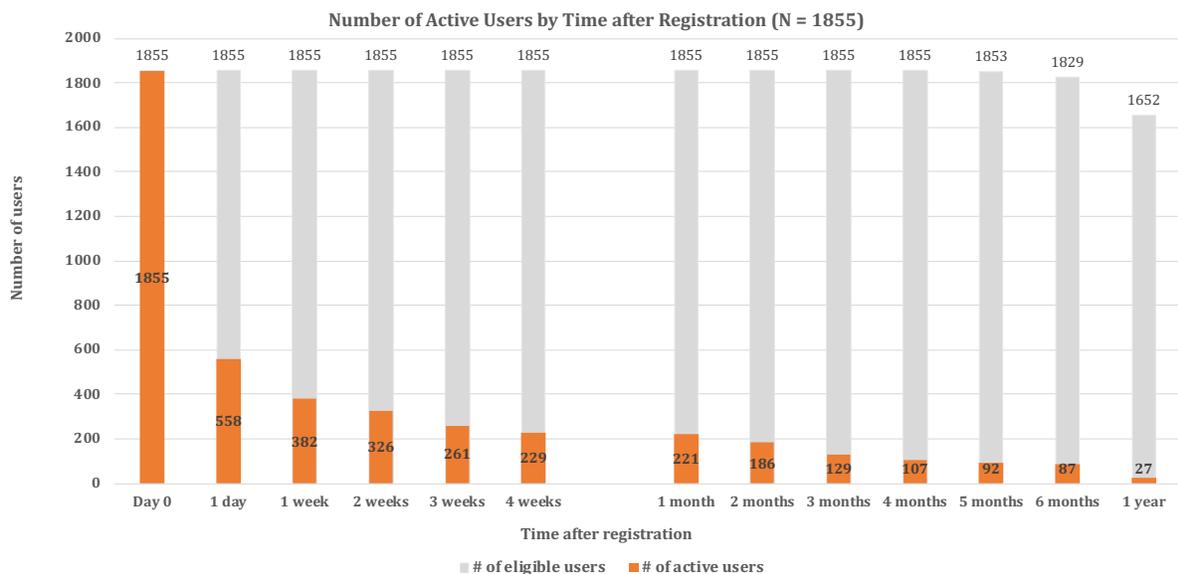
Used the app for more than a day



Still used myStrength after 4 weeks

## Active Users

The figure below shows the number of active and eligible users over time. A consumer is considered an **active user** if they logged into myStrength. **Eligible users** are all consumers who were enrolled into the implementation and had access to myStrength. Almost a third (30%, 558/1855) of consumers used the app for more than a day, and 12% (229/1,855) of consumers still used myStrength after 4 weeks.



## Mental Health Symptoms

### Well-Being, Depression, and Anxiety

Overall respondents<sup>8</sup> scored somewhat low on well-being at registration (N = 1,683). Over a third of consumers scored high on depression (40%) and anxiety (35%).

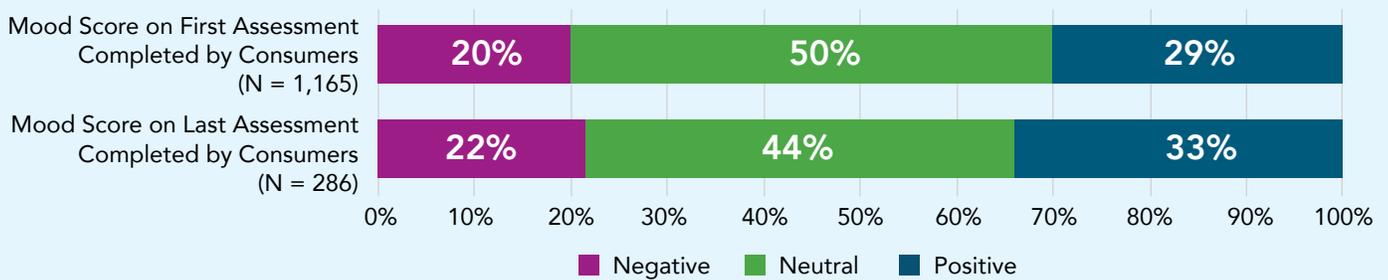
**40.3** Average **Well-being** score  
(SD = 21; range 0-100)

**40%** Scored high on **Depression**

**35%** Scored high on **Anxiety**

### Mood

Half of consumers had a neutral score on their first **mood assessment**. Twenty percent (20%) of consumers self-reported a negative mood and 29% self-reported a positive mood. There was a slight increase in mood between the first and last mood assessment<sup>9</sup> consumers completed.<sup>10</sup>



Of the 286 respondents who completed at least two mood tracking records, 90 (32%) reported an improved mood score, 111 (39%) reported the same mood, and 85 (30%) reported a decreased mood score. Respondents who reported an improvement in mood were younger on average and had logged into myStrength more frequently than those who reported a decrease in mood.

	Mood decrease (N = 85)	No change in mood (N = 111)	Mood improvement (N = 90)
 <b>Age</b> Average age 41.2 years (SD = 15.4)	<b>Age</b> Average age 45.2 years (SD = 16.7)	<b>Age</b> Average age 38.3 years (SD = 15.0)	
 <b>Gender</b> 74% Female 12% Male 4% Non-binary	<b>Gender</b> 66% Female 23% Male 3% Non-binary	<b>Gender</b> 71% Female 9% Male 9% Non-binary	
 <b>Language</b> 100% English	<b>Language</b> 98.2% English 1.8% Spanish	<b>Language</b> 100% English	
 <b>Number of Logins</b> Average 6.5 (SD = 5.2)	<b>Number of Logins</b> Average 10.1 (SD = 27.6)	<b>Number of Logins</b> Average 9.9 (SD = 22.4)	

<sup>8</sup> Respondents refer to consumers who completed a survey assessing their depression, anxiety, and overall well-being upon registration and first log-in to myStrength. Depression and anxiety were measured using the PHQ-9 and GAD-7 scales, respectively. A PHQ-9 score of 15 or higher indicated moderate to severe levels of depression. A GAD-7 score of 10 or higher indicated moderate to severe levels of anxiety. Well-being was measured using the WHO-5 Wellbeing Index. A score of 50 or lower indicated poor well-being.

<sup>9</sup> Consumers had the option to rate their mood on a 5-point scale ranging from -1 (Negative) to 1 (Positive). Consumers could rate their mood more than once.

<sup>10</sup> The average number of days between the first and last assessment was 72.6 days. There was no difference in mood score between individuals who completed a second survey or not.

## User Interests, Wellness Programs, and Activities

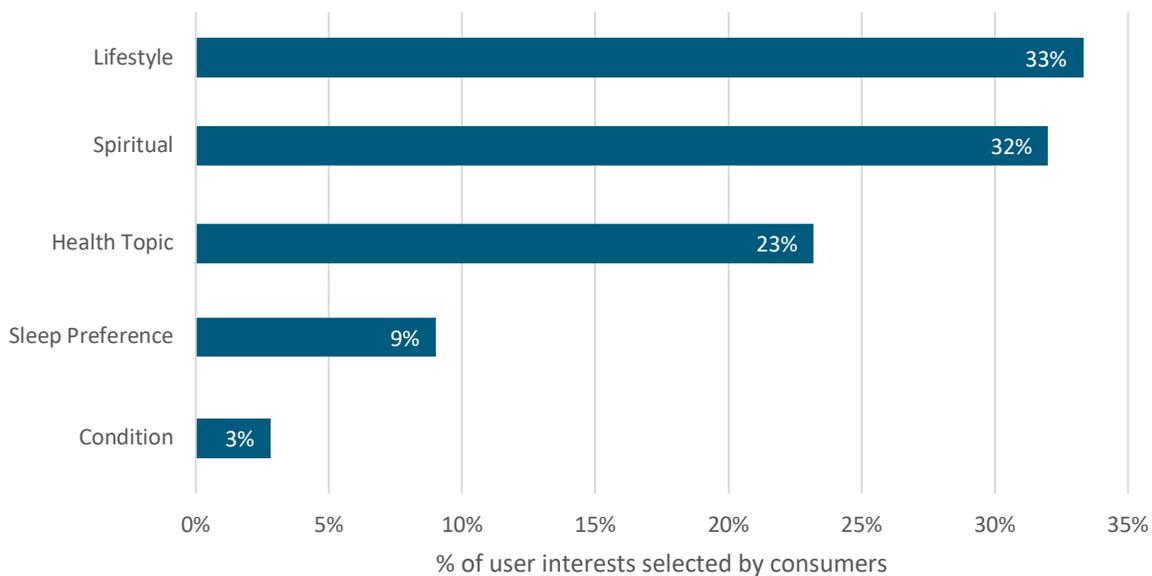
### User Interests

The most popular interests were the same as that of the Help@Hand Statewide Evaluation: Year 4 Annual Report. A total of 1,491 consumers added one or more **user interests** to their profile, which entailed selecting topics from a predefined list that were of interest to them; myStrength used this selection to customize the resources shown to them. Consumers on average added 2 interests (range 0-11 interests) and most of them added 1-3 interests.

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

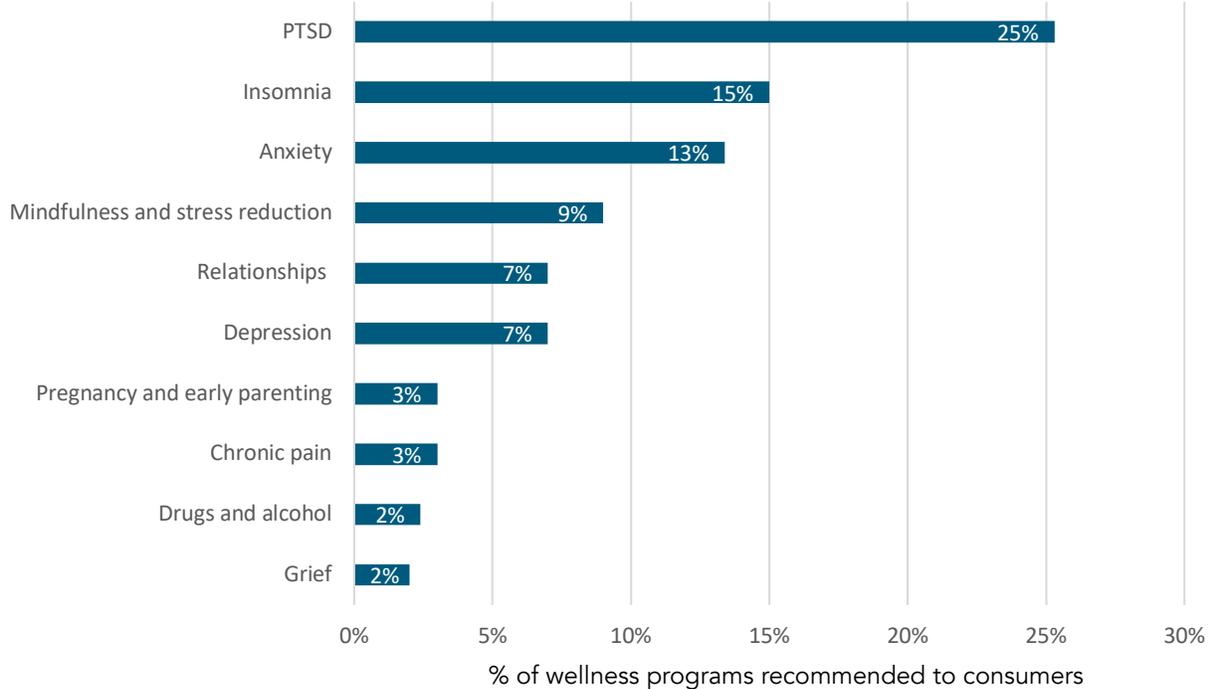
- **Lifestyle** includes interests around topics such as workplace relations, marriage, and friendships.
- **Spiritual** covers both spiritual and religious (e.g. Christian, Buddhist) interests.
- **Health Topic** includes interests related to weight management, physical fitness and eating well.
- **Sleep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

Similar to the Help@Hand Statewide Evaluation: Year 4 Annual Report, the most popular user interests related to lifestyle (33%) and spirituality (32%).



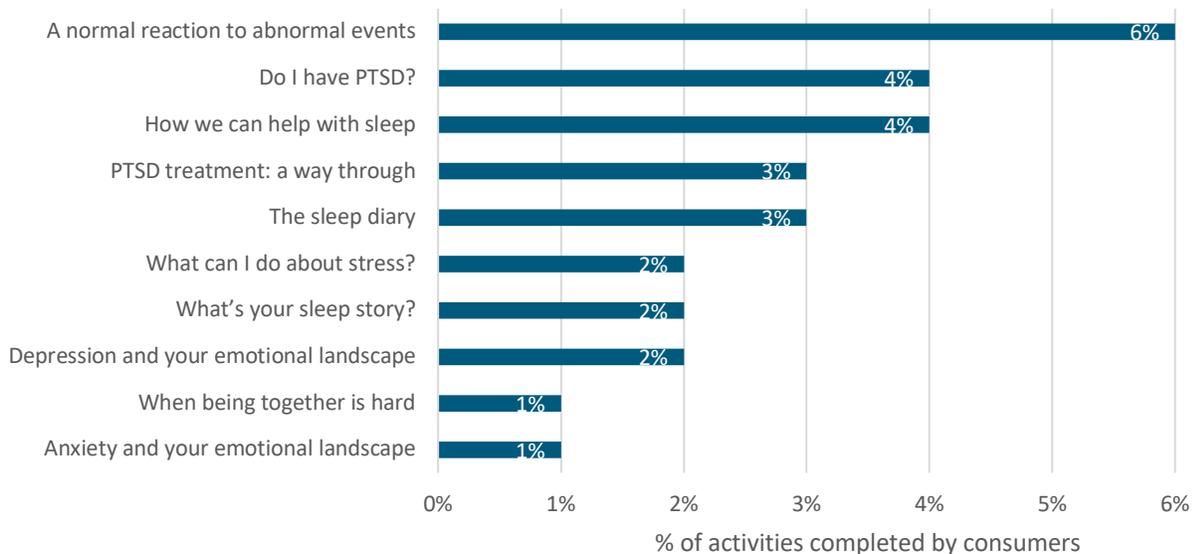
## User Wellness Programs

myStrength recommended **wellness programs** to all consumers based on their answers to health questions during registration. Wellness programs are sequential learning-based programs on myStrength covering topics, such as depression, anxiety, and stress management. The wellness programs recommended to consumers the most were related to post-traumatic stress disorder (PTSD), insomnia/sleep, and anxiety (N = 1,855).



## User Activities

A total of 552 consumers completed 1 or more **activities** in myStrength. Activities are stand-alone resources other than wellness programs, such as videos and quick tips. The top 10 most popular activities were the same as the Help@Hand Statewide Evaluation: Year 4 Annual Report, and popular activities related to PTSD and sleep. In total, consumers engaged in 335 different types of activities, which explains the relatively low percentage per activity below.



## LEARNINGS

Learnings from the myStrength app data include:

- **Variety of Use.** Consumers completed a variety of activities on myStrength. The most popular activities related to PTSD and sleep.
- **Continued Engagement among Subset of Consumers.** The majority of consumers stopped using myStrength after a day, but a small percentage continued to use myStrength beyond 4 weeks to a year.
- **Mood Improvement.** A third of consumers who tracked their mood over time reported an improvement in mood using myStrength. Consumers with an improved mood were on average younger and used myStrength more often than those who reported a decrease in mood.

## MONO COUNTY STAFF SURVEY

This section includes learnings from two surveys conducted in Mono County between May-June 2022 (N = 12) and November-December 2022 (N = 9). Staff supporting the myStrength implementation in Mono County were surveyed on their perception and experiences with myStrength. Sixteen Mono County staff participated across both surveys, with 5 completing both surveys.

### Key Findings

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

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

### Providers' Demographics

Most respondents were female and in the 26-59 age range. About half the survey respondents were affiliated with mental health-based services.<sup>11</sup>

May – June 2022 Survey (N=12)		Nov – Dec 2022 Survey (N=9)
<b>Gender</b> 58% Female 25% Male 8% Transgender/Non-Binary 8% Prefer not to answer		<b>Gender</b> 67% Female 33% Male
<b>Age</b> 8% aged 19-25 years old 67% aged 26 - 59 years old 25% aged 60+ years old		<b>Age</b> 22% aged 60+ years old 78% aged 26 - 59 years old
<b>Race</b> 58% White 25% Hispanic or Latino 8% American Indian/Native Indian 8% Multiracial		<b>Race</b> 40% Non-Hispanic White 10% Hispanic/Latino/a/x 10% Black/African American
<b>Education</b> 8% Less than High School 17% High School or GED 8% Bachelor's degree 33% College/Professional/Associate Degree 33% Masters and/or Doctorate		<b>Education</b> 11% Less than High School 11% High School or GED 11% Bachelor's degree 33% College/Professional/Associate Degree 33% Masters and/or Doctorate
<b>Affiliation</b> 50% Mental Health Services 25% Mono Wellness Center 17% Substance Use Disorder Services 8% 2+affiliations		<b>Affiliation</b> 56% Mental Health Services 33% Substance Use Disorder Services 11% 2+affiliations

<sup>11</sup> Twelve people completed the first survey. Of the twelve respondents, one person only completed the demographic questions.

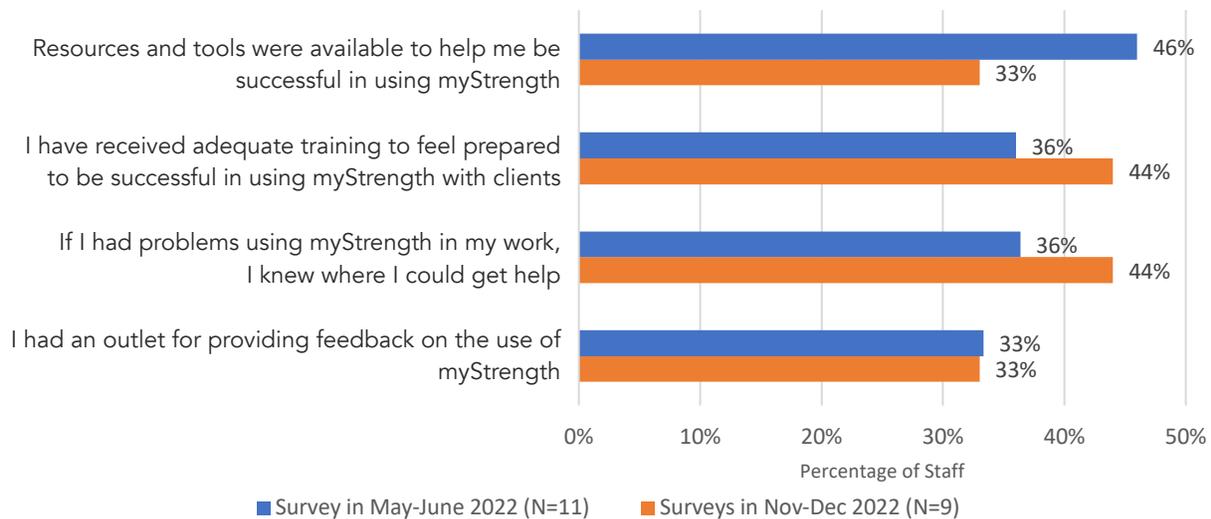
## Staff Training and Support

### Staff Training

During the first survey, 65% of staff responded that they received training on myStrength before the implementation. This was lower (44%) during the second survey.

### Staff Feedback on Training and Support

Some staff thought they had adequate trainings, resources, and tools to prepare them for the myStrength implementation. Additional training and assistance might be useful on an ongoing basis.



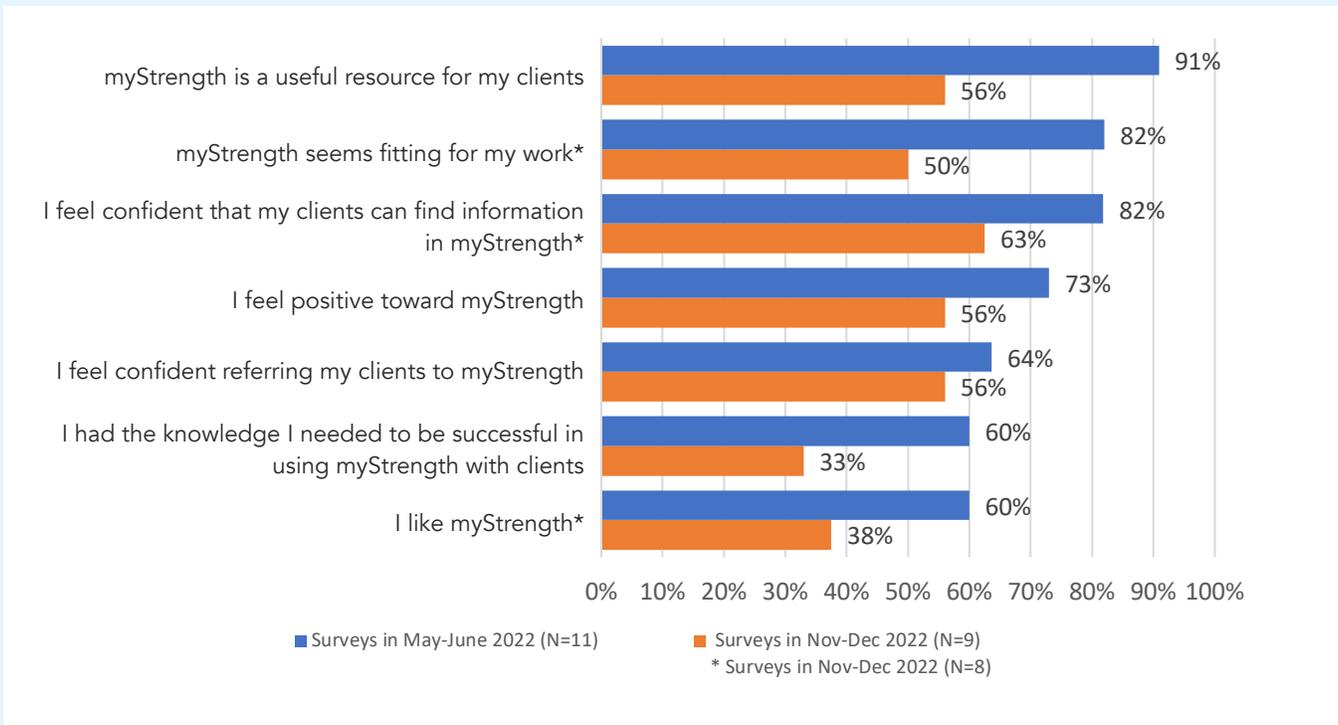
## Staff Experiences and Views of myStrength

### Patient Referrals to myStrength

55% of staff reported referring clients to myStrength during the first survey, and 33% during the second.

## Staff Views of myStrength

Generally, staff had more positive attitudes toward myStrength in the surveys between May-June 2022 (N=11) than November-December 2022 (N=9).



Staff commented on aspects of myStrength they liked best as well as challenges experienced with the app.

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



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



*"Different tools are available."*  
- Mono County Staff



*Honestly, just the sign up was difficult.*  
- Mono County Staff



*I can read and comprehend science at a PhD level. Some of the questions are not properly phrased.*  
- Mono County Staff



## LEARNINGS

Learnings from surveys with staff implementing myStrength in Mono County include:

- **Staff had positive experiences with myStrength.** They believed myStrength fit their work and their clients could find information in myStrength.
- **More training might be helpful.** One-third of staff did not receive any training. Additional staff trainings may help them better use myStrength with their clients.

## TRI-CITY TECH LEAD INTERVIEW

This section includes highlights from a follow-up interview<sup>12</sup> with Tri-City's Tech Lead in June 2023. During the interview, the Tech Lead described Tri-City's experience with myStrength over the last year.

### Successes

#### Interest in myStrength from Community Members

myStrength reached core audiences in Tri-City, particularly TAY and monolingual Spanish speakers. Community organizations were excited about myStrength and partnering with Tri-City to share myStrength with the community.

*"When I tell organizations about it (myStrength), they're super excited."*  
– Tri-City's Tech Lead

*"From the beginning our monolingual Spanish speakers were really interested in it."*  
– Tri-City's Tech Lead

#### Continuous Usage of myStrength among Consumers

Although myStrength in Tri-City had low uptake overall, the majority of consumers consistently used myStrength. Tri-City interprets this continuous usage as an indication that the tool benefited those who used it.

*"I think for the users who are using it, it seems beneficial and it seems effective."*  
– Tri-City's Tech Lead

### Challenges

#### Enrollment

There were challenges enrolling people in the program. Only a small percentage of people signed up for myStrength. Tri-City's Tech Lead believed the multi-step process for consumers to receive a myStrength license contributed. Consumers had to complete an interest form and a release of liability before the Tech Lead could email them a welcome packet and an access code for myStrength.

*"I think that's a barrier, them going, oh this looks interesting, and clicking on the link, and then it's like oh I've got to fill something out... and that's kind of deterring people."*  
– Tri-City's Tech Lead

#### Engaging Older Adults

Tri-City experienced difficulty engaging older adults in the implementation. Since Tri-City only had one person on staff for the implementation, it was challenging to provide hands-on assistance that helped older adults feel more comfortable with technology. Also, the city explored a partnership with the Full-Service Partnership program to increase engagement among older adults. However, issues related to billing and compliance prevented the use of myStrength in that program.

*"They are very hesitant when it comes to technology. They do need a lot more hands on, so staffing wise it's hard for me, being the only person on staff, to do all the hands on with them. I'm going to have an assistant, so I'm hoping they will be able to do a lot more of the outreach, the boots on the ground, sitting down with folks and helping them set-up."*  
– Tri-City's Tech Lead

<sup>12</sup> An initial interview with Tri-City's Tech Lead was conducted in 2022 and is spotlighted in the Help@Hand Statewide Evaluation: Year 4 Annual Report.

## Project Changes

### Broad Marketing

Tri-City expanded their marketing efforts to include paid advertisements to reach more consumers. This increased sign ups.

*“The paid advertising is what really got it out there to folks. It’s on our website, but how many everyday people are going to our website, you know.”*

– Tri-City’s Tech Lead

### Hiring Additional Staff

Tri-City experienced staffing constraints for the project impacting their ability to engage with the community. Tri-City is working to expand the existing team and provide project dedicated staff in the coming months.

*“I have other projects too, so it hasn’t been my forefront or my main project. So I’m anticipating with my new assistant, they’ll be able to focus solely on myStrength and Help@Hand for the remainder of the year and really push it, get out there, hang out at the senior center and sign people up.”*

– Tri-City’s Tech Lead

## Key Learning

### Project Planning is Essential Before Launching

It is important to prepare before launching a project. This includes having all marketing materials ready and ensuring buy-in from all executive level staff from the beginning.

*“With our Chief Information Officer, our Compliance Officer, there was a lot of back and forth fine tuning of procedures and what they were comfortable with. Getting a jump on those before we launch would be helpful too.”*

– Tri-City’s Tech Lead

*“If I were to do something like this again, I’d want all my marketing to be done before we launch.”*

– Tri-City’s Tech Lead

## LEARNINGS

Learnings from an interview with Tri-City's Tech Lead on their myStrength implementation include:

- **Pre-launch Project Planning.** Project planning before launching a program is important, including ensuring buy-in from executive level staff and preparing marketing materials.
- **Enrollment Challenges.** Enrollment has been a challenge and only a small percentage of people signed up to use myStrength. Those who signed up consistently used myStrength. Social media marketing has increased sign ups.
- **Older Adult Engagement Challenges.** Tri-City had difficulty engaging older adults. They were hesitant about technology and needed hands-on guidance. Tri-City plans to hire additional staff for more community outreach and in-person interaction.

## LOS ANGELES COUNTY

Los Angeles County continued to offer Headspace and iPrevail for all people residing in Los Angeles County in early 2023, while also making SyntraNet available for the employees of the county behavioral system.

Los Angeles County formally ended their participation in the Help@Hand project in February 2023. As such, the county offered free subscriptions of Headspace to residents until March 2023. iPrevail and SyntraNet were continued after the Help@Hand project by being incorporated in the county's Prevention and Early Intervention program.



### ● Headspace Implementation



#### Implementation Concluded

Los Angeles County began offering free Headspace subscriptions to all county residents in April 2020 and ended the program in March 2023. As the county prepared to end free licenses, all Headspace consumers received email notifications about the program's end date and direct them to the county's resource website. The website has a myriad of resources for the public. Over 38,200 individuals enrolled in Headspace through the program as of March 2023.



#### Evaluation

Los Angeles County worked with the Help@Hand evaluation team to assess the implementation of Headspace across Help@Hand counties/cities that used this technology. The collective evaluation of Help@Hand's Headspace implementation included data collected from Headspace and user surveys. Preliminary data is on page 136.



#### Future Directions

Los Angeles County completed their participation in Help@Hand in February 2023, and officially ended their Headspace implementation in March 2023.



### iPrevail Implementation



#### Implementation Underway

iPrevail provided customizable support programs for Los Angeles County residents that included live chat sessions with a Peer Coach, self-guided learning activities, community support groups, and online clinical assessments.

Los Angeles County began offering iPrevail to residents across the county in June 2021 and continued offering it through February 2023. In the first part of 2023, Los Angeles County continued to conduct marketing, community outreach, and evaluation of their iPrevail program. Approximately 1,000 new users were added each week in early 2023, with over 31,000 individuals enrolled in iPrevail by the end of February 2023.



### Marketing

In 2022, Los Angeles County kicked off its marketing campaign, which included social media and print media. The campaign continued in 2023, and the county specifically sought to engage diverse communities, including transitional-aged youth (TAY), veterans, county employees, existing mental health clients, and monolingual Spanish- and Mandarin-speakers. The iPrevail website allowed county residents to sign up for the program and included webpages specifically focused on attracting students and veterans to sign up.



**Providing a free network  
of support for LA  
Veterans**



**Providing a free network  
of support for LA  
students.**



### Mental Health Support for LA County

Get online mental health support 24/7 with on-demand coaching, lessons and more brought to you by the Los Angeles County Department of Mental Health.

Sign up at [lacounty.iprevail.com](https://lacounty.iprevail.com)



**Above:** iPrevail marketing visuals for Los Angeles County

**Source:** Los Angeles County Department of Mental Health. (2023). iPrevail. Retrieved from <https://lacounty.iprevail.com/chat>



### *Community Outreach*

Los Angeles County continued to use multiple strategies to reach diverse communities:

- **County Medical Referrals:** County primary care and medical providers were encouraged to refer patients to the iPrevail program.
- **County Programming:** Peers promoted iPrevail through county programming, such as the Community Ambassador Network (CAN), Innovation 2 Providers, and Los Angeles County Health Neighborhoods.
- **Presentations with Veterans and Families:** The Veterans Peer Access Network and the Military Veterans Affairs Office hosted presentations about iPrevail to veterans and their families.
- **Community-Level Outreach:** Outreach was conducted through libraries, parks and recreation, health services, the Department of Children and Family Services, schools with students aged 15 years and older, California State Universities, and Help Lines, such as ACCESS Center.
- **Partnerships with Community Partners:** Demonstrations of iPrevail were provided to mental health provider agencies, community and faith-based organizations, community ambassadors, and Peers.



### *Evaluation*

Los Angeles County worked with iPrevail and the Help@Hand evaluation team to assess their iPrevail program. The evaluation used app data, user surveys, and Peer Coach surveys. Findings are on page 52.



### *Future Directions*

Los Angeles County worked to transition their iPrevail program to their Prevention and Early Intervention (PEI) programming after the county formally ended their participation in Help@Hand in February 2023. PEI provides services, education, support and outreach to identify and support individuals and families impacted by mental health disorders.

Evaluation results from the iPrevail program will be shared with contributing and interested partners to prepare for continued implementation through PEI in the coming years.

## **SyntraNet Implementation**



### **Implementation Underway**

SyntraNet launched in Los Angeles County in August 2022 as a platform used by the county's Enhanced Care Management (ECM) services. ECM services are statewide Medi-Cal benefits that provide intensive coordination of health and health-related services to specific "Populations of Focus." The populations include individuals and families experiencing homelessness, high utilizers of services, adults with serious mental illness or substance use disorders, children/youth involved in child welfare, nursing facility residents transitioning to community, and individuals who are incarcerated and transitioning to the community. In addition, the platform supports Legal Entity providers at schools. Legal Entity providers are contracted with the county.

One key feature of SyntraNet is that providers can view diverse client information in one location, such as their health plans and treatments across different services. Staff received training for SyntraNet at the beginning of implementation in 2022, and continued to use the platform in 2023 with clients. These providers engaged both for the implementation and evaluation phases of the project.



### *Evaluation*

Los Angeles County's SyntraNet evaluation efforts included surveys and interviews with ECM providers. Los Angeles County and the Help@Hand evaluation team developed the survey and interview guide. Providers were invited to participate in the evaluation from January to February 2023. Nineteen providers completed the survey and no providers expressed interest in scheduling an interview. Findings from the SyntraNet evaluation are found on page 63.



### *Future Directions*

Although Los Angeles County formally ended their participation in the Help@Hand project in February 2023, the county used PEI funds to continue their SyntraNet implementation through June 2023. Los Angeles County decided to discontinue the implementation as of July 2023 since SyntraNet was not a good fit for their system.

# LOS ANGELES COUNTY iPREVAIL EVALUATION



## INTRODUCTION

Los Angeles County offered iPrevail to county residents between June 2021 and February 2023. The county incorporated iPrevail in their Prevention and Early Intervention program after February 2023.

As part of the iPrevail product, people who use the app can engage online through assessments, structured mental health programs, community groups, and chats with Peer Coaches. This section reports on data collected within the app, including user surveys, between May 2021 and February 2023. It also includes data from surveys with Peer Coaches.

## USER APP DATA

App data measured usage and activities.

### About the Users

#### User Description

There were 31,264 total iPrevail app users that were categorized into two user groups: PATH A and PATH B. Analysis on app use (except chats) include only activities of the PATH A user group. Chat use analysis includes both PATH A and PATH B user groups.



### 11,016 PATH A Users

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



### 20,248 PATH B Users

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

## User Demographics

PATH A users<sup>13</sup> had meaningful diversity that mirrored the diversity of Los Angeles County.<sup>14</sup> In general, iPrevail users were more likely to be non-binary/decline to answer, diverse in sexual orientation, and diverse in race/ethnicity compared to the general population of Los Angeles County. iPrevail users also were more likely to speak English and were less likely to be disabled compared to other county residents. People who used the iPrevail app also were much more likely to report having a mental health symptom compared to residents across Los Angeles County.

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

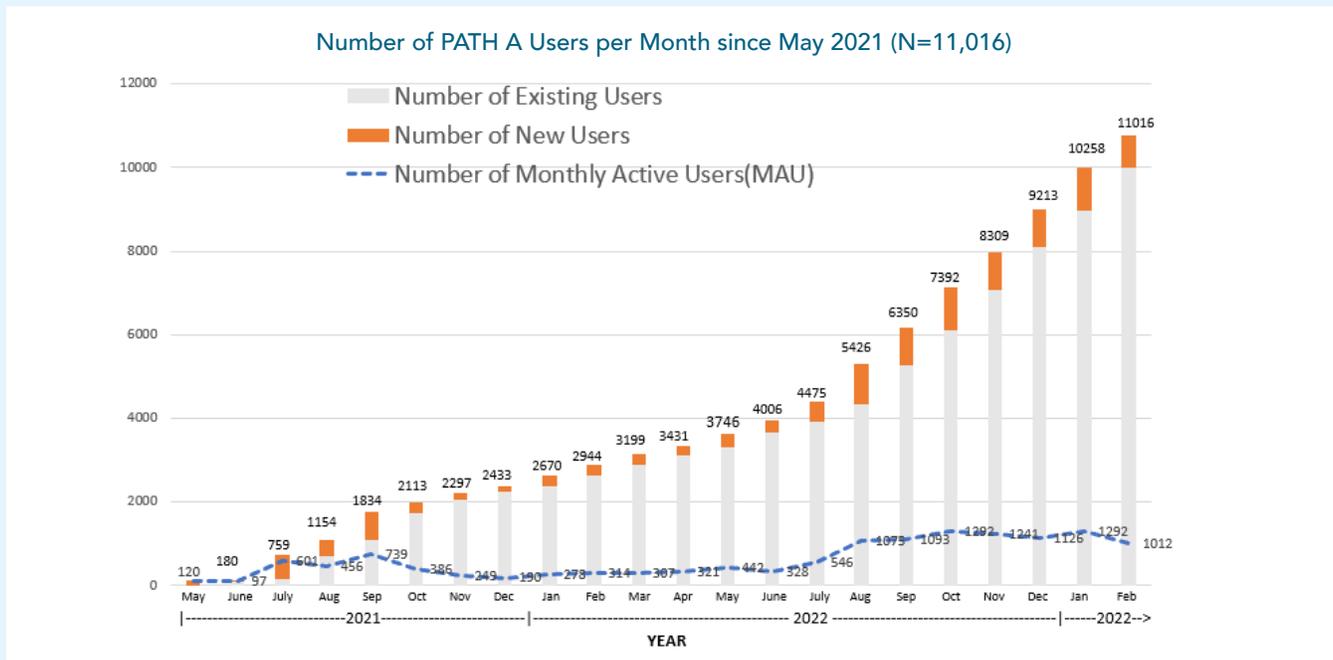
<sup>13</sup> Of the 11,016 PATH A users, 5,673 PATH A users took demographic surveys and 4,679 took a mental health assessment. Path B users did not complete a demographic survey or mental health assessment.

<sup>14</sup> Data on Los Angeles County residents was collected from the California Health Interview Survey (CHIS). CHIS is the largest state health survey in the United States and asks questions on a wide range of health topics to a random sample of individuals throughout the state of California.

## User Engagement

### New Users and Monthly Active Users

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



### Number of Days Users Engaged with iPrevail

PATH A users engaged with iPrevail an average of 1.8 days and 4 activities each day.



Average number of days users engaged overall



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



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



Used the app for more than 1 day



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



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

Most users were more active during their first month using iPrevail.  
 Many continued to use the app consistently over time.  
 Even after a year, some users interacted with 10 or more activities per month.

## iPrevail Activities

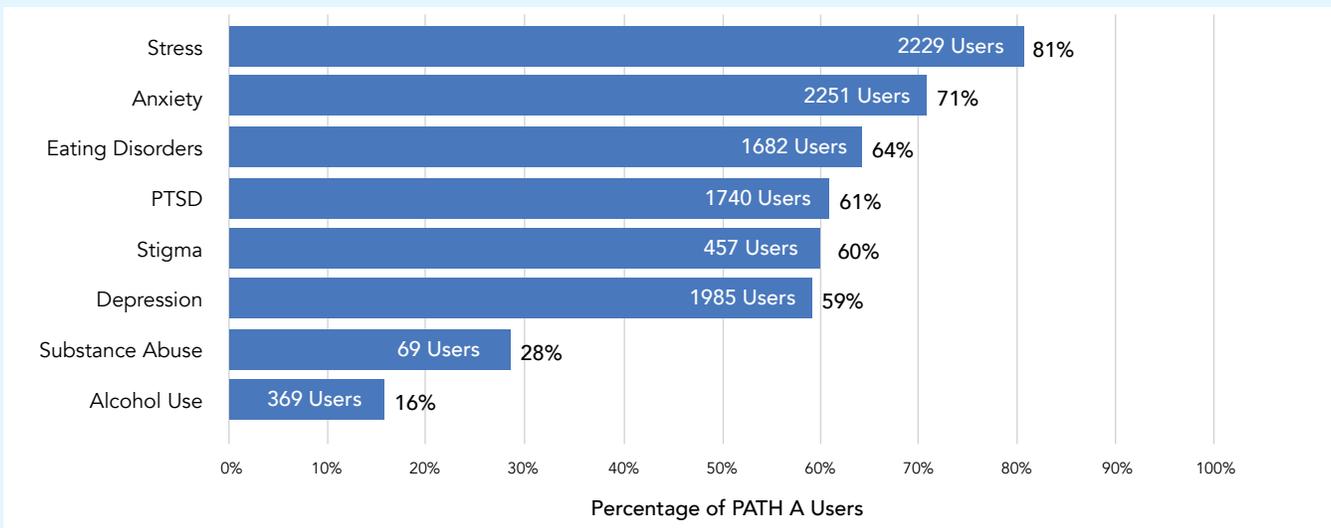


### Assessments

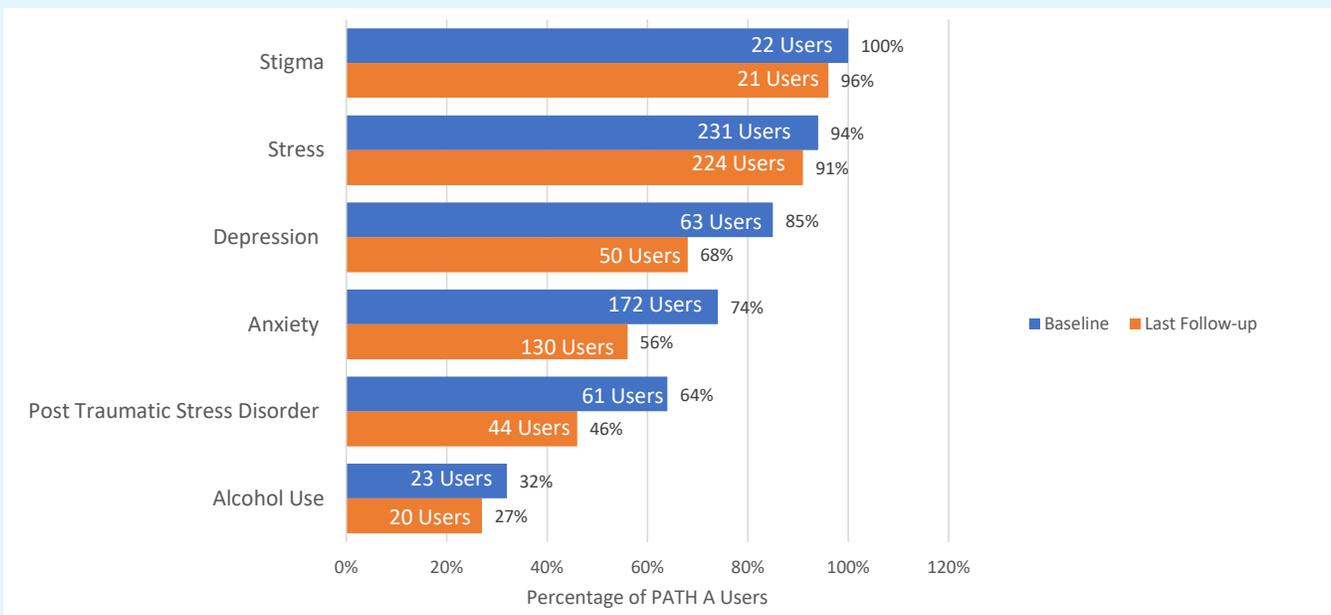
**80% of PATH A users (8,904 of 11,016) completed at least one assessment.**

Assessments include mental health assessments, demographic surveys, user surveys, and other related questionnaires. Mental health assessments show participants where they may need added mental health support and allow participants to track their progress.

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



Users took a follow-up survey an average of 17 days (about 2 and a half weeks) from the first assessment. There was a statistically significant decrease in the percentage of moderate or severe symptoms in depression, anxiety, and post traumatic stress disorder (PTSD) in the follow-up survey.





## Structured Activities

**67% of PATH A users (7,355 of 11,016) participated in at least one structured activity.**

Structured activities refer to programs that help users learn techniques to address their symptoms in real-time. They include guided learning, homework, and interactive lessons.

Guided learning refers to program activities that provide the user with information. Program homework tools are assigned to the user to complete before their next lesson or chat session. Interactive lessons refer to watchable content meant to teach core mental health principles.

PATH A users participated in an average of 4.7 structured activities. The table below presents the number of users and engagements (e.g., the number of times users participated in the activity) for each type of structured activity.

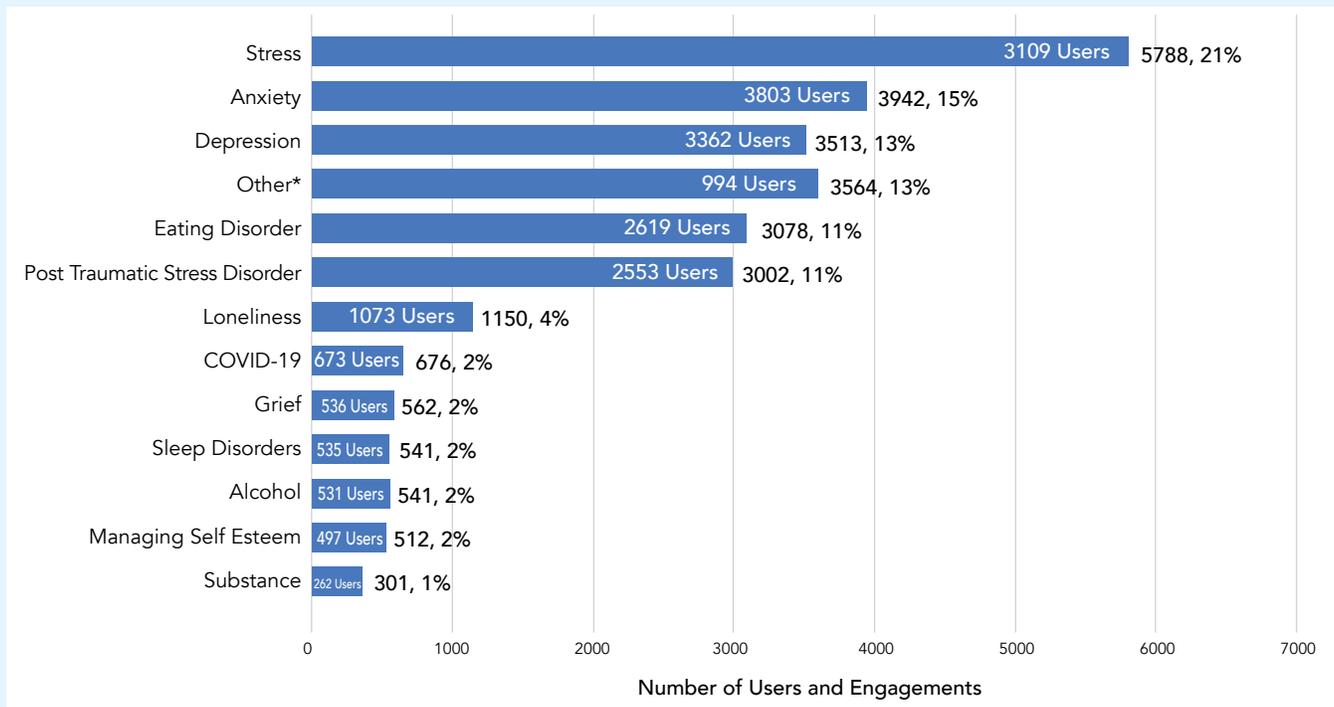
Structured Activity Name	Number of Users (N = 7,355 Users)	Number of Engagements (N = 34,271 Engagements)
Enrolled in a program offering <sup>15</sup>	6,147	8011
Guided Learning	2,045	2394
Homework Tool	1,318	2558
Interactive Lesson	1,313	4659
Other Program Activity	5,091	16649



## Community Engagement

**49% of PATH A users (5,367 of 11,016) engaged with a community group within iPrevail.**

Community engagement with topic areas related to stress was most popular over time for 5,367 PATH A Users. Community engagement around the topics of anxiety, depression, and PTSD stayed relatively consistent over time.



The graph above shows the number of users who engaged in each activity (in the blue bar), the number of engagements (right of the blue bar), and the percentage of users who engaged in each activity. \* "Other" includes interesting thoughts, lifestyle, meditation, positive thoughts, self-love, sexuality and gender, bullying support, caregiver, attention-deficit, and hyperactivity disorder (ADHD), and chronic pain and illness.

<sup>15</sup> "Enrolled in a program offering" means that the user enrolled in a new program within the iPrevail app. Examples of program offerings include communities and coaching. Users can select more than one approach over time.



## Chats

52% of PATH A users and 68% PATH B users chatted at least once within iPrevail.

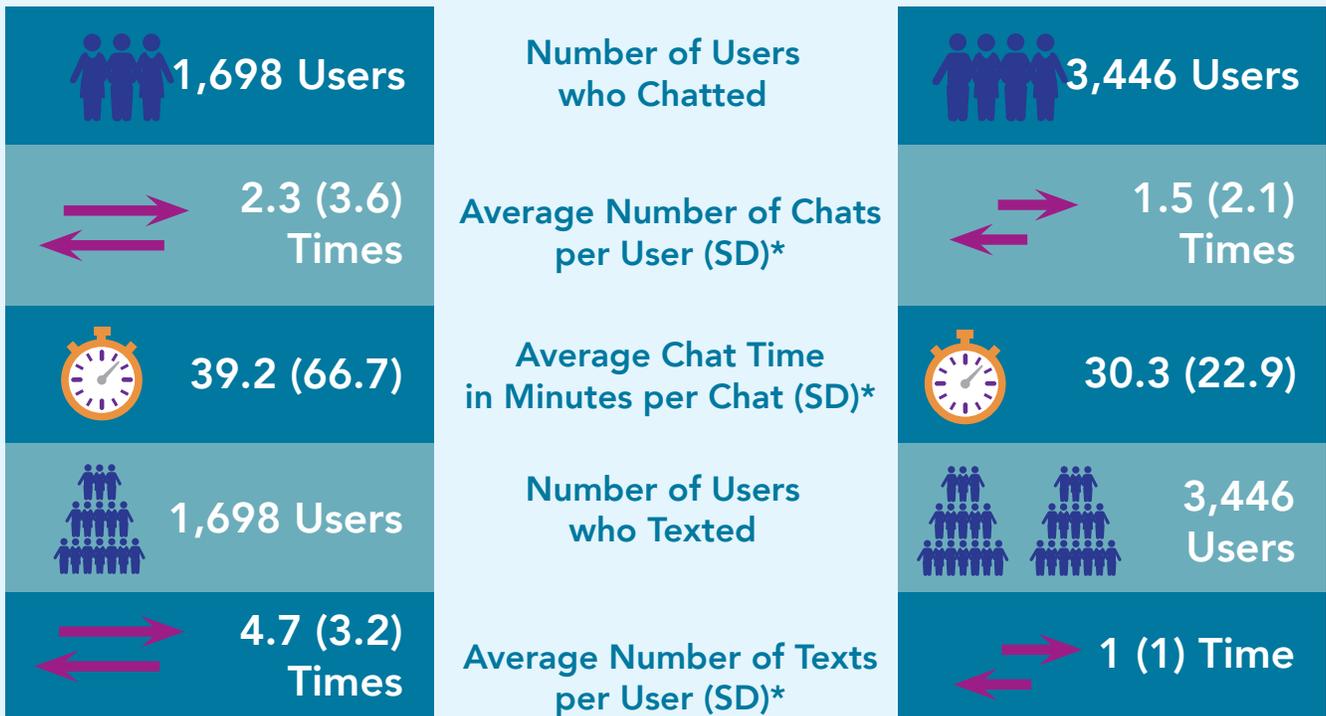
Chats connect users with experienced Peer Coaches who listen, support, and provide referrals. Chats less than 10 seconds are considered as texts.

A total of 19,440 PATH A and PATH B users chatted 28,498 times. PATH A users engaged in 47% of the total chats and PATH B users engaged in 53% of the total chats.<sup>16</sup>

### PATH A Users



### PATH B Users



\*Statistically significant difference between the two groups at the 5% significance level.

<sup>16</sup>SD refers to standard deviation.

## USER SURVEYS

Surveys completed by users provided insights on their experience and satisfaction with iPrevail.

### User Experience and Satisfaction



#### Ease of Use

76% of survey respondents thought iPrevail was easy to use

60% thought it was easy to fit iPrevail into their everyday life and activities



#### Experience

50% of survey respondents thought iPrevail improved mental health and wellness

59% thought using iPrevail helped them feel confident seeking mental health and wellness services

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



#### Satisfaction

67% of survey respondents would recommend iPrevail someone like themselves

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

## User Outcomes



### Reduce Stigma and Increase Resilience

Resilience increased over an average of 75 days (about 2 and a half months) for 358 PATH A users.



### Increased Access to Appropriate Care

Those with higher mental health symptoms engaged more with activities within iPrevail than those with lower symptoms. Users also felt more confident seeking mental health services.

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

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



## Increased Social Connectedness

Those with mental health symptoms engaged with community groups and connected with others more than those without symptoms.

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

## LEARNINGS

App and survey data from iPrevail users found:

- **Users with more mental health symptoms engaged more actively.** It was statistically significant that PATH A users with at least one symptom engaged more actively with structured activities and chats than PATH A users with no symptoms.
- **Users had positive experiences.** Respondents had a positive experience using the app: 76% of respondents thought iPrevail was easy to use, and 67% of respondents would recommend iPrevail.
- **Providing technology support.** Though most respondents found iPrevail easy to use, less than half of respondents said they could get help from others if they had any difficulties using the app. This finding suggests a possible need or opportunity to provide added support for those experiencing difficulties in using the app, to prevent people from abandoning the platforms.

## PEER COACH SURVEYS

Peer Coaches who support iPrevail's chats completed surveys that examined their experiences providing iPrevail support, and their perspectives on the usefulness of iPrevail for users.

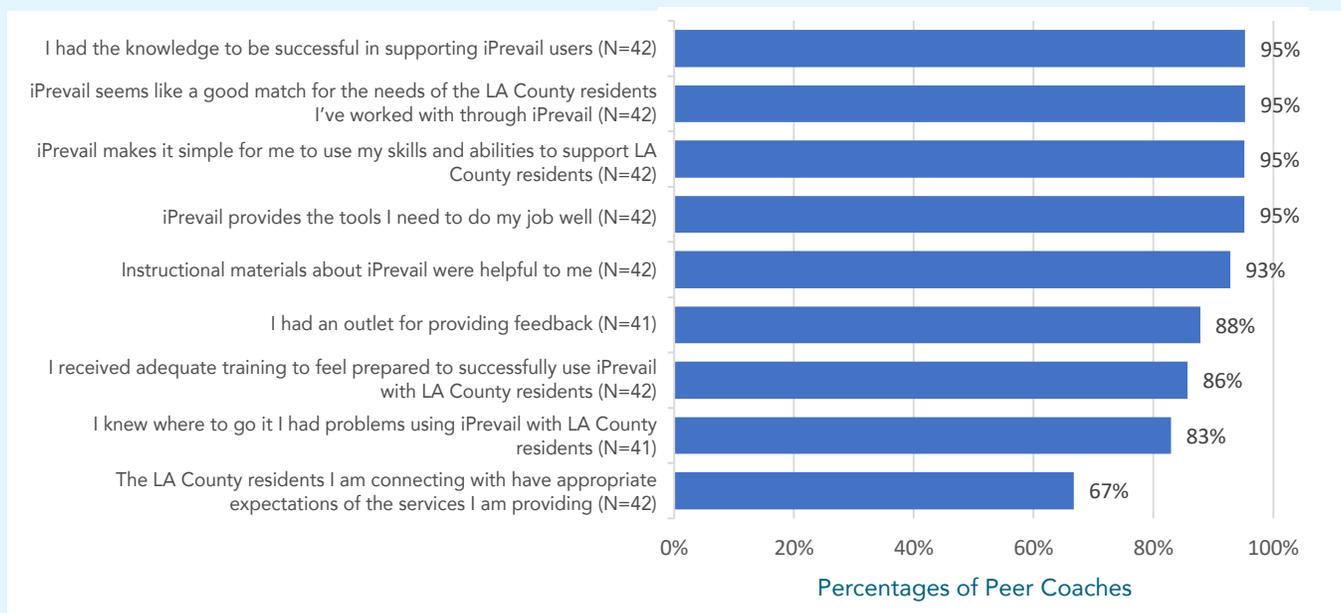
**42** of the **62** Peer Coaches completed the survey (67.7% response rate)

Peer Coaches had on average **1.4** years<sup>17</sup> with iPrevail

Peer Coaches had on average **4.9** years<sup>18</sup> experience as a Peer supporting others<sup>19</sup>

### Peer Coaches' Experience with iPrevail

Peer Coaches reported overwhelmingly positive experiences with the iPrevail platform. (N=42)



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

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

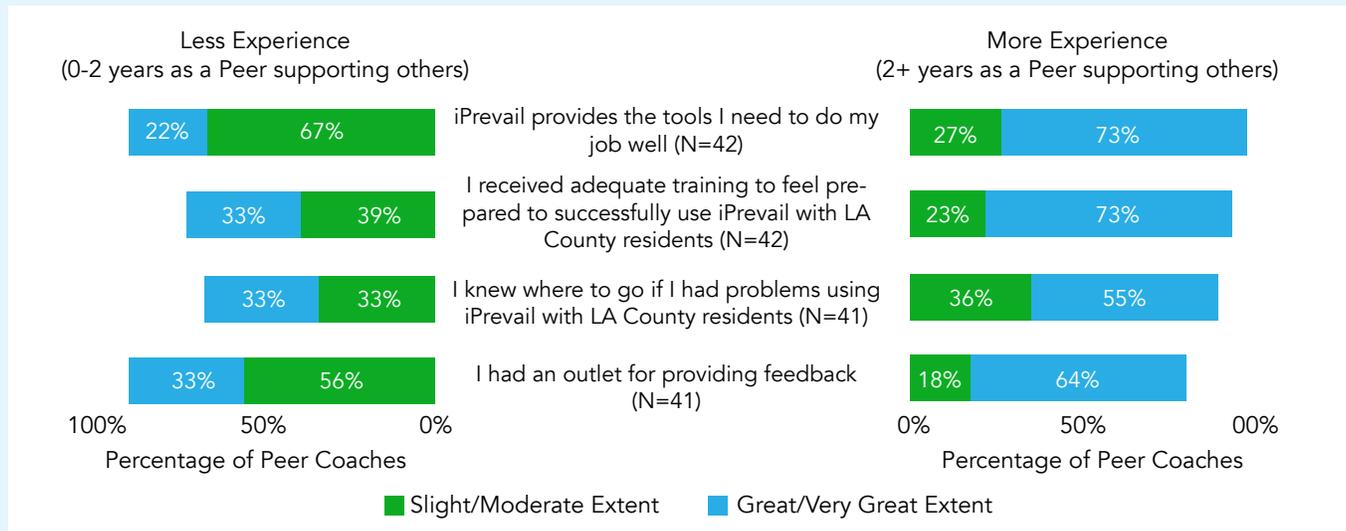
*The anonymity of the program helps reduce the stigma around seeking mental health services because there are no privacy concerns and support is just a click away at any time."*  
-iPrevail Peer Coach

<sup>17</sup> The standard deviation was 1.3 years.

<sup>18</sup> The standard deviation was 6.4 years.

<sup>19</sup> This includes supporting others as an iPrevail Peer Coach or outside of iPrevail. 17.623, df = 2959.6, p-value < 0.00001 from Welch Two Sample t-test).

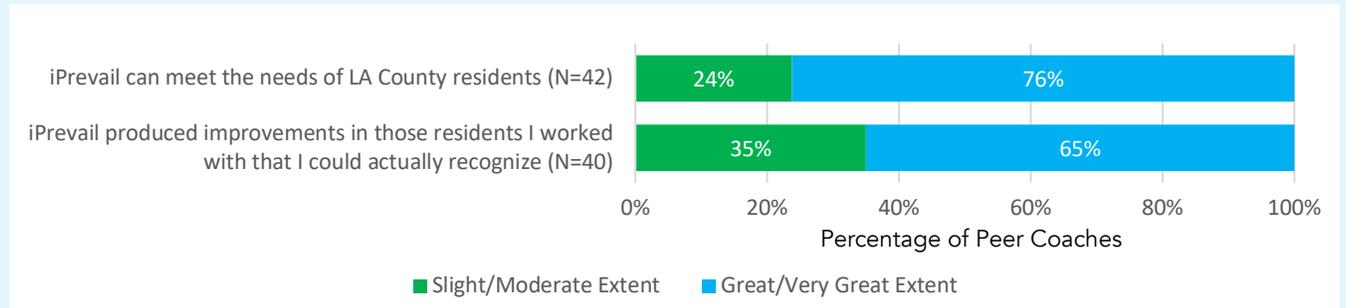
Peer Coaches with more experience as Peers supporting others reported higher satisfaction with iPrevail. (N=42)



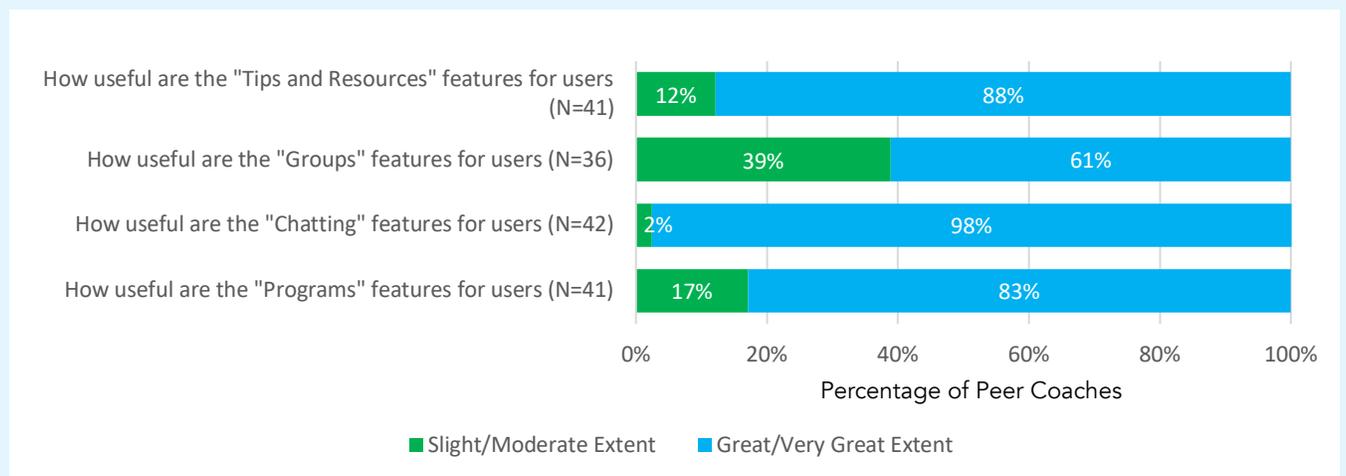
Two-thirds of Peer Coaches thought users they connected with had appropriate expectations of the services provided. Many Peer Coaches reported that users misconstrued iPrevail as offering therapy services.

### Peer Coaches' Perception of iPrevail's Usefulness

Many Peer Coaches believed iPrevail can meet the needs of Los Angeles County residents. Most Peer Coaches saw recognizable improvements among those they coached.



Generally, all the features of iPrevail were often considered useful.



## LEARNINGS

iPrevail surveys with Peer Coach surveys found:

- **Peer Coaches had positive experiences with iPrevail.** Peer Coaches had positive experiences with iPrevail. They believed iPrevail provided tools to be a good Peer Coach and was a good fit for users.
- **Users might expect services not provided by iPrevail.** The biggest concern raised by Peer Coaches was that users might expect iPrevail to provide therapy services, which it does not. However, two-thirds of coaches reported that users had appropriate expectations of the services provided.
- **Peer Coaches with more experience as Peers supporting others reported more comfort with iPrevail.** Experienced Peer Coaches (2+ years) reported greater comfort using the iPrevail platform compared to less experienced coaches (<2 years).

# LOS ANGELES COUNTY SYNTRANET EVALUATION



## INTRODUCTION

In August 2022, SyntraNet launched in Los Angeles County as a tool for county care teams. This product links care teams, combine data, and produce reports and analytics.

Providers were asked to share their insights and experiences with SyntraNet through a survey. This section includes demographic information of providers who completed the survey, their views on SyntraNet, the training and support they received, and their experiences using SyntraNet in their practice.

## PROVIDER SURVEY

Nineteen providers completed the survey between January and February 2023.

### Providers' Characteristics

#### Demographics

Most providers surveyed identified as female (74%), heterosexual or straight (79%), and between 26 and 59 years old (89%). The respondents were racially diverse and their household income varied widely.

	<b>Age</b> 89% aged 26-59 years old 11% aged 60+ years old		<b>Gender</b> 16% Male 74% Female 11% Prefer not to answer
	<b>Household Income</b> 32% \$40,000 - \$59,999 11% \$60,000 - \$79,999 31% \$100,000+ 26% Prefer not to answer		
	<b>Ethnicity</b> 11% Asian 11% Black or African-American 21% Hispanic/Latino/a/x 21% White/Caucasian 26% Prefer not to answer 10% American Indian/ Native American/Native Alaskan and/or Multi-Racial		

Due to a small sample size, categories have been combined to protect participants' identities.

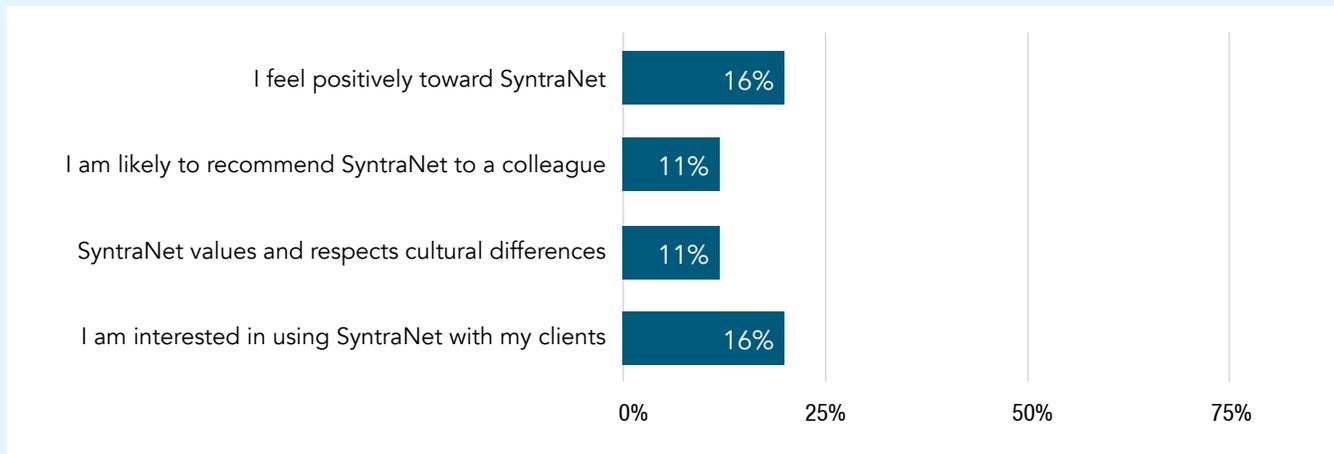


## Comfort with Technology

84% of providers surveyed were comfortable using technology

### Providers' Views of SyntraNet

Providers generally did not have a very positive experience with SyntraNet (N=19). Only 16% of providers reported feeling positively about SyntraNet, 11% would recommend SyntraNet to a colleague, and 16% were interested in using SyntraNet with their clients.



## Training and Support



### SyntraNet Trainings

79% of respondents received training on SyntraNet

42% thought they received adequate training to successfully use SyntraNet with clients



### Technical Support

68% of respondents knew where to find support if they encountered problems using SyntraNet

47% knew resources and tools were available to help them be successful in using SyntraNet



### Leadership and Feedback

74% of respondents reported that they believed their senior leaders were committed to the success of SyntraNet.

63% had an outlet for providing feedback on the use of SyntraNet

## Provider Experience Using SyntraNet



### Frequency of SyntraNet Use

58% of providers surveyed used SyntraNet daily

26% used SyntraNet several times a week



### Length of SyntraNet Use

84% of providers surveyed had at least 2 months of experience using SyntraNet



### Useful SyntraNet Features for Providers

Providers liked several of the information views in SyntraNet, including provider caseload, provider calendar, client Medical Care Plan (MCP), and at-a-glance client demographic information and Medi-Cal eligibility.



### Provider Suggestions to Improve SyntraNet

26% of providers surveyed found SyntraNet easy to use

11% found SyntraNet easy to fit into work life

Overall, providers did not like SyntraNet. Providers most frequently suggested improvements in user-friendliness, ease of navigation, and improvement to technical glitches. Providers also expressed that SyntraNet was an additional platform and disliked using multiple platforms for client care. Providers faced difficulties incorporating SyntraNet into their daily workflows and felt that it took time away from patient care.

## LEARNINGS

Learnings from surveys with providers who used SyntraNet include:

- **Providers received training and had access to support.** Nearly 79% of providers surveyed received training. A majority (68%) knew where to find support if they encountered problems using SyntraNet.
- **Providers appreciated some SyntraNet features.** Providers valued convenient storage of information, client search capabilities, quick access to demographic and Medi-Cal eligibility information, efficient caseload management, and a user-friendly calendar feature for scheduling.
- **Providers offered useful feedback for SyntraNet.** Providers identified the need for improvement on user-friendliness, ease of navigation, and technical glitches.

## MARIN COUNTY

After completing their myStrength pilot in 2022, Marin County decided to pivot from implementing myStrength broadly to supporting digital literacy efforts throughout the county.

This year Marin County launched a grant program designed to serve older adult's mental wellness by supporting their digital literacy. The county also planned digital literacy workshops and one-on-one Peer sessions.



### Digital Literacy Support



### Digital Learning Workshops

Marin County planned in-person digital learning workshops and drop-in sessions for community members. A Peer Counselor at two Peer-led community organizations (Empowerment Clubhouse and Enterprise Resource Center) led workshops and dropin sessions.

The county finalized the workshop curriculum in June 2023. The curriculum incorporated learnings from Marin County's Help@Hand pilot conducted in 2021 and resources from the Help@Hand Collaborative. Workshops will be open to all and available in English/Spanish. Sessions include accessing electronic health records, using Zoom, navigating county resources, exploring behavioral wellness apps, and enrolling in online education. In addition, drop-in spaces are offered for individuals with unique needs.



### Future Directions

The digital literacy workshops will begin in July 2023 and continue until December 2023.



### Digital Literacy Grant Program

This year the county continued to explore partnerships with various community-based organizations. The partnerships would involve Marin County offering one-time grants to fund innovation projects that incorporate a digital component to increase access to wellness support. This approach will support digital literacy and increase access for older adults. Organizations will serve disenfranchised or older adults who are isolated for a multitude of reasons (e.g., lack of access to transportation, physical limitations, and anxiety or depression).

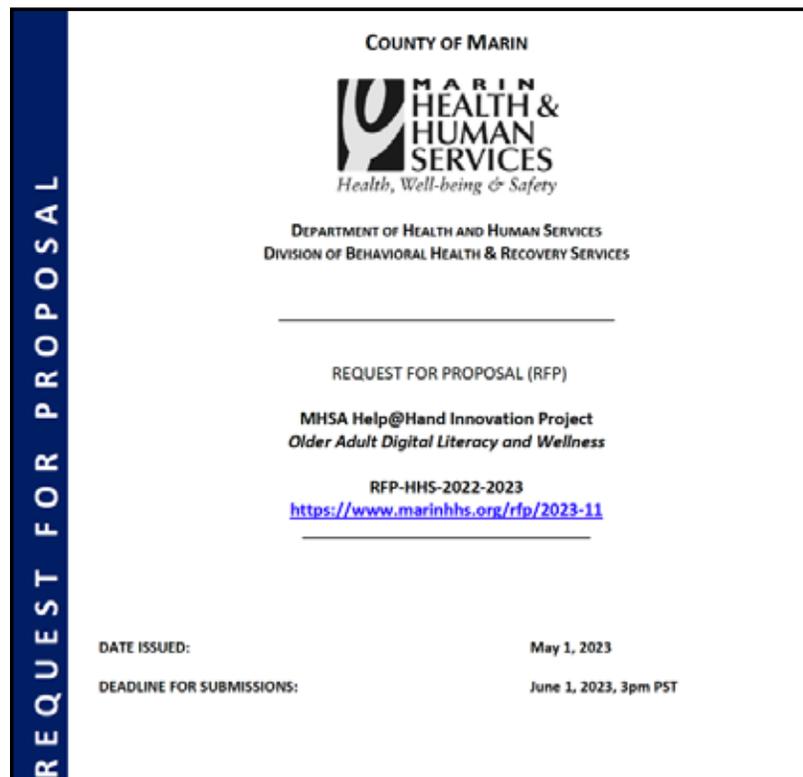


### Request for Proposals

Marin County's Advisory Committee provided recommendations for the grant program in January 2023 before approving it. In April 2023, Marin County hired a new Help@Hand Program Coordinator to support the program.



In May 2023, the county disseminated the RFP to fund at least 6 CBOs. The question period was open until May 15th, and the RFP closed on June 1, 2023. Eight proposals were submitted. All of the proposals planned to provide digital literacy trainings to support older adults in Marin County.



**Above:** Marin County's Request for Proposal

**Source:** MHSA Help@Hand Innovation Project Older Adult Digital Literacy and Wellness. (2023). Marin Health and Human Services. Retrieved from <https://www.marinhhs.org/rfp/2023-11>



### Grantee Selection Process

After the RFP closed, the Help@Hand the Program Coordinator created a panel to review the submitted proposals and select which proposals to fund. The panel consisted of individuals from diverse backgrounds that had knowledge about the RFP. This included older adults, representatives from county departments, representatives in local advisory boards or community-based organizations, and/or any other individuals that the county viewed capable and appropriate.

Each panel member read and scored the submitted applications using a standardized scoring instrument. The scoring instrument reflected the RFP requirements, such as whether the organization proposed using one-time funding to increase access to mental health wellness support for the core audience.

Seven grantees were selected and notified in mid-June. Grantees are currently working with the county on logistics to receive their fundings.

- **Marin City Community Development Corporation:** The Digital Literacy Program will provide training and support for older adults with mental health. Through exciting and interactive workshops, individuals will have the opportunity to learn at their own pace, work with a Digital Literacy Coach in a group setting, or sign up for one-on-one sessions. Workshops are on Tuesdays and Thursdays between 11:00am-12:00pm, with practice available in the computer lab from 12:00pm-3:00pm. Drop-ins are welcome.

- **Marin County Cooperation Team:** A holistic digital literacy program will be provided for 20 elderly Black individuals in Southern Marin who are facing isolation. This program not only helps enhance their tech skills but also connects them with mental health resources. Their comprehensive approach includes dedicated one-on-ones with tech mentors, monthly gatherings, online access to mental health resources, and digital tools/training to increase digital literacy through the DigiTimes platform.
- **Sausalito and Marin Villages:** The Sausalito and Marin Villages Collaborative Digital Literacy Project will promote digital literacy by providing technology training to increase 550 older adults' knowledge, comfort level and use of their computers, tablets and phones. It will also focus on how to access online websites for mental health resources and other educational and social programs. The training will be accomplished through one-one-one sessions, Zoom tech sessions and group in-person sessions.
- **Technology 4 Life:** The goal of the VITAL program is to increase digital literacy for older adults and improve their mental wellness. There are 8 short (20-30) minute video training modules focused on building digital literacy on an iPhone in English and Spanish. The videos will cover device basics, settings, calls, texting, emails, using the internet, Zoom basics and device maintenance. Each video will incorporate evidence-based models for older adult learning such as repetition, step by step instruction, and modeling. By partnering with local agencies, they can better reach older adults who may have limited mobility. Once created the videos can be used again and again.
- **Mount Tamalpais College:** This project will increase computer literacy skills among 75 older adults currently enrolled at Mount Tamalpais College (MTC) inside San Quentin Prison to improve their access to mental health and wellness support and resources. These students will develop computer literacy skills through scheduled workshops and drop-in, self-paced computer literacy modules available at MTC's computer lab. After participating in workshops and self-paced modules, participants will have increased skills and confidence in using computers to search for and find mental health information, education, and services post release. They will also work to increase mental health and wellness resources safe-listed by California Department of Corrections and Rehabilitation so that they are available through the San Quentin intranet.
- **Vivalon:** The goal is to build a robust volunteer technology support program for older adults in Marin through the expansion of Vivalon's volunteer Tech Tutor program. The program will provide a one-hour, one-on-one tech support session for older adults to solve tech problems or continue learning new digital skills. They will offer up to twenty-one hour tech support sessions per week by the end of the grant period. The program will continue beyond the grant period as a regular Vivalon service offered for the long term and promoted throughout the County.
- **YWCA:** YWCA Golden Gate Silicon Valley will provide senior residents of Golden Gate Villages with digital literacy skills to increase access and engagement to mental health wellness supports. They will serve 50 senior residents at Golden Gate Villages with basic computer and smartphone digital literacy skills. These skills will include setting up Gmail and Zoom accounts, learning how to use social media, exploring wellness apps, learning computer safety, navigating Google Chrome's browser, and accessing services and information online. Seven basic digital skills classes will be held weekly for 1 ½ hours each class. By empowering the residents with digital skills, they plan to address barriers to mental health resources and facilitate their engagement with online platforms and services specifically designed to support their mental well-being.



### *Grant Logistics*

The budget for these projects was \$300,000, with individual grants funded up to \$50,000 for 23 weeks between July 1, 2023 through December 8, 2023. Grantees would provide brief monthly updates and complete an end-of-project report. The Help@Hand Program Coordinator would also conduct site visits on a monthly basis. The purpose of the reporting provides an overview of the grantee's program impact and outcomes, including how funds are spent as well as the reach and success of the program.



### *Evaluation*

Marin County worked with their Peers and staff as well as CalMHSA to develop an evaluation plan. The county met with the Help@Hand evaluation team in May 2023 to discuss their proposed evaluation efforts. Although this project scope had changed, the evaluation team collaborated to provide the county with input on their proposed data collection instruments and offered to analyze the data collected.

The county developed uniform surveys and report templates that grantees would be expected to administer and/or complete. The county planned for the surveys to be distributed by the grantees and reported to the county in aggregate form. The reports included monthly grant updates and a grant summary report. The Help@Hand evaluation team provided sample demographic questions and input on the instruments before they were shared with the grantees. The evaluation team will then analyze data from the surveys and reports.



### *Future Directions*

The grant projects are anticipated to launch in July 2023 and are expected to end in December 2023.

## MONO COUNTY

Mono County’s myStrength implementation launched in April 2022 and ended in February 2023 with the conclusion of their involvement with Help@Hand. The county offered myStrength to the general population with a focus on college students, isolated populations, and monolingual Spanish speakers.



### myStrength Implementation



#### Implementation Underway and Completed

Mono County continued to promote myStrength through marketing and community outreach this year. While Mono County’s participation in Help@Hand ended in February 2023, their myStrength licenses expired in March 2023. The county continued to enroll consumers in myStrength through February 2023.



#### Marketing

Mono County contracted with Mammoth Lakes Creative (MLC) to develop marketing materials and advertisements (e.g., social media, bus, radio, and newspaper ads). A second mailer was distributed to all Mono County residents in January 2023. The county also used Facebook ads. All advertising ended in February 2023 since the myStrength licenses expired in March 2023.

**Life can be challenging. Get **FREE** tools and support with **myStrength**.**

**La vida puede ser un desafío. Obtenga recursos y apoyos **GRATUITOS** con **myStrength**.**

MyStrength is a flexible and comprehensive digital program with proven tools and dedicated support for stress, depression, sleep, and more.

Mono County Behavioral Health is offering a **free subscription** to this safe, secure, and personalized service to residents of Mono County until early 2023.\*

MyStrength es un programa digital flexible y con recursos probadas y apoyo dedicado para el estrés, la depresión, el sueño y mucho más.

Mono County Behavioral Health está ofreciendo una **suscripción gratuita** a este servicio seguro, personalizado a residentes del condado de Mono disponible hasta principios del año 2023.\*

**To get started:**

- 1 Visit [mystrength.com](https://mystrength.com) and click on "Sign Up" or scan the QR code
- 2 Enter the access code: **MONO**
- 3 You'll be asked a few questions to help set up your profile
- 4 Continue from your browser, or download the myStrength app

**Para comenzar:**

- 1 Visite [mystrength.com](https://mystrength.com) y seleccione "Sign Up" o escanee el código QR
- 2 Introduzca el código de acceso: **MONO**
- 3 Se le harán algunas preguntas para ayudarlo a configurar su perfil
- 4 Continúe desde su navegador, o descargue la aplicación myStrength\*\*

Please contact us with any questions:  
Por favor contáctenos con cualquier pregunta:  
**760-924-1740**  
[mono.ca.gov/wellness](https://mono.ca.gov/wellness)

Receive a clear path to start getting support, customized to your preferences  
Obtenga un camino claro para empezar a recibir apoyo, personalizado según sus preferencias

Access proven tools for stress, depression, sleep and more  
Acceda a recursos de eficacia probada para el estrés, la depresión, el sueño y mucho más

Learn from hundreds of activities, articles and videos  
Aprenda a través de cientos de actividades, artículos y videos

Practice techniques to help you calm down, get inspired and feel more hopeful  
Practique técnicas que le ayuden a relajarse, inspirarse y sentirse lleno de esperanza

Above: Marketing materials for Mono County’s myStrength implementation  
Source: Mono County (2023)



### *Community Outreach*

In-person promotion of myStrength was significantly impacted. Severe winter storms in early 2023 resulted in low attendance of community members. Community outreach included:

- **County Wellness Centers:** Wellness Center staff and Peers offered myStrength as a resource to wellness center clients. They helped clients enroll and download the myStrength app as well as informed them about the evaluation. Staff and Peers received extensive training prior to their myStrength implementation and refresher trainings throughout their implementation to help promote myStrength.
- **Community Events:** Mono County attended community events such as January Socials to raise awareness among community members about their myStrength implementation.
- **Partnerships with Community Organizations:** The county partnered with senior centers, Cerro Cosco Community College, and Mammoth Hospital's Elevate Program to offer myStrength to the organizations' members.

Mono County began to prepare for the conclusion of their myStrength implementation near the end of 2022 by updating marketing materials to reflect the program's end date and informing wellness center visitors. Beginning in March 2023, the county sent weekly emails to consumers enrolled in myStrength to remind them that their program would expire at the end of the month.



### *Evaluation*

Mono County worked with the Help@Hand evaluation team to assess the implementation of myStrength across Help@Hand counties/cities that implemented this technology. Preliminary data from the myStrength evaluation is on page 33.



### *Future Directions*

Mono County's myStrength implementation was well received by their community. The county considered purchasing myStrength licenses for active users. However, this was not possible since myStrength required a minimum purchase of 3,500 licenses, which was far beyond the number of licenses that Mono County needed. Therefore, the county will explore other mental health apps that can support their community's needs.

## MONTEREY COUNTY

Monterey County developed WellScreen Monterey in collaboration with CredibleMind (<https://wellscreenmonterey.crediblemind.com>). WellScreen Monterey screens and refers individuals over the age of 16 and their family members to self-help and county mental health resources. The county launched WellScreen Monterey in November 2022 and continued to make the website available in 2023.



### WellScreen Monterey Implementation



#### Implementation Underway

This year, Monterey County and CredibleMind expanded their marketing efforts, delivered a presentation to the county's Behavioral Health Commission, planned a conference presentation, and updated the Spanish version of the website. The county also procured web-enabled tablets to distribute to various county locations and worked with CredibleMind to customize the screening tool for the shared devices. In addition, Monterey County continued to contract with Health Research for Action (HRA) from UC Berkeley to evaluate their project.



#### Marketing

CredibleMind and Ku Collective, the contracted marketing partner for WellScreen Monterey, continued to work with the county to implement their marketing plan.

The WellScreen Monterey launch began in November 2022. The county advertised WellScreen Monterey through social media (e.g. Facebook, Instagram, Google ads) and on the county's website. Ku Collective developed printed materials, including posters and business cards, to place at specific locations throughout the county.

This year, CredibleMind and Ku Collective focused on advertising through social media. They launched local radio, news, and bus ads in English and Spanish. Each marketing method included a unique QR code to help the county track how users were referred to WellScreen Monterey. In May 2023, Monterey County contracted Your Social Marketer, Inc. to assist with marketing efforts. Your Social Marketer will develop resources to share with providers, create an organic social marketing calendar and materials, and include advertisement of WellScreen Monterey within other county outreach campaigns.

Analytic data from the WellScreen Monterey website on page 74 shows the number of website visits, screener completion rates, and resources viewed as a result of the county's marketing efforts.



#### Behavioral Health Commission

In March 2023, Monterey County and CredibleMind presented an overview of the Help@Hand project and a demo of WellScreen Monterey to the Monterey County Behavioral Health Commission. As reported by Monterey County, the presentation was well received and generated an engaged discussion from the audience.



#### NACCHO Conference Presentation

CredibleMind applied and was approved to present at the National Association of County and City Health Officials (NACCHO) Conference in July 2023. This conference brings together local health officials and public health experts to explore opportunities, challenges, successes, and best practices to support community health. Monterey County and CalMHSA will join the presentation to share their experience with developing WellScreen Monterey.



## *Updates to the Spanish Version of WellScreen Monterey*

In early 2023, Monterey County and CredibleMind discovered that rate for the Spanish screener had a lower completion rate than that of the English screener. The team believed that this may have been caused by browsers translating the English website information into Spanish instead of presenting the Spanish-version of the site that was professionally translated by CredibleMind. To address this issue, CredibleMind updated the website to present the Spanish-version for users who had Spanish as their default browser language, as well as replaced the English Monterey County Behavioral Health logo on the website with the Spanish logo. The number of Spanish screeners completed after these changes had a small increase, but numbers remained low.



### *Device Distribution*

Monterey County contracted with Jaguar Computer Systems to purchase and configure 30 tablets this year. The tablets would be distributed to various county locations (e.g., libraries, clinics) to increase access to WellScreen Monterey especially for residents with limited access to the internet.

The county would also distribute tablets to Community Health Workers within the county's Public Health Bureau to support use of WellScreen Monterey during community health outreach activities. Monterey County received the 30 tablets from Jaguar Computer Systems in June 2023.

CredibleMind created a public version of WellScreen Monterey for use on shared devices. The public version of the screening tool had a timeout feature that would clear the users' responses after a given timeframe to protect users' privacy. CredibleMind also created a "clear session" button that would allow the participant to manually clear their responses before returning the device.



### *Evaluation*

This year, HRA completed their analysis and reported findings from provider interviews and community focus groups. The interviews and focus groups occurred in 2022 prior to the WellScreen Monterey launch. The interviews and focus groups examined:

- Perceptions and experiences with the county's screening process, referral process, and services
- Experiences with seeking mental health information
- Perceptions of the new Help@Hand screening application/tool

The post-launch evaluation will cover the period of November 2022 through June 2023. It will measure the outcome, impact, and cost of WellScreen Monterey. HRA will conduct key informant interviews with individuals involved in the planning of WellScreen Monterey and host focus groups with WellScreen Monterey users.

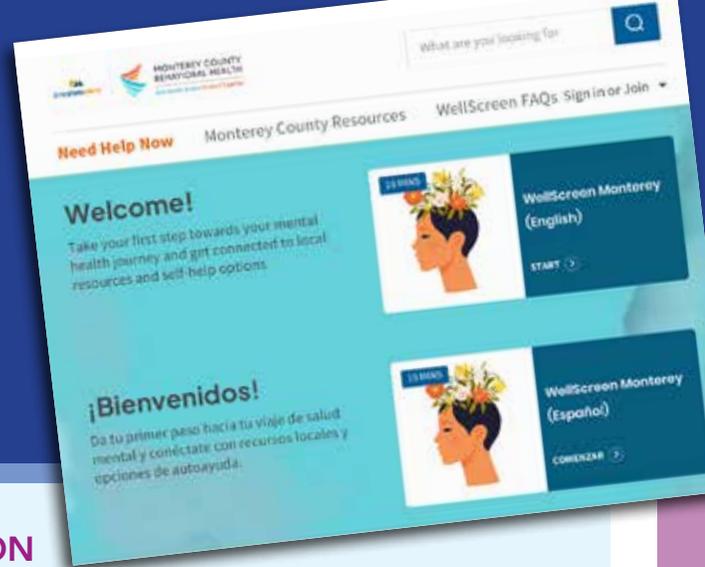
This year, HRA worked with Monterey County and CredibleMind to plan recruitment for the user focus groups. CredibleMind developed a Google Form to capture contact information for users interested in participating in a focus group. The link to the Google Form was added to the WellScreen Monterey results page in May 2023.



### *Future Directions*

Monterey County and CredibleMind will continue to monitor the WellScreen Monterey dashboard to identify successful marketing approaches. The county plans to conduct additional outreach to Spanish-speaking populations through a commercial and talk show appearance on a local Spanish-language radio station. Monterey County will also distribute tablets to locations throughout the county to increase access to WellScreen Monterey. Monterey County and CredibleMind will also discuss ways to leverage existing processes to manage and update the resource lists on WellScreen Monterey.

# WELLSCREEN MONTEREY DASHBOARD DATA



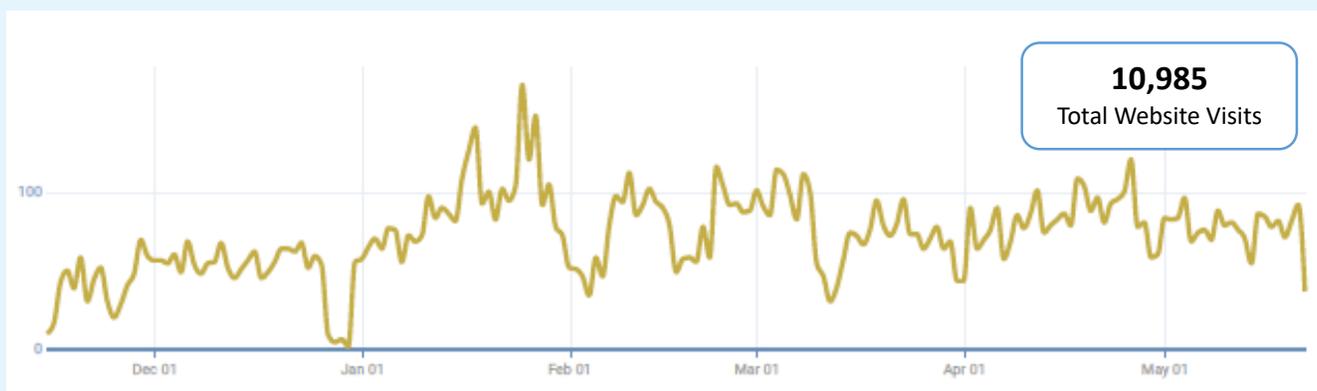
## INTRODUCTION

WellScreen Monterey is a website developed by Monterey County in collaboration with CredibleMind. Visitors can complete a mental health assessment and receive tailored resources to support their mental health and wellbeing. Monterey County residents can visit <https://wellscreenmonterey.crediblemind.com> to complete the assessment.

## ANALYTIC DATA FROM THE WELLSCREEN MONTEREY WEBSITE

This section shares analytic data from the WellScreen Monterey website for the time period: November 15, 2022 – May 22, 2023.

### Website Visits



**Over 80% of users who completed an assessment found WellScreen Monterey through a Google search.** Users also accessed the site through Facebook ads, email campaigns, direct links/referrals, and DuckDuckGo.

### Screener Completion Rates



**26%**

Percentage of website visitors who completed an assessment



**2,927**

Total unique users who completed assessments

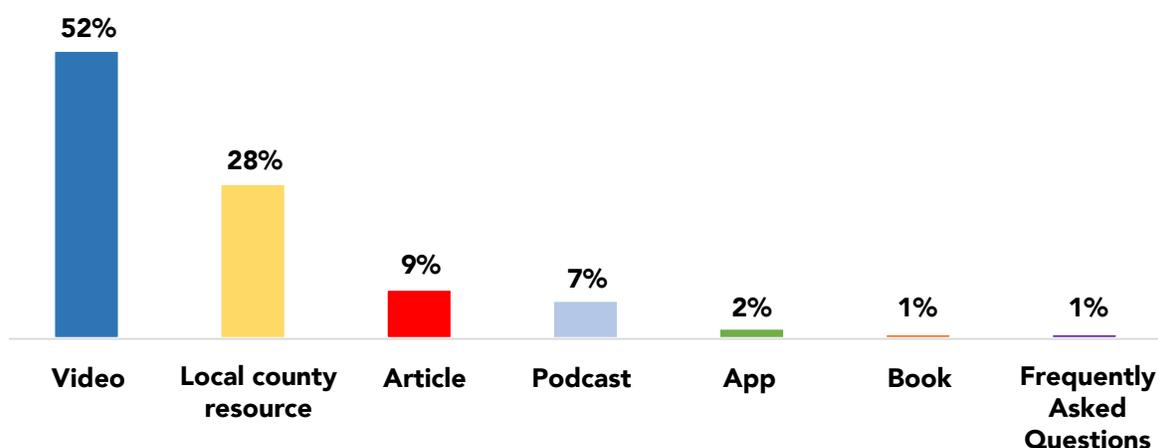


**3,329**

Total assessments completed

## Types of Resources Viewed

Users could view resources on the WellScreen Monterey website. A tailored list of resources is shown only after completing the assessment. Videos were most commonly viewed.



## Demographics<sup>20</sup>



### Age

- 26.24%** aged under 16 years old
- 18.90%** aged 16-17 years old
- 15.31%** aged 18-20 years old
- 9.54%** aged 21-24 years old
- 14.33%** aged 25-34 years old
- 7.31%** aged 35-44 years old
- 3.37%** aged 45-54 years old
- 2.83%** aged 55-64 years old
- 2.17%** aged 65+ years old



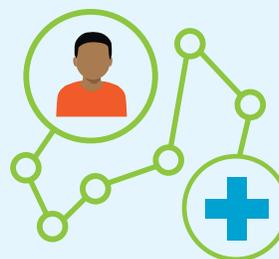
### Mental Health Services

- 13.74%** were currently receiving mental health services
- 4.89%** had ever received Monterey County Behavioral Health services



### Gender

- 67.23%** Female
- 22.98%** Male
- 4.96%** Preferred not to answer
- 1.68%** Transgender
- 1.68%** Other gender identity
- 1.47%** Questioning or unsure



### Social Determinants of Health

- Housing, Food Insecurity, and Physical Health** were the top three areas where users needed support

<sup>20</sup> Gender, mental health services, and social determinants of health information are not collected from users under the age of 16.

## RIVERSIDE COUNTY

During 2023, Riverside County continued their ambitious set of programming for Help@Hand.

Riverside County continued their TakemyHand™ Live Peer Chat implementation and improved service access to vulnerable communities. Two digital mental health apps were made available to key populations in Riverside County- App4Independence (A4i) and Recovery Record.

Kiosk installation continued along with the installation of new charging stations. The county strategically installed charging stations in large clinics to increase access to phone or electronic device charging capabilities among clinic visitors. In addition, pilot participants have the option to check-out phone devices at no cost to use for the duration of the A4i and Recovery Record pilots. By using these devices, pilot participants can access other pre-loaded wellness apps and digital resources.

Riverside County continued to invite members of the Deaf and Hard of Hearing community to complete their needs assessment survey and clients within the county’s health system to complete the Whole Person Health Score assessment tool. Riverside County also partnered with Painted Brain, La CLAVE, and Man Therapy® to provide consumers further community wellness support.



Below is a flyer created by the Riverside Help@Hand team that briefly describes these efforts.

**help@hand**  
RIVERSIDE

**Help@Hand Innovations Program**

**TakemyHand.co** LIVE!  
Improve Service Access to Underserved Communities and for Rural Regions. Mid-County & Desert Regions, Ethnic Cultural, LGBT & Deaf and Hard of Hearing (Video Chat). Promote services through outreach activities countywide with focus on rural communities.  
Mobile App - available at the App Store!  
Visit [www.TakemyHand.co](http://www.TakemyHand.co)

Expanding TakemyHand with collaboration with San Francisco County WIP

**DHOH Survey Needs Assessment** LIVE!  
Identify Mental Health Needs and Improve Service Access to Underserved Communities with implementation of ASL Videos Survey using a Qualtrics platform.  
Deaf and Hard of Hearing Community.

**A4i App for Independence** LIVE!  
Improve Outcomes for High Risk Populations. FSP Consumers living with schizophrenia.  
A digital health platform with a range of features that were co-designed with people living with schizophrenia, clinicians and family members. Learn More at [www.a4i.me/](http://www.a4i.me/)

**Kiosk Technology and Mobile Devices** LIVE!  
Improve Outcomes for High Risk Populations by promoting the use of technology to connect and engage individuals with the use of digital emotional wellness tools and resources and free access to mobile technologies and charging stations from various county healthcare facilities. Population of focus: Deaf and Hard of Hearing, Mid-County & Desert Regions, Ethnic Cultural and LGBT.  
Phase II Deployment - WIP Visit our [Kiosk Map Locator!](#)

**Recovery Record** LIVE!  
Improve Outcomes for High Risk Populations. Eating Disorder Consumers  
RR App is a leading global product for eating disorder management. Features include check-ins, CBT self-monitoring, DBT and ACT skills, outcome tracking, meal monitoring, clinical goal review, and motivation enhancement. Learn more at [www.recoveryrecord.com](http://www.recoveryrecord.com)

**Man Therapy Marketing Campaign** LIVE!  
Suicide Prevention. Men over the age of 45.  
The Man Therapy marketing campaign is an evidence based approach to help reduce suicidal ideation and depression among working-age men. Learn more at [www.mantherapy.org](http://www.mantherapy.org)

**Whole Person Health Score (WPHS)** LIVE!  
Improve Outcomes for High Risk Populations. FSP, Mid-County & Desert Regions, Ethnic Cultural, Adults over the age of 65.  
A Patient-Focus Assessment Tool to Measure Nonmedical Determinants of Health. Learn more at [WPHS Research Publication](#)

**Digital Literacy - Painted Brain & Tech Ambassadors** LIVE!  
Improve Outcomes for High Risk Populations. FSP, TAY, Re-Entry, Mid-County & Desert Regions, Adults over the age of 65.  
Peer Tech & Digital Empowerment. Learn more at [www.paintedbrain.org](http://www.paintedbrain.org)

**La CLAVE - Learning the signs of a SMI** LIVE!  
Improve Outcomes for High Risk Populations. FSP, Mid-County & Desert Regions, Ethnic Cultural, TAY, Adults.  
La CLAVE's mission is to inform and motivate the Latinx community to seek early treatment for serious mental illness. Their goal is to help individuals and their families recognize the symptoms of serious mental illness and obtain treatment as quickly as possible. Learn more at: [www.uselaclave.com](http://www.uselaclave.com)

Maria Martha Moreno, MS CIS, MH Services Program Manager  
Find out more at:  
<https://HelpatHandCA.org/Riverside>

Above: Riverside County’s Help@Hand Innovation Program Flyer  
Source: Riverside County (2023)



TakemyHand™ is a web-based live Peer chat application that is operated by trained Peer Support Operators with lived experience of mental health challenges. TakemyHand™ is also a source of information related to diverse issues, including teen mental health, housing support, and the LGBTQ+ community. Riverside County continued to implement TakemyHand™ this year.



### Implementation Underway

This year Riverside County continued to implement and augment TakemyHand™.



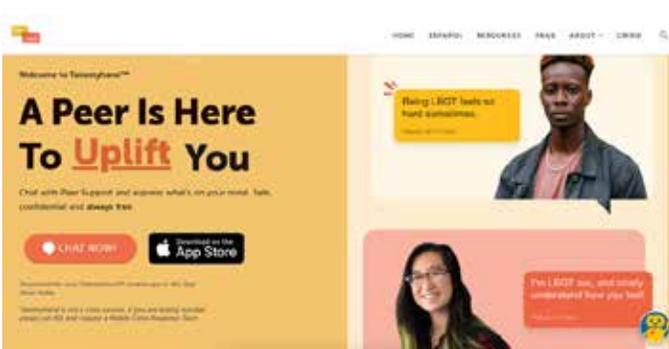
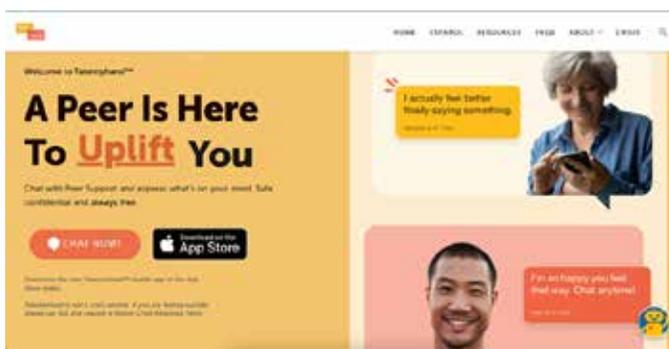
### Peer Support Operator Training

Peer Support Operators serve a vital role of implementing the TakemyHand™ platform. In February 2023, Riverside County sought to hire six new Peer Support Specialists for the Peer Support Operator position. As of May 2023, five Peers were hired and trained, including two who spoke Spanish. In June 2023, the final Peer Support Specialist job posting was approved by the county’s Human Resources’ department.



### TomamiMano™

A key milestone in early 2023 was launching the Spanish-language version of the website, TomamiMano™.



**About:** Screenshots of English TakemyHand™ webpage and Spanish-language TomamiMano™ webpage

**Source:** Riverside University Health System. (2023). TakemyHand™. Retrieved from <https://takemyhand.co/>; Riverside University Health System. (2023). TomamiMano™. Retrieved from <https://tomamimano.co/>

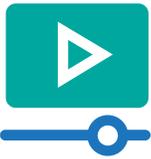


### *American Sign Language (ASL) Platforms*

In collaboration with the Center on Deafness Inland Empire (CODIE), Riverside County also planned to make TakemyHand™ accessible to the Deaf and Hard of Hearing (DHoH) community. In early 2023, significant progress was made towards giving those fluent in ASL real-time access to a Certified DHoH Peer Support Operator via the TakemyHand™ video chat component. The video chat component is called SnapCall Live Video for Chat and was demonstrated for the county in February 2023.

The county planned for an in-person training of TakemyHand™ for ASL-supported video chat in July 2023. They discussed adding pre-chat questions for TakemyHand™ to identify clients who prefer to chat with a deaf Peer Support Operator.

In May 2023, the county discussed plans for a 5-month pilot to support DHoH community members with two CODIE members who successfully completed a two-week Peer Support Specialist Certification training.



### *TakemyHand™ Terms of Service Videos*

In the first quarter of 2023, Riverside County worked closely with Dreamsyste, a website management company, to develop and launch TakemyHand™ Terms of Service videos for the website. The videos provided a short introduction to potential TakemyHand™ users about what to expect from TakemyHand™ and to spotlight Peer support.

Various members of the Help@Hand team, including Peers and Tech Leads, supported in its development. The Peer team originated key creatives of the video, while Tech Leads and Dreamsyste worked on the professional development of the video. **The English-language Terms of Service video launched in March 2023, and the Spanish-language version became available in May 2023. Riverside County began to create an ASL Terms of Service video and worked on the ASL translation of the video between April and June 2023.**

## **Bienvenido a TomamiMano™**



**About:** Screenshot from TomamiMano™ Terms of Service video on Spanish-language website

**Source:** Riverside University Health System. (2023). TomamiMano™. Retrieved from <https://tomamimano.co/>



### Approval of TakemyHand Trademark/Service Mark

In May 2023, Riverside County received approval for the service mark<sup>21</sup> of TakemyHand™. After TakemyHand™ became a trademarked symbol, the county designated it in flyers, brochures, presentations, and other materials.



### TakemyHand™ Mobile App Development

In the early part of the year, the Help@Hand team developed and sought feedback on the app icon for TakemyHand™. In February 2023, the county worked with Dreamsyte to appropriately format the mobile iOS app preview picture for the Apple App Store.

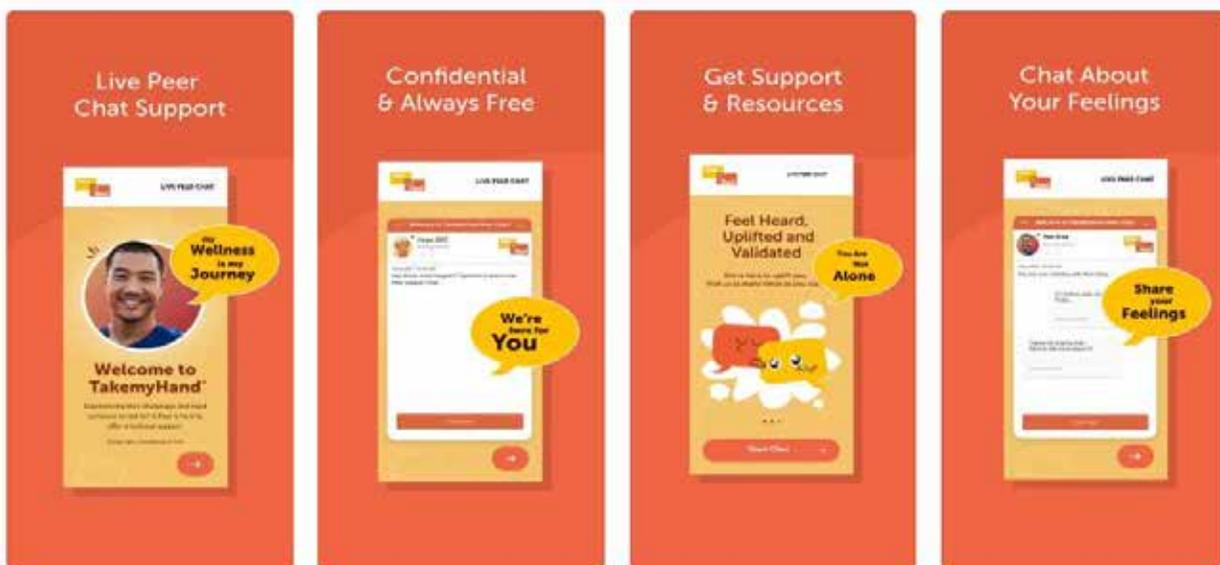


**About:** TakemyHand™ Live Peer Chat App Icon taken from Apple App Store

**Source:** TakemyHand™ Live Peer Chat. (2019). TakemyHand™. [Mobile App]. Apple App Store. Taken from <https://apps.apple.com/us/app/takemyhand-live-peer-chat/id1575814476>

In April 2023, Riverside County county submitted the TakemyHand™ mobile iOS app to Apple. The submission addressed concerns related to security protocols about banning inappropriate visitors. They also modified the app to include the Terms of Service onboarding screen and allow users to return to the chat screen as intended. Another modification included an onboarding mobile app screen in Spanish to inform app users that the online TakemyHand™ live chat service was also offered in Spanish (though the Spanish-language mobile application is not yet available).

**Riverside County successfully launched the English-language mobile application of TakemyHand™ for Apple iPhones by June 2023. After the TakemyHand™ mobile iOS app was approved, Riverside County began working on the Android version of the application.**



**About:** TakemyHand™ Live Peer Chat Screenshots

**Source:** TakemyHand™ Live Peer Chat. (2019). TakemyHand™. [Mobile App]. Apple App Store. Taken from <https://apps.apple.com/us/app/takemyhand-live-peer-chat/id1575814476>

<sup>21</sup> A service mark is like a trademark, but for services rather than physical products. When a business registers a service mark, it gains exclusive rights to use that mark to represent its services. Other businesses cannot use a similar mark that might cause confusion.

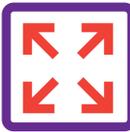


### *Marketing*

Riverside County continued to post social media content for TakemyHand™ in English and Spanish on Facebook and Instagram. Social media images were adapted to calendar events, such as holidays, to increase views. Radio advertisements, billboards, bus wraps, and bus shelter advertisements in English and Spanish also marketed TakemyHand™ throughout the county.

Dreamsyte helped the county utilize Google Ads to strategically leverage wider dissemination of the TakemyHand™ website to community members in need of Peer support and other resources. As a result, the TakemyHand™ website saw an increase in impressions and traffic. In June 2023, Dreamsyte expanded social media marketing with Snapchat advertisements.

The county also created a variety of audience-specific TakemyHand™ marketing materials, such as infographics for youth, high school students, and faith-based events. In addition, TakemyHand™-branded t-shirts, folders, stickers, and business cards were regularly distributed to community members at outreach events.



### *Expansion Beyond Riverside County*

Riverside County worked closely with San Francisco County to plan a San Francisco pilot of TakemyHand™. As of June 2023, San Francisco County decided to stop pursuing the TakemyHand™ pilot due to contract-related issues.

Outside of the Help@Hand project, Riverside County also had opportunities to share information about TakemyHand™ in various venues. In May 2023, Univision, a Spanish-language television network, interviewed Riverside County. The interviewer expressed positive feedback about the TakemyHand™ Terms of Service video and reinforced interest in Spanish-language resources. In addition, the Help@Hand Peer support team presented information about TakemyHand™ in June 2023 at the National Innovative Communities Conference in Riverside, California.



### *Evaluation*

The Research and Technology Evaluation unit from Riverside County led the evaluation of TakemyHand™. Highlights from their recent Cumulative Impact Report is on page 81.



### *Future Directions*

Riverside County will continue to promote and make TakemyHand™ available. In addition, the ASL TakemyHand™ SnapCall video chat will be piloted from August to December 2023 to support DHoH communities.

# RIVERSIDE COUNTY TakemyHand™ EVALUATION



## INTRODUCTION

Riverside County continued to implement TakemyHand in 2023.

This section presents highlights of their Cumulative Impact Report for April 19, 2021 to March 31, 2023.

**1 in 5**

U.S. adults experience mental illness each year

**1 in 6**

U.S. youth aged 6-17 experience a mental health disorder each year

**1 in 20**

U.S. adults experience serious mental illness each year

**75%**

Of mental illness begins by the age of 24

## Our Solution

### Challenge

Many of us learn that we aren't supposed to talk about our struggles or challenges. Which can often leave you feeling more alone, increasing mental health challenges.

### Solution

By providing a safe, confidential space to let out feelings. We're reducing stigma around opening up about feelings and helping people on the road to emotional wellness.

## Our Goals

**Reduce  
Stigma**

**Provide a  
safe space  
to chat**

**Provide age  
appropriate  
resources**

## TakemyHand Google Ads & Analytics Stats

### Impact to Date

**4.4m**

**Ad Impressions**

**49.2k**

**Ad Clicks**

**38.7k**

**Website Users**

**45** chats per week on average

# Google Ad Stats

## Total

Clicks ▼	Impressions ▼
<b>49.2K</b>	<b>4.39M</b>

## Gender

Gender	Clicks ▼	Impr. ▼
Undetermined	36,978	3,679,697
Female	6,583	339,788
Male	5,469	361,020
<b>Total</b>	<b>49,030</b>	<b>4,380,505</b>

## Device

Device ▼	Clicks ▼	Impr. ▼
Mobile phones	45,245	3,979,604
Tablets	2,875	369,719
Computers	910	31,139
Other	0	3
TV screens	0	40

## Day of the Week

Day of the week ▼	Clicks ▼	Impr. ▼
Tuesday	11,804	1,060,497
Wednesday	10,298	923,912
Friday	9,806	902,305
Thursday	9,483	849,720
Monday	7,161	630,179
Sunday	252	6,972
Saturday	226	6,920
<b>Total</b>	<b>49,030</b>	<b>4,380,505</b>

## Stats

**Over 80% of our traffic comes from mobile phones**

### Popular Search Times

**11-2pm**

### Popular Search Days

**Wednesday**  
**Thursday**

### Age Ranges

**18-24**  
**25-34**  
**55-64**

### Popular Search Keywords

Mental health, depression and keywords around anxiety.

### Popular Search Terms

Sentences that include to words, "help", "takemyhand co", "depression symptoms", "How to calm anxiety attacks"

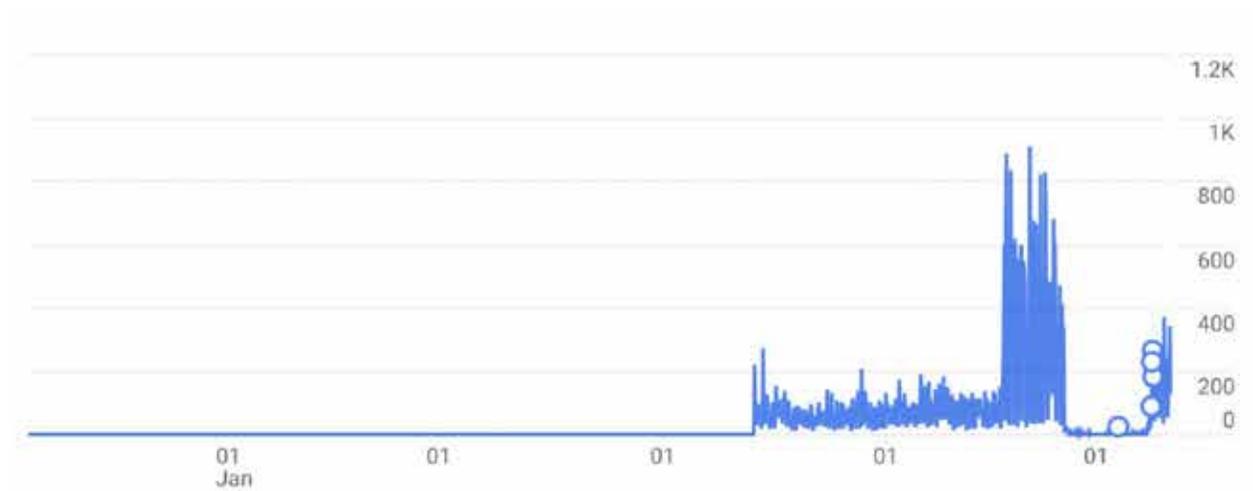
# Users & Engagement

▼ Users	Neausers	Engaged sessions	Engagement rate	Engaged sessions per user
38,720 100% of total	39,089 100% of total	11,397 100% of total	24.8% Avg 0%	0.29 Avg 0%
37,601	37,801	11,021	24.7	0.29

# Popular Page Events

Views  
69K

Event count  
199K



## Event count by Event name ▼

EVENT NAME	EVENT COUNT
page_view	69K
session_start	49K
first_visit	39K
user_engagement	26K
scroll	13K
click	893
view_search_results	80

## A4i A4i Pilot



### Pilot Underway

A4i supports the schizophrenia and psychosis recovery process. In 2023, Riverside County continued their 18-month pilot of A4i with three core audiences: transitional aged youth (TAY) aged 16-25, adults aged 26-59, and older adults aged 60+.



### Provider and Client Participation

This year, the Riverside County Help@Hand team continued to present the A4i pilot at county meetings to recruit clinic care team members (e.g., clinical therapists, behavioral health and Peer Support Specialists (PSS)) at county clinics in the A4i pilot. Clinic care team members referred eligible clients to the pilot. Clients interested in participating in the pilot were then onboarded. Clinic care team members, with support from the Riverside County Help@Hand team, helped clients engage with the A4i platform.

In addition, Riverside County piloted A4i at the Peer Resource Center. Clinicians in Riverside County's Help@Hand team were assigned to Peer Resource Center participants interested in participating in the pilot. The clinicians followed their case and provided case management services. Since some clients at the Peer Resource Center did not have a clinician, the county planned to use the pilot as a way to reintroduce clients to services and help them develop a relationship with a provider.

Pilot participants could download A4i onto their own devices. They could also receive an Android phone device that was preprogrammed with A4i and additional free wellness apps. Upon beginning the pilot, participants attended an enrollment appointment with a member of the Riverside County Help@Hand Peer Team to receive the phone device and an A4i welcome intake kit that included useful technology guides, the support phone number, and giveaways.

Participants also received technology assessment surveys and an incentive of \$250 as a thank-you for their time and participation (e.g., \$50 for each of their onboarding and interview appointments). Participants were invited to a completion ceremony after concluding the pilot.

A total of 50 care team members and 87 clients participated in the pilot by June 2023, including eight clients who were onboarded in 2023. In the first two quarters of 2023, the county hosted three completion ceremonies with nine clients who graduated from the A4i pilot program. At least six of the participants chose to continue using the A4i app to support their wellness after completing the pilot.



### Care Team Member Communication and Certificates

In February 2023, the county published a newsletter that spotlighted Help@Hand Riverside County staff and A4i providers. In March 2023, a second A4i newsletter was sent out to county managers and administrators that highlighted the activities and achievements of staff involved in A4i. Riverside County updated the newsletter for the care team to include updates, information, and tips, such as how to engage and support A4i pilot participants, connect them with the Peer Resource Center, and provide wellness check-in calls.

# An A4i Update For our Care Teams

An all-in-one-letter for updates you want to know!



VOLUME 2, ISSUE 1 / 2 MARCH, 2023

## DID YOU KNOW?!

- We now have celebrated 6 graduations for 27 participants! These participants have completed 6 months of utilizing the app and services with the pilot program! Many have opted to continue using the app for their personal use, which tells us they found it useful!

## A4I WEBSITE UPDATE

- RUHS Help@Hand Pilot and Care Team is featured!  
Follow this link for the article:  
[https://www.a4i.me/2023/02/01/helpathand\\_pilot\\_team/](https://www.a4i.me/2023/02/01/helpathand_pilot_team/)

## Meet our Care Team



**Pauline Youlin-Bartlett** Senior Clinical Therapist  
**W. Eddie Brown** Clinical Therapist  
**Richard Yarbrough** Peer Support Specialist  
**Diana Rodriguez** Behavioral Health Specialist  
**Caitlin McDermott** Clinical Therapist  
**Audrey Hernandez** Clinical Therapist

Follow this link to see it on the A4i website:

<https://www.a4i.me/a4i-care-team-champion-certificate/>

“THE APP MADE ME REALIZE IT WASN'T JUST ME”



## Meet our Peer and Clinical Team



You can have your picture here too! Interacting with the dashboard earns you a Digital Health Literacy Certificate for your participation!

As always, we can be contacted for any questions, concerns, and if there are any new participants to recommend.



Spotlight: Meet the people behind our Help@Hand Pilot

A4i issued 17 digital therapeutics certificates<sup>22</sup> for providers and Peers in the pilot who collaborated with the Riverside County Help@Hand team and completed activities that facilitated successful outcomes for A4i pilot participants. These activities included:

1. Regularly checking the A4i provider dashboard to review notes and notifications from A4i pilot participants
2. Regularly checking A4i pilot participants' indicators, including goals, sleep, medication adherence, and hallucinations
3. Reviewing and approving participants' pending newsfeed posts, including denying and tagging posts deemed inappropriate
4. Meeting monthly with A4i pilot participants to discuss their goals, A4i indicators, and factors that may influence their recovery progress
5. Regularly meeting with Riverside County Help@Hand staff as needed to provide support for A4i pilot implementation
6. Contacting Riverside County Help@Hand staff regarding A4i-related questions or issues outside of regularly scheduled Help@Hand meetings



### *Evaluation*

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

Riverside County's local evaluator led the **client evaluation**, which included collecting and analyzing app data as well as consumer surveys and interview data. This year, Riverside County partnered with A4i to publish a data report. Selected sections of the report are on page 88.

The Help@Hand evaluation team led the **provider evaluation**. Providers participating in the A4i pilot were invited to participate in surveys and an interview. Preliminary data is on page 92.



### *Future Directions*

While the A4i pilot was expected to end in June 2023, the county decided to extend the pilot and enroll clients through the end of July 2023. This would allow the county to serve more clients. After July 2023, Riverside County will review pilot outcomes to decide whether to offer A4i more broadly.

<sup>22</sup> Further details about the A4i digital therapeutics certificate can be found at: <https://www.a4i.me/a4i-care-team-champion-certificate/>.

# RIVERSIDE COUNTY A4i EVALUATION



## INTRODUCTION

In 2021, Riverside County launched a pilot of A4i with clients in the schizophrenia and psychosis recovery process.

This evaluation section includes findings and learnings from the:

- Client Evaluation (conducted by Riverside County)
- Provider Evaluation (conducted by the Help@Hand evaluation team)

## CLIENT EVALUATION

Riverside County partnered with A4i to publish a data report on the experience of clients in the county's A4i pilot. This section presents relevant parts of the data report.

### Real World Pilot Implementation Data

#### Riverside University Health System Clinics – California, US

Headquartered in Riverside County, A4i initiated a commercial pilot with the Riverside University Health System (RUHS) Behavioral Unit. The program utilizes Certified Peer Support Specialists to monitor and engage users (clients) on the A4i portal and platform.

Started in September 1st of 2021, users engage with A4i for a structured 6 month engagement period. The project is funded by the California Mental Health Services Authority.

Since 2021, the pilot has been expanded and extended to 9 clinical sites on an ongoing basis.

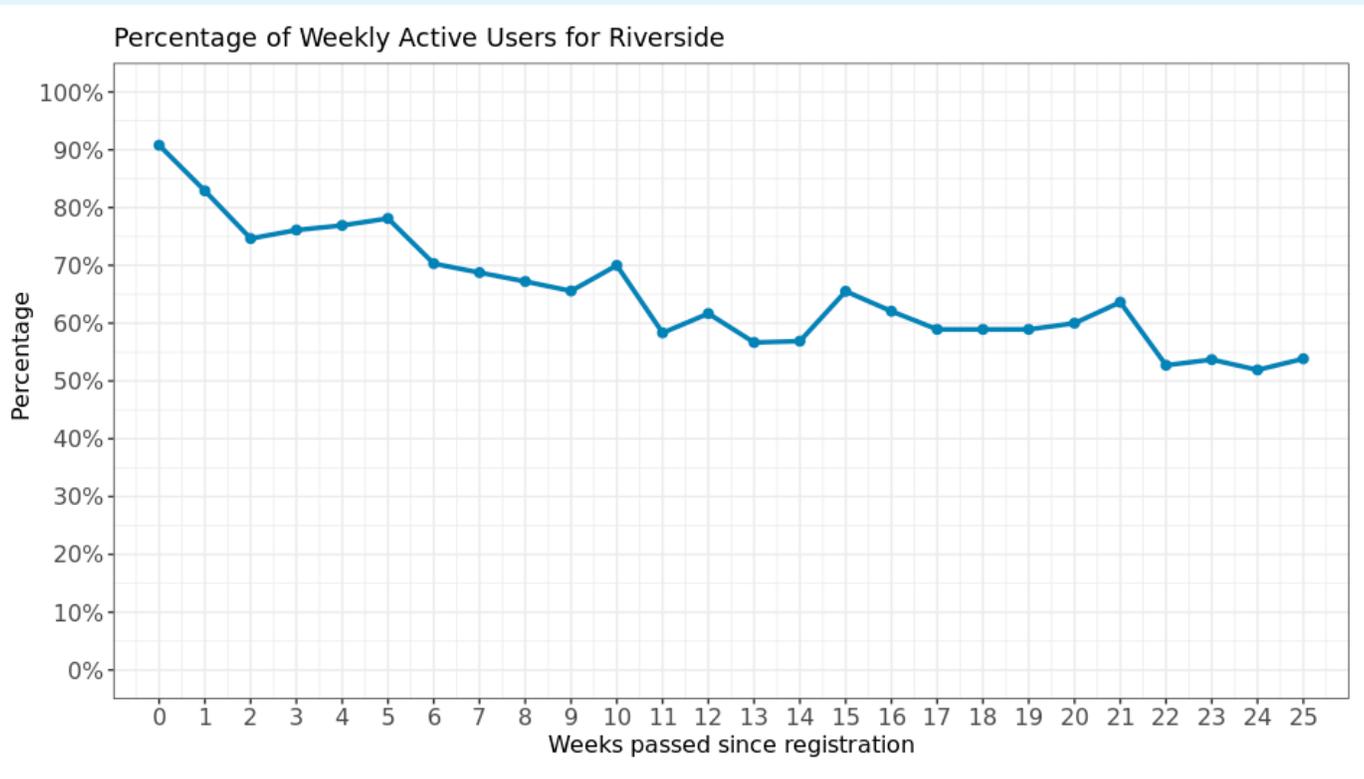
	Dis-Satisfaction Decreased Ratings 1-4			Satisfaction Increased Ratings 7-10		
	Pre	Post	% Decrease	Pre	Post	% Increase
How satisfied are you with your life as a whole?	40.5%	21.6%	<b>-18.9%</b>	29.7%	35.1%	<b>+5.4%</b>
How satisfied are you with feeling part of your community?	40.5%	24.3%	<b>-16.2%</b>	27%	48.6%	<b>+21.6%</b>
How satisfied are you with your personal relationships?	43.2%	16.2%	<b>-27.0%</b>	35.1%	62.2%	<b>+27.1%</b>

Quality of Life - A 9-item questionnaire used to collect general quality of life, well being, and sense of social connectedness.

	Satisfaction Increased Ratings 4-6		
	Pre	Post	% Increase
How do you feel about the amount of meaningful activity (e.g. work, school, volunteer, leisure) in your life?	18.9%	40.5%	<b>+21.6%</b>
How do you feel about the amount of time you spend with other people?	18.9%	37.8%	<b>+18.9%</b>
How do you feel about the amount of friendship in your life?	21.6%	45.9%	<b>+24.3%</b>

**Quality of Life - Items Meaningful Activity Relationships Scale 1-Unhappy Terrible to 6-Delighted**

Surveys administered three (3) times: Pre, 3-months, and 6 month completion



- This plot observes weekly active users for RUHS.
- Summarizes the % of patients who engaged with the app on a weekly basis.
- The week over week engagement is high with an average of roughly 70%.

## Frequency of use of A4i features



Social Feed 43%



Check-Ins 34%



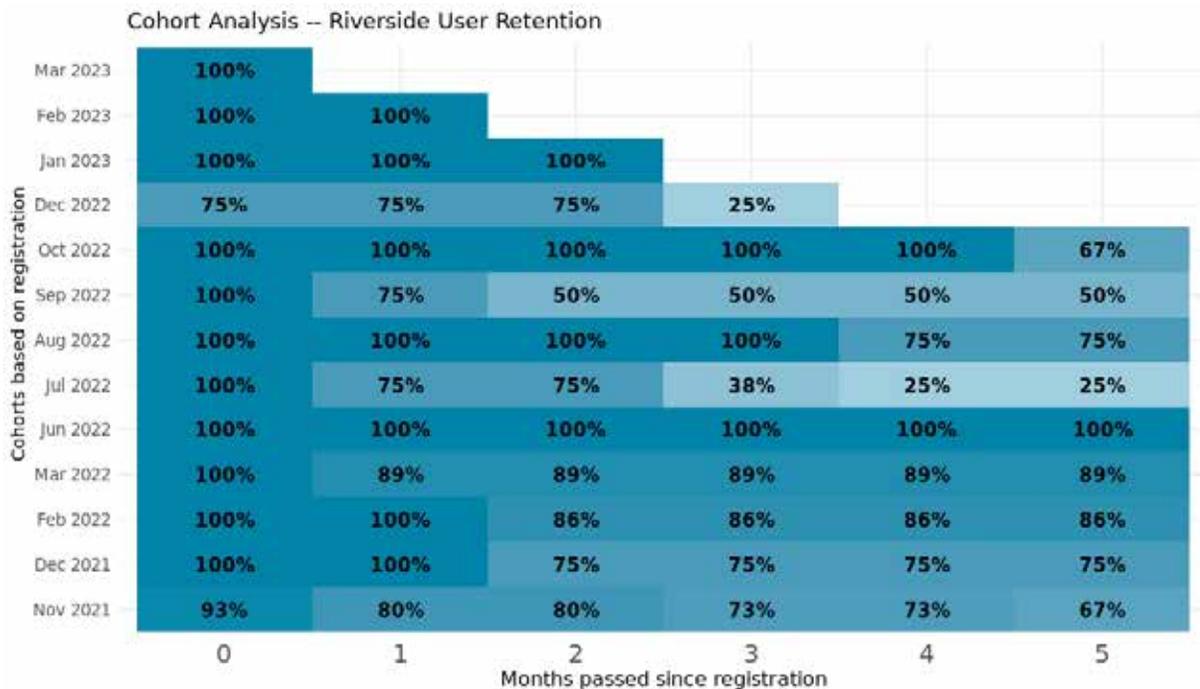
Ambient Sound Detector 2%



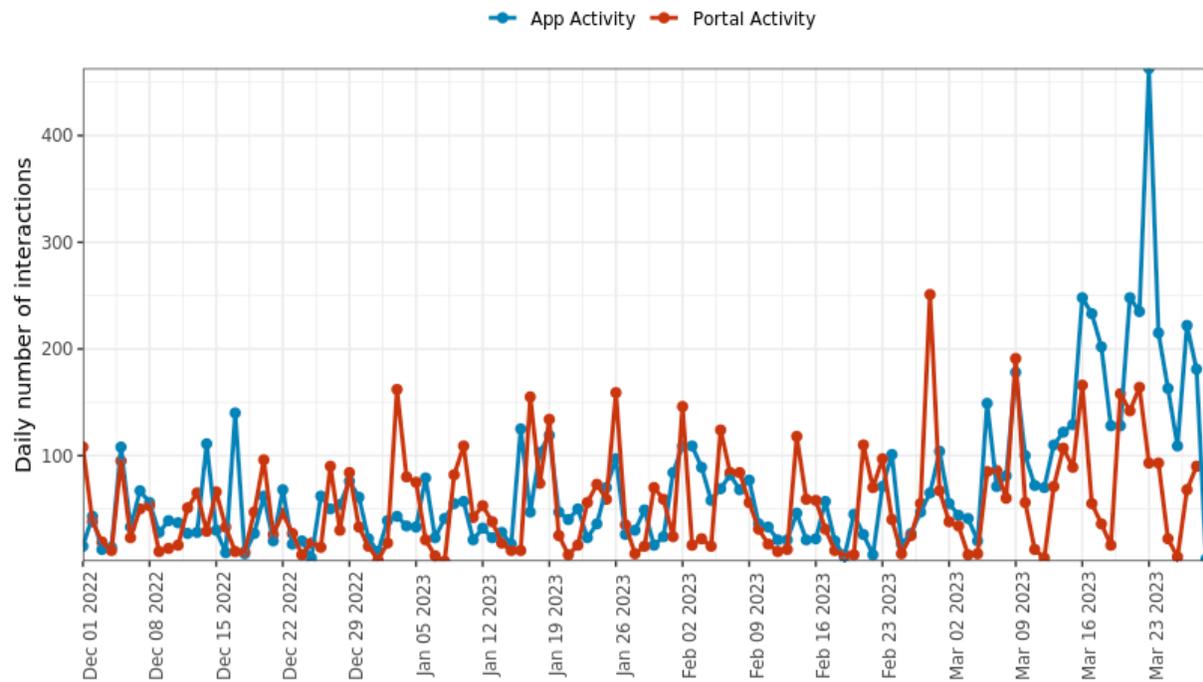
Self Reports 1%

91.9% enjoyed using A4i  
 91.9% thought A4i is easy to use  
 86.5% found A4i useful in their daily lives  
 83.8% thought it is easy to find the information they need in A4i  
 78.4% thought A4i met their wellness needs  
 67.6% thought A4i rarely crashed or caused problems  
 94.6% would recommend A4i  
 89.2% would continue to use A4i if given the opportunity  
 89.2% thought the information on A4i is credible and trustworthy  
 81.1% thought it is easy to navigate within A4i  
 75.6% thought using A4i improved their mental health

Summary of User Experience Survey after 3-Months and 6-Months in the Pilot A4i User Experience Survey. % reflect “Agreed” or “Strongly Agreed” responses to survey item statements.



- Participants enrolled in the same month are grouped into cohorts and analyzed over the 6-month trial.
- Retention indicates if a user has returned and engaged with the app in each month.
- For example, 89% of participants that enrolled in Mar-2022 are returning and engaging with the app 2 months later.
- As of March 2023, 8 cohorts (Nov 2021 to Sept 2023) have completed the trials with an average retention of 84%.
- Overall, A4i is consistently and continuously used with emphasis in the first 3 months after enrollment.



- Displays the daily activities from patients (app) and peer support workers (portal) from Dec 2022 to March 2023.
- Note the positive correlation as the app and portal activity move in tandem.
- High engagement in the portal corresponds to high engagement in the app

## PROVIDER EVALUATION

The Help@Hand evaluation team invited providers (e.g., clinical therapists, behavioral therapists, Peer Support Specialists) participating in the A4i pilot between February 2022 to May 2023 to participate in the pilot evaluation.

The pilot evaluation included the following surveys and interview:

	Evaluation Activity	Occurrence	Administration Period	Response Rate (as of June 2023)
	Initial Survey (Survey 1)	1 month after provider connects with their 1st A4i client	February 2022 – February 2023	100% 19 of 19 providers
	Mid-Pilot Interview	3 months after provider connects with their 1st A4i client	April 2022 – May 2023	74% 14 of 19 providers
	Follow-up Survey (Survey 2)	6 months after provider connects with their 1st A4i client	August 2022 – June 2023	Data collection is active

This section includes data from Survey 1 and the mid-pilot interview. Survey 2 data collection and analysis are ongoing.

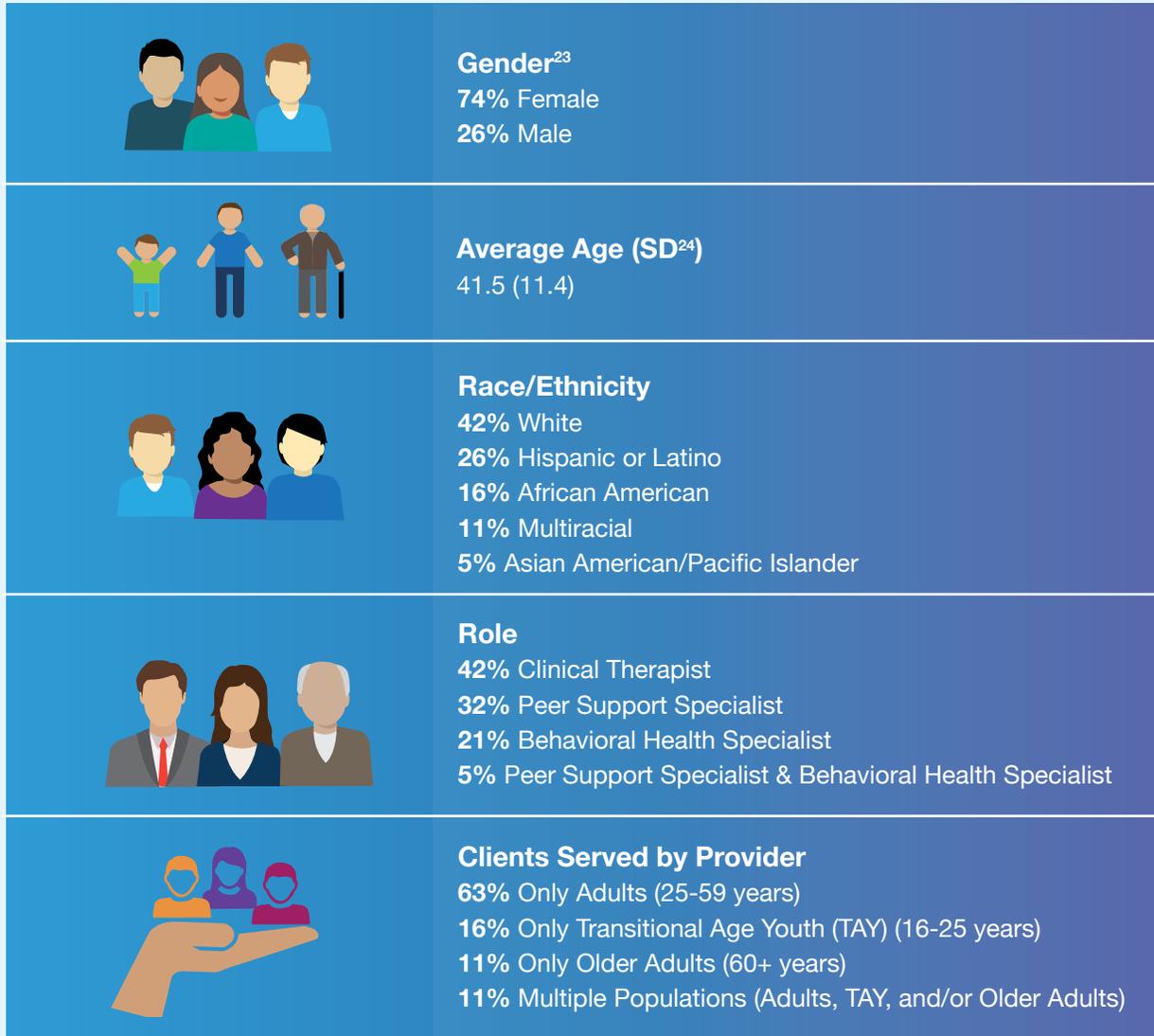
### Key Findings

- **Providers had positive experiences with A4i.** Providers generally perceived A4i positively and found it useful for their clients in the recovery process.
- **Hands-on practice with A4i was useful.** Providers benefited from hands-on practice with the A4i dashboard during the training process, but also desired more formal, longer, in-depth A4i trainings and regular meetings with other colleagues using A4i.
- **Clients benefited from multiple A4i features.** Providers perceived that their clients benefited from A4i, especially through medication reminders, audio checking, receiving extra support and communication from county staff, and fostering a sense of community with peers on the A4i newsfeed.
- **Providers experienced technology-related challenges.** Primary challenges implementing A4i related to technical issues, including platform glitches and clients' familiarity with technology.
- **Providers were optimistic about future A4i implementation.** Providers largely felt that A4i could be successfully implemented throughout the county after addressing technical issues.

## Provider Demographics

### Survey Demographics (n=19)

The average age of providers in the A4i pilot was 41.5, and most reported being female. The largest segment of the providers was White and worked as Clinical Therapists. Finally, most providers exclusively served adults ages 25-59.



### Interview Demographics (n=14)

Similar to the survey respondents, the largest segment of providers who were interviewed worked as Clinical Therapists.



<sup>23</sup> Multiple genders were included as options on the survey; however, participants reported their genders as only male or female.

<sup>24</sup> SD refers to standard deviation, which measures how clustered or spread out responses are relative to the average. Low standard deviation indicates data are largely gathered around the mean, while high standard deviation indicates data are spread out.

## Providers' Initial Expectations of A4i



### Initial Expectations

Half of interview respondents reported initial excitement for the A4i pilot due to its ability to connect providers to clients outside of appointments and specific features such as sound detection or the newsfeed:

*"I was really excited and couldn't wait to kind of learn what kind of difference those things were going to make [...] I believe those features, is what caused A4i to stand out and ultimately won out over the other [app], so you know I did have an expectation of this being huge and making a difference."*

*-Peer Support Specialist*



Twenty-nine percent (29%) of interviewees initially had low or no expectations. Some viewed A4i as an added obligation. A few providers (14%) also reported perceptions that A4i would be burdensome for staff or clients.

*"[My expectations] weren't high, I'm not gonna lie, I'm gonna be completely transparent (laughs), I just felt like, 'okay, something else we have to look at.'"*

*- Clinical Therapist*

## Overall Provider Reception to A4i

One month after using A4i, a significant majority of survey respondents (84%) had positive perceptions of A4i, with 74% reported that the platform was easy to use. Nearly all (95%) reported they would refer future clients to A4i.



**89% of survey respondents perceived that A4i supported clients to engage in treatment**



**79% perceived that A4i enhanced client care**



**89% felt that senior leaders of their county and organization were committed to sustaining A4i**



**61% of providers perceived that there were mechanisms in place to sustain A4i administration**

Three months after starting to use A4i, the majority of interviewees continued to report positive reception from their organization (64%), though they reported lower levels of supervisory support.

### Positive reception from organization



### Supervisor support and engagement for A4i



## A4i Provider Training and Support

### Training Formats

Interviewees reported varied training experiences with A4i. This included attending an in-person training (57%), receiving an A4i booklet (43%), and watching an introductory training video (29%).

#### Attended In-Person Training



#### Received A4i Booklet



#### Watched Training Video



One Peer Support Specialist reported a disconnect between the county and A4i regarding training materials, as county Peers worked on developing an A4i booklet for their clients before receiving one from the A4i vendor.

*“I spent months, creating [a client guide] based off of this giant book of mind-numbing information that I had to go through [...] and based off of just using the app on a daily basis, being able to explain everything in a way that would be easy for our participants. But when I learned that they had a consumer guide I wanted to be like, ‘Wait a minute, you had one this whole time? [...] But it’s a learning curve going on for both parties.”*  
- Peer Support Specialist

### Useful Training Components

Interviewees identified useful components of the training as hands-on practice with the A4i dashboard (57%), walking through A4i with someone already familiar with the platform (36%), and viewing both the provider and client dashboards (14%).

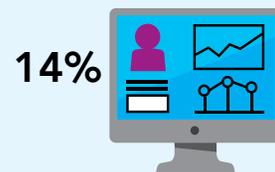
#### Hands-On Practice



#### A4i Walk-Through



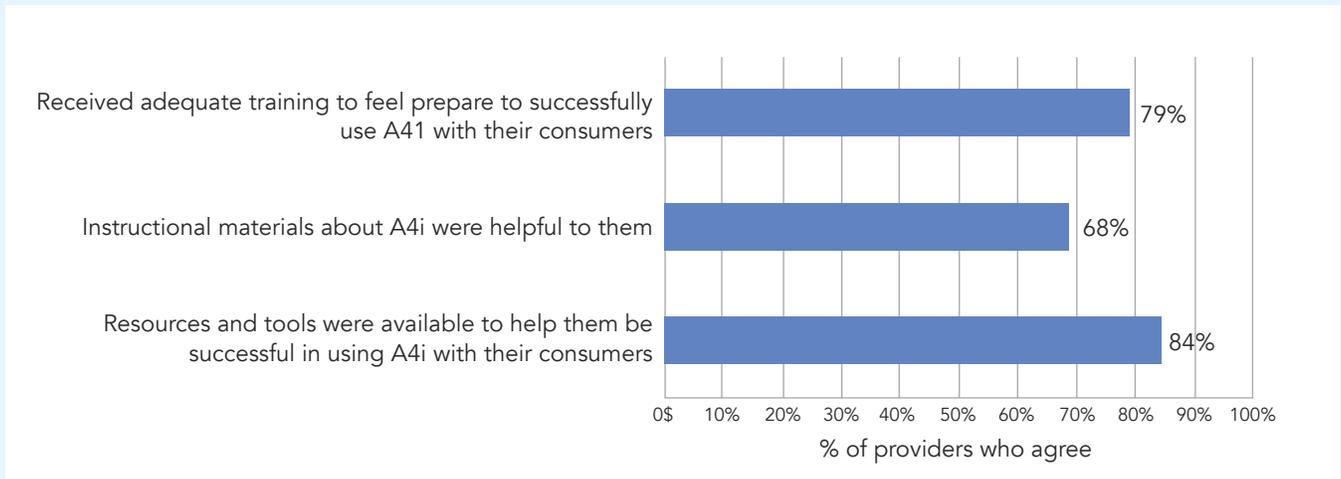
#### Viewing Dashboard



*“And I think honestly, me holding the phone and using it myself was probably one of the greatest tools. Like she brought it in and had an example and [...] I could see how this could be really beneficial for the client versus just having a picture of what it may be like”*  
- Clinical Therapist

## Additional Trainings Needs

After using A4i for 1-month, the majority of survey respondents felt that the training and related support resources were adequate for their use of A4i with clients.



After using A4i for 3 months, providers requested longer trainings, instruction on integration A4i into daily workflows, and supporting A4i providers with regular check-ins. These findings indicate that providers gradually recognized areas they could benefit from further training and support as they continued to use A4i with their clients.

More formal, longer, in-depth trainings

43%



Ideas for integrating A4i into daily workflow

14%



Regular provider check-ins

14%



## Providers' Experiences Using A4i

### Frequency in Use of A4i in Practice

Most survey respondents (84%) reported that the A4i platform's communication features allowed them to stay connected with their clients approximately one month after connecting with their A4i clients. However, interviewees varied in their frequency of using A4i at three months. Providers who did not check A4i regularly attributed their lack of engagement to their caseload or their clients' limited use of A4i.

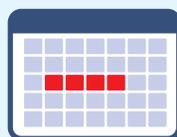
Checked A4i daily

43%



Checked A4i weekly/monthly

22%



Checked A4i when notified

22%



Did not check A4i regularly

14%





## Provider Use of A4i in Practice

Once logged in, A4i-related activity was similar across interviewees. Providers checked client notes, reviewed/approved pending newsfeed posts, reached out to clients through the messaging feature, and communicated with additional staff as necessary. Some interviewees (14%) noted that they actively reviewed A4i activity during in-person therapy sessions.

*“I don’t get a lot of insight as a therapist by what they tell me. This is literally something that I can see visually [...] You can explore more with them. And I think that provided an opportunity that I really didn’t have previously. Especially on those days where they don’t want to talk.”*

*– Clinical Therapist*

## Provider Perspectives on Helpful Features of A4i

Most interviewees (57%) reported that the primary success of A4i was its ability to help them monitor their clients’ well-being outside of appointments. In addition, interviewees commonly mentioned the sound detection feature (36%), medication reminders (29%), and goal-setting (21%) as helpful components of A4i.

### Sound detection feature

36%



### Medication notification

29%



### Goal-setting

21%



Interviewees also liked receiving notifications and being able to review and approve clients’ posts on the newsfeed.

*“To be honest, what I really enjoyed the most are the notifications because like even if I didn’t log in, I knew I would be alerted of, you know, anything that was like, like on the dashboard, the message board, missed medications, or increasing like missed doses, things like that. That’s what I found most useful...it’s too much time to go in there and do all that (laughs).”*

*– Clinical Therapist*

## Providers' Perspective on Client Responsiveness to A4i



### Providers' Perception on Improved Client Outcomes

Some providers saw distinct improvements in their clients' recovery process once they started the A4i pilot.

*"[My client] was always going into crisis and calling before the A4i and then she started to use the A4i and then the crisis drastically reduced. I believe that A4i was very helpful because it allowed her to do those things to distract herself, and the little hints she said, she liked it, and so it was nice to have the phone app reinforcing the things that I've been working with her on, and because she's on the younger scale [...] I think it was more powerful for her to see that the telephone was recommending the same things that I did, so it gave me credibility [laughs]."*

- Clinical Therapist

### Providers' Perspective on Overall Client Reception to A4i

Most interviewees (71%) reported that clients appreciated the A4i platform. Clients who expressed appreciation for A4i were excited to use the platform and to stay connected to their care team members.

*"[The client] loves it. He reports every time I've asked him to bring it out. He's like super excited and smiling and like, let me show you this week I did this."*

- Clinical Therapist

*"[The client] wants to make sure his care team member is aware of what he's got going on the daily [...] for him, that's the way that he's able to keep that communication with his care team member, feeling connected."*

- Peer Support Specialist



Other clients were excited that the county thought specifically of people like them who had a serious mental illness:

*"He says that he's found that this is the first thing he's been really passionate about in a long time [...] just being excited in general that 'there's something out there for people like me [...] just the fact that the county is doing this is showing me that they care about someone like me.'"*

- Peer Support Specialist

Overall, clients generally liked the A4i platform, and several pilot participants chose to stay on the A4i app even after their pilot program officially ended.

*"Once the first 6-month group completed, more than half of them wanted to stay on for their own wellness. So they've continued on and to me, and that's amazing! That just shows how beneficial and how much they really appreciate and need the app."*

- Senior Peer Support Specialist

## Client Perspectives on Helpful Features of A4i

Interviewees shared that clients felt that the A4i platform was beneficial for receiving extra support from county staff and fostering a sense of community with other pilot participants on the A4i newsfeed. Specific features interviewees mentioned that their clients liked included:

### Emotional regulation toolkits

29%



### Sound detection feature

29%



### Medication notification

21%

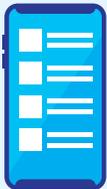


Providers felt that the sound detection feature enabled clients to have a sense of independence in spite of their illness.



*“The reality test is something that [the client] can use in everyday situations. [...] I know that’s been a major help for him just to be able to test it in his own way [...] he doesn’t have to ask anybody else for help [...] He can just stay where he is, can utilize that service.”*

*– Clinical Therapist*



Although participants could not directly respond to each other on the newsfeed, 84% of survey respondents reported that the A4i newsfeed was useful for clients because:

*“[The newsfeed is] a safe community where they can post [...] they don’t have to worry about being judged and it’s a safe environment, because we’re approving all of the posts”*

*–Senior Peer Support Specialist*

## Challenges to A4i Implementation

### Provider Challenges to Using A4i



Interviewees reported that **technical glitches** were common both on A4i and Riverside County’s health platform (64%).



Almost half of interviewees (43%) reported **using A4i exclusively from their desktops**. Providers reported lack of familiarity with tablets or wanting to avoid logging in through the tablet internet browser to access the A4i provider dashboard. In contrast, clients could access their A4i dashboard directly through an app. Providers perceived clients’ app-based access as more intuitive and user-friendly, and recommended that A4i develop an app version of the provider dashboard.



Some providers (21%) reported **manual checking of notifications** was time-consuming. A4i notifications did not provide details about which client or why the provider was notified.

### Provider Perceived Challenges for Clients Using A4i



29% of providers identified low engagement of clients with A4i as a challenge. Clients disengaged with A4i due to general low motivation, or circumstances, such as when they were placed in programs that prohibited device use, or were unhoused:

*“They go into different situations that they stop using their phones like they’ll either get into trouble and be homeless out on the streets getting into trouble, and they stop using the phone and they’ll disconnect like totally from the phone, and it will have to reconnect them, and it kind of takes some time to do to get them back on track.”*  
- Clinical Therapist

**29% of providers identified having a separate or new A4i device as a challenge for clients.** Clients initially received a county-issued device pre-loaded with A4i and other emotional regulation toolkits. Some clients were reluctant to carry a separate device specifically for A4i, to learn a new operating system for the A4i Android phone, or were generally not familiar with technology. However, provider interviewees observed that at some point during the pilot, clients could download A4i on their pre-existing personal devices.

**14% of providers identified clients feeling overwhelmed by notifications.** Some clients felt overwhelmed with the number of daily A4i notifications that they received.

### Recommendations for A4i

Overall, providers largely felt that A4i would be very successful if implemented in Riverside County in the future. However, they also provided several recommendations to improve the A4i experience.

#### Technical Recommendations Made by Providers

Providers recommended several technical changes to make it easier for them to use A4i with clients.

Identify client/reason for notification

14%



Allow provider to indicate client note was viewed

7%



Develop A4i app for provider dashboard

7%



#### Implementation Recommendations Made by Providers



Based on providers’ positive experiences, they also felt that A4i and its resources could benefit additional clients. Over one-third of interviewees (36%) recommended expanding availability of the platform beyond those with schizophrenia.



## Recovery Record Pilot

Recovery Record is an app designed to support recovery from eating disorders using techniques established in cognitive behavioral therapy (CBT). Riverside County launched the Recovery Record pilot in 2023.



### **Pilot Launch**

After their Behavioral Health Director approved the pilot proposal and their contract with Recovery Record was executed, the county launched their pilot in early 2023. The county promoted the Recovery Record pilot with the Eating Disorder Program Administrator, on-boarded the Eating Disorder (ED) Champions (e.g., providers working with Eating Disorder consumers), and planned the pilot evaluation.



### **Provider and Client Participation**

The Riverside County Help@Hand team worked with the Eating Disorder Administrator Manager to identify and register providers into the pilot program. The team provided information about the Recovery Record pilot and gained further buy-in from registered providers through emails, flyers, announcements, and presentations at county meetings. These efforts reached over 280 staff members.

The first ED Champion working with youth clients was onboarded in late January 2023, and the first ED Champion working with adult clients was onboarded in March 2023. As of June 2023, 36 staff members completed the training and onboarding process for the pilot, and 17 clients have been onboarded.



### **Collaboration**

In February 2023, Riverside County met with Sacramento County's Behavioral Health Team to discuss how to improve eating disorder treatment. Riverside County shared their clinical experience in the eating disorder field and discussed how the Recovery Record pilot may enhance their work as well as consumers' treatment and recovery journey. The spotlight on page

102 provides more information about the collaboration meeting.



### **Evaluation**

Riverside County worked with CalMHSA to execute a contract with the Help@Hand evaluation team to assess the Recovery Record pilot. The county evaluator will collect and analyze app data, consumer survey data, and interview data. The Help@Hand evaluation team is currently collecting surveys and interviews with ED Champions to gain their perspectives on the Recovery

Record pilot. Data collection is ongoing and preliminary findings and learnings will be shared in the next evaluation report.



### **Future Directions**

Riverside County will continue to enroll new pilot participants through September 2023, and the pilot evaluation will continue through February 2024. Due to the evaluation timeline, Riverside County will extend the agreement with Recovery Record from November 2023 to the county's Help@Hand end date in February 2024. At that time, Riverside County will review pilot outcomes to decide whether to offer Recovery Record more broadly.

# SPOTLIGHT

## Riverside Shares Best Practices for Technology-Enhanced Eating Disorders Treatment with Sacramento County

### Authors:

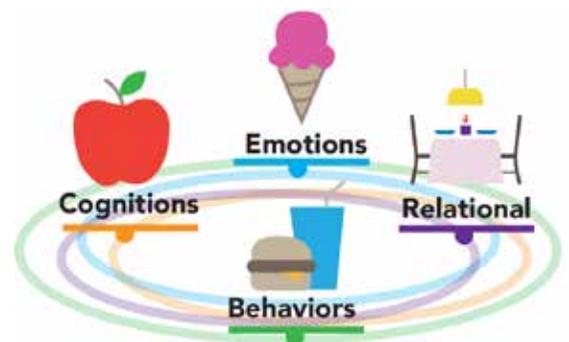
Kayla Henry, LMFT  
Riverside University Health System - Behavioral Health (RUHS-BH)  
Help@Hand Program



### Introduction

It is not every day that a person in treatment comes across a tool that acts as a helper to everyone involved (the person in treatment as well as their support system). When such tools prove to make a difference, it becomes something worth sharing. Sacramento County's Behavioral Health Team posed the question, "What has been working for you?" to Riverside County's Behavioral Health Eating Disorder (ED) Treatment Team. The two counties met in February 2023 to discuss the subject.

Brought together through a personal connection, Riverside hosted a collaboration meeting with Sacramento in order to share more about Riverside University Health System-Behavioral Health's (RUHS-BH) expertise in Eating Disorder treatment. Among these insights, Riverside highlighted their Help@Hand team's efforts to provide a technology-enhanced tool for Eating Disorder treatment, which acts as a helper along the recovery journey. Riverside shared hallmarks for "good quality of care", focused on addressing cognitions, emotions, behaviors, the relational approach, and how these good quality hallmarks are enhanced by the "Recovery Record" app for Eating Disorders (Note: Color-coded "good quality of care" references appear throughout this article.). Essentially, Riverside answered Sacramento's question about what's been working for RUHS-BH so that Sacramento can leverage best practices to develop their own eating disorder program. In this spotlight are the highlights shared during this meeting on how this approach supports good quality to care.



### Background: The Approach for Adding Technology-Enhanced Tools

Riverside University Health System-Behavioral Health (RUHS-BH) identified that there was a great need in supporting high risk populations such as those with eating disorders and focused on ways to help by using technology. Although the therapeutic professions have grown more sophisticated in serving people with eating disorders, the disorders remain challenging to treat because dangerous physical health problems are present at the same time as addictive dynamics, often fueling a high degree of secrecy.



The RUHS-BH and the CalMHSA Help@Hand project team worked to select “Recovery Record”. This app was included in the list of apps that are available for Help@Hand Collaborative members to use for their projects. Recovery Record is a tool that helps implement Eating Disorder treatment best practices by empowering the user to monitor their own well-being. RUHS-BH recognized that Eating Disorders are known to be an especially challenging issue. It can control our thoughts, which impact our behavior, and ultimately all aspects of our daily lives. Cognitions, emotions, behaviors and relational dynamics that are at play with eating disorders create notably difficult barriers to healing. Recovery and healing starts by strengthening awareness of our experiences from a whole-person perspective (cognitive, emotional, behavioral, *physical*, relational).

In other words, we can implement lasting change in our lives when we have the ability to connect what is going on within ourselves which steers to healing. After becoming aware of our emotions and patterns of harmful behavior, we can create strategies that help us feel empowered to *do something* about it.

## Hallmarks of Good Quality of Care

The RUHS-BH Help@Hand team shared with Sacramento the hallmarks of good “quality of care”, treatment which supports the empowerment of individuals. We focused on four elements of quality of care written in colored text below:

- 1) Cognitions (increased self-monitoring)
- 2) Emotions (increased engagement with support when faced with challenges)
- 3) Behaviors (increased engagement and practice with implementing learned skills)
- 4) Relational (increased care collaboration with team, with increased engagement in data/observations)

These four elements are ingredients which support a path toward healing. When individuals become attuned to these elements of quality of care while working through eating disorders, individuals in partnership with providers, begin to navigate toward healing, recovery, and resilience.

RUHS-BH Eating Disorder providers have learned that interactive technology-enhanced mental health services can be used in conjunction with our existing Eating Disorder program. It provides solutions to enhance outcomes and reduce risk. The collaboration meeting with Sacramento provided an opportunity for the RUHS-BH Help@Hand team to act as “Technology Ambassadors” for Eating Disorder treatment by sharing more about how the Recovery Record app can enhance the quality of care experienced. The Recovery Record app helps track progress and setbacks, which deepens our awareness of the nature of the problem (cognitive), provides a space for engagement and data sharing (relational), access to in-the-moment support (emotion), and the opportunity to practice and strengthen skills to respond to triggers (behavior). The system is designed to make Eating Disorder treatment more accessible, productive, and effective.

### Increasing Self-Monitoring (cognitive)

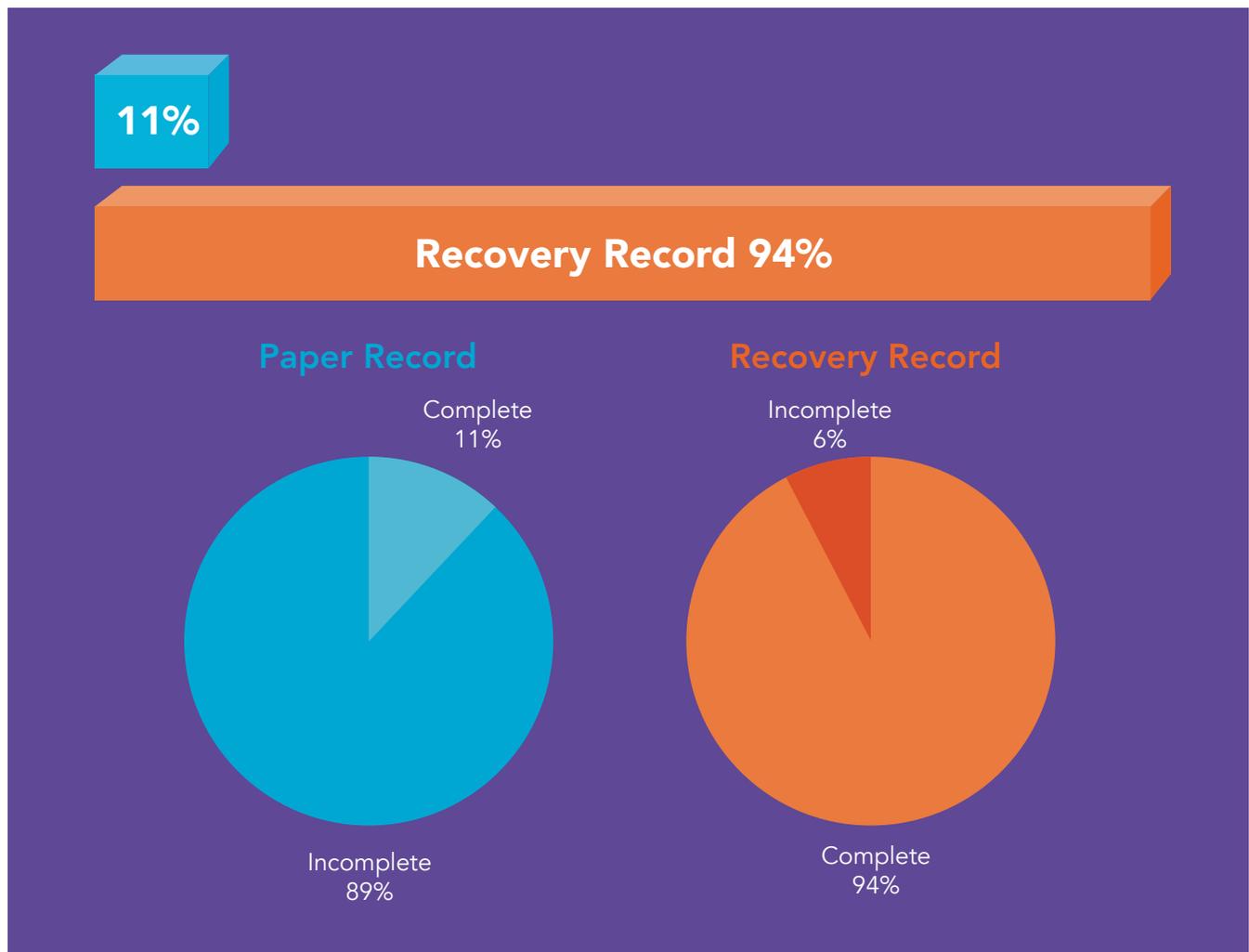
Self-monitoring is the cornerstone of behavior change in cognitive-behavioral approaches in treating Eating Disorders. “Monitoring cognitions, emotions, and behaviors helps patients and providers identify contextual and personal triggers, patterns in daily behavior, and the promoters of and barriers to change, and in so doing, self-monitoring indexes treatment progress and guides the focus of therapy sessions”<sup>1,13</sup>, setting the stage for behavior change and commitment to goals. Self-monitoring enhances a person’s awareness of patterns and combats the dissociation often seen during restricting and binge eating behavior<sup>2</sup>.

*“Monitoring cognitions, emotions, and behaviors helps patients and providers identify contextual and personal triggers, patterns in daily behavior, and the promoters of- and barriers to change, and in so doing, self-monitoring indexes treatment progress and guides the focus of therapy sessions”*

## Increasing Care Collaboration and Engagement with Data (relational)

**Care Collaboration:** Sacramento displayed high interest when it was shared that a favorite benefit for using this technology-enhanced tool was the element of time saved in session. “Despite the time spent using Recovery Record (6.6 minutes/working day), practitioners reported more effective one-on-one time spent with patients in therapy sessions and that the increased time using the app was equally offset by a decrease in the time spent on phone calls with patients and other care providers”<sup>13</sup>. Another benefit is not having to spend the first portion of the session recalling past thoughts, emotions, and behaviors as they review (and sometimes fill out) the log homework<sup>13</sup>.

Riverside shared that one barrier to fruitful time spent in session is the time spent helping individuals complete logs, diaries, or paper food records. The Help@Hand Riverside team shared that Recovery Record was compared in a study to using paper and found comparatively, upon the implementation of the app, 79% of patients were found to complete records daily with Recovery Record, compared with 11% in the literature<sup>3</sup>. The RUHS-BH team agreed they are finding similar productive change when utilizing the app with clients and their support system (families). The RUHS-BH Help@Hand team shared with Sacramento that client engagement and self-monitoring skills increased after completing logs and other homework with Recovery Record<sup>4,5</sup>. Completing traditional paper logs was compared with electronic log completion and found a difference<sup>3</sup>.



Utilizing the app as a helper tool increases the amount of sound behavioral data from which to make clinical decisions and the client recovery progress, which informs on need for treatment tasks.

## Increasing Access to Support (emotion)

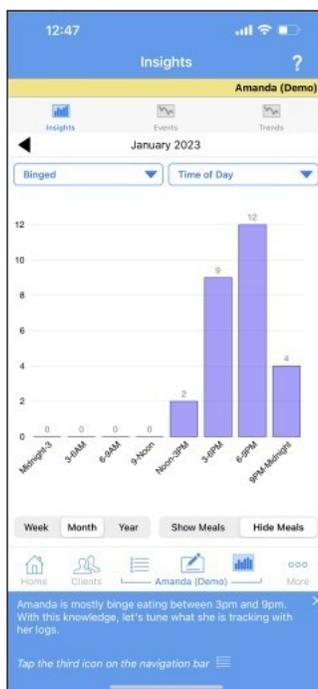
In the study shared with Sacramento, 95% felt more connected to their clinician and more accountable in treatment. Moreover, 89% reported that using Recovery Record helped their condition from getting worse. Recovery Record appears to be effective in streamlining treatment efficiency as well as coordinating care<sup>13</sup>. When it comes to supporting an individual in treatment, the technology is designed by eating disorder providers who have an intimate understanding of what type of technological support would appeal to a practitioner. There are built-in templates that make it easy to individualize for relevant and current treatment. Additionally, providers recognized their clients had increased engagement with them and it strengthened the relational bond. Individuals mention appreciation for the sense of constant support.



They were able to sense that support was available to them and they were connected to their care team beyond the set session time. Connection with clients was deemed a high priority to Riverside; they liked the added bridge to their clients that the app offers. Riverside Eating Disorder treatment often includes home visits, and the app offers another entrance into the family's daily lives. A strengthened connection also enhances a sense of support with messaging features. This gives providers the ability to send an encouraging message to reinforcement positive engagement with the click of one button.

The use of remote monitoring and mobile engagement leads to improved quality of outpatient care, and a strengthened relational approach which offers more efficient care coordination.

Riverside shared a study which found **all** clinicians reported being highly willing to use Recovery Record in treatment with their patients<sup>6</sup>. Clinicians would recommend the application to other practitioners and felt that it increased their effectiveness and improved treatment. Clinicians report that they make more effective use of one-on-one time with clients in therapeutic sessions. One clinician said, "I am finding that we have much more time to focus on intervention work in session". When Sacramento asked why the clinicians felt the app was helping bridge connection, they answered that they felt comfortable with their clients using Recovery Record as additional support during vulnerable moments. Clinicians mentioned knowing many of their clients struggle the most with overwhelming thoughts, emotions, and battle impulses in hours when their support (clinical or familial) were typically not available (i.e. middle of the night), and felt comfort that their clients could reach for their phone and access help using the app.



## Increasing Learned Skills (behavior)

There is a difference between *knowing* what is healthy and *practicing* what is healthy. Implementing a skill to our daily routines and habits takes work and practice. It is not a simple task to both learn and then implement strategies of change to our overall wellness, but technology may help. More research highlights the appeal to utilizing technology as a tool for creating change in Cognitions, emotions and behaviors. For example, "In contrast to traditional paper diaries, smartphone monitoring can be completed discretely and quickly"<sup>7-10</sup>, creating easy access to increased engagement and therefore increased practice in skill-building. Additionally, "phones automatically provide time/day stamps so behaviors can be recorded accurately<sup>7-10</sup> [ . . . ] Mobile phones can extend behavioral paradigms, by providing immediate reinforcement for self-monitoring through support, automated and personalized feedback"<sup>5, 11, 12</sup>.

More still, Recovery Record provides 300+ empirically supported **in-the-moment** coping strategies in response to self-monitored information, ensuring important skills learned during treatment are practiced"<sup>13</sup>. The convenient and easy-to-use nature of the app increases motivation for building skills in tracking emotions, behaviors, and make it easy to identify connections between the two.

This technology-enhanced tool enables the opportunity to practice learned skills in those especially vulnerable moments between seeing a provider or being surrounded by support. This is possible through the recognition that even when we are alone, we almost always still have our phones with us, and our phone can become an extension of our support system through its utilization as a tool.

## Conclusion

Sacramento and Riverside had the wonderful opportunity to come together and share their experiences with areas of need as well as possible solutions for Eating Disorder treatment. When Sacramento asked, "What has been working for you?", Riverside answered by highlighting the importance of making Eating Disorder treatment more accessible, productive, and effective through hallmarks for good quality of care, focused on addressing cognitions, emotions, behaviors and the relational approach.

Key components of quality of care include: increasing self-monitoring (cognitive) such as enhancing a person's awareness of patterns, increasing care collaboration and engaging with data (relational) such as gathering information and sharing with support team), increasing access to support (emotion) such as using positive reinforcement, personal reminders of motivation and individualizing a plan, which encourages implementing learned skills (behavior) such as outcome evaluation and applying the ability to identify patterns in behavior, emotions, thoughts, etc). Putting it all together, Recovery Record acts as an exceptional helper for the person in treatment and the support system, *which is what an innovation project is meant to do.*

## Works Cited

1. Wilde MH, Garvin S. *A concept analysis of self-monitoring*. Journal of advanced nursing. 2007;57(3):339-350.
2. Hallings-Pott C, Waller G, Watson D, Scragg P. *State dissociation in bulimic eating disorders: an experimental study*. Int J Eat Disord. 2005;38(1):37-41.
3. Stone AA, Shiffman S, Schwartz JE, Broderick JE, Hufford MR. *Patient non-compliance with paper diaries*. Bmj.2002;324(7347):1193-1194.
4. Stone AA, Broderick JE, Schwartz JE, Shiffman S, Litcher-Kelly L, Calvanese P. *Intensive momentary reporting of pain with an electronic diary: reactivity, compliance, and patient satisfaction*. Pain. 2003;104(1-2):343-351.
5. Stone AA, Shiffman S, Schwartz JE, Broderick JE, Hufford MR. *Patient compliance with paper and electronic diaries*. Control Clin Trials. 2003;24(2):182-199.
6. Buttlare S, Shaw N, Manley T, Tregarthen J, Argue S. *Kaiser Permanente Recovery Record Pilot Final Report: Mobile treatment and behavioral analytics in Kaiser Permanente's eating disorder programs.2015*. Private Report.
7. Hareva DH, Okada H, Kitawaki T, Oka H. *Supportive intervention using a mobile phone in behavior modification*. Acta medica Okayama. 2009;63(2):113-120.
8. Lukasiewicz M, Fareng M, Benyamina A, Blecha L, Reynaud M, Falissard B. *Ecological momentary assessment in addiction*. Expert review of neurotherapeutics. 2007;7(8):939-950.
9. Sorbi MJ, Mak SB, Houtveen JH, Kleiboer AM, van Doornen LJ. *Mobile Web-based monitoring and coaching: feasibility in chronic migraine*. J Med Internet Res. 2007;9(5):e38.
10. Krishna S, Boren SA, Balas EA. *Healthcare via cell phones: a systematic review*. Telemed J E Health. 2009;15(3):231-240.
11. Bauer S, Hagel J, Okon E, Meermann R, Kordy H. *Erfahrungen mit dem Einsatz des Short Message Service (SMS) in der nachstationären Betreuung von Patientinnen mit Bulimia nervosa*. Psychodynamische Psychotherapie. 2006; 3:127-136.
12. Bauer S, Percevic R, Okon E, Meermann R, Kordy H. *Use of text messaging in the aftercare of patients with bulimia nervosa*. European Eating Disorders Review. 2003;11:279-290.
13. Recovery Record Research Summary Supporting Eating Disorder Recovery Across the Care Continuum. Internal Company Document. Accessed 25 May 2023.

## Bibliography

- Carter JC, Blackmore E, Sutandar-Pinnock K, Woodside DB. *Relapse in anorexia nervosa: a survival analysis*. *Psychology Med*. 2004;34(4):671–9.
- Carter JC, Mercer-Lynn KB, Norwood SJ, Bewell-Weiss CV, Crosby RD, Woodside DB, Olmsted MP. *A prospective study of predictors of relapse in anorexia nervosa: implications for relapse prevention*. *Psychiatry Res*. 2012;200(2-3):518–23.
- Eisler I, Simic M, Russell GF, Dare C. *A randomised controlled treatment trial of two forms of family therapy in adolescent anorexia nervosa: a five-year follow-up*. *J Child Psychol Psychiatry*. 2007;48(6):552–60.
- Herzog DB, Dorer DJ, Keel PK, Selwyn SE, Ekeblad ER, Flores AT, et al. *Recovery and relapse in anorexia and bulimia nervosa: a 7.5-year follow-up study*. *J Am Acad Child Adolesc Psychiatry*. 1999;38(7):829–37.
- Isager T, Brinch M, Kreiner S, Tolstrup K. *Death and relapse in anorexia nervosa: survival analysis of 151 cases*. *J Psychiatr Res*. 1985;19(2-3):515–21.
- Juarascio AS, Manasse SM, Goldstein SP, Forman EM, Butryn ML. *Review of smartphone applications for the treatment of eating disorders*. *Eur Eat Disord Rev*. 2015 Jan;23(1):1-1
- Keel PK, Dorer DJ, Franko DL, Jackson SC, Herzog DB. *Postremission predictors of relapse in women with eating disorders*. *Am J Psychiatry*. 2005;162(12):2263–8.
- Strober M, Freeman R, Morrell W. *The long-term course of severe anorexia nervosa in adolescents: survival analysis of recovery, relapse, and outcome predictors over 10-15 years in a prospective study*. *Int J Eat Disord*. 1997;22(4):339–60.



## Kiosks and Device Distribution

Starting in 2022, kiosks were installed across Riverside County to leverage technology to connect and engage individuals with wellness tools and digital resources. The specific goals of installing kiosks included:

- Provide education on the signs and symptoms of mental illness
- Reduce stigma associated with mental illness by promoting mental wellness
- Increase purpose, belonging, and social connectedness of county residents
- Provide real-time help via access to Peer Support through the TakemyHand™ Live Peer Chat
- Provide access to free mobile technologies with preloaded apps at no cost to county residents



**Above:** A Large Kiosk  
**Source:** Riverside County (2023)



## Charging Stations

Riverside County began experiencing challenges with kiosks due to consumers unplugging the kiosks to charge their devices. As a result, Riverside County decided to design and install device charging stations to prevent kiosks from being unplugged.



### Phase I: Initial Kiosk Installation

Phase I launched in 2022. In 2023, new charging stations with peeling surfaces were installed.



**Above:** A Redesigned Charging Station  
**Source:** Riverside County (2023)



**Phase II: Broader Kiosk Installation**

In 2023, Phase II built on Phase I’s successes as the county assessed new locations for kiosks. Earlier in the year, the county identified potential locations for kiosks. In the first two quarters of 2023, Riverside County installed four kiosks, including six iPads Pros and two 55” kiosks. For the remainder of fiscal year 2023, the county plans to work with Jaguar and G|M to install 39 additional kiosks, including seven 55” kiosks at new sites and one replacement for a vandalized clinic kiosk.

The county planned to install kiosks in county public health clinic exam rooms and at Peer Resource clinics. This included expanding the kiosks to Riverside County’s health clinics as part of the county’s RivCo ONE Integrated Services Delivery Transformation Initiative, which aims to integrate services throughout the county. Riverside County’s Board of Supervisors identified this effort as a top project priority. One of the components of this transformation initiative is the engagement and insight which kiosk technology and a special kiosk landing page play in making county resources available and user friendly at a single point for county constituents.

Two kiosks were installed at Jurupa Valley Medical Health Clinic in June 2023. Updates to the landing page for the kiosks at Jurupa Valley Medical Health Clinic were also under development in collaboration with multiple departments across the county. Additionally, device-charging stations will be installed with TakemyHand™ stickers at select locations.



Kiosk #1

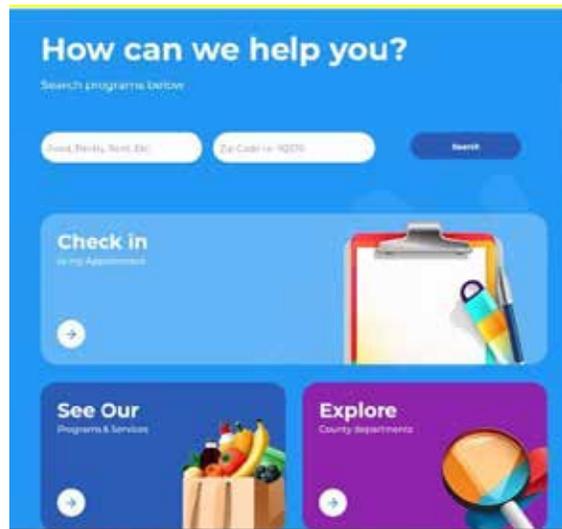


Kiosk #2



**Above:** Two Kiosks Installed at Jurupa Valley Medical Health Clinic in June 2023  
**Source:** Riverside County (2023)

Dreamsyte and the system of engagement team worked together to design a new kiosk landing page specifically for medical clinics.





**Above:** Updates to Kiosk Landing Page

**Source:** Riverside University Health System. (2023). Thrive Kiosk. Retrieved from <https://thrive.ruhealth.org/#/home>

In June 2023, the county began discussions with the county prison system to add kiosks to five prison locations. The kiosks will serve as a resource for inmates and facilitate their enrollment in behavioral health services before their release. This is part of a broader effort to help prepare this population to re-enter their communities called the California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Initiative. CalAIM provides individuals the opportunity to enroll in Medi-Cal and receive a set of services in the 90 days before their release.



### *Future Directions*

Riverside County will continue to finalize their contract amendment to install kiosks and device charging-stations at sites across the county. They will also develop a plan to distribute remaining devices.



### **Deaf and Hard of Hearing (DHOH) Needs Assessment Survey**

In 2023 Riverside County continued to conduct a community-wide needs assessment of their DHOH community, one of their core audiences for their Help@Hand program. The needs assessment aims to understand the needs of the DHOH community and expanded on a smaller needs assessment conducted in 2020 with the Help@Hand evaluation team.

Riverside County and the Center on Deafness Inland Empire (CODIE) launched the community-wide needs assessment survey in May 2022. The survey was emailed to 300 individuals and was posted on CODIE's homepage for community members to complete. In 2023, the county and CODIE addressed security issues with the survey, hosted community outreach events, and shared their experience with the survey on a Help@Hand Collaboration meeting. A total of 42 surveys have been completed as of June 2023.



### *Survey Security*

In January 2023, the survey received a cyber bot attack in which a bot completed over 2,500 surveys. Following the cyber bot attack, the county executed an agreement with the software company Red Pepper and worked with them to prevent future cyber bot attacks. The survey was published on the CODIE website with a new link after security updates and testing were completed.



### *Community Outreach*

In April 2023, CODIE hosted an in-person event where their members were invited to complete the needs assessment survey. Information about the event was emailed to DHoH community members and was shared on both the CODIE and county website. Community members could use the QR code located on event posters to access the survey. Peer Support Specialists and ASL interpreters were also available to help during the event. Those who completed the survey were offered an incentive.

In May 2023, a booth was also hosted for DHoH community members to complete the survey during a mental health awareness month event at CODIE. Nine interpreters were available to support.



### *Collaboration*

In February 2023, CODIE's Advocate Lead and the DHoH Committee Liaison presented at a Help@Hand Collaboration meeting. They shared their lessons learned from participating in Riverside County's Help@Hand program. After their presentation, other Help@Hand counties/cities discussed adapting Riverside County's DHoH Needs Assessment Survey for their DHoH communities.



### *Future Directions*

Riverside County and CODIE will continue to email survey reminders until they reach 100 completed surveys. Reassessment of survey marketing and dissemination will be done as needed in order to reach the survey response goal.



### **Whole Person Health Score (WPHS)**

In 2016, Riverside County created the WPHS assessment tool to identify clients' needs and help clinical care teams to support their clients. Clients within Riverside County's health system could complete the WPHS assessment tool on paper during their healthcare visits. Clients could also complete the tool electronically with iPads and kiosks located in clinic lobbies. After successfully offering the WPHS assessment tool in these various formats, Riverside County decided to develop an online version of the tool that could be distributed via text message/email and accessed via desktop, mobile device, or tablet. This endeavor involved two phases.

In early 2023, Riverside County completed Phase I, which involved validating and distributing the Adult WPHS assessment tool. The county then worked on Phase II, which included the creation of a data dashboard, configuration of past responses, integration with the Electronic Health Record, creation of a closed loop system, and digital configuration of the Adolescent WPHS assessment tool.



### **Phase I**

#### *Validation of Adult WPHS Assessment Tool*

Riverside County planned to launch the digital version of the adult screening tool in November 2022; however, the launch was delayed allowing for additional planning.

Riverside County collaborated with Qualtrics and Accenture throughout January 2023 to finish testing the Adult WPHS assessment tool. Testing was completed on all devices (Android phones, Apple phones, tablets, iPads, and desktop) in January 2023.

After testing the Adult WPHS assessment tool, the county worked to improve the user experience, create meaningful operational workflows, and determine a distribution plan for the survey links.

- **User Experience:** Throughout January 2023, discussions focused on creating easy to understand survey invitations via text messaging and email for users in both English and Spanish. Spanish-speaking team members translated the Spanish messaging instead of using auto-translations to improve readability.

- **Operational Workflows:** Based on feedback during testing, Riverside County in collaboration with Qualtrics and Accenture adjusted the user experience by streamlining user authentication. The updates to user authentication helps users easily review their scores at any future date. Scores can be viewed in a PDF format and printed. After testing, Riverside County discovered that the format of the results varied between web and mobile devices. They updated the PDF printout view to improve readability of the results on all platforms. To prevent fraudulent responses, they also incorporated security/bot detection and reCAPTCHA.
- **Distribution Plan:** Riverside County created multiple avenues to distribute the survey via their behavioral health and the medical center sites. A contact directory was created for behavioral health clients and a separate directory was created for medical center clients to keep data private and separate per regulations. In addition to creating links tied to a direct invitation, anonymous links were created for individuals to access the survey without a direct invitation.

### Launch of Adult WPHS Assessment Tool

The Adult WPHS assessment tool launched through Riverside County’s community health, outreach and navigation, and behavioral health services. The table below captures the number of Adult WPHS surveys that were started and completed via SMS. No surveys were distributed via email.

**Table 3.2. Adult Whole Person Health Score Assessment Distributions and Responses (February-June 2023)**

Distribution Context	Number of SMS Invites Sent	Number of SMS Bounce Back	Number of Surveys Started	Number of Surveys Completed (Percent Response Rate, Percent Completion Rate)
Community Health	438	22	59	14 (3.2, 23.7)
Outreach and Navigation	11,320	2,670	589	251 (2.2, 42.6)
Behavioral Health	75	17	8	4 (5.3, 50.0)
Total	11,833	2,709	656	269 (2.3, 41.0)

### Community Health Launch

The first pilot launch of automated text message distributions of the Adult WPHS assessment tool occurred in February 2023 to a curated list of Jurupa Valley clients. These clients were filtered to include individuals who previously completed the Adult WPHS assessment in July/August 2022. This was further filtered down to select patients who did not have an appointment scheduled. A total of 200 of these patients were randomly selected for the initial distribution. Additional assessments were distributed later in February 2023. After the first pilot launch, the Riverside County team generated reports from other clinics to send Adult WPHS assessment tool distributions to patients who completed the Adult WPHS assessment tool six or more months ago.

### Outreach and Navigation Launch

Additionally, the Riverside County team collaborated with four patient navigators at the medical center. Through this collaboration, the Patient Navigators sent out the assessment to patients who were assigned a provider but had not yet been scheduled to see the provider. Upon completion of the Adult WPHS assessment, the Patient Navigators could call the patient to set up a doctor’s appointment, link them with primary care, and connect them with services as needed.

### Behavioral Health Launch

The behavioral health team took additional time prior to launch to train clinics on how to support and offer guidance to individuals who have questions regarding the survey (e.g., how to give clients validation and appropriate ways to communicate with clients about the survey). Riverside County created marketing/educational materials to support individuals accessing and taking the Adult WPHS assessment. The how-to flyer utilizes the behavioral health anonymous link, available via QR code. The behavioral health distribution began in March 2023.

In April 2023, the Adult WPHS assessment tool went live on 40 kiosks across Riverside County Health System. It also became available on the web.

### Additional Sites

Riverside County continues to outreach to additional clinics to increase distribution and to garner interest in participating in pilots of the Adult WPHS assessment tool. Riverside County is promoting the Adult WPHS assessment tool through distribution of marketed materials, discussions at manager, administrator and clinic supervisor meetings, and via presentations. Collaboration is also underway with the Peer Support team, individuals who act as a resource to support and offer guidance to behavioral health patients throughout the process of accessing and completing the Adult WPHS assessment tool. Additionally, the county is planning an in-service with clinics to help them address questions clients may have after they receive their Adult WPHS score.



Above: Whole Person Health Score How-To Flyer  
 Source: Riverside County Medical Center Marketing Team

### Connect to Care Whenever. Wherever.

This block contains six promotional cards for digital health services. The first card is for 'TakeMyHand.co—Live Peer Chat', featuring a person in a white coat. The second is for 'TomaMiMano.co—Chatea en Vivo', featuring a woman. The third is for 'Get your Whole Person Health Score', featuring icons for various health domains. The fourth card shows a QR code. The fifth card features the 'help@hand' logo. The sixth card features a staff member's face.

Above: Adult Whole Person Health Score in Kiosks and on the Web  
 Source: Riverside University Health System. (2023). Help@Hand—Connecting People with Care. Retrieved from <https://riversidehelpathand.org/>

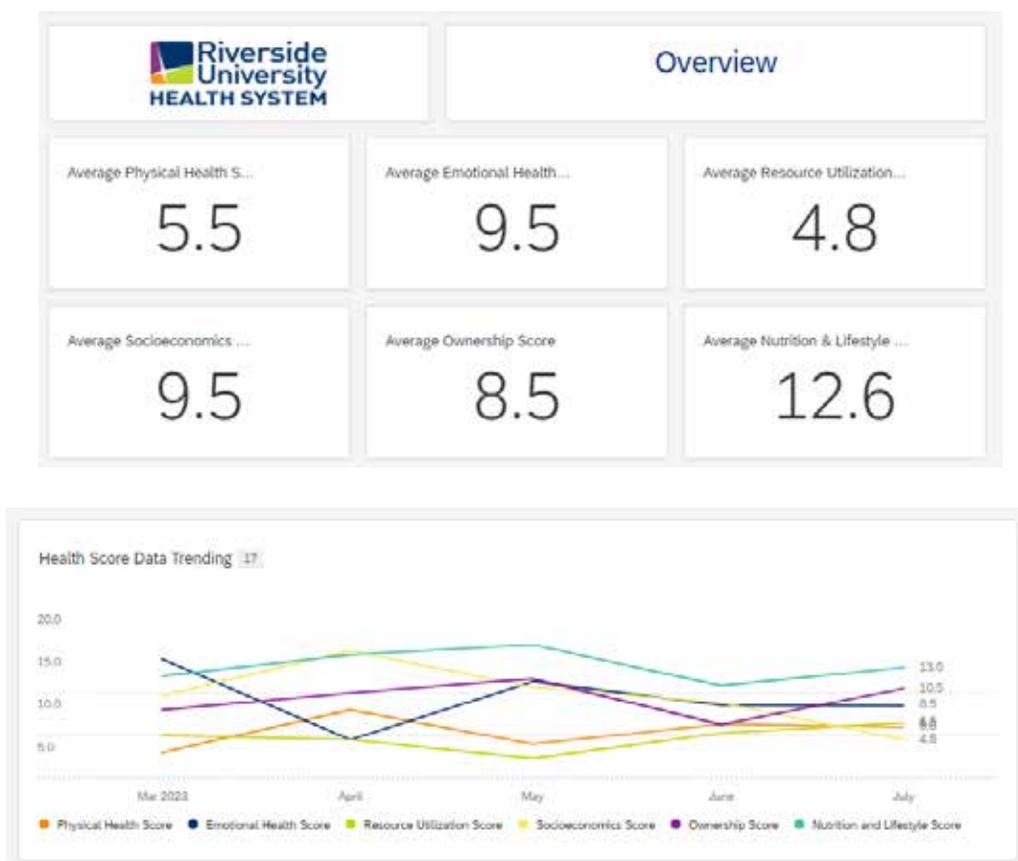


## Phase II

Upon launch of the Adult Whole Person Health Score assessment tool, the teams began to focus on the creation of a data dashboard, configuration of past responses, integration with the Electronic Health Record, creation of a closed loop system, and digital configuration of the Adolescent Whole Person Health Score assessment.

### *Data Dashboard*

To quickly see an overview of the results from survey respondents, the team engaged in dashboard design sessions to collaborate on dashboard visualization. The county created a data dashboard that shows an overview of average score in each of the six domains of health as well as the corresponding letter and color result. The dashboard visualizes responses segmented by age group, gender, race, ethnicity, and preferred language. Average scores can be filtered by category.



### *Past Response Configuration*

Riverside County wanted to ensure that individuals who completed the digital assessment multiple times could easily access all their past scores. The team created online functionality to ensure that all Adult WPHS assessments that an individual takes are linked together to allow for easy viewing of all results.

### *Electronic Health Record Integration*

Initially, Riverside County intended to integrate the Adult WPHS assessment tool with the behavioral health electronic health record (MyAvatar) and the medical center electronic health record (EPIC). However, due to challenges of scope, integration with EPIC was suspended. After working through minor challenges with firewalls, Riverside County integrated the Adult WPHS assessment tool hosted on Qualtrics with MyAvatar.

### *Closed Loop System*

Upon the successful integration of the Adult WPHS assessment tool with MyAvatar, Riverside County can use a ticket system to aid case managers with patient follow up. A ticket can be created for individuals whose survey response yields a red or yellow result in at least one or more of the six domain categories. Internal Riverside County staff will manage this data through MyAvatar to support further case management and close the loop on helping individuals access services/resources. Further training and development of the data management and closed loop system will occur at a future date.

### *Adolescent Whole Person Health Score Assessment*

Throughout Phase II, Riverside County collaborated with Qualtrics and Accenture to digitize the Adolescent WPHS assessment tool. Two versions of the Adolescent WPHS assessment tool are currently being created. The first will be a version for use in schools. This version will not necessitate parental consent as the schools' preexisting consent forms will be used. The second version of the assessment will require parental consent for the adolescent to complete. Clinics and non-school settings will mainly use this version. The adolescent survey, survey reports, workflows, and translations are currently configured within Qualtrics. However, the team is awaiting approval on consent, distribution methods, and scorings before progressing. The Adolescent WPHS assessment tool will soon move into user assessment testing (UAT).



#### *Evaluation*

Riverside County contracted with the Help@Hand evaluation team to evaluate the WPHS assessment project. The evaluation team attended WPHS meetings twice a week to observe implementation processes and document milestone achievements.



#### *Future Directions*

Riverside County will conduct testing of the Adolescent Whole Person Health Score assessment tool and will begin integration of the digital version of the tool with behavioral health's electronic health record, MyAvatar. Upon successful completion of the Adolescent WPHS assessment tool, Riverside County, Qualtrics, and Accenture will meet to discuss additional tasks to extend into a new and revised contract for future work.



### **Community Partnerships**

Riverside County continued to partner with Painted Brain, La CLave, and Man Therapy® this year. The partnerships aimed to provide robust community wellness support for their consumers across the county.



### **Painted Brain**

Painted Brain is a Peer-run organization that seeks to address mental health challenges and social injustice through community-based solutions. Painted Brain hosts and facilitates various groups and events focused on the peer-run recovery process, utilizing advocacy, arts, and technology. In the first quarter of 2023, Riverside County executed a contract with Painted Brain to support digital literacy efforts for county staff and consumers.



#### *Train-the-Trainer workshops*

Between April and May 2023, Painted Brain conducted six virtual trainings with 45 staff across the county. During these sessions, Painted Brain led train-the-trainer sessions that taught county staff on various digital literacy topics to prepare county staff to train others. The workshops were given in the Desert, Western, and Mid-County regions, and covered two main topics: 1) Online Safety and Privacy, and 2) Anti-Phishing and Anti-Scamming.

Based on feedback, the county worked with Painted Brain to improve their training. Among the 21 participants who responded to a post-workshop survey, 81% “Agreed” or “Strongly Agreed” that the workshop helped them in understanding the topic better. However, only 48% agreed that the workshop provided enough information for them to present to their clients, and several voiced that they had expected more focus on teaching attendees how to facilitate and engage a class with the material, as the workshop was advertised as a ‘train-the-trainer’-style seminar. The county is in discussion with Painted Brain about modifying the train-the-trainer sessions to include Peer Support Specialists.



**Appy Hours (Planning) will start in August 2023.**

During Appy Hours, Painted Brain facilitators will provide help with technology and will support consumers’ use of digital tools related to their emotional wellness. Painted Brained will host 39 “Appy Hours” across the Western, Mid-County, and Desert regions focused on reaching specific age groups: transitional aged youth (TAY) aged 16-25, adults aged 26-59, and older adults aged 60+.

Planning for Appy hours is in progress. They are expected to begin in August 2023 and continue through October 2023.

# of sessions		Population Focus
9 (3 per region)		TAY (ages 16-25)
12 (4 per region)		Adults (ages 26-59)
18 (6 per region)		Older Adults (ages 60+)



**Evaluation**

The Riverside County’s local evaluator led the evaluation of the Painted Brain training using a survey. As of May 2023, 21 of 45 staff responded to the Painted Brain evaluation survey. **Appendix B** includes more detailed satisfaction survey results analyzed by Riverside County’s evaluation team.



La CLAVE seeks to serve the Latino community by initiating conversations about serious mental illness, and by helping individuals to recognize the symptoms so they can seek treatment quickly, as early treatment is associated with improved recovery. The motivation for beginning the La CLAVE initiative in Riverside County came from A4i pilot participants requesting schizophrenia-related support and education content for Spanish-speaking individuals and family members.

In February 2023, Riverside County executed a contract with La CLAVE to support Latino county residents with serious mental illness. In the first quarter of 2023, an in-person launch event was hosted to discuss the project objectives and review program materials. In addition, an in-person kickoff meeting was held.



### Marketing

Since February 2023, La CLAVE created materials for use throughout Riverside County. Some clinics proudly displayed La CLAVE banners (as shown below), and one clinic supervisor shared, “Thank you for the beautiful banner. We have it in our lobby and one of our consumers saw us putting it up and said he’s already using the services!”

La CLAVE also plans to provide content for use on the TakemyHand app, a peer chat platform used throughout Riverside County.



**Above:** La CLAVE banner in one of Riverside County’s clinics

**Source:** Riverside County clinic supervisor



### Community Outreach

In May 2023, the Riverside County Help@Hand team presented La CLAVE to Jefferson Wellness Center, and a Spanish-language television channel interviewed a county leader about the program.

In June 2023, the Riverside County Help@Hand team also shared La CLAVE at the National Innovative Communities Conference and the Safety and Wellness Health Fair at Scotts Turf Company. The county plans to present La CLAVE to the local police department in future months.



**Above:** La CLAVE booth at community event

**Source:** Riverside County (2023)



### Training

The Help@Hand project and La CLAVE jointly hosted a hybrid in-person/online event in May 2023. The event was attended by 87 individuals from across the county. Participants included community members, organizational representatives, mental health professionals, and county staff. The presentation provided information about La CLAVE, the resources it provides, and the population of focus. The event also allowed an opportunity to gain feedback on how to focus future marketing efforts for La CLAVE as it is implemented across the county.



**Above:** La CLAVE Training  
**Source:** Riverside County (2023)

In June 2023, the first La CLAVE facilitator training launched with 7 participants. Peer Support Specialists attended 4-hour trainings over four days. Promotores, community organizations, and direct service staff employed by the county could attend the facilitator training. Discussions are underway as to whether the facilitator training can be held virtually.



### Evaluation

Riverside County's local evaluator assessed the hybrid event in May 2023. More information about this evaluation can be found in **Appendix C**.



### Man Therapy®

Man Therapy® is an innovative digital platform and campaign seeking to reduce mental health stigma, promote health-seeking behaviors, and support suicide prevention efforts for men. Research studies have found that engagement with Man Therapy® reduces depression, suicide risk, and poor mental health days among working-aged men, while also improving help-seeking behavior. A key component of Man Therapy® is its "20-point head inspection," which is a free, anonymous, and research-based assessment focused on anger, depression, anxiety, and substance use. The Man Therapy® website also provides links to local and/or related resources based on personalized assessment results.

Starting in the first quarter of 2023, Riverside County partnered with Man Therapy® to promote the use of mental health resources among men in the county. As of May 2023, the county tracked at least 500 completed “Head Inspections” in a 4-month period, helping Man Therapy® break records in the number of head inspections completed. In addition, Riverside County resources were added to the Man Therapy® website starting in January 2023, including TakemyHand™ Live Peer Chat, Inland SoCal Crisis & Suicide Hotline, CARES Line, Crisis Line, and three website cards that direct users to regional local resources: Western, Mid-County and Desert.



### Marketing

Man Therapy® and Riverside County discussed marketing the platform across the county. The county approved Phase I and Phase II of the marketing plan, billboard ads, and marketing for posters, wallet cards, coasters, stickers, and t-shirts. The county decided to split marketing efforts into two phases in order to make strategic adjustments in Phase II based on marketing results and learnings from Phase I. Paid socials, meta social, and radio ads went live in February 2023. Man Therapy® billboards were installed at three locations in Riverside County in March 2023.



**Above:** Man Therapy® billboard

**Source:** Riverside County (2023)

The county also began to work on a media placement contract with Sunline, Riverside County’s transit agency. Man Therapy® marketing materials were popular at county community events.

In June 2023, Man Therapy® began to translate content into Spanish and began to review their most popular ads for cultural fit.



### Community Outreach

The county held several presentations sharing Man Therapy® in early 2023. The presentations included, but were not limited to, the Desert Leadership Team Meeting, Adult System of Care Meeting, Behavioral Health Veterans Committee Meeting, Help@Hand Collaboration meeting, Quality Improvement Committee, Suicide Prevention Committee, Riverside County Behavioral Health Commission, and Partners Against Crime. In June 2023, the county Help@Hand team also

shared Man Therapy® at the National Innovative Communities Conference. The county also plans to present Man Therapy® to the local police department and continues to receive requests for additional presentations throughout the county.



**Above:** Riverside County Help@Hand Staff at a community event  
**Source:** Riverside County (2023)

As of June 2023, Man Therapy® and Riverside County worked together to train county Peer Support Specialists as Man Therapy® Ambassadors. Riverside County continued to promote their Help@Hand projects at multiple community outreach events this year. These included but were not limited to community events, resource fairs, as well as a presentation at the Society for Digital Mental Health 2023 Virtual Conference and at various government and private agencies.



**Above:** Riverside County Help@Hand Staff at a community event  
**Source:** Riverside County (2023)

## SAN FRANCISCO COUNTY

San Francisco County continued to work with the Mental Health Association of San Francisco (MHASF<sup>25</sup>), an organization that provides mental health education, advocacy, research, and Peer-support services in San Francisco County, for their Technology-Assisted Mental Health Solutions (TAMHS) project. The project included the Tech@Hand program, which provided community members with free tablets, internet service, digital literacy training, and individualized Peer support to help them utilize digital resources that support mental health and wellness.

Throughout the early part of 2023, the county and MHASF continued to plan their pilot of TakeMyHand™. However, planning of this pilot ceased in June 2023. In turn, the county decided to focus their attention on continuing to support and expand the Tech@Hand program.



### Device Distribution and Digital Literacy Support



#### Program Implementation

Tech@Hand serves San Francisco County residents, with a focus on transitional aged youth (TAY) and transgender individuals. The program served a first cohort of participants in 2022. An additional Digital Peer Navigator was hired to help build rapport and further support the digital needs of program participants. In addition, MHASF continued to offer online on-demand digital literacy courses and worked with community partners to host in-person workshops for the broader community. This year, MHASF planned to distribute devices with internet service to a second smaller cohort of participants.



#### Device Distribution

MHASF distributed 63 tablets to a first cohort of participants (Cohort 1) in 2022. During San Francisco County's bi-weekly implementation calls, participant stories were often shared to highlight the various ways in which the device distribution program benefited its participants. The spotlight on page 129 shares the experience of one participant.

This year, MHASF planned to distribute 20 devices to a second cohort of participants (Cohort 2). Based on lessons learned from distributing devices to Cohort 1, MHASF made several changes to their distribution approach:

- **Change of devices:** Cohort 1 participants experienced several technical challenges with their devices, such as internet connectivity issues. To address these technical issues, the county decided to switch from Samsung Galaxy Tab A7's to 9th generation iPads. The hope is that participants might experience fewer technical issues if they use a 'best-in-class' device.
- **Change of mobile data plan:** Prepaid mobile data plans will be used instead of mobile data contracts to prevent the purchase of games or apps. For Cohort 1, ScaleFusion (a device management software) was installed on each tablet to assist in the management of devices. Scalefusion allowed TAMHS team members to help find a lost tablet, send notifications to participants about program updates, and provide virtual assistance. MHASF found that a change of mobile data plan would not impact their ability to install ScaleFusion on Cohort 2 devices. MHASF also learned that when purchasing tablets directly from a vendor and paying for the tablets in advance, there was no need to set up a contract for device management software installation and they could move forward with prepaid plans.
- **Change of procedure to distribute and return devices:** Cohort 2 devices will be loaned out for 6 months instead of 1 year. To distribute devices in Cohort 1, a mix method of shipping and in-person delivery or pick-up of

<sup>25</sup> More information about MHASF can be found at: <https://www.mentalhealthsf.org>.

devices was implemented. However, this will change to require all participants to pick up devices at MHASF offices and participate in a program orientation. To make the return process more convenient, MHASF began to explore options for participants to return their devices by mailing them or dropping off their tablet in person. MHASF also examined device access at the end of the program, given that some participants expressed interest in purchasing their tablet at the end of the program. This is pending under San Francisco's Department of Public Health (SFDPH) review and approval. The percentage of returned devices at this point is still to be determined.

In April 2023, MHASF met with Riverside County to further improve their device distribution program. Riverside County shared their experiences with device distribution as well as outreach and engagement best practices. Helpful insights included tabling and providing giveaways to reach the TAY population.



### *Digital Literacy Support*

An additional Digital Peer Navigator was hired this period. Digital Peer Navigators serve as digital skills coaches and relationship managers for participants in Tech@Hand. In addition to supporting participants' digital needs, (e.g., setting up email), Digital Peer Navigators also build rapport with participants, refer participants to MHASF Peer-support programs, and follow up with participants on completing surveys.

This year, MHASF continued to offer in-person and on-demand digital literacy courses. The on-demand trainings consisted of 7 trainings on topics such as "Online Safety" and "Using Technology to Support Your Wellness". In addition, in-person training on topics such as "Resume Building and Job Searching" and "How to use Google Docs" were developed.

MHASF worked with a community partner to host two in-person workshops this year. In May and June 2023, MHASF hosted workshops in partnership with Conard House, an intensive social services provider, on Google Docs and Resume Building/Job Searching. Topics were identified through previous workshop feedback. Surveys showed consistent requests for trainings on digital art and job searching.

### *Evaluation*



San Francisco County partnered with the Help@Hand evaluation team to assess Tech@Hand. Evaluation activities include surveys, interviews, and/or a focus group with program participants. Findings from the digital literacy assessment survey can be found on page 124.

### *Contracts and Agreements*



This year, priorities for the program included updating agreements for approval by multiple parties to allow for planned evaluation activities.

In January 2023, San Francisco County's Privacy and Security Officer reviewed and approved data collection materials and agreements. After the approval, CalMHSA worked with the Help@Hand evaluation team to amend their contract and add the Tech@Hand evaluation to their existing scope of work. The contract amendment was approved and signed in February 2023.

The Help@Hand evaluation team updated their Institutional Review Board (IRB) protocol to include the evaluation of Tech@Hand. The updated protocol was approved by University of California Irvine's (UCI) IRB in January 2023. San Francisco County worked with the Help@Hand evaluation team to have the updated UCI IRB protocol reviewed and signed off by San Francisco's Department of Public Health (SFDPH). The review included completing SFDPH's research protocol application. The application was approved in March 2023.

San Francisco County's City Attorney's office raised several questions regarding the agreements and planned evaluation activities. For example, there were questions around legal information and whether Protected Health Information (PHI) would be shared between MHASF and the Help@Hand evaluation team.

San Francisco County's IT Security reviewed the agreements and confirmed in March 2023 that current agreements were sufficient to allow data sharing between MHASF and the Help@Hand evaluation team. It was confirmed that the data did not contain PHI and would be de-identified by MHASF before sharing with the Help@Hand evaluation team. The City Attorney's office approved data sharing for the purposes of program evaluation with the Help@Hand evaluation team in March 2023 for the purposes of program evaluation.



### *Future Directions*

San Francisco County's Tech@Hand program will continue until June 2024. San Francisco County and MHASF will also continue to work with the Help@Hand evaluation team to plan and conduct evaluation activities.



## **TakemyHand™ Pilot**



### **Pilot Planning and Discontinuation**

This year, San Francisco County continued to plan a six-month pilot of TakeMyHand™. TakeMyHand™ was designed to serve anyone in the county, particularly TAY (16-26 year olds) and transgender individuals.

Various contracts and agreements were worked on as a part of the planning activities. However, in June 2023, MHASF and San Francisco County agreed to no longer pursue the TMH pilot due to the complex process in getting agreements finalized and approved by all parties involved. Funds for the pilot were reallocated to support MHASF's TAMHS program.



### *Contracts and Agreements*

In February 2023, a Memorandum of Understanding (MOU) with MHASF and Riverside County (the developer of TakeMyHand™) was approved and signed by Riverside County. The purpose of the MOU was to advance the partnership between Riverside County and MHASF by establishing the terms, conditions, and responsibilities for Riverside County and MHASF during the TakeMyHand™ pilot.

San Francisco County's budget was updated and the term of MHASF was extended through June 2024 in the Participation Agreement between the county and CalMHSA. The county worked to get internal approval on the updated Participation Agreement. The complex approval process involved internal and external parties differing in perspective as to what should be included in the agreement, and who should assume risk responsibility. The process required building in time for meetings, and agreement reviews to be discussed by all parties. In May 2023, the county sent the agreement to CalMHSA for review and discussion.

In June 2023, MHASF and the county decided to discontinue their planning of the TakeMyHand™ pilot given the complex process to finalize and approve agreements.



### *Evaluation*

Prior to their decision to discontinue their pilot, San Francisco County and MHASF continued to work with the Help@Hand evaluation team to plan their evaluation. Planned evaluation activities include data from the TakeMyHand™ LiveChat platform and two short anonymous user surveys administered at the beginning and end of each chat. The evaluation will also include interviews with Peer Operators, who chat with site visitors in real-time.



### *Future Directions*

MHASF plans to reallocate funds for the TakeMyHand™ pilot to expand digital literacy workshops in the community with the support of Digital Peer Navigators. They are also exploring kiosk programs and refocusing planned pilot evaluation activities to assess the Peer-Run Warm Line instead of TakeMyHand™.

# SAN FRANCISCO COUNTY TECH@HAND EVALUATION

## INTRODUCTION

In April 2022, San Francisco County launched Tech@Hand for San Francisco County residents with a focus on TAY and transgender individuals. The project includes providing tablets, digital literacy support, and Peer support to help people access and utilize digital mental health resources.

Cohort 1 participants were asked to complete two surveys:

- A **digital literacy assessment survey** to capture the demographics of the population served, to assess participants' digital literacy, and to gauge the technical support participants needed.
- A **satisfaction survey** to assess social connectedness, use of MHASF and other resources, and program satisfaction. As of June 2023, 23 participants had completed a satisfaction survey.

This section includes findings from the digital literacy assessment survey. It also includes data from check-ins, where Digital Peer Navigators offered support to program participants.

## DIGITAL LITERACY ASSESSMENT SURVEY

A total of 141 participants who applied to join the program completed a digital literacy assessment survey in 2022. Of these participants, 58 participants enrolled into the program and received a tablet. Of these, 28 participants completed a digital literacy assessment survey that had more detailed digital literacy assessment questions.

The Help@Hand evaluation team analyzed data from the digital literacy assessment surveys in May 2023. Findings are summarized below.

### About the Participants

#### Demographics of Cohort 1 Participants of Tech@Hand\* (n=58)

Most participants completing the digital literacy assessment survey were between 25-59 years old, Non-Hispanic White and/or Black-African American, and identified as a cisgender man, cisgender woman, or trans-woman. Over 84% reported that their primary language was English (n=58).



#### Age

18-24 Years Old: **19%**  
25-59 Years Old: **72%**  
60+ years old: **7%**  
Unknown: **2%**



#### Race/Ethnicity

Non-Hispanic White: **14%**  
Black/African American: **28%**  
Latino/a/x or Hispanic: **9%**  
American Indian/Alaska Native: **7%**  
Asian: **3%**  
Native Hawaiian/Pacific Islander: **2%**  
Multiracial: **37%**



### Gender Identity

Cisgender Man: **18%**  
Cisgender Woman: **21%**  
Trans Woman: **34%**  
Genderqueer: **3%**  
Trans Man: **3%**  
Nonbinary or Non-conforming: **2%**  
Multiple Gender Identities: **17%**  
Unknown: **2%**



### Sexual Orientation

Heterosexual/Straight: **34%**  
Gay/Lesbian: **16%**  
Bisexual: **21%**  
Queer: **9%**  
Asexual: **3%**  
Demisexual: **2%**  
Questioning/Unsure: **2%**  
Pansexual: **2%**  
Multiple Sexual Orientations: **6%**  
Unkown/Decline to Answer: **5%**



### Housing Status

Current Houselessness: **55%**  
Previous Houselessness: **31%**  
Never Experienced Houselessness: **9%**



### Veteran Status

Yes: **2%**  
No: **95%**  
Unknown/Declined to Answer: **3%**

\*Individuals who declined to answer any of the above questions are taken into consideration in final percentages.

## Participants and Technology



### Safety and Comfort with Technology (n=28)

Most participants reported feeling comfortable with using a tablet (82%), and technology and apps (82%). The majority of respondents shared that they were comfortable staying safe online (75%) and felt safe while using technology as well (71%).



### Meaningful Engagement with Technology (n=28)

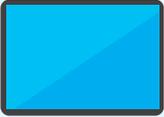
The majority (75%) used technology to engage with the community, friends, or family in a meaningful way during the COVID-19 pandemic.



### Limited Access to a Tablet and Internet (n= 28)

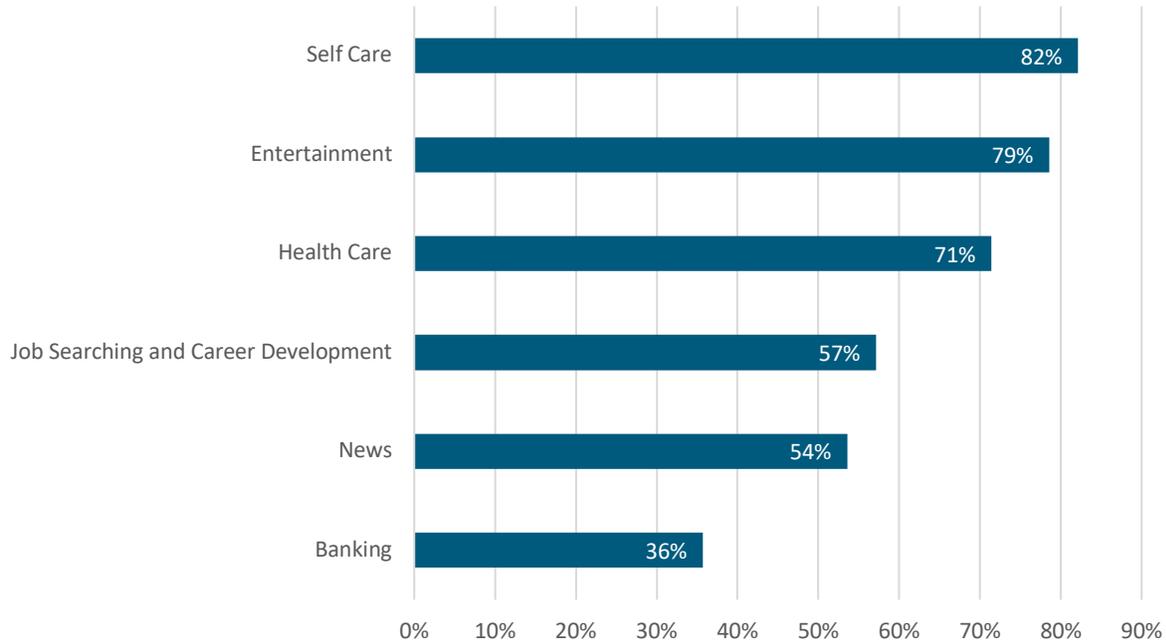
Most of the sample reported not having access to a tablet (57%). A quarter of participants reported not having access to consistent internet (25%), despite most feeling at least somewhat familiar with connecting to the internet (79%).

## Future Activities



### Future Activities Participants Plan to Engage in with a Tablet\* (n=28)

In the future, participants reported wanting to use the tablet to assist them with their mental and physical health, further their educational or career goals, or access entertainment.



\*Participants could select all that apply.

## LEARNINGS

Learnings from surveys with Cohort 1 participants in San Francisco County's Tech@Hand found the following:

- **Cohort 1 participants mainly wanted to use technology for job searching, educational purposes, and to look after their health.** It may help to host future digital literacy workshops that focus on these digital needs and how to access resources that address these needs. Additionally, a majority of Cohort 1 participants had experienced houselessness, and may benefit from accessing digital housing resources.
- **Although most Cohort 1 participants felt familiar with connecting to the internet and felt safe using technology, the majority said they did not have access to a tablet.** These barriers to technology are important to consider when offering digital resources to these core audiences. Device access may have higher area of need than learning to connect to the internet or improving feelings of safety around technology.

## PARTICIPANT CALLS

Digital Peer Navigators offer Tech@Hand participants technical assistance for their digital needs, emotional support, referrals to MHASF programs, and other support. Over 650 phone calls were made with participants between April 2022-March 2023. Information about the calls are below.

### Participants' Areas of Need

#### Call Topics

Calls mainly focused on checking-in with the participants (32%), technology support (16%), and emotional support (12%).



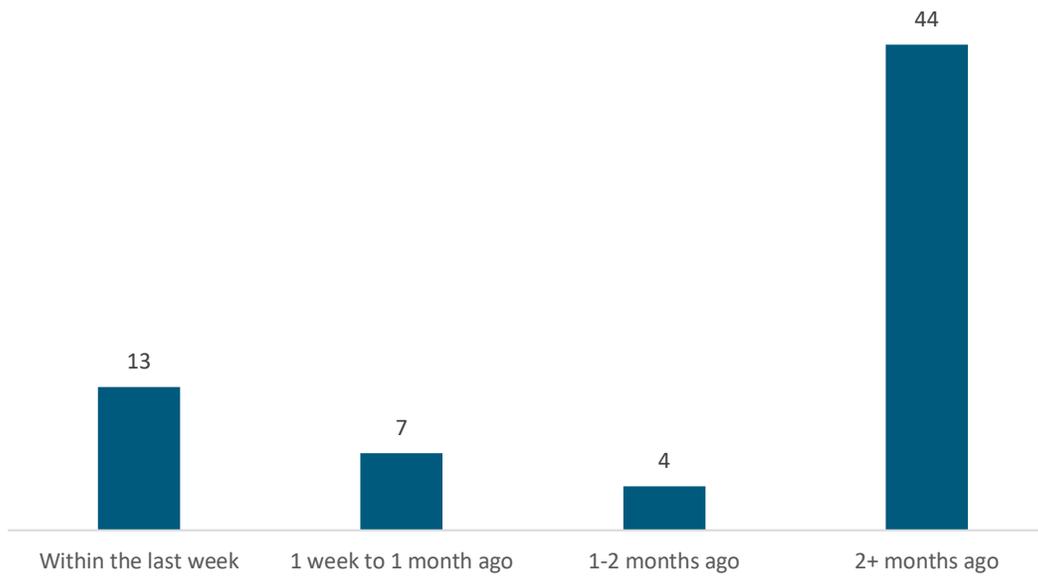
#### Participant Concerns

During calls with Digital Peer Navigators, participants identified a number of areas where they needed support. The most common areas of need shared by participants from April 2022 – March 2023 are shown below.



## Use of Tablets

MHASF tracked participants' usage of their tablets and found that as of March 2023, the majority of recent log-ins had happened over 2 months ago: 13 tablets had logged in within the last week, 7 tablets had last logged in between 1 week and 1 month, 4 tablets had last logged in between 1-2 months ago, and 44 tablets had last logged in over 2 months ago.



# SPOTLIGHT

## Participant Story: The Importance of Devices in the Modern World

Authors:

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Help@Hand Evaluation Team

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Digital Peer Navigator  
Mental Health Association of San Francisco



<b>Participant Name:</b>	Lisa
<b>Age:</b>	53
<b>Gender:</b>	Transgender woman
<b>Pronouns:</b>	She/her/hers

In the modern world, technology is often essential for a variety of daily tasks, such as completing work, connecting with others, receiving help, and relaxing. This spotlight highlights how technology helps Lisa, a participant in a program offered through Mental Health Association of San Francisco's (MHASF) Tech@Hand program.<sup>26</sup> A key feature of this program involves all participating county resident receiving a tablet. Before

participating, Lisa did not have access to a smart device (e.g., phone, tablet, computer). Now that she has access to a tablet from the program, she said that she uses it for "absolutely everything."

Lisa has found that her tablet helps her keep in contact with people through email, social media, or multiplayer games, such as online chess. She also shared that she has begun live-streaming and recording herself while playing chess or the piano as a way to express herself creatively and build community with individuals who have similar interests. Furthermore, she has used her tablet to engage in virtual therapy services to improve her mental health and well-being, as well as find housing during stressful transitional periods. Now that she has access to a tablet, she shared that having a smart device is "really important" to her and "instrumental" to her mental health.

*Lisa shared that having a smart device is "really important" to her and "instrumental" to her mental health.*

### Insights on Implementing Device Distribution Programs

There are several important considerations when implementing a device distribution program. Due to the frequency of usage, a participant like Lisa may require a new tablet at some point in the future due to common issues that may arise with older technology (e.g., low battery, slow performance). In addition, the provision of WiFi/internet access is important, given that many people do not have access to these amenities.

Additional problems can arise if the program requires that a participant return their device, leading to a loss of access to an important resource in their daily life. For example, upon returning the tablet, they may experience less social connection, engage in fewer pleasurable activities, or lose access to digital mental health services. Thus, ensuring that the participant has a plan for future access to needed services and devices is critical.

### Conclusion

Access to the internet and technology has become a necessity for many in today's world. Programs, such as San Francisco County's device distribution program, have helped individuals with such access. More programs are encouraged to assist individuals in accessing technology and the internet, whenever possible.

*The authors sincerely thank Lisa for sharing her story.*

<sup>26</sup> Help@Hand funds San Francisco County's work with MHASF, who implement the Tech@Hand program.

## SANTA BARBARA COUNTY

Santa Barbara County began offering Headspace in October 2021 to county residents, particularly encouraging traditionally hard-to-reach populations to engage. Headspace will be offered through September 2023.

The county also continued to plan their Mommy Connecting to Wellness program and began to offer workshops throughout the county.

### ● Headspace Implementation



#### Implementation Underway

Santa Barbara County looked to extend their licenses with Headspace in the event that not all their licenses were used prior to the project end date. Although Headspace could extend all licenses for an additional fee, the county decided to not extend the licenses.

Santa Barbara County continued to work to on their marketing, community outreach, device distribution, and evaluation.



#### Marketing

In 2023, the county continued to work with Uptown Studios, a California-based marketing firm. Uptown Studios helped market the program to new users by posting frequently on the Behavioral Wellness social media pages in English and Spanish.

The county planned to extend their contract with Uptown Studios until June 2024. This includes expanding their marketing efforts to focus on anti-stigma messaging and how technology can reduce stigma. Santa Barbara County also is interested in exploring how keyword web searches can be linked directly to Santa Barbara resources.



#### Community Outreach

In 2023, Santa Barbara County's Help@Hand Peers continued outreach efforts at health fairs, workshops, and other local events such as supporting the local emergency disaster flooding. This year the county participated in the following events:

- **Student and Family events** at Allan Hancock College's Santa Maria and Lompoc campuses, Rhigetti High School in Orcutt and Ellwood Elementary School in Goleta
- **Black History Month events** organized by the National Association for the Advancement of Colored People (NAACP) in Lompoc and Santa Barbara
- **Parent event** at Carpinteria Children's Project
- **Child Development and Family Resource Fair** with Alpha Resource Center, Mixteco Indigena Community Organizing Project/Proyecto Mixteco Indigena (MICOP), Proyecto Acceso and Amigo Baby
- **Juneteenth** – NAACP sponsored event in Lompoc, community
- **Indigenous Tribal Wellness Gathering** – Community Resource Fair, Spanish and Mixteco speaking and community at large
- **Cottage Mental Health Fair** – Resources for employees, community, and local hospital
- **Dia del Campesino** – Community Health Resource Fair, farmworkers, family and community at large
- **House of Pride and Equity Event** – Community Resource Fair, LGBTQ+ and community at large



**Above:** Cottage Mental Health Fair (Left) and NAACP Black History Month event (Right)  
**Source:** Santa Barbara County (2023)



**Above:** Allan Hancock College Student Orientation Fair (Left) and Outreach Focus Group (Right)  
**Source:** Santa Barbara County (2023)

In addition, Santa Barbara County expanded their outreach efforts by canvassing in the community. Canvassing involves connecting with local business owners and clinics. To introduce county programs and services. This strategy allows for relationship building and connecting with the community through trustworthy channels. Specific locations included the following:

- **Small businesses**
- **Downtown Santa Barbara**
- **Santa Barbara Funkzone** (e.g., wineries, small restaurants, local artist shops, surf shops, alternative wellness stores, and restaurants.)
- **Westside Neighborhood Santa Barbara** (e.g., mom and pop shops, local delis, corner stores, health clinics, food markets, laundromats, etc.)



**Above:** Santa Maria Canvassing  
**Source:** Santa Barbara County (2023)

In June 2023, the county found it hard to encourage consumers to enroll in Headspace for 3 months. Instead, the county changed their messaging to encourage consumers to try Headspace for 30 days. The new messaging was received better by consumers. In addition, Santa Barbara County developed a Enrollment Tip Sheet in English and Spanish to ensure consumers receive a free premium account.



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



**Device Distribution**

Santa Barbara County continued to make tablets available for community members to use in the county’s behavioral health clinic lobbies and explored how to connect clients to LifeLine phones. The California LifeLine Program is a state program that offers discounted home and cell phone services to eligible households. This year the county began to distribute phones.



**Evaluation**

Santa Barbara County worked with the Help@Hand evaluation team to assess Headspace across Help@Hand counties/cities that implemented the technology. The evaluation included data collected from Headspace and consumer surveys. Preliminary evaluation findings are on page 136.



**Future Directions**

Santa Barbara County plans to continue promoting their Headspace program within the county through September 2023, encouraging a 30-day free trial as their messaging.



## Mommy Connecting to Wellness Program

In December 2022, Santa Barbara County began to plan a maternal health program that integrated mental wellness and technology for mothers with children 0-2 years old. The program helps mothers understand the importance of mental wellness as part of a whole person care approach. Psychoeducation and the 8 Dimensions of Wellness, identified by SAMHSA, will serve as the foundation for this program. Headspace will be used to support these dimensions of wellness and utilized on a weekly basis. Promotoras will be trained on the 8 Dimensions of Wellness, Headspace app navigation, and the basics of technology to provide weekly one-on-one support as needed.



### Program Planning

This year, Santa Barbara County planned for program recruitment, curriculum, digital literacy support, device distribution, and evaluation. They also partnered with Dr. Dulce Lopez, who will be utilize her Metamorfosis Maternal Health curriculum to teach psychoeducation and self-help skills. Computers for our Future will provide devices for participants upon completion of the online safety training. Promotoras will provide one-on-one weekly check-ins with participants.



### Recruitment

The county planned to recruit 10-12 monolingual Spanish-speaking and 10-12 English-speaking mothers, all over 18 with children aged 0-2. This year the county developed and shared flyers to advertise the program to potential participants. Two English-speaking mothers expressed interest in joining the program by the end of June 2023.

Community partners that are supporting with recruitment are: MICOP, Santa Maria Bonita School District, Women Infants and Children’s (WIC) Program, Child Support Division-Santa Barbara County, Alpha Resource Center, Headstart, Family Service Agency, Community Health Clinics of the Central Coast and SB County KIDS Network.



Above: Santa Barbara County’s flyers for their project pilot  
 Source: Santa Barbara County (2023)



### Program Curriculum

The county collaborated with experts to develop the program curriculum. The program plans to invite mothers to participate in a 6-week course with weekly group sessions and one-on-one support from Promotoras and Peers. Each week would focus on a different module and address the following:

- Detecting and acknowledging mental health symptoms sooner
- Reducing stigma associated with mental illness by promoting mental wellness
- Increasing access to the appropriate level of support and care
- Increasing the mothers’ purpose, belonging and social connectedness

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

**Above:** Overview of Curriculum for Mommy Connecting to Wellness Program

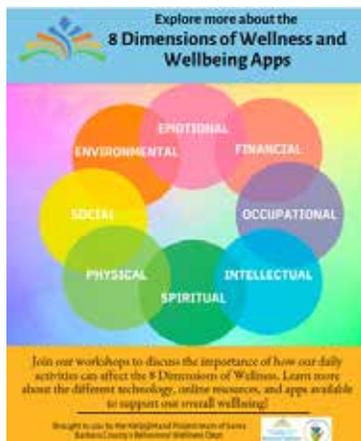
**Source:** Santa Barbara County (2023)



### Digital Literacy and Device Distribution

Digital literacy topics covered in the sessions include online safety, Headspace practice, and utilizing supportive apps. Computers for Families will present digital literacy programs.

Mothers participating would also work with Peers to receive digital literacy support and explore supportive apps in English and Spanish. The image below displays the eight dimensions of wellness.



**Above:** Santa Barbara County’s Eight Dimension of Wellness and Wellbeing Apps

**Source:** Santa Barbara County (2023)

In addition, participants would receive free Headspace subscriptions and free tablets from Computers for our Families. Participants who attend each session receive a book or toy that is age appropriate for their child. At the end of the 6-week session, participants will select a gift based on their need (e.g., car seat, stroller, baby clothes, etc).



### *Community Partners*

The county partnered with several organizations, including Promotoras, Dr. Dulce Lopez, Computers for our Future, and the Department of Behavioral Wellness.

These organizations will assist with recruiting participants, providing a meeting space, leading weekly sessions, offering one-to-one support and providing participant follow up referrals as needed, and providing participant incentives. In addition, partners would provide weekly updates and monthly reports, and support the final project evaluation.

### *Promotora Support*

Promotoras will also support the “Mommy Connecting to Wellness” program. Promotoras were chosen based on their previous experience with community organizations supporting health fairs, health screenings, and one-on-one Peer education. They helped educate the community with hands-on teaching and learning.

The county planned to train Promotoras in early July 2023. The Promotoras would support the county’s efforts in some of the following ways:

- Plan and coordinate Promotoras training and pre-workshop work
- Recruit and register participants
- Track and distribute incentives
- Conduct weekly workshops and provide weekly check-ins with participants
- Participate and support evaluation process



### *Evaluation*

Santa Barbara County and the Help@Hand Evaluation Team reviewed and finalized surveys for participants that capture their overall wellbeing and use of Headspace. The surveys would be distributed at two time points – one would be distributed at the beginning of pilot and the second would be distributed at the end of the pilot.

The evaluation may also include surveys and/or a focus group with the Promotoras.



### *Future Directions*

The county anticipates launching the Mommy Connecting to Wellness program soon after contracts with the Promotoras are finalized.

## Digital Wellness Apps

The Peers have begun 8 Dimensions of Wellness and Apps workshops throughout the county in both English and Spanish through collaboration with Housing Authority of Santa Barbara County, Transitions Mental Health and Santa Barbara Mental Wellness Center.

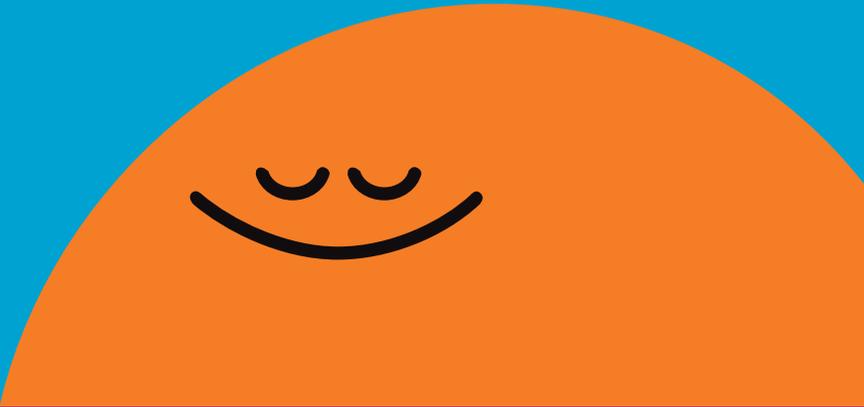
Peers also have two weekly presentations at the Santa Barbara County Department of Behavioral Wellness, and Psychiatric Health Facility. The presentations incorporate Headspace to support mindfulness practices and activities.



### *Future Directions*

The Peers will continue with the 8 Dimensions of Wellness and app workshops in Santa Barbara County.

# HEADSPACE EVALUATION



## INTRODUCTION

For the past few years, Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley offered free Headspace subscriptions as part of Help@Hand to their residents. Table 3.3 describes each of their programs, audiences, and number of enrollees. Several factors can influence the number of enrollees, including the number of licenses procured, when the program launched, how the program was marketed, and the size of their core audiences.

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

County/City	Time Period of Headspace Program	Core Audiences	Number of Consumers who Enrolled in Headspace Program <sup>27</sup>
City of Berkeley	October 2021 – September 2023	All city residents	7,178
Los Angeles County	April 2020 – February 2023	All county residents	38,286 <sup>28</sup>
San Francisco County	March 2021 – February 2022 <sup>29</sup>	All county residents	537
San Mateo County	September 2020 – September 2021	All county residents	3,292
Santa Barbara County	October 2021 – September 2023	Select populations: <ul style="list-style-type: none"> <li>• Transition Aged Youth (TAY)</li> <li>• Geographically Isolated Individuals</li> <li>• Clients Receiving Crisis Support from the Department of Behavioral Wellness</li> </ul>	1,205

<sup>27</sup> Data reflects the number of consumers enrolled as of June 30, 2023.

<sup>28</sup> Los Angeles County extended their agreement with Headspace in 2021. As such, those who enrolled prior to Quarter 4 of 2021 and were considered "inactive" (e.g., a user who did not have multiple activations within the app) were removed from Los Angeles County's Headspace platform. Thus, Los Angeles County's Headspace enrollment decreased from 73,664 in the Help@Hand Statewide Evaluation: Year 3 Annual Report to 30,020 in the Help@Hand Statewide Evaluation: Year 4 Mid-Year Report. The county concluded their Headspace implementation in February 2023. The number presented in the table reflects enrollment as of March 9, 2023.

<sup>29</sup> San Francisco County paused enrollment of new members in June 2021 and decided to discontinue offering Headspace to new members in February 2022. Members enrolled prior the discontinuation could use Headspace until their licenses expired in early March 2022.

Evaluation of the Help@Hand Headspace program included app data provided in the dashboard form from Headspace and user surveys. This section excludes user survey data since only a few surveys were collected thus far this year. The upcoming Year 5 Help@Hand evaluation report will report user survey results.

### APP DATA

Data provided by Headspace included the number of monthly active users (MAUs), monthly engagement rate, and engagement by content type. Headspace did not provide demographic data.

Data for San Mateo and San Francisco County are not shown since their Headspace implementations ended prior to 2023.

### Consumer Use of Headspace

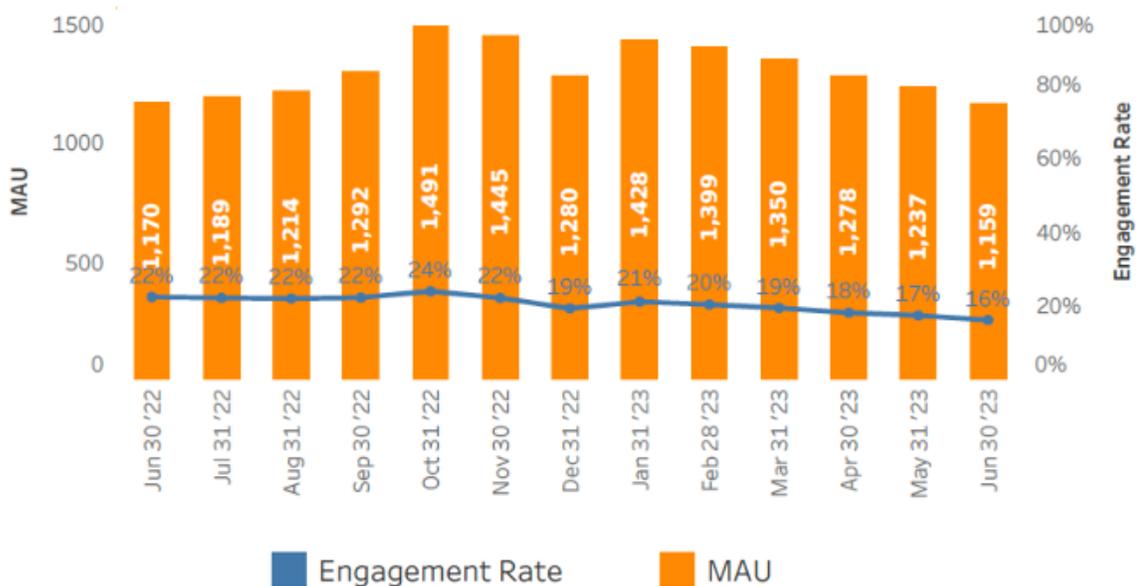
#### Monthly Active Users and Monthly Engagement Rate

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

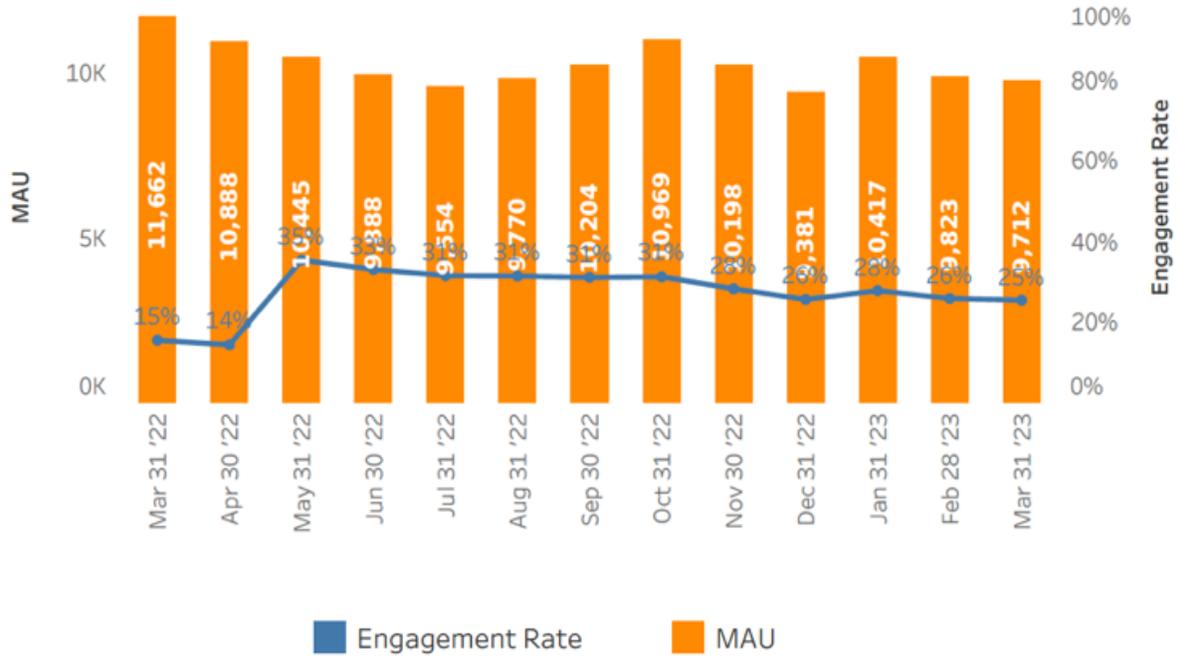
Figure 3.4 displays monthly active users (MAU) and monthly engagement rates between January-June 2023. All counties/cities showed small fluctuations in MAUs and engagement rates over that period.

Figure 3.4. Monthly Active Users (MAU) and Engagement Rates by County/City.

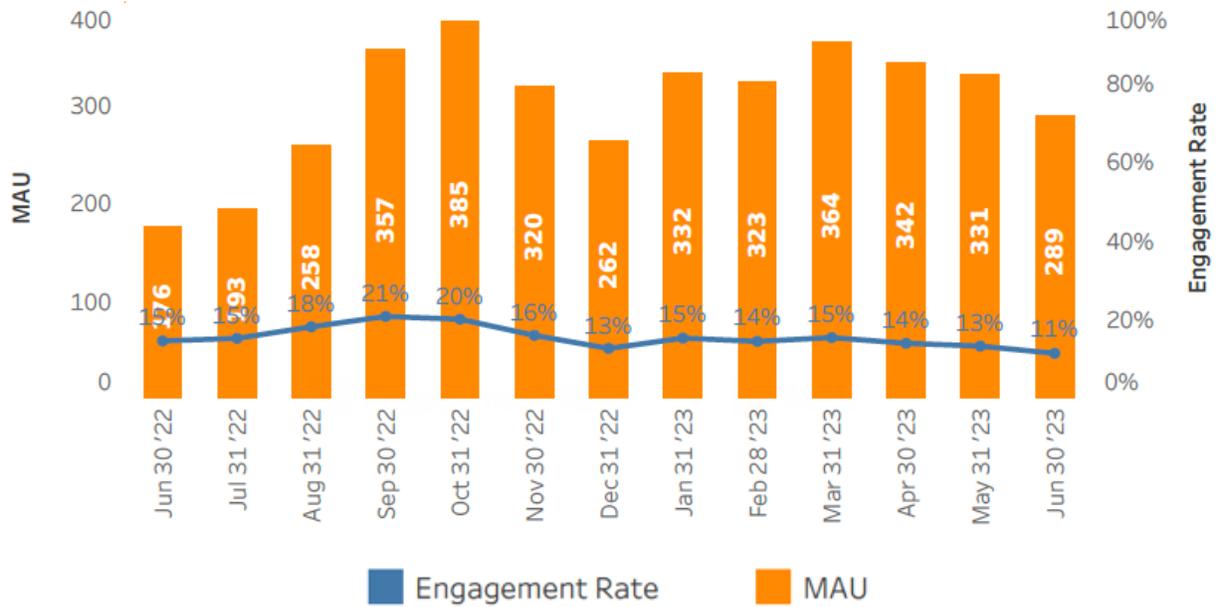
#### City of Berkeley



Los Angeles County



Santa Barbara County



### Engagement by Content Type

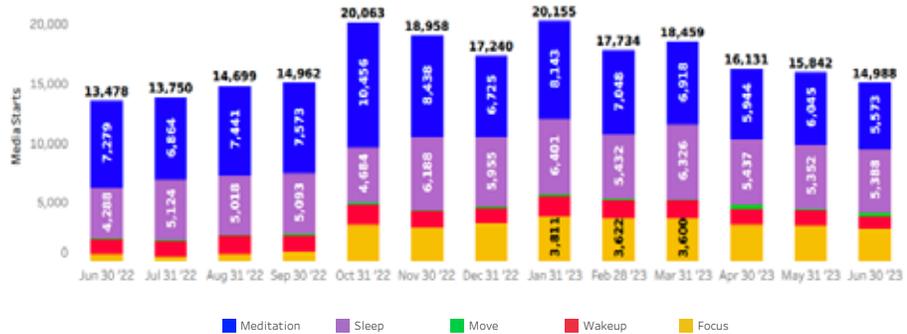
Content Type/ Section in Headspace	Focus	Meditation	Move	Sleep	Wake Up
	Music and audio to support focus and attention	Mindfulness meditation tracks, includes single meditations and meditation programs	Content to support strengthening the body and physical health through movement and exercise	Stories,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

Figure 3.5 shows the content users engaged within Headspace. Engagement by content type can indicate not only if people use an app, but also which components of the app they are using. This provides a detailed understanding of app use and could support marketing, messaging, and integration with county/city services.

**Figure 3.5. Number of Times Headspace Members Engaged with Specific Content Categories by County/City.**

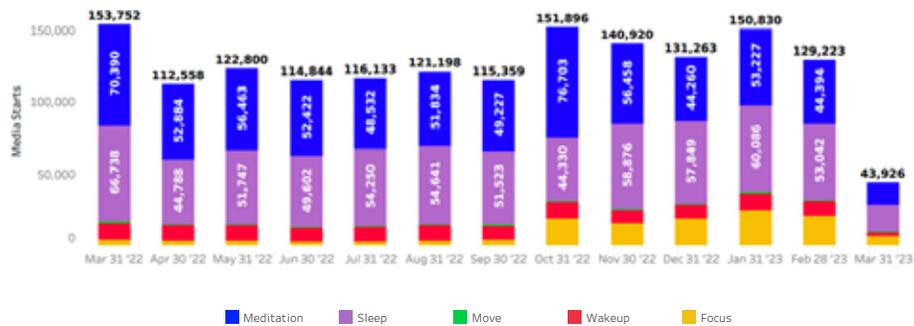
#### City of Berkeley

From January-June 2023, the meditation content was used the most, followed closely by sleep and focus.



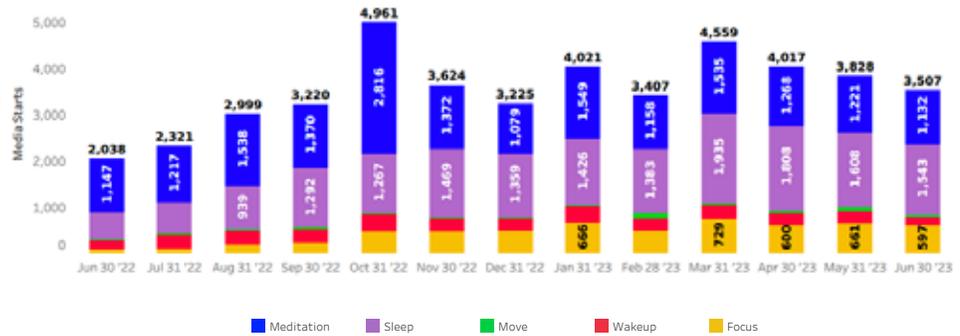
#### Los Angeles County

Los Angeles County displayed high engagement with the sleep content followed by meditation. The focus content had a small decrease towards the end of their Headspace implementation.



### Santa Barbara County

*Sleep content had the most engagement in 2023 except in January when meditation had higher engagement.*



### Learnings

Learnings from the Headspace app data include the following:

- **Engagement rates seem relatively stable over time.** Even when the number of monthly active users increases and decreases, the percentage of users who use at least one piece of content each month remains relatively consistent, between 16% - 25%.
- **Headspace’s sleep and meditation content were frequently used.** This year, more people used the sleep and meditation content. Meditation offered mindfulness meditation tracks, single meditations, and meditation programs. The sleep content offered stories, music, and sounds to help people fall asleep and sleep better. It might be useful for counties/cities to highlight this content in marketing materials.

## TEHAMA COUNTY

Tehama County resumed planning their myStrength pilot with Tehama County Health Services Agency – Behavioral Health (TCHSA-BH) clients, people experiencing homelessness, and isolated individuals. The county also developed plans and purchased devices to support digital literacy efforts.



### myStrength Pilot



#### **Pilot Planning**

In 2020, Tehama County began to plan a pilot of myStrength with 30 participants—10 TCHSA-BH clients, 10 people experiencing homelessness, and 10 isolated individuals. The county planned for staff (e.g., clinicians, case managers) and Peers to refer members of the core audiences to the program.

The pilot launched in 2021 and was paused soon afterward when it was learned that an additional Business Associate Agreement (BAA) was needed between Tehama County and external contractors (e.g., Help@Hand evaluation team) to allow the county to share participant information. The myStrength pilot efforts resumed after a BAA with the Help@Hand evaluation team was approved by the county's Board of Supervisors in May 2023.

This year, Tehama County worked with CalMHSA and the Help@Hand evaluation team to finalize a new contract with myStrength as well as update outreach communication and evaluation plans.



#### **Contracting**

CalMHSA worked to execute a new contract with myStrength that reactivated the myStrength licenses on July 15, 2023. Under the new contract, Tehama County would receive 5,000 myStrength licenses that expires in July 2024.



#### **Outreach Communication**

Tehama County identified a need to update emails to recruit county staff into the pilot. The county plans to update the recruitment email and reintroduce the pilot to county staff due to significant staff turnover in the two years that the pilot has been paused. Tehama County also plans to revisit the letter sent to participants that informs them of the pilot and encourages them to participate in it.

The county would ensure that evaluation activities are included.



#### **Evaluation**

Tehama County revisited their myStrength pilot evaluation with the Help@Hand evaluation team. The discussions focused on appropriate evaluation activities and sample size to address Tehama County's pilot learning objectives. The Help@Hand evaluation team will conduct surveys and interviews with program participants and staff.



#### **Future Directions**

Tehama County will relaunch their pilot after executing a new contract with myStrength and finalizing pilot plans.



## Device Distribution and Digital Literacy Support



### Program Planning

Tehama County began to plan digital literacy training for any TCHSA-BH clients referred by county staff (e.g., therapist, case workers). Trainings will involve a digital literacy curriculum developed by CalMHSA and be held in their wellness centers.

In addition, Tehama County purchased ten laptops and a charging cart for digital literacy trainings at their wellness center. The county began to work with their Fiscal Services and IT departments to purchase Microsoft Office licenses for the laptops. The county also began to develop a Device Use Agreement that communicates the rules and responsibilities for clients when borrowing devices. Clients will be expected to sign the Device Use Agreement.



### *Future Directions*

Tehama County will begin to accept referrals into their digital literacy program after finalizing plans for the program.

## TRI-CITY

Tri-City continued to offer myStrength to older adults, transitional aged youth (TAY), and monolingual Spanish speakers this year. Additionally, they continued their digital literacy and device distribution efforts, which started in September and November 2022 respectively.

### myStrength Implementation



#### Implementation Underway

This year, Tri-City continued to promote myStrength through marketing (e.g., social media campaigns and digital advertisements) and community outreach (e.g., attending community events). Tri-City also distributed devices and offered digital literacy workshops to those enrolled in their myStrength implementation. Participants and staff participated in evaluation activities. In addition, Tri-City met with City of Berkeley staff to share best practices.



#### Marketing

Uptown Studios, a California-based marketing team, developed a marketing and social media campaign, digital advertisements (e.g., flyers), and a webpage for Tri-City's myStrength implementation in 2022. During this period, Tri-City used flyers provided by Uptown Studios as a template to tailor flyers to their core audiences.



#### Community Outreach

Tri-City attended multiple community events to share information about their implementation and assist people with enrollment. Outreach events were held at colleges, senior centers, community centers, and bookstores. Giveaways, such as stress balls, were purchased and distributed at these events.

A major challenge was not having enough staff to engage the older adult population with the implementation. Based on program learnings to date, older adults tend to be resistant to using technology and need one-on-one guided support to download and access the myStrength app. Tri-City partnered with Painted Brain, a Peer-led organization that supported Help@Hand in other counties/cities, to outreach with older adults at senior centers and promote the implementation.



**Above:** Tabling at community events to promote Tri-City's myStrength implementation  
**Source:** Tri-City (2023)



### *Device Distribution and Support*

Tri-City purchased 60 Samsung devices in 2022 to loan out to those enrolled in the implementation and in need of a device. Devices were intended to mainly access myStrength and restrictions were added to minimize other use.

During this period, Tri-City distributed five devices at three senior centers to those enrolled in the myStrength implementation. Participants could keep the devices up until the end of the implementation. Tri-City worked with Jaguar Computer Systems, a computer networking company that specializes in providing technical solutions for clients, to procure the devices and to provide IT support to community members who needed assistance with their device.



### *Digital Literacy Support*

Tri-City continued to partner with Painted Brain to host digital literacy workshops and help onboard users in the myStrength implementation. Digital literacy workshops were open for anyone in the community to join, and the implementation was promoted among workshop attendees. Two workshops occurred this year – one for older adults (8 participants), and one for monolingual Spanish speakers (12 participants). Painted Brain also supported users by completing the evaluation surveys described below.



### *Evaluation*

Tri-City worked with the Help@Hand evaluation team to evaluate myStrength's implementation across Help@Hand counties/cities that implemented it. The evaluation included user app data and two user surveys. Users received surveys one week after enrollment and approximately 4-weeks after completing the first survey.

In addition, the evaluation included surveys and interviews with staff in some counties/cities as appropriate. The Help@Hand evaluation team interviewed Tri-City's Help@Hand Program Coordinator in May 2023 to learn about their experience with myStrength.

Preliminary data from the myStrength evaluation is on page 33.



### *Collaboration*

Tri-City connected with the City of Berkeley at the start of the year to learn about their experiences with their myStrength implementation. The City of Berkeley also described how to best share access codes with the community to make enrollment in the myStrength app easy and straightforward.



### *Future Directions*

Tri-City will continue to promote their myStrength implementation and digital literacy efforts among their three core audiences until December 2023. They also listed a job posting to hire an additional staff member who will support the onboarding of new community members and provide in-person support for the older adult population.

Tri-City plans on dedicating their remaining funds on marketing efforts, such as advertisements and social media. They plan to increase their marketing and then taper down towards the end of the year.

## Learnings from the Pilot and Implementation Evaluations

Key learnings from activities taken by Help@Hand counties/cities include:

### Marketing, Outreach, and Consumer Recruitment

- **Marketing campaigns will vary by core audience and across counties/cities.** There is no one-size-fits all marketing campaign. Established connections or resources devoted to developing and tailoring new materials are necessary for effective outreach. Various audiences are reached by different platforms and unique messaging. For example, some counties/cities have had success reaching a core audience through social media platforms, while others have relied on person-to-person contact or familiar community organizations. In some cases, billboard ads have been used in high-traffic areas (e.g. Riverside County), but are less successful in counties/cities without these characteristics.
- **Community engagement is important for informing marketing efforts and recruiting new participants.** Involving people who share the concern or have an interest in the program is key to developing an effective marketing campaign. Advisory boards are one way of bringing people together to inform marketing strategies for specific core audiences. In addition, building relationships with community partners, such as business owners, schools, and local community-based organizations, can help recruit new participants. This is especially important when engaging community members who are unfamiliar or uncomfortable with technology or mental health.
- **Multimodal marketing and engagement efforts are critical for technology uptake.** Marketing strategies need to meet people where they are at and reduce friction to enrollment. Using diverse marketing strategies is crucial to increase product uptake when implementing on-line mental health interventions. For example, only listing apps on county/city websites may be passive and insufficient for capturing participants' interests, addressing barriers around enrollment, and, ultimately, driving participation. Distributing promotional items at community events has been identified as a successful way to increase visibility of programs to encourage program awareness and enrollment.
- **Measurement is required to make improvements.** If counties/cities want to improve marketing efforts, they need to track the success of different approaches to understand potential impact. Using unique QR codes or links for different marketing methods and monitoring website traffic after launching marketing events can help identify successful marketing strategies.
- **It is important to make it clear what kinds of services are available on platforms.** Clearly explained services on technology platforms support participant engagement, retention, and satisfaction by appropriately aligning consumer expectation with product delivery. These efforts also support workforce satisfaction due to participant success in receiving services as anticipated.
- **Outreach plans should incorporate marketing implementations into their timelines.** Development of marketing and communication plans early in implementation planning can help encourage consumer enrollment and use of technology. Implementation efforts can be delayed if marketing materials are not ready early.
- **Counties/cities need to plan for the time it takes to work with marketing firms.** Using a marketing firm can help with developing marketing materials, but requesting changes to materials takes time. Not planning for this time can delay outreach efforts.

- **Trade-offs occur when ensuring only eligible individuals sign up for a program.** Screening participants can reduce the probability of misused access codes and licenses, but also make it more difficult for people to enroll into a program. Furthermore, multi-step procedures for distributing access codes for free licenses may lead to incomplete sign-ups of interested participants.

### Consumer Experience

- **Ensuring that systems and applications are updated help consumers access platforms.** Accessibility for consumers can be limited by out-of-date systems and applications. Difficulties with access affect consumers' experience with the platform.
- **It is important to consider specific language needs of core audiences.** Consumers had limited ability to access technology platforms if they were not available in their native language.
- **Members of the Deaf and Hard of Hearing (DHOH) community have unique experiences and communication styles.** Professional and experienced interpreter services can help ease communication barriers. Working consistently with the same group of interpreters who are familiar with the Help@Hand project helps ensure that the DHOH members' communication is accurately expressed.
- **Providing county/city-specific resources and referral lines can facilitate local participation.** When implementing on-line mental health interventions, easily accessible and clearly denoted locally-based resources and referral lines are crucial to support participants with mental health or other needs.

### Digital Literacy

- **Ensure staff receive training on digital literacy.** It is important to ensure that county/city staff working on digital literacy projects are comfortable with technology themselves. It is often assumed that people who need digital literacy are from specific populations, such as older adults, lower socioeconomic status, or having mental illness. However, most people, regardless of their health or income status, also have digital literacy needs and it is imperative that county/city staff working on technology-related projects are knowledgeable with these technologies. Train-the-trainer digital literacy workshops often require more than one session to prepare staff with both digital literacy knowledge and facilitation skills.
- **Allocate staffing based on technology-related needs of core audiences.** Some participants in digital literacy programs primarily look for support on how to use digital technologies for job searching, educational purposes, health, and housing. Considering the needs of program participants is important for aligning the curriculum presented in the digital literacy programs as well as developing appropriate strategies for measuring program impact.
- **Community members who participate in digital literacy programs often come to address specific needs beyond those related to the technologies offered by Help@Hand.** For example, some participants in digital literacy programs primarily look for support on how to use digital technologies for job searching, educational purposes, health, and housing. Considering the needs of program participants is important for aligning the curriculum presented in the digital literacy programs as well as developing appropriate strategies for measuring program impact.
- **Although there are many organizations that have existing digital literacy resources, many community members are not aware of these programs and services.** Many types of organizations (e.g., governmental, non-governmental, and private sector) have existing resources that county/city-specific efforts can use and build upon. In addition, state-wide programs may also provide free or discounted access to phone and internet services in California.

### Device Distribution and Kiosks

- **Successful device distribution takes time and planning.** Some counties/cities want to give out devices but others prefer to loan devices. Because each county/city has different considerations when identifying acceptable risks, successfully device distribution takes time to plan and requires coordination with partners and vendors. Bringing people onto team who have direct experience in device distribution, county/city requirements around procurement, and program implementation can prevent delays in device distribution.
- **Consumers' personal information is an important consideration when distributing county- or city-owned devices.** Consumers should be aware that devices that provide access to apps or websites may collect personal identifying information, such as passwords and/or health information. Program staff need to communicate with their information technology departments on how to ensure consumers' privacy.
- **Counties/cities should ensure county/city-owned devices are cleared of previous consumers' accounts when returned.** In some counties/cities, previously used and returned county-/city-owned devices were not cleared of previous consumers' account information.
- **Participants sometimes used devices and kiosks in ways unintended by the county/city providing device access.** Participants used devices and kiosks for unrelated purposes, such as buying apps and visiting unintended websites.
- **Participating in device distribution programs provided consumers with benefits extending beyond access to technology.** Consumers used devices not only to participate in technology implementations, but also as a lifeline to secure housing and stay connected with Peers who provided program support and reminders.

### Peers

- **The involvement of Peers as part of the county/city workforce continues to vary widely across Help@Hand.** Some counties/cities do not have Peers actively engaged, some contract out Peer involvement, and some have a big Peer workforce that is involved in day-to-day project management and implementation.
- **Peer Operators may be recognized by consumers.** Counties/cities that implemented Peer chats reported the risk that Peer Operators may be identifiable by consumers of the Peer chat as they are part of their local communities. Counties/cities may want to consider ways to reduce identifiers among Peer Operators. Additionally, in such cases, there is a need to develop protocol for how Peer Operators handle and/or transfer chats.
- **Some consumers use the Peer chat in inappropriate ways.** Consumers may seek to inappropriately use the Peer chat, and Peer Operators should be prepared to block them and report such occurrences to their teams.
- **Mental health professionals can play a supporting role for Peer Operators.** Counties/cities should have protocols for Peers to call a manager or clinical therapist if consumers mention self-harm or suicidality. A mental health professional can provide guidance to Peer Operators chatting with a consumer with escalated mental health needs without taking over the call.

### Working with Partners

- **Community-based organizations (CBOs) can help engage community members.** Counties/cities used existing relationships with CBOs to promote their programs.
- **Counties/cities learned from partners who led similar programs.** Help@Hand counties/cities and community partners shared their experience and lessons learned. Valuable spaces for counties/cities to connect with others included the Help@Hand Tech Lead meeting and the National Digital Inclusion Alliance's Healthcare Working Group.
- **Communicating with county/city-level partners is important when creating and finalizing contracts for collaborative efforts.** Clear and early communication is key when counties/cities collaborate on timely contract finalization and implementation. Differences in counties'/cities' tolerance of risk can affect project-related plans, contract finalizations, and implementation.

### Learning Collaboration

- **Counties/cities appreciated more sharing opportunities.** Communication tools, Help@Hand evaluation report spotlights, and participation in Collaboration meetings (e.g. formally inviting different counties/cities to discuss specific topics) presented new opportunities for counties/cities to share learnings, successes, and barriers.
- **It was important to have awareness of counties/cities' needs and schedules.** Some months may be busier than others for counties/cities, which can impact their participation in Help@Hand activities.
- **Learning from other public and private entities implementing digital health technologies helped.** Learning from similar digital health programs may help inform Help@Hand efforts.

### Project Planning

- **Clear communication with leadership and other partners was important for project implementation.** Planning for project implementation requires alignment and clear communication across all the partnering entities involved in the project. Thorough communication with leadership before launching would improve implementation.
- **Approvals of new agreements take time.** When piloting a new project, seeking the necessary multiple levels of approval for agreements, which vary across county/city, can delay timeline. Counties/cities often did not anticipate that 'one-more' sign-off that was needed. Instead of starting a new pilot that needs approval, there may be approved products/projects already in place that can reach the same goals.
- **Policies may change during a project lifecycle.** Policy changes, whether anticipated or not, often occur during the life of the project that influence project planning and/or project implementation. Wherever possible, anticipated policy changes should be incorporated as early into project planning and implementation as appropriate.
- **Community members can deliver useful insights for project planning both at the start and during the project.** Community members can bring useful insights when preparing a program. They can contribute to understanding people's needs and existing barriers to accessing digital resources. As a project matures, continuing to connect with the community can help understand how well the program works and how processes can improve.

- **Changes in project efforts meant that timelines and contracts needed to be revisited, often causing delay in program implementation.** When counties/cities pivot their efforts, Scope of Work (SOW), timelines, and contract management processes need to be revised to reflect the new activities.
- **Frequent changes to projects need to be documented.** Innovation projects are constantly changing, and it is important to capture these changes. In addition, as innovation projects change, so do goals. Changes in goals can result in counties/cities expediting additional resources to reach these new goals.

### Staffing and Resources

- **Staffing challenges impacted project planning.** Limited staffing and competing priorities can impact timelines, cause delays, and limit project activities.
- **Counties/cities continued to experience staff turnover.** Shortage of county/city staff continue to make it challenging to engage with program participants and engage core audiences.
- **New staff may not know project details.** Projects move quickly and it is easy for new staff to miss important details. New staff are also unfamiliar with the history of the project and context around previous decisions. Continued contract and implementation support from CalMHSa, Help@Hand Evaluation reports, project tools, and learnings from other counties/cities have been used as resources and on-boarding materials during staff transitions.

### Evaluation

- **Stakeholder perspectives and project objectives can be used to develop and adjust the evaluation.** For example, stakeholders can provide useful feedback on the development, implementation, and analysis of evaluation efforts. In addition, data collection instruments should be designed with a project's objectives in mind, to make sure the relevant data is collected. Objectives may change as a project matures and instruments should be updated accordingly.
- **Additional follow-ups with people to complete surveys can improve response rates.** Following up with people through phone calls and texts can effectively remind people to complete online surveys. Effective strategies include reaching out to people at least four times and changing modalities (e.g. text, email, phone).
- **Consumers may not immediately experience an improvement in mental health symptoms.** In addition to understanding consumers' ongoing engagement with a product, it is important to understand any improvement in mental health symptoms over time. However, these changes may take time so it is imperative to consider other proximal improvements (e.g. increases in coping skills, self-efficacy, confidence) when seeking to understand potential product benefits.
- **Consumers with more mental health symptoms engaged more actively with products.** We generally found those with more symptoms engaged more actively. We need to better understand what drives this relationship and who might benefit the most by these technologies.
- **Centralized data management can facilitate data collection and retrieval.** Using a central data management system from the beginning of a project keeps all collected data centralized and can make it easier to update or change data collection instruments in the future.
- **Evaluation data was integrated into project planning and implementation.** Evaluation data informed mid-project decisions for some counties/cities.

### Project Closing and Sustainability

- **Counties/cities prepared for program completion.** As counties/cities prepared to complete their participation in Help@Hand, many began developing infrastructure to support current and future technology implementations.
- **It was important to inform program participants about the end of a program and what this meant for their access to resources.** Participants needed to be made aware that apps would no longer be available at the end of the project. If applicable, it was important to direct them to other resources.
- **The Help@Hand Transition Plan should be updated.** Lessons learned from other counties/cities that have left the project indicated that the transition plan needed to be updated to respond to changing needs, such as a need to simplify the closure process, review all technology efforts, and finalize those that will close versus those that will transition to being supported by the county/city by other revenue streams.

## 4 OUTCOMES EVALUATION

### Key Points

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

## OVERVIEW

The outcomes evaluation focuses on evaluating Help@Hand across the state of California. It examines the need for and the opportunities with mental health technologies among counties/cities participating in the Help@Hand program (e.g., Help@Hand counties/cities) and counties/cities not participating (e.g., comparison counties/cities).

### CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

The California Health Information Survey (CHIS) is the largest state health survey in the nation. It asks questions on a wide range of health topics to a representative sample of individuals throughout the state of California. Additional items addressing use of digital mental health products were added by Help@Hand to the CHIS in 2019, 2020, 2021, and 2022.

No new data was released by CHIS in this period. Previous CHIS analysis comparing Help@Hand counties/cities and comparison counties/cities can be found in the Help@Hand Statewide Evaluation: Year 4 Annual Report.

The recommendations in this section are synthesized from learnings presented throughout this report. Given the nature of the Help@Hand project and projects in general, some recommendations echo those presented in past evaluation reports.

Overall recommendations are designed to broadly apply across the Help@Hand program. Individual recommendations (noted below) draw from the experiences of one or more counties/cities involved in Help@Hand between January and June 2023.

### Marketing, Outreach, and Consumer Recruitment

**Overall recommendation:** Plan marketing efforts to be early, multi-modal, and strategically tailored to core audiences. Get input from organizations that already engage audiences of interest. Make the enrollment process as simple as possible to reduce the number of incomplete enrollments.

#### Individual recommendations/learnings:

- **Marketing campaigns should be tailored to each county/city and core audience.** The demographics, infrastructure, resources, and geography of each county/city should be considered when creating marketing strategies. It is also important to work with the core audience and identify appropriate and culturally-informed marketing strategies. Even within an effort to appeal to a broad audience, counties/cities may want to tailor to specific subsets of people for marketing efforts. Consider using paid advertisements to focus on core audiences to increase participation.
- **Use multimodal marketing strategies.** Use multiple methods of marketing to increase awareness about technology-based programs. For example, in-person training, detailed written information, and free promotional items with project-specific branding, should be used to support broader marketing efforts. Consider creating unique QR codes or links for each strategy to shed light on the most successful methods.
- **Leverage existing partnerships with third-party vendors to develop marketing materials.** These materials can then be updated and tailored by counties/cities for certain core audiences if needed.
- **Clearly explain services and functions available on the platform for both providers and consumers.** Such efforts can support participant engagement, retention, and satisfaction.
- **Make access codes and QR codes available on marketing materials to reduce enrollment hurdles.** Providing QR codes on marketing materials can make it easier for individuals to enroll in a program. Distributing access codes in one step can also prevent incomplete sign-ups of interested participants.
- **Plan for marketing in early phases of programming and implementation of technology applications.** Development of marketing and communication plans early can help prevent delays in implementation.
- **Plan time and staffing to engage communities for both marketing efforts and recruitment.** Engaging with community-based advisory boards early in the project can increase buy-in and inform marketing efforts. Designate staff to engage community partners to increase awareness of programs and enhance recruitment.

### Consumer Experience

**Overall recommendation:** Ensure technologies are accessible to enhance consumer experiences. Consider broadly the needs of the consumer when selecting technologies (e.g. language, providing technologies with system requirements that work broadly with phone operating systems).

**Individual recommendations/learnings:**

- **Regularly monitor for updates with operating systems and applications.** Monitoring the latest releases and roadmaps for the most popular operating systems and widely used applications is important for ensuring that consumers can access all platform features.
- **Work closely with community members from specific core audiences when translating or implementing technologies.** If applications or technologies are translated, work closely with community members fluent in that language to ensure appropriateness and comprehension. Do not rely on Google Translate alone as accuracy between languages spans 55% to 94% (Taira et al, 2021).
- **Involve more Deaf and Hard of Hearing (DHOH) professionals in all aspects of the Help@Hand project were appropriate.** DHOH professionals can help incorporate unique experiences and communication styles throughout the project to reach DHOH communities.
- **Make local resources and referral phone numbers easy to find.** Providing county/city-specific resources and referral lines in clearly and easily accessible places on websites and other community materials can facilitate local participation.

**Digital Literacy**

**Overall recommendation:** Digital literacy trainings both for staff and community members should be specific to the needs of the core audience. Partnering with organizations that have existing digital literacy efforts can also increase resource efficiency.

**Individual recommendations/learnings:**

- **Provide sufficient digital literacy and facilitation training for staff.** Do not assume digital literacy among county/city staff and provide sufficient training options for those who require more time and information about using technology. Furthermore, develop trainings to focus specifically on how to be a facilitator of digital literacy workshops. For example, some counties/cities found that one 90-minute session was insufficient to prepare their staff.
- **Plan and budget for hiring sufficient staff staffing when focusing digital literacy efforts for certain core audiences.** For example, some counties/cities found that they needed to plan for more staffing when reaching older adults with digital literacy training.
- **Tailor digital literacy efforts to core audience's unique needs.** For example, young adults may be familiar with using technology but not have access to devices, while older adults may need more one-on-one support to access and use the technology. Additionally, future digital literacy workshops should focus on how to access resources relevant to consumers' specific needs, such as using technology to address jobs, education, health, and housing.
- **Leverage digital literacy resources from other organizations to avoid duplicating efforts.** Research what is already available through other organizations to create free curated app libraries of digital resources to help inform local efforts.
- **Increase marketing and outreach efforts for state-wide resources.** Research what is already available through other organizations and create a free curated app library of digital resources to help inform local efforts.

**Device Distribution and Kiosks**

**Overall recommendation:** Plan early for device distribution and ensure consumers' personal information is protected with multiple safeguards.

**Individual recommendations/learnings:**

- **Prepare for device distribution early in the implementation planning process.** Device distribution requires coordination with multiple partners and vendors. Having conversations early about each partner's role and needs can prevent delays in distribution.
- **Be proactive about protecting consumers' personal information.** Devices placed in public locations should provide consumers with a way to clear their information at the end of their session to protect the consumers' privacy. Identify and implement local county/city policies and practices to ensure security of consumers' personal information. Establish lines of communication between project personnel and the local information technology department.
- **Be sure devices that have been previously used are cleared of previous consumers' information before distributing to new consumers.** Double-check consumer profiles and accounts before providing a previously used device to new participants to ensure there are no technical issues and/or personal information on the device.
- **Consider putting restrictions in place when setting up devices to mitigate unintended use.** Installing security software can prevent people from using technology in ways unrelated to program goals, such as buying apps and games and visiting unrelated websites. Purchasing devices directly from the vendor and switching from mobile data contracts to a prepaid plan can prevent unintended use and purchases.
- **Assess and capture the different ways in which device distribution programs influence consumers' lives.** Potential benefits of device distribution may extend beyond the original goals (e.g., increasing access to technology), and collecting data about this can help to inform future device distribution efforts.

**Peers**

**Overall recommendation:** Support the Peer workforce and integrating Peer input through funding and planning. For Peers who work in Peer chats, develop further protocols for navigating inappropriate chats or for addressing urgent mental health needs.

**Individual recommendations/learnings:**

- **Find ways to integrate Peers in both programmatic and service delivery activities.** Peers were valuable resources for both internal and community-facing programming and services. Their potential can be considered for future projects that partner with Peers.
- **Counties/cities need to intentionally plan to recruit, hire, and retain their Peer workforce.** As Peers reported working on multiple projects and being short-staffed, counties/cities should plan ahead to strategically manage the hiring, retention, and workload of Peers. This includes planning for adequate Peer supervision and professional development for Peers.
- **Advocate for hiring Peers for county/city efforts.** Counties and cities can support and fund the hiring and integration of Peers. Such changes can help to shape both practical and cultural facets of the workforce environment.
- **Be intentional when soliciting and integrating Peer input.** Project partners and supervisors should plan ahead when Peer input is solicited so that input can be fully integrated into decision-making.
- **Develop and reinforce protocol for consumers who use the Peer chat inappropriately.** Develop protocol and training for how to navigate consumers who may use chat inappropriately. For example, consider creating a protocol where a consumer will get transferred to another Peer Operator or receive a pre-planned response if a conversation is making the Peer Operator uncomfortable. If inappropriate chats continue from specific consumers, consider procedures for removing their access to the platform.

- **Plan to have a mental health professional available to assist Peer Operators if necessary.** In cases of escalated mental health needs, mental health professionals can provide further guidance for Peer Operators during Peer chats. Develop protocols around conducting safety assessments and provide regular training and continued support and supervision to ensure Peer Operators are appropriately trained and regularly employ best practices.

### Working with Partners

**Overall recommendation:** External partners may help alleviate internal staffing shortages and have the experience and resources to engage community members. However, it is important to understand potential challenges for partners to deliver the expected work, such as partners' unfamiliarity with a program. Communicate early with collaborators to facilitate realistic and smooth planning and implementation of contracts.

#### Individual recommendations/learnings:

- **Consider working with community-based organizations (CBOs) that the county/city already has a relationship with to promote programs and potentially create marketing materials.** CBOs may have a more detailed understanding of existing relationships with the community and can help promote the program among community members.
- **Connect with similar programs as early as possible.** Both community partners and Help@Hand counties/cities may have led similar programs and can share resources and insights on their experiences conducting similar programs. Building connections early on, reusing materials, and learning from past lessons can save valuable time when trying to set up a new initiative.
- **Be intentional about seeking to understand collaborators' tolerance of risk early.** When working with other counties/cities, it may help to have conversations early in the process to discuss partners' tolerance of risk. Doing so can provide realistic expectations for collaborative efforts.
- **Invite feedback on contracts and agreements from all parties involved as early as possible.** Communicating early about what counties/cities require for contracts and agreements with partners involved in the process can help to facilitate the process in a timely manner.

### Learning Collaboration

**Overall recommendation:** Continue to have more sharing opportunities for counties/cities to learn about each other's successes and challenges. Document any project changes and consider counties/cities' capacity and existing agreements to adapt accordingly.

#### Individual recommendations/learnings:

- **Facilitate communication among counties/cities in the Help@Hand project.** Many challenges, goals, and lessons learned applied to multiple counties/cities. Counties/cities can leverage the Help@Hand evaluation report spotlights, communication tools, and Collaborative Meetings to support increased communication.
- **Ensure any audience can easily understand the innovation findings and changes.** As projects are constantly evolving and changing, it is important to document these changes and make sure they are understandable for others who may not have been as closely involved in the changes.

### Project Planning

**Overall recommendation:** Innovation projects may change and it is important to periodically review project goals and consider staff, time and resources needed to make appropriate adjustments to project plans.

#### Individual recommendations/learnings:

- **Consider staffing and competing priorities when planning project activities and developing timelines.** Changes in counties/cities' schedules and capacity can impact the time and resources they are able

to dedicate to Help@Hand efforts. This is especially crucial for small counties/cities that have limited resources. Schedules and expectations may need to adapt to accommodate people's schedules, bandwidth and responsibilities.

- **Review existing contracts and timelines when making any changes in project efforts.** When counties/cities consider any project changes, it is important for collaborative members to coordinate with implementation managers to ensure objectives align with project timelines and vendor alignment with any future activities.
- **Discuss implementation plans with all partners involved early on.** It is important to have discussions with executive team members, particularly the Chief Information Officer and Compliance Officer before launching. Additionally, incorporation of pre-implementation program planning across partnering entities (e.g., development of learning agendas, communication plans, shared terminology, etc.) is needed to support initial implementation and sustainable preparation.
- **Explore existing, similar programs that can be built upon.** Approvals of new agreements take time and it may be faster to build on an existing project or agreement if possible rather than starting new ones. Consider what existing programs are already in place, before starting new initiatives that may take more time to get set up and approved.
- **Develop a method to capture community insights as early as possible, as well as throughout a project.** Community members can provide useful feedback not only when preparing a program, but also during a program on how well the program works and how it can improve. It is important to continue outreach activities to community members and partner organizations.
- **Review goals periodically.** A periodic review will keep the Collaborative updated on overall objectives of the county/city and prevent expediting resources.
- **Plan time and personnel to integrate evaluation data into mid-course program planning.** Evaluation data can provide useful insights and inform decision-making for project implementation.
- **Monitor policy changes, and legislation that impact the implementation of digital mental health solutions.** Examples of important policies include Title II of the Americans with Disabilities Act (ADA), and the 21st Century Cures Act.

### Staffing and Resources

**Overall recommendation:** Staffing and competing priorities continued to be a challenge across the Help@Hand program. Recommendations to address this include partnering with external partners to address staff shortages, hiring additional staff both generally and in case of unforeseen emergencies that requires attention, and planning for staff transitions and onboarding.

#### Individual recommendations/learnings:

- **Continue to address the challenges of competing priorities of current staff members and staff shortages.** Some counties/cities may benefit having additional staff in the case of emergencies and urgent work responsibilities outside of their control.
- **Account for staff turnover and staffing transitions.** Continue to provide contract support, maintain project tools and artifacts, and reinforce project objectives to help with staffing transitions.
- **Develop feasible and scalable dissemination strategies to increase impact beyond Help@Hand.** Support counties/cities to upkeep community partnerships made through Help@Hand, share learnings beyond Help@Hand, and sustain successful programs introduced through Help@Hand.
- **Ensure that newly onboarded staff are familiar with logistics of project.** New staff need to be on-boarded quickly. Multiple resources exist to support staff transition includethe following: continued contract and implementation support from CalMHSA, Help@Hand Evaluation reports, project tools, learnings from

other counties/cities have been used as resources, and on-boarding materials for counties/cities during staff transitions.

- **Use collaborations with partners to mitigate staffing challenges.** For example, community partners and Peer-led organizations can help with outreach and engagement with core audiences.

### Evaluation

**Overall recommendation:** Make sure that data collection is in line with project goals, stakeholder input, and core audiences. Project goals may change and impact data collection instruments, and data collection instruments and methods may need tailoring to certain core audiences. Additionally, stakeholders can provide useful feedback on the development, implementation and analysis of evaluation efforts.

#### Individual recommendations/learnings:

- **Review data collection instruments when project goals change.** Goals may change as a project progresses, and data collection instruments may need updates to reflect these changes and to make sure that relevant data is collected.
- **Consider additional ways to follow up with participants to increase survey response rates.** Some participants may be harder to reach and may benefit from follow-up phone calls and texts to complete online surveys.
- **Implement follow-up mental health surveys.** These surveys are crucial to evaluate any improvement in mental health symptoms over time.
- **Consider engagement with a product and any potential mental health improvements over time.** Defining a meaningful engagement and encouraging to take mental health survey is recommended to understand whether engagement with a product is associated with any mental health symptoms.
- **Consider different ways in which consumers may engage with a product when interpreting app data.** Consumers may use a product in more than one way. For example, they may use the app to follow a formal program around a specific topic, such as mood or sleep.
- **Consider different lengths of use when interpreting app data.** Most consumers may only try a product for a few days, but a small subgroup of users may continue to use it for a longer period of time and/or return to using the product after pausing use.
- **Plan to collect demographic information from consumers early on.** Linking demographic information with product engagement and mental health improvements may provide insight on whether technologies may help specific subgroups.
- **Inclusion of stakeholder feedback on evaluation is recommended.** Consider how stakeholder input could improve how evaluation efforts are developed, implemented, and how these efforts are analyzed.
- **Dedicate sufficient time and staff to learn from other similar programs.** Actively seek out learnings from other organizations and environments to avoid duplication of efforts.
- **Consider using a Central Resource Management (CRM) system to store data from multiple sources and instruments in one centralized place.** Having all data in a centralized location can make it easier to retrieve data and make adjustments to data collection instruments later on.

### Project Closing and Sustainability

**Overall recommendation:** Plan to make use of all purchased resources, inform participants about project completion, and update the Help@Hand Transition Plan as needed.

**Individual recommendations/learnings:**

- **Plan for building infrastructure for future technologies.** As counties/cities prepare to complete their participation in Help@Hand, many are developing infrastructure to support current and future technology implementations. For example, some counties/cities are transitioning the funding of effective programs to other funding sources. Counties/cities are also documenting processes to streamline future technology implementations.
- **As counties/cities plans for program completion, plan ahead about informing participants.** Ensure that participants are aware of a program ending.
- **Continue to assess and update the Help@Hand Transition Plan.** The Transition Plan may need to be updated based on additional lessons learned as more counties/cities conclude their Help@Hand projects.

- App4Independence. (2021). *A4i Care Team Champion Certificate*. Retrieved from <https://www.a4i.me/a4i-care-team-champion-certificate/>
- App4Independence. (2021). *MEMOTEXT*. Retrieved from <https://www.a4i.me/>
- Bauer, S., Hagel, J., Okon, E., Meermann, R., Kordy, H. Erfahrungen mit dem Einsatz des Short Message Service (SMS) in der nachstationären Betreuung von Patientinnen mit Bulimia Nervosa. *Psychodynamische Psychotherapie*. (2006); 3:127-136.
- Bauer, S., Percevic, R., Okon, E., Meermann, R., Kordy, H. Use of Text Messaging in the Aftercare of Patients with Bulimia Nervosa. *European Eating Disorders Review*. (2003);11:279-290.
- Buttlaire, S., Shaw, N., Manley, T., Tregarthen, J., Argue, S. Kaiser Permanente Recovery Record Pilot Final Report: Mobile Treatment and Behavioral Analytics in Kaiser Permanente's Eating Disorder Programs. (2015). Private Report.
- Carter, J.C., Blackmore, E., Sutandar-Pinnock, K., Woodside, D.B. Relapse in Anorexia Nervosa: A Survival Analysis. *Psychology Medicine*. (2004);34(4):671–9.
- Carter, J.C., Mercer-Lynn, K.B., Norwood, S.J., Bewell-Weiss, C.V., Crosby, R.D., Woodside, D.B., Olmsted M.P. A Prospective Study of Predictors of Relapse in Anorexia Nervosa: Implications for Relapse Prevention. *Psychiatry Research*.(2012);200(2-3):518–23.
- Eisler, I., Simic, M., Russell, G.F., Dare, C. A Randomised Controlled Treatment Trial of Two Forms of Family Therapy in Adolescent Anorexia Nervosa: A Five-Year Follow-Up. *Journal Child Psychology and Psychiatry*. (2007);48(6):552–60.
- Flores-Sandoval, C., Sibbald, S., Ryan, B.L., Orange, J.B. Healthcare Teams and Patient-Related Terminology: A Review of Concepts and Uses. *Scandinavian Journal of Caring Sciences*. (2021) Mar;35(1):55-66.
- Hallings-Pott, C., Waller, G., Watson, D., Scragg, P. State Dissociation in Bulimic Eating Disorders: An Experimental Study. *International Journal Eating Disorders*. (2005);38(1):37-41.
- Hareva, D.H., Okada, H., Kitawaki, T., Oka, H. Supportive Intervention Using a Mobile Phone in Behavior Modification. *Acta Medica Okayama*. (2009);63(2):113-120.
- Help@Hand – Connecting People with Care. (2018). *Berkeley Mental Health*. Retrieved from <https://helppathandca.org/%20berkeley/>
- Herzog, D.B., Dorer, D.J., Keel, P.K., Selwyn, S.E., Ekeblad, E.R., Flores, A.T, Greenwood, D.N., Burwell, R.A., Keller, M.B. Recovery and Relapse in Anorexia and Bulimia Nervosa: A 7.5-Year Follow-Up Study. *Journal of the American Academy of Child & Adolescent Psychiatry*.(1999);38(7):829–37.
- Isager, T., Brinch, M., Kreiner, S., Tolstrup, K. Death and Relapse in Anorexia Nervosa: Survival Analysis of 151 Cases. *Pergamon*. (1985);19(2-3):515–21.
- Juarascio, A.S., Manasse, S.M., Goldstein, S.P., Forman, E.M., Butryn, M.L. Review of Smartphone Applications for the Treatment of Eating Disorders. *European Eating Disorders Review*. (2015). Jan;23(1):1-1.
- Keel, P.K., Dorer, D.J., Franko, D.L., Jackson, S.C., Herzog, D.B. Postremission Predictors of Relapse in Women with Eating Disorders. *American Journal of Psychiatry*. (2005);162(12):2263–8.
- Krishna, S., Boren, S.A., Balas, E.A. Healthcare via cell phones: A systematic review. *Telemedicine and E-Health*. (2009);15(3):231-240.

- Lukasiewicz, M., Fareng, M., Benyamina, A., Blecha, L., Reynaud, M., Falissard, B. Ecological Momentary Assessment in Addiction. *Expert review of neurotherapeutics*. (2007);7(8):939-950.
- Los Angeles County Department of Mental Health. (2023). *iPrevail*. Retrieved from [https://lacounty.iprevail.com/chat?rsc=lac\\_c\\_go&gad=1&gclid=CjwKCAjwq4imBhBQEiwA9Nx1BjxFBY2C5c7Hq4mVXBi6t1VBquSTzAy\\_JzblSa1KsriLU\\_MESka2hhoCJEQQAvD\\_BwE](https://lacounty.iprevail.com/chat?rsc=lac_c_go&gad=1&gclid=CjwKCAjwq4imBhBQEiwA9Nx1BjxFBY2C5c7Hq4mVXBi6t1VBquSTzAy_JzblSa1KsriLU_MESka2hhoCJEQQAvD_BwE)
- Mental Health Association Of San Francisco. (2022). *MHASF*. Retrieved from <https://www.mentalhealthsf.org>.
- MHSA Help@Hand Innovation Project Older Adult Digital Literacy and Wellness. (2023). Marin Health and Human Services. Retrieved from <https://www.marinhhs.org/rfp/2023-11>
- Recovery Record Research Summary Supporting Eating Disorder Recovery Across the Care Continuum. *Internal Company Document*. Accessed 25 May 2023.
- Riverside University Health System. (2023). *Help@Hand-Connecting People with Care*. Retrieved from <https://riversidehelppathand.org/>
- Riverside University Health System. (2023). *TakemyHand*. Retrieved from <https://takemyhand.co/>
- Riverside University Health System. (2023). *Thrive Kiosk*. Retrieved from <https://thrive.ruhealth.org/#/home>
- Riverside University Health System. (2023). *TomamiMano*. Retrieved from <https://tomamimano.co/>
- Sorbi, M.J., Mak, S.B., Houtveen, J.H., Kleiboer, A.M., Van Doornen, L.J. Mobile Web-Based Monitoring and Coaching: Feasibility in Chronic Migraine. *Journal Medical Internet Research*.(2007);9(5):e38.
- Sorkin, D.H., Mukamel, D., Eikey, E., Schueller, S.M., Schneider, M., Stadnick, N., Zheng, K., Borghouts, J., Bunyi, J., Ceballos-Corro, E., Cha, B.S., De Leon, C., Hobaica, S., Kim, G., Li, X., Mathew, A.B., Palomares, K., Varisco, R., Zhao, X. (2023). *Help@Hand Statewide Evaluation: Year 4 Annual Report. Program of Research in Translational Technology Enabling High Quality Care, University of California, Irvine*.
- Stone, A.A., Broderick, J.E., Schwartz, J.E., Shiffman, S., Litcher-Kelly, L., Calvanese, P., Intensive Momentary Reporting of Pain with an Electronic diary: Reactivity, Compliance, and Patient Satisfaction. *Pain*. (2003);104(1-2):343-351.
- Stone, A.A., Shiffman, S., Schwartz, J.E., Broderick, J.E., Hufford, M.R. Patient Compliance with Paper and Electronic Diaries. *Control Clinical Trials*. (2003);24(2):182-199.
- Stone, A.A., Shiffman, S., Schwartz, J.E., Broderick, J.E., Hufford, M.R. Patient Non-Compliance with Paper Diaries. *Bmj*.(2002);324(7347):1193-1194.
- Strober, M., Freeman, R., Morrell, W. The Long-Term Course of Severe Anorexia Nervosa in Adolescents: Survival Analysis of Recovery, Relapse, and Outcome Predictors Over 10-15 Years in a Prospective Study. *International Journal of Eating Disorders*. (1997);22(4):339-60.
- Taira, B.R., Kreger, V., Orue, A., Diamond, L.C. A Pragmatic Assessment of Google Translate for Emergency Department Instructions. *Journal of General Internal Medicine*. (2021). Nov;36(11):3361-3365. doi: 10.1007/s11606-021-06666-z. Epub 2021 Mar 5. PMID: 33674922; PMCID: PMC8606479.
- TakemyHand™ Live Peer Chat. (2019). *TakemyHand™*. [Mobile App]. Apple App Store. Taken from <https://apps.apple.com/us/app/takemyhand-live-peer-chat/id1575814476>
- Wilde, M.H., Garvin, S. A concept analysis of self-monitoring. *Journal of Advanced Nursing*. (2007);57(3):339-350.

Each Help@Hand county/city completed the following tables describing their program information, accomplishments, lessons learned, and recommendations.

City of Berkeley	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>• Karen Klatt</li> </ul>	<ul style="list-style-type: none"> <li>• Karen Klatt</li> </ul>
<b>Implementation Site</b>	<ul style="list-style-type: none"> <li>• City of Berkeley</li> </ul>	<ul style="list-style-type: none"> <li>• City of Berkeley</li> </ul>
<b>Team Composition</b>	<ul style="list-style-type: none"> <li>• MHSA Coordinator-Tech Lead, Mental Health Manager</li> </ul>	<ul style="list-style-type: none"> <li>• MHSA Coordinator-Tech Lead, Mental Health Manager</li> </ul>
<b>Core Audience</b>	<ul style="list-style-type: none"> <li>• Anyone who lives, works or goes to school in Berkeley</li> </ul>	<ul style="list-style-type: none"> <li>• Anyone who lives, works or goes to school in Berkeley</li> </ul>
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>• HeadSpace</li> </ul>	<ul style="list-style-type: none"> <li>• HeadSpace</li> </ul>
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>• Implementation to the full community.</li> <li>• Apps have been implemented since the Fall of 2021 and in previous quarters the City utilized the services of Uptown Studios to market the Apps.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation to the full community.</li> <li>• Apps have been implemented since the Fall of 2021 and previously the City utilized the services of Uptown Studios to market the Apps.</li> </ul>
<b>Other Unique Qualities</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Milestones</b>	<ul style="list-style-type: none"> <li>• No milestones to report this quarter.</li> </ul>	<ul style="list-style-type: none"> <li>• No milestones to report this quarter.</li> </ul>
<b>Lessons Learned</b>	<ul style="list-style-type: none"> <li>• No new lessons learned this quarter.</li> </ul>	<ul style="list-style-type: none"> <li>• No new lessons learned this quarter.</li> </ul>
<b>Recommendations</b>		
<b>Cross County/City Sharing</b>		

Los Angeles County	Quarter 1 MindLAMP (Jan–Mar 2023)	Quarter 1 Headspace (Jan–Mar 2023)	Quarter 1 iPrevail (Jan–Mar 2023)
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>Alex Elliott, MSW.</li> </ul>	<ul style="list-style-type: none"> <li>Alex Elliott, MSW.</li> </ul>	<ul style="list-style-type: none"> <li>Alex Elliott, MSW</li> </ul>
<b>Implementation Site</b>	<ul style="list-style-type: none"> <li>Department of Mental Health (DMH) directly operated and legal entity outpatient Dialectical Behavioral Therapy (DBT) clinics</li> </ul>	<ul style="list-style-type: none"> <li>Los Angeles County Department of Mental Health (LACDMH) offered free Headspace Plus subscriptions to all Los Angeles County residents starting in April 2020.</li> </ul>	<ul style="list-style-type: none"> <li>General public</li> <li>Schools</li> <li>Call-in centers</li> <li>Veteran Community</li> <li>DBT Clinics</li> <li>Enhanced Care Management</li> </ul>
<b>Team Composition</b>	<ul style="list-style-type: none"> <li>Alex Elliott</li> <li>Ivy Levin (left in January)</li> <li>Ben Wu</li> </ul>	<ul style="list-style-type: none"> <li>Alex Elliott</li> <li>Debbie Innes-Gomberg</li> <li>Ivy Levin (left in January)</li> </ul>	<ul style="list-style-type: none"> <li>Keri Pesanti, LACDMH Mental Health Clinical Program Head, Prevention Division</li> <li>Robert Byrd, LACDMH Acting Deputy Director, Prevention Division</li> <li>Laura Li, CALMHSA Chief Administrative Officer</li> </ul>
<b>Core Audience</b>	<ul style="list-style-type: none"> <li>Clients receiving DBT in a DMH directly-operated or legal entity outpatient clinic</li> </ul>	<ul style="list-style-type: none"> <li>All Los Angeles County residents</li> </ul>	<ul style="list-style-type: none"> <li>Los Angeles Residents</li> <li>Transition-Aged Youth</li> <li>Veterans</li> <li>Monolingual Spanish Speakers</li> <li>Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting</li> <li>County employees</li> </ul>
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>MindLAMP</li> </ul>	<ul style="list-style-type: none"> <li>Headspace</li> </ul>	<ul style="list-style-type: none"> <li>iPrevail</li> </ul>
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.</li> </ul>	<ul style="list-style-type: none"> <li>LACDMH completed the implementation of Headspace, effective March 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Free access provided for all Los Angeles residents</li> <li>Additional marketing in schools for students aged 15+</li> <li>Additional marketing to call-in centers</li> <li>Demonstrations of iPrevail provided to mental health provider agencies and their staff, Community and Faith Based Organizations, Community Ambassadors, and Peers.</li> <li>Worked with the Veterans Peer Access Network to provide presentations on iPrevail and materials for Veterans and their families.</li> <li>Content available for Spanish speakers</li> </ul>
<b>Other Unique Qualities</b>	<ul style="list-style-type: none"> <li>MindLAMP is a unique open-source solution that could be implemented by other public mental health systems. Los Angeles county has created an infrastructure for adopting open-source technologies which could be used by other counties in the collaborative.</li> <li>Los Angeles County's MindLAMP implementation can enhance telehealth by facilitating virtual administration of a digital diary card and resources that support recovery.</li> </ul>	<ul style="list-style-type: none"> <li>LACDMH offered free Headspace Plus subscriptions to all Los Angeles County residents starting in April 2020.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Milestones</b>	<ul style="list-style-type: none"> <li>DMH Leadership decided to discontinue the development and implementation of MindLAMP, effective December 2022.</li> </ul>	<ul style="list-style-type: none"> <li>LACDMH completed the implementation of Headspace, effective March 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Data collected by iPrevail demonstrates continual and consistent increases in number of individuals browsing and accessing the platform reflects significant progress from early program implementing efforts.</li> <li>iPrevail marketing plan is being implemented, providing expanded reach. It is hypothesized that these efforts are directly linked to increased number of participants.</li> <li>iPrevail continues to provide support and scaffolding to peers involved in program implementation.</li> </ul>

Los Angeles County	Quarter 1 MindLAMP (Jan–Mar 2023)	Quarter 1 Headspace (Jan–Mar 2023)	Quarter 1 iPrevail (Jan–Mar 2023)
<b>Lessons Learned</b>	<ul style="list-style-type: none"> <li>• Having a vendor that is communicative and flexible can facilitate implementation of an app within a city/county.</li> <li>• Implementing a product within a county can create an opportunity to develop infrastructure to support future technology projects, both within counties across the collaborative. For example, through implementation of MindLAMP, Los Angeles County invested time and resources in building out an infrastructure and upskilling relevant teams which will facilitate more efficient technology roll-outs in future.</li> <li>• There was a need for increased sharing of “actionable insights” to benefit the collaborative and increase synthesis across counties. This could help counties learn from one another and not have to reinvent the wheel.</li> <li>• Technical updates and considerations were needed to implement open source or custom technologies. Additional technical knowledge was needed when implementing MindLAMP and other open-source solutions into the Los Angeles County Department of Mental Health IT ecosystem.</li> <li>• Development on Azure Kubernetes templates required more time and resources than previously expected because it required coordination between multiple county departments, divisions and vendors.</li> <li>• County IT required more unique support than previously expected, making reliance on the vendor more robust. Choosing a vendor with a shared mission and commitment to the project was helpful to county IT security.</li> </ul>	<p>According to the Headspace Consumer Survey:</p> <ul style="list-style-type: none"> <li>• Headspace Experience - Users had a positive experience with Headspace: 92% of Current users would recommend Headspace and 90% of Current users found Headspace easy to use. Among abandoners, 72% would recommend Headspace and 75% found it easy to use.</li> <li>• Mental Health Resources - Almost half of respondents had made use of resources other than Headspace, such as online tools and professional mental health resources, to support their mental health.</li> <li>• Reasons for Not Using Headspace - Common reasons for abandoning Headspace were that people were using other strategies to support their mental health (32%) and/or they just wanted to try Headspace (31%).</li> <li>• Mental Healthcare Utilization - Participants were asked about their use of mental health resources in the past 12 months, such as on-line tools and connecting with a mental health professional. Approximately half of respondents had seen a mental health professional, such as a counselor or psychiatrist, and almost half of respondents had used online tools other than Headspace to support their mental health.</li> <li>• Frequency of Headspace Use - Respondents were asked about their use of Headspace. Current users used Headspace more frequently (60% indicated they used Headspace daily or several times a week) than abandoners (34% indicated they had used Headspace daily or several times a week).</li> </ul>	<ul style="list-style-type: none"> <li>• When implementing on-line mental health interventions, multimodality marketing and engagement effort are crucial to increased uptake of the product.</li> <li>• Clear explanations of services accessible on the platform are supportive of participant engagement, retention, and satisfaction. These efforts also support workforce satisfaction due to participant success in receiving services as anticipated.</li> <li>• When implementing on-line mental health interventions, easily accessible and clearly denoted locally based resource and referral lines are crucial to support participants with mental health or concrete support needs</li> <li>• When implementing on-line mental health intervention, multimodal dissemination of information about the platform (e.g. in person training, detailed written information, etc.) support wider dissemination of this resource by licensed/license eligible and non-license eligible providers (e.g. service navigators and individuals with lived experience).</li> <li>• Ongoing integration of evaluation data to inform data driven decisions making for project implementation support helpful midcourse adjustment which may positively influence utility and outcomes.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Monitor the latest releases and roadmaps for the most popular operating systems for updates on accessibility features. For example, Android, iOS, Windows, MacOS, etc.</li> <li>• Monitor the latest releases and roadmaps for the most widely used applications used by the collaborative for updates on features. For example, Microsoft Office 365, Microsoft Teams, Microsoft Dynamics, Zoom, and tele-health applications, etc.</li> <li>• Monitor the latest releases and roadmaps for the most widely used generative AI models and applications for updates on features.</li> <li>• Monitor policy changes, and legislation that impact the implementation of digital mental health solutions. For example, Title II of the Americans with Disabilities Act (ADA), and the 21st Century Cures Act.</li> <li>• Engage and collaborate with the statewide Broadband For All efforts to increase access to adequate broadband service or the devices and skills to use it. The Broadband For All efforts includes increasing awareness and access to the Affordable Connectivity Program, Low-cost internet service, Computer offers, and Digital skills training (like computer and internet basics).</li> <li>• Increase marketing and outreach efforts for the California Lifeline Program to address the digital divide.</li> <li>• Increase efforts to curate localized, free digital resources that support mental wellbeing and address the social determinants of health.</li> <li>• The collaborative would benefit from the Help@Hand evaluation team sharing learnings from other (non-governmental, private sector,</li> </ul>	<ul style="list-style-type: none"> <li>• Increase efforts to curate localized, free digital resources that support mental wellbeing and address the social determinants of health. Leverage learnings from other environments (governmental, non-governmental, private sector, etc.) creating App libraries and curating digital resources to help inform local efforts.</li> <li>• Monitor the latest releases and roadmaps for the most popular operating systems for updates on accessibility features. For example, Android, iOS, Windows, MacOS, etc.</li> <li>• Monitor the latest releases and roadmaps for the most widely used applications used by the collaborative for updates on features. For example, Microsoft Office 365, Microsoft Teams, Microsoft Dynamics, Zoom, and tele-health applications, etc.</li> <li>• Monitor the latest releases and roadmaps for the most widely used generative AI models and applications for updates on features.</li> <li>• Monitor policy changes, and legislation that impact the implementation of digital mental health solutions. For example, Title II of the Americans with Disabilities Act (ADA), and the 21st Century Cures Act.</li> <li>• Engage and collaborate with the statewide Broadband For All efforts to increase access to adequate broadband service or the devices and skills to use it. The Broadband For All efforts includes increasing awareness and access to the Affordable Connectivity Program, Low-cost internet service, Computer offers, and Digital skills training (like computer and internet basics).</li> <li>• Increase marketing and outreach efforts for the California Lifeline</li> </ul>	<ul style="list-style-type: none"> <li>• Development of marketing and communication plans early in implementation planning may be useful in producing robust utilization of the intervention platform earlier in the initial rollout.</li> <li>• Accessing stakeholder input via an advisory panel may be useful to inform marketing and engagement efforts specific to the designated intervention.</li> <li>• Incorporation of pre-implementation program planning across partnering entities (e.g. development of learning agendas, communication plans, shared terminology, etc.) to support initial implem and sustainably preparation</li> <li>• Inclusion of stakeholder feedback on development, implementation, and analysis of evaluation efforts is recommended.</li> </ul>

Los Angeles County	Quarter 1 MindLAMP (Jan–Mar 2023)	Quarter 1 Headspace (Jan–Mar 2023)	Quarter 1 iPrevail (Jan–Mar 2023)
	<p>etc.) environments implementing digital health technologies to help inform Help@Hand efforts.</p>	<p>Program to address the digital divide.</p> <ul style="list-style-type: none"> <li>The collaborative would benefit from the Help@Hand evaluation team sharing learnings from other (governmental, non-governmental, private sector, etc.) environments implementing digital health technologies to help inform Help@Hand efforts.</li> </ul>	
<b>Cross County/City Sharing</b>	<ul style="list-style-type: none"> <li>Los Angeles County has consistently shared resources and best practices to broaden accessibility to technology, as well as how California residents can secure free or low-cost assistive technologies and broadband internet.</li> </ul>	<ul style="list-style-type: none"> <li>Los Angeles County has consistently shared resources and best practices to broaden accessibility to technology, as well as how California residents can secure free or low-cost assistive technologies and broadband internet.</li> </ul>	<ul style="list-style-type: none"> <li>Development and dissemination of evaluation summaries and reports subsequent to approval.</li> </ul>

\*Los Angeles Countys Help@Hand Project ended in February 2023

Marin County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>Position in recruitment</li> </ul>	<ul style="list-style-type: none"> <li>Camille Stone</li> </ul>
<b>Implementation Site</b>	<ul style="list-style-type: none"> <li>Marin County – TBD</li> </ul>	<ul style="list-style-type: none"> <li>Marin County – TBD</li> </ul>
<b>Team Composition</b>	<ul style="list-style-type: none"> <li>Mario Garcia, Prevention and Outreach supervisor - started 9/6/22</li> <li>Rosa Palmerin, Peer Counselor I - started 10/31/22</li> </ul>	<ul style="list-style-type: none"> <li>Mario Garcia, Prevention and Outreach supervisor - started 9/6/22</li> <li>Rosa Palmerin, Peer Counselor I - started 10/31/22</li> <li>Camille Stone, Program Coordinator – started 4/17/23</li> </ul>
<b>Core Audience</b>	<ul style="list-style-type: none"> <li>Isolated older adults</li> </ul>	<ul style="list-style-type: none"> <li>Isolated older adults</li> </ul>
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>Not planning to implement further technology products at this point.</li> </ul>	<ul style="list-style-type: none"> <li>Not planning to implement further technology products at this point.</li> </ul>
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>Implementation for final year is to provide one-time grants to fund time-limited creative projects that support Older Adult Mental Health. <ul style="list-style-type: none"> <li>Grant proposal(s) must incorporate a digital component used to increase access to wellness supports.</li> <li>This digital approach must have an emphasis on supporting digital literacy to promote access for older adults in the community who may otherwise not have access.</li> </ul> </li> <li>Peer counselor to provide onsite, in person digital learning workshops at two peer led community organizations utilizing lessons learned from pilot, help@hand collaborative resources/sharepoint, and tablet devices. Plan is for this to begin in May of 2023 through December 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation for final year is to provide one-time grants to fund time-limited creative projects that support Older Adult Mental Health. <ul style="list-style-type: none"> <li>7 grants have been selected and will run from July 1, 2023 – Dec 8, 2023. \$300,000 has been dedicated to these grants</li> <li>Grant proposal(s) must incorporate a digital component used to increase access to wellness supports.</li> <li>This digital approach must have an emphasis on supporting digital literacy to promote access for older adults in the community who may otherwise not have access.</li> </ul> </li> <li>Peer counselor to provide onsite, in person digital learning workshops and drop-in sessions at two peer led community organizations utilizing lessons learned from pilot and help@hand collaborative resources/sharepoint. Sessions will be starting at the beginning of July and go through December 2023.</li> </ul>
<b>Other Unique Qualities</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	
<b>Milestones</b>	<ul style="list-style-type: none"> <li>Advisory Committee Meeting 01/18/23 - The new Marin County Help@Hand team presented their grant program plans to the Advisory Committee in January 2023. The plan to offer these types of grants was supported by the Advisory Committee members as a broad approach to bring digital literacy across the county. The program grant projects are currently anticipated to launch in July 2023 and is expected to end in December 2023.</li> <li>Additionally, the county will recruit a new Tech Lead (Program Coordinator) to resume the project coordination and to replace the one that transitioned off the project in early 2022.</li> </ul>	<ul style="list-style-type: none"> <li>The Peer program has finalized its syllabus and will begin sessions at the end of July.</li> <li>The RFP for the sub grant went live at the beginning of May with applications due June 1st. Eight organizations applied. All of the applications were about providing digital literacy training to support the older adults of Marin County. After taking in advice from the selection committee it was decided to use the \$300,000 to support seven organizations. The projects should run from July 2023 to December 8, 2023.</li> <li>An evaluation plan has been put into place with input from UCI, EY, the Peer, the supervisor and the Program Coordinator. Peer workshop attendees and drop ins will complete a short survey and grantees will submit a monthly survey and end of the year grant summary. The Program Coordinator is also expected to do ongoing site visits at least monthly.</li> </ul>
<b>Lessons Learned</b>		
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Cross County/City Sharing</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Survey alignment particularly in demographics came from LA county.</li> <li>Unpacking different protocols for device sharing</li> </ul>

Mono County	Quarter 1 (Jan–Mar 2023)
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>• Lauren Plum</li> </ul>
<b>Implementation Site</b>	<ul style="list-style-type: none"> <li>• Implemented county-wide (only have one primary site that serves the whole county)</li> </ul>
<b>Team Composition</b>	<ul style="list-style-type: none"> <li>• Staff Services Analyst</li> </ul>
<b>Core Audience</b>	<ul style="list-style-type: none"> <li>• Isolated seniors and transition aged youth (however, a range of populations will be targeted given the large number of myStrength licenses)</li> </ul>
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>• myStrength</li> </ul>
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>• myStrength was incorporated into one-on-one supervision meetings with Wellness Center Associates (typically weekly meetings) where supervisors inquired about enrollment and interest in myStrength and promotion at weekly wellness programs.</li> <li>• Wellness center associates encouraged to set one-on-one meetings with interested parties to review benefits of the app and help with enrollment if needed. Language changed to include background information on the program and what happens with survey feedback. Participants encouraged to look for a survey via email 3-5 days after enrollment.</li> <li>• Promotion: Facebook ads, 2nd mailer distributed January 2023 to all mono county residents.</li> <li>• Events: January Socials</li> <li>• Follow up discussion at Behavioral Health Advisory Board</li> <li>• No advertising after 2.28.23 due to access ending 3/31/23.</li> </ul>
<b>Other Unique Qualities</b> (related to target audience, im- plementation, or other program aspects)	<ul style="list-style-type: none"> <li>• Walker wellness associate continued to be on medical leave through end of January 2023.</li> <li>• Updated promotional ads to reflect winter season and limited time offer (offer expires March 2023).</li> <li>• Programming and events severely impacted by winter weather. Mono County declared a state of emergency 3/1/23 due to significant winter storms impacting roads, utilities, stability of structures. Numerous winter storm alerts from January 2023-March 2023. Therefore, in-person promotion of myStrength was also impacted as was any in person assistance with registration.</li> </ul>
<b>Milestones</b>	<ul style="list-style-type: none"> <li>• Over 100 enrollees.</li> <li>• Access to myStrength will cease 3/31/23.</li> </ul>
<b>Lessons Learned</b>	<ul style="list-style-type: none"> <li>• Pivot to virtual programming faster.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Could have done a promotional video of myStrength registration and utilization.</li> </ul>
<b>Cross County/City Sharing</b>	

\*Mono Countys Help@Hand Project its ended in February 2023

Monterey County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>Wesley Schweikhard</li> </ul>	<ul style="list-style-type: none"> <li>Wesley Schweikhard</li> </ul>
<b>Implementation Site</b>	<ul style="list-style-type: none"> <li>Monterey County (virtual; throughout)</li> </ul>	<ul style="list-style-type: none"> <li>Monterey County (virtual; throughout)</li> </ul>
<b>Team Composition</b>	<ul style="list-style-type: none"> <li>Wesley Schweikhard – Tech Lead (management analyst)</li> <li>Shannon Castro – Supervisor/Admin Support (management analyst)</li> <li>Jon Drake – Executive leadership (Assistant Bureau Chief)</li> <li>Phillip Sherwood – Clinical SME (Behavioral Health Services Manager)</li> <li>Isaias Bettencourt – IT/Data Support (Business Technology Analyst)</li> <li>Janet Barajas – IT/Data Support (Quality Improvement Manager)</li> </ul>	<ul style="list-style-type: none"> <li>Wesley Schweikhard – Tech Lead (management analyst)</li> <li>Shannon Castro – Supervisor/Admin Support (management analyst)</li> <li>Jon Drake – Executive leadership (Assistant Bureau Chief)</li> <li>Phillip Sherwood – Clinical SME (Behavioral Health Services Manager)</li> <li>Isaias Bettencourt – IT/Data Support (Business Technology Analyst)</li> <li>Janet Barajas – IT/Data Support (Quality Improvement Manager)</li> <li>Dana Edgull – Prevention Services Manager</li> </ul>
<b>Core Audience</b>	<ul style="list-style-type: none"> <li>All county population ages 16+</li> </ul>	<ul style="list-style-type: none"> <li>All county population ages 16+</li> </ul>
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>WellScreen Monterey (custom tool)</li> </ul>	<ul style="list-style-type: none"> <li>WellScreen Monterey (custom tool)</li> </ul>
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>In Q1 the product still available for public use.</li> <li>Marketing activities occurred to varying degrees.</li> <li>Wes was out on family leave for much half of this period.</li> <li>Planned activities to finalize and execute agreements to initiate additional marketing activities did not occur while Wes was on leave.</li> </ul>	<ul style="list-style-type: none"> <li>In Q2, continued implementation.</li> <li>Expanded marketing activities to include more digital advertising on google and social media, (inside) bus advertisement, sponsored content in local newspaper and news website.</li> <li>Print materials were created and tablets programmed and delivered. Distribution of these will occur in Q3.</li> </ul>
<b>Other Unique Qualities</b>	<p>Major considerations for our tool are to:</p> <ul style="list-style-type: none"> <li>Make this tool fluid in Spanish</li> <li>Get devices into the locations and hands of individuals with limited access to the internet</li> </ul>	
<b>Milestones</b>	<ul style="list-style-type: none"> <li>Continued adoption/use of our tool in the community even when marketing activities were light.</li> <li>Presentation to local Behavioral Health Commission on the product</li> </ul>	<ul style="list-style-type: none"> <li>Contract executed with additional marketing firm (Your Social Marketer)</li> <li>Change order finalized with Ku Collective to add marketing activities to their portfolio</li> <li>Tablet configured and delivered</li> <li>Print materials created and delivered</li> </ul>
<b>Lessons Learned</b>	<ul style="list-style-type: none"> <li>Everything takes longer than you think.</li> <li>It would have been helpful to initiate marketing planning much earlier in the process</li> </ul>	
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>Marketing and device distribution should be considered alongside the creation of use case scenarios when planning for a technology tool rollout (and custom product development specifically).</li> </ul>	
<b>Cross County/City Sharing</b>		

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>• Maria Martha Moreno, MS CIS</li> </ul>	<ul style="list-style-type: none"> <li>• Maria Martha Moreno, MS CIS</li> </ul>
<b>Implementation Site</b>	<ul style="list-style-type: none"> <li>• TakemyHand Live Peer Chat: Riverside Community.</li> <li>• DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community</li> <li>• A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County.</li> <li>• Kiosks and Device Deployment – Open-to- Public County Clinic sites.</li> <li>• Recovery Record-Eating Disorder Consumers.</li> <li>• Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics.</li> <li>• Man Therapy: Riverside County Community.</li> <li>• Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff &amp; Consumers (TAY, Adults, Older Adults)</li> <li>• LaClave: RUHS Behavioral health/Riverside Community</li> </ul>	<ul style="list-style-type: none"> <li>• TakemyHand Live Peer Chat: Riverside Community.</li> <li>• DoHH Needs Assessment Survey: Riverside Deaf and Hard of Hearing community</li> <li>• A4i: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County.</li> <li>• Kiosks and Device Deployment – Open-to- Public County Clinic sites.</li> <li>• Recovery Record-Eating Disorder Consumers.</li> <li>• Whole Person Health Score. Medical Center, Behavioral Health Pilot Clinics.</li> <li>• Man Therapy: Riverside County Community.</li> <li>• Painted Brain -Digital Mental Health Literacy: Train-the-Trainer Staff &amp; Consumers (TAY, Adults, Older Adults)</li> <li>• LaClave: RUHS Behavioral health/Riverside Community</li> </ul>
<b>Team Composition</b>	<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>• Matthew Chang, Director</li> <li>• Amy McCann, BH and CHC Comptroller</li> <li>• Deborah Johnson, Director of Innovation/Integration</li> <li>• Brandon Jacobs, Deputy Director Research &amp; Quality</li> <li>• Shannon McCleerey-Hooper, Peer Support Services Deputy Director</li> <li>• David Schoelen, MHA Administrator</li> </ul> <p><b>Whole Person Health Score- Social Determinants of Health</b></p> <ul style="list-style-type: none"> <li>• Vikram Kumar, Chief Health Information Officer, Information Services</li> <li>• Geoffrey Leung, Chief of Medical Specialty, Public Health</li> <li>• Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration</li> </ul> <p><b>IT</b></p> <ul style="list-style-type: none"> <li>• Jimmy Tran, Chief Information Officer</li> <li>• Shonita Stevenson, Chief Information Security Officer</li> <li>• Robert Watson, IT System Administrator</li> </ul> <p><b>Compliance Officer</b></p> <ul style="list-style-type: none"> <li>• Ashley Trevino-Kwong, Compliance Officer</li> </ul> <p><b>Senior Public Information Specialist</b></p> <ul style="list-style-type: none"> <li>• Robert Youssef</li> </ul> <p><b>MHSA Innovation Lead/Social Svcs Planner/Cultural Competency</b></p> <ul style="list-style-type: none"> <li>• Leah Newell</li> <li>• Consulting Cultural Outreach &amp; Education Workforce</li> </ul> <p><b>Peer Support Svcs. Manager</b></p> <ul style="list-style-type: none"> <li>• Kristen Duffy</li> </ul> <p><b>Senior Peer</b></p> <ul style="list-style-type: none"> <li>• Melissa Vasquez</li> </ul> <p><b>Peers:</b></p> <ul style="list-style-type: none"> <li>• Chris Galindo</li> <li>• Gail Leavitt</li> <li>• Marisela Gil</li> <li>• Victoria Rodriguez</li> </ul>	<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>• Matthew Chang, Director</li> <li>• Amy McCann, BH and CHC Comptroller</li> <li>• Deborah Johnson, Director of Innovation/Integration</li> <li>• Brandon Jacobs, Deputy Director Research &amp; Quality</li> <li>• Shannon McCleerey-Hooper, Peer Support Services Deputy Director</li> <li>• David Schoelen, MHA Administrator</li> </ul> <p><b>Whole Person Health Score- Social Determinants of Health</b></p> <ul style="list-style-type: none"> <li>• Vikram Kumar, Chief Health Information Officer, Information Services</li> <li>• Geoffrey Leung, Chief of Medical Specialty, Public Health</li> <li>• Bijan Sasaninia, Program Coordinator I, Hospital Clinic Administration</li> </ul> <p><b>IT</b></p> <ul style="list-style-type: none"> <li>• Jimmy Tran, Chief Information Officer</li> <li>• Shonita Stevenson, Chief Information Security Officer</li> <li>• Robert Watson, IT System Administrator</li> </ul> <p><b>Compliance Officer</b></p> <ul style="list-style-type: none"> <li>• Ashley Trevino-Kwong, Compliance Officer</li> </ul> <p><b>Senior Public Information Specialist</b></p> <ul style="list-style-type: none"> <li>• Robert Youssef</li> </ul> <p><b>MHSA Innovation Lead/Social Svcs Planner/Cultural Competency</b></p> <ul style="list-style-type: none"> <li>• Leah Newell</li> <li>• Consulting Cultural Outreach &amp; Education Workforce</li> </ul> <p><b>Peer Support Svcs. Manager</b></p> <ul style="list-style-type: none"> <li>• Kristen Duffy</li> </ul> <p><b>Senior Peer</b></p> <ul style="list-style-type: none"> <li>• Melissa Vasquez</li> </ul> <p><b>Peers:</b></p> <ul style="list-style-type: none"> <li>• Chris Galindo</li> <li>• Gail Leavitt</li> <li>• Marisela Gil</li> <li>• Victoria Rodriguez</li> </ul>

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
	<ul style="list-style-type: none"> <li>• Ilene Galvan</li> <li>• Katie Vazquez</li> <li>• Carter Lorne</li> <li>• Juan Koontz</li> <li>• Arthur Gutierrez</li> <li>• Lisabeth Black</li> </ul> <p><b>Social Media/Marketing &amp; Communications:</b></p> <ul style="list-style-type: none"> <li>• Andrea Ramirez</li> <li>• Dylan Colt</li> </ul> <p><b>Clinical Therapists:</b></p> <ul style="list-style-type: none"> <li>• Josephine Perez, Senior Clinical Therapist</li> <li>• Kayla Henry, Clinical Therapist II</li> </ul> <p><b>Evaluation:</b></p> <ul style="list-style-type: none"> <li>• Suzanna Juarez-Williamson, Supervisor</li> <li>• Yuniar Praheswari, Research Specialist II</li> </ul> <p><b>Application Developer</b></p> <ul style="list-style-type: none"> <li>• Rick Wright</li> </ul> <p><b>Administrative Support</b></p> <ul style="list-style-type: none"> <li>• Ursula Lewis</li> </ul> <p><b>CODIE Representatives</b></p> <ul style="list-style-type: none"> <li>• Gloria Moriarty</li> <li>• Lisa Price</li> <li>• Rachel Postvoit</li> </ul>	<ul style="list-style-type: none"> <li>• Ilene Galvan</li> <li>• Katie Vazquez</li> <li>• Carter Lorne</li> <li>• Juan Koontz</li> <li>• Arthur Gutierrez</li> <li>• Lisabeth Black</li> </ul> <p><b>Social Media/Marketing &amp; Communications:</b></p> <ul style="list-style-type: none"> <li>• Andrea Ramirez</li> <li>• Dylan Colt</li> </ul> <p><b>Clinical Therapists:</b></p> <ul style="list-style-type: none"> <li>• Kayla Henry, Clinical Therapist II</li> </ul> <p><b>Evaluation:</b></p> <ul style="list-style-type: none"> <li>• Suzanna Juarez-Williamson, Supervisor</li> <li>• Yuniar Praheswari, Research Specialist II</li> </ul> <p><b>Application Developer</b></p> <ul style="list-style-type: none"> <li>• Rick Wright</li> </ul> <p><b>Administrative Support</b></p> <ul style="list-style-type: none"> <li>• Ursula Lewis</li> </ul> <p><b>CODIE Representatives</b></p> <ul style="list-style-type: none"> <li>• Gloria Moriarty</li> <li>• Lisa Price</li> <li>• Rachel Postvoit</li> </ul>
<b>Core Audience</b>	<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> <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>	<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> <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>
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award.</li> <li>• Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link.</li> <li>• Deaf and Hard of Hearing Needs Assessment Survey – it is online to collect feedback from our DHoH community members on their mental health needs.</li> <li>• App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds.</li> <li>• Recovery Record Mobile App Pilot that serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research.</li> </ul>	<ul style="list-style-type: none"> <li>• The TakemyHand™ Live Peer Chat - Recipient of the California State Association of Counties Challenge Award.</li> <li>• Kiosks Technology -Installed in waiting areas throughout the county department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link.</li> <li>• Deaf and Hard of Hearing Needs Assessment Survey – it is online to collect feedback from our DHoH community members on their mental health needs.</li> <li>• App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds.</li> <li>• Recovery Record Mobile App Pilot that serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research.</li> </ul>

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
	<ul style="list-style-type: none"> <li>Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community.</li> <li>The Whole Person Health Score Assessment is been created in the Qualtrics platform environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle).</li> <li>Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness.</li> <li>Partnership with LaClave is in planning stage. LaClave is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope individuals will be able to detect serious mental illness earlier.</li> </ul>	<ul style="list-style-type: none"> <li>Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community.</li> <li>The Whole Person Health Score Assessment is been created in the Qualtrics platform environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle).</li> <li>Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and "Appy Hours" training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness.</li> <li>Partnership with Dr.Steven Lopez from LaClave. LaClave is a guide to the symptoms of serious mental illness. It utilizes cultural marks to teach psychosis literacy to the Hispanic and Latinx community.</li> </ul>
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays).</li> <li>Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants is ongoing.</li> <li>Recovery Record –Pilot implementation with Eating Disorder Champions is Live!</li> <li>Whole Person Health Score –Live!</li> <li>Man Therapy Marketing Campaign – Live!</li> <li>DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Train-the-Trainer registrations are live for Mid-County, Western and Desert county regions.</li> <li>La CLave presentations with Dr. Lopez are LIVE! La CLave Facilitators Training are in planning phase. Brand Discovery sessions for integration within the TakemyHand app are in planning phase.</li> </ul>	<ul style="list-style-type: none"> <li>Takemyhand Peer chat is available to the Riverside community and promoted within the community in various outreach events and in-service presentations. Take my Hand Marketing Strategy and Implementation (billboards, bus shelters, bus wraps, radio (rural city), google adds, department facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn). Takemyhand Chat Hours for reporting period were from Monday through Thursday 8 am to 5pm and Fridays 8 am to 4 p.m. (Except observed Holidays).</li> <li>Pilot A4i - Consumers in Full-Service Partnership programs (Desert, West and Mid-County regions). Onboarding of new participants is ongoing.</li> <li>Recovery Record –Pilot implementation with Eating Disorder Champions is Live.</li> <li>Whole Person Health Score Assessment distributions via email and text is Live.</li> <li>Man Therapy Marketing Campaign and outreach activities are live.</li> <li>DMHL – Training Development – Peer Team and Painted Brain (Train-the-Trainer and consumer groups "Appy Hours"). Train-the-Trainer registrations are completed for Mid-County, Western and Desert county regions. Appy Hours workshop sessions are being promoted in the various county regions.</li> <li>La CLave Facilitators Training are in implementation phase; one facilitator training completed. Design sessions for integration within the TakemyHand app are in implementation phase.</li> </ul>
<b>Other Unique Qualities</b>	<p><b>Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.</b></p> <p>Regular collaboration feedback/updates to stakeholders Committees/Meetings:</p> <ul style="list-style-type: none"> <li>FSP Committee – Melissa, Josephine</li> <li>Adult System of Care Committee – Chris</li> <li>Behavioral Health Commission – Martha, Melissa, Josephine</li> <li>Children’s Committee – Victoria</li> <li>Cultural Competency Reducing Disparities Committee –Gail, Josephine or Kayla or Martha.</li> <li>Desert Regional Board meetings – TBD.</li> <li>Eating Disorder Collaborative meetings – Josephine or Kayla</li> <li>Legislative Committee – Melissa</li> <li>Mid County Regional Board meetings – Kayla or Josephine</li> <li>NAMI San Jacinto meetings – Martha</li> <li>Older Adults System of Care Committee – Gail, Mary</li> <li>TAY Collaborative meetings –Desert -TBD</li> <li>TAY Collaborative meetings –Mid – Mary</li> <li>TAY Collaborative meetings -Western – Gail</li> <li>Housing Committee – Melissa</li> <li>Veterans Committee – Chris</li> </ul>	<p><b>Outreach and Education/Training provided by Peer Administrator, Senior Peer, Peers, Tech Lead, Senior Therapist.</b></p> <p>Regular collaboration feedback/updates to stakeholders Committees/Meetings:</p> <ul style="list-style-type: none"> <li>FSP Committee – Melissa</li> <li>Adult System of Care Committee – Chris</li> <li>Behavioral Health Commission – Martha, Melissa</li> <li>Children’s Committee – Victoria</li> <li>Cultural Competency Reducing Disparities Committee –Gail, Kayla or Martha.</li> <li>Desert Regional Board meetings – TBD.</li> <li>Eating Disorder Collaborative meetings –Kayla</li> <li>Legislative Committee – Melissa</li> <li>Mid County Regional Board meetings – Kayla</li> <li>NAMI San Jacinto meetings – Martha</li> <li>Older Adults System of Care Committee – Gail, Mary</li> <li>TAY Collaborative meetings –Desert -TBD</li> <li>TAY Collaborative meetings –Mid – Mary</li> <li>TAY Collaborative meetings –Western – Gail</li> <li>Housing Committee – Melissa</li> <li>Veterans Committee – Chris</li> </ul>

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
	<ul style="list-style-type: none"> <li>• Criminal Justice Committee – Mary</li> <li>• The Community Advocacy for Gender and Sexuality Issues (CAGSI)– Chris</li> <li>• LGBTQIAN+ Task Force – Dylan</li> <li>• Wellness and Disability Equity Alliance (WADE) Subcommittee –Martha or Melissa</li> <li>• African American Family Wellness Advisory Group (AAFWAG) – Melissa</li> <li>• Asian American Task Force – Martha or Josephine</li> <li>• Deaf and Hard of Hearing subcommittee – Rachel – Josephine or Kayla</li> <li>• Middle Eastern and North African Task Force (MENA) - Josephine</li> <li>• Hispanic, Latinx committee (HISLA ) - Mary</li> </ul>	<ul style="list-style-type: none"> <li>• Criminal Justice Committee – Mary</li> <li>• The Community Advocacy for Gender and Sexuality Issues (CAGSI)– Chris</li> <li>• LGBTQIAN+ Task Force – Dylan</li> <li>• Wellness and Disability Equity Alliance (WADE) Subcommittee –Martha or Melissa</li> <li>• African American Family Wellness Advisory Group (AAFWAG) – Melissa</li> <li>• Asian American Task Force – Martha</li> <li>• Deaf and Hard of Hearing subcommittee – Kayla</li> <li>• Middle Eastern and North African Task Force (MENA) - TBD</li> <li>• Hispanic, Latinx committee (HISLA ) - Mary</li> </ul>
<p><b>Milestones</b></p>	<p><b>Technology- Kiosks and Mobile Devices</b>  <b>Target Area:</b> Improve Service Access to Underserved Communities  <b>Population:</b> Deaf and Hard of Hearing, Mid-County &amp; Desert Regions, Ethnic Cultural and LGBT.</p> <ul style="list-style-type: none"> <li>• Kiosks have been installed in waiting areas throughout the county to engage the community, introduce the technology, serve as an access point, and collect surveys.</li> <li>• Amendment executed for Phase 2</li> <li>• Phase II implementation started with 4 kiosks installations completed (Riverside 3 iPad, 1 55" kiosk, Corona 1 55" kiosk). The total number of kiosks to get installed in phase II is 26 (25 new sites and 1 replacement for a vandalized kiosk in Hemet clinic).</li> <li>• Site locations identified and quotes requests are in process.</li> <li>• Contract amendment is in process to include new identified clinic sites.</li> <li>• Distribute/Track devices data activation.</li> <li>• Track check-in and check-out phone/iPad/tablets devices.</li> <li>• Peer team identified the following apps to be no longer free of charge: Headspace- first 7 days free then \$12.99 a month, Wysa – first 3 days free then \$7.99 a month/ \$49.99 a yr / \$99.99 a lifetime, BAMBU - first 7 days free then it is \$8.99 a month or \$ 52.90 a year; Puramente - first 10 free days then it is \$2.99 a month or \$29.99 a year; ANA - \$13.99 a year or \$8.49 a month right until 03/10/2023; Intellect - Free 7 days then \$41.99 a year; Field Guide - doesn't work, seems like the app is broke (January 2023).</li> <li>• The configuration of phones was modified to remove wellness apps that were no longer free of charge (IT contractor)</li> <li>• New free apps were installed on the android phone devices: "Ansiedad y Estres ", myHP version 2, mind-LAMP –IT contractor (1/18/2023).</li> <li>• Develop plan to distribute remaining Verizon devices</li> <li>• Add 2 kiosks for medical clinics with a different Kiosk Landing page.</li> </ul> <p><b>Deaf and Hard of Hearing Community Needs Assessment</b>  <b>Target Area:</b> Improve Service Access to Underserved Communities  <b>Population:</b> Deaf and Hard of Hearing</p> <ul style="list-style-type: none"> <li>• Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our DHoH community members on their mental health needs.</li> <li>• Survey was brought down due to a cyber bot attack. During the first week of January 2023, the BOT was able to complete over 2,500 surveys. Our team was very glad that we did not enable the automatic distribution of incentives (Rewards Genius). Our distribution of survey incentives is manual, Gloria from our partner CODIE, reviews recipient email and verifies it is a CODIE member. She then notifies our team for an e-gift card incentive distribution.</li> <li>• Planning/Implementation collaboration meetings with Red Pepper Consulting team member for modification and security setup meetings to prevent another cyber BOT attack.</li> <li>• Published updated surveys with a new link</li> <li>• Completed security updates and testing for the pre-survey and full survey</li> </ul>	<p><b>Technology- Kiosks and Mobile Devices</b>  <b>Target Area:</b> Improve Service Access to Underserved Communities  <b>Population:</b> Deaf and Hard of Hearing, Mid-County &amp; Desert Regions, Ethnic Cultural and LGBT.</p> <ul style="list-style-type: none"> <li>• Installed 2 iPad Pro size kiosks for medical clinics with a different kiosk landing page: <a href="https://thrive.ruhealth.org/#/home">https://thrive.ruhealth.org/#/home</a></li> <li>• Phase II implementation continues with other behavioral clinic sites and Molina site in the desert region.</li> <li>• Contract amendment is in process as sites get approved for installation.</li> <li>• Distribute/Track devices data activation.</li> <li>• Track check-in and check-out phone/iPad/tablets devices.</li> <li>• Develop plan to distribute remaining Verizon devices – Plan to distribute devices with staff who completed the Painted Brain DMHL workshop (if interest arise).</li> </ul> <p><b>Deaf and Hard of Hearing Community Needs Assessment</b>  <b>Target Area:</b> Improve Service Access to Underserved Communities  <b>Population:</b> Deaf and Hard of Hearing</p> <ul style="list-style-type: none"> <li>• Deaf and Hard of Hearing Needs Assessment Survey is online to collect feedback from our DHoH community members on their mental health needs.</li> <li>• Hosted in-person survey event at CODIE 4/11-12</li> <li>• Promoted survey at May 11 and 18 RUHS events</li> <li>• Hosted a booth at CODIE event May 20</li> <li>• Created a generic version of the survey that other counties can use</li> <li>• Executed agreement for 20 additional hours of support from Red Pepper.</li> <li>• 42 surveys completed overall.</li> </ul> <p><b>TakemyHand™ Live Peer Chat</b>  <b>Target Area:</b> Improve Service Access to Underserved Communities  <b>Population:</b> Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions.</p> <ul style="list-style-type: none"> <li>• Help@Hand clinical therapist provides support for crisis chat coverage (ongoing).</li> <li>• TakemyHand Peer Chat Operation Oversight (ongoing).</li> <li>• Recovery Language Training.</li> <li>• TakemyHand Peer Chat Coverage (ongoing).</li> <li>• Update TmH Peer Chat Operator Manual (as needed).</li> <li>• Spanish version of the Terms of Service Video went live. The H@H Team in collaboration with Dreamsyte completed the TakemyHand Terms of Service video. Tech Lead and Dreamsyte worked on the professional development of the Spanish version video. Video is live and posted in the <a href="https://tomamimano.co/">https://tomamimano.co/</a> website.</li> <li>• The ASL versions of the Terms of Service video are in planning phase.</li> <li>• SOW to contract with Sorenson is work in progress.</li> </ul>

- Gloria, Advocate Lead from CODIE and Rachel from the DHOH Committee Liaison presented at a statewide collaboration call on lessons learned during their participation with Help@Hand Riverside innovation program. After this presentation, other collaborative counties took interest in the ability to utilize Riverside's DHOH Needs Assessment Survey to adapt it for their DHOH communities.
- Executed agreement for 6 additional hours of support from Red Pepper.
- Plan for hosting an in-person survey event at CODIE (4/11, 4/12).

**TakemyHand™ Live Peer Chat**

**Target Area:** Improve Service Access to Underserved Communities

**Population:** Ethnic Cultural Communities including LGBT, Deaf and Hard of Hearing, Mid-County, Desert Geographic Regions.

- Help@Hand clinical therapist provided support for crisis chat coverage (ongoing).
- TakemyHand Peer Chat Operation Oversight (ongoing).
- Recovery Language Training.
- TakemyHand Peer Chat Coverage (ongoing).
- Update TmH Peer Chat Operator Manual (as needed).
- Terms of Service Video went live. The H@H Team in collaboration with Dreamsyte completed the Takemy-Hand Terms of Service video. Script was reviewed and approved, the Peer team originated some of the key creatives of the video and Tech Lead and Dreamsyte worked on the professional development of the video.
- Video is live and posted in the www.takemyhand.co website.
- The Spanish and ASL versions of the Terms of Service video are in planning phase.
- TakemyHand Resources Updates (English/Spanish) –Peer Team.
- New Digital Peer Billboards live – January 2023.
- New PRINT Billboards LIVE – January 2023.
- TakeMyHand Marketing messages completed and provided to Dreamsyte –Buses Ads, Teacher outreach and LGBTQ+ family support.
- Message creation for social media posts (H@H Team).
- Valentine's Day images created for Social Media posts
- Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram).
- TakemyHand mobile app icon was designed and completed (H@H Team/Dreamsyte).
- TakemyHand mobile IOs app was submitted to Apple Developer.
- Publishing of the app was not approved.
- The following revisions to the app were requested: Required users to review terms of service and submit a video demonstrating that our chat operators are able to ban trolls.
- Modification to onboarded mobile app screens were completed to include the terms of service mobile app onboarding screen.
- Modification to onboard mobile screen was completed to include one screen in Spanish language to inform app users that the chat service is also offered in Spanish.
- Video was recorded and uploaded in vimeo demonstrating how to Ban trolls.
- Working on a new service line for ASL that will utilize video and ASL trained Peer support.
- Met with video vendor to see a demo with Gloria and Rachel, our DHOH collaborators.
- Planning the creation of marketing material specific to target DHOH audiences.
- Plan the update terms of service to cover video chats.

**TakemyHand San Francisco:**

- MOU approved (1/29/2023)
- Waiting on San Francisco legal Counsel approval

- TakemyHand Resources Updates (English/Spanish) –Peer Team.
- Message creation for social media posts (H@H Team)-ongoing.
- Spanish translations are provided throughout the publishing of social media posts (Department's Facebook, Instagram).
- TakemyHand mobile IOs app was submitted to Apple Developer (2nd time).
- App Store approved the TakemyHand app.
- Trademark/Service mark approved - TakemyHand™
- TakemyHand T-shirts distributed at at homeless event in Hemet.
- The five new Peer team members had a Peer video created and these new Peer videos were integrated in the after chat hours chatBOT story (Takemyhand.co).
- Snapchat ads are being tested to increase chats. We did not see improvement in the number of chats coming from this source.
- TakemyHand ASL video chat Pilot – Planning activities.
- Maria Martha interviewed by Univision en Español on TakemyHand.
- Hosted booth at various May is Mental Health events.
- Onboarding 6 new Peers
- TakemyHand presentations – 6
- Created QR code for downloading app on phone
- Processing with chat operators after difficult chats, provide trainings for managing mental health of operators
- Provide resources for both staff and chat participants (as needed)

**TakemyHand San Francisco:**

- San Francisco decided not to proceed with this project due to internal challenges getting it approved.

**A4i**

**Target Area:** Improve outcomes for high-risk populations.

**Population:** FSP Consumers

- App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more.
- Overall total of 50 care team members onboarded to date.
- Overall total of 87 participants onboarded to date.
- Engaged in supporting participants connected through the peer resource center and provided wellness check in calls.
- Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program.
- Testing & exploring, and providing vendor feedback for the A4i App (ongoing).
- Review/approve and flag Newsfeed content (ongoing).
- Updating Participant training documentation (as needed/ongoing).
- Continue to onboard new Clinicians and Care Team and build relationship with them.
- Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team.
- A4i workflow for Peers – Updated - Peer Team.
- A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team.
- A4i Tech Support (ongoing) -Peer Team.
- A4i Post of the Day (ongoing) -Peer Team.
- A4i Newsfeed Monitoring (ongoing) H@H Team.
- A4i Caseload tracking (ongoing) -Peer Team.
- A4i Onboarding of new participants (ongoing) -Peer Team.

**A4i**

**Target Area:** Improve outcomes for high-risk populations.

**Population:** FSP Consumers

- App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds, medication reminders, newsfeed, goals setting and more.
- From January to March, 2023 – 10 new care team members onboarded.
- From January to March 2023 – 16 new participants onboarded.
- A4i Vendor published newsletter spotlighting Help@Hand Riverside Staff & Care Team Members. A4i Vendor issued Digital Therapeutics Certificates to Help@Hand Staff and Care Team Members (2/1/23).
- SAPT Meeting Presentation with PSS Chris Galindo & Senior CT Josephine Perez (2/22/23).
- Second A4i Newsletter sent out to RUHS managers and administrators (3/8/23).
- Created Updated Newsletter for Care Team to receive updates, information and tips.
- Engaged in supporting participants connected through the peer resource center and provided wellness check in calls.
- Regular meetings between clinical staff and peer staff to coordinate care for supporting participants in pilot program.
- H@H clinicians are implemented as assigned clinician for Peer Resource Center participants (not otherwise connected to a clinic in the system)- which involves following case and providing case management services.
- Interviewed and celebrated participants graduating from the A4i Pilot and several of the participants chose to continue using the A4i app to support their wellness.

o 1/26/23 A4i Graduation Celebration

- Q's: When you meet with each of the participants who are ending their A4i participation, would you ask the following questions?
  - 1) How has reporting their sleep, mood, goals, and meds been helpful in managing their symptoms?
  - 2) How has the A4i helped the individual to make lifestyle changes, such as finding options for homelessness, options to take their meds (injections vs pills)?
  - 3) Did the A4i help them stay in communication with their care team?
- Participant 1 Answers:
  - Yes, it helped me. I remembered to take my meds.
  - Yes, I used the files. It was more for coping skills and information on other stuff. It worked for me. I liked the references. The dashboard makes you realize that it's not just you.
  - I used to send him messages. Then we would talk about it. He would bring up my post, and so we would talk.

o 2/23/23 A4i Graduation Celebration

- Q's: When you meet with each of the participants who are ending their A4i participation, would you ask the following questions?
  - 1) How has reporting their sleep, mood, goals, and meds been helpful in managing their symptoms?
  - 2) How has the A4i helped the individual to make lifestyle changes, such as finding options for homelessness, options to take their meds (injections vs pills)?
  - 3) Did the A4i help them stay in communication with their care team?
- Participant 1 Answers:
  - Yes
  - I am fine at this time
  - Yes, we talked about the app. I liked this program. It helped me a lot. I would not always use it, sometimes

- A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team.
- Suminister A4i Tech Survey (Peer Team).
- A4i Phone Processing and Updates (Peer Team).
- A4i Checklist Documents (Peer Team).
- A4i Peer Workflow Documents (Peer Team).
- A4i Reminder Infographics (Peer Team).
- A4i Consumer Recruitment Flyer (Peer Team).
- A4i Review PP (Peer Team).
- A4i x Riverside x CalMHSA meetings (H@H Team).
- Support A4i Survey measure administration (Peer Team)
- Distribute/Track A4i e-gift card incentives (H@H Team)
- Feature Development Updates. The @mention feature – WIP - currently being tested
- Adding new resources from to A4i -upcoming
- Bugs -no mood reminders showing 3.4 0.5 instead of 0.0/0.0 like the others on clinical portal -currently being worked on, will update when fixed.
- Fixed allowing hashtags
- Fixed the error that is not letting images be posted
- 31 potential candidates to be contacted
- New Digital therapeutics Certificates – Set for July
- Update all A4i materials (Yuni and Peer Team)
- A4i participant being triggered about post not getting approved and discontinuing because of phone call to discuss issue.
- Testing & exploring, and providing vendor feedback for the A4i App (ongoing).
- Onboarded two new PSRC's and have H@H CT as primary clinical care team member for participants
- Assess potential participant's fit for program including interviews and documentation research

**Recovery Record App for Eating Disorders**

**Target Area:** Improve Outcomes for High-Risk Populations

**Population:** Consumers receiving Eating Disorder Treatment

- The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research.
- Onboarded 17 participants.
- Onboarded 36 Care Team Providers.
- Presented to a large number of clinical practitioners
- Spotlight report on Riverside's collaboration with Sacramento County is completed.
- Collaborate with team to strategize best practices for marketing and utilizing resource
- Created Newsletters for Care Team providing updates, invitations to continue participating, and tips for utilizing resource in sessions
- Presentations on resource
- Onboarding & Training of new Care Team Members (ongoing).
- Created infographic for consumers
- Authored Spotlight highlighting collaboration with other county
- Updated onboarding documents
- Brought on peer to support in managing tracking of project
- Coordinated distribution of devices for care team and consumers
- Created workflow for managing tracking of project

**Man Therapy for Suicide Prevention**

**Target Area:** Suicide Prevention among men

**Population:** White Male over 45

lazy, but on Saturday/Sunday I would click through and see that I need to do something. I would say there do need to be more options in Spanish. Sometimes Spanish speakers don't ask for help. I think this would be really good for them.

- Participant 2 Answers:
- Yes, I noticed I felt at peace.
- I was able to speak up more and actually talk about what was going on for me. That was a big change. I actually used recourses.
- Yes.
- Updated Tech survey to better capture participants best-fit for app utilization.
- Testing & exploring, and providing vendor feedback for the A4i App (ongoing).
- Review/approve and flag Newsfeed content (ongoing).
- Updating Participant training documentation (as needed/ongoing).
- Continue to onboard new Clinicians and Care Team and build relationship with them.
- Reviewed data for feedback in awarding a Digital Health Literacy Certificate for Care Team members.
- Peer Leads got phone devices troubleshooting training from IT contractor- Peer Team.
- A4i workflow for Peers – Updated - Peer Team.
- Two Participants from the A4i pilot have now been connected to services --Peer Team.
- A4i App Pilot- Oversight of Daily Peer Support activities -Peer Team.
- A4i Tech Support (ongoing) -Peer Team.
- A4i Post of the Day (ongoing) -Peer Team.
- A4i Newsfeed Monitoring (ongoing) H@H Team.
- A4i Caseload tracking (ongoing) -Peer Team.
- A4i Onboarding of new participants (ongoing) -Peer Team.
- A4i Graduation Ceremonies (ongoing- planning & implementation) -H@H Team.
- Suminister A4i Tech Survey (Peer Team).
- A4i Phone Processing and Updates (Peer Team).
- A4i Checklist Documents (Peer Team).
- A4i Peer Workflow Documents (Peer Team).
- A4i Reminder Infographics (Peer Team).
- A4i Consumer Recruitment Flyer (Peer Team).
- A4i Review PP (Peer Team).
- A4i x Riverside x CalMHSA meetings (H@H Team).
- Support A4i Survey measure administration (Peer Team)
- Distribute/Track A4i e-gift card incentives (H@H Team)
- A4i Evaluation Measures report completed (Evaluation Team)
- Help@Hand and Evaluation Managers were guest speakers at the DEI Grand Rounds meeting. Presentation Title: App4Independence (A4i) Mobile App Pilot – A Digital Support Path for Emotional Wellness.
- Digital Therapeutics Certificates received from A4i. Care team members and Help@Hand team champions received a digital therapeutics certificate from A4i (2/15/2023). Learn more at: <https://www.a4i.me/a4i-care-team-champion-certificate/>
- Spotlight: Meet the people behind our Help@Hand Pilot. Learn more at: [https://www.a4i.me/2023/02/01/helpathand\\_pilot\\_team/](https://www.a4i.me/2023/02/01/helpathand_pilot_team/)
- Created an infographic for UCI story
- Provided Peer stories for UCI to include in their report

**Recovery Record App for Eating Disorders**

**Target Area:** Improve Outcomes for High-Risk Populations

**Population:** Consumers receiving Eating Disorder Treatment

- The Recovery Record Mobile app serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research.

- Partnered with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community.
- Man Therapy presentations – 6
- Ambassadors Training
- Weekly stakeholder meetings
- Approved plan 2 of the marketing plan.
- Held a meeting with one of the members of the executive team and the county marketing team due to concerns about the printed marketing creatives. Thomas, from Man Therapy presented about the evidence based research approach and their previous successes with engaging man on the content of their website.
- Eliminated some of the creatives for posters, wallet cards, coasters, coolies, stickers and t-shirts.
- Sunline bus ads went live.
- Presentations & Training for incorporating Man Therapy in a clinical lens (ongoing).
- Created QR code for easy access to 20point Head Inspection (assessment)
- There has been a consistent increase in self-assessments completed on the Man Therapy website for Riverside county:
  - o April 2023 –20-Point Head Inspections completed in Riverside County -265.
  - o May 2023 –20-Point Head Inspections completed in Riverside County -281 .
  - o June 2023 –20-Point Head Inspections completed in Riverside County -530.

**La CLaVe**

**Target Area:** Improve outcomes for high-risk populations.

**Population:** FSP Consumers

- La CLaVe is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families & individuals will be able to detect serious mental illness earlier.
- Hosted May 25 information session to recruit participants for facilitator training.
- Defined SOW for Dreamsyte to integrate content in the TakemyHand app
- Added SOW for La CLaVe to provide facilitator training
- Executed agreement to additional SOW for Dreamsyte
- Dr. Lopez presented at the Jefferson Wellness clinic
- La CLaVe outreach Help@Hand booth during May is Mental Health events.
- One facilitator training completed.
- Planning/Implementation collaboration meetings with La CLaVe team.
- Work with Dreamsyte to integrate La CLaVe content within TakemyHand app is in progress.
- La CLaVe meetings/pitch
- La CLaVe presentations - 6
- Create 100 copies of the La CLaVe movie for RUHS-BH clinics.
- Started distribution on La CLaVe movies for the Desert and Older Adult clinics.
- Marketing in presentations
- Participate in collaborative meetings and suggest ways peers can have a role in project (hiring people who have firsthand experience and can speak to the need for this support)
- EVALUATION: The riverside evaluation team designed/completed the following:
  - o La CLAVE Facilitator Training Post Survey
  - o La CLAVE Post Survey Summary Report
  - o LaCLaVe Post Survey\_ENGLISH\_Fillable
  - o LaCLaVe Post Survey\_Spanish\_Fillable

**Whole Person Health Score (WPHS)**

**Target Area:** Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations

**Population:** FSP, TAY, Re-Entry, Mid-County & Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65.

- Pilot Proposal planning:
  - o Wrote consent form for proposal package.
  - o Implemented edits and feedback.
  - o Drafted workflow for pilot.
  - o Co-facilitated in demo training.
  - o Review user guide.
  - o Created templates for training guides including Canva and Articulate materials.
  - o Created a client persona to familiarize with dashboard and app.
- Received BH director approval for pilot proposal
- Contract executed
- Completed training for ED champions
- Onboarded three new providers and participants week of 2/13
- Executed UCI SOW for the project
- Onboarded 1st RR Care Team Provider for youth participant (1/23/23).
- RUHS/Sacramento ED Program Conversation Meeting (2/2/23).
- Onboarding training with RR (Elissa) (2/14/23).
- Onboarded 1st RR Care Team Provider for adult participant (from Temecula Adult Clinic) (3/14/23).
- From January 2023 to March 2023 – 9 care team providers were onboarded.
- From January 2023 to March 2023 – 9 participants were onboarded.
- Successful start to the pilot! Trainings and dashboard implementations have taken place.

**Man Therapy for Suicide Prevention**

**Target Area:** Suicide Prevention among men

**Population:** White Male over 45

- Partnered with Men Therapy Marketing Campaign to break stigma, promote help-seeking behaviors and support suicide prevention efforts for men in our community.
- Approved plan 1 of the marketing plan.
- Resources for the Riverside region added to the Man Therapy website.
- Held a meeting with the PEI Manager to discuss partnering on the outreach effort and utilize the Suicide Prevention Coalition logo in the swags materials. Thus, the marketing strategy will be taking a co-branding approach.
- Held a meeting with the County marketing team due to concerns about the campaign. The executive director of marketing was consulted on any concerns with the man therapy marketing campaign. Thomas, from Man Therapy presented about the evidence based research approach and their previous successes with engaging men on the content of their website.
- Chose posters, wallet cards, coasters, coolies, stickers and t-shirts.
- Approved billboard ads and swag materials.
- Approved Phase 2 marketing plan.
- Quality Improvement Committee (QIC) Meeting Presentation (2/1/23).
- Paid Social went live (2/1/23).
- Meta Social went live (2/17/23).
- Radio advertisements launched (2/20/23).
- Radio Marketing Tactical Breakdown:
  - o Broadcast Radio – we are running on the local sports station in Riverside, CA – Fox Sports 1350: <https://foxsportsradio1350.iheart.com/>
  - o Streaming Audio – Format: Audio commercial deployed to those who are listening to streaming radio on the iHeartRadio app listening to the formats that we have selected, and they are physically sitting inside of Riverside County, CA. (Formats – Rock, Country, Sports, News Talk, Alt). Note that the commercials will run primarily on iHeartRadio, but we also can tap into other unsold inventory on competing platforms like Apple Music, Pandora, etc. as long as they are tuning into the same formats and sitting in the geo.

- The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle).
- Outreach & Navigation Respondent Funnel – 11,320 distributed, 251 completed.
- Community Health Respondent Funnel – 438 distributed, 14 completed.
- Behavioral Health Respondent Funnel – 75 distributed, 4 completed.
- Testing WPHS Adolescent version started.
- County marketing team created WPHS Flyer and it has been approved for use.
- Carasoft/Accenture/CalMHSA/UCL implementation meetings (H@H Team).
- Distributed survey at one BH pilot clinic
- Integration with myAvatar completed
- Created dashboard workflow to case managers.
- Clinical documentation will be in myAvatar
- Updated kiosk page to include access to the WPHS.
- Included a QR code image.
- Presented to Clinic Managers at QIC meeting.
- Plan to expand survey distribution in other BH clinics.
- Collaborate with marketing strategy teams and clinicians for changes (ongoing).
- Provide trainings and presentations including ways to utilize this resource.
- Created a flyer for clinical and consumer use that offers easy access and information to WPHS.
- Learn more about WPHS: <https://www.youtube.com/watch?v=ykZvl3BBv08>

**Painted Brain- Digital Mental Health Literacy**

**Target Area:** Improve Service Access to Underserved Communities.

**Population:** FSP, TAY, Adults over the age of 65

- Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and “Appy Hours” training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness.
- Created PP for Painted Brain pitch
- Planning/Implementation collaboration meetings with Painted Brain team.
- Virtual train-the-trainer workshops completed for all Riverside geographic regions (Western, Desert and Mid-County).
- EVALUATION: The evaluation team completed a staff satisfaction survey report.
- Complete 4 adult Appy Hour sessions per region – planning.
- Complete 3 TAY sessions per region- planning.
- Complete 6 older adult sessions per region –planning.

**Outreach Activities & Swags Promotional Distribution**

- Department of Child Support Service
- Scott Turf Outreach Temecula
- The safety leader at Scott Turf started a wellness resource library with the HelpatHand swags and flyer resources we distributed to her.
- Peace for Chaos Blythe, Ca
- Palm Desert May is MH Month - May 3rd
- Latino Commission-1st Annual Mental Health Walk -Coachella May is MH Month - May 6th
- Menifee May is MH Month (county) - May 11th
- Riverside May is MH Month (county) -May 18th

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
	<ul style="list-style-type: none"> <li>o Streaming Audio – Audience: Audio commercial deployed to those who are listening to streaming radio on the iHeartRadio app and physically sitting inside of Riverside County, CA. They are targeted based on past behavior using 1st &amp; 3rd party data to show they are: Male</li> <li>o iHeart Display: display banners that will appear on the iHeartRadio app and websites for local iHeart radio stations in Riverside County, CA</li> <li>o iHeart Audience Display: Banner ads displayed across a network of tens of thousands of websites and apps deployed to those that are men, farmers, sports fans, blue collar works, suffer from depression, etc and sitting inside of Riverside County, CA – based off 1st &amp; 3rd party data</li> <li>• Desert Leadership Team Meeting Presentation (2/21/23).</li> <li>• Adult System of Care Meeting Presentation (2/23/23).</li> <li>• BH Veterans Committee Meeting Presentation (3/1/23).</li> <li>• Help@Hand Collaboration Meeting Presentation (3/7/23).</li> <li>• Partners Against Crime Presentation (3/9/23).</li> <li>• Man Therapy billboards were installed throughout Riverside County (3/9/23, 3/10/23, 3/13/23).</li> <li>• Provided feedback for suggested marketing and outreach.</li> <li>• Collaborated on product and outreach implementations, including reaching out to local Police Department connections in order to arrange presentation of information.</li> <li>• Sunline: awaiting contract, boards and shelter creative production ready and waiting for media placement contract</li> <li>• Collateral: final orders being placed with approved quantities and budgets</li> </ul> <p><b>La CLaVe</b>  <b>Target Area:</b> Improve outcomes for high-risk populations.  <b>Population:</b> FSP Consumers</p> <ul style="list-style-type: none"> <li>• La CLaVe is a guide to the symptoms of serious mental illness. By identifying the symptoms, we hope families &amp; individuals will be able to detect serious mental illness earlier.</li> <li>• LaClave contract signed (2/9/23).</li> <li>• La Clave Kick-Off Meeting with Drs. Lopez &amp; Kopelowicz (2/14/23).</li> <li>• La Clave Kick-Off Meeting with Help@Hand Team (2/21/23).</li> <li>• La Clave In-Person Event Presentation with H@H, Evaluation, Peace From Chaos, First Episode Psychosis, MHSA to review program materials and discuss project objectives (3/6/23).</li> <li>• Met with David Schoelen from BH MHSA. David suggested a public La Clave event at Rustin(3/9/23).</li> <li>• La Clave Public May event is in planning process.</li> <li>• La CLaVe website published the announcement of the collaboration with Help@Hand Riverside (3/22/23).</li> <li>• La CLaVe outreach Help@Hand booth during Peace From Chaos Event in Blythe, CA (3/25/23).</li> <li>• Facilitator training is in planning process.</li> <li>• Planning/Implementation collaboration meetings with La CLaVe team.</li> <li>• Defined SOW for Dreamsyte to integrate content with TakemyHand app</li> </ul> <p><b>Whole Person Health Score (WPHS)</b>  <b>Target Area:</b> Improve Service Access to Underserved Communities. Increase access to the appropriate Level of Support and Care and Improve Outcomes for High Risk Populations  <b>Population:</b> FSP, TAY, Re-Entry, Mid-County &amp; Desert Regions, Ethnic Cultural, Deaf and Hard of Hearing, LGBT, Men over the age of 45, Adults over the age of 65.</p> <ul style="list-style-type: none"> <li>• The Adult version of the Whole Person Health Score (WPHS) Assessment was created in the Qualtrics environment with the purpose of automating the distribution of the assessment to RUHS clients (Public Health and Behavioral Health). The goal is to increase health awareness and empower individuals to take actions in the following six areas of health (Physical, Emotional, Resource Utilization, Socioeconomics, Ownership and Nutrition and Lifestyle).</li> <li>• Lessons learned from the cyber BOT attacked on the DHoH Qualtrics Survey were share with Carasoft/</li> </ul>	<ul style="list-style-type: none"> <li>• CODIE in-person event April 11-12.</li> <li>• CODIE Deaf Wellness Day - May 20th</li> <li>• NICC 2023- 2023 National Innovative Communities Conference</li> <li>• Outreach Event Perris - Spring into Action -Apr.6</li> <li>• 2nd Annual Inter-Tribal Wellness and Recovery Gathering Campout.</li> <li>• AAPI Neurodiversity Awareness</li> <li>• Autism Acceptance Walk</li> <li>• May the 4th Be with You-Childrens Event</li> <li>• Mental Health Collaborative Meeting</li> <li>• AAPI Heritage Month</li> <li>• Deaf &amp; Hard of Hearing-MH Event</li> <li>• MHSA Public Hearing-Hemet</li> <li>• Summer Solstice 2023 – Hemet</li> <li>• MHSA Public Hearing-Moreno Valley</li> <li>• MHSA Public Hearing-Rancho Mirage</li> <li>• IEHP Meet &amp; Greet</li> </ul> <p><b>Other Administrative Activities</b></p> <ul style="list-style-type: none"> <li>• Tech Lead presented at society of Digital Mental Health June 2023</li> </ul>

- Accenture team and similar security settings were applied in the WPHS survey.
- Spanish translations were provided throughout the qualtrics survey development.
- Went live with the WPHS Automated distribution of the survey (2/15/2023). Distribution List for Jurupa Valley was filtered to select patients who had taken the whole person health score in July/August 2022 (860 patients). This was further filtered down to select patients who did not have an appointment scheduled (~450 patients). 200 of those patients were randomly selected for initial distribution on 2/15. The preference is to send via text; if they do not have a phone number, then email (all contacts had phone numbers).
- A second distribution list will took place also in February, 2023 to the remaining patients in this initial distribution.
- Created User Guide for WPHS Behavioral Health Clinicians for Phase 1 pilot.
- Created flyer for WPHS marketing.
- Presented WPHS launch information to Behavioral Health Clinic for Phase 1 pilot.
- Troubleshooting phase of testing the WPHS survey, providing feedback to programmers.
- offer clinical perspective and feedback for survey and overall project.
- provided suggestions for enhancing overall project in Attend WPHS Governance meetings, office hour meetings, and sync meetings.
- Testing WPHS survey.
- Completed validation testing.
- Completed phase 1 MVP.
- Executed UCI SOW for the project.
- Created marketing and education material.
- Sent out survey to RUHS-BH distribution list.
- Carasoft/Accenture/CalMHSA/UCI implementation meetings (H@H Team).
- Learn more about WPHS: <https://www.youtube.com/watch?v=ykZvI3BBv08>

**Painted Brain- Digital Mental Health Literacy**

**Target Area:** Improve Service Access to Underserved Communities.

**Population:** FSP, TAY, Adults over the age of 65

- Partnership with Painted Brain to provide Digital Literacy training to Staff and consumers is been launched. Painted Brain staff to complete Train-the-Trainer and “Appy Hours” training sessions. These digital literacy activities with our consumers will provide an initial path to improve the use of digital tools to support their emotional wellness.
- Created PP for Painted Brain pitch
- Planning/Implementation collaboration meetings with Painted Brain team.
- Contract executed
- Staff survey completed
- 1-page summary of services and flyer completed
- Identified apps to be trained at in-person training events
- Communication plan for clinic staff identified
- Presented to clinic managers/supervisors
- Staff survey sent out
- Schedule virtual train-the-trainer events and in-person training sessions.

**Outreach Activities & Swags Promotional Distribution**

- Hemet concert association –TakemyHand Infographics and outreach cards (1/29/2023).
- Project Connect Resource Fair in Coachella (2/2023)
- Coachella Valley Homeless and MH Resource Fair (2/16/2023).
- TakemyHand Outreach Business cards are distributed regularly to community members.
- Outreach Swags Distributed to Parent Center, Hemet, CA for further distribution to these three high schools sites (2/2/2023):

Riverside County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
	<ul style="list-style-type: none"> <li>o Tahquitz High School- 4425 Titan Trail, Hemet, CA 92545</li> <li>o West Valley High School- 3401 Mustang Way, Hemet, CA 92545</li> <li>o Hemet High School- 41701 Stetson Ave, Hemet, CA 92544</li> <li>• Presentation w/Partners Against Domestic Violence -Virtual TmH presentation (3/9/2023).</li> <li>• Victor Community in-service –TakemyHand and La CLaVe In-service (3/21/2023).</li> <li>• Peace from Chaos Blythe, CA -Man Therapy, La CLaVe, TakemyHand (3/25/2023).</li> <li>• Department of Child Support Service -H@H program promotion (3/28/2023).</li> <li>• Child Protective Services (CPS) Blythe events-Man Therapy, La CLaVe, TakemyHand (2/7/2023, 3/28/2023).</li> <li>• Blythe Outreach Department of Public Social Services, District Attorney, City Hall, Superior Court -Man Therapy, La CLaVe, TakemyHand (3/28/2023).</li> <li>• Ca Mentor Program- TakemyHand &amp; LaCLaVe promotion (3/31/2023).</li> <li>• 32nd Annual Migrant education Health Resource Fair, Mecca CA (3/31/2023).</li> <li>• Man therapy cards- Corona Wellness clinic (3/16/2023).</li> <li>• Vets TakemyHand infographics &amp; Man Therapy outreach cards (3/16/2023).</li> <li>• TakemyHand In-Service, Perris, CA (3/16/2023).</li> <li>• First Episode Psychosis Program (3/27/2023).</li> <li>• TakemyHand In-Service, San Jacinto, CA (3/28/2023).</li> </ul> <p><b>Other Administrative &amp; Digital Literacy Activities</b></p> <ul style="list-style-type: none"> <li>• Peer Meeting and Training.</li> <li>• CalMHSA Project Management Implementations and collaboration Meetings.</li> <li>• Peer Team check-in Meetings.</li> <li>• Free Apps Brochure – English/Spanish Updates (as needed) – Peer Team.</li> <li>• MyHealthPointe Portal (Peer Team).</li> <li>• The PeRL –update resources (Peer Team).</li> <li>• HelpatHand Quarterly Newsletter (Peer Team).</li> <li>• Shadow Peer Support Service at Corona Wellness Center.</li> <li>• Taking vehicle for maintenance (as needed) (H&amp;H Team).</li> <li>• Vehicle miles logs (H&amp;H Team).</li> <li>• Tracking/Review and Approval of program invoices.</li> <li>• Collaborate with CalMHSA Project implementation manager on SOW and contract negotiations.</li> <li>• Collaborate with CalMHSA Project implementation manager on Budget tracking.</li> <li>• Collaborate with MHSA Innovations Lead to complete state MHSA innovation report update for Help@Hand INN program (March, 2023)</li> </ul>	
<b>Lessons Learned</b>	<p><b>A4i</b></p> <ul style="list-style-type: none"> <li>• Collaboration between the peer team and clinical therapist when recruiting new A4i participants produced high recruitment results for participants and care team members.</li> <li>• One new participant expressed feeling anxious about missing an appointment when the peers would set up a time to call (i.e. 12:30pm) and would not call until 5 or 15 minutes later. The peers had been responding to anyone having difficulty with this and say that peers try and make the appointment as best they can and sometimes it will be a little after the set time. The Help@Hand clinician worked with the peer team to shift the way they set up the times, so that participants knew what to expect and did not have to experience worry that their symptoms of schizophrenia had again caused them to miss an appointment and would not have to internalize a feeling of being unorganized and potentially losing important aspects of their care support. Instead, the clinician suggested they give peers a window of time, so that there are clear expectations. The peers have started to offer time slots and clarify that they will call any time between, for example, 12:15pm and 12:30pm.</li> <li>• Feedback for participants led to follow up and use of La CLaVe to provide schizophrenia support and education content for Spanish-speaking individuals and family members.</li> </ul>	<p><b>TakemyHand</b></p> <ul style="list-style-type: none"> <li>• Onboarding 6 new Peers – exciting but very challenging to onboard this many staff at one time.</li> <li>• Troubleshooting glitches in LiveChat app</li> <li>• Recovery Language - learning to incorporate recovery language in both my professional and personal life.</li> <li>• Ethical Principles – Its not our intention, but how its perceived.</li> <li>• The Peer Way – Not in fix it mode, but supporting the feelings.</li> <li>• Comfortability on Chat – Believing in myself that I have the answers.</li> <li>• Don't over think responses</li> <li>• Having the Athena out when I am chatting.</li> <li>• Taking my time to respond thoughtfully and authentically; I do not feel so rushed to respond.</li> <li>• Knowing when I am being high jacked or triggered and allowing myself to be ok with transferring to another Peer or asking Kayla for help.</li> <li>• Lesson learned to reinforce the current process in place to transfer the client to another Peer Operator or to use a canned response when a conversation is making the Peer Operator uncomfortable and banning that use if the behavior continues.</li> </ul>

**Phone Devices**

- Resetting phones was the best approach to protect participant information; however, these created kiosk configuration issues.
- Resetting a phone for another participant requires extensive testing and coordination with IT and device management software to establish a clear process.

**Man Therapy**

- Presenting at various behavioral health commissions and committees provided support for Man Therapy and requests for more presentations.

**Recovery Record**

- Requested bi-monthly meeting with RR Vendor in order to resolve reporting, dashboard, and evaluation issues.
- Help@Hand Recovery Record team invited to join RUHS-Behavioral Health ED Program and Sacramento ED Program Conversation Meeting (2/2/23)
- Onboarding clinicians goes smoothly when app representative is part of the process. The app representative sets up the initial access, and the Help@Hand clinicians onboard as a follow up to ensure understanding of the app, program, dashboard, and how to gain support when needed.

**Deaf and Hard of Hearing Qualtrics Needs Assessment Survey**

- Survey was brought down due to a cyber bot attack. During the first week of January 2023, the BOT was able to complete over 2,500 surveys. Our team was very glad that we did not enable the automatic distribution of incentives (Rewards Genius). Our distribution of survey incentives is manual, Gloria from our partner CODIE, reviews recipient email and verifies it is a CODIE member. She then notifies our team for an e-gift card incentive distribution.
- It took a very long time to complete
- The interpreting style (English vs ASL) varied from interpreter to interpreter making it hard to follow.
- The captions did not always match the interpreter
- Questions appeared to be written for a hearing person instead of meeting the deaf people where they are
- Question format varied and sometimes was just a single word/sign that was difficult to put into context and understand
- Felt like she had to do a lot to extrapolate the information which could lead to people understanding the survey questions differently which could impact the validity of the survey.
- In mental health, deaf clinicians have their own terminology or vernacular; their own way of voicing our opinions. Within the deaf community, this is expressed differently than the way hearing people have expressed it before. Otherwise, there are complete parts of concepts being lost; complete concepts themselves being lost.

**Whole Person Health Score**

- It's difficult to influence projects that are led by other departments to meet BH and H@H needs.
- Feedback for improvement on the current questions layout was provided to the WPHS team.

**A4i**

- A4i device activations incomplete: Philip provided info to Verizon business customer service.
- A4i device activations require multiple restarts for them to work in Rustin building. We no longer can rely on leaving parking lot to get tower to relay signal to phone
- Philip at Verizon can do activations with ICCID in two days.
- A4i profile training and app uploads went well due (Trained 9 peers and Josie, Exec Assistant).
- Trained 5 peers on A4i dashboard process prior to onboarding date. This made onboarding faster.
- A4i peers can update phone apps, update google profiles, and perform voicemail setups (\*86 with consumers).
- A4i onboarding can be done in as little as 3-7 days due to all peers cross trained.
- A4i devices are sent immediately for activation once all updates are performed. This allows for unscheduled onboarding requests to be filled.
- A4i Onboarding – Roll with resistance, its not going to go perfect.
- Keep organized calendar
- When in doubt about post get guidance from peers or Mel
- I learned that when I am assigned as the A4i POD, it is easier to create posts prior to my assigned date and have them scheduled at least one day in advance so therefore I do not need to worry if content is ready to go or posting last minute and I can focus on approving posts and checking in with my participants.
- Challenging A4i completion celebration when both consumers didnt show up

**Phone Devices**

- SIM cards going bad. This is another aspect of support issues that can arise when loaning devices. Discussed that many newer phones no longer have a physical SIM card.

**Recovery Record**

- Clinical teams respond to in-person reminders for registering by attending regular meetings, as well as respond to personalized emails asking if they need any support or have further questions.
- Clinical teams need reminders for process after onboarding their first participant because it does not happen often enough for it to be committed to memory.

**Man Therapy**

- Fit the presentation to the organization
- Altering pitch to women for men in life
- Have alternative ways of showing videos
- Creatives with explicit themes and messages were excluded from distribution.
- T-shirt is a strong incentive for participation
- Need to have creatives for beisball and soccer to reach our Californians and Hispanic/Latinx community.

**La Clave**

- Not for Spanish or Latinx only
- Having Dr. Lopez present in person at clinics helped get staff more excited about putting up a La CLAVE banner.

**Painted Brain**

- Having good communication skills and asking clarifying questions so that things are not misunderstood
- Being patient but also advocating for our system of care
- DMHL curriculum is more extensive than expected and 1.5 hours may not be enough time to train a new DMHL Facilitator, but it helps staff feel more confident using technology and being able to help others.
- Collaborate with team to strategize best practices for marketing and utilizing resource

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		<p><b>H@H</b></p> <ul style="list-style-type: none"> <li>• Have back up plan for presentation</li> <li>• Have all 3 programs ready to go in presentation form</li> </ul> <p><b>Outreach Activities &amp; Swags Promotional Distribution</b></p> <ul style="list-style-type: none"> <li>• Take the dolly to carry the e-z ups; those are too heavy for one person</li> <li>• Delegating team members to load/unload to set-up and load/unload to clean-up so that tasks are divided evenly and fair.</li> <li>• Be knowledgeable in all programs H@H offers.</li> </ul>
<b>Recommendations</b>	<p><b>Deaf and Hard of Hearing H@H Collaboration Partners</b></p> <ul style="list-style-type: none"> <li>• Have questions designed by deaf people</li> <li>• Use a consistent style of sign language</li> <li>• Format the survey using 'deaf gloss' so the question and interpreter better match. That way it can be expressed from a deaf person, instead of being in an English grammatical format that the deaf people were trying to follow or fit into.</li> <li>• Meet the deaf people where they are instead of making them adapt to our way of communication</li> </ul> <p>Recommendation to use ASL experts or professors take the survey script/questions and re-express them in the appropriate way for the deaf.</p>	
<b>Cross County/City Sharing</b>	<ul style="list-style-type: none"> <li>• Updated Free Apps Brochure (English/Spanish) shared with the collaborative.</li> </ul>	

San Francisco County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)																																								
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>• Teresa Yu (SFDPH)</li> <li>• Monica Martinez (MHASF)</li> <li>• Puja Deverakonda (MHASF)</li> </ul>	<ul style="list-style-type: none"> <li>• Teresa Yu (SFDPH)</li> <li>• Monica Martinez (MHASF)</li> <li>• Puja Deverakonda (MHASF)</li> </ul>																																								
<b>Implementation Site</b>	<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>• San Francisco County - Mental Health Association of San Francisco (MHASF)</li> </ul>																																								
<b>Team Composition</b>	<ul style="list-style-type: none"> <li>• Monica Martinez (MHASF)</li> <li>• Puja Deverakonda (MHASF)</li> <li>• Andrea Rico (MHASF)</li> <li>• Theo Ocanto (MHASF)</li> <li>• Stephanie Milius (MHASF)</li> <li>• Teresa Yu (SF DPH)</li> <li>• Diane Prentiss (SF DPH)</li> </ul>	<ul style="list-style-type: none"> <li>• Monica Martinez (MHASF)</li> <li>• Puja Deverakonda (MHASF)</li> <li>• Andrea Rico (MHASF)</li> <li>• Theo Ocanto (MHASF)</li> <li>• Stephanie Milius (MHASF)</li> <li>• Teresa Yu (SF DPH)</li> <li>• Diane Prentiss (SF DPH)</li> </ul>																																								
<b>Core Audience</b>	<ul style="list-style-type: none"> <li>• The target audience for MHASF’s Digital Literacy Education programs, Take My Hand and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.</li> </ul>	<ul style="list-style-type: none"> <li>• The target audience for MHASF’s Digital Literacy Education programs, Take My Hand and Tech Borrowing and Distribution programs is historically-excluded San Franciscans, with an emphasis on TAY and Trans community members.</li> </ul>																																								
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>• Take My Hand will be offering a chat service accessed via a standalone website. The chat service will be powered by LiveChat, and the website is run on the Content Management System called Pirahna.</li> <li>• Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger).</li> <li>• The TAMHS team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the TAMHS team can provide assistance in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Take My Hand will be offering a chat service accessed via a standalone website. The chat service will be powered by LiveChat, and the website is run on the Content Management System called Pirahna.</li> <li>• Tech@Hand Project: Technology Distribution (formerly known as Tech Procurement Project or Technology Borrowing and Distribution program) has procured 65 Samsung Galaxy A7 Lite tablets and accessories (case, keyboard, keyboard connector, and charger).</li> <li>• The TAMHS team has installed Scalefusion on each Samsung tablet, in order to manage the entire fleet of devices. With the use of Scalefusion the TAMHS team can aid in finding a lost tablet, send notifications to participants about program updates, and provide virtual assistance to participants.</li> </ul>																																								
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>• Tech@Hand: During the first stage of the project, MHASF staff were focused on participant and agency outreach to distribute tablets through tabling, emailing, and community partnerships. Devices were distributed as participants completed program enrollment. During the second stage of the project, MHASF was focused on relationship building and digital skills development. In the third stage of the project, MHASF will process the returns of tablets and prepare for its second cohort of tablet borrowers.</li> <li>• TakeMyHand: Not applicable, as program is still seeking county approvals.</li> </ul>	<ul style="list-style-type: none"> <li>• Tech@Hand: MHASF is currently wrapping up its first Cohort (Cohort #1). MHASF will process the returns of tablets and prepare for its second cohort of tablet borrowers in July 2023.</li> </ul>																																								
<b>Other Unique Qualities</b>	<p>Tech@Hand is managing a variety of communications with program participants. Tech@Hand has had over 650 contacts with participants since the start of the program. The top “types” of communication are:</p> <table border="1" data-bbox="525 1088 966 1315"> <thead> <tr> <th>Type of contact</th> <th>% of overall calls</th> </tr> </thead> <tbody> <tr><td>Check in</td><td>32%</td></tr> <tr><td>Other</td><td>18%</td></tr> <tr><td>Technology support</td><td>16%</td></tr> <tr><td>Emotional support</td><td>12%</td></tr> <tr><td>Appointment scheduling</td><td>10%</td></tr> <tr><td>Feedback</td><td>9%</td></tr> <tr><td>Navigating the internet</td><td>2%</td></tr> <tr><td>Navigating healthcare</td><td>1%</td></tr> </tbody> </table> <p>Note that conversations can be wide ranging, and one contact can address multiple topics. The data represents contacts from April 2022 (start of the program) through March 2023.</p> <p>We have also been tracking usage of our tablets in aggregate. Below we show a table that outlines the number of tablets that have logged in, within a given time frame. This data is collected weekly from September 2022 – March 2023.</p>	Type of contact	% of overall calls	Check in	32%	Other	18%	Technology support	16%	Emotional support	12%	Appointment scheduling	10%	Feedback	9%	Navigating the internet	2%	Navigating healthcare	1%	<p>Tech@Hand is managing a variety of communications with program participants. Tech@Hand had 338 contacts with participants from April to June 2023.</p> <table border="1" data-bbox="1344 1088 1785 1364"> <thead> <tr> <th>Type of contact</th> <th>% of overall calls</th> </tr> </thead> <tbody> <tr><td>Check in</td><td>25%</td></tr> <tr><td>Emotional Support</td><td>17%</td></tr> <tr><td>Appointment Scheduling</td><td>14%</td></tr> <tr><td>Technology Support</td><td>14%</td></tr> <tr><td>Feedback</td><td>13%</td></tr> <tr><td>None of the above</td><td>9%</td></tr> <tr><td>Exit Interview</td><td>3%</td></tr> <tr><td>Navigating the internet</td><td>3%</td></tr> <tr><td>Navigating healthcare</td><td>2%</td></tr> <tr><td>Survey completion</td><td>1%</td></tr> </tbody> </table> <p>Note that conversations can be wide ranging, and one contact can address multiple topics. The data represents contacts from April 2023 (start of the program) through June 2023.</p>	Type of contact	% of overall calls	Check in	25%	Emotional Support	17%	Appointment Scheduling	14%	Technology Support	14%	Feedback	13%	None of the above	9%	Exit Interview	3%	Navigating the internet	3%	Navigating healthcare	2%	Survey completion	1%
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Relationships	3%																																																																					
<b>Milestones</b>	<ul style="list-style-type: none"> <li>63/65 tablets have been distributed</li> <li>MHASF was approved to launch a 2nd cohort of tablet borrowers, with 15 tablets</li> </ul>																																																																					
<b>Lessons Learned</b>	<p><b>Tech@Hand</b></p> <ul style="list-style-type: none"> <li><b>Your data collection needs may change as your program matures:</b> Early on, MHASF opted to use the Maryland Department of Labor framework to capture digital skills our participants were interested in learning. The framework is an excellent way of thinking about digital skills at a high level (e.g., finding knowledge online, using digital tools safely). However, once the building is near complete and the program begins to work with participants, it may be helpful to use a framework that outline specific skills, such as the Seattle Digital Equity Initiative’s Digital Skills Framework. MHASF evaluated both frameworks and opted to stay with the the Maryland Department of Labor for consistency purposes. However, we will be better defining and clarifying the specific skills within the Maryland Department of Labor framework to ensure we are collecting the data we need for continuous improvement.</li> <li><b>Connect with similar programs as early as possible:</b> Early in a project it is easy to focus internally only. Remember to also build connections with other community partners who can share resources and insights. For example, MHASF will be using its budget surplus to produce a joint community event with an organization offering similar services. By collaborating, you can expand the scope and impact of your programs. By collaborating early on, these networks can already be pre-built, saving you valuable time when trying to stand up a new initiative.</li> <li><b>Develop a method to capture community insights as early as possible:</b> As your program matures there will be more questions trying to understand what’s happening in the community. How many folks became responsive after the gift card incentive? How many tablets are lost/stolen, versus missing? When using a CRM, data is captured in each individual call note. It is important to develop a method to collect new data based on developments in the community. This can be a spreadsheet you are updating, or it can be new fields in your CRM.</li> </ul>	<p>MHASF had some key learnings regarding purchasing tablets. We evaluated 3 options: signing up on a contract, prepaid devices, and paying for service monthly (without a contract).</p> <ul style="list-style-type: none"> <li><b>Contract:</b> Purchasing tablets on a contract basis provided cost savings in theory, but when tablets were lost, we ended up spending money on cancellation fees that we wouldn’t have otherwise. Also, the time-line of a contract (usually, 24 months) doesn’t neatly align with program timelines, which causes additional administrative challenges when managing the contract.</li> <li><b>Prepaid:</b> Purchasing T-Mobile Prepaid was not possible with an SMB plan. The benefits of prepaid is that if a device was lost, it would be easy to end service, and save money. However, prepaid is incompatible with an SMB plan, meaning that each device would have to be opened as a separate account, potentially causing additional administrative challenges to manage the fleet of 20+ devices. Our partners at Scalefusion, our fleet management software provider, were unsure if we could use their services if we did not have an SMB account. Furthermore, because of the nature of prepaid (sold individually, to consumers), it was difficult to connect with a consistent sales representative. T-Mobile’s prepaid contact center did outbound calls only, and it was hard to consistently stay in touch with one representative who knew about our case.</li> <li><b>Purchasing devices upfront:</b> The “ideal case” scenario ended up being purchasing the devices outright but paying for services monthly. This, we hope, will give us the flexibility of prepaid services (e.g., being able to shut off services if someone drops out of the program), but the device management benefits of being attached to an SMB account (e.g., easily compatible with Scalefusion, streamlined billing)</li> <li>MHASF was unexpectedly hit with around \$500 of app download payments. After investigating, MHASF learned that when a tablet is on a contract, app downloads are charged to the account on file. Unfortunately the only way to disable this is to disable app downloads altogether. MHASF sent out a message to all participants letting them know of the change before disabling app downloads on our devices.</li> </ul>																																																																				

San Francisco County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
	<p><b>TakeMyHand</b></p> <ul style="list-style-type: none"> <li>• Celebrate the small wins! After 2.5 years waiting for government approval, it's understandable to be discouraged at moments. However, by celebrating the small wins including meetings scheduled and incremental approvals, you can continue to stay excited about the possibilities about the project and look forward to its eventual launch.</li> </ul>	
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Utilize a CRM from the beginning of your project, which will in turn make switching data collection frameworks easier when the time comes.</li> <li>• Understand the various data collection frameworks in the field of digital equity as soon as you can, ideally at the start of your project.</li> <li>• Join spaces where you can connect with similar programs. MHASF has gotten tremendous value out of attending the Help@hand Tech Lead meeting, the San Francisco Tech Council's Access Working Group, and the National Digital Inclusion Alliance's healthcare working group.</li> </ul>	<ul style="list-style-type: none"> <li>• Pay upfront for devices to avoid the challenges of a contract, but also ensure your devices are connected to an SMB plan for streamlined operations.</li> <li>• Disable app downloads on your plan, to avoid surprise billing.</li> </ul>
<b>Cross County/City Sharing</b>	<ul style="list-style-type: none"> <li>• MHASF received help from the University of California at Irvine in designing its satisfaction survey</li> <li>• MHASF was also able to share outreach and engagement best practices with RUHS at a Help@Hand Tech Lead meeting. The Riverside team provided helpful insights on tabling and providing swag, in order to reach its target demographic (TAY).</li> </ul>	<ul style="list-style-type: none"> <li>• MHASF received help from the University of California at Irvine in designing its satisfaction survey</li> </ul>

Santa Barbara County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>• Maria Arteaga and Maribel Landeros</li> </ul>	<ul style="list-style-type: none"> <li>• Maria Arteaga and Maribel Landeros</li> </ul>
<b>Implementation Site</b>	<ul style="list-style-type: none"> <li>• Santa Barbara County- Psychiatric Health Facility</li> <li>• BeWell Clinics – staff presentations, to assist them in providing content information available for their consumers and consumer’s families</li> <li>• Canvassing throughout the County of Santa Barbara</li> <li>• Events – outreach events</li> </ul>	<ul style="list-style-type: none"> <li>• Santa Barbara County- Psychiatric Health Facility</li> <li>• RLCs – THMA/Helping Hands of Lompoc, Santa Barbara Mental Wellness Center</li> <li>• SB County Housing Authority – Family and Senior housing complexes in Santa Maria and Lompoc.</li> <li>• BeWell Clinics – staff presentations, to assist them in providing content information available for their consumers and consumer’s families</li> <li>• Canvassing throughout the County of Santa Barbara</li> <li>• Events/outreach events</li> </ul>
<b>Team Composition</b>	<ul style="list-style-type: none"> <li>• Help@Hand Team <ul style="list-style-type: none"> <li>o Peer Recovery Assistants 2FT-1 EXH (Down 1 PRA staff in early Jan.)</li> <li>o Outreach Coordinator-on leave</li> <li>o Program Coordinator</li> <li>o Peer Empowerment Manager</li> </ul> </li> <li>• BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Help@Hand Team <ul style="list-style-type: none"> <li>o Peer Recovery Assistants 3FT (New staff started in April)</li> <li>o Outreach Coordinator-on leave</li> <li>o Program Coordinator</li> <li>o Health Equity Services Manager</li> </ul> </li> <li>• BeWell Administration- Clinical/Peer/MHSA/IT/PIO/Leadership</li> </ul>
<b>Core Audience</b>	<ul style="list-style-type: none"> <li>• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)</li> </ul>	<ul style="list-style-type: none"> <li>• General population in Santa Barbara County (live, work, or students in the County of Santa Barbara)</li> </ul>
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>• Headspace</li> <li>• Wellness App Brochure</li> <li>• Tablets</li> <li>• 8 Dimensions of Wellness Curriculum-integrated into technology presentations</li> <li>• Trac Phones</li> </ul>	<ul style="list-style-type: none"> <li>• Headspace</li> <li>• Wellness App Brochure</li> <li>• Tablets</li> <li>• 8 Dimensions of Wellness Curriculum-integrated into technology presentations</li> <li>• Trac Phones</li> </ul>
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>• Social Media postings by Uptown Studios</li> <li>• Presence in community events to assist directly with enrollment and share BWell resources</li> <li>• Community contact, via canvassing, events, workshops has continued to increase better understanding of the benefits of Headspace</li> </ul>	<ul style="list-style-type: none"> <li>• Social Media postings by Uptown Studios</li> <li>• Presence in community events to assist directly with enrollment and share BWell resources</li> <li>• Community contact, via canvassing, events, workshops has continued to increase better understanding of the benefits of Headspace</li> </ul>
<b>Other Unique Qualities</b>	<ul style="list-style-type: none"> <li>• Community events/outreach <ul style="list-style-type: none"> <li>o Allan Hancock College – Student orientation events in both Santa Maria and Lompoc campuses</li> <li>o NAACP organized – Black History Month events, Lompoc and Santa Barbara 3 events</li> <li>o Carpinteria Children’s Project – Parent event</li> <li>o Alpha Resource Center and MICOP – Child Development Health Fair</li> </ul> </li> <li>• Canvassing in Santa Barbara, small business owners, downtown, SB Funkzone (wineries, small restaurants, local artist shops, surf shops, alternative wellness stores, restaurants. Westside neighborhood of SB (mom and pop shops, local deli’s, cornerstores, health clinics, food markets, laundromats, etc.)</li> <li>• Provided printed materials, flyers and brochures at locations and events listed above</li> </ul>	<ul style="list-style-type: none"> <li>• Community events/outreach - <ul style="list-style-type: none"> <li>o Goleta Unified School District – Health Fair for children and families</li> <li>o Route 1 Farmer’s Market – Vandenberg Village</li> <li>o Cottage Hospital Mental Health Fair – for hospital staff and community</li> <li>o Dia del Campesino – Migrant farmworkers and families</li> <li>o Senior Health Fair – Seniors and caregivers</li> <li>o Righetti High School – High School Students and staff</li> <li>o Tobacco Prevention Summit – Community Based Organizations including school staff, local government representatives, law enforcement and other county departments</li> <li>o SAVIE Health Clinic – community event</li> <li>o House of Pride and Equity – LGBTQ and community at large</li> <li>o St. George Zumbathon – community</li> <li>o Juneteenth celebration – community</li> </ul> </li> <li>• Canvassing in Santa Barbara, small business owners, SB Upper State St. small restaurants, local artist shops, wellness stores.</li> <li>• Provided printed materials, flyers and brochures at locations and events listed above</li> </ul>
<b>Milestones</b>	<ul style="list-style-type: none"> <li>• Uptown Studios, continues to post regularly on Behavioral Wellness social media pages, in both English and Spanish.</li> <li>• Continued increase enrollment in Headspace.</li> <li>• Additional Digital Health Literacy PowerPoint presentations, translated into Spanish.</li> <li>• Continued to develop pilot project focusing on maternal health with integrating mental wellness and</li> </ul>	<ul style="list-style-type: none"> <li>• Continued increase enrollment in Headspace, reached 2520 members as of June 30th.</li> <li>• Additional Digital Health Literacy PowerPoint presentations, translated into Spanish and Pre and Post Evaluation Surveys developed in both English and Spanish for each of the 8 Dimensions of Wellness workshops (General and 8 individual presentations)</li> <li>• Finalized pilot project, Mommy Connecting to Wellness focusing on maternal health, integrating mental well-</li> </ul>

Santa Barbara County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
	<p>technology for mothers with children 0-2 years old. This is aiming at “Mommy” understanding the importance of mental wellness as part of whole person care approach and connecting to Wellness-introducing “Wellness Recovery Action Plan” as a new life skill, technology products and local community inperosn and online resources</p>	<p>ness and technology for mothers with children 0-2 years old. This is aiming at “Mommy” understanding the importance of mental wellness as part of whole person care approach. Psycho education workshop to discuss anxiety, depression and postpartum depression signs and symptoms, as well as tools for selfhelp activities. 8 Dimensions of Wellness series and mindfulness activities utilizing Headspace. Participants will receive a free device along with Online Safety and Zoom/Telehealth workshops. Weekly one to one support from Promotores, local community resources and referrals as needed.</p>
<b>Lessons Learned</b>	<ul style="list-style-type: none"> <li>• In order to continue this project the project needs to be fully staff to get to all of the regions of the county. This quarter we were down to two full time staff, while at the same time our team was called to support Behavioral Wellness Department in supporting a North and South County Disaster Recovery Centers, after county experienced a natural disaster (flooding).</li> <li>• Need to continue canvassing to be able to have the one to one contact with business owners, schools, local CBOs to answer questions and build relationships.</li> <li>• Social media presence continues to increase, tagging, sharing, making a difference in building a stronger presence. Tech Leads provided support to review for culturally and linguistically appropriately content.</li> <li>• Community members continue to express concern about membership ending Sept. of 2023.</li> <li>• Giveaways are very useful in outreach events, creates interest and community approaches easier.</li> <li>• As Staff assisted with the MHSA Community Program Planning Process with stakeholders the need for more education around “mental health” was identified. Participants shared that this is a new concept as this was not something that was familiar to them or spoken about in their home country. When participants hear the term “salud mental” it was noticeable that they don’t understand what that refers to. Participants shared that they need educational workshops for the community who speak a language other than English.</li> </ul>	<ul style="list-style-type: none"> <li>• Through community contact, we have learned that early on in this project, CBOs and public heard about Headspace, understood that the county had free licenses but did not understand what Headspace actually had to offer. Most said they thought it was meditating only and did not know how it differed from apps they were already using. Through the many staffing changes and being understaffed, messaging was not constant or expanded to provide a better understanding of the content which could have led to an increased number of licenses being issued.</li> <li>• Need to increase an anti-stigma campaign around mental health in order for community to self-identify and recognize the need for self-care and increase help seeking behaviors, as well as accept support like utilizing applications such as Headspace.</li> <li>• Help@Hand team members received comments such as “thank you for being out here for us,” during tabling events. Community members shared the importance of being present as a County Department-Behavioral Wellness, to show community that they are important and to have that connection.</li> <li>• Non-English speaking community members, struggled to understand what mental wellness meant . . . through outreach events, staff was able to interact and ask community how they felt their mental wellness was as they introduced Headspace. Spanish speakers as well as Mixteco community members did not understand the concept of mental wellness, as they would respond with “I don’t know” or “what are you referring to?”</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Continue to increase social media presence in both English and Spanish and include mental health education, signs, symptoms, resources, options . . .begin to expand on the “mental health” terminology utilizing social media and print and radio for non-english speakers.</li> <li>• A creation of a community outreach team comprised of Peers is needed in order to connect and build trust within the community. Having this bridge-building program will help individuals be referred/provided a warm hand-off to the access team and/or to community resources. This would increase awareness and access to resources and services as well as a tool to reduce stigma.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an outreach and community education campaign that is inclusive of all community members, utilizing signs on public transportation, CBOs, all Hospitals in the county, radio and other media . . .to reduce stigma, increase understanding of wellness, mental health and share the BWell Access Line or another resource number to community.</li> </ul>
<b>Cross County/City Sharing</b>	<ul style="list-style-type: none"> <li>• Through EY’s collaboration meetings and UCI feedback from learnings from other county partners, we received feedback on experiences that other counties had in working with Promotores. This allowed us to have open and clear conversations with Health Linkages/Promotores so they can develop a clear, specific, and detailed SOW so that expectations are understood by all involved.</li> </ul>	<ul style="list-style-type: none"> <li>• Help@Hand Collaboration meetings were informative and useful in their new format, we get to exchange information. Seeing some of the success that other counties are having is inspirational.</li> </ul>

Tehama County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>Travis Lyon, MHSA Coordinator</li> <li>Avery Vilche, Health Educator</li> </ul>	<ul style="list-style-type: none"> <li>Travis Lyon, MHSA Coordinator</li> <li>Avery Vilche, Health Educator</li> </ul>
<b>Implementation Site</b>	<ul style="list-style-type: none"> <li>STANS Wellness &amp; Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)</li> </ul>	<ul style="list-style-type: none"> <li>STANS Wellness &amp; Recovery Center, Red Bluff, CA 96080 (Tehama County Health Services Agency-Behavioral Health)</li> </ul>
<b>Team Composition</b>	<ul style="list-style-type: none"> <li>Travis Lyon, MHSA Coordinator</li> <li>Avery Vilche, Health Educator</li> <li>Fernando Villegas, Health Educator</li> <li>Ron Culver, Peer Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Travis Lyon, MHSA Coordinator</li> <li>Avery Vilche, Health Educator</li> <li>Fernando Villegas, Health Educator</li> <li>Ron Culver, Peer Supervisor</li> </ul>
<b>Core Audience</b>	<ul style="list-style-type: none"> <li>Individuals who are Isolated</li> <li>Individuals who are experiencing homelessness</li> <li>Individuals who are current TCHSA-BH clients</li> </ul>	<ul style="list-style-type: none"> <li>Individuals who are Isolated</li> <li>Individuals who are experiencing homelessness</li> <li>Individuals who are current TCHSA-BH clients</li> </ul>
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>myStrength</li> </ul>	<ul style="list-style-type: none"> <li>myStrength</li> </ul>
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>Engage Peers with the app and have them introduce the app to Pilot participants.</li> <li>Have Peers and UCI conduct Interviews and Surveys as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Engage Peers with the app and have them introduce the app to Pilot participants.</li> <li>Have Peers and UCI conduct Interviews and Surveys as appropriate.</li> </ul>
<b>Other Unique Qualities</b>	<ul style="list-style-type: none"> <li>Ongoing Digital Literacy Training with &amp; by Peers and Pilot participants.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing Digital Literacy Training with &amp; by Peers and Pilot participants.</li> </ul>
<b>Milestones</b>	<ul style="list-style-type: none"> <li>Ordered 10 laptops and a charging cart through CalMHSA to be used in the pilot program (and beyond) for digital literacy training, and ongoing applications concerning digital mental health approaches.</li> </ul>	<ul style="list-style-type: none"> <li>CalMHSA addressing the contract with myStrength for a proposed restart of the Pilot in August 2023.</li> </ul>
<b>Lessons Learned</b>		
<b>Recommendations</b>		
<b>Cross County/City Sharing</b>		

Tri-City County	Quarter 1 (Jan–Mar 2023)	Quarter 2 (Apr – Jun 2023)
<b>Tech Lead(s)</b>	<ul style="list-style-type: none"> <li>Amanda Colt</li> <li>Dana Barford</li> </ul>	<ul style="list-style-type: none"> <li>Amanda Colt</li> <li>Dana Barford</li> </ul>
<b>Implementation Site</b>	<ul style="list-style-type: none"> <li>Virtual due to Covid-19 limitations</li> <li>Local senior centers</li> <li>Social Media</li> </ul>	<ul style="list-style-type: none"> <li>Virtual due to Covid-19 limitations</li> <li>Local senior centers</li> <li>Social Media</li> </ul>
<b>Team Composition</b>	<ul style="list-style-type: none"> <li>MHSA Manager</li> <li>MHSA-Inn Program Coordinator</li> <li>MHSA Director</li> <li>Cambria Consultant</li> <li>Painted Brain Peer Consultant</li> <li>Help@Hand Evaluation Team</li> <li>Uptown Studios Marketing</li> <li>Jaguar (Technology)</li> </ul>	<ul style="list-style-type: none"> <li>MHSA Manager</li> <li>MHSA-Inn Program Coordinator</li> <li>MHSA Director</li> <li>Cambria Consultant</li> <li>Painted Brain Peer Consultant</li> <li>Help@Hand Evaluation Team</li> <li>Uptown Studios Marketing</li> <li>Jaguar (Technology)</li> </ul>
<b>Core Audience</b>	<ul style="list-style-type: none"> <li>Older Adults (60+)</li> <li>TAY (16-25)</li> <li>Monolingual Spanish Speakers</li> </ul>	<ul style="list-style-type: none"> <li>Older Adults (60+)</li> <li>TAY (16-25)</li> <li>Monolingual Spanish Speakers</li> <li>Community Members</li> </ul>
<b>Products in Use/Planned</b>	<ul style="list-style-type: none"> <li>myStrength</li> </ul>	<ul style="list-style-type: none"> <li>myStrength</li> </ul>
<b>Implementation Approach</b>	<ul style="list-style-type: none"> <li>Contracting with Uptown Studios (for branding and design landing page)</li> <li>Painted Brain (for outreach target populations)</li> <li>Jaguar (for technology)</li> <li>Sharing partner toolkit with community partners to help spread the word.</li> <li>Social media post and outreach.</li> <li>Presentations to priority populations.</li> </ul>	<ul style="list-style-type: none"> <li>Contracting with Uptown Studios (for branding and design landing page)</li> <li>Painted Brain (for outreach target populations)</li> <li>Jaguar (for technology)</li> <li>Sharing partner toolkit with community partners to help spread the word.</li> <li>Social media post and outreach.</li> <li>Presentations to priority populations.</li> </ul>
<b>Other Unique Qualities</b>	<ul style="list-style-type: none"> <li>Having a hard time engaging older adults. They do not seem to be keen on technology no matter the benefits or even incentives.</li> </ul>	
<b>Milestones</b>	<ul style="list-style-type: none"> <li>Attended 3 tabling events in the community and shared information about myStrength with our priority populations.</li> </ul>	<ul style="list-style-type: none"> <li>Posted for a Peer Support position to assist with outreach and participant recruitment for Help@Hand</li> </ul>
<b>Lessons Learned</b>	<ul style="list-style-type: none"> <li>Seniors appreciate the one on one support and guidance when downloading and accessing the myStrength app.</li> </ul>	
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>Ensure peer support is available as needed to help seniors with DHL and downloading/accessing the app.</li> </ul>	
<b>Cross County/City Sharing</b>	<ul style="list-style-type: none"> <li>Reached out to City of Berkely to get a better understanding of how they shared their access codes with the community.</li> </ul>	



## Riverside University Health System-Behavioral Health Digital Literacy Train the Trainer Workshop



### Summary Report

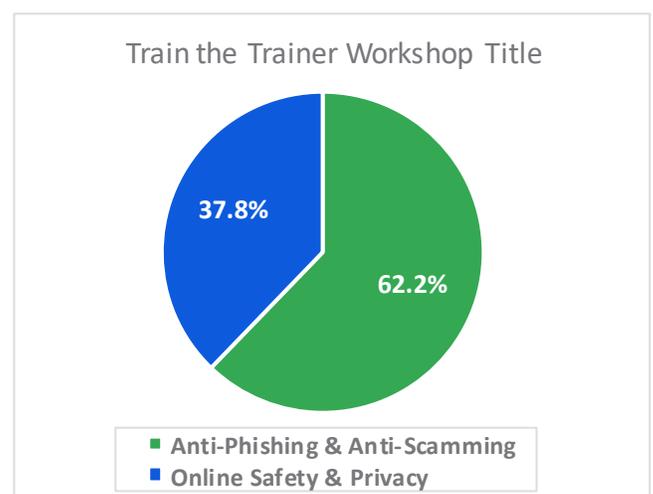
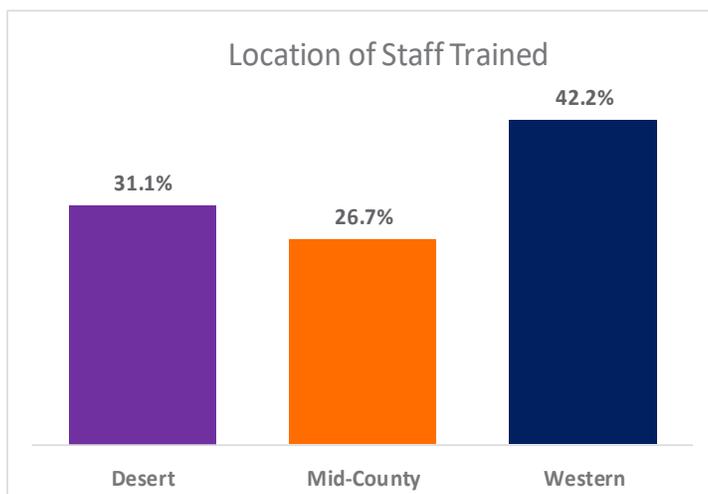
RUHS-Behavioral Health- Help@Hand Program, in partnership with CalMSHA, has worked on many technology innovation projects over the course of the **Help@Hand Innovation Program**. Throughout these projects, a common opportunity identified is to empower staff members with digital literacy training so they are more comfortable and confident using technology to access services. RUHS-BH is partnering with Painted Brain, a leader in Peer-driven digital literacy training, to provide facilitator training to staff to advance them to provide digital literacy training to other staff and clients.

The “Train the Trainer Workshop” is then created to provide, discuss, and help RUHS-BH staff to develop skills to deliver engaging and compelling digital health literacy workshops. Through this workshop, participants will be given the learning skills such as facilitating, needs analyses, and managing tough topics necessary to become trainers themselves. It is hoped that participants will understand that training is a process where skills, knowledge, and attitudes are applied in a unique way.

There were a total of 6 trainings completed Countywide, from April 18th, 2023 to May 9th 2023, with 45 total staff attending. The majority of participants were from the Western region (42.2%, n = 19), followed by Desert region (31.1%, n = 14), and Mid-County region (26.7%, n = 12), respectively. There are 2 Workshop Titles offered by Painted Brain, based on the results from an online poll sent to RUHS-BH Staff in March 2023 prior to starting the Workshops: “Online Safety and Privacy” and “Anti-Phishing and Anti-Scamming”, and the majority of staff chose to attend the “Anti-Phishing and Anti-Scamming” (62.2%, n = 28). The results are summarized on table and graphs below:

Workshop Date	Location of Attendees	Workshop Title	Number of Attendance
4/18/23	Desert	Online Safety & Privacy	3
4/19/23	Desert	Anti-Phishing & Anti-Scamming	11
4/24/23	Western	Online Safety & Privacy	9
4/25/2023	Western	Anti-Phishing & Anti-Scamming	10
5/2/2023	Mid-County	Online Safety & Privacy	5
5/9/2023	Mid-County	Anti-Phishing & Anti-Scamming	7

**Total Attendance: 45**

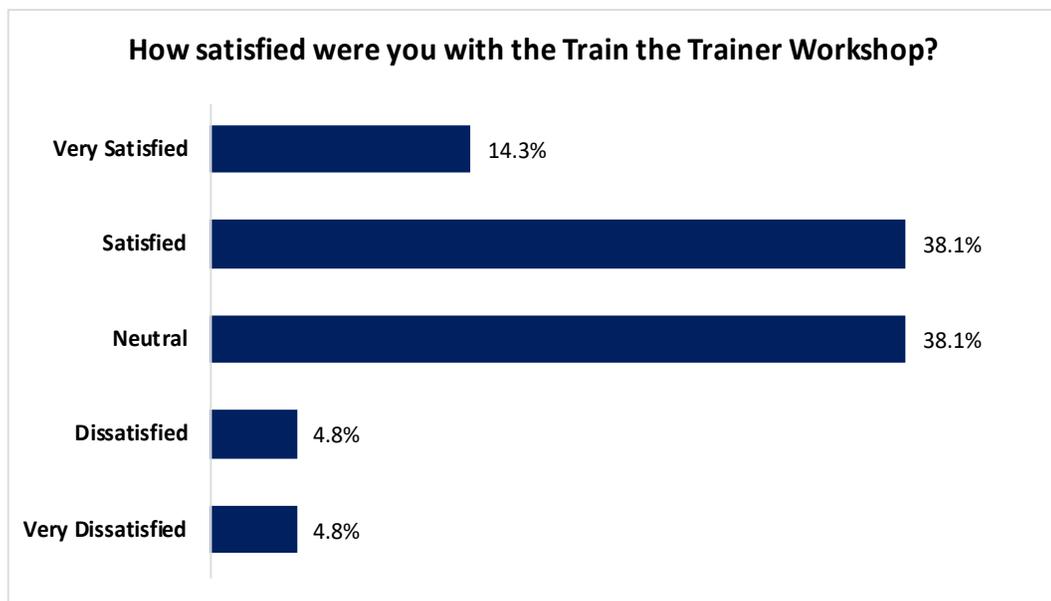


## Participants' Overall Satisfaction with Workshops and Trainers

After each Workshop, participants were emailed a Google link to complete post-satisfaction surveys. The email list was provided by Painted Brain staff, based on the attendance lists obtained after each workshop has been completed. The post-satisfaction survey is meant to gather participants' feedback on their overall satisfaction to the workshops, as well as workshops' content and trainer engagement. Participants were also asked to comment on the things they learned, liked, did not like, if they had any additional comments in regards to the workshops, and if they would recommend the workshops to their coworkers.

There were a total of 21 post-satisfaction surveys submitted in Google Forms, from a total attendance of 45 RUHS-BH staff (46.67%). Their overall satisfaction with *Train the Trainer Workshops* and the *Workshop Trainer* is summarized below:

- 52.4% survey respondents (n = 11) felt "Satisfied" or "Very Satisfied" with the Train the Trainer Workshops
- 61.9% survey respondents (n = 13) felt "Satisfied" or "Very Satisfied" with the Workshops Trainers



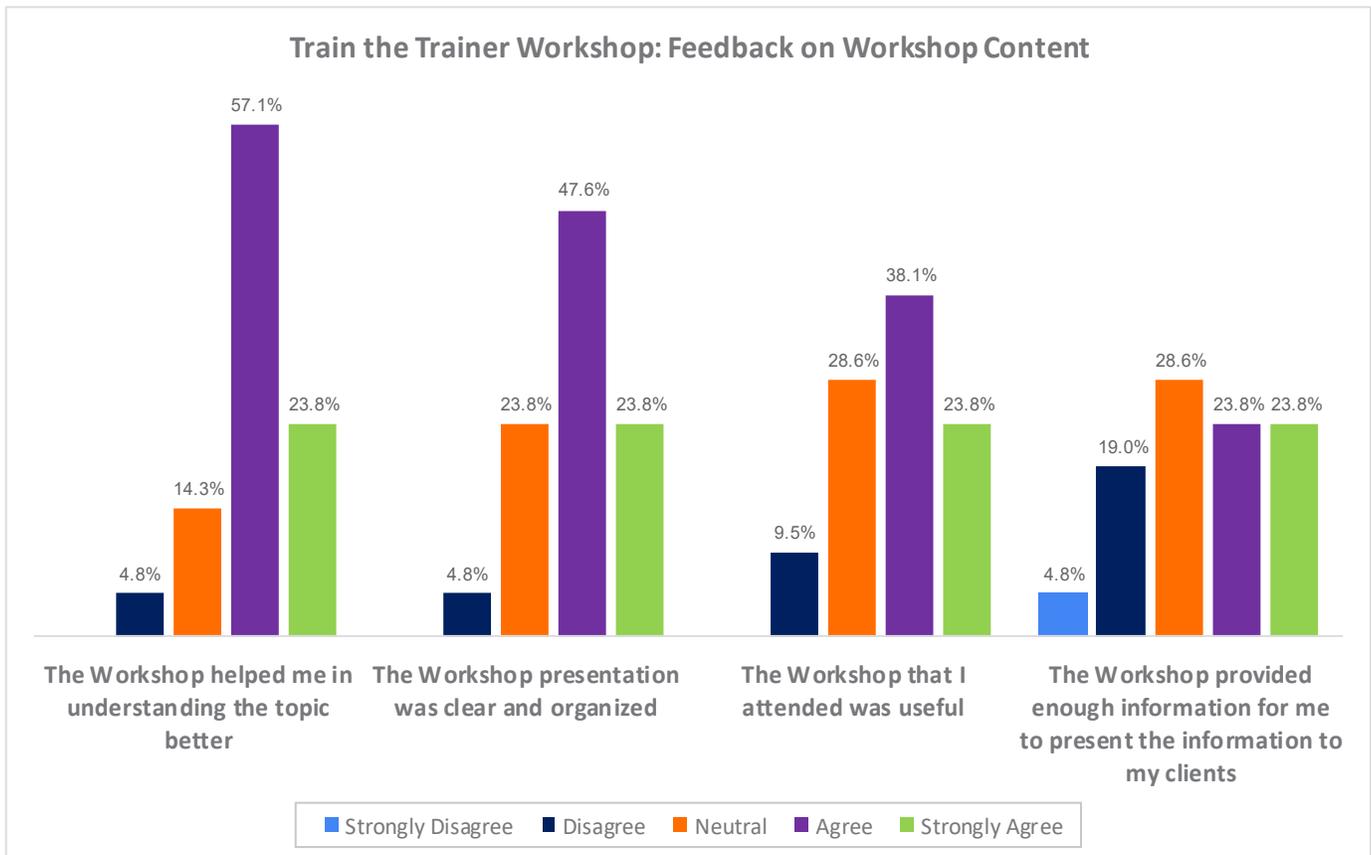


### Participants' Overall Satisfaction with Workshop Contents

Based on a total of 21 satisfaction surveys submitted, the participants' overall satisfaction with Train the Trainer Workshops' contents are summarized below:

- 80.9% participants (n = 17) responded that they “Agreed” or “Strongly Agreed” that the **Workshop helped them in understanding the topic better.**
- 71.4% participants (n = 15) responded that they “Agreed” or “Strongly Agreed” that the **Workshop presentation was clear and organized.**
- 61.9% participants (n = 13) responded that they “Agreed” or “Strongly Agreed” that the **Workshop that they attended was useful to them.**
- 47.6% participants (n = 10) responded that they “Agreed” or “Strongly Agreed” that the **Workshop provided enough information for them to present the information to their clients.**

Feedback on Workshop Contents	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The Workshop helped me in understanding the topic better		4.8%	14.3%	57.1%	23.8%
The Workshop presentation was clear and organized		4.8%	23.8%	47.6%	23.8%
The Workshop that I attended was useful		9.5%	28.6%	38.1%	23.8%
The Workshop provided enough information for me to present the information to my clients	4.8%	19.0%	28.6%	23.8%	23.8%



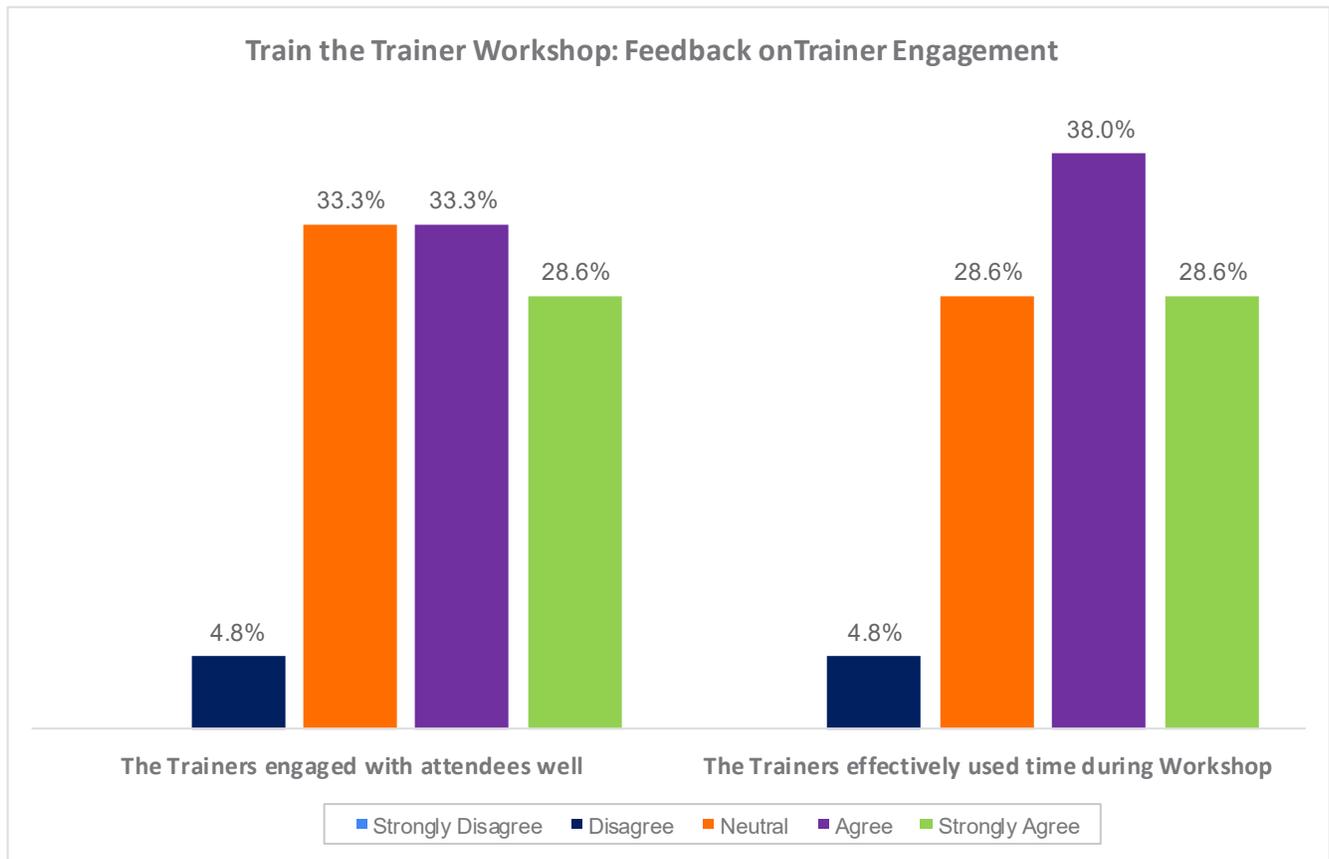


### Participants' Overall Satisfaction with Trainer Engagement during Workshop

In response to the participants' overall satisfaction with Workshops' trainers, their opinions are summarized below:

- 61.9% participants (n = 13) responded that they "Agreed" or "Strongly Agreed" that the **Workshop Trainers engaged with the attendees well**.
- 66.6% participants (n = 14) responded that they "Agreed" or "Strongly Agreed" that the **Workshop Trainers effectively used time during Workshop**.

Trainer Engagement	The Trainers engaged with attendees well	The Trainers effectively used time during Workshop
Strongly Disagree	0.0%	0.0%
Disagree	4.8%	4.8%
Neutral	33.3%	28.6%
Agree	33.3%	38.0%
Strongly Agree	28.6%	28.6%



## Participants' Feedback on "Things Learned" and "Things Liked" from Workshops

### ***Things I learned in the Train the Trainer Workshop were:***

- "The missed-spelling in emails."
- "Work scams vigilance."
- "Social media use/catfishing."
- "Privacy settings for Apps in phone- these apps oftentimes have permissions for things they do not need to have access to!"
- "Info about the two types of digital footprints and privacy settings and the ability and need to make adjustments on our electronics."
- "Names for types of scams."
- "Phishing, General security."
- "About anti-phishing and anti-scamming."
- "Brushing up on information the county has us go through each year."
- "Types of bad actors, types of scams, how to avoid scams, things we can do to increase privacy while browsing online."
- "Always think before you click on links."
- "Why it's so important to be aware."
- "I learned more about the help at hand program and the anti-phishing and anti-scamming issues."
- "Some people are always trying to commit fraud."
- "Two types of online people - catfish and scammers."

### ***What I liked about the Train the Trainer Workshop was:***

- "PowerPoint."
- "Multifactor authentication."
- "Learning more about App permissions."
- "It was informative. Receiving the presentation with Trainer notes."
- "Felt like accessible knowledge."
- "It was more engaging and was easier to follow."
- "Learning about the subject and the trainers were energetic and seemed glad to be there."
- "I liked the topic and I did learn more about the types of scams and bad actors."
- "Very informative"
- "Very detailed and discussions."
- "I liked that the trainers where on top of everyone's questions and encouraged sharing."
- "The videos were very helpful."
- "I liked everything."
- "Learning some of the new terms for scamming."

## Participants' Feedback on "Things Disliked" from Workshops and Recommendation

### *What I did not like about the Train the Trainer Workshop was:*

"I did not feel I was being trained to teach anyone."

"Needed more activities."

"I didn't think that this training was efficient with teaching us "facilitator skills" for this topic nor digital literacy in general. It would of been helpful to have examples of how to present the materials to Consumers. Problem solving/ role plays/critical thinking. I do not feel the facilitators were teaching, they were more so reading from the slides which was not helpful."

"Somewhat redundant."

"It was presented from the perspective of us a trainees versus trainers."

"Too general."

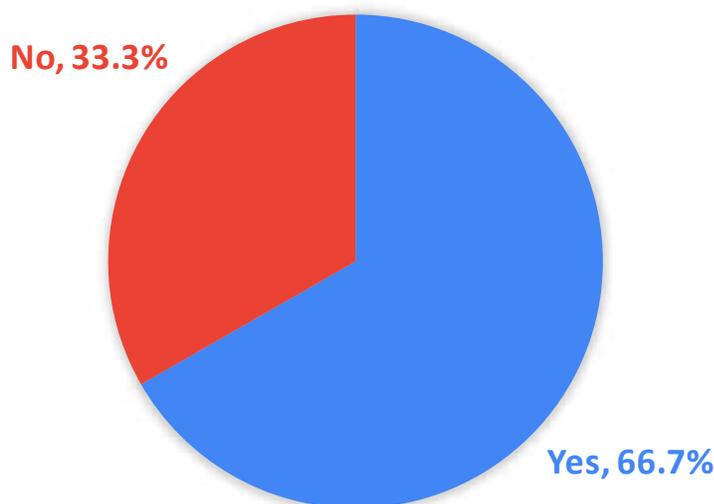
"There was no mention of how to train; nor on how to run a class or how to engage participants. I was under the impression that I would be taught how to give a training, be able to facilitate a training, and ideas to give a successful training on any subject, including the anti-phishing and anti-scramming."

"It didn't seem to be set up like a Train the Trainer classes I have been in before. More like going over what the county provides each year. I share what is pertinent at the time with who ever I am working with."

"It seemed dry and not very engaging."

### *Would you recommend the Train the Trainer Workshop to your coworker?*

The majority of participants (66.7%, n = 14) responded "Yes", that they would recommend the Train the Trainer Workshops to their coworkers, while 33.3% (n = 7) responded "No".





## Participants' Feedback on Additional Comments about the Workshops

### *Do you have any additional comments?*

"I was not able to hear when I logged in. I tried to message someone and nobody ever followed up with me, even on the days following. I was sad to have missed the training."

"I felt it was more like it was for someone new not for someone being trained to teach it."

"I liked how the training was short and full of information. Very easy to stay with the trainer."

"The information was good. As a train the trainer workshop, I felt it did not address the aspect of training for me to facilitate this training to recipients. I also felt it did not address how we would train others to facilitate this training to recipients. The description talking about learning skills regarding facilitating, managing topics, how to become a trainer, how to apply what was learned in unique ways. I felt like I was a recipient of the workshop, not a potential trainer of it."

"I think it would have been helpful to provide "trainer" tips as part of the training to ensure the individuals were knowledgeable able how to actually implement the training."

"I was glad that they brought in support for the original trainer. He did not only read the power point, but he added anecdotes from real life and helped apply the concepts. We can all read. Being read to is kind of condescending honestly."

"Overall, I think it was a good workshop. I liked the topic and the presenters did their best to engage with attendees. The materials shared were also helpful because it includes the facilitator's notes that can be used while training others. "

"Thank you for the training."

"Awesome work."

"I believe the trainers did a great job with their presentation."

"I appreciate the time the trainers took to offer us this training."

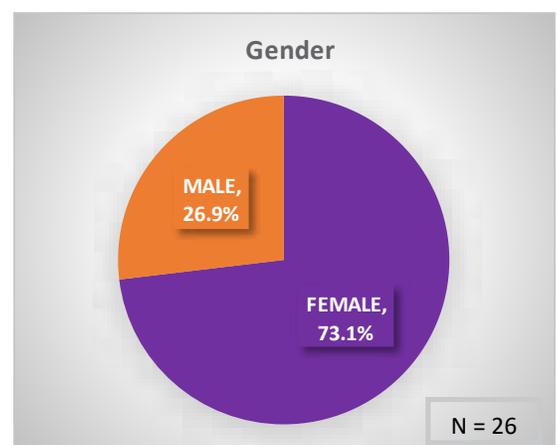
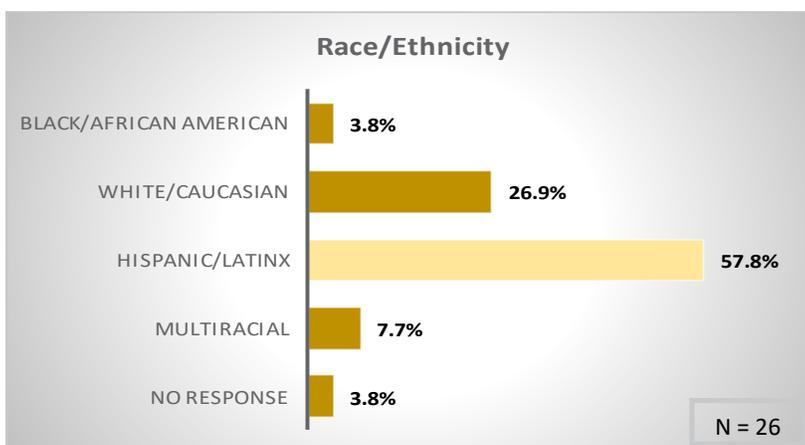
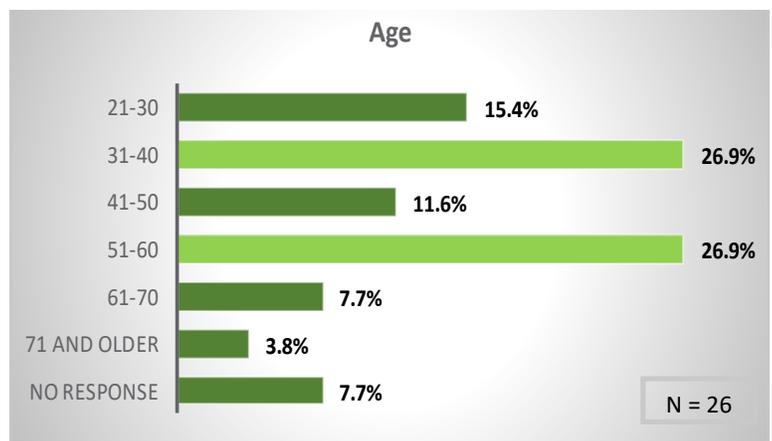
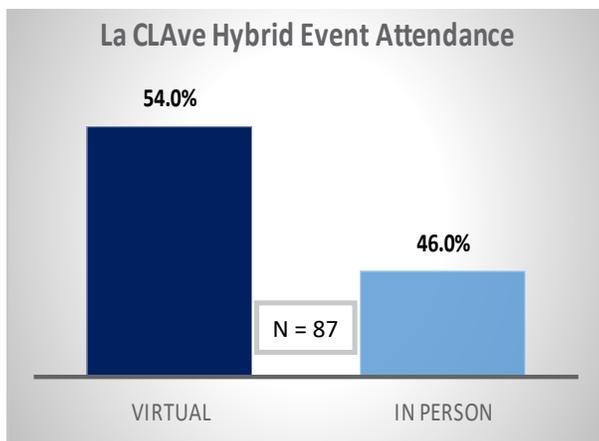
"I would've liked to of seen how to facilitate this as a T4T training rather than being a participant in the group."

**Summary Report**

RUHS-Behavioral Health—Help@Hand Program has partnered with La CLAVE, and hosted its first Hybrid Event (both In-Person and Virtual via Teams Live Events platform) on Thursday, May 25th, 2023, presented by Dr. Steven Lopez. La CLAVE’s mission is to inform and motivate the Latinx community to seek early treatment for Serious Mental Illness (SMI). Like other illnesses, early treatment is associated with improved recovery. Their goal is to help individuals and their families recognize the symptoms of Serious Mental Illness, specifically psychotic symptoms, as well as to obtain treatment as quickly as possible.

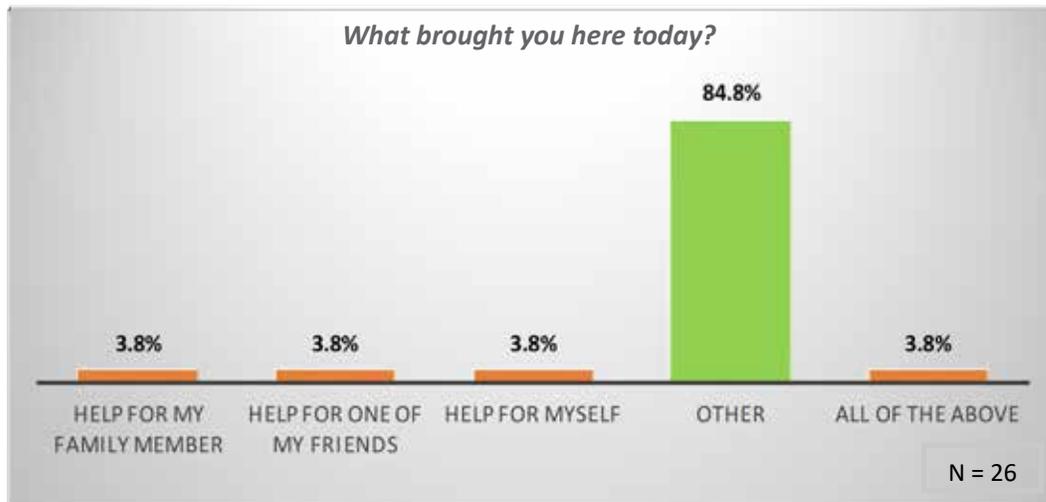
There are a total of 87 people attended the La CLAVE Hybrid event: 40 attended the In-Person event (46%) and 47 attended the Virtual event (54%). A post-survey was distributed in person at the event, as well as via e-mail for those who chose to attend virtually. This survey is meant to gather participants’ basic demographic information, reason for attending the event, as well as to gather comments for future advertising possibility and whether the presentation was useful. Attendees were strongly encouraged to fill out the post-survey event, although it was not required.

A total of 26 post-surveys were submitted and the results are summarized on this report. It is noted that these surveys were mostly collected from in-person event attendees. From the basic demographic information collected, the majority of attendees were between the ages of 31 to 40 years old, and between the ages of 51 to 60 years old (26.9%, or 7 attendees in each category). 73.1% (n = 19) categorized as Female, and 57.8% (n = 15) indicated as Hispanic/Latinx, which met the La CLAVE’s goal to inform mostly the Latinx community in regards to serious mental illness and its symptoms.

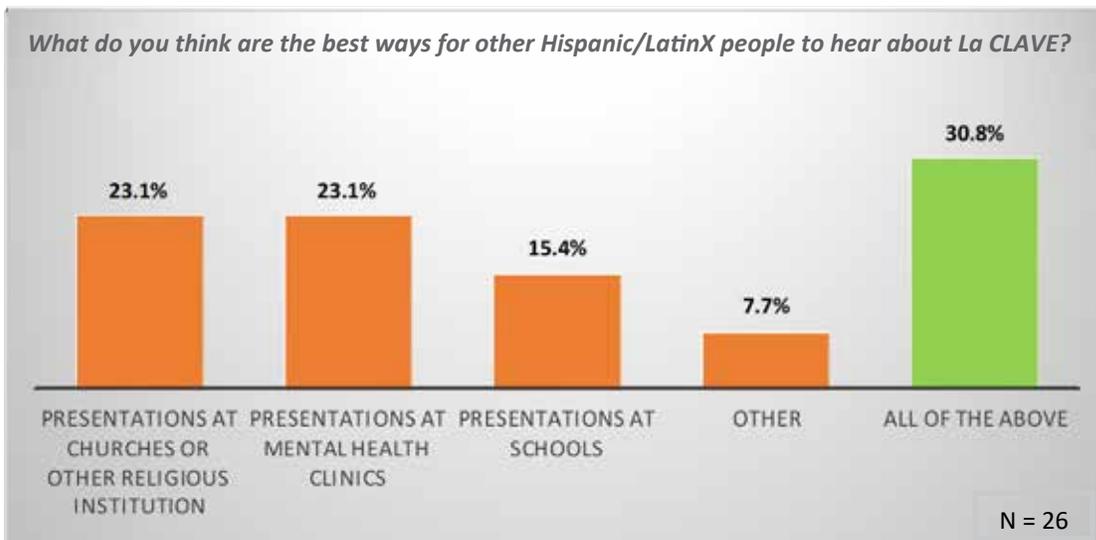


**Attendees Background and Feedback on La CLAVE 's Future Advertising Location**

Attendees were asked questions about the reason they signed up for the event, and what might help in advertising the La CLAVE program to the Latinx community. In regards to the question, **“What brought you here today?”**, the majority of attendees who submitted the post surveys (84.8%, n = 22) selected **“Other”** as the reason for attending, and commented that they were either: interested to learn more about the La CLAVE Program, represented the local clinics, represented their Latinx community, Mental Health Professionals who looked for resources for their clients, interested in cultural touchpoints for people with disabilities, or employees of RUHS-BH and/or part of Help@Hand Program. The remaining 4 attendees selected that they signed up for the event due to seeking help their own family members, friends, or self.



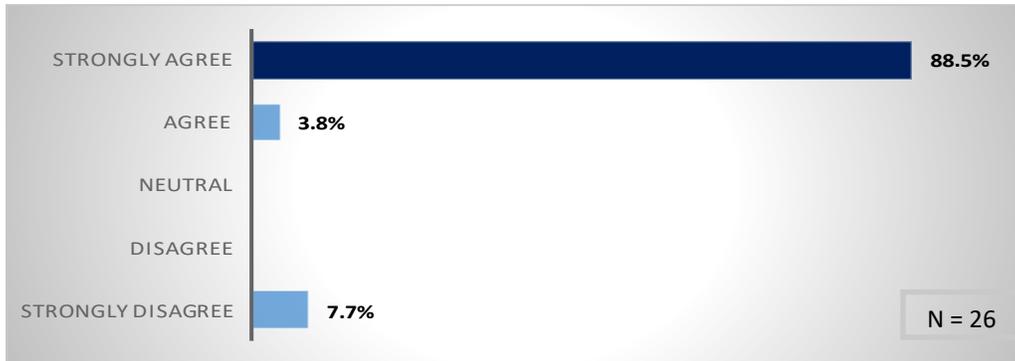
Additionally, in regards to the question, **“What do you think are the best ways for other Hispanic/Latinx people to hear about La CLAVE?”**, 30.8% (n = 8) selected all options for advertising the La CLAVE program, followed by equal numbers of attendees who selected **“Presentation at Churches or other religious institutions”** and **“Presentation at Mental Health Clinics”** (23.1%, or 6 attendees in each category). Attendees also noted additional locations that might help advertised La CLAVE program: *Community Centers, Laundromats, Latino heavy areas (Hemet, Mecca, Coachella), Employment Locations, Sporting Events, Latino shopping centers (La Curacao, Plaza Mexico, Vallarta), Presentations at senior centers and libraries, swap meets, beauty salons, Latino markets, Radio Stations, Connect with NAMI and RUHS-BH Family Advocate Program*, as well as *more access to the La CLAVE presentations at different times and locations that are limited to resources*.



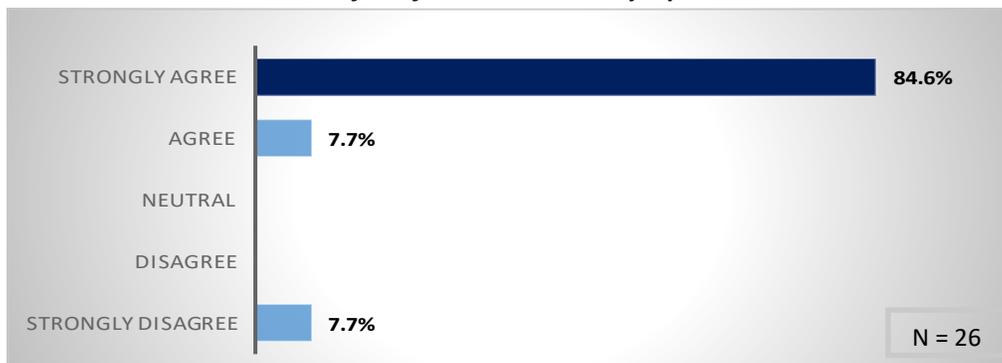
**Attendees Feedback on La CLAVE Presentation**

Attendees were also asked two additional questions using Likert Scale, in regards to whether they are likely to seek help for their friend or family member if they see the SMI signs described in La CLAVE, and whether they learned useful information from the presentation. The majority of attendees who submitted post surveys (92.3%, n = 24) responded that they either “*Strongly Agreed*” or “*Agreed*” to both questions, and are summarized on graphs below:

***I am likely to seek help for my friend or family member if they show the signs described in La CLAVE***



***I learned useful information in today's presentation***



**Additional comments from attendees were also collected and listed below:**

- “We would be interested in having the facilitator training for our clinicians.”
- “Muchas gracias! Love the enthusiasm of Maria Martha!”
- “As a Mental Health professional, I understand the symptoms, but the class today gave me great resources for my Spanish speaking clients/families.”
- “Phenomenal presentation about this program. I believe the Latino/x community of Riverside County will benefit from accessing the resources.”
- “Dr. Lopez is a wonderful man and presenter. Very useful information. Great resources.”
- “Me gustaria ver un lugar fisico donde las personas pueden educarse y recibir alluda directa de esta programa” (“I would like to see a physical place where people can educate themselves and receive direct help from this program).”
- “Great start to bring awareness and opening eyes, doors, and hearts.”
- “Gracias! (Thank you!)”
- “Thank you! This is a resource that is greatly needed! I'm excited to be able to promote this program to those we serve and outside of our societies.”
- “I appreciated the comments regarding the frustration of HIPAA when trying to get assistance for an adult family member with mental health needs.”
- “Very informative.”
- “The presentation was great and very informative.”

# help @ hand™ 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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