help @ hand™ Evaluation

Mental Health Services Act (MHSA) Innovation Technology Suite Evaluation

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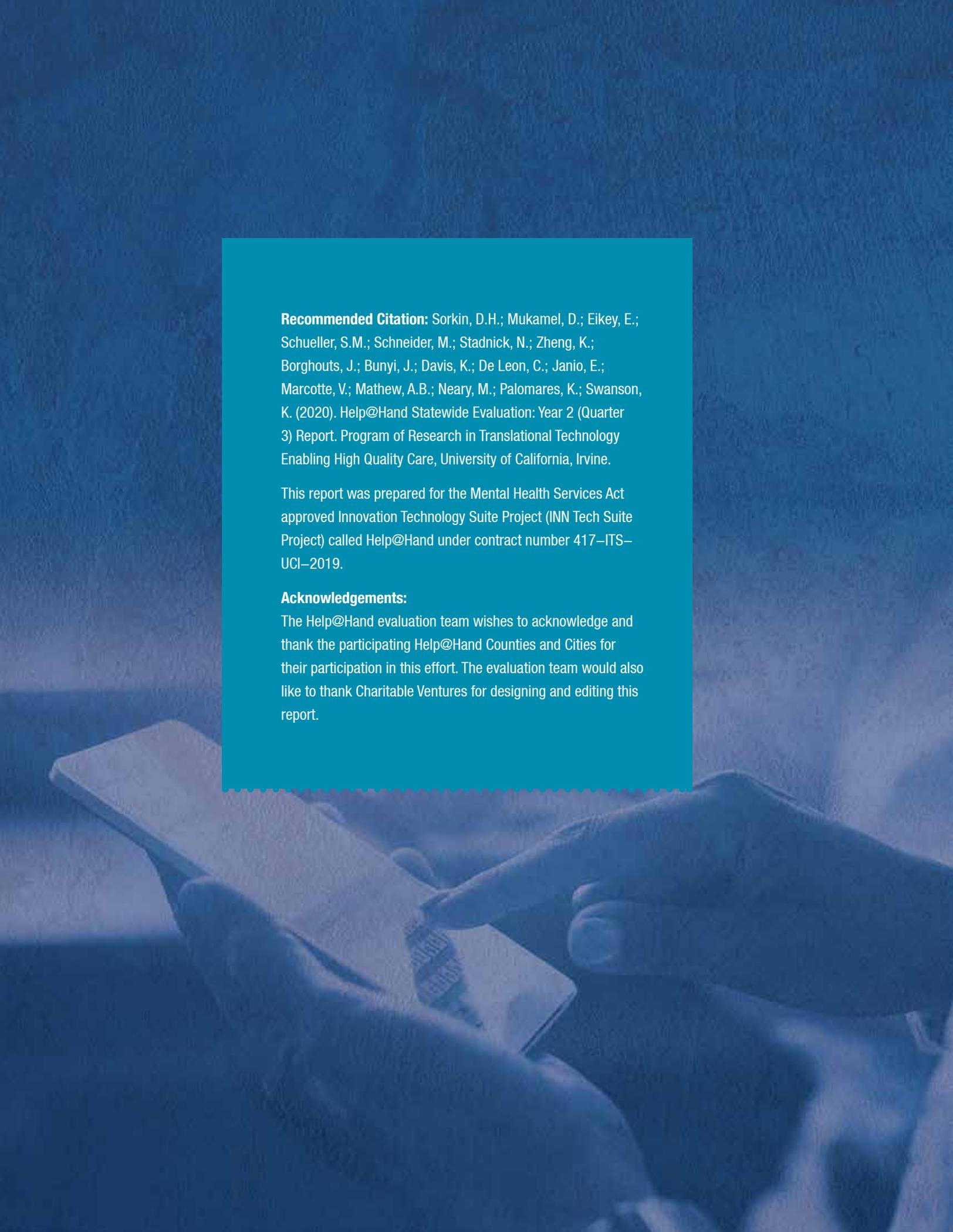Dara H. Sorkin, PhD
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University of California, Irvine

Year 2 (Quarter 3) Evaluation Report
July – September 2020
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INTRODUCTION

As Quarter 3 came to a close, the myriad of interlocking crises of COVID-19 – public health, economic, and mental health, to name a few – remained widespread in communities across California, and seemed to evolve almost daily. Meanwhile, nationwide protests demanding an end to systemic racism showed no sign of wavering, and were in fact spurred on by tragic events such as the recent killing of Walter Wallace Jr. in Philadelphia, which advanced more complex conversations about the intersections of police violence and mental health needs within Black, Indigenous, and People of Color communities. In addition to ongoing national and local unrest, fires across California led to evacuations and disruptions that created additional challenges for the Help@Hand program.

The Help@Hand Collaborative continued to adapt to the ever-shifting landscape of this new shared reality, working with the communities they serve while, in many cases, adjusting to working from home.

Although leadership within some Counties/Cities paused local Help@Hand activities as a result of these events, there were a number of significant accomplishments in this Quarter. For example, Counties/Cities engaged in technology explorations (Marin, Riverside, San Francisco, and San Mateo Counties as well as City of Berkeley), pilot planning (Marin and Tehama Counties as well as Tri-City), implementations (Los Angeles and Orange Counties), rapid COVID-19 responses (Los Angeles, Riverside, San Francisco, and San Mateo Counties), and other unique endeavors (Monterey and Santa Barbara Counties). Additionally, cross-County/City collaboration was a major focus this quarter, and several Counties/Cities discussed partnership opportunities on different technology projects. Peers across the Collaborative convened multiple times virtually to discuss the Peer component, including how to adapt the Digital Mental Health Literacy (DMHL) trainings from in-person to virtual formats. Moreover, the Collaborative openly shared their experiences and lessons learned in order to help others with their own innovative activities.

Despite the many unprecedented hurdles of the past few months, the Help@Hand Collaborative, through a commitment to collaborative effort and tireless assessment of the needs of their communities, gained valuable insights that will continue to guide program activities, and are described below.

KEY HELP@HAND EVALUATION ACTIVITIES AND LEARNINGS

(JULY-SEPTEMBER 2020)

System Evaluation/Market Surveillance

The market surveillance team completed reviews of various digital mental health therapeutics to understand the broader app marketplace and its effect on the Help@Hand project. Four major themes were explored:

- *Selected Mental Health App Performance during COVID-19:* a review of the engagement and use of apps identified by Tri-City during COVID-19;

- *Mental Health Apps Provided or Recommended By Insurance Plans In California*: a review to illustrate how insurance companies are supporting the mental health needs of their members during COVID-19, and to identify selected apps already available to Californians;

- *myStrength and Apps Similar to myStrength:* a review summarizing information from the Help@Hand RFSQ and research in order to help Riverside County understand apps within the RFSQ that are similar to myStrength; and

- *Apps and Products Available for the Deaf and Hard of Hearing Community*: a search for technologies to support the mental health needs of the Deaf and Hard of Hearing Community.

Findings from three of the reviews are shown in **Appendix B-D** on pages 98-104. Major learnings include: 1) there is an overall increase in engagement of selected apps during COVID-19; and 2) there is a significant lack of apps and technologies to support the mental health of the Deaf & Hard of Hearing Community.

Peer Component Evaluation

This quarter the Help@Hand evaluation team analyzed interviews conducted in the previous quarter. These interviews examined how the Peer component was implemented within each County/City and across the Collaborative. A learning brief was shared with interviewees in October 2020. Findings include:

- Peers offer a unique and critical perspective on product selection, development, and delivery;

- There continue to be significant differences in how the Peer component is implemented in each County/City; and

- Counties/Cities have experienced both successes and challenges to integrating Peers in the overall project;

- The Peer Engagement Manager position within CalMHSA (which has been vacant since March 2020) is critical in providing much-needed leadership for the Peer component and should be filled quickly;

- Administrative support should be considered for the Peer Engagement Manager to distribute the workload and to ensure continuity in the event of any future personnel turnover.

The evaluation team also developed a survey to systematically document the number of Counties/Cities experiencing specific successes and barriers associated with the Help@Hand Peer component. The survey along with follow-up interviews were conducted during September and October 2020.

County/City Technology, User Experience, and Implementation Evaluation

The Help@Hand Counties/Cities worked on various activities this quarter that are summarized on **Table 3** (on page 35). The Help@Hand evaluation team worked closely with the Help@Hand Collaborative to support several of these efforts. Key learnings include:

- The support that CalMHSA and the Help@Hand evaluation team will provide participating Counties/Cities will not be unilateral—it is important to assess need, identify patterns, and provide the unique type of support needed at regional and community levels.

- Fully understanding the gap between the needs of Counties/Cities and the capacity of Vendors to respond to those needs will be critical to our piloting efforts and innovative problem solving efforts.

- Because of their unique perspective and training, Peers are uniquely positioned to guide the cultural responsiveness of all community engagement, and to ensure relevancy to our target audiences.

Outcomes Evaluation and Data Dashboard

This quarter, the Help@Hand evaluation team continued its work with the Help@Hand Collaborative to gather data from multiple sources, including the California Health Interview Survey (CHIS), California Health and Human Services (CHHS), County/City systems, and technology vendors.

In addition, the Help@Hand evaluation team continued to conduct a national survey of adults over the age of 18 using Amazon Mechanical Turk. Survey results revealed that anxiety and depression were generally more prevalent among survey participants who live in the Help@Hand Counties/Cities than they were among participants in the United States. Also, perceived usefulness of mental health technologies continued to be relatively high for those who used these technologies to manage their mental health.

Data is also presented from the California Health Interview Survey (CHIS), which surveyed Californians on their COVID-19 experience in May 2020. A major preliminary finding was that people with psychological distress were more likely to experience other challenges brought on by the pandemic than those without distress, particularly job loss.

Recommendations

Recommendations for the overall Help@Hand Collaborative and the individual Help@Hand Counties/Cities were developed based on evaluation learnings. These recommendations are provided on page 70.

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Evaluation

The Innovation Technology Suite Project (branded as Help@Hand in 2019) is a five-year[1] statewide collaborative demonstration project 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 interactive technology–based mental health solutions into the public mental health system through a highly innovative set (or "suite") of mental health digital therapeutics. The project intends to provide people across California with free access to mental health digital therapeutics designed to provide: education on the signs and symptoms of mental illness, including emotional/behavioral changes in mental health and symptoms; connection to help in real-time; and access to mental health services when needed. In addition, Help@Hand leads innovation efforts by integrating Peers[2] throughout the project.

Help@Hand focuses on five shared learning objectives through these efforts:

1

Detect and acknowledge mental health symptoms sooner;

2

Reduce stigma associated with mental illness by promoting mental wellness;

3

Increase access to the appropriate level of support and care;

4

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

5

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

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[1] The project was originally designated as a 3-year effort.
[2] 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.
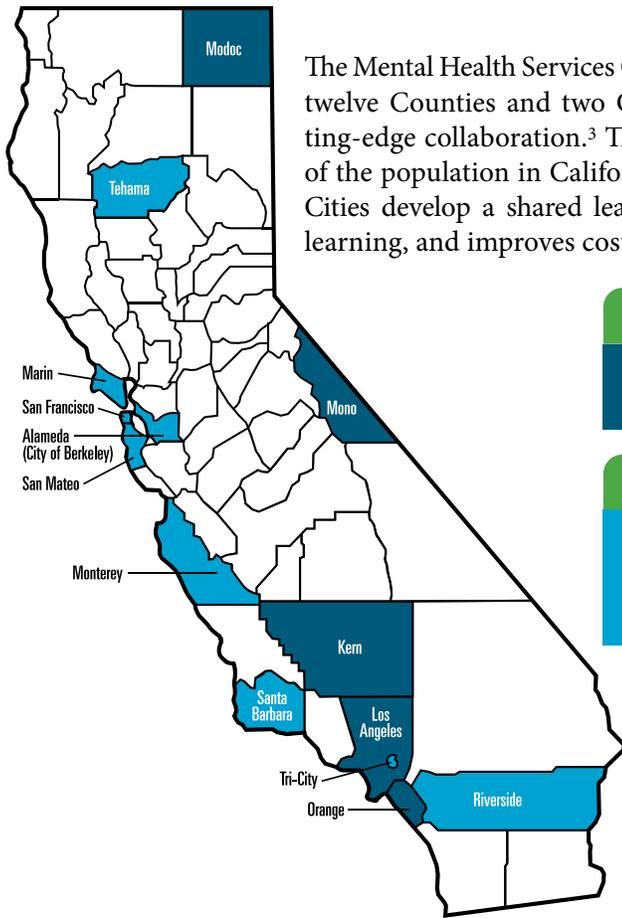
The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved twelve Counties and two Cities across the state of California to participate in this cutting-edge collaboration.[3] These Counties and Cities collectively represent nearly one-half of the population in California. By working as a collaborative, participating Counties and Cities develop a shared learning experience that expands technology options, accelerates learning, and improves cost sharing.

Cohort #1 Counties:

Kern County, Los Angeles County, Modoc County, Mono County, Orange County

Cohort #2 Counties/Cities:

Marin County, Monterey County, Riverside County, San Francisco County, San Mateo County, Santa Barbara County, Tehema County, Tri–City, and City of Berkeley

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 evaluation involves observing and evaluating the project as it happens in order to provide real-time feedback and learnings.

The following evaluation report presents activities and findings for Quarter 3 (July-September 2020) of Year 2 of the project. The report is organized as follows:

- **Summary of Activities: Describes key activities and milestones accomplished during the period**
- **Evaluation: Details evaluation activities and findings related to:**
    - o System Evaluation
    - o Peer Component Evaluation
    - o County/City Technology, User Experience, and Implementation Evaluation
    - o Outcomes Evaluation and Data Dashboard
- **Recommendations: Presents recommendations based on findings**

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[3] Counties and Cities can join the collaboration by submitting a proposal to the Mental Health Services Oversight and Accountability Commission. Upon approval, Counties and Cities enter the collaboration by contracting with CalMHSA, which serves as the administrative and fiscal intermediary for the project. Inyo County joined the collaboration in 2018, but transitioned out due to insufficient internal resource capacity.

Despite significant, sustained adjustments to project activities brought about by COVID-19, civil unrest, and the recent wildfires impacting our communities, the Help@Hand Collaborative was able to make significant progress this quarter and gather key insights that will continue to steer the program. The following timeline reflects key Help@Hand project activities during the quarter. It is not intended to be a comprehensive accounting of all activities. **Appendix A** includes detailed County/City reported information, including key accomplishments during the quarter, lessons learned, and recommendations.

JULY 2020

Oversight and Help@Hand Leadership
- Onboarded new CalMHSA Executive Director (CalMHSA, Help@Hand Collaborative)
- Continued to recruit candidates for Peer and Community Engagement Manager position (CalMHSA)
- Instituted new Help@Hand budget (Help@Hand Collaborative)
- Continued discussions on Help@Hand evaluation's scope of work (County/City representatives on Evaluation Advisory Board, CalMHSA)

County/City Activities
- Remained engaged in Help@Hand while waiting for portfolio apps (Kern, Modoc, Mono)
- Continued exploring products for potential pilots (Berkeley, Marin, Riverside, San Francisco, San Mateo, CalMHSA, Help@Hand evaluation team)
- Held kick–off meeting to discuss technology exploration for Deaf and Hard of Hear–ing community (Riverside)
- Used Help@Hand Product Matrix to identify potential apps (San Francisco)
- Planned and/or conducted user testing focus groups (San Mateo, Marin)
- Contracted with Tech4Life (Marin)
- Continued planning pilot (Tehama,Tri–City, CalMHSA, Help@Hand evaluation team)
- Continued negotiating contracts with Vendors (Tehama,Tri–City, CalMHSA)
- Continued early implementation of Mindstrong (Orange, CalMHSA, Help@Hand evaluation team)
- Received UCI Institutional Review Board approval on data collection documents (Orange, Help@Hand evaluation team)
- Reviewed compliance and scope of Request for Proposal (RFP) for a behavioral health screening tool (Monterey, CalMHSA)
- Partnered on behavioral health screening tool (Monterey, Los Angeles)
- Worked on contract with Beth Israel Deaconess Medical Center (BIDMC) at Harvard University for MindLAMP implementation (Los Angeles, CalMHSA)
- Participated in evaluation interview (Los Angeles, Help@Hand evaluation team)
- Executed contract with Headspace and continued developing marketing plan for Rapid COVID–19 Response effort (San Mateo, CalMHSA)
- Decided to cease approved CredibleMind, Headspace, and Uniper pilots (Los Angeles)
- Continued Rapid COVID–19 Response with Headspace (Los Angeles)
- Assessed Take my Hand Rapid COVID–19 Response (Riverside, CalMHSA, Help@Hand evaluation team)
- Presented at Tech Lead Calls (Marin, Riverside)
- Held Monthly Peer Collaboration meeting (Peers, CalMHSA)
- Held Evaluation Advisory Board meeting (Help@Hand evaluation team, County/City representatives on Evaluation Advisory Board, CalMHSA)

Project Management
- Developed Digital Mental Health Literacy (DMHL) Planning Guide (CalMHSA)
- Adapted DMHL courses and supplemented Facilitator Guides for virtual delivery (CalMHSA)
- Designed Marketing Outreach Recommendations document (CalMHSA)
- Created and presented Help@Hand Staff Expertise Recommendations document (CalMHSA)
- Updated Help@Hand project dashboard (CalMHSA)
- Held four Tech Lead Collaboration meetings and 24 Implementation meetings (CalMHSA, Counties/Cities)

JULY 2020

Oversight and Help@Hand Leadership

In July 2020, CalMHSA's Board and the Help@Hand Collaborative welcomed and on-boarded a new Executive Director, Amie Miller, PsyD. CalMHSA also continued to recruit candidates to fill the Peer and Community Engagement Manger position, which has been vacant since March 2020. Additionally, a new Help@Hand budget, which the Help@Hand Leadership discussed in June 2020, went into effect on July 1, 2020. Related to budget, CalMHSA continued to facilitate discussions with County/City representatives on the Evaluation Advisory Board to refine the Help@Hand evaluation's scope of work.

County/City Activities

Meanwhile, Marin, Riverside, San Francisco, and San Mateo Counties, as well as City of Berkeley, continued exploring digital mental health products for potential pilots, with support from CalMHSA and the Help@Hand evaluation team. Notable progress was made in each region, including:

- Riverside County began to explore apps specifically for use in two of their target populations – their Full Service Partnership (FSP) clients and members of their Deaf and Hard of Hearing community. On July 23rd, Riverside County held a kick-off meeting to discuss technology exploration for the Deaf and Hard of Hearing community.

- San Francisco County used Help@Hand's Product Matrix to identify ten potential apps, including Riverside County's Take my Hand platform (described below).

- San Mateo County began planning focus groups with members of their transitional aged youth (TAY) and older adult target populations to test potential apps (i.e., Headspace, myStrength, Uniper, and Wysa) and select well-received apps to pilot.

- Similarly, Marin County completed focus groups with older adults to test myStrength and Uniper.

Oversight and Help@Hand Leadership
- Continued to recruit candidates for Peer and Community Engagement Manager position (CalMHSA)
- Continued discussions on Help@Hand evaluation's scope of work (County/City representatives on Evaluation Advisory Board, CalMHSA)
- Received and addressed Public Records Act request (Help@Hand Collaborative)

County/CIty Activities
- Remained engaged in Help@Hand while waiting for portfolio apps (Kern, Modoc, Mono)
- Continued exploring products for potential pilots (Berkeley, Marin, Riverside, San Francisco, San Mateo, CalMHSA, Help@Hand evaluation team)
- Received learning brief summarizing user testing focus group findings (Marin, Help@Hand evaluation team)
- Worked on Organizational Change Management (OCM) plans (Santa Barbara, Tehama)
- Completed pilot planning and sought pilot proposal approval from internal County decision–makers (Tehama)
- Developed team capacity, planned and implemented Digital Wellness Ambassador program, subcontract with Painted Brain for community engagement on digital literacy (Santa Barbara)
- Worked on contracts with Vendors (Tehama, San Mateo, Orange, CalMHSA)
- Continued Rapid COVID–19 Response with Headspace (Los Angeles)
- Continued early implementation of Mindstrong (Orange, CalMHSA, Help@Hand evaluation team)
- Announced pause in Help@Hand work until January 2021 (Tri–City)
- Reviewed compliance and scope of Request for Proposal (RFP) for behavioral health screening tool (Monterey, CalMHSA)
- Partnered on behavioral health screening tool (Monterey, Los Angeles)
- Onboarded Peers Leads (Marin, Mono)
- Assessed Take my Hand Rapid COVID–19 Response (Riverside, CalMHSA, Help@Hand evaluation team)
- Discussed possible technology collaborations on Take my Hand, Wysa, and Mind–strong (Help@Hand Collaborative)
- Presented on Tech Lead calls (San Mateo, Riverside)
- Held two Peer calls (Peers, CalMHSA)
- Presented on Peer call (Los Angeles, Painted Brain)

Project Management
- Updated Helpathandca.org website (CalMHSA)
- Added County and City resources to the County Collaboration Center on Sharepoint (CalMHSA)
- Continued to update the project dashboard (CalMHSA)
- Began coordinating how to collect and share lessons learned with Counties/Cities (CalMHSA, Help@Hand evaluation team)
- Held three Tech Lead Collaboration meetings and 24 Implementation meetings (CalMHSA, Counties/Cities)

Oversight and Help@Hand Leadership
- Continued to recruit candidates for Peer and Community Engagement Manager position (CalMHSA)
- Continued discussions on Help@Hand evaluation's scope of work (County/City representatives on Evaluation Advisory Board, CalMHSA)
- Held Leadership meeting (Help@Hand Leadership, CalMHSA)
- Approved Tehama County's pilot proposal (Help@Hand Leadership)
- Approved funding for translation of six documents into Spanish (Help@Hand Lead–ership)
- Decided to change occurrence of Stakeholder Webinars (Help@Hand Collaborative)

The County also finalized a contract with Tech4Life that would offer remote technology coaching for older adults.

Tehama County and Tri-City continued planning their pilots with myStrength and Wysa, respectively. This involved working with CalMHSA and the Help@Hand evaluation team to plan pilot and pilot evaluation details. It also involved negotiating contracts with myStrength and Wysa. Orange County continued their early implementation of Mindstrong with clients of two clinicians at UCI Health Psychiatry Service.

Monterey County developed and released a Request for Information (RFI) earlier this year. The RFI collected feedback from vendors on how to develop a screening tool that would screen and triage individuals to County services. Based on the RFI results, Monterey County began developing a Request for Proposals (RFP) in July. Vendors interested in developing the screening tool would submit proposals for the RFP. This quarter, Monterey County began a compliance and scope review of their RFP. The review would ensure a comprehensive identification of various requirements needed for the screening tool. The RFP was planned to be released in Quarter 3 of 2020, but was delayed due to additional approvals needed from CalMHSA and Monterey County. In addition, Monterey County partnered with Los Angeles County, which provided additional financial support for the project.

Furthermore, Los Angeles County worked with CalMHSA to negotiate and execute a contract with Beth Israel Deaconess Medical Center (BIDMC) at Harvard University for their MindLAMP implementation. The goal of the implementation plan was to replace electronic diary cards developed by Mindstrong with those developed by MindLAMP. The electronic diary cards would be used by dialectical behavior therapy (DBT) clients at their Harbor-UCLA site. As part of the Help@Hand evaluation, Los Angeles County's clinical champions met with the Help@Hand evaluation team at the end of July to discuss their experience with the Mindstrong diary cards and expectations of the MindLAMP implementation. Los Angeles County decided not to move forward with their CredibleMind, Headspace, and Uniper pilots (which were approved by the Help@Hand Leadership in April 2020) in order to focus on scaling their Rapid COVID-19 Response with Headspace.

In addition, San Mateo, Los Angeles, and Riverside Counties continued their Rapid COVID-19 Response efforts. Developed by Help@Hand, this Rapid COVID-19 Response framework allows Counties/Cities to quickly implement technologies to support communities during the COVID-19 pandemic. San

County/City Activities

- Remained engaged in Help@Hand while waiting for portfolio apps (Kern, Modoc, Mono)
- Continued working on team capacity, Digital Wellness Ambassador program, sub–contract with Painted Brain (Santa Barbara)
- Continued Rapid COVID–19 Response with Headspace (Los Angeles)
- Continued exploring products for potential pilots (Berkeley, Riverside, San Francisco, San Mateo, CalMHSA, Help@Hand evaluation team)
- Hired Peer Program Coordinator (San Francisco)
- Conducted focus group with Deaf and Riverside County community (Riverside)
- Conducted focus group with potential users (San Mateo)
- Selected and planned pilot with myStrength and Uniper with older adults (Marin)
- Expanded implementation to allow more clinicians to refer patients to Mindstrong (Orange, CalMHSA, Help@Hand evaluation team)
- Trained clinicians on Mindstrong and Peers on the proper use of the County–issued cell phones that CalMHSA helped procure (Orange)
- Met to gather and provide Peer input on the evaluation (Orange, Help@Hand evaluation team)
- Worked on contracts with Vendors (Los Angeles, San Mateo, Tehama, Orange, CalMHSA)
- Discussed possible technology collaborations on Mindstrong, Wysa, Take my Hand, screening tool (Help@Hand Collaborative)
- Presented on Tech Lead calls (Santa Barbara, Orange)
- Shared learning brief with Collaborative (Help@Hand evaluation team)
- Held monthly Peer Collaboration call (Peers, CalMHSA)

Project Management

- Developed video tutorial series on Zoom Features (CalMHSA)
- Continued update of Helpathandca.org website (CalMHSA)
- Held five Tech Lead Collaboration meetings and 35 Implementation meetings (CalMHSA, Counties/Cities)

Other

- Passed SB–803 Mental health services: peer support specialist certification (State of California)
- Issued executive order N–73–20 (State of California)

The noted list of activities is meant to describe programmatic highlights and does not necessarily reflect all effort across the various levels of the program.

Mateo County executed a contract with Headspace to begin the launch of their Rapid COVID-19 Response with Headspace in September 2020. They also continued to develop their marketing plan for the effort.

Meanwhile, Riverside County assessed the 12-week deployment of their Take my Hand platform, which is their custom-built app that was launched using the Rapid COVID-19 Response framework last quarter. Their assessment involved a comprehensive debrief and retrospective which presented findings from staff surveys, user surveys, and passive data collected from the platform in a report and presentation. It also involved meeting as a team to review findings and debrief, as well as completing a retrospective survey.

Although Kern and Modoc Counties paused local implementation efforts due to COVID-19, both Counties along with Mono County continued to attend Help@Hand meetings and participate in Collaborative activities.

Furthermore, Counties/Cities continued to work on Collaborative-level activities and shared experiences to support cross-County/City learning. For example, Marin County presented on their technology exploration process and learnings during a Tech Lead call. During another Tech Lead call, Riverside County shared a poster they designed to provide a high level project overview to stakeholders. Counties/Cities also collaborated on the monthly Peer Collaboration meeting that was held with Peers and supported by CalMHSA. A major challenge for the Peer component was how to adapt in-person Digital Mental Health Literacy (DMHL) trainings in their communities given COVID-19 social distancing restrictions. As such, the meeting focused on how to best provide the DMHL curriculum virtually instead of in-person with CalMHSA sharing their DMHL Planning Guide. Lastly, the Help@Hand evaluation team hosted a meeting with the Evaluation Advisory Board (which includes five County/City representatives) to share project updates and evaluation findings as well as gather input for the evaluation.

Project Management

In terms of Collaborative-level project management, CalMHSA: 1) developed the DMHL Planning Guide (described above) as well as adapted DMHL classes and supplemented the Facilitator Guides to help Counties/Cities with virtual delivery; 2) designed the Marketing Outreach Recommendations document to assist Counties/Cities with marketing and outreach of their efforts; 3) created the Help@Hand Staff Expertise Recommendations document to help Counties/Cities identify recommended subject matter experts

to include on their local teams; and 4) updated the Help@Hand project dashboard to reflect changes in the project and include newly available data. More information about the project dashboard can be found in the spotlight on page 13. In addition, CalMHSA held four Tech Lead Collaboration meetings and 24 Implementation meetings.

AUGUST 2020

Oversight and Help@Hand Leadership

In August 2020, recruitment for the Peer and Community Engagement Manager position as well as discussions about the evaluation's scope of work continued. A public records act (PRA) request was also received and addressed.

County/City Activities

With support from CalMHSA and the Help@Hand evaluation team, City of Berkeley as well as Marin, Riverside, San Francisco, and San Mateo Counties continued their technology exploration and selection. Riverside County used the CalMHSA-created Digital Behavioral Health Questionnaires and Security Questionnaires to review potential apps, and while San Mateo continued to plan focus groups with potential users, the evaluation team developed and shared a learning brief with Marin County summarizing results from their recent focus groups.

Tehama and Santa Barbara Counties worked on their Organizational Change Management (OCM) plans to facilitate communication and buy-in from different stakeholders. Tehama County completed their pilot planning and sought approval of their pilot proposal from internal County decision-makers before seeking approval from Help@Hand Leadership. Internal County approval took slightly longer than expected. As a result, Tehama County's pilot proposal presentation to the Help@Hand Leadership, which was originally planned for August 2020, was moved to September 2020. Although not pursuing a technology pilot at this time, Santa Barbara County focused on a 3-pronged approach, which included: 1) develop local Help@Hand team capacity; 2) plan and implement their Digital Wellness Ambassador program (see spotlight on page 57 for more information); and 3) subcontract with Painted Brain to engage the community on digital literacy.

Counties/Cities worked with CalMHSA on a number of contracts. In addition to gathering internal approval, Tehama County also worked on discussing scope with myStrength. San Mateo County execut-

ed a contract with Headspace in July 2020; however, Headspace indicated in August that there were issues with providing geo-location as they did for Los Angeles County's Rapid COVID-19 Response. Instead, they proposed an alternative that San Mateo County accepted. The alternative was an enrollment page that indicated users needed to be a resident of San Mateo County and asked the user to enter their zip code to confirm they are a County resident. CalMHSA worked on revising the scope and contract with Headspace. Meanwhile, Orange County worked with CalMHSA to execute two contracts to further their early implementation. One would allow a subcontract for design of their website. The other allowed Peers to receive phones that would allow them to securely outreach to clients referred to the program. To support the Orange County Peers, CalMHSA updated the contractor device policy and planned how to train Peers on the policy.

Staffing impacted some Counties/Cities. Tri-City's Tech Lead left the project at the end of August 2020. Tri-City considered multiple options to help continue their Help@Hand work. Ultimately, they announced a pause until January 2021 due to limited team capacity as a result of increased need to support communities affected by COVID-19. Meanwhile, Tech Leads at Marin and Monterey Counties took short-term leaves, which impacted their activities to a small extent. Despite these reductions in capacity, hiring also occurred, as Marin and Mono Counties hired new Peer Leads.

Several Counties/Cities discussed possible collaborations on their technology projects. After completing a debrief and retrospective of Take my Hand, several Counties, such as Modoc, San Francisco, and Santa Barbara Counties, expressed interest in using Take my Hand for their communities. Riverside County began working with CalMHSA to determine if Take my Hand could be available for collaborative use. Given Tri-City's decision to pause their Wysa pilot, CalMHSA looked into the possibility of other Counties/Cities using Wysa. Similarly, CalMHSA engaged in conversations to gauge if Counties/Cities were interested in working with Orange County to offer Mindstrong in their communities.

Cross-County/City learning occurred with San Mateo and Riverside Counties presenting focused topics during Tech Lead calls. San Mateo County shared their phone procurement process that allowed mobile devices to be available to members of their target populations. The phone procurement resource was shared with all Collaborative members. Riverside County presented on their marketing success, offering

SPOTLIGHT: Help@Hand Project Dashboard

Authors: Lorena Campos, Help@Hand Communications Coordinator; Jarrett Krumrei, Help@Hand Lead Product Specialist; Kim Tarabetz, Help@Hand Organizational Change Management Manager

Introduction

Help@Hand is a multi-county/city effort exploring different technologies with different target populations and community needs across the state. This complexity can create a challenge in presenting unique local County/City efforts in context with overall collaborative efforts. The dashboard helps mitigate this complexity by standardizing a few high-level data points that are tracked and reported regularly throughout the project, without interfering with the value evaluation brings to the project.

Goals for the dashboard include:
- Visibility across the project
- Clarity on progress and timelines
- Current and up-to-date information
- On-demand metrics when Counties/Cities need them
- Highlight Peer engagement

Why Build a Dashboard?

The project dashboard is a project management tool that allows for County/City project teams to show progress and share valuable information with stakeholders. The dashboard is intended to show trends and progress, not to overlap or pre-empt evaluation or outcomes data. The tool compiles data from three core project areas: 1) Project Management; 2) Peer & Community Engagement; and 3) Technology and Implementation.

In a multi-year project, it can be easy for participants and stakeholders to focus on particular details rather than on long-range accomplishments. It is also easy for incorrect or misinformation to be shared and dominate the narrative. Without specific data readily available, it can be challenging for Counties/Cities to provide facts and stop the spread of misinformation.

As an example, the project heard feedback that there had not yet been any implementations of technology. Page 3 of the dashboard provides a graph of the implementations to date, as well as a table of those planned for each County/City.

Project Management

Technology & Implementation

Peer & Community Engagement

The Dashboard

H@H Project Dashboard – Page 1

Project Timeline by County/City
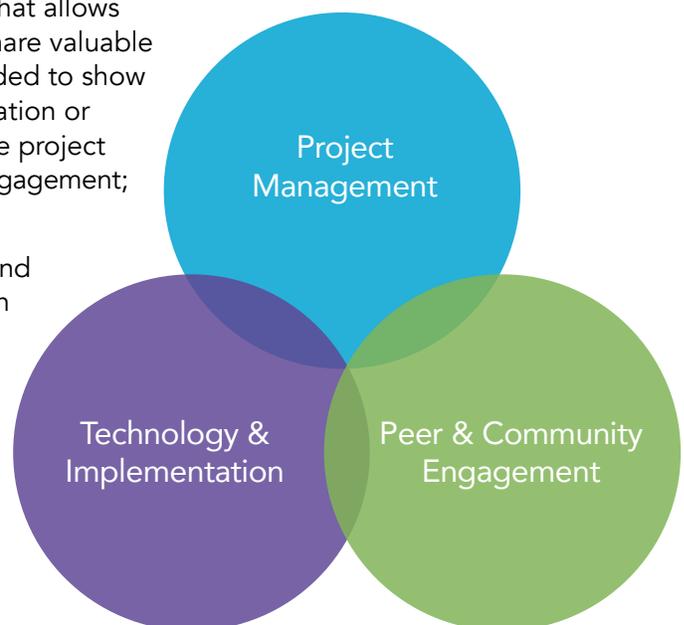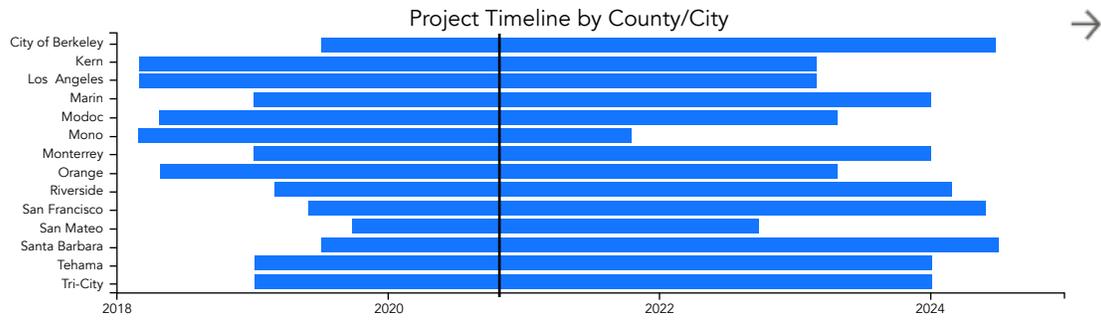
For the purpose of this graphic, the county/city Start Date is defined as the date of the first expense incurred by the county/city. The county/city End Date is the date indicated in the county/city Participation Agreement.

Project Budget Snapshot*

Total Project Budget	Total Funds with CalMHSA	Total Funds with Counties**
$101.47M	$75.25M	$26.22M

*All amounts are as of 9/30/20. Updates to this table align with quarterly financial reports of the Help@Hand Project.
**These funds are held by and used at the discretion of the county/city, i.e. county local funds.

Evaluation Snapshot

Total Learning Updates	Total Quarterly Reports	Total Annual Reports
22	5	1

Breakdown of Total Funds with CalMHSA*

Total Funds with CalMHSA
$75,253,113

$29.58M (39%)

$45.67M (61%)

● Total Remaining from Funds w/ CalMHSA
● Total Expenditures from Funds w/ CalMHSA

*All amounts are as of 9/30/20. Updates to this table align with quarterly financial reports of the Help@Hand Project.

H@H Project Dashboard – Page 2

Digital Mental Health Literacy Snapshot

1. DMHL Courses Available*	18
2. Total Number of Views on DMHL Videos	400
3. Total Number of Reactions on DMHL Videos	52
3a. "Found the videos useful"	92%
3b. "Plan to use what they learned"	90%

*Includes 10 courses that have been adapted into videos and 8 that are designed for in-person presentation (e.g. classroom, one-on-one coaching).

DMHL Community Listening Sessions

County	Number of Survey Respondents
Kern	69
Orange	45
Santa Barbara	40
Riverside	37
Los Angeles	34
Modoc	29
San Mateo	29
Marin	26
Tehama	20
Tri-City	15
San Francisco	14

358
Total Respondents

Local Stakeholder Events

25 Local Events

Modoc 5
Kern 3
Orange 3
Riverside 3
Santa Barbara 3
Los Angeles 2
San Mateo 2
Marin 1
San Francisco 1
Tehama 1
Tri-City 1
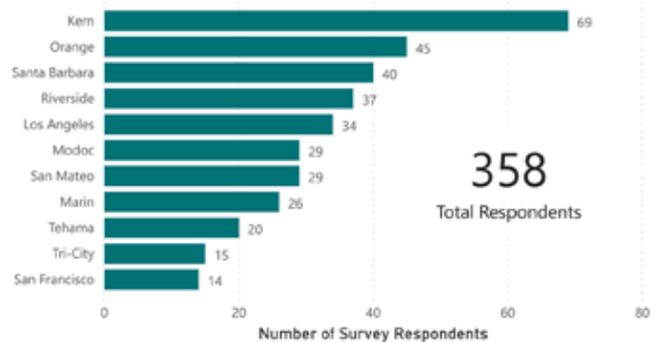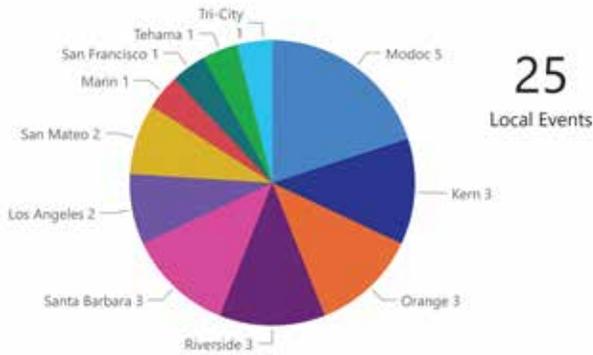
Statewide Stakeholder Events*

5 Statewide Events
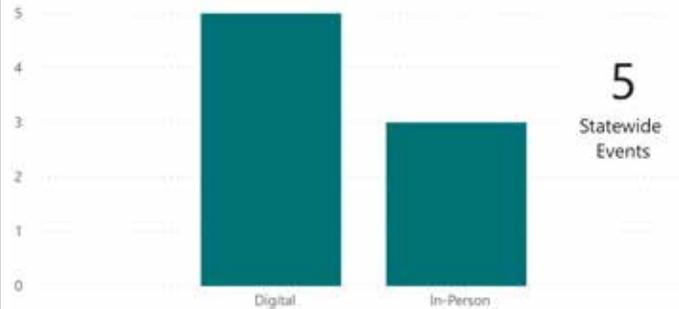
*Some events were available both for in-person attendees as well as virtual attendees via audio/video conferencing.

Peers Employed by Help@Hand

53 Total Peers Employed

Los Angeles	11
Tri-City	8
Santa Barbara	6
Tehama	6
Kern	4
Riverside	4
Modoc	3
Orange	3
San Francisco	3
San Mateo	3
Berkeley	1
Marin	1

H@H Project Dashboard – Page 3

Technology Procurement Snapshot

1. Total Procurements	3
2. Technology Vendors Applied	138
3. Technology Available for Pilot*	99
4. Active Contracts with Technology Vendors	3

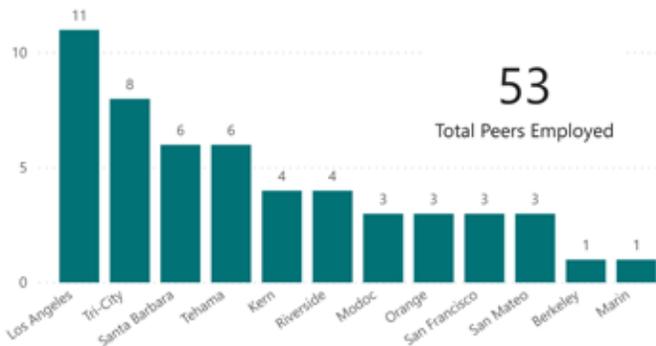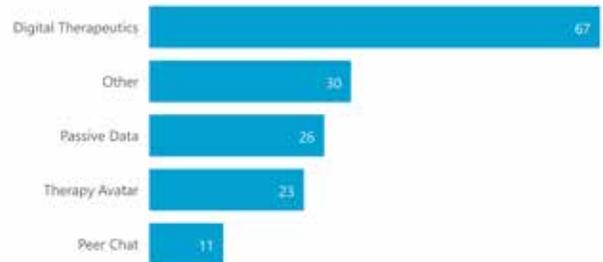*Includes apps that were developed in-house (e.g. Riverside's TakeMyHand)

Technologies Available by Component*

Digital Therapeutics	67
Other	30
Passive Data	26
Therapy Avatar	23
Peer Chat	11

*Some apps can be categorized into multiple OAC Components (i.e. Peer Chat & Passive Data). This is why the total number of apps reflected in the OAC Component breakdown is greater than the number reflected in vendors approved.

Pilot Implementation Summary

● Planned ● Active ● Complete

| 7 | 3 |

Portfolio Implementation Summary

● Planned ● Active ● Complete

| 2 | 5 |

Pilot Implementations Detailed

County/City	Planned	Active	Completed
Berkeley	To Be Determined		
Kern		Mindstrong	
Los Angeles		Mindstrong	
Marin	MyStrength, Uniper		
Modoc		Mindstrong	
Riverside	To Be Determined		
San Mateo	To Be Determined		
Tehama	MyStrength		
Tri-City	Wysa		

Portfolio Implementations Detailed

County/City	Planned	Active	Completed
Los Angeles		Headspace, MindLAMP	
Monterey	TBD (Screening Tool)		
Orange		Mindstrong	
Riverside		TakeMyHand	
San Francisco	Headspace		
San Mateo		Headspace	

User Case

CalMHSA recognized the importance of defining and collecting metrics to provide visibility into the project and help support the storytelling for this project both internally and for external project stakeholders. The dashboard is intended to serve as an updated reference tool that houses valuable information that can be accessed at a moment's notice to provide immediate talking points and/or visuals about the Help@Hand Project. The Help@Hand Collaborative is also aware of the need for a standard template for presenting updates to the MHSOAC. Elements of the dashboard may be integrated into the MHSOAC report for consistency and clarity around metrics such as pilots, implementations as well as County/City activities planned in the future.

Impact

The project dashboard is updated on a quarterly basis in alignment with the quarterly budget updates to reflect current metrics. CalMHSA also welcomes feedback for improvements to augment the tool and provide information that is relevant to County/City and stakeholder needs.

Iterations of the project dashboard include:
- Early iteration – will expand over time with feedback from Counties/Cities and stakeholders
- Current focus is on utilization – increase awareness and build the practice of incorporating data as part of the Help@Hand story
- Amplify Peer work – use Peer feedback to adjust and provide additional diagrams to showcase the work of Peers on the project

Learnings

Lessons learned from the dashboard development include:

Start small and scale	Waiting for the perfect solution will result in unrealized benefits. Instead, beginning with a smaller version that may not include all the desired features and benefits allows the project to achieve short-term results while refining the approach and striving for the desired end state.
Meaningful data	Capture meaningful qualitative and quantitative data points. Meaningful data does not update with the same frequency across the project. Listening sessions held for development of the Digital Mental Health Literacy curriculum were very important and may ultimately contribute to the successful adoption of technology, but the metrics associated with this work does not change regularly.
Peer workforce data can be difficult to track	California is in the midst of elevating and amplifying the Peer role in our state. This evolution means there are not standards for tracking and reporting of the valuable Peer contributions to the project.
Centralize reporting for consistency	This is a complex project (variance in stakeholder needs, county/city makeup, workstreams) that needs a tool for data visualization and tracking. A central repository of metrics encourages consistency in reporting and keeps project stakeholders informed.
Evaluation participation is difficult to quantify	Although the contribution of evaluation to the project is significant in terms of informing and capturing outcomes, the ongoing level of effort and engagement is difficult to articulate in a dashboard.
Learning will continue	CalMHSA anticipates learnings will continue. As this occurs, the dashboard is expected to grow and increase in value to project staff and stakeholders.

tips and insights based on their experience creating videos promoting Take my Hand on social media. Riverside County's presentation led to discussion on if the Collaborative should have a statewide social media approach. However, a poll among Counties/Cities during the Tech Lead call showed there was no interest. Aside from the Tech Lead calls, there was collaborative engagement on two calls with Peers this month. The first was a 2-hour DMHL Planning Workshop held in early August 2020 and had 22 attendees. The workshop reviewed CalMHSA's DMHL Planning Guide and discussed strategies to deliver the DMHL curriculum. The second was the Monthly Peer Collaboration call held at the end of August 2020. During the call, Painted Brain presented on digital mental health literacy tools used in their Peer support work and how they supported peers to utilize different telehealth platforms. The call also included Peers discussing and recommending potential metrics for the Help@Hand project dashboard.

While the Collaborative had much cross-County/City coordination and learning, a Collaborative-level challenge was also raised this month through feedback from Peer Leads and Tech Leads. Some Peers expressed a disconnect and lack of communication between Peers and Tech Leads on project activities related to the other. The Collaborative began looking into ways to facilitate better communication and integration between technology and Peer activities.

Project Management

To provide Collaborative-level project management, CalMHSA: 1) updated the Helpathandca.org website to make it more informative and mobile friendly. The website will showcase Collaborative pilots; 2) added County and City resources to the County Collaboration Center on the Help@Hand Sharepoint, a web-based collaborative database that integrates with Microsoft Office suite programs. The addition allows Counties/Cities to find and share links and websites for resources that may benefit their communities; 3) continued to update the project dashboard; and 4) worked with the Help@Hand evaluation team to begin coordinating the ways they have been collecting and sharing lessons learned with Counties/Cities. CalMHSA also held three Tech Lead Collaboration meetings and 24 Implementation meetings.

SEPTEMBER 2020

In September 2020, the state of California passed critical legislations affecting the Help@Hand project.

SB803 established a Peer Certification and allows for services provided by Peers to be reimbursed. In addition, Governor Newsom issued executive order N-73-20 that allowed communities to have increased access to broadband internet.

Oversight and Help@Hand Leadership

This month, the Help@Hand Collaborative also continued to recruit for the Peer and Community Engagement Manager position and discuss the Help@Hand evaluation scope. A Help@Hand Leadership meeting was also convened on September 10th. During the meeting, Tehama County presented their pilot proposal, which was approved by the Help@Hand Leadership. Funding to contract with All Languages Interpreting and Translating Inc. to translate six collaborative documents in Spanish was also approved during the meeting, addressing a great need among many Counties/Cities. The Collaborative decided to change Stakeholder Webinars for the general public from quarterly to semi-annually. The next webinar was rescheduled from September 2020 to early 2021.

County/City Activities

Many Counties/Cities continued making progress on their County-specific projects. Santa Barbara and Los Angeles Counties continued their Digital Wellness Ambassador program and Rapid COVID-19 Response, respectively. Technology exploration continued in Riverside, San Francisco, and San Mateo Counties as well as City of Berkeley. San Francisco County hired a Peer Program Coordinator to support their project. Riverside conducted a focus group with their Deaf and Hard of Hearing community to understand how technology can help address their mental health needs. San Mateo also conducted a focus group to test potential technologies with members of their target population.

Marin County began planning their pilots after their Advisory Committee decided to pilot both myStrength and Uniper with their target population of older adults. Orange County expanded their implementation to allow resident clinicians to refer patients to Mindstrong. This involved working with UCI Health Psychiatry Services and Mindstrong to train residents. The County's Peers received training on how to use phones that they recently received (see above) and provided valuable input on the evaluation.

CalMHSA continued to provide contract support for the Counties/Cities. Los Angeles County's contract to use the Mindstrong diary cards expired this month. CalMHSA worked with the County to

execute a contract with MindLAMP to provide new diary cards. Although San Mateo County originally planned to launch their Rapid COVID-19 Response with Headspace on September 1st, changes to the contract delayed launch to mid-September. San Mateo also executed a contract with Painted Brain. While contract negotiations continued with myStrength for Tehama County's pilot, CalMHSA helped draft an interim agreement for myStrength to begin training the County's personnel. Tehama County also continued to finalize pilot and evaluation plan logistics. CalMHSA helped Orange County execute a contract for their website design. In addition, CalMHSA and Orange County began negotiating a contract with UCI Health Psychiatry Services, working on a no cost extension with Cambria Solutions, Inc. for project management support with the Orange County implementation, and drafting an agreement for the County to share Mindstrong licenses with Help@Hand Counties/Cities interested in offering Mindstrong to their communities.

In addition to collaboration on Orange County's Mindstrong implementation, discussion continued on possibly having other Counties/Cities use Wysa and Take my Hand. Conversations were also held about identifying Counties/Cities to partner with Monterey and Los Angeles Counties for a screening and triage tool.

Also, both Santa Barbara and Orange Counties shared their experiences and lessons learned during Tech Lead calls. Santa Barbara presented on their collaboration with Painted Brain to support consumers recently discharged from a psychiatric health facility with their needs that arise between discharge and their first outpatient appointment. Orange County presented on their journey with Mindstrong. Several topics were covered, including the importance of fit between the technology and the target population. The Help@Hand evaluation team also developed a learning brief on the use of specific apps identified by Tri-City during COVID-19 and shared it with the Collaborative. Additionally, the monthly Peer collaboration call was held. During the call, Peers participated in a poll on how often they should meet. They also identified topics for future calls, such as best practices for the project and the benefits experienced by Peers and consumers through the project. The discussion on future topics raised key issues, such as misalignment with expectation on the Help@Hand Peer work, feelings of being undervalued on the project, and needs related to logistics and communication.

Project Management

Collaborative-level project management this month involved: 1) developing a video tutorial series for Zoom features. The video tutorial aim to help Peers use Zoom to deliver the DMHL curriculum virtually; and 2) continuing to update the Helpathandca.org website. It also involved five Tech Lead Collaboration meetings and 35 Implementation meetings.

SPOTLIGHT: Help@Hand Executive Brief: A Meeting and Dashboard for Project Management

Help@Hand is a complex project with Cities and Counties in various stages of considering, selecting, and implementing digital mental health therapeutics. CalMHSA has consistently used agile methods such as Kanban and Scrum to manage project activities. However, given the growth, diversification and increasing complexity of these activities, the CalMHSA Executive Leadership and Project Management teams determined that a more elaborate process and tracking system was needed to track and facilitate project progress. From the identification of this need, the Executive Brief process was established in May 2020.

The Executive Brief involves project leads meeting with, and presenting a high-level project summary, to CalMHSA's Executive Leadership on a monthly basis. Supporting this reporting process is a dashboard that provides a project summary that includes project management activities, including risks, issues, and action items. The dashboard also includes high-level and visual summaries on the status of individual County/City implementations, County/City major decisions, contracts statuses, and evaluation reports.

Executive Brief Participants
(as of 8/30/20)

Executive Leadership
Amie Miller- Executive Director
Jeremy Wilson- Program Director
Laura Li- Administrative Director

Project Leads
Brittany Ganguly- Program Manager
Kevin Wilson- Project Manager
Kim Tarabetz- OCM Manager
Al Som Anya- Senior Technical Project Manager
Erik Newland- Implementation and Product Consultant
Erin Jernigan- Administrative Manager
Julia Byrd- Administrative Manager
Dara Sorkin- Evaluation Co-Principal Investigator

To date, the Executive Brief has created a pathway for regular communication among project leads and the Executive Leadership Team. It has been used to provide timely updates, as well as escalate time-sensitive issues and impediments across the project to CalMHSA's Leadership. Project management also has utilized insights from the dashboard and reports to prioritize activities, make decisions, take action, and identify necessary communication with the Collaborative Leadership.

Brittany Ganguly, Program Manager, noted "The Executive Brief process and presentation has created a pathway for regular communication on the overall project status, impediments and next steps to CalMHSA's Leadership. For example, the process and tool helped the project management team identify delays in planned implementation milestones due to COVID-19 and show their impacts in a consistent manner. "

Learnings that have emerged through the process of developing and using the Executive Brief as one key project management strategy include the following:

1) **Set the strategic goals and objectives to align with tracked key performance indicators.** The Executive Brief includes the anticipated drivers and key performance indicators of success for Help@Hand. Creating a direct and concise brief ensures that leadership gets consolidated and updated information given the natural spread of workstreams across the project.

2) **Create flexibility.** Project management standard reporting mechanisms with Help@Hand require an added level of flexibility and adaptability than is typically traditional. The dashboard needs to evolve over time to reflect these drivers and key performance indicators identified in partnership with project leads. These changes and enhancements will increase the likelihood of the data visualizations providing a real benefit.

3) **Use time periods and historical data to tell a story.** Visualized data can be used to provide information on the context, content, and meaning of the project status.

4) **Make the dashboard clear and easy to interpret.** Use common metrics that everyone who uses the dashboard can understand. This is can be challenging when working with people with diverse expertise and backgrounds.

5) **Develop the dashboard in collaboration with team members.** In order to be able to maximize the utility of the dashboard, it must be designed to communicate insight and direction. The best way to ensure that the dashboard reflects the project landscape is to develop and adapt it as a team. The mix of perspectives will help ensure appropriate insights are being captured across Help@Hand.

6) **The dashboard should include qualitative and quantitative information and be used as tool in combination with team members' expertise.** There are limitations from taking a purely data driven approach. It is difficult to consolidate project information using just a quantitative format (e.g. Risks and Issues, Action Items, Kanban Workstream boards, etc.). Nuances of decisions and in progress decisions require qualitative components to the report (e.g. Decision log, implementation status, etc.) to capture the context and nuance of County feelings and concerns.

Sample Executive Brief Dashboards

Implementation Status
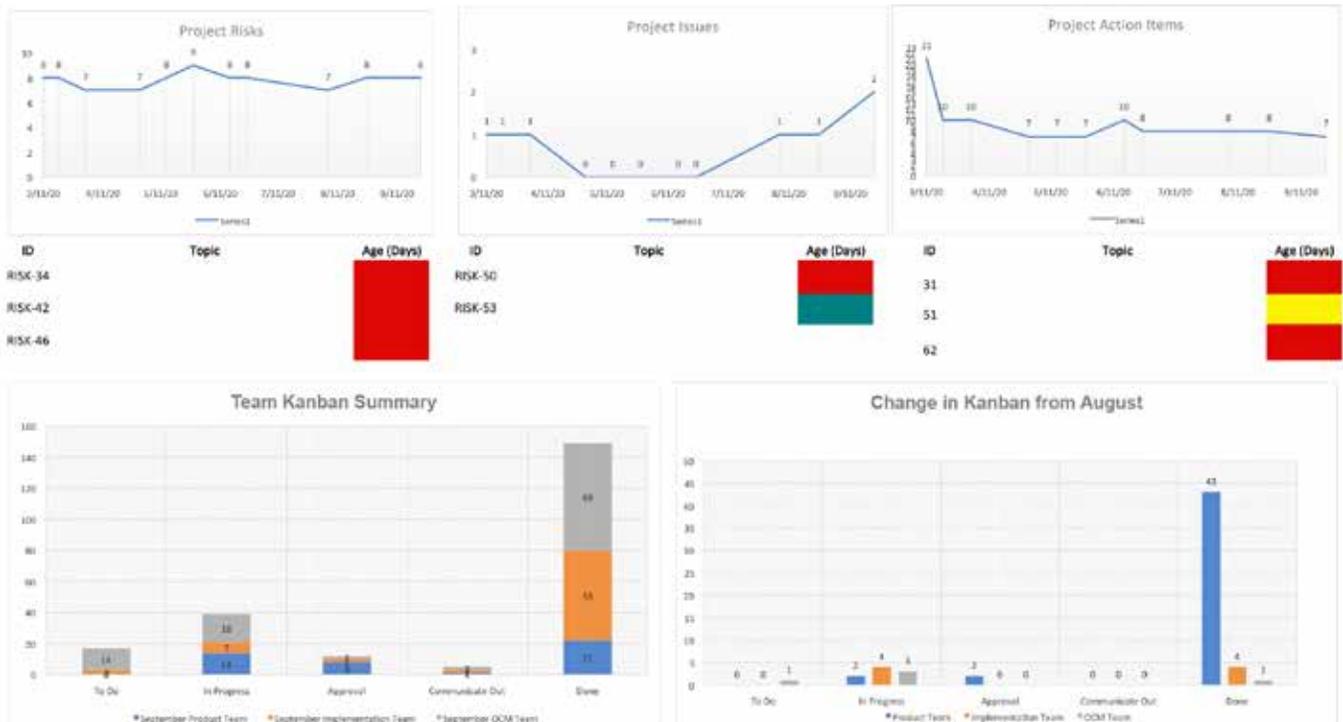
Active Implementations

* Counties actively planning on product exploration or pilot planning not shown

ID	County/City	Status	Target Population	Implementation Location	Outreach/Enrollment Goals	Outreach/Enrollment Progress	Implementation Challeges/ Impediments	CalMHSA Support/Response
1	Orange- Mindstrong	Implementation						
8	Tri-City - Wysa	Paused						
9	Riverside - TakemyHand - COVID	Complete						Exploring making TakeMyHand available to additional counties
10	Monterey	Initiation					Tech Lead returned in Sept. Next steps in progress	
12	Tehama - myStrength	Initiation	Homeless, Isolated Individuals, General BH population	Tehama BH Clinic	30 total; 10 from each population	19 potential pilot participants recruited pre-pilot	Execution of myStrength contract/SOW	Proposed MOU to allow work to proceed during contract finalization.
13	Los Angeles - MindLamp	Initiation						
14	San Mateo - Headspace	Implementation	General San Mateo County population	Through website/landing page	10,000 licenses available	Initially through TAY/Older Adult CBO's, broader outreach under development	None identified at this time.	Develop widespread marketing & outreach plan
16	Los Angeles - Headspace - COVID	Implementation						

■ Active Implementation	■ Initiation, near launch	■ Paused, on hold	■ Complete

Decision Log

ID	Date	Organization	Description	Impact	Resolution
1	1/20/20	San Francisco County	San Francisco will be contracting with MHA-SF in March	San Francisco will be more active starting in Q2 of 2020	
2	3/17/20	Kern County	The help@hand project in Kern is on hiatus as the County has declared a Medical Emergency and suspended all Non-essential work and staff until April 14 per an email from Lamar.	Direct CalMHSA support requirements will be diminished until the County re-engages	
3	3/20/20	Mono County	Mono County would like to actively re-engage in project activities	Mono will be more active starting in Q2 of 2020	Implementation team met with Mono and they will be participating in Leadership and Collaborative-wide calls, but do not intend to pilot
4	3/23/20	Los Angeles County	Los Angeles County has indicated that a rapid deployment of Headspace in the County will be a top priority	Prioritization of Los Angeles pilots will be shifted from Credible Mind to Headspace	
5	4/1/20	Riverside County	Riverside County has indicated that they would like to rapidly deploy the Take my Hand application throughout the Riverside population by 4/13/20	There are concerns in the vetting of the application, ability to properly evaluate the work, the budgetary implications, and liability	Take my Hand went live on 4/20/20. The leadership approved rapid deployment plan was documented on 5/8/20
8	6/10/20	Riverside County	Riverside will be moving forward in planning and application selection for 2 new RFSQ apps to pilot and exploring custom development for an app for the Deaf and Hard of hearing community	N/A	N/A
11	7/23/20	Monterey	Tech Lead has indicated out of office through August 2020	Likely to delay the release of RFP	Awaiting return of Tech Lead for County approval in the beginning of Sept. 2020
10	8/12/20	Tri-City	Tri-City has indicated that their Tech Lead, Toni Robinson, left the project on 8/21/20. County seeing large increase in need for BH services due to COVID, county capacity to support H@H limited currently. Pilot will be evaluated for picking back up in January 2021	N/A	Put pilot on hold pending the hiring of a new Tech Lead

1 | SYSTEM EVALUATION

Key Points

- The market surveillance team completed 4 reviews this quarter focused on:

  o Mental Health App Performance during COVID-19;

  o Mental Health Apps Provided or Recommended By Insurance Plans In California

  o myStrength and Apps Similar to myStrength

  o Apps and Products Available for the Deaf and Hard of Hearing Community

- One major learning from the reviews was that there is an overall increase in engagement of selected apps during COVID-19.

- Another major learning was there is a lack of apps and technologies to support the mental health of the Deaf & Hard of Hearing Community.

OVERVIEW

Multiple system-related factors may influence the implementation, adoption, and use of Help@Hand technologies. This chapter focuses on evaluating system-related factors that may affect Help@Hand. It presents evaluation activities and learnings as follows:

- **Market Surveillance**
  - Findings
    - Selected Mental Health App Performance during COVID-19;
    - Mental Health Apps Provided or Recommended By Insurance Plans In California;
    - myStrength and Apps Similar to myStrength;
    - Apps and Products Available for the Deaf and Hard of Hearing Community.
  - Learnings from the Market Surveillance
- **Environmental Scan**
- **Collaborative Process Evaluation**

MARKET SURVEILLANCE

The market surveillance is a review of the overall app marketplace. It focuses on apps considered by Counties/Cities and also apps outside of Help@Hand. Learning about what other apps are out there and the options clients have can help inform the potential adoption and use of apps offered through Help@Hand. Given how rapidly technology changes, the mental health app marketplace is changing just as rapidly and thus requires frequent review.

FINDINGS

This quarter the market surveillance conducted reviews within the following categories:

- Selected Mental Health App Performance during COVID-19;
- Mental Health Apps Provided or Recommended By Insurance Plans In California;
- myStrength and Apps Similar to myStrength;
- Apps/Products that support the mental health needs of the Deaf and Hard of Hearing Community.

Selected Mental Health App Performance during COVID-19

Multiple sources reported increases in mental health needs since the COVID-19 outbreak (Batya Swift Yasgur, 2020; Fowers & Wan, 2020; Nirmita et al, 2020; Twenge & Joiner, 2020). People are looking to digital tools to help them manage stressors of the pandemic, particularly given unique barriers to care that exist (i.e., physical distancing measures that may limit contact with providers).

Tri-City, therefore, expressed interest in learning about the engagement and use since the onset of COVID-19 in March 2020 of: a) Calm; b) Headspace; c) iChill; d) myStrength; e) Sanvello; and f) Wysa. The market surveillance team created a learning brief that reviewed marketplace performance data (i.e., number of downloads and daily active users) to understand the use of these apps. Notable partnerships that may have affected market performance for each app was also examined. Appendix B: Marketplace Performance of Mental Health Apps during COVID-19 on page 98 presents the full learning brief.

Mental Health Apps Provided or Recommended By Insurance Plans in California

Many insurance companies have provided access to or recommended apps to their members as a way to support their mental health, particularly during COVID-19. This trend is represents a new way Californians may be accessing mental health apps. The market surveillance team identified apps provided or recommended by California insurance companies. A learning brief was then developed to help Counties/Cities and communities learn about available resources. Appendix C: Mental Health Apps Provided and Recommended by California Insurance Plans on page 99 presents the full learning brief.

It is important to note that the learning brief is not intended to be an exhaustive list, but an example of the ways in which insurance companies are supporting the mental health needs of their members during COVID-19. It is intended to show a selection of the apps already available to many Californians. This review may not have captured every app available through insurance providers in California, as we were only able to capture those that were publicized.

myStrength and Apps Similar to myStrength

This quarter, Riverside County explored apps approved by Help@Hand's recent Request for Statement of Qualification (RFSQ) and identified myStrength as a potential app to provide for their target population. In speaking with the mar-ket surveillance team, Riverside County requested information on RFSQ approved apps similar to myStrength.

The market surveillance team identified Happify, Meru, and Silvercloud as apps similar to myStrength. A learning brief was created that summarized the RFSQ components identified by the CalMHSA team for each of these apps along with selected research papers for each product. Appendix D: myStrength and Similar Apps on page 100 presents the full learning brief.

Apps/Products that Support the Mental Health Needs of the Deaf and Hard of Hearing Community

Riverside County also explored how technology can help meet the mental health needs of the Deaf and Hard of Hearing community.

The market surveillance team assisted Riverside County by searching the app marketplace specifically for apps that target the Deaf and Hard of Hearing community. The search primarily aimed to identify apps that had:

1) Cultural sensitivity to support members of the Deaf and Hard of Hearing Community. There are unique identities and cultures within the Deaf and Hard of Hearing Community and just like any other specific populations, apps should be appropriately tailored.

2) Technical capability to support those who are Deaf or Hard of Hearing. For example, an audio-based meditation app is unlikely to be a good fit for the Deaf and Hard of Hearing Community. Assistive technologies embedded within a mental health app can increase utility for the Community.

No apps or technologies serving the mental health needs of the Deaf and Hard of Hearing community were identified after extensive searches. This highlights the need to develop such products.

No apps or technologies serving the mental health needs of the Deaf and Hard of Hearing community were identified after extensive searches. This highlights the need to develop such products. Expanding the search to include relevant mental health resources, websites, or other products produced the results shown in **Table 1**. It is important to note that still no apps or technologies were identified to meet

the mental health needs of the Deaf and Hard of Hearing Community. The review did identify local mental health resources provided by Sign Health and the Mental Health Center of Denver. As a result, Riverside County and the Help@Hand evaluation team furthered this work and conducted a needs assessment (see page 52). A focus group was conducted to better understand what apps might do for the Deaf and Hard of Hearing Community and what members of the Community would like to see from these types of technologies. Focus group participants mentioned that apps that facilitate connection to therapists fluent in sign language could be helpful to the community. No apps that could facilitate such a connection were identified in the marketplace search.

Table 1. Supportive Tools for the Deaf & Hard of Hearing Community

Name	Type of Resource[4]
AG Bell Association for the Deaf and Hard of Hearing	Advocacy Group/Organization
Sign Health	Advocacy Group/Organization and Support Services
AVA	Assistive Technology
BeWarned	Assistive Technology
Buzz Apps	Assistive Technology
Decibel X	Assistive Technology
Mimi Hearing Test	Assistive Technology
Rogervoice	Assistive Technology
Signly	Assistive Technology
Sound Alert	Assistive Technology
Sound Print	Assistive Technology
TapSOS	Assistive Technology
Tunity	Assistive Technology
SorensonVRS	Assistive Technology
AbleData	Database/Resource List
DeafSwipe	Dating App
Laurent Clerc National Deaf Education Center	Education Center
Insight Timer	Health App
Mental Health Center of Denver	Mental Health Center
The House Institute	Physical Health Clinic
American Deafness and Rehabilitation Association (ADARA)	Professional Organization
National Counselors of the Deaf Association	Professional Organization
Technology Access Program @ Gallaudet University	Research Center
John Tracy Clinic	Support Services and Clinic

[4] Assistive Technologies are technologies that can assist people with different abilities. Examples include screen readers (a feature that converts text to audio for people with challenges reading written text) and audio captions (a feature that converts audio to text for people with challenges receiving auditory information).

Learnings from the Market Surveillance

Learnings from reviews of apps considered by Counties/Cities and also apps outside of Help@Hand found:

- Overall, the apps reviewed had increased engagement patterns during COVID-19. With a few exceptions, the number of daily active users consistently increased between January-August 2020. Downloads increased significantly between January-February, March-April, and May-June, before gradually flattening out in July-August 2020. This may reflect an initial burst of interest in digital tools at the beginning of the pandemic. Note that some apps included in this review, for example iChill, had a small user base making it difficult to interpret changes over time.

- The market surveillance team identified 9 select apps that were provided or recommended by insurance providers in California. The most commonly provided and/or recommended app was Calm.

- There are no apps of which we are aware that exist to support the mental health of the Deaf and Hard of Hearing Community. Given that the Deaf & Hard of Hearing Community are faced with significant health disparities (APA, 2013), this is a serious area of need.

ENVIRONMENTAL SCAN

Other system-related factors that may affect Help@Hand are: 1) general attitudes towards mental health (i.e., mental health stigma within communities); and 2) key media events related to mental health and/or Help@Hand. An environmental scan monitors public perceptions of mental health documented through key media events. It aims to understand how international and local events (e.g., a celebrity opening up about their mental health struggles or a traumatic world event) may impact Help@Hand.

News stories based on keywords related to Help@Hand continue to be monitored and collected. Analysis of these news stories has not started due to limited staffing to support the environmental scan.

COLLABORATIVE PROCESS EVALUATION

The progress and success of Help@Hand is also influenced by the processes, interactions, and collaboration across the Help@Hand Counties/Cities and supporting stakeholder groups. The collaborative process evaluation serves to understand the factors that facilitate or impede Help@Hand at the system and organizational levels.

A collaborative process evaluation was developed based on the Exploration, Preparation, Implementation, Sustainment (EPIS) framework (Aarons, Hurlburt & Horwitz, 2011; Moullin, Dickson, Stadnick, Rabin & Aarons, 2019). The EPIS framework highlights key phases of the implementation process and describes various factors within and between the outer context (i.e., system and policy levels) and the inner context (i.e., organizational, provider, and consumer levels). **Figure 1** shows the EPIS framework applied to Help@Hand. The collaborative process evaluation focuses on the outer context, bridging factors, and innovation factors. The implementation evaluation described later in this report focuses on the inner context. Outcomes are identified throughout all phases of the EPIS framework and are not yoked to a particular phase of the framework. We placed Baseline and Outcomes in the figure to serve as a reminder of the overall outcomes of the project.

Figure 1. Adapted EPIS Framework Applied to Help@Hand
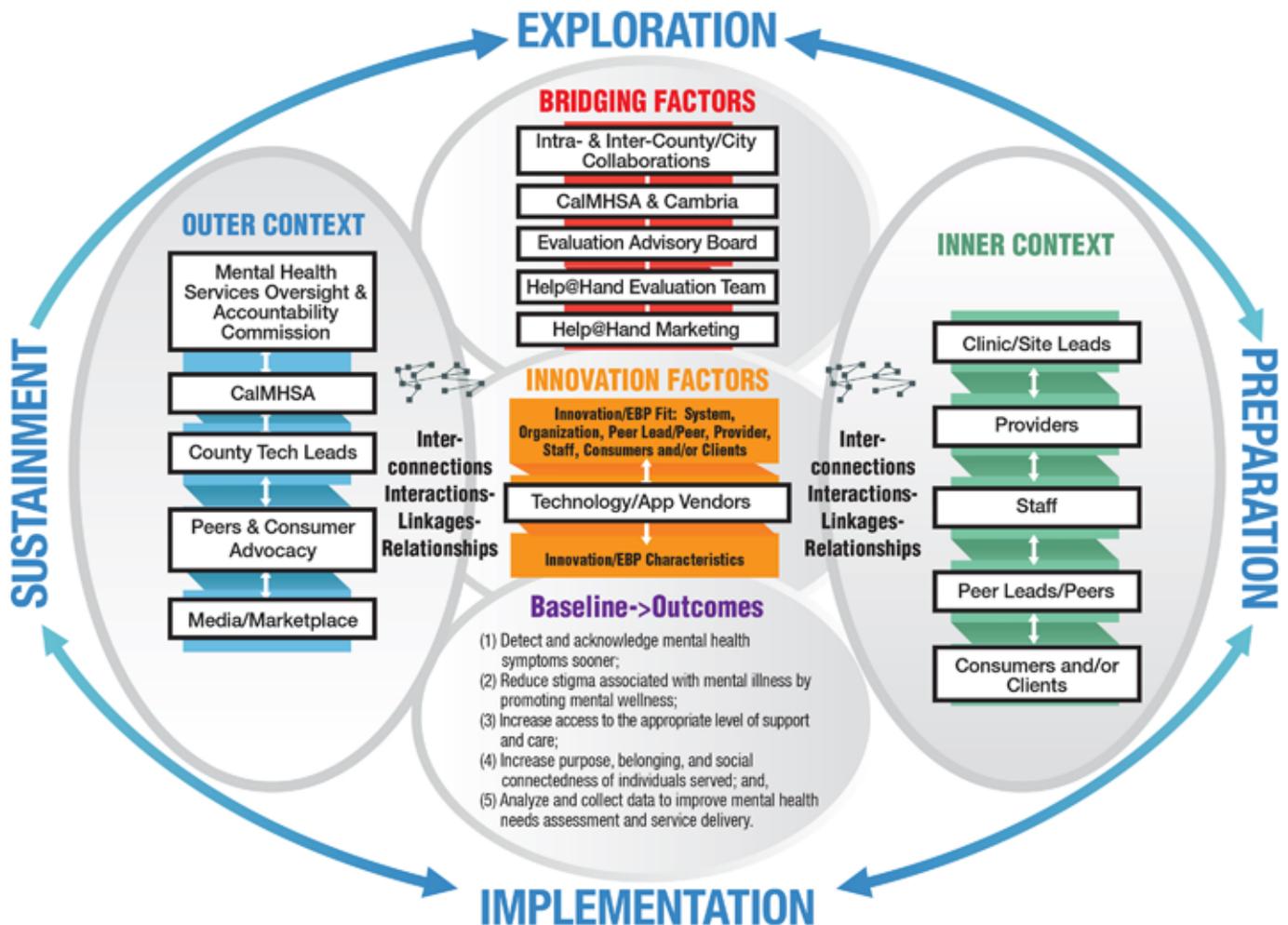
The evaluation team developed an interview guide and survey for the collaborative process evaluation in Year 1 and updated the interview guide earlier this year to reflect changes in Help@Hand. However, the Collaborative requested a pause on conducting interviews and surveys since October 2019. Discussions on changing the scope of the Help@ Hand evaluation, including whether to move forward with the collaborative process evaluation, continued this quarter. As such, no data was collected and there are no learnings/findings from the collaborative process evaluation this quarter.

2 | PEER COMPONENT EVALUATION

Key Points

- Interviews conducted last quarter with 11 Peer Leads and 2 Tech Leads were analyzed this quarter. Findings from the interviews reveal several successes and some challenges of the Help@Hand Peer component.

- A survey was created to complement interviews with Peer Leads and Tech Leads this quarter.

OVERVIEW

As with any large-scale multi-site project, there are differences between Counties/Cities in how the Peer component is implemented and received. There are also differences in the level of involvement by Peers in the project. The Peer component evaluation documents these differences, identifies successes and challenges to implementing the Peer component, and shares lessons learned across the Collaborative. This chapter presents evaluation activities and learnings as follows:

- **Peer Component Evaluation**
  - Findings
    - Quarter 2 Interview Findings
    - Quarter 3 Surveys and Interviews
  - Learnings from the Peer Component Evaluation

PEER COMPONENT EVALUATION

<u>FINDINGS</u>

Quarter 2 Interview Findings

Last quarter the evaluation team conducted one-on-one telephone interviews with Peer Leads (N = 11) and Tech Leads (from Counties/Cities without Peer Leads; N = 2) from the following regions participating in the Help@Hand Collaborative: City of Berkeley; Kern County; Los Angeles County; Marin County; Modoc County; Monterey County; Orange County; Riverside County; San Mateo County; Santa Barbara County; Tehama County; and Tri-City. This quarter interview transcripts were analyzed using Atlas.ti.

Results are summarized in **Table 2**. Themes that emerged included:

- **Peer involvement in the Help@Hand Collaborative is overwhelmingly seen as a value-added component.** Peers offer a unique and critical perspective on product selection, development, and delivery.

- **The size and employment models of the Peer workforce vary across Help@Hand Counties/Cities.** A number of Counties/Cities engaged subcontractors to access Peers and facilitate program management.

- **Fostering collaboration between Counties/Cities can enhance the effectiveness of Help@Hand and continues to be critical for project success.** A few interviewees gave very positive and specific examples of assistance they received from other Counties/Cities in the Collaborative.

- **Despite the challenges posed by COVID-19, Peers engaged in several activities supporting Help@Hand last quarter (April-June 2020).** Activities included: creating materials, testing products, receiving training in digital mental health literacy, and outreaching. During Quarter 2, Counties/Cities anticipated to involve Peers in virtual outreach, delivering digital mental health literacy training, and reviewing/testing apps in Quarter 3 (July-September 2020).

- **The Peer component faced challenges.** Challenges include:
  - Lack of clarity on roles and responsibilities, particularly on decision-making;
  - COVID-19 restrictions on in-person contact;
  - Competing responsibilities that take away from time available for Help@Hand;
  - Miscommunication within Counties/Cities (i.e., between Teach Leads and Peer Leads and/or between contract monitors and subcontractors);

o Limited digital literacy among both Peers and members of the target population;

o Need for translation of Help@Hand materials to share with target pouplations; and

o Limited access to technology for Peers and community members.

Table 2. Themes Identified from Interviews.[5]

◗ = theme present in 25-50% of interviews.	◖ = theme present in greater than 50% of interviews.	Selected quotes provided as examples.

Peer Contribution

◖	Peers add value to Help@Hand *"You need the culturally-appropriate strategies for each community. You have Peer people who have lived experience who wear that badge and can be an example to people."*

Peer Workforce Models

◖	Use of Subcontractors *"We are able to make this happen with the support of a peer-trusted and peer-run [subcontractor who has] an incredible wealth of knowledge when it comes to supporting peer employment and peer tech questions."*
◗	Variable Peer workforce size *"As of now, there are no Peers assigned to work on this project." "We have 8 total peers – 7 plus myself.""*

Past Peer Activities

◗	Creation of Help@Hand materials Product Testing Outreach Peers trained in digital mental health literacy

Planned Peer Activities

◖	Outreach Peers to deliver digital mental health literacy training
◗	App reviewing and testing

Peer Input (County/City-level)

◖	Positive assessment of Peer input *"Our leadership team really seems to support and appreciate the skills abilities and work of the peer workforce."*
◗	Room for improvement *"People are making decisions without having peers involved."*

Peer input (Collaborative-level)

◗	Peers well integrated *"What I have seen I feel like we have a really strong voice. I feel like we have a lot of input."*
◗	Room for improvement *"I get the sense that the Peers feel like they are not heard."*

Horizontal Communication (County/City to County/City)

◗	Productive collaborations

Vertical Communication (Collaborative to County/City)

◖	Lack of clarity on roles and responsibilities, particularly related to decision making *"It is still unclear where decision making power lies in all of this. Is it the collaborative, or the county? Who from the county is part of the collaborative in terms of decision-making power?"*

[5] Note that the interviews in Quarter 2 were used to inform survey development for Quarter 3. Survey data from Quarter 3 will yield a systematic list of successes and challenges experienced across the Collaborative.

Challenges (Client-level)		
◔	Limited digital literacy Lack of access to technology	Language barriers COVID-19-related restrictions on face-to-face outreach

Challenges (County/City- level)	
◑	COVID-19-related work-from-home and physical distancing requirements COVID-19-related resource redirection Limited time on the project given that Peers and Peer Leads fulfill multiple roles within the County/City Miscommunication between and among County/City staff
◔	Difficulty finding, recruiting, and retaining qualified Peers *"That has been a challenge: to hire people specifically for Help@Hand and our program."*

Quarter 3 Surveys and Interviews

This quarter the evaluation team developed a survey based on interview findings from past quarters. The survey aims to systematically document the number of Counties/Cities experiencing specific successes and barriers associated with the Help@Hand Peer component. The survey was launched and completed by 14 Peer Leads and 1 Tech Lead between September-October 2020. Survey participants were also interviewed in order to collect qualitative information that help explain survey responses. Data will be analyzed and presented in the next quarter.

Learnings from the Peer Component Evaluation

Interviews with Peers Leads and Tech Leads reveal:

- There are potential gains by facilitating greater communication across the Collaborative. Each County/City has pioneered unique strategies for overcoming challenges that might provide insights and lessons for other Counties/Cities. Counties/Cities that made personal contact with their counterparts at other Counties/Cities stated considerable benefits from such contact.

- The current Peer communication structure, in which Peers exchange information with one another in a monthly Peer-only call, should be revisited. The current structure limits the potential degree of Counties/Cities learning from one another and rapidly adopting innovations.

- The Peer Engagement Manager position has been vacant since March 2020. This is a central role that provides strong leadership for the Help@Hand Peer component. The role also facilitates much needed communication and coordination. It is important for Help@Hand to hire a strong Peer candidate for this position immediately.

- The size and complexity of the Help@Hand Peer component requires administrative support for the Peer Engagement Manager. Support would help develop and implement Peer activities throughout the 14 Help@Hand Counties/Cities. Additional personnel may also help facilitate communication across the Collaborative and provide continuity in the event of Peer component related turnover.

SPOTLIGHT:
The Peers' Guide to Behavioral Health Apps

A Community-Driven Approach to App Selection in Kern County

Navigating the app marketplace can be overwhelming for consumers and mental health providers. With thousands of mental health apps available on app stores, it is difficult to find an appropriate and acceptable app. Curating options into lists or "app guides" is a common approach to identify apps that might be most relevant for a specific audience or setting. App guides can reduce the effort needed to find apps and instill confidence in using specific apps.

Front page of the Kern County App Guide

The Kern County Behavioral Health & Recovery Services (BHRS) team was inspired to provide residents with a thoughtfully-curated mental health app guide tailored to meet their needs. In order to understand these needs, the Kern BHRS team took a community-driven approach and sought the active collaboration of Peers to ensure the community's voices were heard and represented throughout the development of the Kern App Guide.

App Guide Development Process and Stakeholder Feedback

A Committee of at least 12 Peers was formed and played an integral role in the creation of the Kern App Guide. Peers are Kern County volunteers and staff that have lived experience and familiarity with Kern County's behavioral health system. During the initial development stage, Kern County BHRS and their Peers collaboratively developed an initial list of apps based on the Committee's prior familiarity with products on the app marketplace. Over the course of a year, Kern County Peers downloaded and piloted each app, while continuing to search for more potential products to include. Every app was tested by at least 3 Peers, who examined the product using

A glimpse inside the app guide reveals app descriptions and logos

the following criteria: cost; availability across the iPhone or Android platform; language; accessibility for people with differing abilities; data privacy and security; and ease of use.

In addition to Peer feedback, Kern County BHRS received feedback from the UCI Help@Hand Evaluation Team, who provided specific recommendations around the selection and evaluation process for apps. **In April 2019, the Kern App Guide was published and disseminated to the various communities within Kern County.**

Kern County BHRS and its Peers sought community stakeholder feedback on the Kern App Guide. A second edition of the Kern App Guide that incorporated community stakeholder feedback was released in December 2019.

The Final Product

The Kern App Guide consists of 30 apps organized into the following six categories: 1) behavioral health & wellness; 2) the mind; 3) the body; 4) recovery; 5) veterans; and 6) sleep. The information included for each app can be seen in the image on page 32. The guide also includes various community supports, such as information for a warmline hotline and recovery resources. The Kern App Guide is available in Spanish and in English.

Scan the QR code to open the app guide on your smartphone or tablet

The Kern App Guide represents one concrete output of Help@Hand that has been disseminated both within Kern and adapted for other Counties/Cities within the Help@Hand Collaborative. As of early 2020, over 6,500 copies of the guide were printed and distributed within Kern County. It was also published on Kern County's website and promoted on local media channels. Kern County BHRS plans to continue to review and update the App Guide on an annual basis.

3 | COUNTY/CITY TECHNOLOGY, USER EXPERIENCE, AND IMPLEMENTATION EVALUATION

Key Points

- The Help@Hand Collaborative worked closely with the Help@Hand evaluation team on various activities this quarter that are summarized on **Table 3**.

- Needs assessments were conducted with Los Angeles County community college students and Riverside County's Deaf and Hard of Hearing Community. Needs assessments gathered detailed information on available mental health resources and general perceptions of mental health among the target population.

- This quarter, Marin and San Mateo Counties' used technology explorations to gather stakeholder feedback on different technologies for older adult target population. Technology explorations gather stakeholder input on how to meet the needs of target populations and can help inform pilot plans.

OVERVIEW

The Help@Hand evaluation team worked closely with the Help@HandCollaborative to support several efforts[6], which are summarized in **Table 3** for each County/City and described in more detail below:

Table 3. Overview of County/City Efforts in Quarter 3				
County/City	**County/City Activity**	**Target Audience(s)[7]**	**Technology**	**Evaluation Activities**
City of Berkeley	Technology Exploration and Selection	• General population • Transitional age youth (TAY) • Isolated older adults	• Headspace • myStrength • HeyPeers	None
Kern	Waiting for Portfolio Apps	N/A	N/A	• Worked with Help@Hand evaluation team to develop conference poster and journal manuscript on Kern County's App Guide (see page 32)
Los Angeles	Needs Assessment	• Community college students	N/A	• Finalized a learning brief with preliminary results • Finalized a comprehensive report with additional findings
Los Angeles	Pilot Planning	• Older Adults • Isolated populations at higher risk of serious complications from COVID–19 • Adult cognitive behavioral health clients • Individuals seeking Peer Resource Center support	• Uniper • CredibleMind • Headspace	None
Los Angeles	Implementation	• Dialectical behavior therapy (DBT) clients	• Mindstrong/ MindLAMP	• Local leaders involved in Mindstrong implementation participated in evaluation interviews
Los Angeles	Implementation– Rapid COVID–19 Response	• All Los Angeles County resi–dents	• Headspace Plus	• Worked with CalMHSA to access Headspace dashboard data
Marin	Technology Exploration and Selection	• Older (isolated) adults	• Uniper • myStrength	• Finalized a learning brief with survey and focus group findings
Marin	Pilot Planning	• Older (isolated) adults	• Uniper • myStrength	• Initiated development of pilot evaluation plan
Modoc	Waiting for Portfolio Apps	N/A	N/A	None
Mono	Waiting for Portfolio Apps	N/A	N/A	None
Monterey	Developing and reviewing RFI and RFP	• Monterey County residents	• Screening and referral tool	None
Orange	Needs Assessment	• Behavioral Health Services clients • Parents of Behavioral Health Services clients	N/A	• Initiated development of needs assessment survey for each target audience

[6] This quarter the Help@Hand evaluation team was not actively engaged with City of Berkeley, Mono County, Monterey County, and San Francisco County. The evaluation team will work with the City of Berkeley, Monterey County, and San Francisco County in the next quarter.

[7] Because Kern, Modoc and Mono did not have any specific work noted during this quarter, there is no target audience to highlight.

County/City	County/City Activity	Target Audience(s)	Technology	Evaluation Activities
Orange	Implementation	• Eligible clients at UCI Health Psychiatry Services	• Mindstrong	• Worked with UCI Health Psychiatry Services and Mindstrong to provide input on provider survey and interview guide • Worked with Peers and UCI Health Psychiatry Services to provide feedback on user surveys and process • Developed process for ex–change of information across various project stakeholders
Riverside	Needs Assessment	• Deaf and Hard of Hearing Community	N/A	• Explored existing products for target audience • Worked with Help@Hand evaluation team to adapt needs assessment survey and create a focus group protocol • Participated in a focus group and survey • Finalized a learning brief with survey and focus group findings
Riverside	Technology Exploration and Selection	• Full Service Partnership (FSP) consumers[8]	TBD (considering A4i and Focus)	• Gathered insight on products considered for pilots • Finalized a learning brief on myStrength and similar apps • Collected input on tech–nology exploration user instruments
Riverside	Implementation– Rapid COVID–19 Response	• All Riverside County resi–dents	• Take my Hand	• Created and presented eval–uation report and materials
San Francisco	Technology Exploration and Selection	• TAY • Transgender youth and adults	TBD (considering Wysa, Uniper, Hey Peers, Ouchie, SageSurfer, PreRegistry, Sharpen Minds, SoberGrid, Support Group Central)	None
San Francisco	Planning– Rapid COVID–19 Response	• All San Francisco County residents	• Headspace	None
San Mateo	Technology Exploration and Selection	• Older adults • TAY	TBD (considering Head–space, myStrength, Uniper, Wysa)	• Conducted surveys and focus groups • Finalized a learning brief with findings from surveys and focus groups with older adults
San Mateo	Implementation– Rapid COVID–19 Response	• All San Mateo County resi–dents	• Headspace Plus	• Developed evaluation in–struments
Santa Barbara	• Establishing community readiness for technology • Developing Peer frame–work to support project and community adoption	• Clients recently discharged from inpatient psychiatric care	N/A	• Scheduled monthly evalua–tion check–in calls

[8] Riverside County's target populations include: TAY; men over the age of 45; adults over the age of 65; re-entry consumers; Full Service Partnership (FSP) consumers; eating disorder consumers; Deaf and Hard of Hearing; Mid-County Desert Regions; and ethnic cultural and LGBT communities. The County focused their technology exploration and selection efforts on FSP consumers this quarter.

County/City	County/City Activity	Target Audience(s)	Technology	Evaluation Activities
Tehama	Pilot Planning	• Adults experiencing home–lessness • Isolated individuals • Existing Tehama County Health Services Agency–Behavioral Health (TCH–SA–BH) clients	• myStrength	• Collaborated with stake–holders to develop pilot evaluation plan and data instruments
Tri–City	Pilot Planning (which was paused in August 2020)	• TAY engaged at Tri–City's Wellness Center	• Wysa	• Worked with Help@Hand evaluation team to tailor evaluation data instruments • Finalized a learning brief on the engagement and use of specific apps during COVD–19

NEEDS ASSESSMENT

A needs assessment can provide Counties/Cities information on the most important needs and desires of a community. Findings and learnings from needs assessments may inform planning and decision making, such as matching a target audience's needs to Help@Hand apps.

The Help@Hand evaluation team developed a needs assessment survey that helps identify: 1) factors likely to influence adoption of Help@Hand apps; 2) current apps, technologies, and resources used in the community; 3) current mental health needs and beliefs of the target population; 4) initial measures of outcomes and mental health literacy; and 5) insights for recruitment strategies. This quarter Orange, Los Angeles, and Riverside Counties worked with the evaluation team to develop, conduct, and/or analyze data from their local needs assessments.

LOS ANGELES COUNTY

At the end of 2019, Los Angeles County expressed interest in understanding unmet mental health needs among community college students. They were also interested in how apps may address these unmet needs and how they can engage community college students in the Help@Hand project, particularly those not using such technology. Los Angeles County partnered with El Camino College (a community college in Los Angeles County) and the Help@Hand Evaluation Team to conduct a needs assessment with students at El Camino College.

Earlier this year the evaluation team's survey was customized and a staff member at El Camino College distributed the survey electronically to a random sample[9] of 5,000 students from April 16 – June 30, 2020. Participants received a $10 Amazon gift card for completing the survey.

Preliminary results from the needs assessment were shared in a learning brief and the Quarter 2 Help@Hand evaluation report. A comprehensive report with additional findings was created and shared with Los Angeles County and El Camino College in October 2020. The additional findings are also presented below.

El Camino College Findings

A total of 4,985 students received an email inviting them to participate in the needs assessment.[10] Over 500 (574) participants started the survey, resulting in a response rate of 12% (574/4985). Five hundred (500) participants completed the survey.

Demographics

Survey respondents had a mean age of 23.8 (SD = 8.0) years, 63% identified as women, and 78% identified as heterosexual or straight. Twenty-seven percent (27%) identified as White and 24% identified as Hispanic/Latinx. In terms of ethnicity, 37% identified as Mexican/Mexican-American/Chicano. Seventeen percent (17%) reported their annual household income as less than US $10,000. Sixty-two percent of respondents reported English as their primary language and 27% reported Spanish as their primary language.[11] Very few (2%) experienced homelessness, and 9% of respondents indicated they had a disability. More demographic information can be found in the Quarter 2 Help@Hand evaluation report.

Healthcare Utilization and Needs

Eighty percent (80%) of respondents currently had health insurance, but only 24% were confident that their plan would provide coverage for a visit to a mental health professional. Forty-four percent (44%) of respondents felt they needed to see a professional in the past 12 months because of problems with mental health, emotions, or nerves or use of alcohol or drugs, but only twenty-three percent (23%) of total respondents reported seeking help.

## Effect of Emotions on Performance

Respondents were asked to rate how often their emotions interfered with performance at school; their social life; relationships with friends and family; household chores; and performance at work. As shown in **Figure 2**, 70% of respondents reported that emotions interfered some to a lot with relationships with friends and family, 69% reported that emotions interfered some to a lot with their social life, and 69% reported some to a lot of interference with performance at school.

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[9] Sampling was done proportionate to gender and race for California community colleges.
[10] Only 15 email invitations bounced back.
[11] The survey was only available in English.

Figure 2. Interference of Emotions on Life Aspects among Respondents (n = 500)
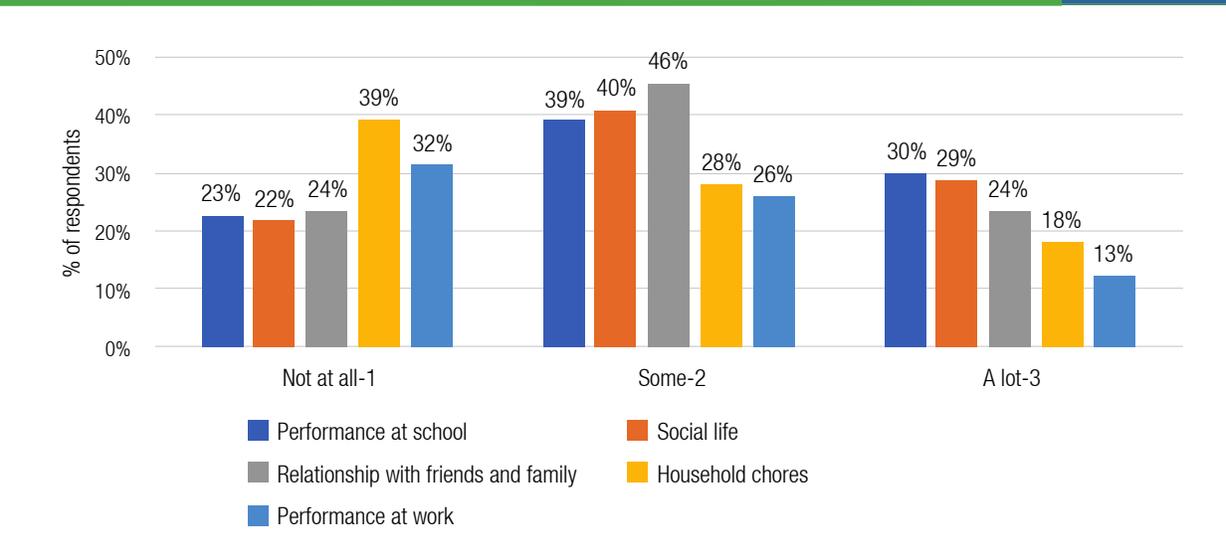

Social connectedness

Twenty-eight percent (28%) of respondents indicated they don't talk to anyone when feeling sad, anxious, worried, or stressed. Sixty-six percent (66%) of respondents talked to a friend, and 28% of respondents talked to a family member.

Respondents were asked to rate three statements related to social connectedness and loneliness. The statements were rated on a scale ranging from Hardly ever (1) to Often (3), with a total added score in the range of 3–9. A higher score indicates a higher level of loneliness. The mean score was 6.1 (SD = 1.9). **Figure 3** shows the distribution of scores. Fifty-eight percent (58%) scored 6 or above, indicating they felt lonely at least some of the time.

**Figure 3. Distribution of Social Connectedness Scores (n = 500).**
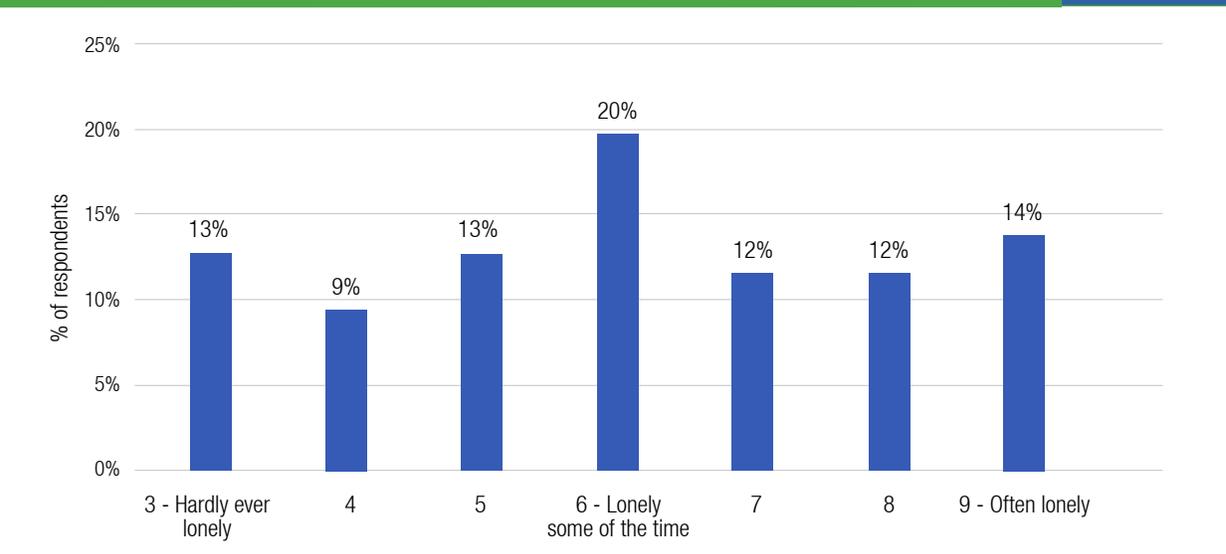
Self-Reported Mental Illness

Thirty-eight percent (38%) of respondents self-reported having experienced a mental illness.

Respondents who answered they had experienced a mental illness (n = 189) were asked to rate nine statements related to "internalized stigma" (i.e., when a person feels stigmatizing messages about people with mental health problems is true of themselves). The statements were rated on a scale ranging from Strongly disagree (1) to Strongly agree (4).[12] A higher score indicates more severe internalized stigma of mental illness. The mean score was 2.1 (SD = 0.6). **Figure 4** shows the distribution of scores and shows that the majority of respondents experienced mild to minimal internalized stigma.

Figure 4. Distribution of Internalized Stigma Scores for Respondents who Experienced a Mental Illness (n = 189).
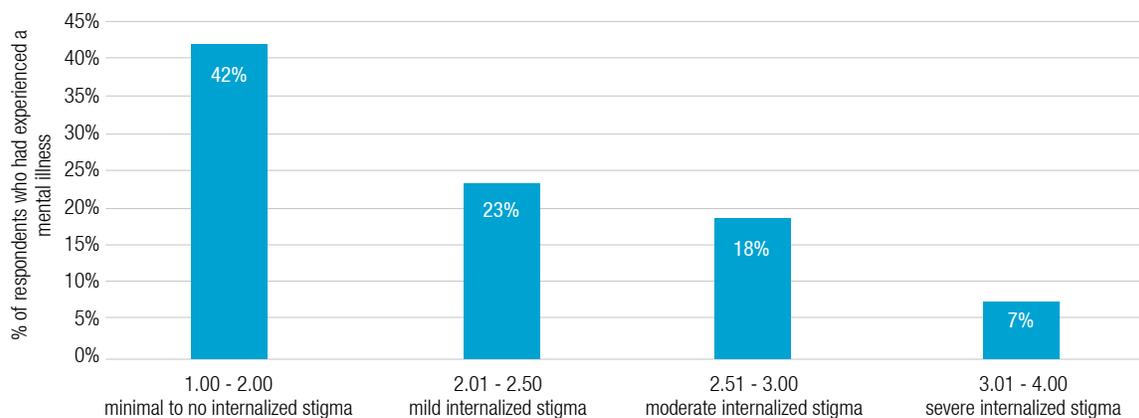

Perceived Stigma

Respondents were asked to rate nine statements related to perceived stigma (i.e., what a person thinks of other people's opinions, beliefs, or behaviors). The statements were rated on a scale ranging from Strongly disagree (1) to Strongly agree (4), with a total score in the range of 9–36. A higher score indicates greater perceived stigma. The mean score was 22.4 (SD = 6.2). **Figure 5** shows the distribution of scores. Over half (52%) of participants had a stigma score of 21 or higher, suggesting moderate to severe perceived stigma.

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[12] The total score is calculated by adding the item scores together and dividing it by the total number of answered items, resulting in a total score in the range of 1-4. The scores can be interpreted as (Boyd et al, 2014):
- 1.00-2.00: minimal to no internalized stigma
- 2.01-2.50: mild internalized stigma
- 2.51-3.00: moderate internalized stigma
- 3.01-4.00: severe internalized stigma

Figure 5. Distribution of Perceived Stigma Scores (n = 500)[13]
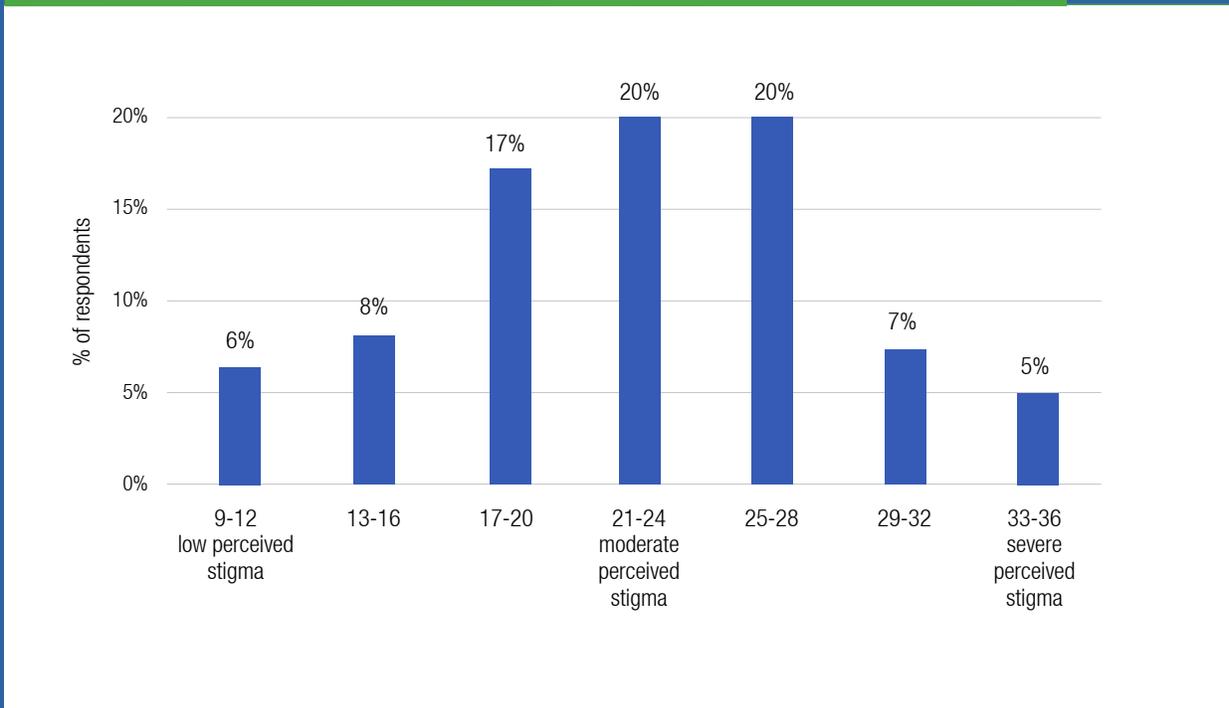
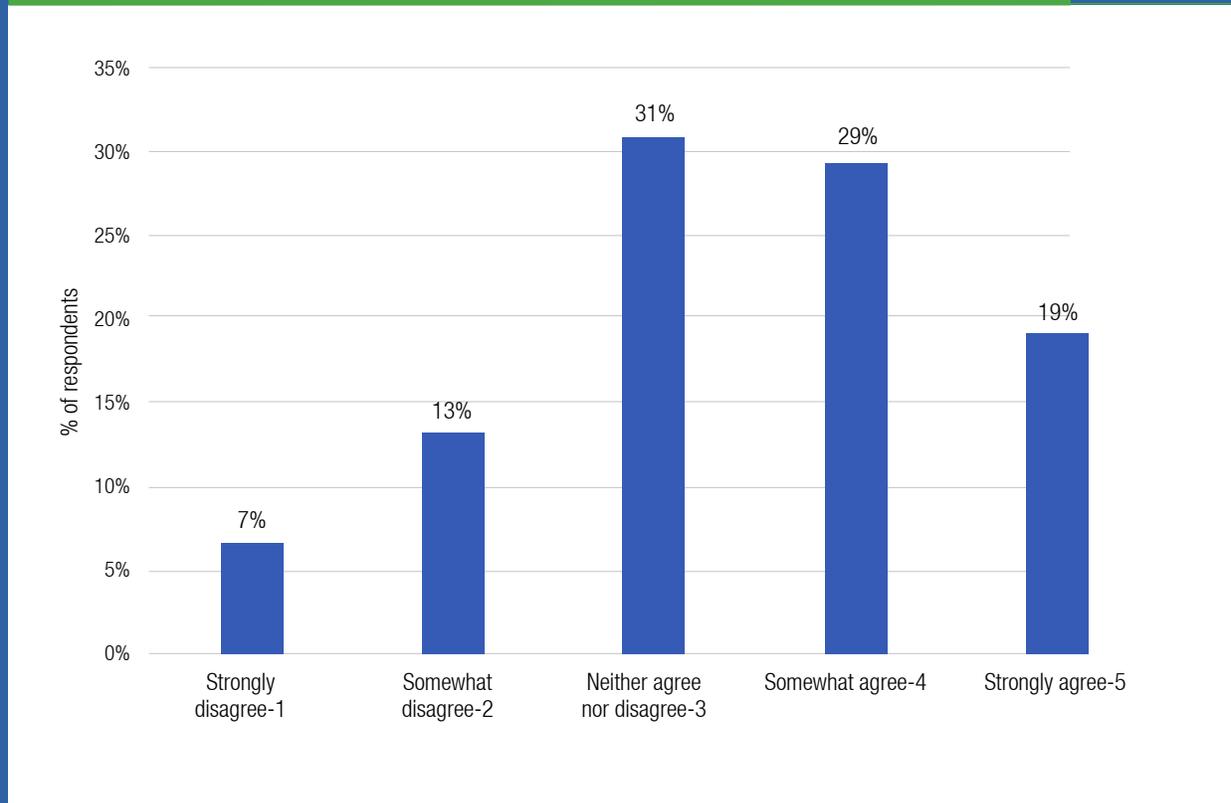## Perceived Usefulness of Mental Health Apps

Twenty-one percent (21%) of respondents had used or were currently using a mental health app. Respondents who had used a mental health app (n = 106) were asked to rate four statements (shown in **Table 4**) on whether using mental health apps is useful in their daily life and in achieving things. The statements were rated on a scale ranging from Strongly disagree (1) to Strongly agree (5). Scores from these four statements were combined to produce composite scores and averages are shown in **Figure 6**. The figure shows that the majority of respondents perceived mental health apps to be useful. As shown by the two right bars, on average 48% of respondents somewhat to strongly disagreed with the statements.

Table 4. Survey Items Assessing Perceived Usefulness of Mental Health Apps

Survey items on perceived usefulness
I find mental health apps useful in my daily life.
Using mental health apps increases my chances of achieving things that are important to me.
Using mental health apps helps me accomplish things more quickly.
Using mental health apps increases my productivity.

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[13] While perceived stigma scores do not map onto specific ranges like internalized stigma, labels have been added to the graph for interpretation.

Figure 6. Distribution of Respondents' Agreement with Statements on the Usefulness of Mental Health Apps (n = 106)


Perceptions of Mental Health Apps

Respondents were asked to rate seven statements (shown in **Table 5**) within three categories: the social influence of other people to use apps, the resources necessary to use apps, and the perceived fit of apps with other technologies they use. The statements were rated on a scale ranging from Strongly disagree (1) to Strongly agree (5). **Figure 7** shows the composite scores, grouped by category. Respondents disagreed more with statements that people influenced them to use mental health apps, and agreed more with statements that they had the resources necessary to use apps and that apps fit with other technologies they used.

Table 5. Survey Items Assessing Respondents' Perceptions of Mental Health Apps

Category	Survey items on perceptions of mental health apps
Social Influence	People who are important to me think that I should use mental health apps.
Social Influence	People who influence my behavior think that I should use mental health apps.
Social Influence	People whose opinions I value prefer that I use mental health apps.
Resources	I have the knowledge necessary to use mental health apps.
Resources	I have the resources necessary to use mental health apps.
Resources	I can get help from others when I have difficulties using mental health apps.
Perceived Fit	Mental health apps are compatible with other technologies I use.

Figure 7. Distribution of Respondents' Agreement with Statements Related to Their Perceptions of Mental Health Apps (n = 500)
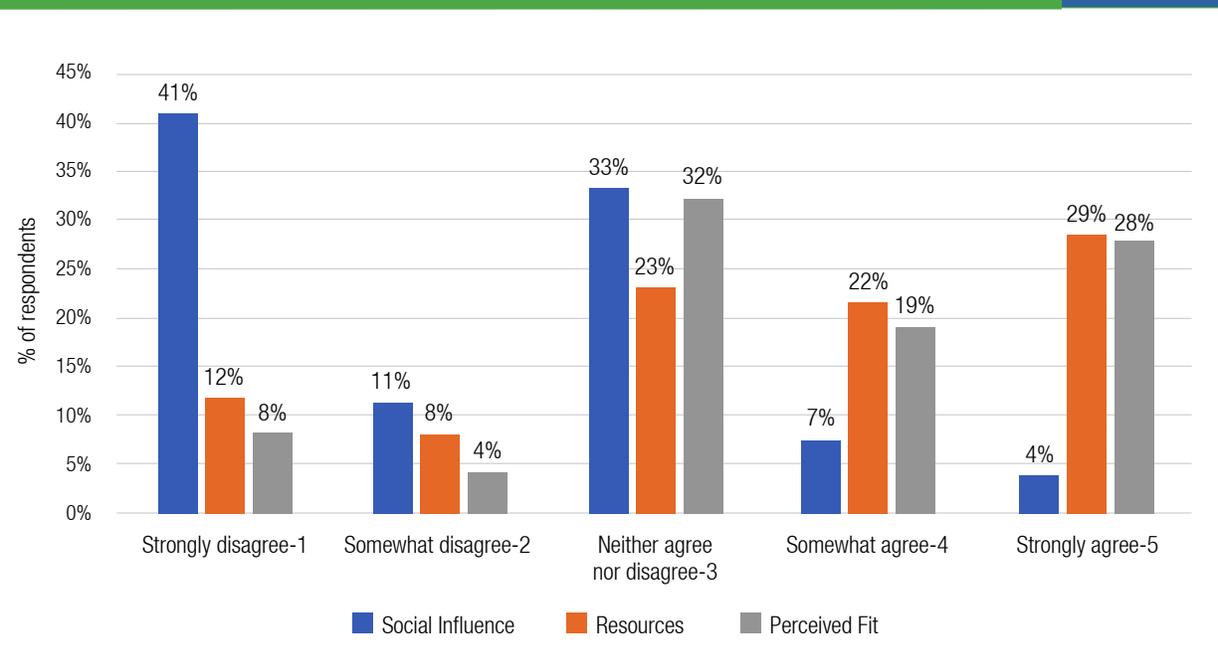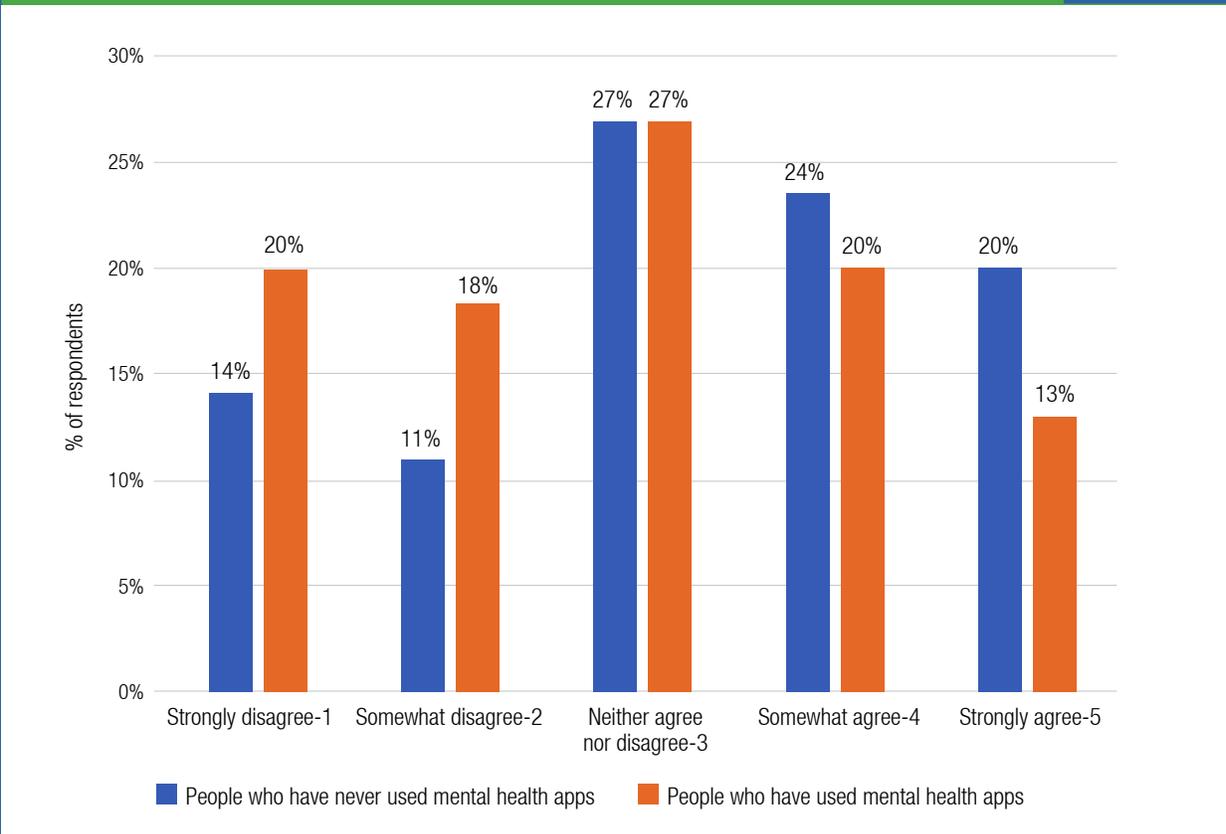

Privacy and security

Respondents were asked to rate six statements (shown in **Table 6**) related to privacy (i.e. their concerns on how their personal information might be used by a mental health app). The scale ranged from Strongly disagree (1) to Strongly agree (5). A higher score means respondents were more concerned about privacy and security. **Figure 8** shows that people who had never used mental health apps (n = 379) were somewhat more concerned about privacy and security than people who had used mental health apps (n = 106).

Table 6. Survey Items Assessing Respondents' Privacy Concerns Related to Mental Health Apps

Survey items on privacy

I feel that as a result of my using mental health apps, others know about me more than I am comfortable with.

I believe that as a result of my using mental health apps, information about me that I consider private is now more readily available to others than I would want.

I feel that as a result of my using mental health apps, information about me is out there that, if used, will invade my privacy.

I am concerned that mental health apps may use my personal information for other purposes without notifying me or getting my authorization.

When I give personal information to use mental health apps, I am concerned that it may use my information for other purposes.

I am concerned that mental health apps may share my personal information with other groups without getting my authorization.

Figure 8. Distribution of Respondents' Agreement with Statements on Privacy Concerns (n = 500)

Legend:
- People who have never used mental health apps (blue)
- People who have used mental health apps (orange)

Response	Never used	Used
Strongly disagree-1	14%	20%
Somewhat disagree-2	11%	18%
Neither agree nor disagree-3	27%	27%
Somewhat agree-4	24%	20%
Strongly agree-5	20%	13%

ORANGE COUNTY

Orange County began to use telehealth to deliver County behavioral health services during COVID-19. Anecdotally, transitional aged youth (TAY) clients expressed a preference for in-person appointments. Orange County was interested in learning whether all behavioral health clients had this preference, what challenges clients may face in using telehealth services, and what factors may contribute to dissatisfaction with telehealth services.

Orange County and the Help@Hand evaluation team customized the evaluation team's survey (described above) to identify current access to technology, general technology use, and use of technology to support mental health among behavioral health clients. Two versions of the survey were created: 1) a survey for clients over the age of 13; and 2) a survey for parents of clients under the age of 13. These surveys will be finalized in the next quarter.

RIVERSIDE COUNTY

The Deaf and Hard of Hearing Community is a target audience for Riverside County. Riverside County wanted to learn more about the community's mental health needs and how a technology can help meet these needs. Riverside County partnered with the Center on Deafness Inland Empire (CODIE) and the Help@Hand evaluation team to conduct a needs assessment focus group and survey. Existing products that may meet the needs of the Deaf and Hard of Hearing Community were also explored (see page 24).

Riverside County and the Help@Hand evaluation team created a focus group protocol and customized the evaluation team's needs assessment survey. Riverside County was instrumental in advising on best practices for facilitating focus groups with the Deaf and Hard of Hearing Community and providing feedback on the instruments to ensure they were culturally appropriate, relevant, and informative.

In September 2020, the Help@Hand Evaluation Team facilitated a focus group with community advocates who identified as members of the Deaf and Hard of Hearing Community and were members of CODIE. Gloria Moriarty, Lead Advocate at CODIE, played an important role in coordinating the focus group and bringing together key members of the CODIE team. Two interpreters facilitated the discussion. Representatives from Riverside County, the Help@Hand evaluation team, and CalMHSA observed the focus group. The full focus group guide is includ-ed in Appendix E: Riverside County Deaf and Hard of Hearing Community Focus Group Guide on page 105. After the focus group, participants were invited to participate in an online survey. Focus group participants received a $30 Amazon gift card, and survey participants received a $10 Amazon gift card.

Eleven people were invited to participate in the focus group and survey. Ten people participated in the focus group and nine people completed the survey. Plans to expand the survey to the larger Riverside Deaf and Hard of Hearing Community are underway.

Data from the focus group was analyzed. High-level findings are:
Support for a Spectrum of Language and Linguistic Needs within the Community
Participants shared that there are a range of language and linguistic needs within the community.[14] Some people feel more comfortable with American Sign Language (ASL), whereas others prefer English. It was noted that there were different literacy levels in terms of understanding English. Participants recommended providing different options to present content, such as text, videos, and icons.

Stigma around Mental Health

Participants acknowledged there was stigma within the community around mental health. Instead of using the term mental health, positive and uplifting terms around healing were preferred. Participants also expressed a need for increased education and awareness around mental health, for example through short videos and by having members of the community share their experience.

Accessibility of an App for Everyone

Participants highlighted that it was important the app was accessible to a range of people in terms of language, cul-

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[14] American Sign Language (ASL) is its own language with its own set of rules that differs from English. For more information, see https://www.nidcd.nih.gov/health/american-sign-language]

ture, resources required to use the app, and location. It was also valued to have immediate and unlimited access to resources and services, as opposed to having to go through a long intake and waiting procedure. Participants also preferred an app that would be useful for anyone, and would not just be focused on the Deaf and Hard of Hearing Community, which may exacerbate feelings of being singled out.

Mental Health Needs of the Community

Ideally, people preferred to have direct communication with a Deaf worker that had the sensitivity and experience to communicate with members of the community. Participants reported they would like to access content related to depression, talk with other people to get/give support (for example, using peer support and chat), and have access to suicide prevention, crisis support, and professional services. Participants also recommended involving community members in providing content and sharing feedback about improving app features.

TECHNOLOGY EXPLORATION AND SELECTION

To prepare for developing pilot proposals, Marin, Riverside, San Mateo, and San Francisco Counties, as well as City of Berkeley, explored the potential fit of particular digital mental health technologies for use in their target population. Exploration involved use of surveys and/or focus groups with potential users to gather feedback on technologies considered for pilots.

Below are descriptions of those Counties/Cities for which the Help@Hand evaluation team worked closely this quarter (i.e., Riverside, Marin, and San Mateo Counties). San Francisco County and City of Berkeley are not described below, as the evaluation team did not have detailed descriptions of their work this quarter. The Help@Hand evaluation team plan to begin working closely with San Francisco County and City of Berkeley beginning next quarter.

MARIN COUNTY

Last quarter Marin County considered myStrength and Uniper for its older adult population. The County worked closely with CalMHSA and the Help@Hand evaluation team to develop a process and tools that would support virtual technology exploration due to COVID-19 social distancing requirements. Twelve older adults engaged in myStrength and Uniper user testing by exploring each technology over seven days and then participating in focus groups and surveys.

The Help@Hand Evaluation Team analyzed the data and shared a learning brief of key findings with Marin County in August 2020. Learnings from Marin and San Mateo (described below) Counties' technology exploration with older adults can be found on page 52.

RIVERSIDE COUNTY

In addition to launching their own platform – Take my Hand (described below) – and beginning a Deaf and Hard of Hearing needs assessment (described above), Riverside County continued to explore other potential apps to pilot with their target populations. After reviewing apps available through the Request for Statement of Qualification (RFSQ), Riverside County created a Preferred Product Matrix of apps that they considered for pilots. CalMHSA and the Help@Hand evaluation team provided insights on the apps considered.

Of the apps considered, Riverside County believed A4i and Focus may meet the needs of Full Service Partnership (FSP) consumers.[15] Riverside County plans to conduct surveys and focus groups with FSP consumers to gather feedback on these apps. This quarter, the County and the Help@Hand evaluation team worked together to develop surveys and focus group guides that will be used.

SAN MATEO COUNTY

San Mateo County's target audiences include TAY and older adults. This quarter San Mateo County hosted online Appy Hours to engage older adults with technology by providing small-group instruction in technology and digital

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[15] Full Service Partnership (FSP) programs serve adults with a severe mental illness diagnosis that may benefit from an intensive service program.

SPOTLIGHT:
Engaging Older Adults in the Time of COVID-19 in San Mateo County

It is important that community members are comfortable using technology so that they can fully benefit from using mental health apps. However, reaching people during the COVID-19 pandemic can be difficult. San Mateo County has been holding "Appy Hours" with older adults aged 55+ to engage them with technology. Appy Hours are hosted by Peninsula Family Service and help community members receive assistance or small-group instruction in technology and digital literacy.

The Development of Appy Hours

Peninsula Family Service's Peer Program Specialist, Arlene Aquino, started holding in-person Appy Hours in August 2019 at different locations and apartment buildings in San Mateo County. The purpose of early sessions was to understand needs among older adults, such as learning how to send email. Subsequent Appy Hours were then tailored to address these needs.
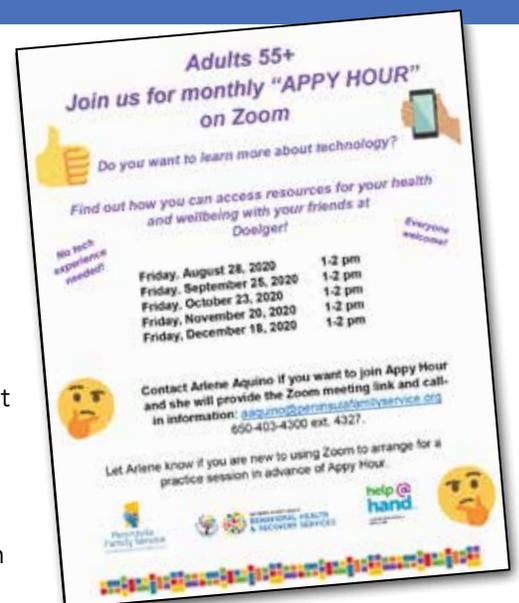
In March 2020, in-person events were temporarily put on hold due to the COVID-19 related stay-at-home order. When it became evident that in-person events were not an option for the foreseeable future, **Arlene successfully developed a process to move Appy Hours online. The first virtual Appy Hours was held in May 2020.**

Appy Hours are now held four times per month over Zoom. In-between these sessions, Arlene offers one-on-one assistance over the phone to help people set up Zoom and troubleshoot any technical issues. Each session is centered on a specific topic, such as digital mental health literacy. Sessions are often held as a social hour as well, and serve as an opportunity for people to share resources, make announcements, and get connected with others. For example, Appy Hours allows people to connect with other occupants in their apartment building, who they may recognize, but do not speak with frequently.

Appy Hour fliers (as shown above) promote upcoming virtual sessions.

As of August 2020, all older adults who expressed interest in Appy Hours have successfully moved to Zoom. Attendance per session ranges from 3 to 13 people. Returning event attendees have also invited their friends to participate, which indicates success and popularity of the sessions. A great additional outcome of Appy Hours is that older adults learned Zoom and can now use it for personal use as well. For example, some attendees use Zoom to connect to their grandchildren or families overseas. Also, a 93-year old member was able to join online exercise classes once she had learned how to use Zoom through Appy Hours.

Challenges with Engagement and Technical Support

Older adults are a unique target population and may not be as technologically advanced as younger adults, which introduces some challenges to engage them with technology. One challenge is how to tell older

adults about Appy Hours. Although promotion and communication around virtual Appy Hours largely takes place through email, some older adults do not use email regularly. This can make it hard to reach people and to make them aware of Appy Hours in the first place. To address this issue, Arlene has reached out to housing organizations directly and asked them to spread the word among their community members and to distribute flyers, with details to contact Arlene if people are interested to participate.

Another challenge is that providing technical support remotely is more difficult than in-person support. One-on-one assistance has been necessary to get people on Zoom and to help them download apps for San Mateo County's app exploration phase. In addition to one-on-one assistance, Arlene has also held an introductory session to get people acquainted with Zoom.

As the COVID-19 pandemic may take a while, it is more important than ever to utilize technology and resources such as Appy Hours.

Some participants are still getting used to virtual sessions, and can be shy to take part in the same capacity as they did in-person. Though Arlene encourages people to turn their camera on when participating, she found that about 40% of participants do not use their camera and prefer to call in to Appy Hours. Furthermore, during participant recruitment for San Mateo County's app exploration phase, people were somewhat shy to volunteer to participate online, and did not have a clear idea what it would entail to take part in an app exploration virtually. As the COVID-19 pandemic may take a while, it is more important than ever to utilize technology and resources such as Appy Hours. Arlene tries to emphasize that using Zoom can be beneficial beyond Appy Hours and can be a great way to stay connected with family and friends.

Lessons Learned and Next Steps

For Counties/Cities interested in hosting virtual Appy Hours, Arlene advises to have a prepared agenda and to also have a backup plan, as you never know how a session will go. *"Sometimes you only have a couple of people attending and you go through a topic quite quickly, so you need to have something to fill up the rest of the hour. On the other hand, sometimes multiple people come to the session with technical issues, and you may not get through all the content you prepared. **You have to be flexible based on participants' needs**."*

The virtual Appy Hours are scheduled until at least the end of 2020. For next steps, there are plans to hire two bilingual Peers to assist with outreach and translating from English to Mandarin, Cantonese, and Spanish. There is also a partnership with the California State Access Program offering free classes to learn how to use smartphones. These classes are useful for older adults and also for staff who may not be familiar with particular platforms (i.e., Apple or Android), so they know how to teach other people how to use their smartphones. Additionally, through the Mental Health Service Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, funding was secured to provide technology support (i.e., devices and data plans) for one year for clients and family members that would benefit from telehealth and/or other virtual behavioral health services, but do not have the resources to purchase the technology needed. Through the San Mateo County Help@ Hand project, a partnership with Painted Brain has begun to provide digital mental health literacy train-the-trainer sessions for Peer and Family Partners who will be supporting the distribution of phones.

Arlene Aquino, Peninsula Family Service's Peer Program Specialist, has been successfully hosting virtual Appy Hours to engage older adults aged 55+ with technology

Though **Appy Hours has received overwhelmingly positive feedback from people attending, with many returning to the sessions**, Arlene does sometimes think about the people not at the sessions. *"I really enjoy working with older adults, and sometimes I do get attached to them. There are some older adults who I used to see at the in-person sessions, who have not attended the virtual sessions. They were not as technologically advanced, and were just trying to get to know their smartphone. They are in the back of my mind, and I do wonder how they are doing now."* Arlene is hopeful that the next steps of Appy Hours will help bridge the gap for those individuals that have not participated in services since the COVID-19 pandemic started.

literacy. The spotlight on page 47 has more information on San Mateo's Appy Hours.

San Mateo County continued to consider three potential apps for each of its target audiences:

- TAY- Wysa, myStrength, and Headspace

- Older adults- Wysa, myStrength, and Uniper

Last quarter San Mateo County received insight from CalMHSA and the Help@Hand evaluation team on how to effectively review apps for technology exploration. The Help@Hand evaluation team shared generic user survey instruments that were tailored and formatted into online surveys based on San Mateo County's learning goals, target audience, and app exploration process. San Mateo County recruited members of the target audience to explore each app. After reviewing the app, San Mateo County invited participants to complete a survey and conducted focus groups with participants to discuss their experience.

Five TAY explored Headspace, Wysa, and myStrength up to 6 hours and participated in surveys and focus groups. The Help@Hand evaluation team began analyzing the data this quarter and will share findings next quarter.

Eight older adults explored Wysa and myStrength[16] for 1 to 6 hours. Seven older adults participated in surveys, and six older adults participated in a focus group. The Help@Hand Evaluation Team analyzed the data and shared a learning brief with San Mateo County in October 2020. Learnings from Marin (described above) and San Mateo Counties' technology exploration with older adults are on page 47.

PILOT PLANNING

The pilot can answer the three broad learning goals/questions shown in **Figure 9**. This quarter Marin County, Tehama County, and Tri-City planned pilots that would test potential technologies of interest identified in the Technology Exploration and Selection phase among their target population. Los Angeles County decided not to moved forward with their pilots.

Figure 9. Three Broad Learning Goals/Questions to Be Informed by Conducting a Pilot

Question #1
What information is needed to inform the decision to continue with the technology?

Question #2
What information is needed to inform a successful scale-up?

Question #3
What information can a piloting County collect that would be valuable to all other Help@Hand Counties?

[16] Uniper was not explored because test accounts were not available.

help @ hand Evaluation

TECHNOLOGY EXPLORATION: LEARNINGS FROM OLDER ADULTS

Marin and San Mateo Counties explored myStrength, Uniper, and Wysa for use with older adults and community members through surveys and focus group data. While each County took a unique approach to understand the needs of the older adults in their communities, this learning brief is intended to bring together general learnings that Counties/Cities may find useful if they are interested in working with older adults as a target audience. Although findings from this brief may also generate insights into the technologies themselves, we caution that members from other target audiences may have different and unique perceptions of these technologies, and thus these findings should not be used to generalize to other target audiences.

CONSIDERATIONS FOR OLDER ADULT POPULATIONS

- The degree of an older adult's digital literacy will influence their ability to use the technologies. Counties/Cities should carefully consider the skill level of their older adult community when selecting a technology. For example, they could provide training programs to some County/City residents.

- Limited Vendor technical support as well as not having friends or family who can offer technical assistance may limit an older adult's ability to make use of the technology. On-going technical assistance may be needed to support older adult users and facilitate engagement -- not only during set up but also as they continue to use the technology.

- Different mental health literacy levels and different ways older adults think about mental health may also influence the use of a particular technology. For example, terms like "anxiety," "depression," etc. may resonate with some people, but others may not think about mental health in these clinical terms. Understanding how the County's/City's older adult community thinks about mental health can inform what technologies may be a fit as well as inform outreach efforts.

- Cultural sensitivity was consistently rated low in these technologies. This should be considered when thinking about selecting technologies for particular subgroups within the older adult population, such as Spanish-speaking older adults.

- Older adults perceived myStrength, Uniper, and Wysa as useful generally, but sometimes for different reasons. For instance, Uniper was viewed as helpful to address isolation generally but was perceived as being less helpful for providing content specific to mental health concerns, such as depression. On the other hand, myStrength was seen as useful due to its specific mental health content but less useful for addressing isolation because it did not allow users to connect with other people. Counties/Cities should consider the objectives of implementing a technology for older adults, as that will influence which tools to pilot to meet those objectives.

Learnings across Marin and San Mateo Counties

Marin and San Mateo Counties separately received feedback about myStrength from older adults and community members[1] using surveys and focus groups. While their approaches differed somewhat, the learnings reported here are taken from data obtained from standardized questions to glean insights across the two Counties. Seven older adults were from San Mateo, and twelve were from Marin. Marin held two focus groups for myStrength on June 26, 2020 and July 18, 2020, and San Mateo held one on September 24, 2020. Participants explored myStrength for 1 to 6 hours, were asked to complete a demographic survey, technology experience survey, and participate in a focus group. Please note not all participants completed all data collection components. Survey data and focus group notes were analyzed by the Help@Hand Evaluation Team.

Participant demographics. Eighteen participants took the demographic survey (one declined). **Gender:** Thirteen participants identified as women, and five as men. **Age:** Less than five participants were between 55-64 years old, five were between 65-74 years old, seven were between 75-89 years old (three declined to answer). **Race:** Ten identified as White; and less than ten as Asian, Latinx/Hispanic, Black/African-American, and/or multi-racial. (Two declined to answer.) **Language:** Seventeen participants' preferred language was English. For one participant, Spanish was their preferred language. **Education:** Six participants reported having bachelor's degrees, ten had graduate or professional degrees, and less than five reported some college. **Household Annual Income:** Eight participants had income under $50,000, seven over $50,000. (Three declined to answer.) **Mental Health:** Twelve participants indicated that they had experienced mental health concerns or reported current mental health concerns, and five reported not having experienced mental health concerns. (One declined to answer.)

Summary of Findings

Table 7. Summary of Findings for myStrength in Marin and San Mateo Counties (n=19)

Pros	Cons
• A variety of topics and content specific to mental health and wellness were viewed positively • Information was perceived as easy to understand • Some activities, such as sleep tracking, seem particularly useful and may help users stay engaged	• Did not allow participants to connect with other people and did not integrate with mental health services • Exploration within the app may be discouraged, as some exercises could not be explored without completing or deleting progress made in other activities • Information in the app may be repetitive and redundant for some users, not leading to new knowledge • While participants themselves generally rated myStrength as easy to use, they felt that some people with less technology experience may find it more complicated

On two separate surveys, participants were asked to rate their level of agreement, on a scale from Strongly Disagree(1) to Strongly Agree(5), for a number of statements related to their perceptions of myStrength (see Figure 10). Figure 10 shows that participants generally rated the technology positively, but had some privacy concerns. Across the two Counties' older adult participants, most rated myStrength as enjoyable (n=17), useful (n=14), and easy to use (n=13). Most participants also reported that information was easy to find (n=14) and the language myStrength used was clear and easy to understand (n=18). In terms of trust and privacy, eleven participants agreed that they trust myStrength with their personal information; however, only nine disagreed that their personal information on myStrength could invade their privacy if used, and four participants reported this as a concern. Most participants (n=13) felt they could get help using myStrength if they had difficulties, and few participants (n=2) had cost concerns. It is important to note that while less common, some participants reported myStrength as not enjoyable (n=1), not useful (n=1), and not easy to use (n=2), as well as not easy to find information (n=1). Further, two participants reported that they would not have access to help to use myStrength.

Figure 10. Survey results from standardized questions for Marin's and San Mateo's myStrength Exploration[2]
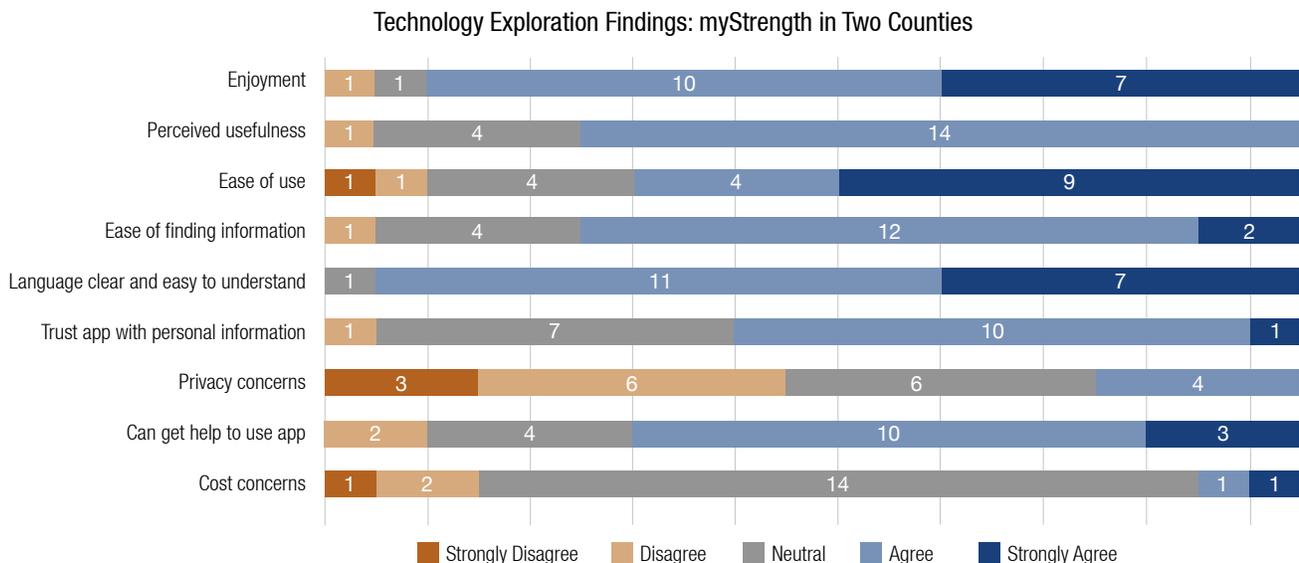
Technology Exploration Findings: myStrength in Two Counties

UNIPER

Learnings from Marin County

In total, twelve people[3] participated in surveys and focus groups to provide stakeholder feedback for Uniper. Participants took a demographic survey, used Uniper for 1 to 8 hours over one week, completed a survey individually, and then participated in a virtual focus group. Focus groups for Uniper were held on June 26, 2020 and July 18, 2020. Data were analyzed by the Help@Hand Evaluation Team.

Participant demographics. Eleven participants took the demographic survey (one declined). **Gender:** Six participants identified as women, and five as men. **Age:** Participants ranged in age between 65-89 years old (three declined to answer). **Race:** Six participants identified as White, less than five who identified as Latinx/Hispanic, Black/African-American, and/or Southeast Asian (two declined to answer). **Language:** The majority of participants' preferred language was English. **Education:** The majority had graduate or professional degrees, and less than five had some college experience. **Household Annual Income:** The majority had income under $50,000, and less than five had $75,000 or over (two declined to answer). **Mental Health:** Approximately half of participants indicated that they had experienced mental health concerns (one declined to answer). **Digital Literacy:** The majority of participants (n=10) were confident using technology.

Table 8. Summary of Findings for Uniper in Marin County (n=12)

Pros	Cons
• Perceived as useful for human interaction, which can help in addressing feelings of isolation • Rated as enjoyable and easy to use • A variety of content available and opportunity to add content relevant to counties viewed positively • Interesting activities and videos available • Technical support available to provide ongoing support to users	• Lacks mental health-specific content, such as issues like depression and anxiety • More personal information is shared via video possibly making privacy more of a concern • Support needed to get started with the app, as some faced technical issues even with Uniper's assistance • Content needs to be updated more regularly • Difficult to fit timing of live activities into some people's schedules • Unclear how emergencies would be handled • Rated low on cultural sensitivity, particularly for Spanish speakers • Web version not as well put together as the TV version

WYSA

Learnings from San Mateo County

In total, seven older adults participated in surveys, and six older adults participated in a focus group to provide stakeholder feedback for Wysa. Participants took a demographic survey, used the technology between 1 to 6 hours, completed a survey individually, and then participated in a focus group, which occurred on September 24, 2020. Focus group notes were shared with the Help@Hand Evaluation Team, and survey data were analyzed by the Help@Hand Evaluation Team.

Participant demographics. Gender: All seven participants who took the demographic survey identified as female or women. **Age:** Participants ranged in age between 55-84 years old. **Race:** Less than five participants identified as White, Asian, and/or multi-racial. **Language:** All participants reported their preferred language as English. **Education:** All participants had some college experience. **Household Annual Income:** About half of the participants reported their annual household income as over $100,000, less than five between $50,000 and $74,999, and less than five participants reported their income less than $30,000 (one declined to answer). **Mental Health:** Six reported having experienced mental health concerns or reported current mental health concerns.

Table 9. Summary of Findings for Wysa in San Mateo County (n=7)

Pros	Cons
• Enjoyed by participants, due to its effective use of imagery, which had a calming effect • Useful in daily life because it possesses exercises that address problems experienced on a daily basis and focus on wellness • Allowed for access to a therapist and the ability to easily contact emergency services • Language was perceived to be relatively simple, which may appeal to more people, and did not require understanding of mental health terminology • Allowed for tracking of progress, including exercises that record the number of minutes engaged with the technology, as well as a therapist who maintains notes from chatting with users	• Technical issues experienced, including technology freezing and denying users access to certain features • Not very customizable according to need and eventually both the technology's and the therapist's responses became repetitive • Perceived not to be very culturally sensitive and lacked the incorporation of one's culture to dictate the manner in which the technology or therapist responded to participants • Information was seen as less trustworthy and, while easier to understand, lacking substance for some

[3] A few participants did not identify as older adults and were brought in as community members in order to understand the perspective of Spanish-speaking individuals.

LOS ANGELES COUNTY

In March 2020, Los Angeles County presented three pilot proposals (Uniper for older adults; CredibleMind for isolated populations at higher risk of serious complications from COVID-19; and Headspace for adult cognitive behavioral health (CBT) clients and individuals seeking Peer Resource Center support) to Help@Hand Leadership for approval. In April 2020, the three pilot proposals were approved, but Los Angeles County paused pilot launches in order to focus on their Headspace Rapid COVID-19 Response. In July 2020, the County decided not to move forward with any of the three pilots.

MARIN COUNTY

As described above, Marin County explored Uniper and myStrength with older adults to determine which technology to pilot. After sharing findings from their technology exploration with their Advisory Committee, Marin County decided to pilot both myStrength and Uniper with isolated older adults.

CalMHSA and the Help@Hand evaluation team supported Marin County as they began to plan pilots for myStrength and Uniper. The Help@Hand evaluation met with the County's local evaluator to identify learning goals for the pilots and worked closely to begin drafting a plan evaluating the user experience during the pilot. In the next quarter, Marin County will continue to work with CalMHSA and the evaluation team to develop their pilots and pilot evaluation plans, which will be presented to the Help@Hand Leadership for approval later this year.

TEHAMA COUNTY

Tehama County continued to plan their myStrength pilot with their target populations -- adults experiencing homelessness; isolated individuals; and existing Tehama County Health Services Agency- Behavioral Health (TCHSA-BH) clients. Their pilot involves peer staff and wellness advocates recruiting and engaging 30 participants (10 from each target population) via a one-on-one approach. The goal of Tehama County's myStrength pilot is to: 1) learn if myStrength is appropriate for their target population; and 2) identify factors that facilitate or prevent scale-up.

This quarter Tehama County worked with CalMHSA to develop their organizational change management (OCM) plan and vendor engagement plan. They also worked with the Help@Hand evaluation team to develop their pilot evaluation plan and data instruments. The pilot evaluation will include surveys and interviews with users as well as Tehama County clinicians and Peer Advocates. Tehama County will also conduct several focus groups with users throughout the pilot. The County's pilot evaluation will seek to learn about: 1) the user experience of myStrength among the three target populations; and 2) the experience and perspectives of clinicians and Peer Advocates with myStrength.

In September 2020, Tehama presented their pilot proposal to the Help@Hand Leadership and received budget approval. Tehama plans to launch their pilot before the end of the year, depending on contract negotiations with myStrength. A MOU will be executed with myStrength to begin training staff on myStrength in order to move the work forward and prevent delays while contract negotiation takes place. Additionally, Tehama County will continue to work with CalMHSA and the evaluation team to finalize logistics before their pilot launch.

TRI-CITY

At the start of the quarter, Tri-City actively worked with CalMHSA and the Help@Hand evaluation team to continue negotiating their contract with Wysa as well as planning their pilot and pilot evaluation. They had anticipated to present their pilot proposal to the Help@Hand Leadership for approval this quarter. However, in August 2020, Tri-City decided to pause their pilot planning until January 2021 due to personnel turnover and staff capacity concerns.

Although Tri-City's pilot planning was paused, Tri-City continued to engage in the project. Tri-City's interim Tech Lead attended several meetings. There were also discussions to connect with Painted Brain to provide digital mental health literacy support with the target population. In addition, Tri-City worked with CalMHSA and

the evaluation team to learn about the engagement and use of specific apps during COVD-19 (see Appendix B). Although Tri-City is interested in piloting Wysa, they are also exploring other products that might work for their target population and can provide learnings for the County as well as the Help@Hand Collaborative.

RAPID COVID-19 RESPONSE

The impact of COVID-19 required Counties/Cities in the Help@Hand Collaborative to respond in new ways in order to rapidly support their communities. Help@Hand Project Management team provided the Rapid COVID-19 Response framework to allow Counties/Cities to make technologies available to community members as quickly as possible. This quarter, San Francisco County began planning their Rapid COVID-19 Response, while Riverside, Los Angeles, and San Mateo Counties implemented their Rapid COVID-19 Responses (as described below).

RIVERSIDE COUNTY

In April 2020, Riverside County launched Take my Hand, a peer-chat app developed by Riverside County. Peer Support Specialists operated chats and on-call clinicians were available to support individuals whose chats indicated they were in crisis. User surveys and passive data were collected through the web-based application for the evaluation.

This quarter Riverside County created the Take my Hand Evaluation Report. The report presented findings from user surveys and passive data collected from April 17-June 30, 2020. The County also created a separate report to document milestones, challenges, and lessons learned from this deployment. The Help@Hand evaluation team synthesized both reports to identify key findings, lessons learned, and recommendations that could be generalizable to other Counties/Cities.

The Riverside County Help@Hand team also completed a retrospective survey developed by CalMHSA. This survey allowed members of the team to provide feedback on the process to identify areas for future improvement. CalMHSA synthesized and shared results of the retrospective survey with Riverside County.

Additionally, Riverside County and CalMHSA looked into how to make Take my Hand available to other Counties/Cities interested in using the technology.

LOS ANGELES COUNTY

Los Angeles County used the Rapid COVID-19 Response framework and partnered with Headspace to offer free Headspace Plus subscriptions to all Los Angeles County residents beginning in April 2020. The partnership and offering continued in this quarter. To evaluate the effort, Los Angeles County, with input from CalMHSA and the Help@Hand evaluation team, worked with Headspace to develop a dashboard. The dashboard included: the number of members added, active sessions, and the types of sessions that are accessed most. This quarter the Help@Hand evaluation team began working with Los Angeles County and CalMHSA to get access to the dashboard in order to share data in future evaluation reports.

SAN MATEO COUNTY

Similar to Los Angeles County, San Mateo County partnered with Headspace to offer free Headspace Plus subscriptions for San Mateo County residents. San Mateo County's contract with Headspace was finalized in July 2020 and licenses became available in September 2020. San Mateo County will start with a targeted outreach in the first three months of when Headspace launched and licenses were available in the County. They will begin a broader outreach in 2021.

In terms of evaluation, San Mateo County will receive usage data from Headspace, and will also receive data from surveys completed by users within the Headspace app. The County's local evaluators began developing the survey and will share it with the Help@Hand evaluation team for input. The Help@Hand evaluation team shared a list of measures included in other Help@Hand evaluation instruments with San Mateo County to maintain standardization across instruments.

IMPLEMENTATION

This quarter Los Angeles and Orange Counties made strides with implementing MindLAMP and Mindstrong.

<u>LOS ANGELES COUNTY</u>

In 2018-2019, Los Angeles County partnered with Mindstrong to develop and implement electronic diary cards with their DBT clients at their Harbor-UCLA site. In 2020, Los Angeles County decided to discontinue use of the electronic diary cards provided by Mindstrong. Instead, the County decided to partner with MindLAMP to develop and implement the electronic diary cards for their DBT clients at the Harbor UCLA site. Contract negotiations were ongoing with MindLAMP this quarter.

This quarter the Help@Hand evaluation team interviewed leaders involved in the County's Mindstrong implementation at the Harbor-UCLA site. The County's Help@Hand champions also recruited clinicians to be interviewed in the next quarter. These interviews aimed to learn about experiences with Mindstrong, including successes and barriers experienced. Interview findings are anticipated to be presented in the Year 2 evaluation report.

<u>ORANGE COUNTY</u>

Last quarter Orange County launched Mindstrong at UCI Health Psychiatry Services, where two providers referred eligible clients to the Mindstrong application. This quarter Orange County expanded their implementation to include resident clinicians referring Mindstrong. UCI Health Psychiatry Services hosted two trainings for residents on Mindstrong – one training was September 3rd and the other was September 16th. In addition, Orange County revisited and clarified the client eligibility criteria to ensure appropriate referrals to Mindstrong. Lastly, the County prepared for Peers to conduct outreach to referred clients. This involved procuring smartphones, obtaining secure emails, signing business associate agreements (BAAs), and entering into a contract with Charitable Ventures to produce outreach/marketing materials.

This quarter, Orange County also continued to develop their evaluation plan in partnership with the Help@Hand evaluation team, UCI Health Psychiatry Services, Mindstrong, and Cambria Solutions, Inc. Development of the survey and interview guide to be used with the resident clinicians referring clients to Mindstrong also occurred this quarter.

In addition, the evaluation includes surveys and interviews with users. The user evaluation involves adopters[17] completing surveys and interviews on a regular basis to understand their experience with Mindstrong. Non-adopters[18] will complete one survey and one interview to understand what factors influenced their decision to not use Mindstrong. Much work was done with the user evaluation this quarter and included:

- **Updating the user survey and process based on feedback from the Orange County Tech Leads, Peers, and clinician champion at UCI Health Psychiatry Services.** Feedback from Peers led to the creation of a phone survey to allow the option to complete the survey online or over the phone.

- **Obtaining Mindstrong test account to inform development of interview protocols next quarter.**

- **Finalizing data collection logistics for the user evaluation.** Due to COVID-19, participants will need to be recruited and consented remotely. As such, a remote consent process was developed and thoroughly tested. A recruitment phone script was created and approved by UCI's Institutional Review Board (IRB). Additionally, the evaluation team worked on obtaining participant incentives, creating tracking sheets, and developing a process to collect data across various time points.

DEVELOPING AND REVIEWING RFI AND RFP

Monterey County will develop a screening tool for various behavioral health issues and refer users to care. The tool will be available to all Monterey County residents. Earlier this year, Monterey County developed and released

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[17] Adopters are individuals who download the Mindstrong application.
[18] Non-adopters are individuals who are offered, but choose not to download, the Mindstrong application.

a Request for Information (RFI) to gather feedback from the vendor community on development of the screening tool. After analyzing the RFI results, Monterey County began developing a Request for Proposals (RFP) to solicit proposals from vendors interested in developing the app. The County also started recruiting an RFP review panel, which will include Peers/stakeholders, clinical experts, and technology experts.

This quarter Monterey County continued developing the RFP and recruiting an RFP review panel. As the County prepares to release their RFP, CalMHSA and Monterey County will take additional steps to clarify roles and responsibilities of County, CalMHSA, and vendors during the design/build and implementation phases of project.

ESTABLISHING COMMUNITY READINESS FOR TECHNOLOGY

Santa Barbara County is currently not piloting a technology, but has expressed interest in Riverside's Take my Hand platform with their community when it becomes available for Collaborative use.

This quarter Santa Barbara County focused on a 3-prong approach that involved developing: 1) their internal capacity; 2) their Digital Wellness Ambassador program (see Spotlight on page 57 for more information); and 3) a subcontract with Painted Brain to support digital literacy among their target audience. Discussions on how to evaluate Santa Barbara County's efforts are underway.

SPOTLIGHT:

Santa Barbara County Department of Behavioral Wellness' Digital Wellness Ambassador Program: Bridging a critical care gap through digital equity

Clients who receive treatment following a mental health crisis have to face the often-challenging transition from inpatient to outpatient psychiatric care. Peers with lived experience with the mental health care system are important members of the care team supporting clients in their recovery. **Recognizing the powerful role of Peers, Santa Barbara County Department of Behavioral Wellness developed the Digital Wellness Ambassador Program as part of the Help@Hand project.**

A Promising Solution

Vanessa Ramos, Santa Barbara County's Help@Hand Project Manager, developed the Digital Wellness Ambassador Program with her team of Peers. This program is an extension of the Peer role within Santa Barbara County that provides support to those recently discharged from inpatient care. In particular, Peers share information about available mental health resources and assist with navigation to outpatient referrals.

Along with the development of the Digital Wellness Ambassador Program, the Digital Wellness Ambassador Handbook is being created by Vanessa Ramos and her team. The handbook outlines the Digital Wellness Ambassador role and activities. This includes:

- How to host a virtual peer-run meeting

- Zoom and phone basics

- Local resources in Santa Barbara County

- Curriculum for "Community Resources" and "Technology and Your Wellness" groups that normalize tele-health via Zoom and provides visual aids to prepare clients for discharge from the Psychiatric Health Facility (PHF) into the outpatient system of care.

The program currently has eight Digital Wellness Ambassadors. These eight Ambassadors are culturally and linguistically diverse to meet the community needs of Santa Barbara County. Their support is extensive and involves:

- Providing digital literacy training and support to clients admitted to the PHF;

- Acting as a liaison between clients, the PHF, and the California Lifeline program in order to help clients obtain cellphones;

- Supporting digital literacy in Santa Barbara County by hosting "Appy Hours"

The following are examples of the work the Digital Wellness Ambassadors are doing.

Example 1:

Provide Phones to Enable Access. The Digital Wellness Ambassador Program assists with the partnership between Santa Barbara County Department of Behavioral Wellness and the California Lifeline Program to provide cell phones to those in need. Clients typically experience a 6-7 day period between the time of discharge from the PHF and their first outpatient therapy appointment. Unfortunately, many clients never attend that first appointment. The Digital Wellness Ambassadors address this issue by ensuring clients have access to a smart device and educating them on how to use these devices, especially related to functionality that helps to manage and attend care appointments. The Digital Wellness Ambassadors also link clients to community peer-run groups that the client is able to access through their device while they await their appointment.

Example 2:

"Appy Hours." The Digital Wellness Ambassadors and the contracted Peer-Lead agency, Painted Brain, deliver "Appy Hours" that provide group digital mental health literacy training. The "Appy Hours" facilitate group learnings by educating clients to manage their digital presence and use digital devices for accessing mental wellness resources. Additionally, some "Appy Hour" topics include a train-the- trainer model in or-der to empower community members to learn skills and teach others that may need digital literacy training (i.e., tips on how to create a GMAIL account, how to create a secure password, and how to capture and read a QR Code). These trainings are particularly needed in the era of the COVID-19 pandemic when most outpatient services have moved to tele-health formats.

Next Steps

In collaboration with Painted Brain, Santa Barbara County Department of Behavioral Wellness plans to extend the program to other populations of interest, such as transition--age youth enrolled in colleges/universities and geographically-isolated adults.

Images created by a Digital Wellness Ambassador

Clients using technology

Digital Wellness Ambassador logo

Image of a Digital Wellness Ambassador

I am Excited to be a Digital Wellness Ambassador because, I will be able to utilize my life experiences, to educate and connect people through technology. I am excited to be a source of empowerment for my community.
-Amanda

Learnings from the Technology, User Experience, and Implementation Evaluation

The Help@Hand evaluation team worked closely with the Help@Hand Collaborative to support several Counties/Cities' activities this quarter. Key learnings include:

- **Counties/Cities require varying types and levels of support from CalMHSA and the Help@Hand evaluation team depending on their capacity and resources. It is important to understand what type of support is most helpful for each County/City.**

- **Needs assessments can gather detailed information on mental health and current resources used by members of a target population. This information can inform future technologies to pilot or implement. Needs assessments conducted this quarter found:**

  o As noted in past reports, there are a range of language and linguistic needs within the target populations. Help@Hand has responded by forming the Cultural and Linguistic Adaptation workgroup in February 2020. In addition, language needs continue to be addressed during individual implementation calls. The Help@Hand Collaborative must consider apps that are sensitive to the preferred language and communication modalities of the target population, while recognizing that many digital mental health products are not available in multiple languages, reflecting a limitation of the marketplace.

  o Stigma surrounds mental health and those who seek help. Counties/Cities should keep this in mind when marketing and outreaching on technologies. For example, positive terms around healing were preferred over the term mental health among members of Riverside County's Deaf and Hard of Hearing community.

  o Participants would like to access professional services and connect to other people. This can be useful to consider in thinking about the type of technologies that can support such needs.

  o Although participants in the needs assessments felt they had the resources necessary to use mental health apps, the use of mental health apps was relatively low. Mental health technologies can help address needs, but it is critical to understand what factors affect use of technologies. For example, costs associated with using mental health technologies was often a concern.

- **Stakeholder feedback on different technologies gathered during technology exploration provides Counties/Cities with different perspectives on how to meet the needs of their target populations. It can help inform pilot planning and learning goals. Technology explorations with older adults found:**

  o Due to varying digital literacy levels among older adults, one-on-one and ongoing technical support for technology exploration may be necessary. The extent of support required may increase when technology exploration is done remotely.

  o Technologies that were evaluated were rated low on cultural sensitivity. Thus, cultural sensitivity is important to keep in mind when selecting technologies for particular target populations.

  o Learnings from Marin and San Mateo's technology exploration with older adults reveal some users rated the usefulness of technologies differently when considering it for themselves compared to when they were considering the technology for a hypothetical broader population. Counties/Cities should not generalize these perceptions to the broader target audience since the technology explorations this quarter included a small number of participants. However, this observation does highlight the importance of conducting a larger pilot with individuals that resemble the target population as closely as possible.

  o Marin and San Mateo's technology exploration with older adults also show technologies were generally rated as useful, but were not always considered to be appropriate for the goal they were expected to meet, such as reducing social isolation. It is important to define clear goals that a technology should meet so that technologies can be evaluated in light of these goals.

- **Providing support is resource intensive for all parties involved, for example in terms of marketing, implementation and technology vetting. A specific learning this quarter was that Vendors may not always be able to provide the level of desired support, such as making the technology available for vetting by County/City stakeholders.**

- **Through their unique perspective and training, Peers can help ensure that surveys, interview guides, and focus group guides are culturally appropriate and relevant to the target audience.**

4 | OUTCOMES EVALUATION AND DATA DASHBOARD

Key Points

- The evaluation team continued to conduct a national survey this quarter. Both the prevalence of anxiety and the prevalence of depression among survey participants in the Help@Hand Counties/Cities were generally higher than the prevalence of these mental illnesses among participants in the United States as a whole. Also, perceived usefulness of mental health technologies continued to be relatively high among users.

- The California Health Interview Survey (CHIS) surveyed Californians on their COVID-19 experience in May 2020. A major preliminary finding was that people with psychological distress were more likely to experience challenges due to the pandemic, especially job loss, than those without psychological distress.

OVERVIEW

The outcomes evaluation measures Help@Hand's overall impact in the state of California. It also includes a data repository.[19] In addition, Orange County is interested in serving as a pilot site for developing a decision support dashboard to help Counties/ Cities with program planning activities and monitoring. This chapter presents evaluation activities and learnings as follows:

- **Outcomes Evaluation**
  - o Measuring Mental Health Stigma
    - **Survey Methods**
    - **Prevalence of Mental Illness**
    - **Mental Health Technology Use and Usefulness**
  - o Accessing and Collecting Data from Different Sources
    - **Data from CHIS on COVID-19 Experiences**
  - o Learnings from the Outcome Evaluation
- **Data Dashboards**

OUTCOMES EVALUATION

The outcomes evaluation assesses Help@Hand's statewide effect on achieving its five shared learning objectives:

1 Detect and acknowledge mental health symptoms sooner;

2 Reduce stigma associated with mental illness by promoting mental wellness;

3 Increase access to the appropriate level of support and care;

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

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

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[19] A data repository refers to a large database infrastructure that allows for the collection, storage and management of datasets for data analysis, sharing and reporting.

MEASURING MENTAL HEALTH STIGMA

In Year 1, the Help@Hand evaluation team performed a literature search to identify measures to evaluate Help@ Hand's second shared learning objective (i.e., reduction of stigma associated with mental illness by promoting mental wellness). The literature search resulted in over 400 measures. The evaluation team then convened a task-force to help select the appropriate measures for the Help@Hand evaluation.

Through the process of selecting appropriate measures, the taskforce identified a need to learn how different labels used to refer to mental health disorders (i.e., mental illness, mental health problem, psychological disorder, and emotional distress) may impact how individuals respond to survey questions. For example, a person might respond to a question differently if the label "mental illness" was used compared to "emotional distress." The Help@Hand evaluation team launched a survey last quarter to address this need. **The survey also measured the prevalence of mental illness and the use of digital mental health technology among survey respondents in all Help@Hand Counties/Cities, California, and the United States.**

Survey Methods

Members of the Amazon Mechanical Turk (MTurk) workforce across the US were asked to complete the survey. Those who completed a survey received $6. The survey was live for data collection over the course of 4 different waves during COVID-19: April 6-13, 2020 for approximately 1,250 individuals; May 6-13, 2020 for approximately 1,750 individuals; June 2 and June 5-12, 2020 for approximately 1,750 individuals; and July 6-12 for approximately 1,750 individuals. Across these four time waves, 5,907 participants completed the survey. Of these participants, 1,076 were from Help@Hand county zip codes and 892 were from other California county zip codes. The data collection process was identical at each time point.

Table 10 displays general demographics of the respondents. Please note the sample is of higher socioeconomic status (i.e., income and education) compared to the socioeconomic characteristics of the populations of the Help@Hand Counties/Cities. As such, the generalizability of the results presented herein need to be considered within this context.

Table 10. Characteristics of MTurk Participants

Sociodemographics	Mean (SD)	Sociodemographics	%
Age	36.7 (11.6)	**Employment Status**	
	%	No change in employment status due to COVID-19	64.0
Symptoms of Depression	46.3	Reduced hours due to COVID-19	26.8
Symptoms of Anxiety	40.9	Lost job due to COVID-19	9.2
Sex		**Income Level**	
Male	57.7	0-10,000	5.4
Female	42.3	10,001-20,000	7.4
Race/Ethnicity		20,001-30,000	11.2
Non-Hispanic white	56.2	30,001-40,000	11.5
Latino	23.6	40,001-50,000	12.2
Asian	8.8	50,001-60,000	12.1
Black/African American	7.5	60,001-70,000	8.5
Other	4.0	70,001-80,000	8.2
Marital Status		80,001-90,000	5.3
Married/living in a marital-like relationship	61.5	90,001-100,000	6.0
Single/never married	33.1	100,000+	12.2
Separated, divorced, or widowed	5.5	**Education Level**	
		High school or less	18.7
		More than high school	81.3

The Q2 evaluation report showed data from the first 3 waves. Below is data from all waves. Given the unique recruitment strategy, the results should not be generalized to residents in all Help@Hand Counties. Please note that California data presented in this report do not include data from Help@Hand Counties in order to draw comparisons between Help@Hand Counties and the rest of the state. Furthermore, these data are meant to be purely descriptive. As such, conclusions drawn from these findings are not based on statistical analyses.

Prevalence of Mental Illness

Figure 11 shows the prevalence of anxiety[20] among the participants across the four waves. During the fourth wave, approximately 50% of participants experienced anxiety. In three of the four waves, the prevalence of anxiety was lower among participants in the Help@Hand Counties/Cities than it was in the rest of California. However, the prevalence of anxiety in the Help@Hand Counties/Cities was higher than in the US in three of the four waves.

Figure 11. Prevalence of Anxiety

Anxiety over Survey Waves
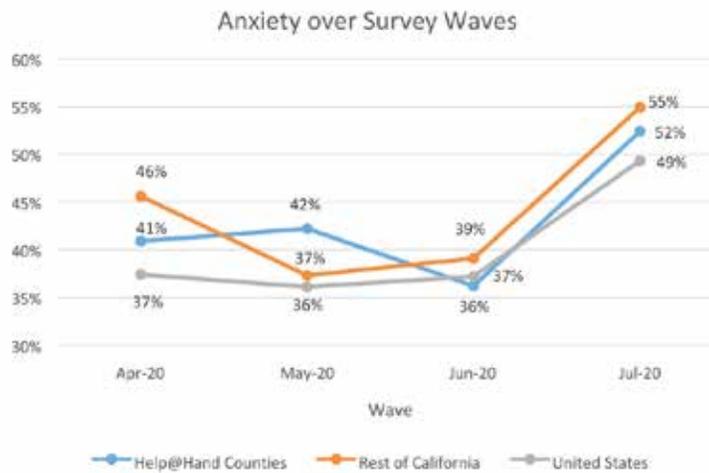
Figure 12 shows the prevalence of depression[21] among the participants across the four waves. The prevalence of depression was at its highest during the fourth wave, with more than 50% of participants in each group reporting feelings of depression. With the exception of the third wave, the prevalence of depression was lower throughout the US than in the Help@Hand Counties/Cities.

Figure 12. Prevalence of Depression

Depression over Survey Waves
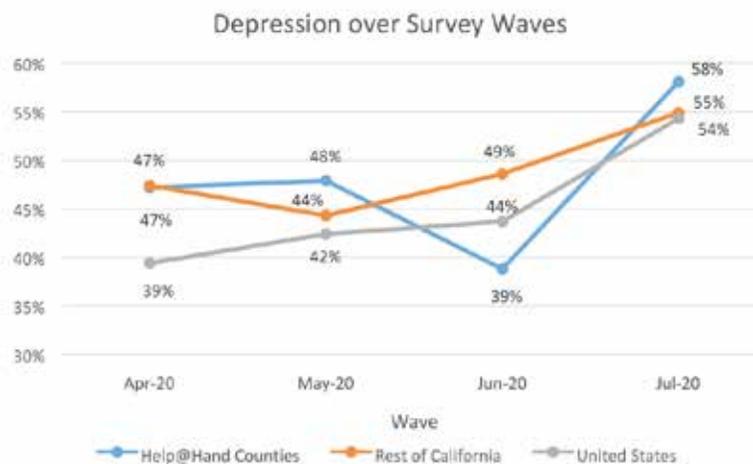
[20] Anxiety was measured using the Generalized Anxiety Disorder-7 (GAD-7). The GAD-7 asks participants to rate how frequently they have experienced symptoms of anxiety over the past two weeks. A score of 10 or greater on the GAD-7 is indicative of moderate to severe anxiety and was used to identify individuals with symptoms of anxiety.

[21] Depression was measured using the Patient Health Questionnaire-9 (PHQ-9). The PHQ-9 asks participants to indicate how frequently they experienced symptoms of depression over the past two weeks. A score of 10 or greater on the PHQ-9 is indicative of moderate to severe depression and was used to identify individuals with symptoms of depression.

It is interesting to note the general increase in both symptoms of anxiety and symptoms of depression over the four waves. These findings are suggestive of the impact that the COVID-19 pandemic has had on the mental health status of many Americans. The potential influence that the pandemic has had on the prevalence of mental illness is important to consider when devising mechanisms of promoting mental well-being.

Mental Health Technology Use and Usefulness

Figure 13 shows the percent of respondents who reported using mental health online forums and communities. The figure also shows the proportion of respondents who used mental health online forums and communities that found them useful in managing their mental health. Reported use remained relatively steady during the first three survey waves and increased at the fourth wave. Perceived usefulness of these technologies also remained high. During the fourth wave, technology use was at its highest, which parallels noted increases in rates of depression and anxiety.

Figure 13. Use and Usefulness of Mental Health Online Forums & Communities over Survey Waves
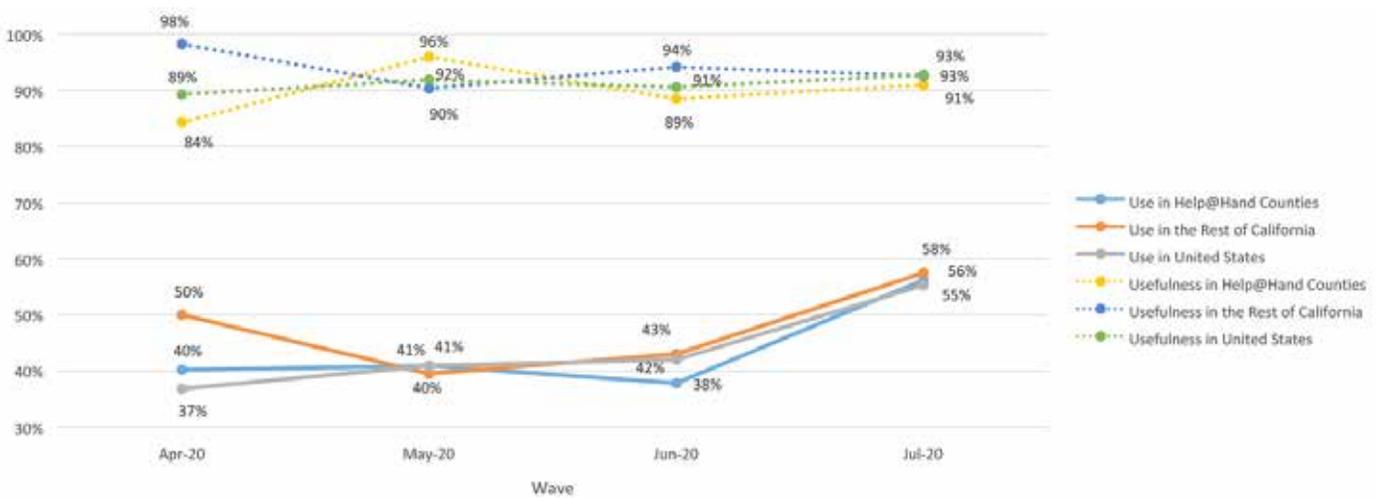
 Figure 14 shows the proportion of participants who used mental health websites and apps over the four survey waves. It also shows the proportion of respondents who used mental health websites and apps that found them useful. Use of these technologies was highest during the fourth wave. Perceived usefulness of these technologies remained relatively high in each wave, with 90% or more of participants finding the technologies useful at each time point.

Figure 14. Use and Usefulness of Mental Health Websites & Apps over Survey Waves
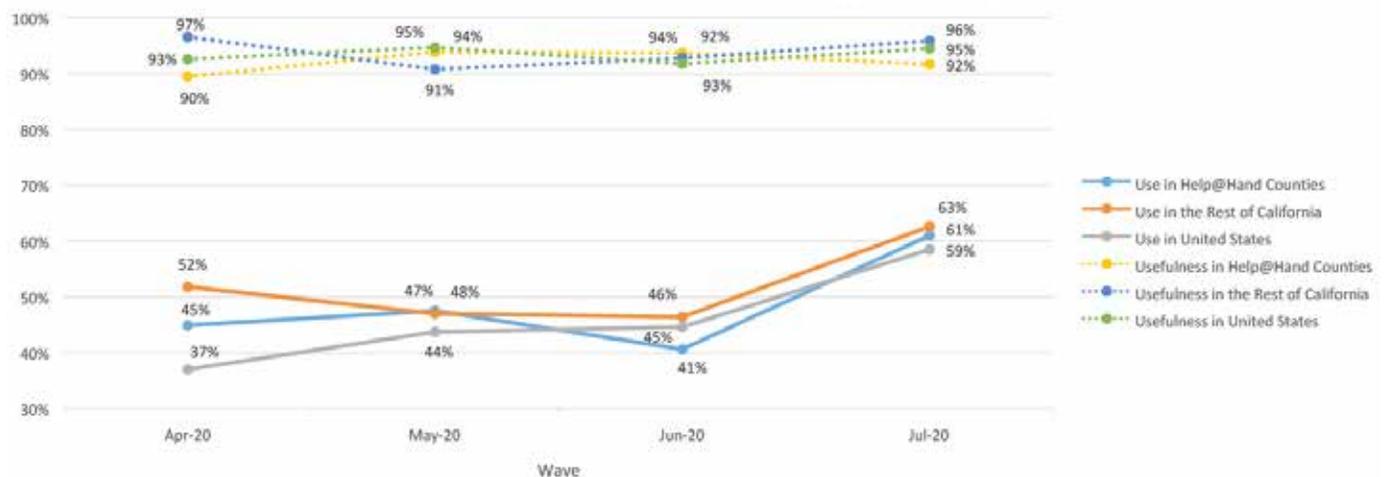
Figure 15 shows the proportion of participants who used phone or text-based crisis lines over the four waves. It also shows the proportion of respondents who used phone or text-based crisis lines that found them useful. Use was greatest during the fourth wave since more than 50% of participants in each group reported using the technologies. Perceived usefulness remained relatively high.

Figure 15. Use and Usefulness of Phone or Text-Based Crisis Lines over Survey Waves
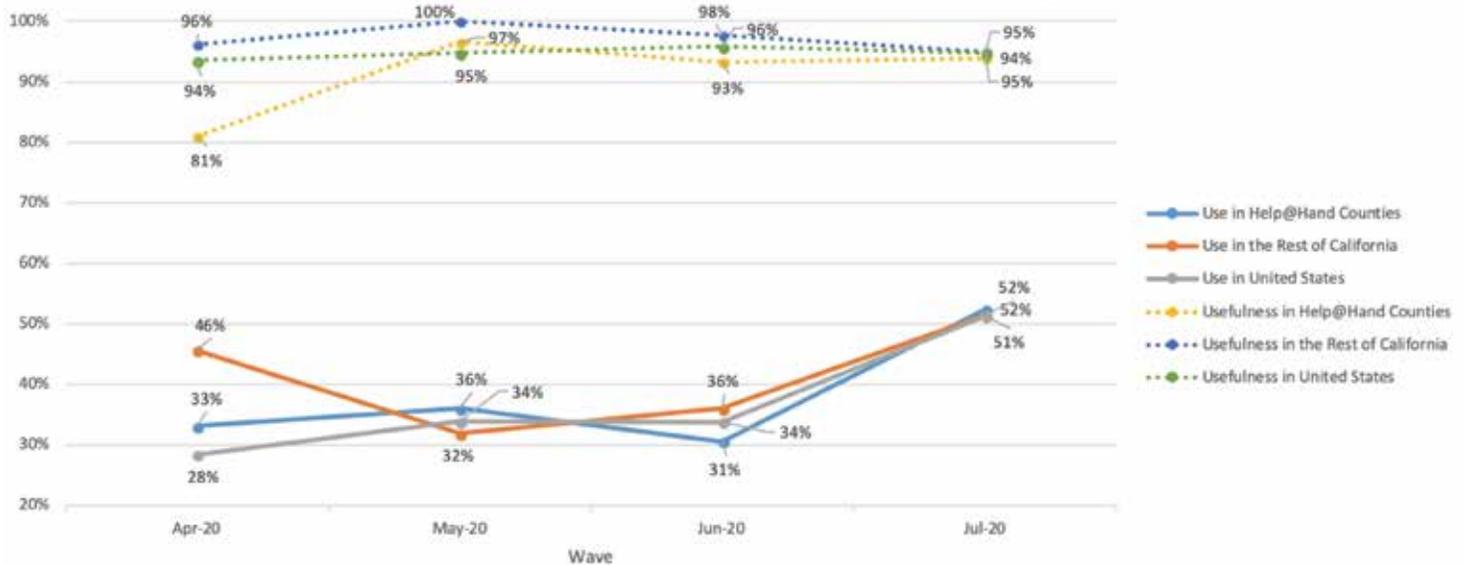
Collectively, the data collected from MTurk suggests an increase in symptoms of depression and symptoms of anxiety over time. Coupled with the change in the prevalence of these symptoms is the general increase in the use of technology to manage one's health over the four waves. Perceived usefulness of each type of technology assessed remained high at all four time periods, which makes it difficult to draw conclusions regarding which type of technology participants found to be most helpful. It is interesting to note that of the three types of technologies assessed, the most commonly used were mental health websites and apps. The least commonly used were phone or text-based crisis lines.

ACCESSING AND COLLECTING DATA FROM DIFFERENT SOURCES

The Help@Hand evaluation team continued to work on developing infrastructure and processes for data collection. This involved purchase of a server this quarter. It also involved continued work with stakeholders to collect data from: Counties/Cities and technology vendors; California Health and Human Services (CHHS); and California Health Interview Survey (CHIS).

Data from CHIS on COVID-19 Experiences

CHIS is the largest state health survey in the nation. This year CHIS asked Californians about their experiences during COVID-19 and presented preliminary analysis of the data on an online dashboard.[22] Below we present data relevant to the Help@Hand project by region for May 2020.

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[22] The dashboard is located at: https://healthpolicy.ucla.edu/health-profiles/Pages/COVID-19-Preliminary-Estimates.aspx.

COVID-19 Testing and Diagnosis

Table 11 shows the demographic characteristics who were diagnosed or thought they had COVID-19 as well as those who were tested for COVID-19.

Table 11. Demographics of CHIS Survey Participants[23]

Those who Ever Had or Thought They Had COVID-19			Ever Tested for COVID-19		
Region	**%**		**Region**	**%**	
Central Coast	14.9		Central Coast	20.1	*
Greater Bay Area	12.7		Greater Bay Area	50.1	
Los Angeles County	7.5		Los Angeles County	47.3	
Northern/Sierra Counties	10.9		Northern/Sierra Counties	17.5	*
Other Southern California Counties	10.1		Other Southern California Counties	44.1	
Sacramento Area	12.8		Sacramento Area		**
San Joaquin Valley	11.1		San Joaquin Valley		**
Age			**Age**		
18-64	11.7		18-64	36.8	
65+	5.5		65+	58.8	*
Sex			**Sex**		
Female	10.8		Female	40.7	
Male	10.2		Male	36.5	
Race/Ethnicity			**Race/Ethnicity**		
American Indian/Alaska Native	5.5	*	American Indian/Alaska Native		**
Asian	7.7		Asian	55.5	*
Black	7.5	*	Black		**
Latino	9.4		Latino	43.5	
Multiracial	14.6	*	Multiracial	26.0	*
Native Hawaiian/Pacific Islander		**	Native Hawaiian/Pacific Islander		**
White	13.0		White	30.2	

[23] A single asterisk (*) indicate unstable estimates with a coefficient of variation >= .30. Double asterisk (**) indicate estimates suppressed because of small sample sizes.

COVID-19 Challenges

Californians experienced several challenges due to COVID-19 as shown in **Figure 16**. Job loss and reduced job hours/income was greatest in Los Angeles County. About 15% of survey participants in Los Angeles County also experienced financial difficulties with basic necessities or rent/mortgage. Job loss was reported high in the North-ern/Sierra Counties too.

Figure 16. COVID-19 Challenges by Region[24]

Childcare Difficulties
- 2.0%*
- 1.0%*
- 2.2%
- 1.7%*
- 1.6%
- 2.0%*
- 1.2%*

Treated Unfairly due to Race/Ethnicity
- 1.2%*
- 4.4%*
- 2.7%*
- 1.6%*
- 2.1%*
- 1.3%*
- 1.9%*

Experienced Other Challenges
- 3.4%*
- 7.1%*
- 6.1%
- 4.7%*
- 5.6%
- 4.9%
- 5.4%

Financial Difficulties with Rent/Mortgage
- 8.9%
- 5.7%*
- 7.6%
- 12.3%*
- 13.6%
- 7.0%
- 5.5%*

Financial Difficulties with Basic Necessities
- 14.0%
- 6.8%*
- 9.1%
- 14.3%*
- 15.3%
- 9.0%
- 7.4%*

Lost Job
- 12.2%
- 10.2%*
- 7.6%
- 18.1%
- 19.6%
- 10.5%
- 11.3%*

Reduced Job Hours/Income
- 14.6%
- 18.2%
- 18.4%
- 17.6%
- 25.5%
- 20.8%
- 19.8%

Continued Work as an Essential Worker
- 31.3%
- 29.3%
- 26.8%
- 27.2%
- 16.6%
- 15.7%
- 19.8%

Switched to Working from Home
- 12.2%
- 27.6%
- 27.4%
- 15.1%
- 26.5%
- 40.6%
- 28.0%

Legend:
- San Joaquin Valley
- Sacramento Area
- Other Southern California Counties
- Los Angeles County
- Greater Bay Area
- Central Coast
- Northern/Sierra Counties

[24] A single asterisk (*) indicate unstable estimates with a coefficient of variation >= .30. Double asterisk (**) indicate estimates suppressed because of small sample sizes.

Other major challenges were switching to work from home and continuing work as an essential worker. Switching to remote work was greatest in the Greater Bay Area, while continuing as an essential worker was greatest in the San Joaquin Valley. It is interesting to note the reverse trend in both these regions – continuing as an essential worker was lowest in the Greater Bay Area and switching to remote work was lowest in the San Joaquin Valley.

Figure 17 shows the percent of survey participants experiencing different challenges by their level of distress. Psychological distress was measured using the Kessler Psychological Distress Scale, where participants were asked 6 questions about anxiety and depression symptoms that they may have experienced in the past 30 days. Based on their responses, participants were identified as having psychological distress or not.

Figure 17. COVID-19 Challenges by Psychological Distress[25]

Challenge	No Psychological Distress	Psychological Distress
Childcare Difficulties	1.7%	4.0%*
Treated Unfairly due to Race/Ethnicity	1.8%	6.1%*
Experienced Other Challenges	5.3%	6.6%
Financial Difficulties with Rent/Mortgage	8.7%	14.9%
Financial Difficulties with Basic Necessities	10.1%	25.7%
Lost Job	11.1%	29.0%
Reduced Job Hours/Income	19.9%	27.2%
Continued Work as an Essential Worker	21.7%	26.5%
Switched to Working from Home	28.9%	15.9%

■ No Psychological Distress   ■ Psychological Distress

[25] A single asterisk (*) indicate unstable estimates with a coefficient of variation >= .30. Double asterisk (**) indicate estimates suppressed because of small sample sizes.

People with psychological distress were more likely to experience each of the challenges asked than those without distress. Perhaps most striking, nearly 30% of those with distress lost their job, as compared to just over 10% of those without distress. More than 25% of those with distress had difficulty with basic necessities and nearly 15% had difficulty with rent/mortgage. In contrast, only about 10% of those without distress experienced either of these challenges.

The COVID-19 pandemic has had an unprecedented impact on the population of the U.S. These preliminary findings provided by the CHIS suggest some of the challenges that have been experienced by residents of California, including Help@Hand Counties/Cities. For example, residents report financial challenges in meeting both basic and housing needs. Furthermore, respondents also reported changes in employment status as a result of the pandemic. These preliminary results show that these challenges were generally higher among those with psychological distress, suggesting potential societal factors that may be playing a role in noted changes in mental health.

Learnings from the Outcomes Evaluation

The Help@Hand evaluation team examined statewide survey data and learned:

- **The evaluation team surveyed participants throughout the US to understand the prevalence of mental illness and the use of mental health technologies. Results from this survey showed:**

  o Both the prevalence of anxiety and the prevalence of depression in the Help@Hand Counties/Cities were generally higher than the prevalence of these mental illnesses in the United States as a whole.

  o Perceived usefulness of mental health technologies was relatively high throughout survey collection.

  o The prevalence of anxiety and the prevalence of depression were at their highest in the Help@Hand Counties/Cities, the rest of California, and the United States during the last time that the survey was given (i.e., between July 6-12, 2020). This increase coincided with an increase in the use of mental health technologies.

- **CHIS surveyed Californians on their COVID-19 experience in May 2020. Preliminary results show:**

  o In general, those who lost their job or had their hours reduced were also likely to experience financial challenges.

  o People with psychological distress were more likely to report experiencing challenges than those without distress, particularly job loss.

  o Interestingly, it did not appear that there was an association between greater testing and a greater prevalence of COVID-19.

  o Collectively, these findings reveal some of the challenges experienced by residents of Help@Hand Counties/Cities, as well as California as a whole, during the COVID-19 pandemic.

DATA DASHBOARDS

The Help@Hand evaluation team in partnership with Orange County planned to pilot decision support dashboards before disseminating this work to other Counties/Cities. This work is paused in order to allow Orange County to focus on other project priorities and activities.

Based on evaluation findings and learnings presented in this report, the Help@Hand evaluation team recommends the following for the overall Help@Hand Collaborative and the individual Help@Hand Counties/Cities.

RECOMMENDATIONS TO THE HELP@HAND COLLABORATIVE

- Continue to develop processes for making information more easily accessible for Counties/Cities, for example by sharing findings across Counties from technology explorations through learning updates.

- Understand the available resources offered by the Vendor. Consider using the following questions as a guide. These questions are not intended to be comprehensive, but rather used to facilitate a guided conversation:

  o *Marketing:* What marketing materials are available and have been used to support adoption of product and maintenance of use over time? Who are the target audiences for these materials? Describe any efforts to test the efficacy/usefulness of potential marketing approaches?

  o *Implementation:* Describe some of the settings for which the product has been successfully implemented? What has been some of the most successful implementation contexts (including target audiences)?

  o *Data Availability:* Will data be shared at individual level or the aggregate? Identified or de-identified? Is the vendor willing to provide a data dictionary for data to be shared with the County/City? How are data constructs operationalized (including what is the denominator that is used)?

  o *Dashboard Construction:* How often will data on the dashboard be refreshed? Will archival data be made available? Will the data be exportable?

- The Help@Hand Project Management team can continue to assess County/City needs to adapt project management support and documentation, such as implementation meeting agendas or OCM plan templates, to each County/City's unique implementation stage, capacity, and available resources. For example, some Counties/Cities have large and diverse teams, whereas others have small teams. Some are at exploration phases, whereas others are preparing for pilot implementations. It is recommended that this tailoring occur to ensure appropriate support for each County/City.

- Consider making changes and/or revisions to the RFSQ process as Counties encounter needs that were not addressed in the original process. For example, information about a product's available languages continues to be a common request.

RECOMMENDATIONS TO HELP@HAND COUNTIES/CITIES

- Understand the underlying needs of your target audiences. Needs assessments can provide important insights in the mental health needs of a target population. If Counties/Cities do not have a detailed understanding of their target audience yet, a needs assessment is recommended to uncover needs that can inform technology selection. In addition, these needs may inform strategies for marketing and outreach that is appropriate for the target population.

- Aim to recruit users in pilot efforts that reflect the target population. Users can perceive the usefulness of technologies differently when they consider a technology for themselves, versus when considering it for a particular population. For the exploration phase, Counties/Cities should aim to recruit participants that are as representative as possible of the target audience.

- Recognize and plan for the challenge of working remotely. Providing remote technical support is more challenging than in-person support. When gathering feedback remotely, Counties/Cities should be prepared to provide additional support and set aside more time to collect target audience feedback.

- Define goals and learning objectives for each technology implementation early in the process. Participants rate the usefulness of technologies differently, depending on what goals a technology is expected to meet. Counties/Cities should clearly define their goals and learning objectives to select and evaluate a technology.

- It is recommended to involve Peers to develop data collection instruments that are appropriate for the intended target audience.

- Compare the features of similar products (e.g. myStrength, SilverCloud) during the app selection process. Many of the products reviewed during the RFSQ process have features that overlap, but have important differences that make some apps a better fit for a particular target audience than other apps.

American Sign Language. (2020). Retrieved from https://www.nidcd.nih.gov/health/american-sign-language

Batya Swift Yasgur, M. (2020). *'Staggering' Increase in COVID-Linked Depression, Anxiety*. Medscape. Retrieved from https://www.medscape.com/viewarticle/934882

Fowers, A., & Wan, W. (2020). *A third of Americans now show signs of clinical anxiety or depression, Census Bureau finds amid coronavirus pandemic*. Washington Post. Retrieved from https://www.washingtonpost.com/health/2020/05/26/americans-with-depression-anxiety-pandemic

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., Walters, E. E., & Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine, 32*(6), 959–976. https://doi.org/10.1017/s0033291702006074

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

Nirmita, P., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., Muñana, C., Chidambaram, P. (2020). *The Implications of COVID-19 for Mental Health and Substance Use*. Retrieved from https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use

Pick, L. (2013). Health care disparities in the deaf community. Retrieved from https://www.apa.org/pi/disability/resources/publications/newsletter/2013/11/deaf-community

Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder. *Archives of Internal Medicine, 166*(10), 1092. https://doi.org/10.1001/archinte.166.10.1092

Twenge, J. M., & Joiner, T. E. (2020). *U.S. Census Bureau-assessed prevalence of anxiety and depressive symptoms in 2019 and during the 2020 COVID-19 pandemic*. Depress. Anxiety, 37(10), 954–956. doi: 10.1002/da.23077

UCLA Center for Health Policy Research. (2020). 2020 California Health Interview Survey Preliminary COVID-19 Estimates Provided by the UCLA Center for Health Policy Research. Retrieved from https://healthpolicy.ucla.edu/health-profiles/Pages/COVID-19-Preliminary-Estimates.aspx

UCLA Center for Health Policy Research. (2020). A New Design for CHIS 2019-2020. Retrieved from https://healthpolicy.ucla.edu/chis/design/Pages/2019-2020-methods.aspx

Each Help@Hand County/City completed the following tables that describe their program information, accomplishments, lessons learned, and recommendations.

City of Berkeley	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• None	• Kirsten White • Karen Klatt	• Kirsten White • Karen Klatt
Implementation Site	• TBD		• TBD
Team Composition	• Tech Lead, Behavioral Health Director, MHSA Coordinator, Peer, Project Coordinator	• Steven, BH Director • Karen, MHSA Coordinator • Jaime, Peer Lead • Kirsten, RDA Consultant • Nicole, RDA Consultant	• Steven, BH Director • Karen, MHSA Coordinator • Jaime, Peer Lead • Kirsten, RDA Consultant • Nicole, RDA Consultant • Jeff Buell, Clinical Coordinator
Target Audience	• TBD	• TAY; isolated seniors; communities of color, including African Americans, Latina, etc.; general population of Berkeley	• TAY; isolated seniors; communities of color, including African Americans, Latinx, and API community members; general population of Berkeley
Products In Use/ Planned	• TBD	• Under review	• Selection in progress
Implementation Approach	• TBD		• TBD
Other Unique Qualities (of target audience, implementation, or other program aspect)	• TBD	• Prefer to engage minority-owned vendors	• Prefer to engage minority-owned vendors
Milestone	• Not applicable	• Peer Lead allocated to project • Local consultants contracted and onboarded to support app selection and developed plans for implementation	• The City Mental Health Team Partners are engaged in the App Technology selection
Lessons Learned	• Not applicable	• Time required for processes and approvals • Project required dedicated resources • Organizational change management is as important as the technology	• Carefully analyze experiences & successes of other collaborative members
Recommendations	• Not applicable		

Kern County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Lamar K. Brandysky, LMFT	• Lamar K. Brandysky, LMFT	• Lamar K. Brandysky, LMFT
Implementation Site	• Self-Empowerment Team	• Self-Empowerment Team	• Self-Empowerment Team
Team Composition	• Project Lead, Peer Lead, 2 Peers, PIO, Marketing Associate	• Project Lead, Peer Lead, 1 Peer, PIO, Marketing Associate	• Project Lead, Peer Lead, 1 Peer, PIO, Marketing Associate
Target Audience	• Clients with serious mental illness • Kern County Residents	• Clients with serious mental illness • Kern County Residents	• Clients with serious mental illness • Kern County Residents
Products In Use/ Planned	• App Brochure, 2nd Edition – English and Spanish versions • App Brochure, 3rd Edition (planned)	• App Brochure, 2nd Edition – English and Spanish versions • App Brochure, 3rd Edition (planned)	• App Brochure, 2nd Edition – English and Spanish versions • App Brochure, 3rd Edition (planned)
Implementation Approach	• Wide distribution of the App Brochure	• Wide distribution of the App Brochure	• Wide distribution of the App Brochure

Kern County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Offer clinician education on App Guide (planned) • Support other Help@Hand Counties/ Cities (Mono, Modoc, and Santa Barbara) develop their own tailored App Guide • Adapt App Brochure for Nevada, Fresno, San Bernardino, and Inyo Counties to publish their own App Guide	• Offered clinician education on App Guide (planned) • Supported other Help@Hand Counties/ Cities (Mono, Modoc, and Santa Barbara) develop their own tailored App Guide • Adapted App Brochure for Nevada, Fresno, San Bernardino, and Inyo Counties to publish their own App Guide	• The state-wide medical emergency declared by the governor has resulted in a pause on all Help@Hand activities
Milestone	• Published the 2nd Edition of "The Peers' Guide to Behavioral Health Apps" App Guide in English and Spanish • Created a version of the app guide for Modoc, Mono, and Santa Barbara Counties that included content modifications and printing set-up • Prepared and Implemented a four-hour Peer Workshop on empowerment training for Kern BHRS and contracted Peers • Empowered Peers though the app guide development and dissemination • Prepared and hosted two-day Digital mental health literacy training for Help@Hand Peers • Presented App Brochure to County Board of Supervisors in January • Presented to the Kern BHRS Management and to the Kern BHRS contract CEOs • Started systemic distribution to other Kern County agencies	• The state-wide medical emergency declared by the governor has resulted in a pause on all Help@Hand activities.	
Lessons Learned	• The proposed apps need to be thoroughly vetted prior to piloting with clients. A prime role of County mental health is to assure the provision of safe products to their vulnerable population. • Digital literacy takes one-on-one coaching which is time consuming and labor intensive. • Consumers benefit from basic digital literacy training. • Collaborating with fellow counties is fruitful and productive. • Working with County agencies requires an abundance of patience and perseverance. • It is vital that the peer employees not only have lived experience, but that they will have progressed sufficiently in their recovery that they feel free to share details of their journey. This sharing of surviving and thriving in their recovery is a prime issue to benefit our consumers and members.	• Same as Q1	
Recommendations	• Focused on producing a product. Time and energy can be spent on process and procedures with no resulting product	• Same as Q1	

Los Angeles County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Katherine Steinberg, MPP, MBA • Alex Elliott, MSW • Ivy Levin, LCSW	• Katherine Steinberg, MPP, MBA – Reassigned mid May 2020 • Alex Elliott, MSW – Served as a liaison for Painted Brain/Peer contributions	• Alex Elliott, MSW- Served as a liaison for Painted Brain/Peer contributions
Implementation Site	• Harbor UCLA DBT program • Peer Resource Center (planned) • Geriatric Evaluation Networks Encompassing Services Intervention Services (GENESIS) outpatient program for older adults (projected for pilot) • Telecare Los Angeles Older Adults (LAOA) Full Service Partnership (FSP) program (projected for pilot)	• Harbor UCLA DBT program • Peer Resource Center (planned) All pilots were placed on hold due to COVID	• Harbor UCLA DBT program • Peer Resource Center (planned) • All pilots were placed on hold due to COVID
Team Composition	• Program Lead/Project Manager, Chief Medical Officer (Executive Sponsor), Behavioral Health Director, 2 Tech Leads, Chief Information Officer, IT Project POC, Chief of Peer Services, Evaluation Lead, Privacy SME, IT Security SME, Harbor UCLA Clinical Champion, Public Information Officer	• Program Lead/Project Manager, Chief Medical Officer (Executive Sponsor), Behavioral Health Director, 2 Tech Leads, Chief Information Officer, IT Project POC, Chief of Peer Services, Evaluation Lead, Privacy SME, IT Security SME, Harbor UCLA Clinical Champion, Public Information Officer	• Program Lead/Project Manager, Chief Medical Officer (Executive Sponsor), Behavioral Health Director, Chief Information Officer, IT Project POC, Chief of Peer Services, Evaluation Lead, Privacy SME, IT Security SME, Harbor UCLA Clinical Champion, Public Information Officer, Additional DMH staff/SMEs, as needed
Target Audience	• Transitional age youth and college students • County employees • Complex needs individuals (i.e., those with multiple and repeated hospitalizations) • Individuals and family members uncomfortable accessing community mental health services seeking de-stigmatized care and supports for well-being • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting	• All Los Angeles County residents in need of support due to COVID. • County employees • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting.	• All Los Angeles County residents in need of support due to COVID • County employees • Existing mental health clients seeking additional support or seeking care/support in a non-traditional mental health setting
Products in Use/Planned	• Headspace (planned) • Modified Mindstrong Health App • CredibleMind (projected for pilot) • Uniper (projected for pilot) • MindLAMP (projected for pilot)	• Headspace for COVID-19 response made available • Modified Mindstrong Health App	• Headspace for COVID-19 response continued • Began transition from Mindstrong Health App to MindLAMP (diary cards)
Implementation Approach	• Headspace for current DBT clients (possible COVID-19 response) • Headspace for individuals visiting the DMH Peer Resource Center • CredibleMind for isolated populations at higher risk for more serious complications from COVID-19 • Uniper for current DMH clients in the GENESIS outpatient program for older adults • Uniper for current older adult clients with internet access enrolled in the Telecare Los Angeles Older Adults (LAOA) Full Service Partnership (FSP) program • MindLAMP for clients in Harbor UCLA DBT program	• Headspace for COVID-19 response made available to all county residents • MindLAMP for clients in Harbor UCLA DBT program • Headspace for individuals visiting the DMH Peer Resource Center	• Headspace for COVID-19 response, available for all LA County residents • MindLAMP for clients in DBT programs in LA County, in development
Other Unique Qualities (of target audience, implementation, or other program aspect)	• LAC DMH is exploring how to use apps and platforms that have already gone through internal review to meet the increased needs of those impacted by COVID-19 (COVID-19 response)	• Rapid deployment, without pilot process, of Headspace to meet the increased needs of the community due to COVID-19 • Streamlined all DMH communications to ensure community is aware of resources available	• Transition in progress to use MindLAMP to meet the increased needs of clients receiving DBT • MindLAMP is a unique open source solution • MindLAMP is developing a Digital Diary Card for LACDMH • DMH is developing the technical infrastructure to host MindLAMP within LACDMH's IT ecosystem via Microsoft Azure

Los Angeles County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Milestones	• Continued development and refinement of pilot proposal documents • Coordinated calls between vendors, LAC IT security, LAC program leads, and CalMHSA to get questions answered • Began evaluation planning and proposal refinement with UCI and CalMHSA • Learning collaborative at PRC: Discussion for the Development of a Guide to Wellbeing Apps Brochure • Development of Painted Brain App Evaluation Matrix • Finalized Guide to Wellbeing Apps Brochure and shared with the Help@Hand Collaborative • Gathered free resources offered in response to COVID-19 and shared with the Help@Hand Collaborative • Created a dynamic QR code for App Brochure • Presented pilot plans to Help@Hand leadership group (all pilots approved by Collaborative) • Development of Digital Health Literacy Modules by Painted Brain and associated DMH review • Headspace presentation at Countywide Supervisors Forum • Headspace on-site meeting: Getting started with Headspace with Tom Freeman, Engagement Manager • Development of request for information (RFI) Screening Tool w/ Monterey County • Participated in Help@Hand Language/Monolingual Working Group • Clinical Peer Review Presentation for the Quality, Outcomes and Training Division: Resources to help Deaf, Hard of Hearing, Blind and Physically Disabled Populations access and use Assistive Technology • Updated Help@Hand LA Charter and committee structure • Collaborated with UCI to develop the Community College students digital mental health baseline needs assessment	• The Leadership Committee reviewed and approved three pilot proposals from LA County on April 9th, 2020. • Headspace Plus subscription made available to all Los Angeles County residents as part of COVID rapid response in early May • Updated Peer-developed Digital Mental Health Literacy Modules to adapt for virtual training sessions • Engaged in the development of specific modules of digital health literacy curriculum and training to include telehealth etiquette and use of selected DMH telehealth platform (Vsee) by Peers • Held Digital Mental Health Literacy virtual trainings for Service extenders, Community Health Workers, and Peers champion • Translated Guide to Wellbeing Apps Brochure to Spanish and disseminated to the Help@Hand Collaborative • Various outreach and communication efforts to increase awareness and engagement with Headspace and the Guide to Wellbeing Apps • LACDMH LE provider completed interview on Apps to Support Wellbeing at Compton Pride	• Held Digital Mental Health Literacy virtual trainings for Service extenders, Community Health Workers, and Peers champion. Virtual trainings included Telehealth connection and support training for the peer champions • Held office hours to provide support and technical assistance for Service extenders, Community Health Workers, Peer Resource Center staff, and Peer champions • Presentation at 8/20 Peer Lead Collaboration meeting: Painted Brain: Peer roles in Telehealth
Lessons Learned	• Establish a central point-person as the lead project manager and leadership representative to triage and delegate tasks to team members and govern implementation and contracting • Refocus technology selection from customization and development to employment of technologies currently in use in health and academic settings • Even more due diligence is required around product functionalities and offerings to confirm they meet county expectations and needs prior to contracting • Ensure digital health curriculum for clients is also given to providers in a condensed form • Local learning collaborative approach allows for regular feedback from key stakeholders and supports development of organizational culture of digital health readiness • Plan for significant training and monitoring for implementation sites to allow for greater iteration and engagement	• As the emotional impact of COVID-19 and the stay-at-home orders became increasingly evident, the County determined that all resources needed to be applied to reaching the community.	• Technical updates and considerations are needed to implement MindLAMP and other open source solutions into the LACDMH IT ecosystem

Los Angeles County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Lessons Learned (continued)	opportunities among staff • Continue to collect understanding of unmet needs for target audience to help inform technology selection, piloting, and scaling • Articulate success metrics and plan for collection ahead of pilot implementation (identify the quantitative and qualitative metrics to measure effectiveness with digital mental health and wellness applications) • Utilize hands-on demos, videos, and visualizations to engage stakeholders in learning about the features of Tech Suite technologies		
Recommendations	• Be flexible and adaptable to adjust pilots to evolving needs and priorities • Allow for differences in approach across Collaborative while sharing learnings and experiences broadly • Stakeholders are looking for SME to curate resources on their behalf to make selection of digital health resources easier • Work closely with internal DMH IT department starting early in process, particularly as it relates to privacy and security reviews • Create a process for internal SME reviews of technologies and approach to communicating updates across SMEs • Facilitate more open sharing, communication and learning across counties and among counties and vendors (include tech, evaluation, marketing vendors and CalMHSA) • Work closely across admin, program leads, vendors, and evaluators on the aligned pilot plans • Regular learning collaborative opportunities supports readiness for digital health implementations • Increased communication between counties and CalMHSA about process requirements is helpful • Utilize local marketing/design resources to develop tools and communication materials quickly and allow for easy iteration • Maintain realistic goals about timeframe for internal IT review of vendors under consideration and CalMHSA contracting timeline • Consider piloting technologies that require only minimal customization to the public mental health space, rather than product development. Wait on customization efforts until after initial usability is demonstrated • Plan early which success metrics will be met for advancing to spread of technology with the county • Consider the spread plan during pilot planning • Engage expertise in digital health piloting • Engage dual SME and certified Peers for digital health curriculum development • Consider a phased approach to roll-out, starting with only 1 or 2 counties per technology, with clear success metrics • Execute vendor contracts linked to clear	• Be flexible and adaptable to changing needs. • Collaborate effectively to respond to the rapidly changing environment in the community.	• Work closely with internal DMH IT department as early in the process as possible

Los Angeles County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
	milestones of project success • Iterate on project budget to ensure it reflects the vision for a suite (or menu) of technologies to increase access to mental health and wellbeing and ensure transparency to counties about budget and costs of deliverables requested • Stay up to date on the mobile digital health technologies and allow for new technologies to be a part of the selection on on-going basis • Bring lessons learned from other organizations that have created tech suites back to this Collaborative • Compare products on the Tech Suite bench to what is available in the digital mental health and wellness market • Despite pressure around reversion, ensure appropriate due diligence and clarity around the process and timeline before pushing timelines forward • Facilitate meaningful collaboration and sharing among counties (facilitate a shared understanding of what collaboration means to the Collaborative) • Ensure all information is provided to the counties in a timely manner so that counties can drive decision making and apply learnings in an expedited manner • Ensure there is clarity with budgeting on what dollars are available from funding for local operationalization so counties can plan and execute on plans efficiently • Stay up to date on the free mobile digital health technologies that are available such as apps available through county libraries and the Statewide Peer Run Warm Line • Monitor Tech Suite technologies analytics dashboards to inform quality improvement, outreach and engagement strategies • Eliminate barriers to individuals' participation in the Tech Suite by spending time understanding what those potential barriers might be (i.e., increase the number of USB ports in clinics and drop-in centers to support charging devices, assist clients with accessing phones through the California Lifeline Program)		

Marin County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Chandrika Zager • Lorraine Wilson, MSW	• Chandrika Zager • Lorraine Wilson, MSW	• Chandrika Zager, LCSW MPH
Implementation Site	• Not applicable	• Not applicable	• Not applicable – working through partner CBOs
Team Composition	• Behavioral Health Director, Peer, MHSA Coordinator, Tech Lead	• Behavioral Health Director, Peer, MHSA Coordinator, Tech Lead	• Behavioral Health Director, MHSA Coordinator, Tech Lead, Peer Lead
Target Audience	• Older Adults (particularly those who are isolated)	• Older Adults (particularly those who are isolated)	• Older Adults (particularly those who are isolated)
Products In Use/ Planned	• Uniper (Testing) • myStrength (Testing) • Happify (Testing) • Wysa (Testing)	• Uniper • myStrength	• Uniper • myStrength
Implementation Approach Other Unique Qualities (of target audience, implementation, or other program aspect)	• TBD • Builds an intergenerational component (planned) • Obtain stakeholder feedback through online venues (COVID-19 response); will require both group and individual coaching and a much more drawn out process	• TBD • Virtual Focus Groups (200 hours, 12 participants) • All data gathered remotely – Zoom, Doodle, Online Surveys, DocuSign	• In development • Concurrent dual pilots planned • Piloting both apps with monolingual Spanish-speaking population
Milestone	• Business Advisory Committee established and will hold first meeting 4/16 • Identified two groups of stakeholder testers (congregation of older adults and peers) • Request for proposal issued to identify a trainer experienced with older adults to assist with digital literacy training • Recruitment is underway to hire a Peer for the project	• Advisory Committee met 4 times and helped recruit focus group members, outline outreach plan, and shared additional considerations for local evaluation • Tech4Life hired – contractor experienced in remote coaching in use of tech for older adults • Peer recruitment – Anticipated start mid-late August	• Peer Lead hired and onboarded • Dual pilot proposal approved by compliance, county counsel, and IT
Lessons Learned	• Selection of an app is a slow process and having a shared understanding of the limits of language capacity among the apps in the pilots needs to be communicated broadly • The redirect of the project to online stakeholder feedback sessions for older adults, who are not necessarily highly technologically literate, will require skill in communication and the use of many more digital tools (i.e., Survey Monkey, Zoom, email). This method of gathering feedback and engagement will require more small group and one-on-one coaching; it is unclear how well this will work for older adults	• Digital Behavioral Health Literacy will be critical for rolling out to Older Adult population • Remote focus group process is time consuming, but provides critical input to selecting an app • Older Adults are interested in supporting other Older Adults • Older Adults engaged in testing enjoyed the process	• Neither app adequately meets both issues of social isolation & mental health. This was based on a very small sample size. It should be noted that the pilot will further assess whether these apps will address both of these issues adequately. Also, when we address social isolation, we may be addressing mental health so we will be developing an evaluation that asks the right questions to get at this.
Recommendations	• Establish shared guiding principles at the leadership level on how pilots will address language capacity collectively rather than project-by-project. For example, develop shared agreements that the overall project would identify at least x% that respond to Spanish language needs, y% Mandarin, etc. This might prevent some voting against local pilots because one app is not addressing language and approving another because it does address language • View the apps through a lens of language capacity being the top priority; will yield different results than looking at it through the lens of: Does the technology work for the population selected?	• Obtaining up front data will be helpful in making a more informed app selection to pilot. App reviewers had diverging opinions about which apps were most helpful. • Learning objectives and differences between the apps – one focused more on increasing sense of belonging and the other on detecting and acknowledging MH symptoms sooner. While there is overlap, each of the apps more clearly addresses one learning objective than the other. This is informative for decision making.	

Marin County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Recommendations (continued)	• Establishing shared agreements and viewing apps through language capacity might better support community buy-in for the project in all communities because it would clarify that Help@Hand is focused first on the technology, but with a commitment to test the language with targeted stakeholder groups where it is most appropriate. It acknowledges the huge language limits existing in current digital behavioral health apps		

Modoc County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Rhonda Bandy, PhD	• Rhonda Bandy, PhD	• Rhonda Bandy, PhD
Implementation Site	• Modoc County Behavioral Health (MCBH)	• Modoc County Behavioral Health (MCBH)	• Modoc County Behavioral Health (MCBH)
Team Composition	• MCBH Branch Director, MCBH MHSA Coordinator, Behavioral Health Specialist	• MCBH Branch Director, MCBH MHSA Coordinator, Behavioral Health Specialist	• MCBH Branch Director, MCBH MHSA Coordinator, Behavioral Health Specialist, Peers, Health Services IT
Target Audience	• Current clients • County residents	• Current clients • County residents	• Current clients • County residents
Products In Use/ Planned	• DBT Diary Cards from Mindstrong (tentative) • Apps vetted by other Counties that Modoc chooses off the bench (planned)	• Apps vetted by other Counties that Modoc chooses off the bench (planned)	• Waiting for apps vetted by other Counties that Modoc will choose off the bench • Appy Hours training is beginning to be translated into Spanish by local peer due to process taking too long through H@H administrative coordination. If the translation arrives before we are finished, we'll be happy to use it, especially since we are paying money through the collaborative for the translation
Implementation Approach	• None until apps available on bench • Starting up Appy Hours for Digital Literacy Training in preparation for app implementation	• None until apps available on bench • Appy Hours for Digital Literacy Training on hold due to Covid-19 in preparation for app implementation	• None, stakeholders expressing impatience • Appy Hours for Digital Literacy Training on hold due to Covid 19
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Phones not offered until apps are implemented	• Phones not offered until apps are implemented	• None
Milestone	• Developed Appy Hours	• None this quarter due to Covid-19	• None, can't move forward until all paperwork is completed by other counties and approved by CalMHSA and H@H Leadership
Lessons Learned	• Patience – waiting for CalMHSA to finalize contracts, provide budget, get time extension with OAC, and Help@Hand leadership to establish future strategic direction. • Should not have moved into phone contracts; paying every month for phones that are sitting in boxes.	• None, still exercising patience, waiting for apps to be put on bench.	• Need agility and flexibility built into a project with multi-sized counties, so smaller counties are not throttled by bureaucracy • We thought being in a cohort including larger counties would support a small county and make implementation possible above our ability. However, we've learned that being in a structure where processes and bureaucracy is valued over agility and flexibility only stifles the interest of our stakeholders while we pay money into a project with no returns
Recommendations	• Make specific effort to keep the Help@Hand collaborative culture between Counties to capture shared learnings	• May try to create implementation poster for Modoc, as Riverside County has done for their County.	• Streamline processes so projects can move forward

Mono County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Amanda Greenberg, MPH • Stephany Valadez	• Amanda Greenberg, MPH • Stephany Valadez	• Amanda Greenberg, MPH • Stephany Valadez
Implementation Site	• TBD	• TBD	• TBD
Team Composition	• Behavioral Health Program Manager, Behavioral Health Services Coordinator	• Behavioral Health Program Manager, Behavioral Health Services Coordinator	• Behavioral Health Program Manager, Behavioral Health Services Coordinator
Target Audience	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes	• Individuals in remote, isolated areas of the County who have less access to social support and mental health services • Students attending Cerro Coso Community College in Mammoth Lakes
Products In Use/ Planned	• TBD (awaiting larger County/City pilots to be completed)	• TBD (awaiting larger County/City pilots to be completed)	• TBD (awaiting larger County/City pilots to be completed)
Implementation Approach	• TBD (awaiting larger County/City pilots to be completed)	• TBD (awaiting larger County/City pilots to be completed)	• TBD (awaiting larger County/City pilots to be completed)
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas	• Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas	• Mono County is very small, remote and rural, so we will have some challenges around implementation in our outlying areas
Milestone	• Awaiting pilots	• Awaiting pilots	• Awaiting pilots • Peer Lead assigned to Project
Lessons Learned	• TBD	• TBD	• TBD
Recommendations	• TBD	• TBD	• TBD

Monterey County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Wesley Schweikhard	• Same as Q1	• Same as Q1
Implementation Site	• Family Member / Friend of an Individual that Experiences a Mental Health Disorder • Individual entering Mental Health Clinic • Community Service Provider conducting outreach activities	• Same as Q1	• Same as Q1
Team Composition	• Behavioral Health Director, Tech Lead, Subject Matter Experts (Legal, IT)	• Same as Q1	• New Interim Behavioral Health Director (Lucero Robles)
Target Audience	• Adults • Monolingual Spanish adults	• Same as Q1	• Same as Q1
Products In Use/ Planned	• Custom build behavioral health screening tool (planned)	• Same as Q1	• Same as Q1
Implementation Approach	• Not Applicable	• Not applicable; Focus is on custom development vendor procurement	• Not applicable; Focus is on custom development vendor procurement
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Developing a custom build product instead of an existing product	• Same as Q1	• Same as Q1
Milestone	• Developed and release Request for Information (RFI) requesting feedback from vendor community on development of peer chat screening tool • Began to analyze RFI results	• Completed analysis of RFI results • Began to develop Request for Proposals (RFP), which was informed by RFI results • Began recruiting RFP review panel to include peers/stakeholders, clinical experts, and technology experts	• Same as Q2. RFP release stalled as CalMHSA identifies new county partners to join project. Additional steps also need to be taken to clarify roles and responsibilities of the county, CalMHSA, and vendors during the design/build and implementation phases of the project.
Lessons Learned			• County behavioral health staff are generally not familiar with development of technology products. Could have used education on the iterative process from the onset, as the county lacks staff support to monitor/approve the breadth and frequency of deliverables involved.
Recommendations			

Orange County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT	• Sharon Ishikawa, PhD • Flor Yousefian Tehrani, PsyD, LMFT
Implementation Site	• UCI Medical Center • OC Community Colleges (initial communications begun to explore interest and feasibility of being implementation sites)	• UCI Medical Center • Community Colleges implementation delayed • Re-started conversations with County-operated programs (PACT, esp. CYBH) about MS implementation	• UCI Medical Center • Continued conversations with County-operated programs (Adult Mental Health) about feasibility of MS implementation • Explored opportunities for MS expansion
Team Composition	• Peer Lead, 2 Peers, Compliance, PIO, AQIS, Cambria (3.5 FTE) to support Mindstrong Launch	• Peer Lead, 2 Peers, Compliance, PIO, AQIS, Cambria (2.5 FTE) to support Mindstrong Launch; 2 HCA INN Staff to support Informed Consent process; re-initiation of discussions with County managers to determine interest in MS (modified model) for their programs	• Peer Lead, 2 Peers, Compliance, Cambria (2.5 FTE) to support Mindstrong implementation; 2 HCA INN Staff to support Informed Consent process • Engaged new vendor, Charitable Ventures for marketing collateral and website
Target Audience	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Living with Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder • May have co-occurring anxiety disorders, substance use disorders or other diagnoses • May have a history of psychiatric hospitalization and/or 1+ crisis evaluations within last 12 months • Device eligibility: owns a smartphone with unlimited data/wi-fi, talk and text • May be expanded depending on research on Lifeline phones and Mindstrong data usage	Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Living with Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder • May have co-occurring anxiety disorders, substance use disorders or other diagnoses • May have a history of psychiatric hospitalization and/or 1+ crisis evaluations within last 12 months • Device eligibility: owns a smartphone with unlimited data/wi-fi, talk and text • May be expanded depending on research on Lifeline phones and Mindstrong data usage	• Mindstrong • Adults 18+ • English fluency • Resident of Orange County • Diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder • Co-occurring anxiety disorders, substance use disorders or other secondary diagnoses are ok as long as a qualifying diagnosis is present • Use of a smartphone (Android 6/iOS 11 or newer) • Internet access: Wi-Fi at home, work, school and/or cellular data plan • Primary user of their smartphone device • Does not currently have a psychotherapist • Exclusion Criteria: • Consistent attendance at scheduled psychotherapy sessions provided by a licensed MFT/LCSW/LPCC or intern, or license-waivered clinician • Client only receiving non-clinical ancillary supports (i.e., case management, peer support, housing support, etc.) is NOT excluded from this program • *May be expanded depending on research on Lifeline phones and Mindstrong data usage*
Products In Use/ Planned	• Mindstrong Crisis Prevention Services (Planned)	• Mindstrong Crisis Prevention Services (In Use as part of soft launch)	• Mindstrong Crisis Prevention Services (In Use as part of soft launch)
Implementation Approach	• Mindstrong (Not in use yet)	• Mindstrong launched May 14, 2020	• Expanded Mindstrong referring providers at UCI Medical Outpatient Psychiatry to include residents • Revisited Mindstrong eligibility criteria to ensure appropriate referrals (i.e., clarified qualifying diagnoses; defined psychotherapist/psychotherapy) • Updated HCA Informed Consent document to address Apple/Android privacy alerts • Continued discussions on clarity of continuity of care • Increased emphasis on sustainability planning • UCI Evaluation initiated interviews with referring providers and shared results recommendations with HCA • Several provider recommendations were implemented to improve and streamline the referral process • Established necessary activities to allow Peers to conduct outreach to complete

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			• consumer informed consent (smartphone, BAA's, secure emails, FTP site) • Conducted provider training to support full deployment to UCI Psychiatry • OC Peer developed Mindstrong consumer information sheet
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Serving individuals regardless of insurance type/status • Creating plan to pilot/test Lifeline phones • Extensive conversations and iterative refinement around informed consent process involving project team, compliance, Peers, UCI Medical, Mindstrong and video production company; including digitization of consent form and creating companion video/audio	• Proposal for Mobile Innovation and Lifeline Testing going through community planning	• Continuous assessment and adjustment of the rapid deployment response

Milestone	• Tentative pilot launch at UCI Medical Center in Spring 2020 (depending on impact of COVID-19 public health emergency response)
	• Implementation planning for Community Colleges, with preliminary soft pilot launch in Fall 2020 (possibly sooner in response to increased need for telehealth support due to impact of COVID-19 on school closures)
		• Launched Mindstrong with UCI Medical Outpatient Psychiatry on 5/14/2020
		• As of June 30, 2020 (end of Q2) UCI MC/Psychiatry referral statistics indicate:
		  o 2 Referring providers
		  o 16 consumers referred
		  o 10 completed Mindstrong enrollments
		  o 4 consumers could not be contacted by HCA-INN to complete Informed consent.
		  o 2 consumers in-process
			• Fully launched at UCI Psychiatry on 9/16/2020
			• Streamlined Mindstrong training referral process using an Epic referral order
			• Contracted with marketing vendor (through CalMHSA) to convert informed consent into video format, convert trifold brochures into webpages and update OC Help@Hand webpages

Lessons Learned	• Shared vision and support from executive leadership is critical to effective planning and implementation • Prioritize system prep, program prep and implementation planning over launching • Involve tech experts in the planning, development and management at the overall collaborative and local level • Communication with vendors, checking in to ensure information, messaging, and shared vision is accurate • Tech vendors should be held to equitable standards • Create a checklist of pre-launch activities (i.e., coordinate meetings w/ Compliance, IT, County Counsel, QI) • Ability to course correct, shift/change when needed • Frequently define terms, especially in the beginning, to ensure shared understanding • Collaborate/communicate with the program managers and staff in programs where app will be launched • Obtain feedback from clinicians/Peers early on to assess interest/readiness to use the app services • Continually manage expectations at all levels (i.e., community, programs, vendors) • Risk and Liability workgroup, legal counsel, and crisis response protocols are critical elements to the project • Acknowledge challenges such as managing details with a small team and creating an environment where counties and vendors can openly discuss challenges, concerns and issues • Shared messaging that the Help@Hand project is not about implementing apps,	• Refer to Appendix B of this report	• **SPECIFIC** (corresponds to matching Recommendations below by number): • Program 'Word-of-mouth' may create excitement and referring providers may want to be involved before having all necessary information or training • Discovered challenges in discussions and alignment of SMI definition • Too many referral process steps may deter champions from product use • Frequent staff changes can disrupt or slow processes • Consumer's first communication about the program sets up expectations of the enrollment process, if unclear successful enrollment may be deterred • Technology environment outside of the tech product (operating system, wireless communication providers) is subject to constant change and may impact the project • Data tracking template evolved due to discovery of involved parties having separate and specific data tracking goals

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	it's about developing a sustainable digital mental health system of care for CA (i.e., infrastructure building) • Apps that involve clinical integration require implementation support staff with clinical experience • With an ever-expanding team, needed to identify strategies for effective communication and decision-making process • Consumers need easy access to County-specific and Help@Hand project information (i.e., website, short codes) • Project needs a grievance process that outlines protocols for the Collaborative's response to complaints/issues • Apps mostly target English-speaking population – cultural adaptations, beyond simple translations of content, are needed to reach and serve diverse communities in a meaningful way		
Recommendations	• Flow of communication (i.e., within/between/among CalMHSA, counties, vendors) • Plans and frequency of coordinated calls between counties • Status update following the Cambria meetings • Systematic process for testing/vetting apps, including user safety • Process for procuring and demonstrating new apps/vendors, as well as for adding new components to the Suite • Planning, development and implementation process be streamlined and sustainable in the future (i.e., security vetting, compliance, etc.) • Meaning for Counties/Cities to collaborate • Consider risk and liability as part of County planning and readiness • Clinical integration should be the primary focus when planning launch of mental health treatment-focused apps and should include implementation staff with clinical experience • Before engaging program implementation partners, prepare an effective work plan that prioritizes necessary/required preconditions to have in place prior to launch (i.e., roadmap of involved parties and logical order/priorities for IT, data sharing, compliance, clinical integration, etc.) • Consider use of DARCI model as a strategy for effective and expedited communication and decision-making • Existing Tech is not necessarily geared with the County mental health plan consumer in mind so when exploring and procuring technology, be very clear in including the type of tech the target population will likely have access to, as well as language capabilities (should be included in RFA language, criteria) • OAC updates and reports should provide more information about project and respond directly to request for more information about evaluation (i.e., less discussion about process and specific apps, more emphasis on initially proposed components, lessons learned and		• **SPECIFIC:** • Be prepared to conduct provider training prior to full launch • Collaborate and prepare early with key stakeholders to support alignment in approaches, definitions, terminology, etc. • Continuously identify opportunities to automate the referral process • Try to keep staff as consistent as possible. Document agreements and processes to support onboarding new staff. • Continuous awareness of the technology environment that may impact the project. • Educate providers about the product to support consistency in communication with the consumer • Data tracking tools should reflect and align with all participating parties involved in the implementation to support consistent feedback to all involved partners and external stakeholders. Record discrete data that supports rapid feedback and allows for freeform text data to give greater insight. • **GENERAL:** • Actively engage Peers in all states of developing and implementing the project from creating consumer focused information materials to supporting consumer consenting • Early and often collaboration and communication with CalMHSA • Continuously review metrics and reporting • Regularly solicit input and feedback from UCI Evaluation • Understand data access and ownership • Conduct frequent gap analysis and continuous process improvement • Assess readiness for program expansion and plan accordingly • Thoughtful planning that considers risk and liability, impact analysis, and sustainability • Structured issue and risk mitigation plan • Align project sponsors against goals and readiness for expansion

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Recommendations (continued)	steps toward developing a digital mental health system of care) • Develop a collaborative website and include short codes to provide consumers an easy access to project information • Develop a P&P for managing grievance at the collaborative level • Collaborative should develop a cultural adaptation plan; this effort should be led by subject matter experts who develop the specific plan		

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Tech Lead	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS	• Maria Martha Moreno, MS CIS
Implementation Site	• Transitional Age Youth Drop-In Centers (in Mid-County, Desert and Western Regions)	• Riverside County Community, Transitional Age Youth Drop-In Centers (in Mid-County, Desert and Western Regions)	• TakemyHand Live Peer Chat: Riverside County Community Transitional Age Youth (TAY) Drop-In Centers (in Mid-County, Desert and Western Regions), Deaf and Hard of Hearing • A4i or FOCUS: TAY, Adult and Older Adult SMI/FSP Focus Participants from Western, Desert and Mid-County • Custom App or Existing App (TBD): Deaf and Hard of Hearing.
Team Composition	• Peer Manager, Senior Peer, Peers, Clinical Supervisor, CODIE Representative, crisis intervention Clinicians, Application Developer, Technology Lead	• Peer Manager, Senior Peer, Peers, CODIE Representative, crisis intervention Clinicians, Application Developer, Technology Lead	• **Leadership** • Mathew Chang, Director • Amy McCann, Assistant Director • Brandon Jacobs, Deputy Director • **Research & Quality** • David Schoelen, MHSA Administrator • **IT** • Tura Morice, Chief Information Officer • Jimmy Tran, Chief Information Security Officer • Robert Watson, IT System Administrator • Compliance Officer • Mary Stetkevich, Compliance Officer • Senior Public Information Specialist • Thomas Peterson • Consumer Affairs Manager Shannon McCleerey-Hooper • **Senior Peer:** Pamela Norton • **Peers:** • Dakota Brown, • Melissa Vasquez, • Peter Kiriakos, • Rhonda Taiwo, • Carmela Gonzalez-Soto. • **Social Media:** • Dylan Colt • Robert Youssef • Senior Clinical Therapist II • Amenze Ogbebor - In recruitment process • **Evaluation:** Suzanna Juarez-Williamson, Supervisor • Christy Mota, Research Specialist II.

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			• **Application Developer:** • Rick Wright • **Administrative Svc Analyst:** • Ursula Lewis • **CODIE Representatives:** • Gloria Moriarty • Lisa Price • **Cultural Competency** • Tonica Robinson, Manager • Consulting Cultural Outreach & Education Workforce
Target Audience	• Higher Risk Populations (i.e., first onset, re-entry, FSP consumers, eating disorders, suicide prevention) • Traditionally Underserved Communities (i.e., Hispanic/Latino, American Indian, African American, Asian-Pacific Islander, LGBTQ, deaf and hard of hearing) • Geographic service barriers to rural and frontier communities • Hearing and visually impaired communities	• Early Detection: TAY • Suicide Prevention: Men over the age of 45, Adults over the age of 65, TAY • Improve Outcomes for High Risk Populations: Re-entry Consumers, FSP Consumers • Eating Disorder Consumers • Improve Service Access to Underserved Communities and for Rural Regions: Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.	• **Early Detection:** TAY • **Suicide Prevention:** Men over the age of 45, Adults over the age of 65, TAY • **Improve Outcomes for High Risk Populations:** Re-entry Consumers, FSP Consumers, • Eating Disorder Consumers • **Improve Service Access to Underserved Communities and for Rural Regions:** Deaf and Hard of Hearing, Visually Impaired, Mid-County & Desert Regions, Ethnic Cultural & LGBT communities.
Products In Use/ Planned	• Take My Hand Peer Chat	• TakemyHand Peer Chat, A4i, Focus, SageSurfer, ManTherapy, FEEL Wearable, custom development for the Deaf and hard of Hearing community.	• TakemyHand Peer Chat, A4i, Focus, • Custom development or existing app for the Deaf and Hard of Hearing community, SageSurfer • ManTherapy, FEEL Wearable.
Implementation Approach	• The Take My Hand site will be live during set hours and managed by trained/certified Peer Operators (COVID-19 response)	• Takemyhand Peer chat is available to the Riverside community and promoted within the department via county emails, committees, social media, newsletters, etc. • Currently planning for focus groups with stakeholders, recruitment of consumers in app pilot selection process with three different Full-Service Partnership clinics (Desert, West and Mid-County regions).	• Takemyhand Peer chat is available to the Riverside community and promoted within the department via county emails, committees, social media, newsletters, etc. • Currently planning for focus groups with stakeholders, to guide the selection of additional apps for piloting. The stakeholders are under recruitment among consumers in three different Full-Service Partnership programs (Desert, West and Mid-County regions) and may include youth at the TAY centers.
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Piloting own in-house product • Make Peers available on the app 24/7 (Planned) • The peer chat is based on the peer model and people will communicate with a real person; not Artificial Intelligence • Chat is anonymous and does not collect and/or store PII or PHI	• Outreach and Education/Training provided by Peer Manager, Senior Peer, Peers, Supervising CT and Tech Lead. • Regular collaboration feedback/updates to stakeholders committees/Meetings: Adult System of Care Committee; Behavioral Health Commission; Housing Committee; Cultural Competency Reducing Disparities Committee; Older Adults System of Care Committee; Riverside Resilience community; TAY Collaborative – Desert, Mid, and Western; IEHP • Plan to collaborate with: Children's Committee meetings; Criminal Justice Committee; Desert Regional Board; Eating Disorder Collaborative; Inland Empire Kindness Campaign; Mid County Regional Board; Model Deaf Community Committee; NAMI San Jacinto; Promotores; Asian American Task Force; LGBT; PEI Specialized Ethnic Community Initiatives programs	• Outreach and Education/Training provided by Peer Manager, Senior Peer, Peers, Tech Lead. • Regular collaboration feedback/updates to stakeholders Committees/Meetings: • FSP Committee – Melissa, Dakota, Martha • Adult System of Care Committee – Melissa • Behavioral Health Commission – Martha, Pamela, Melissa • Center on Deafness Inland Empire – Dakota • Children's Committee – Melissa • Cultural Competency Reducing Disparities Committee – Martha, Pamela Melissa • Desert Regional Board meetings – Dakota • Eating Disorder Collaborative meetings – Dakota • Legislative Committee – Melissa • Mid County Regional Board meetings – Melissa

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			• Model Deaf Community Committee – Dakota, Pamela, Martha, Shannon • NAMI San Jacinto meetings – Martha • Older Adults System of Care Committee – Dakota • TAY Collaborative meetings: Desert, Mid, and Western – Melissa, Dakota • Housing Committee – Dakota • Veterans Committee – Dakota • Riverside Resilience community meetings – TBD • May is Mental Health Month Fairs-Western & Mid County – TBD • Criminal Justice Committee – TBD • Inland Empire Kindness Campaign meetings – TBD
Milestones	**Compliance:** • Terms of Service – Approved by Riverside Help@Hand team (Technical lead, Clinical lead, Peer lead, Senior Peer, Evaluation Supervisor), HIPAA Compliance Officer and County Counsel • Chat engine software (LiveChatInc) approved by County IT, Department IT, HIPAA Compliance Officer, and Executive Team **Technical:** • Completed chat platform • Accomplished user testing for prototype on two different occasions and feedback was provided • Developed app to be able to identify a crisis situation and transfer chat to CT (a professional with specialized training) • Defined and set useful chat tags for reporting purposes (in various operators groups) • Made site searchable by Google • Made Live Chat Security HIPAA-compliant by disabling the ability to email a chat transcript, the ability to send files (Peer Opera- tor/Visitors), hiding chat history from visitors, inactivity time outs, etc. • Made Operator passwords are managed by Take my Hand site administrators • Made authentication via LiveChat (no IP restriction) • Chat routing manual (visitors are picked from the queue) • Useful Links on Take my Hand website (i.e., Resources, Terms of Service) • Website content is 90 percent complete in English • Website loads testing reports (test 3 response times TakeMyHand.com, test 3 transaction throughout TakeMyHand.com) • Creating website content in Spanish (in process) • Cookie Policy (in process) **Training:** • Developed training materials for Peer Operators (Peer Operator training checklist, training for COVID-19, facilitator's manual for COVID-19, Peer Operator, training PPT script only, print-up manual for Peer Operator COVID-19. This includes a module on strategies to deal	**Technical:** • Defined and set useful chat tags for reporting purposes (in various Peer Operators groups) • Made TMH website searchable by Google • Management of Peer Operator user accounts and passwords • Authentication via LiveChat (no IP restriction) • Configuration of chat routing manual (visitors are picked from the queue) • Multiple Changes in Pre-Post, crisis and 1st time visitors (English/Spanish) Chat online surveys • Peer Operators TMH groups (Riverside, Riverside Crisis, Riverside 1st time visitors, Riverside Spanish, Riverside Spanish 1st time visitors) setup and configuration • April 27 through May 27, 2020 – Website Visits 94,861, Unique TMH Website Visitors: 2,867 • June 5th through July 5th – Website Visits 63,355, Unique TMH Website Visitors: 2,963. • Website Metrics – need to license the software to be able to report on entire testing period. • Identified technical functionality to tag "troll," inappropriate language chat users, and ability to ban users via the Ban User button • Complexity of the data files Structure of chats statistics files • Create and post Cookie Policy ((English/Spanish) • Notice of Privacy Practices (posted) • Frequently Asked questions webpage • Images management • Website design, development and content management took place as we implemented the test phase. • Website Spanish translations and design of the TakemyHand was implemented three weeks into the testing phase • Define useful Links on Take my Hand website (i.e., Resources, FAQs, Privacy Practices, Terms of Service, About Us, etc.) • Manage website content (English/Spanish) • Design of dynamic widgets (English/Spanish) • Design of content management website	• **Pilot Needs Assessment Planning/ Implementation Activities:** • Deaf and Hard of Hearing Needs Assessment session 1 completed. • Deaf and Hard of Hearing Community Survey planning initiated. • **Personnel:** • Peer Recruitment - 3 new Peer trainees - Completed • Sr. CT Recruitment - 1 - Completed • **Technical:** • TakemyHand Website Content Management system (FAQs, Resources, widgets, etc.) – WIP • TakemyHand Sandbox website/Chat engine. Successful tested video, language translator, chatbot and rich language chat content • TechSuite Electronic Health Records new service codes for staff time accounting • **Marketing:** • TakemyHand Promotional videos • TakemyHand Quick Info: https://www.youtube.com/watch?v=kweG5pZBndA • Dakota: https://www.youtube.com/watch?v=T-JD-j4YuoKM&feature=youtu.be • Melissa: https://www.youtube.com/watch?v=Hqjf8sHaYq8&feature=youtu.be • Alex: https://www.youtube.com/watch?v=G5e0MnRJLxs&feature=youtu.be • **Training Materials:** • TakemyHand Peer Chat • Getting up to speed on Rise & Storyline (trainings) and training Peers in other departments • Brainstorming out-of-the-box engagement strategies and "how to make recovery irresistible" • Create & deliver Storyline TakemyHand A.I. Waiting Room presentation "Waiting for a Peer Chat Operator: The Consumer Experience" • Update promotional materials to reflect new, shorter, TakemyHand Operator Hours • Resources Materials (Peter) • Deaf and Hard of Hearing • Create & deliver Storyline Deaf/HOH app

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	with "trolls", inappropriate language and situational challenges from malicious participants.
	• Scenario role-plays and a brainstorming solution session is included
	• Provided protocols for risk assessment and crisis protocols (Risk assessment, Questions-to-Assess-Suicide-Risk Handout, Essential Workers Support Line Protocol and Procedure)
	• Consumer resources; Riverside Free App Brochures (English/Spanish), County Resources (Resources Quick Link on Take my Hand website).
	• Quick list of crisis phone numbers, MS Teams, email, phone, etc. for internal communications among chat operators
	• Chat coverage work schedules
	• Identified protocols for tagging "trolls", inappropriate language chat users, and ability to ban users via the Ban User button
	• Canned responses
	• Established work hours
	• Developed strategy to deal with trolls and visitors using inappropriate language by banning them
	• Developed pre chat survey, post chat survey, post crisis chat survey, and first time visitors post chat survey
	
	Marketing:
	• Done by word of mouth, via a banner on the department website, and video presentation of product on departments' Facebook, YouTube page, etc.
	• Have internal department and stakeholders' newsletter (in process)
	
	Evaluation:
	• Developed internal evaluation plan (Evaluation Plan Tech Suite; Surveys (User Survey – post chat survey for participants in English/Spanish, After X number of chats – User Survey (Usability) in English/Spanish, Peer User Operator Survey, Clinician Operator Survey, Innovation Demographics in English/Spanish)
		tool
		• TMH Website Load Testing Reports -Response times/Transaction throughout
		• TMH Capacity Framing –Full scale testing- scales automatically based on volume, performance improved to 1,000 entries requests per second.
		• 2-Tiers – Chat features in LiveChat engine –AWS/Web hosted Whois.
		• ELMR setup/training: special population /scheduling calendar site, service codes, staff member hours and exceptions
		• Export of chat data files: Total chats, Peer Operators Performance, chat duration, chat rating, chat availability, chat engagement, chat response time, missed chats, tags usage, chat waiting time, chat abandonment, pre and post chat surveys for all groups (English/ Spanish, 1st time visitors, & crisis)
		
		Marketing:
		• All Hands on Deck Newsletters
		• ChatVox Weekly Bulletin for Operators
		• TakemyHand One Page Conversation Handouts for Clinics/Consumers
		• YouTube TakemyHand Promotional videos
		  o Shannon McCleerey-Hooper: https:// youtu.be/UZXfnqoX-2E
		  o Shannon McCleerey-Hooper: https:// youtu.be/tb9ilc26oPg
		  o Maria Martha Moreno: https://youtu. be/9Ht94xAPNdc
		  o Pamela Norton: https://losange- les.cbslocal.com/video/pro- gram/1430/4540496-website-pro- vides-mental-health-support/
		
		Training:
		Training Materials were adjusted/improved as the needed.
		
		Peer Operators:
		  o One-on-One Virtual Peer Chat: A Training Manual for Peer Operators
		  o Creating a Conversation: Addressing Distress in Peer Support
		  o Open-ended Questions Quick Refer- ence Handout
		  o TMH Facilitator's Manual for Peer Ops COVID
		  o TMH Peer Operator CheckList
		Crisis Clinical Staff
		  o Crisis SoC Protocols - Community Response Triage TMH
		  o Essential Workers Support Line Proto- col and Procedure TMH
		
		Peer Manager Report:
		The report will share the key players, the steps taken and the lessons learned as Riverside University Health System-Behav- ioral Health (RUHS-BH) worked to rapidly deploy the test phase of the first, ever, live, one-on-one Peer Support web-based chat platform, in response to the COVID-19 pandemic.
		
		Evaluation:
		A multi-tiered approach to examine various
			presentation, "Gloria Possibilities"
			• Resources Information Gathering (Carmela)
			
			• Digital Mental Health Literacy
			• Digital FootPrints: https://360.articulate. com/review/content/d9535ce9-49c6- 4c67-a07d-17ea85f8cca7/review
			• Adapting DMHL to virtual presentation (part 1 approaching completion; part 2 will be next quarter)
			• Create QR Code narrated PowerPoint module for DMHL
			
			• Other Training
			• Testing out the Focus & A4i apps via test accounts
			• Continuing to crawl the internet for new MH apps and setting up test accounts with likely candidates
			• Update Free Apps Brochure to delete Freemium apps and insert new free ones, like "UCLA Mindful"
			• A4i vs. FOCUS in preparation for focus group PowerPoint presentation: https:// rise.articulate.com/share/lddMB- 6DGaUkNb0E69oH9gTB3ZkF5ZB3K#/ lessons/t7aUhQftE6UKROMRfiZX- g9y_W__Wwf1S
			
			• **Peer Manager Report finalized and shared.**
			
			• The report shares the key players, the steps taken and the lessons learned as Riverside University Health System-Be- havioral Health (RUHS-BH) worked to rapidly deploy the test phase of the first, ever, live, one-on-one Peer Support web- based chat platform, in response to the COVID-19 pandemic.
			
			• **EVALUATION:**
			
			• Evaluation of TakemyHand testing phase report finalized and shared.
			
			• A multi-tiered approach to examine various levels of functionality, user ex- perience and impact. The testing phase evaluation focused on the following goals: 1). Test product acceptance and usability with real chat participants; 2). Gather information on Chat participant experience; 3). Gather information on Peer and CT Operator's Experience and Training
			
			• Chat Statistics
			  o Total chats,
			  o Peer Operators Performance
			  o Chat duration
			  o Chat rating
			  o Chat availability
			  o Chat engagement
			  o Chat response time
			  o Missed chats
			  o Tags usage
			  o Chat waiting time
			  o Chat abandonment
			
			• Chat Surveys: Region of County, zip

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		level of functionality, user experience and impact. The testing phase evaluation will focus on the following goals: 1). Test product acceptance and usability with real chat participants; 2). Gather information on Chat participant experience; 3). Gather information on Peer and CT Operator's Experience and Training
		
		• Chat Statistics
		  o Total chats,
		  o Peer Operators Performance
		  o Chat duration
		  o Chat rating
		  o Chat availability
		  o Chat engagement
		  o Chat response time
		  o Missed chats
		  o Tags usage
		  o Chat waiting time
		  o Chat abandonment
		
		• Chat Surveys: pre and post chat surveys (English, Spanish, 1st time visitors, & crisis)
		
		• Peer Operators Interviews
			code, acceptance of Terms of Service, post chat satisfaction survey, and demographics collection from first time visitors.
			• Testing phase report also included qualitative data from UCI focused interviews with peer chat operators
			• Deaf and Hard of Hearing (DHH) Needs Assessment began including a focus group and survey with community advocates. A broader DHH community survey is under development in collaboration with a lead DHH community advocate, UCI and County Evaluation staff.
			• Recruitment began for stakeholders to participate in focus groups to assist with app selection for piloting
			• Draft materials for app selection focus groups were developed including participation agreement, demographics and tech use survey and focus group questions.
			• Focus Groups Materials
			• A4i vs. FOCUS
			  o PowerPoint presentation under development to use in focus group presentations to stakeholders
			• Demographics and tech use survey developed for focus group participants, focus questions for A4i and FOCUS app developed

Lessons Learned	• Test, fix and repeat	• Availability of trainers-Changes in Peer and Clinical staff, required ad hoc on-going set up & training • Technical challenges reported with WI-FI reliability –Peer Operator and visitors' end.	• Having direct technology support staff on the project accelerates changes and support turnaround • Structured marketing planning is needed to ensure consumer awareness • OCM planning at the organizational level would help internal awareness and may expedite leadership approvals • Increased evaluation participation would have captured some of the missed information (e.g. user experience) • Availability of trainers-Changes in Peer and Clinical staff, required rapid last minute ad hoc on-going setup & training • Technical challenges reported with WI-FI reliability –Peer Operator and visitors' end. • A careful planning for virtual activities that are effective in engaging our consumers is essential. • Mental health literacy training and pilot apps implementation go hand in hand. • 24/7 operations will require more time to plan and problem-solve with County staff and coordination with MHSA Administration to approve additional contractor funds to supplement staffing shortfalls.
Recommendations	• Test, adjust, test and introduce product in phases	• The global pandemic poses unique implementation challenges. A careful planning for virtual activities that are effective in engaging our consumers is essential. Mental health literacy training and pilot apps implementation go hand in hand. • **Next Steps:** • Grievance website form • End-User Experience feedback form • TakemyHand Mobile app version	• COVID-19 Global pandemic continues to present unique needs. Work toward the development of digital and virtual trainings continues. Seeking Peer feedback and support from the collaborative at large. • TakemyHand Peer Chat is operational. Hours of operation 8 am- 5pm • **Next Steps:** • Addition for Family Portal • Addition of Family Advocate services on

Riverside County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
		- Video chat functionality to meet the needs of the deaf and hard of hearing community - Chatbot Functionality for visitors in the queue - URL link to California Consumer Privacy Act - Chat data server setup, - Word cloud chat analysis - Dashboard reports configuration - Video stories webpage, - Link to Help@Hand website, - TechSuite new service codes, - Automate chat data exports for evaluation, - TMH changes/improvements based on stakeholder feedback, - Create TakemyHand Product Profile, - TakemyHand vetting process from other counties. - Focus Groups TakemyHand Peer Chat, A4i, Focus, SageSurfer, ManTherapy and FEEL Wearable - Deaf & Hard of Hearing Custom App - App Pilots	TMH Live Chat - Secure timeline for pilot phase (Riverside Only) - Secure timeline for pilot phase (additional Counties – added in after initial Riverside pilot) - TakemyHand Landing Page- Other Counties - Start Digital Mental Health (DMHL) training with peers who are going in to the hospitals to engage consumers. - Start normalizing DMHL and telehealth services, as well as introduce free wellness applications as a tool for self-support as they transition services - Work with the Peer Support Specialists doing Navigation to get them primed for the opportunity to do that kind of introduction of apps. - Establish our consulting cultural outreach workforce to reach out to targeted populations about Help@Hand, education, resources and reduction of Mental Health Stigma - Deaf and Hard of Hearing Needs Assessment session 2 - Continue the Deaf and Hard of Hearing Community Survey planning - TakemyHand Grievance/ End-User Experience feedback form available independently from automated survey after chat close. - Implementation of the chat translator - Video chat functionality to meet the needs of the deaf and hard of hearing community - Chatbot Functionality for visitors in the queue - TakemyHand Mobile app version - URL link to California Consumer Privacy Act - Chat data server setup, - Word cloud chat analysis - Dashboard reports configuration - Video stories webpage, - Link to Help@Hand website, - TechSuite Electronic Health Records new service codes for staff time accounting.- add new as needed. - Automate chat data exports for evaluation - TMH changes/improvements based on stakeholder feedback. - Create TakemyHand Product Profile. - TakemyHand vetting process from other counties. - Focus Groups: A4i, Focus, SageSurfer, ManTherapy and FEEL Wearable - Deaf & Hard of Hearing App (custom or existing app) - Select Apps for Pilots

Santa Barbara County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Lindsay Walter, JD MHSA Chief • Maria Arteaga, JD Peer Manager • Vanessa Ramos- Tech/Peer Lead	• Lindsay Walter, JD MHSA Chief • Maria Arteaga, JD Ethnic and Peer Manager • Vanessa Ramos- Tech/Peer Lead	• Lindsay Walter, JD • Maria Arteaga, JD • Vanessa Ramos
Implementation Site	• TBD	• On-line for Q2	
Team Composition	• MHSA Chief, Department Peer and Equity Services Manager, Assistant Director, County IT staff, Project Manager, Division Chief of IT, MHSA Coordinator, Regional Tech Ambassadors, Tech-Testers	• Assistant Director; Ethnic Services and Peer Manager; MHSA Chief; Health Care Coordinator- Tech/Peer lead; IT; Help@ Hand peer team; Project Contractor	• Assistant Director; Peer and Ethnic Services Manager; MHSA Chief; Health Care Coordinator- Tech/Peer lead; IT; Help@ Hand peer team; Project Contractor
Target Audience	• Individuals age 16 and over living in geographically isolated communities of diverse backgrounds • Transitional aged youth who are students at colleges and universities • Adults discharged from psychiatric hospitals and/or recipients of crisis services	• Individuals age 16 and over living in geographically isolated communities of diverse backgrounds • Transitional aged youth who are students at colleges and universities • Adults discharged from psychiatric hospitals and/or recipients of crisis services	• Individuals age 18 and over living in geographically isolated communities of diverse backgrounds • Transitional aged youth who are students at colleges and universities- 18 and older • Adults discharged from psychiatric hospitals and/or recipients of crisis services
Products In Use/ Planned	• Headspace (planned) • Digital Literacy - Needs and Responses from Stakeholder Sessions (planned) • Digital Mental Health Literacy Course from CalMHSA (planned)	• Digital Wellness Ambassadors curriculum- combined digital literacy (Help@ Hand/Painted Brain/CalMHSA) • Zoom platform • App Brochure-mobile application in the brochure	• Digital Wellness Ambassadors curriculum- combined digital literacy (Help@ Hand/Painted Brain/CalMHSA) • Zoom platform • Outreach materials created by local Help@Hand team • Mindfulness sessions with Dr. Brock Travis
Implementation Approach	• Headspace with up to 45 people which will include Dept. Clinical Staff/ IT Staff/Peer Staff/Tech Testers within each target population/CBO that work with target populations/ MHSA Chief/ Peer and Equity Manager/Help@Hand Project Manager/if hired by then Help@ Hand Project Outreach Coordinator	• Combine digital literacy to create Digital Wellness Ambassadors materials • Disseminate by providing literacy curriculum throughout clinics; community centers; community-based organizations; adult housing; recovery learning centers; on-line; tbd • Share and provide linkage to low cost laptops/phone and WIFI	• Combine digital literacy to create Digital Wellness Ambassadors materials • Disseminate by providing literacy curriculum throughout clinics; community centers; community-based organizations; adult housing; recovery learning centers; on-line; TBD • Share and provide linkage to low-cost laptops/phone and WiFi
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Foster diversity within target populations including Spanish/Mixteco speakers and individuals from communities marginalized including LGBTQ+ • Goals for the pilot include adoption of digital wellness tools within the target populations, reduce isolation and loneliness within target populations, reduce negative life events among members of each target population, implementation of digital literacy and mental health literacy facilitated through peer employment opportunities and measuring the success of wellness through employment	• Peer driven curriculum is created to meet specific needs of peer community within SB target populations • COVID highlighted the need for technology access within target populations; project will begin to explore low cost laptop within target populations; • The group coordinated a digital Mental Health COVID-19 Campaign to compliment the May Mental Health Awareness including daily motivations and resources for all MH Staff, daily peer groups for community and disclosed peers, and targeted age groups by postcard mailings and chalk art. This was then extended by local peer support partners coordinating zoom daily peer groups whose monthly calendar is sent out digitally by our PIO.	• Digital Wellness Ambassador's will provide warm hand off through engaging BWELL Adult Recipients of Crisis Services/Discharged from PHF in peer-led digital literacy groups at the PHF; connecting clients to Lifeline cell phone; providing warm hand offs after the client discharges while awaiting outpatient services • Digital Wellness Ambassadors will work with Painted Brain to engage TAY enrolled in colleges/universities in hosting Appy Hours Sessions to build Digital Wellness and Digital Empowerment Toolboxes • Digital Wellness Ambassadors will work with Promotoras community to enhance digital literacy for use with mental health education as created by the local promotoras
Milestone	• Employment of peers • Engagement with peer agencies • Development of strategies for upcoming pilot • Solidified the need for Digital Literacy and Digital Mental Health Literacy throughout the community • Explored digital wellness tools within the Psychiatric Health Facility connecting to the ongoing Wellness and Recovery Peer-run groups	• Help@Hand peers are now hired through county extra-help vs temp agency • Contracted with Painted Brain • Began on-line learning collaboratives with painted brain and Help@Hand peers	• Digital Wellness Ambassadors are working on the creation of the Digital Wellness Handbook where the Digital Wellness Ambassador role is defined and supported through the development of peer-run groups; agendas to be led at the PHF and throughout the target populations including MHSA Housing and Senior Facilities • A guide to Zoom basics is being formulated to ensure that clients at the PHF

Santa Barbara County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
	• Identified the need for target population of baseline data		understand the basics to connecting to tele-health via Zoom platform • Project Manager/Healthcare Coordinator is working through OCM Plan with implementation team • Monthly Action Items are being documented to ensure project's continued progress
Lessons Learned	• Target populations need access to digital mental health applications to support their recovery • Awareness of the lack of accessibility of Digital Literacy and Digital Mental Health Literacy throughout the community • Target populations need technological devices linkage (i.e., smartphone, tablets, etc.) • Target populations need culturally- and linguistically-oriented digital literacy workshops to help merge the learning gaps within technology (Digital Equity) • Creation of outreach materials within the Spanish speaking community, especially in isolated communities (Guadalupe and Cuyama area) are needed to increase digital mental health awareness	• COVID highlighted the need for access to technology, primarily laptops – project was dependent on the availability of tech access through public libraries, colleges, and recovery learning centers – all locations are closed until further notice; people do not have access to technology • Peer practices need to be understood throughout all levels of project from end users to management	• Utilizing the federally-funded lifeline phones prove to be the fastest way to connect target populations with cell phones • Zoom is the digital platform that target populations are using to connect to care • Vetting Take My Hand will provide Digital Wellness Ambassadors with hands on training on how to use and support a peer-to-peer chat app • NAMI/ACCESS and community stakeholder input is essential to the development of the innovations plan. Meeting with NAMI and ACCESS monthly allows for project to stay ahead of curve building solutions into innovating planning development • Placing consumers at the forefront of the project through supportive employment practices continues to build a solid foundation
Recommendations	• Begin technology adaptation with low risk app • Increase programming on Digital Literacy throughout community and clinics • Increase programming with peer organizations surrounding technology use as requested by stakeholders	• Use tech dollars to purchase low cost laptops and start up WIFI for target populations • Adopt ZOOM as selected tech app • Reprioritize tech suite dollars to meet needs brought about with COVID • Understand and train using peer practices throughout project from end user to management	• Outreach contracts should be filled by peer contractors to ensure that clients are learning and teaching each other through the development and deployment of the Digital Wellness and Digital Empowerment Toolboxes. Digital Toolboxes connect clients to the BWELL system of care through education on how to navigate Google to access BWELL website, BWELL Locations, and Contracted CBOs. This should remain peer-driven as consumers are the people that are going to be the people that are accessing the BWELL System of Care • Empowerment via employment is the backbone of this project. Digital Wellness Ambassadors should be hired through the Peer Navigator role as they are Digital Peer Navigators or Digital Wellness Ambassadors, to destigmatize the role by eliminating the word "peer." Peer roles should be protected through the hiring questions that are asked- example: What is your lived experience with mental illness and/or substance abuse through the public mental health system? • Help@Hand Framework should be built in a fashion that can be easily absorbed through the BWELL System of Care along with partnering agencies. The framework should highlight overview with handbooks that support the role and teach peer supervisors how to best support this innovative role

San Francisco County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Teresa Yu, LMFT	• Teresa Yu, LMFT	• Teresa Yu, LMFT • Meaghan O'Brien, MA
Implementation Site	• TBD	• TBD	• TBD- currently narrowed down 9 apps (using Product Matrix developed by Help@Hand). Plan to have 10 apps to review and narrow down if Riverside's Peer Chat becomes available for the • collaborative to use
Team Composition	• MHSA Director, Peer, MHSA Program Manager/Tech Lead, MHSA Peer Services Manager, Finance, BHS Consultant, Staff and Director, from MHASF	• MHSA Interim Director (Tech Lead), Peer/MHSA Peer Services Manager, Finance, BHS Consultant, Staff and Director from MHASF	• MHSA Interim Director (Tech Lead), Peer/MHSA Peer Services Manager, Finance, BHS • Consultant, Staff and Director from MHASF
Target Audience	• TBD	• TBD	• App being researched: Community and Mental Health Consumers/family members with a specific focus on TAY and Trans-identified individuals • Headspace: MHA SF clients, mental health system clients • including SRO residents
Products In Use/ Planned	• TBD (waiting on approved apps by the Collaborative) • Headspace (the City/County of SF is exploring to possibly pilot for staff. This would add to the populations included in this project	• TBD (waiting on approved apps by the Collaborative and conducting app exploration)	• 9 apps have been narrowed down for continued app exploration • Headspace: 10,000 licenses planned to be added to MHA SF contract for this fiscal year
Implementation Approach	• TBD	• TBD	• TBD
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Interested in Peer Chat apps available to all, but with a focus on the Transgender and Transitional Age Youth communities	• Interested in Peer Chat apps available to all, but with a focus on the Transgender and Transitional Age Youth communities	• Interested in Peer Chat apps available to all, but with a focus on the Transgender and Transitional Age Youth Communities (TAY) • Peers are concerned with PHI/data consumption while using app
Milestone	• Started the City/County's collaboration with Mental Health Association of San Francisco	• Mental Health Association has started to participate in Tech Lead and Implementation calls. They are conducting app exploration.	• Establishing a biweekly meeting between SF DPH and MHA SF • MHA SF hiring a Peer Programs Coordinator to heavily support project (10/1 start date) • Developed a Product Matrix of apps that fit SF city/county needs, completed Needs Assessment • Exploring Headspace for SF city/county consumers
Lessons Learned	• Contracting with a CBO created challenges as the project is constantly developing. We needed to have a flexible scope of work from the beginning	• Contracting with a CBO created challenges. Passing on information and getting the CBO up to speed took some time.	• Having a set time to do a working meeting has proved helpful and we will continue to schedule these more frequently to stay on the same page
Recommendations	• Keep lines of communication open	• Regular meetings and communication	• Regular meetings/communication • Follow-ups to meet deadlines

San Mateo County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Doris Estremera, MPH	• Doris Estremera, MPH	• Doris Estremera, MPH
Implementation Site	• Peninsula Family Service (PFS) • Youth Leadership Institute (YLI)		• Community-based agencies, BHRS clinics, online
Team Composition	• MHSA Coordinator, Peer Specialist/Peer Support, Contracted Agencies: 1) Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish), 2) Peninsula Family Services (PFS): Peer Lead/Program Coordi- na- tor, bilingual-bicultural Peer (Spanish/ Chinese)	• MHSA Coordinator, Peer Specialist/Peer Support, Contracted Agencies: 1) Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Coordinator, Bilingual-bicultural TAY Peer Lead (Spanish), 2) Peninsula Family Services (PFS): Peer Lead/Program Coordi- na- tor, bilingual-bicultural Peer (Spanish/ Chinese)	• MHSA Coordinator • Office of Consumer and Family Affairs: Peer Specialist/Peer Support • Contracted Agencies: • Youth Leadership Institute (TAY Contractor): Peer Lead/ Program Co- ordinator, Bilingual-bicultural TAY Peer Lead (Spanish) • Peninsula Family Service (Older Adult Contractor): Peer Lead/ Program Coordinator, bilingual-bicultural Peer (Spanish/ Chinese) • California Clubhouse and Heart and Soul: Help@Hand Peer Ambassadors
Target Audience	• Transitional age youth • Older adults	• Transitional age youth • Older adults	• Transitional age youth (TAY) • Older adults
Products In Use/ Planned	• Happify with older adults (planned) • Remente with transitional age youth (planned)	• Headspace for COVID rapid response, plan to release August/September 2020 Selecting new products, considering: • Unipercare, MyStrength, Wysa for older adults • Headspace, MyStrength, Wysa for transitional age youth	• Headspace for COVID Rapid Response released September 2020 • Selecting new products for pilot, considering: • myStrength, Wysa for older adults • Headspace, myStrength, Wysa for TAY • Painted Brain digital mental health training for peers
Implementation Approach	• Remente for transitional age youth, YLI Peer Leads and youth ambassadors plan, promote and support the use of the app • Happify for older adults, PFS Peer Leads and older adult ambassadors plan, promote and support use of the app	• Phase 1 – Help@Hand Peer Ambas- sadors from YLI, PFS and Advisory Committee to promote and support use of all apps (Headspace and additional selections). Peer ambassadors support- ing outreach and engagement efforts through appy hours, direct community outreach and additional strategies to be developed. • Phase 2 – California Clubhouse and Heart and Soul (peer-led organizations) Peer Ambassadors to support integra- tion of apps into Behavioral Health and Recovery Services. Strategies to be developed.	• Help@Hand Advisory Committee of local stakeholders continues to meet monthly and provides feedback on ap- propriate technology to meet the needs of older adults and transition-age youth, consults on the strategies for outreach and engagement, informs project evaluation, supports recruitment of older adults and youth to participate in the exploration and pilot phase of app selection, and serve as ambassadors of Help@Hand • Phase 1 – Help@Hand Peer Ambas- sadors from YLI, PFS and Advisory Committee promote and support use of all apps (Headspace and additional selections). Peer Ambassadors support outreach and engagement efforts through 'Appy Hours,' recruitment of participants in selection of apps and digital mental health literacy • Phase 2 – California Clubhouse and Heart and Soul (peer-led organizations) and BHRS Peer Ambassadors will sup- port integration of apps into Behavioral Health and Recovery Services including digital mental health training of clients by peers • Painted Brain is supporting a train-the- trainer for peers and clients will receive devices (cell phone/tablets) along with digital mental health supports. • Further marketing and outreach plans for Headspace response under devel- opment

San Mateo County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Help@Hand Advisory Committee of local stakeholders meet monthly since inception (provides feedback on technology features, enhancements and customization to meet the needs of older adults and transition age youth, consults on the strategies for outreach and engagement, informs project evaluation questions and outcomes)	• Using T-Mobile Gov L1 Plan to procure devices for clients. • Using Headspace as a broader response to the San Mateo County community at-large to support for one-year due to COVID	• Leveraged $408,000 of MHSA and CARES Act funding to procure additional federally subsidized devices for clients to use for both Help@Hand and broader telehealth and recovery-oriented services for clients • Using Headspace as a broader response to the San Mateo County community at-large to support for one year due to COVID
Milestone	• Conducted focus groups with older adults and youth to learn needs and select the most appropriate apps • Focus groups to support development of digital mental health literacy curriculum • Hosted NorCal Peer Summit • PFS hosting AppyHours, engaging older adults in using technology • YLI developed a Help@Hand specific Youth Advisory Group • Advisory Committee received training on app exploration process to provide more in-depth input on selected apps • Ambassadors and peers participated in Digital Mental Health Literacy Train-the-trainer	• PFS shifted to over-the-phone and online AppyHours to continue engaging older adults in using technology. • YLI kicked off online Youth Advisory Group • Successfully procured and distributed 40 free phones to clients and tablets for peer workers to support during COVID • In negotiations with Headspace to provide access to the app for one-year to San Mateo County residents as a response to COVID • Re-started app selection process due to Happify unavailability during COVID and youth needs shifting now that interactions are primarily online. • Worked with UCI to tailor the app selection survey and make it available online	• Engaged 20+ BHRS and community-based agencies' Peer Partners and Family Partners in the distribution of phones to clients, which will include digital mental health literacy training for the clients • Contracted with Painted Brain to provide digital mental health literacy train-the-trainer for Peer/Family Partners • Launched Headspace access for one-year to San Mateo County residents as a response to COVID
Lessons Learned	• Identifying the primary purpose for the use of the app as 1) a support service for clients within the system of care and/or 2) a prevention, linkage and wellness approach for communities is key; the implementation approach for each is completely different • Engage communities early to address digital literacy and support adoption of products later on • Having explicit communication of "non-negotiables" should be part of the selection of an app • Cultural and language vetting should be part of the early focus groups to inform selection of an app • Implement an advisory committee of stakeholders early in the process to vet, consult with, create buy-in and provide direction	• Access to technology supports (devices, training) is a legitimate barrier and must be part of the solutions we offer along with the apps • Needs change and the solutions we offer have to change accordingly	• Processes and approvals take time, what was intended to be a rapid response for Headspace launch to support during the COVID pandemic took 4 months to process • Important to identify potential areas for collaboration with other Help@Hand members while honoring local diversity and needs • Digital literacy supports are needed at various levels (peer support workers, staff and clients) to support device distribution and app engagement for clients
Recommendations	• Include evaluation lens as part of project planning and process development for all aspects of the project including procurement, selection, piloting and implementation	• Include devices and digital literacy as part of the overall solution	• Include both digital literacy train-the-trainer for peer support workers as a first step to support digital literacy for clients and various opportunities for ongoing digital literacy support for clients ("appy hours")

Tehama County	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Michelle Brousseau • Avery Vilche	• Travis Lyon • Avery Vilche	• Travis Lyon • Avery Vilche
Implementation Site	• TBD	• Tehama County	• Tehama County
Team Composition	• MHSA Coordinator, Tech Leads, Peer, Behavioral Health Director, Staff	• Behavioral Health Director, MHSA Co-ordinator, Tech Leads, Peer Supervisor, Staff, Peer Advocates	• Behavioral Health Director, MHSA Coordinator, Clinician,Case Manager, 2 Health Educators, Peer Supervisor, 2 Peer Advocates, Health Services Analyst
Target Audience	• TBD	• Persons who are Homeless or at risk of Homelessness, Geographically Isolated Adults, and TCHSA-BH Consumers	• Persons who are Homeless or at risk of Homelessness • Isolated Individuals • Tehama County Health Services Agency – Behavioral Health (TCHSA-BH) Consumers
Products In Use/ Planned	• TBD	• myStrength	• myStrength
Implementation Approach	• TBD	• Pilot with 30 people (10 from each Target Audience), Track Progress	• Pilot with 30 people (10 from each Target Audience), Track Progress
Other Unique Qualities (of target audience, implementation, or other program aspect)	• TBD	• TBD	• Using a one-on-one individualized approach with participants linked to Peer Staff and Wellness Advocates
Milestone	• Not applicable	• Not applicable	• Pilot Proposal received budget approval from Collaborative Leadership • Organizational change management (OCM) Plan completed and initiated • Evaluation Plan completed • Vendor Engagement Plan completed
Lessons Learned	• Not applicable	• Not applicable	• Time required for processes and approvals • Project required dedicated resources • OMC is as important as the technology
Recommendations	• Not applicable	• Not applicable	

Tri-City	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
Tech Lead	• Toni Robinson • Dana Barford	• Toni Robinson • Dana Barford	• Dana Barford
Implementation Site	• Transitional Age Youth Wellness Center	• Tri-City Wellness Center	• Tri-City Wellness Center
Team Composition	• MHSA Coordinator, MHSA Manager, Peer Lead, MHSA Director	• MHSA Manager, MHSA Coordinator, Wellness Advocate Supervisor, Wellness Advocates, Wellness Center Supervisor, Clinicians, MHSA Director, Clinical Director	• MHSA Manager, MHSA Coordinator, Wellness Advocate Supervisor, Wellness Advocates, Wellness Center Supervisor, Clinicians, MHSA Director, Clinical Director
Target Audience	• Transitional age youth • Older adults • Monolingual Spanish speakers	• For the potential pilot, our target audience has been updated to include: TAY; Older adults; Wellness advocates (peers); FSP clients being monitored by their clinicians	• For the potential pilot, our target audience has been updated to include: TAY; Older adults; Wellness advocates (peers); FSP clients being monitored by their clinicians
Products In Use/ Planned	• Wysa with transitional age youth	• Wysa	• Wysa
Implementation Approach	• Have a small focus group for pilot to obtain valuable feedback on a biweekly basis	• Twenty users will be recruited to use Wysa for 3 months and will participate in 7 focus groups held biweekly to evaluate Wysa's usability and effectiveness.	• Due to the loss of key staff, the pilot project and related focus groups were placed on temporary hold. However, Tri-City continues to actively participate in all other aspects and activities of this project and the Collaborative
Other Unique Qualities (of target audience, implementation, or other program aspect)	• Having input from a focus group of peers to select the app to be piloted	• A group of 4 clinicians will also be recruited to determine the feasibility	• Due to COVID-19, the 4 clinicians originally anticipated to determine the

Tri-City	Quarter 1 (Jan–Mar 2020)	Quarter 2 (Apr – Jun 2020)	Quarter 3 (Jul – Sept 2020)
		and appropriateness of using Wysa in support of the services they provide.	feasibility and appropriateness of using Wysa were not available to support this project due to the increased need for client services. The goal is to reevaluate this component in January 2021
Milestone	• Focus group selected the app for pilot	April • A focus group comprised of Wellness Advocates, MHSA staff, and the IT consultant, participated in a product testing of the Wysa application • Product testing resulted in Tri-City moving forward with the app, with adjustments to the emergency contact function May • Wysa agreed to making adjustments to the emergency contact function of the app • CalMHSA began contract negotiations with Wysa • Tri-City started drafting the pilot proposal • Through the collaboration, various wellness apps have made accessing their apps free for participating counties/agencies and Tri-City has been taking advantage of the opportunity by providing the resources to staff and clients • CalMHSA created Digital Mental Health Literacy training videos and Tri-City will be utilizing the videos for clients and community members • Tri-City met with UCI to develop an evaluation plan for the pilot process June • CalMHSA and Wysa reached an agreement in contract negotiations and Tri-City was given the green light to move forward with the pilot proposal and pilot evaluation plan • Tri-City continued to send useful wellness app information to our staff for self-care (and some client resources) • Tri-City Wellness Advocates started planning for a Community Connections webinar to teach our clients and community members how to be safe online. They will be using the skills and information they acquired during the train-the-trainer session of the February Help@Hand Peer Summit • Tri-City was trained to use Smartsheet for project management	• August • Innovation Coordinator/Tech Lead left Tri-City in August. As a result, the Wysa pilot project was placed on temporary hold until a replacement is hired • Tri-City continues to actively participate in all other aspects and activities of this project and the Collaborative
Lessons Learned	• Do not look for one app that covers all of the target population, this is a suite of technology (one app will not cover all)	• The project was still able to move forward during safer-at-home orders • Thoroughly go through the OCM plan and make certain that all the parties involved are advocates of the project • App developers are not accustomed to operating with government contract	• Continue to communicate with CalMHSA and Help@Hand implementation team throughout the transition period to allow for a smooth on-boarding process when new County staff join the project
Recommendations	• None at this time	• Continuously update all parties on the project status • Allow additional time for contract negation with developers who have not previously worked with government entities	• Advise Help@Hand support team as soon as Tri-City replacement staff is hired to discuss on-boarding for the H@H project

FREE APPS TO HELP PEOPLE COPE WITH COVID-19 June 2020 | This review highlights well-established and popular free apps to help people cope with COVID-19. These apps have either made existing content available for free during the pandemic, or added new content to address issues arising from COVID-19.

App Name / Developer	Platform (iOS / Android / Web)			Cost (Completely Free / Free, with additional features available in paid version)		Intervention Components (Psychoeducation / Symptom Tracking / Chatbot/AI / Mindfulness / Positive Psychology / CBT)						Available Languages	Population-Specific Tailored Content	Available COVID-19 Specific Content	Year Launched	# of Downloads (in past 90 days) iOS	# of Downloads (in past 90 days) Android	Published Research Evidence	Vetted in Help@Hand RFSQ?
	iOS	Android	Web	Completely Free	Free, with additional features available in paid version	Psychoeducation	Symptom Tracking	Chatbot/AI	Mindfulness	Positive Psychology	CBT					iOS	Android		
Calm / Calm, Inc.	•	•	•		•				•	•		English, German, Spanish, French, Korean, Portuguese	Children	Free resource hub online: https://www.calm.com/blog/take-a-deep-breath	2013	2,279,000	2,272,000	Yes	No
COVID Coach / National Center for PTSD	•	•	•	•		•	•		•	•	•	English	Some resources for military personnel & parents/caregivers	App created for COVID-19 & draws from another app by same developers	2020	16,920	9,412	No	No
Happify / Happify, Inc.	•	•	•		•	•	•		•	•	•	English, Chinese, French, German, Japanese, Portuguese, Spanish, Traditional Chinese	None	Has content such as "Managing Stress in Uncertain Times"	2013	30,290	9,125	Yes	Yes
Headspace* / Headspace Inc.	•	•	•		•				•	•		English, French, German, Portuguese, Spanish	Children	COVID-19 "Weathering the storm" content pack free for everyone. Premium access is free to the unemployed, health professionals, & educators during pandemic	2012	860,200	851,200	Yes	Yes
NOD / Grit Digital Health	•	•	•	•		•			•	•		English	College students & young people	App redesigned for COVID-19 & has activities for social distancing	2019	1,108	738	No**	Yes
Sanvello* / Sanvello Health Inc.	•	•	•		•	•	•		•	•	•	English, text translations in Spanish & French	None	Has community discussion groups specific to the pandemic. Premium access is free during pandemic	2012	63,020	254,800	Yes	No
SuperBetter / SuperBetter, LLC	•	•	•	•		•				•		English	None	Two new COVID-19 specific content ("Stay Strong in a Pandemic" & "Stay-at-Home Scavenger Hunt")	2012	10,030	3514	Yes	No
This Way Up / St Vincent's Hospital Sydney			•	•		•	•				•	English	Teenagers, young adults, & adults	Guided downloadable workbooks & resources ("Staying on Track During the Pandemic")	2012	N/A – Web app	N/A – Web app	Yes	No
Woebot / Woebot Labs, Inc.	•	•		•		•	•	•			•	English	Young adults	Additional COVID-19 lesson ("Perspective")	2018	23,760	115,800	Yes	No
Wysa* / Wysa Ltd.	•	•			•	•	•	•	•	•	•	English	None	Has health anxiety & isolation content free to anyone during pandemic	2016	30,450	45,770	Yes	Yes

help @ hand
Evaluation

Learning Brief: Mental Health Apps Provided and Recommended By California Insurance Plans

September 2020

The table below summarizes a selection of mental health apps that are provided or recommended by insurance plans across California. The information provided was gathered in Summer 2020.

App	Description	Provided by[1]	Recommended By[2]
Calm	Calm is a mindfulness apps with content for music, meditation, and sleep.	Oscar Kaiser Permanente	Blue of California Anthem Blue Cross
	Headspace is a mindfulness meditation app, which includes content to help users focus, sleep, meditate, and be more physically active.	--	Blue of California
	MyLife Meditation (formerly Stop, Breathe & Think) allows users to check in with how they are feeling, and recommends short guided meditations and mindfulness activities based on current mood.	--	Anthem Blue Cross
my	myStrength allows users to track their mood over time, join supportive online communities, and access other educational and coping resources to help with the management of depression, anxiety, stress, etc.	Kaiser Permanente	--
	Recovery Record is designed to aid recovery from eating disorders using techniques rooted in cognitive behavioral therapy (CBT).	--	Cigna
	Sanvello uses principles of CBT to help users with symptoms of anxiety, depression, or stress.	United Healthcare	--
	Teladoc connects users with medical and behavioral health professional through phone or video.	Tufts Health Plan Molina	--
	Virtual Hope Box contains simple tools to help users with coping, relaxation, distraction, and positive thinking. It also allows users to upload photos and other files to create a "hope box."	--	Anthem Blue Cross
	Wysa is an artificially intelligent (AI) chatbot who can coach users to cope with issues like stress, depression, anxiety, sleep, etc.	Aetna	--

[1] App is included in membership with free or discounted access for insurance plan members.
[2] App is listed on insurance plan's website as a recommended resource, but no free or discounted access benefits for insurance plan members.

MYSTRENGTH AND SIMILAR APPS

September 2020

PRODUCT MATRIX SUMMARY

Below is a summary of information from the Help@Hand product matrix for myStrength and apps similar to myStrength. It also identifies those apps with published research evidence. Please note that the Help@Hand product matrix did not have information related to "Specialized Target Populations," "Improving Communication with Isolated Individuals," and "Utilization of Peers" for these apps.

App Name	OAC Component	Additional Product Features	Physical or Behavioral Health	Referral	Monolingual Support	Wearable/ Additional Tech	Published Research Evidence
myStrength	Digital Therapeutics	Addiction Recovery + Goal Setting + Mood Tracker + Meditation + Journal + Assessments	Behavioral	Needs Referral	Spanish	None listed on product matrix	No
Happify	Digital Therapeutics	Community / Group Involvement + Goal Setting + Mood Tracker + Meditation + Journal + Assessments + Games	Behavioral	No Referral Necessary	Chinese, French, German, Japanese, Portuguese, Spanish, Traditional Chinese	None listed on product matrix	Yes
Meru	Chat (Therapist or Non-Peer) + Digital Therapeutics	Care Coordination + Virtual Appointments / Telehealth + Meditation + Assessments	Physical & Behavioral	Needs Referral	None listed on product matrix	Wearable/ Additional Tech	Yes
SilverCloud	Chat (Therapist or Non-Peer) + Digital Therapeutics	Addiction Recovery + Virtual Appointments / Telehealth + WRAP or Action Planning + Goal Setting + Mood Tracker + Journal + Assessments	None listed on product matrix	No Referral Necessary	None listed on product matrix	None listed on product matrix	Yes

SELECTIONS FROM PUBLISHED RESEARCH EVIDENCE

Below is a selection of the published literature of Happify, Meru, and SilverCloud. Studies related to the feasibility and acceptability of these apps among users and/or studies that had strong research design are shown since they may help inform decisions of Help@Hand Counties/Cities.

Happify

Article Name: "Seeing the 'Big' Picture: Big Data Methods for Exploring Relationships Between Usage, Language, and Outcome in Internet Intervention Data."

Publication year: 2016

What did the study look at? Does greater usage of Happify predict higher well–being?

How did they collect the data? 152,747 users within the app were sampled. The research team used a proprietary measure called the Happify Scale to measure positive emotion and satisfaction with life.

What did they learn? It is challenging to infer data without a control group. The goal of the study was more to understand how to leverage big datasets to understand the effects of using Happify without inferring its effectiveness. Analyzing data within each user led the team to conclude that those who used the app saw greater well–being during periods of time when they used Happify more frequently.

Citation: Carpenter, J., Crutchley, P., Zilca, R. D., Schwartz, H. A., Smith, L. K., Cobb, A. M., & Parks, A. C. (2016). Seeing the "Big" Picture: Big Data Methods for Exploring Relationships Between Usage, Language, and Outcome in Internet Intervention Data. Journal of Medical Internet Research, 18(8), e241. https://doi.org/10.2196/jmir.5725

Article Name: Effect of Brief Biofeedback via a Smartphone App on Stress Recovery: Randomized Experimental Study

Publication year: 2019

What did the study look at? Does using Happify lead to physiological and psychological effects that indicate stress reduction?

How did they collect the data? They sampled 140 participants who were randomized to recover from a stressful situation in one of three ways: with no phone; with a phone (no Happify); and with Happify. The research team measured stress through a self–report measure and by measuring two salivary biomarkers (Salivary cortisol and sAA [salivary alpha amylase]).

What did they learn? The study found significantly lower levels of sAA for those in the Happify group, with no significant differences for the conditions of levels of salivary cortisol and self–reported stress.

Citation: Hunter, J. F., Olah, M. S., Williams, A. L., Parks, A. C., & Pressman, S. D. (2019). Effect of Brief Biofeedback via a Smartphone App on Stress Recovery: Randomized Experimental Study. JMIR Serious Games, 7(4), e15974. https://doi.org/10.2196/15974

Article Name: Testing a scalable web and smartphone based intervention to improve depression, anxiety, and resilience: A randomized controlled trial

Publication year: 2018

What did the study look at? Does use of Happify reduce depression and anxiety symptoms and increase resilience?

How did they collect the data? Final data was taken from 1,051 total users who were randomized into conditions of using Happify or receiving psychoeducation–only. Users were further split into subgroups of recommended usage or low usage of both conditions. The researchers used the PHQ–9, GAD–7, and a proprietary scale to measure depression, anxiety, and resilience, respectively.

What did they learn? Participants who used Happify at recommended levels reported fewer depressive and anxiety symptoms and greater resilience.

Citation: Parks, A. C., Williams, A. L., Tugade, M. M., Hokes, K. E., Honomichl, R. D., & Zilca, R. D. (2018). Testing a scalable web and smartphone based intervention to improve depression, anxiety, and resilience: A randomized controlled trial. International Journal of Wellbeing, 8(2), 22–67. https://doi.org/10.5502/ijw.v8i2.745

Meru

Article Name: Feasibility and Efficacy of the Addition of Heart Rate Variability Biofeedback to a Remote Digital Health Intervention for Depression

Publication year: 2020

What did the study look at? How feasible is it to use Meru with Heartrate Variability Biofeedback and did this treatment show changes in symptoms of depression?

How did they collect the data? An enhanced group (N = 48) where patients received heartrate variability–biofeedback (HRV–B) along with using Meru, was compared to a standard group (N = 48) which only used Meru (no HRV–B). The study took historical outcome data from a group of patients. Researchers used the PHQ–9 to measure changes in symptoms and also used the number of completed exercises and other usage statistics such as hours spent in practice and the number of messages sent between therapist and client to measure engagement.

What did they learn? Patients in the enhanced group were more likely to report a clinically significant improvement in depressive symptom score post–intervention.

Citation: Economides, M., Lehrer, P., Ranta, K., Nazander, A., Hilgert, O., Raevuori, A., ... Forman–Hoffman, V. L. (2020). Feasibility and Efficacy of the Addition of Heart Rate Variability Biofeedback to a Remote Digital Health Intervention for Depression. Applied Psychophysiology and Biofeedback, 45(2), 75–86. https://doi.org/10.1007/s10484–020–09458–z

Article Name: Feasibility of a Therapist–Supported, Mobile Phone–Delivered Online Intervention for Depression: Longitudinal Observational Study

Publication year: 2019

What did the study look at? How feasible is it to integrate the Ascend intervention from Meru Health?

How did they collect the data? Researchers conducted 2 pilot studies with a total of 117 Finnish adults with elevated depression symptoms were prescribed a specific intervention within Meru. Researchers examined dropout rates and daily practice with Meru. They also looked at weekly group chat use and changes in depression symptoms using the BDI–II for study 1 and the PHQ–9 for study 2.

What did they learn? Dropout rates were 27% for study 1 and 15% for study 2. Daily practice and group chat use decreased from the beginning of the intervention to 4–weeks after the interven–tion. Depression rates decreased as well during the period. More daily practice and chat group use predicted occurrence of fewer depressive symptoms at 4–weeks after the intervention.

Citation: Goldin, P. R., Lindholm, R., Ranta, K., Hilgert, O., Helteenvuori, T., & Raevuori, A. (2019). Feasibility of a Therapist–Supported, Mobile Phone–Delivered Online Intervention for De–pression: Longitudinal Observational Study. JMIR Formative Research, 3(1), e11509. https://doi.org/10.2196/11509

Article Name: Long–Term Outcomes of a Therapist–Supported, Smartphone–Based Intervention for Elevated Symptoms of Depression and Anxiety: Quasiexperimental, Pre–Postintervention Study

Publication year: 2019

What did the study look at? Does the Ascend intervention in Meru maintain a reduction in symptoms of anxiety and depression up to 12–months post–treatment?

How did they collect the data? The study involved 102 adult participants who were a part of a previous study and who showed a reduction in symptoms of anxiety and depression. Researchers measured change with the GAD–7 and PHQ–9.

What did they learn? The intervention was associated with reductions in symptoms of depression maintained 12–months after the program and symptoms of anxiety maintained 6–months after the program.

Citation: Economides, M., Ranta, K., Nazander, A., Hilgert, O., Goldin, P. R., Raevuori, A., & Forman–Hoffman, V. (2019). Long–Term Outcomes of a Therapist–Supported, Smartphone–Based Intervention for Elevated Symptoms of Depression and Anxiety: Quasiexperimental, Pre–Postintervention Study. JMIR MHealth and UHealth, 7(8), e14284. https://doi.org/10.2196/14284

Article Name: Smartphone–Delivered, Therapist–Supported Digital Health Intervention for Physicians with Burnout

Publication year: 2020

What did the study look at? Is it feasible to use Meru to support physicians experiencing burnout?

How did they collect the data? 36 physicians who were showing elevated signs of work–related stress based on a burnout measure were administered the Meru Health app. Data was available for 33 of the physicians. Researchers used a single–item burnout measure and the PHQ–9. Intervention engagement was measured by user interaction with Meru via the smartphone app (e.g., total number of seconds of completed mindfulness meditation practices).

What did they learn? There was significant decrease in burnout and depressive symptoms. Engagement metrics were not significantly associated with the outcomes.

Citation: Raevuori, A., Forman–Hoffman, V., Goldin, P., Gillung, E., Connolly, S., Dillon, E., … & Huang, F. Smartphone–Delivered, Therapist–Supported Digital Health Intervention for Physicians with Burnout. https://static1.squarespace.com/static/5cc948f6348cd94004675d2a/t/5f3a2e6362c23339b595ce66/1597648525041/PAMF_PhysicianBurnout_MeruHealth.pdf

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SilverCloud Health

Article Name: Supported Internet–Delivered Cognitive Behavioral Therapy Programs for Depression, Anxiety, and Stress in University Students: Open, Non–Randomised Trial of Acceptability, Effectiveness, and Satisfaction

Publication date: 2018

What did the study look at? How feasible is the use of SilverCloud developed platforms?

How did they collect the data? 102 participants were recruited from counseling centers at a U.S. University. The PHQ–9, GAD–7, and DASS–21 were used to assess changes in symptoms. A Satisfaction with Treatment questionnaire was also used to understand acceptability of SilverCloud.

What did they learn? There was a significant decrease in symptoms of depression, anxiety, and stress. Most participants found the programs helpful or very helpful and liked the convenience and flexibility of the intervention.

Citation: Palacios, J. E., Richards, D., Palmer, R., Coudray, C., Hofmann, S. G., Palmieri, P.A., & Frazier, P. (2018). Supported Internet–Delivered Cognitive Behavioral Therapy Programs for Depression, Anxiety, and Stress in University Students: Open, Non–Randomised Trial of Acceptability, Effectiveness, and Satisfaction. JMIR Mental Health, 5(4), e11467. https://doi.org/10.2196/11467

Article Name: An internetdelivered selfmanagement programme for bipolar disorder in mental health services in Ireland: Results and learnings from a feasibility trial

Publication date: 2020

What did the study look at? How feasible is it to use SilverCloud in a treatment facility?

How did they collect the data? 15 patients in a mental health treatment facility in Ireland used SilverCloud for 10–weeks. Feasibility was assessed from the perspective of patients and clinicians, with patient feasibility being measured through engagement with the intervention, and clinician feasibility being measured through metrics like number of patients supported and if the clinicians were active supporters of the product. Researchers also used the Satisfaction with Treatment questionnaire, Bipolar Recovery Questionnaire (BRQ), Quality of Life in Bipolar Scale (QOL.BD), Brief Illness Perception Questionnaire (BIPQ), Internal State Scale (ISS), as well as semi–structured interviews.

What did they learn? There was a high frequency of tool usage. Patients found the intervention acceptable and easy–to–use, but it was noted that there were several barriers to implementation, such as patient access to technology and low numbers of clinicians who became active supporters of the intervention.

Citation: Enrique, A., Duffy, D., Lawler, K., Richards, D., & Jones, S. (2020). An internetdelivered selfmanagement programme for bipolar disorder in mental health services in Ireland: Results and learnings from a feasibility trial. Clinical Psychology & Psychotherapy. https://doi.org/10.1002/cpp.2480

Article Name: A pragmatic randomized waitlist–controlled effectiveness and cost–effectiveness trial of digital interventions for depression and anxiety

Publication date: 2020

What did the study look at? How cost–effective is it to use SilverCloud in stepped–care settings and is it effective in reducing symptoms?

How did they collect the data? The study looked at PHQ–9, GAD–7, and WSAS to measure effectiveness among participants in a stepped–care setting. Calculated quality–adjusted life year (QALY) and a modified–Client Service Receipt Inventory (care resource–use) was also used.

What did they learn? SilverCloud users showed improvements in symptoms of depression and anxiety. The probability of cost–effectiveness was 46.6% over a 6–month period, which increased to 91.2% over a 12–month period.

Citation: Richards, D., Enrique, A., Eilert, N., Franklin, M., Palacios, J., Duffy, D., … Timulak, L. (2020). A pragmatic randomized waitlist–controlled effectiveness and cost–effectiveness trial of digital interventions for depression and anxiety. Npj Digital Medicine, 3(1). https://doi.org/10.1038/s41746–020–0293–8

Article Name: Adapting an internet–delivered intervention for depression for a Colombian college student population: An illustration of an integrative empirical approach

Publication date: 2019

What did the study look at? How can SilverCloud be adapted for different cultures?

How did they collect the data? Researchers used qualitative and quantitative methods to adapt the Space from Depression program from SilverCloud. Researchers adapted the Space from Depression program by including Colombian actors in the videos they used, common phrases used in Colombia, and relevant scenarios. Researchers developed their own measure, the Cultural Relevance Questionnaire (CRQ), which they administered to reviewers of the adapted product to help rate cultural validity.

What did they learn? Researchers found that the changes made to the adapted product was positive, and feedback was used to further improve the product.

Citation: Salamanca–Sanabria, A., Richards, D., & Timulak, L. (2019). Adapting an internet–delivered intervention for depression for a Colombian college student population: An illustration of an integrative empirical approach. Internet Interventions, 15, 76–86. https://doi.org/10.1016/j.invent.2018.11.005

Developed by the Help@Hand Evaluation Team

Needs Assessment Focus Group Guide: Riverside County

Focus Group Details

Date and time	
Location	
Facilitator(s)	
Number of Participants	
List all participant IDs of those participating in this focus group	

Welcome & Introductions

Thank you for joining us today! My name is [NAME AND ROLE].

We want to thank you all so much for joining us today. We also want to thank Gloria so much for getting us all together today. And I'd also like to thank our interpreters who will be helping us today.

We're really excited to be here with you all. This is our first time working with members of the Deaf & Hard of Hearing Community, and we are here to learn. You are the experts here. If at any point today there is something we can do better, please let us know, either by interrupting us or sending a note into the chat (same for interpreters). Today, we will be using the term "Deaf & Hard of Hearing" as an umbrella term. However, we understand that this community is very diverse. If there are other terms you would prefer us to use or are more comfortable with, please let us know. Again, we are here to learn, please let us know how we can improve. I'll pause there if anyone would like to give their input.

We will be audio recording today's meeting. If you do not wish to be recorded, that's okay. If you do not wish to be recorded, we ask that you leave the meeting, as there will be no way to remove individual contributions from the recording.

[start audio recording]

Let's start with introductions so we all know one another. We can go around the group and please tell us your name, your role, and your favorite dessert.

Thank you all so much for introducing yourselves. Before we get started, I do want to mention that we are also thinking about sending a survey to gather additional information from you all, so we will follow up after today's call with more details.

Focus Group: Needs of the Deaf and Hard of Hearing community

The purpose of this focus group is to better understand the mental health needs of the Deaf and Hard of Hearing community and how technology such as apps may be able to support these needs. You were asked to participate in today's discussion because we value your insight and experiences.

Please know your participation in this focus group is voluntary, and you may decide to stop participating at any point. You are free to withdraw from this study at any time. Please just let us know as soon as possible.

We recognize you are here voluntarily, and we are grateful for your input. Anything you choose to share could help inform the County's decision on which technology might be appropriate to do a pilot test with. We will be summarizing the main themes from our focus group conversations in a summary to Riverside County. Your names will not be linked to any of your comments, and we will not include your name in any report.

We will ask you and the other people in the group to use only first names during the focus group. Please keep anything said today within this group, and do not to tell anyone outside the group what any particular person said. You will receive a $30 Amazon gift card for your participation in this study. We have shared a study information sheet with you. Please let us know if you have any questions.

We have a number of questions to help guide our conversation today. Please only share what you feel comfortable with. We will be monitoring the chat, so if you are more comfortable, you are welcome to type your response into the chat feature on Zoom, and we will respond if we are able. You can send a message to the entire group or directly to us if you prefer to do so anonymously. We will also type our key questions into the chat so they are there for you to see.

I'll pause here and ask does anyone have any questions before we begin, or any comments or suggestions for other ways to improve communication throughout today's conversation?

Topic Area	Question [bolded Qs are priority]	Comments w/ Participant IDs	Recurring Themes
Understanding Needs	We want to learn about the mental health needs of the Deaf & Hard of Hearing community. When we say mental health, we are talking about people's feelings, emotions and overall sense of wellbeing. Everyone has unique experiences with their mental health and how you describe this may differ. We want to hear about your experiences. **1. How does the Deaf & Hard of Hearing community think about mental health in general?**		
	1a. People have different words that they use to describe mental health. What words or terms does the community use (alternatively, what words		

	do you use)?		
	1b. How does the Deaf & Hard of Hearing community think about mental health symptoms?		
	2. What mental health resources or services are currently available to the Deaf & Hard of Hearing community?		
	3. What are some of the challenges that members of the Deaf & Hard of Hearing community experience in accessing mental health services?		
	4. What are some of the (unmet) mental health needs of the Deaf & Hard of Hearing community?		
	5. What mental health needs could an app or other technology help with?		
	6. How do you imagine an app or technology providing support to the Deaf & Hard of Hearing Community?		
Barriers and facilitators	**7. What do you see as the main barriers to members of the Deaf & Hard of Hearing community using apps or technologies for mental health? (e.g., accessibility, costs, privacy concerns)**		
	7a. Probing question about stigma: Stigma can cause people to feel badly for something that is out of their control. For example, people		

	may be reluctant to share their mental health experiences because of stigma. Does mental health stigma impact the Deaf & Hard of Hearing community? If so, how?		
	8. What technologies are available to members of the Deaf & Hard of Hearing community that would facilitate use of apps or other technologies? (i.e., assistive technology)		
	9. What resources or support would members need to use a mental health app/technology?		
	10. What do you think will encourage members of the community to use an app/technology for mental health?		
	11. When thinking about a mental health app/technology, what aspects do you think are important?		
	11a. Potential Probes: What would be important for you to start using a technology? E.g. Availability of languages, cultural sensitivity, privacy and security, offline access, American Sign Language		
	12. What do you think is needed for a successful implementation of an app or technology?		
Mental health technologies	**13. Have you ever explored/used mental health app/technologies**		

	before? If so, please tell me a little about these products (e.g., what were their names, what mental health challenges did it support).		
	14. How useful were these products? Why / why not?		
	15. What would your ideal mental health app/technology for the Deaf & Hard of Hearing Community look like?		
Interest in broader needs assessment	16. We are considering surveying the larger Deaf & Hard of Hearing community to better understand their needs. Would this be useful?		
	16a. If we survey the larger Deaf & Hard of Hearing community, what are key things we need to consider?		
Other	17. What else would you like to share with us?		

Debrief, Questions, & Next Steps

We've reached the end of the focus group. Thank you for your participation! Your feedback can help us understand the Deaf and Hard of Hearing community's needs in the County and decide which technologies might help address those needs. We genuinely appreciate the time you took to speak with us today.

[questions and next steps here]

If you have any follow up comments or questions, please feel free to contact [name]. Thank you again and have a great day!

help @ hand™
Evaluation

For questions or feedback, please contact:
evalHelpatHand@hs.uci.edu