

# help @ hand™ Evaluation

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

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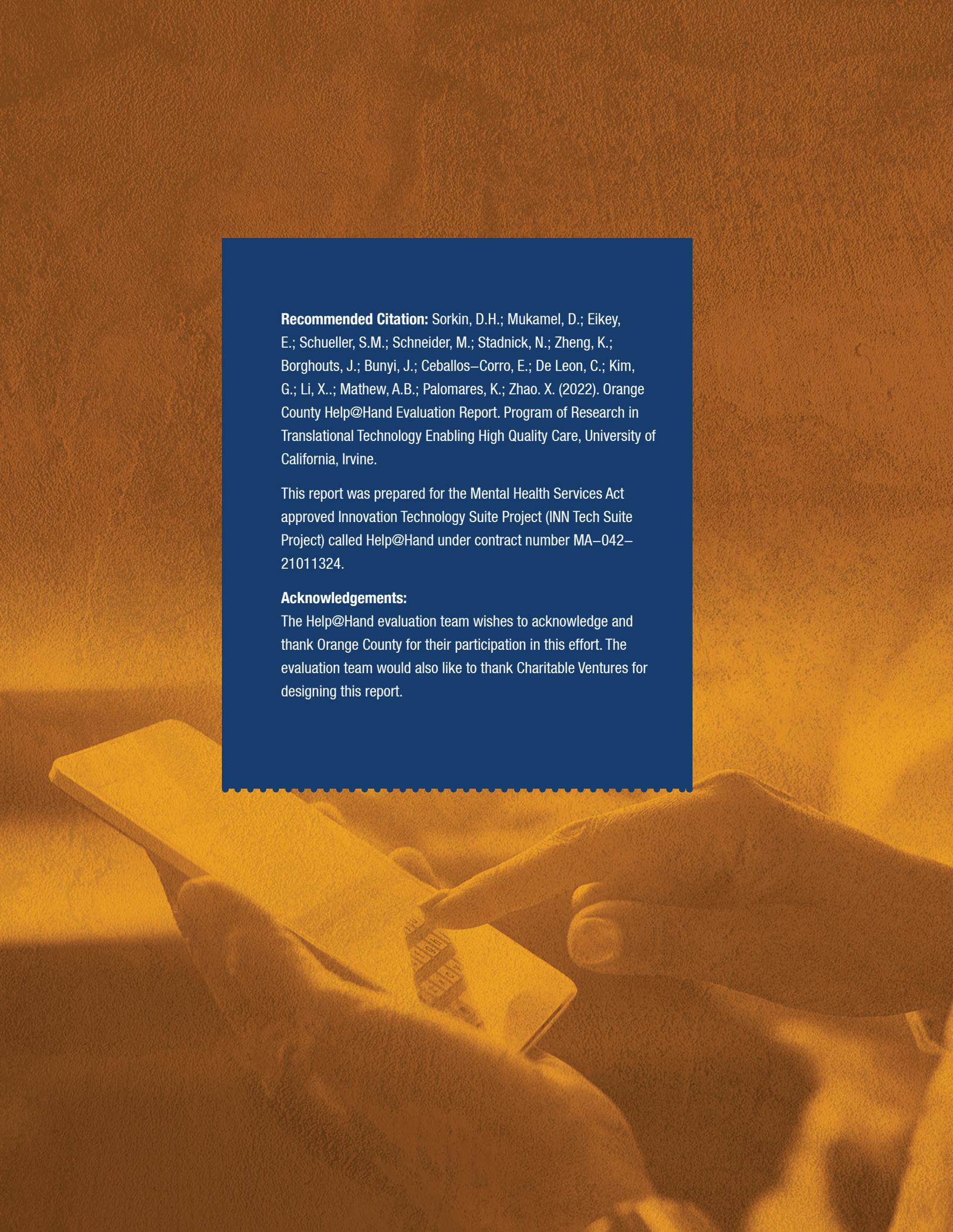
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Orange County Help@Hand  
Evaluation Report  
January 2022 – June 2022  
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Orange County’s Help@Hand project aims to increase access to mental health services to residents of Orange County, including traditionally underserved groups, and introduce a new approach to the county mental health system. To accomplish this goal, Orange County launched Mindstrong with eligible psychiatry patients in a local healthcare system in May 2020 and expanded to eligible Orange County residents through specific partnerships in April 2022. Mindstrong is a mental health app that provides virtual therapy services.

This report reflects activities, learnings, and recommendations from January through June 2022. Below are project activities and evaluation learnings for this period.

Project Activities

Project activities between January through June 2022 included expanding access to the Mindstrong program and developing digital literacy resources. More details are provided on page 9.



Deployed an automated digital eligibility and consent process



Expanded the Mindstrong program to patients who tested positive for COVID-19 and adults referred from Mental Health America’s web-based mental health support site



Developed digital literacy resources and kicked off a series of digital literacy workshops

Evaluation Learnings

Mindstrong app data and surveys with Mindstrong consumers and referring providers assessed Orange County’s Help@Hand evaluation primary areas of exploration. Key findings included:

**Contextual Factors**  
 What factors make a setting ready for a product like Mindstrong and influence consumers to use it over time?



Find the appropriate audience for the product: The majority of consumers scored high on **anxiety** (88%) and **depression** (82%)



Identify potential barriers: Common reasons to not use Mindstrong included being **busy and/or thinking it would take up too much time**

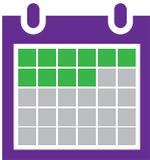


Ensure early support: 89% of providers felt that **Mindstrong’s care model was a significant innovation** that may benefit patients

**Service Delivery**  
 How is Mindstrong used?



Over 80% of consumers had taken part in a **therapy session**, and/or had sent **patient messages** through the app



The most common reasons consumers stopped using Mindstrong were **difficulties making an appointment and appointments being too short**



Challenges reported by providers were **communication barriers, brief therapy sessions, and lack of consistent therapists**

## Potential Benefits

What are the potential benefits of using Mindstrong?



Consumers experienced **feeling better about taking care of mental health**



Consumers **felt understood and respected** by their Mindstrong provider



95% of providers felt that **Mindstrong was a useful resource** for their patients

## Recommendations

Recommendations based on evaluation learnings are presented on page 31.



## PRIMARY PROBLEM

In Fall 2017, the Orange County Health Care Agency (OCHCA) met with stakeholders to identify behavioral health needs and gaps. Stakeholders identified needs and gaps in the following priority areas: stigma reduction, comprehensive case management, family support services, system navigation, and linguistic competence.

A 2017 comprehensive member health needs assessment conducted by CalOptima<sup>1</sup> resulted in similar findings. Findings showed the following key factors impacting access to and use of mental health services: challenges navigating the public mental health system, lack of understanding about available county behavioral health services, and discomfort with discussing personal problems.

To address these needs and gaps, OCHCA needed a large scale-approach to outreach, engagement, system navigation, and service delivery.

## PROJECT DESCRIPTION

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

Orange County joined Help@Hand in April 2018 and will end their participation in April 2023. The primary purpose and learning objectives of Orange County’s Help@Hand project are shown below.

### Orange County’s Help@Hand Project

**Goal:** Increase access to mental health services to underserved groups and introduce a new approach to the county mental health system.

#### 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.

<sup>1</sup> CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors, and people with disabilities through four major programs: Medi-Cal, One Care, OneCare Connect and PACE. CalOptima is the largest health insurer in Orange County.

<sup>2</sup> Help@Hand defines a Peer as a person who publicly self-identifies with having a personal lived experience of a mental health/co-occurring issue accompanied by the experience of recovery. A Peer has training to use that experience to support the people they serve.

Orange County partnered with Mindstrong and a local healthcare system to accomplish this goal. In May 2020, the county launched Mindstrong with eligible psychiatry patients in the local healthcare system. Mindstrong is a mental health app that provides virtual therapy services. Consumers are assigned a therapist at Mindstrong with whom they can connect through the Mindstrong app or over the phone. Mindstrong also utilizes passive sensor technology, such as tapping, swiping, or scrolling on a smartphone. These measurements help the Mindstrong clinical team provide more personalized care. More details about Mindstrong are shared in the spotlight on page 8.

This evaluation report presents learnings and recommendations from January - June 2022. The report is organized as follows:

- **Summary of Activities:** Describes project activities and milestones
- **Evaluation:** Reports evaluation activities and learnings
- **Recommendations:** Presents recommendations based on learnings



Authored by: Ceili Cascarano  
VP of Growth  
Mindstrong, Inc.

**Mindstrong and Orange County are partnering with a large health care provider to open access to mental healthcare and improve outcomes for OC residents**



### “ Testimonial



"I'm hitting the wall, so to speak, with all of my issues that have come up in the last month and, boy, was I happy to hear her voice on the phone! So many major issues have come all at once and it is really putting my antidepressants to the test. I truly appreciated hearing her voice and getting [my therapist's] feedback on these issues....and she was there to tell me I have every right to feel stretched thin. I needed her yesterday and she was right there having my back! "

— Mindstrong Member, Orange County, CA

**Mindstrong is a mental health app for Orange County residents that combines proven science, state-of-the-art technology, and dedicated care teams to deliver outstanding experiences and outcomes for members in need.**

4,500+

Sessions Completed  
Therapy Sessions



Training in Cultural Competence  
100% of clinicians trained in culturally responsible care



High Satisfaction  
4.72 out of 5 post session rating



Diverse Clinical Team  
Clinical team that identifies as non-white

## Mindstrong App & Platform



**24/7 access**

In addition to personalized care plans and scheduled sessions, member can always contact us.



**Overlooked populations**

Specialize in overlooked and underserved communities and help members living with serious mental illness find care



**Measurement-based, continuous care**

Our care team blends therapy, case management, medication management and psychosocial resources, all delivered through innovative formats and mediums.



**State-of-the art technology**

The Mindstrong app calculates a running, "Biomarker" score based on the member's natural phone interactions.



**Targeted clinical interventions**

Expert clinicians intervene at the right time with evidence-based interventions, to provide personalized support and therapy.

This section reflects key activities of Orange County's Help@Hand project from January - June 2022. It is not intended to be a comprehensive accounting of all activities. **Appendix A** details county reported information, including key accomplishments, lessons learned, and recommendations.



*Mindstrong is a mental health technology aimed at helping those with mental health conditions. "Member engagement is powered by state-of-the-art tech and passive and active data, which provides targeted interventions, measurement-based care, and between session support."*

## Q1: JANUARY-MARCH 2022

- Held discussions with primary care physicians at a local healthcare system on expanding Mindstrong to adults who tested positive for COVID-19
- Began discussions with Mental Health America (MHA) to offer Mindstrong to eligible individuals
- Met with a regional Federally Qualified Health Center (FQHC) about providing Mindstrong to the FQHC's patients
- Deployed the digital eligibility and consent process with consumers at a local healthcare system
- Finalized evaluation contract with the Help@Hand evaluation team

## Q2: APRIL - JUNE 2022

- Facilitated discussions between project partners (OCHCA, Mindstrong, Help@Hand evaluation, local healthcare system) to understand the adoption and use of Mindstrong
- Expanded Orange County's Help@Hand project to provide Mindstrong to patients from the local healthcare system who tested positive for COVID-19 and eligible adults referred from Mental Health America's web-based mental health support site
- Reconnected with community colleges to continue prior discussions about offering Mindstrong to students.
- Continued to meet with FQHCs to explore providing Mindstrong to their patients
- Developed and enhanced digital literacy content for and consumers (e.g., how to vet apps, use QR codes, Cyberbullying, etc.)
- Identified outreach strategies and locations for digital literacy content
- Peers led "Managing your Digital Presence" workshop at the Annual Meeting of the Minds Conference
- Held digital literacy workshop "Managing and Understanding Cyberbullying"
- Began developing supporting materials (e.g., workbook) to facilitate learning at the digital literacy workshops

## Mindstrong Implementation

From January through June 2022, Orange County continued its partnership with a local healthcare system, offering Mindstrong services to eligible consumers. Referral and enrollments have continued at a slow, yet steady pace.

During this time, the county also explored opportunities for several new partnerships:

### Primary Care

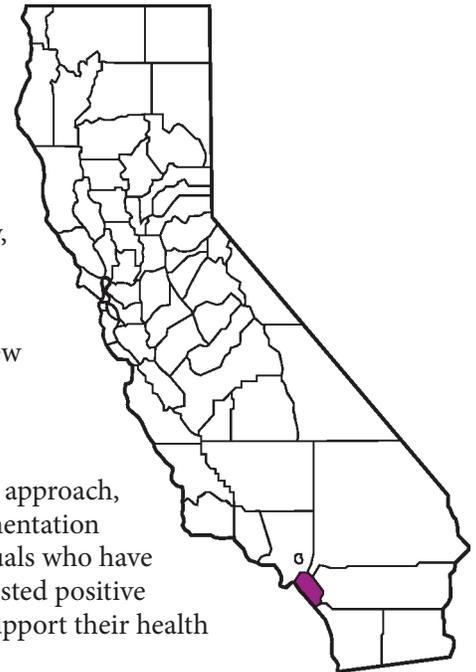
Taking on a more whole-person care approach, Orange County expanded its implementation site to include primary care. Individuals who have a history of COVID-19 or recently tested positive are offered Mindstrong services to support their health and well-being.

### Mental Health America (MHA)

In an effort to reach a broader audience, Orange County partnered with MHA, a widely known national website that offers various mental health screeners, educational materials and behavioral health resources. Focusing on Orange County residents who navigate to the site, Mindstrong services are offered to individuals who screen positive on specific mental health screeners. Individuals interested in learning more about the services are encouraged to complete a digital eligibility and consent form to begin the referral process.

### Community Colleges

Orange County reconnected with community colleges to continue prior discussions and interest in offering Mindstrong services to their students. While interest and need for services remained high, this partnership would require a Memorandum of Understanding between the county and participating community colleges, which created a significant barrier in moving forward. Due to the limited time



remaining in the Help@Hand Innovation project and limited staffing resources within the colleges and county, Orange County was unable to pursue this partnership at this time.

Federally Qualified Health Centers (FQHCs)

Orange County explored the ability to offer Mindstrong services to eligible Medi-Cal beneficiaries within FQHCs throughout the county. Due to the time-limited nature of this project and long-term therapy needs within FQHCs, it was determined that Mindstrong services would not be an appropriate fit at this time.

*Eligibility and consent process*

Beginning Fall 2021, efforts were underway to transform the existing consent process into an automated eligibility and consent form. Orange County engaged in discussions with project partners to identify appropriate eligibility questions, as well as mental health screeners and associated thresholds that would screen ineligible consumers out or move eligible consumers on to the consent form. Additional steps were also taken to identify a general list of resources to support consumers screened out during the eligibility section or those who declined consent for Mindstrong services. The content from the original informed consent was rewritten into a script and converted into a series of brief, informational videos. A great deal of time and attention was placed on the video animation, colors, language and tone of the voiceover.

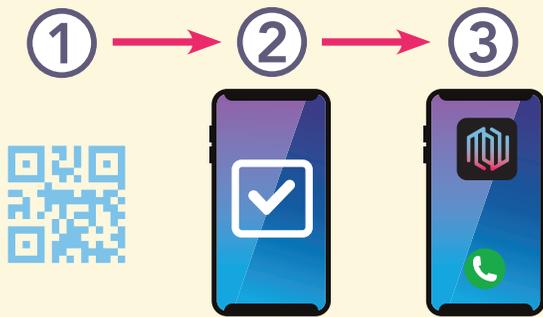
With this new process, consumers have the ability to complete the digital form independently, or request to schedule a follow up call with an Orange County (OC) Help@Hand Peer for additional support. Orange County developed, tested and launched this new process in January 2022. The digital consenting process is shown in **figure 1**.

**Figure 1. Digital consenting process for Orange County’s Mindstrong program.**

**Step 1:** Refer eligible adults via QR code/link to Digital Eligibility and Consent Form

**Step 2:** Patient completes Digital Eligibility and Consent Form

**Step 3:** If eligible, Mindstrong contacts patient for enrollment & permissions. Patient should not download the app without guidance from a Mindstrong rep.



New consumer flyers were developed to include a Quick Response (QR) code that directs consumers to the digital eligibility and consent form. Updated flyers were distributed to all implementation sites and direct links to the digital form were provided to support sites that utilize a web-based platform (i.e., MHA; electronic referral orders within the mental health clinic). More details about the digital consenting process are shared in the spotlight on page 12.

## Digital Literacy

The shift to using a QR code and implementing an automated, digital consent format prompted the OC Help@Hand Peers to revive digital literacy efforts that were previously on hold. In April 2022, the OC Help@Hand Peers presented a workshop at the annual Meeting of the Minds conference. The workshop was well received and inspired the planning and development of ongoing workshops throughout Orange County.

The OC Help@Hand Peers utilized previous feedback from Orange County stakeholders to create a workbook that covers a range of topics, including using QR codes, reviewing and selecting digital apps, and understanding and managing cyberbullying. More information on Peers' digital literacy efforts can be found in the spotlight on page 15.

## Future Directions

Orange County's participation in and funding for the Help@Hand Innovation project will end in April 2023. Current efforts are focused on reviewing Mindstrong enrollment and engagement data to understand app use and adoption. Digital literacy workshops will also continue through the final month of the project. Workshops will be held at the Recovery Education Institute, Wellness Centers, Club Houses and other locations throughout the county. At the end of the project, Orange County plans to share its lessons learned, local implementation successes and challenges, and the process of integrating digital solutions into the public mental health system of care.

# SPOTLIGHT

## Orange County: Developing a Digital Informed Consent Process

Author: Flor Yousefian Tehrani, Psy.D., MFT,  
Orange County Health Care Agency



In recent years, mental healthcare has been slowly moving into a digital space. However, with the onset of COVID-19, health care systems responded to the need for a rapid transition to telehealth and other digital healthcare solutions. Orange County's participation in the Help@Hand Innovation Project (OC H@H) provided a unique and timely opportunity to implement Mindstrong Telehealth Services. The transition to technology also allowed Orange County to transform its traditional informed consent process into a modern and efficient digital format.



### Obtaining Informed Consent: Necessary Steps

The purpose of the OC H@H/Mindstrong Informed Consent is to ensure the consumer understands the Mindstrong services offered through the H@H project, is aware of the time-limited nature of the project and acknowledges the security and privacy features related to their interactions within the Mindstrong application.

A crucial aspect in the development of the OC H@H/Mindstrong Informed Consent was tailoring the language and content to the target audience. The OC H@H Peers assisted in identifying topics to include and clarifying services and technology features.

### What is Informed Consent?

*Informed consent is the principle that healthcare consumers should have sufficient information before making decisions about their care, treatment, and/or involvement in services. Informed consent requires that appropriate and clear information has been shared with the consumer in a way that allows them to form a judgement based on how their decision will affect them. Finally, the consumer must be able to freely exercise their decision without undue influence. Ultimately, informed consent is designed to protect consumers and build trust between the provider and the consumer by honoring the consumer's right and ability to make their own decisions. It is also important to keep in mind that informed consent is often required in order to be in compliance with county/city regulations.*

Citation: <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html>



## Digital Evolution

The initial plan for the consenting process included H@H Peers meeting with potential participants directly after provider referral – a live and in-person handoff at the clinic to support the consumer in making an informed decision. Just before project rollout, public health orders and safety measures put in place due to COVID-19, removed the ability to meet the potential participants in person. The first effort to go digital started with placing the PDF of the Informed Consent online. When HCA received a referral from the provider, a H@H Peer called a potential participant, and initiated the process by sending an SMS text message containing an access link to this document. The H@H Peer would then guide the potential participant through the document, answer any questions, and conclude with obtaining verbal consent.

The next evolution in the digital consent process was automation. OC H@H wanted to give the potential participants the ability to complete the process at their convenience and provide a more engaging platform with a variety of ways to receive information (text, audio, or video) that would support, guide, and motivate them through informed consent completion. Potential participants now have the choice to read text, watch a series of short videos, or engage with a H@H Peer at a time convenient for them, to review and provide their informed consent. During the development of this new automated process, the OC H@H team identified the following key elements:

- include questions in advance of the digital consent process to screen for eligibility
- a series of short videos would be easier to navigate and follow the information
- simple and accessible language should be used to accommodate a broad audience
- animation would be more engaging and remain relevant longer than live action
- a friendly and approachable “look and feel” of the video and voiceover are critical to communicating the right message
- requiring participants to acknowledge understanding after each video would support individuals in being better informed
- including an Acuity scheduler in each stage of the consenting process would allow individuals access to a H@H Peer with questions or concerns at their time and date of choice

This ability to access the automated digital consent process included postcards that a provider shares with the consumer. These postcards, aside from providing necessary at-a-glance information about the services and the process, also contain a QR code. When the potential participant scans the QR code with their smartphone, they are taken to the automated digital eligibility and consent process.

Once again, the OC H@H Peer contributions were essential to the success of the project. They were part of the creation and review process throughout the evolution of the informed consent. For example, they reviewed and edited the postcards for clarity and comprehension of language and visual appeal. The Peers helped convert the informed consent text into a simple and accessible video script language. Their knowledge and experience guided the voice and tone of the videos: they spent countless hours reviewing the script content and listening to a variety of voiceovers. In addition, they tested and navigated the automated process to provide recommendations for an optimal consumer experience.



## Challenges & Concerns

The entire process of developing, approving, and implementing the digital informed consent process surfaced multiple challenges and concerns, each of which were addressed. One of the biggest concerns was that the digital/automated informed consent process meant removing the immediate person-to-person connection between an OC H@H Peer and the potential participant. To mitigate this, OC H@H ensured the option to request a Peer to reach out to them during business hours was just a click away.

Additionally, the ability for a potential participant to fill out the same digital eligibility and consent form multiple times was raised as a potential problem. In a manual process where an individual can fill out a form one time, those answers and consent are registered as complete and final. However, because the digital process allows for multiple entries by the same individual, it was not immediately clear how to mark an entry as 'correct and final'. In response, the OC H@H team made adjustments to the process back-end database to allow only one entry per person based on unique identifiers in order to avoid duplicate entries, as well eliminate an individual's ability to give different answers to the same questions potentially causing confusion in the participant's eligibility.

Additionally, in order to manage the outreach workload, OC H@H made staffing adjustments to ensure the OC H@H team members were cross-trained on specific duties and responsibilities. A set of frequently asked questions were developed to ensure consistency and continuity for the potential participant.

As the project continues to evolve and the number of Orange County consumers of Mindstrong increases, having a digital informed consent process has the potential to ease staffing needs while reaching an even greater number of people in the County.



## Sharing

In a prime example of knowledge sharing between counties in the Help@Hand project, Riverside County reached out to Orange County with the hopes of learning more about Orange County's informed consent process, and how to apply any learnings to their own work around improving the informed consent process in Riverside. Orange County shared valuable learnings such as those mentioned above, as well as ways to further improve the informed consent process, including a shift to a digital informed consent. Riverside County then created their own informed consent process, with the work expedited and efforts reduced based on the insight and lessons learned from Orange County.



# SPOTLIGHT

## OC Help@Hand Peers

Orange County's Peers have been an integral part of the OC Help@Hand team since the beginning of project. Peers have contributed to the project in meaningful ways, including the development of digital literacy resources and supporting the implementation of Mindstrong in the county.

OC Help@Hand Peers developed digital literacy workshops and curated digital literacy educational and communication materials.

There are many digital technologies available to support mental health and wellness, but familiarity and comfort with technology will impact the likelihood of community members' use of such resources. An important component of OC Help@Hand is to increase the digital literacy capacity within the community. However, due to the COVID-19 pandemic digital literacy efforts were refocused.

*“Even though it was hard to go out and engage the community, to share information, or to teach skills, we also know that the last two and a half years have been a really tough time for a lot of people in the community, so the need was even greater.”*

– Min Suh, OC Help@Hand Peer Lead

OCHCA was excited to resume their outreach efforts and engage the community in 2022. Peers utilized a digital literacy curriculum covering several topics, such as understanding and managing digital identity and footprint and dealing with cyberbullying. Peers kicked off a series of digital literacy workshops in April 2022. OC Help@Hand Peers Jackie Salagubang and Maria Gonzalez led the “Managing your Digital Presence” workshop at the Orange County Annual Meeting of the Minds Conference, and later led a second workshop, “Understanding and Managing Cyberbullying.” A third workshop focusing on digital footprint/identity will be held later this year.

**To the right:** Flyer developed to market digital literacy workshop  
**Source:** Pacific Clinics Advancing Behavior Health Care Recovery Education Institute (N.D.) Retrieved from <http://www.pcrei.org/>

## Understanding and Managing CYBERBULLYING

HELP@HAND OC HEALTH CARE AGENCY

Participants will learn about the impact and prevalence of cyberbullying. This workshop will discuss best practices for managing cyberbullying and building skills to prevent cyberbullying, as well as supporting someone who has experienced cyberbullying.

**Where: Recovery Education Institute REI**  
**401 S Tustin St.**  
**Orange, CA 92866**  
**Classroom 122**

**Date: Thursday July 21, 2022**

**Time: 2:00 PM - 3:30 PM**

ENROLLMENT - Seats are limited!  
 New Students: Call (714) 244-4322 or email [ocrei@pacificclinics.org](mailto:ocrei@pacificclinics.org) to schedule an appointment.  
 Current Students: Contact your academic advisor.  
 All courses and enrichment workshops are offered at NO COST to eligible adults living in Orange County.








**Above:** OC Help@Hand Peers Jackie and Maria leading digital literacy workshops  
**Source:** Orange County Health Care Agency

Peers began developing an informative booklet aimed at building digital literacy skills and integrating technology to support mental health and wellness. The workbook includes QR codes to various resources, such as the One Mind PsyberGuide website. On this website, community members can browse through expert reviews of digital mental health technologies and select one that is right for them. Once the workbook is finalized, Peers will develop a workshop covering similar topics. Peers will also deliver a collage activity driven workshop to introduce digital literacy in a more visual way. Digital literacy events have been promoted through local organizations and Peers will continue to engage with community members at upcoming community events.

OC Help@Hand Peers have continued to support the Mindstrong implementation

Earlier this year, OCHCA automated their digital informed consent process and Peers played an instrumental role reviewing and testing the form and workflow. Prior to the launch of the digital consent process, Peers were tasked with calling and consenting consumers into the Mindstrong program. Now that the county has launched the automated digital consent process, Peers have been able to focus their time on developing digital literacy content. Daniel Gibbs, an OC Help@Hand Peer, continues to

call consumers to enroll them into the Mindstrong program.

This year, OCHCA began to offer Mindstrong as a resource on Mental Health America's (MHA) web based mental health support site. Peers reviewed and provided meaningful feedback on the wording and tone of the program description on the MHA site to make sure that it was clear, appropriate, and relevant to potential consumers.

*"For those who don't go through digital consent, I reach out to them and make sure their questions are answered."*

– Daniel Gibbs,  
OC Help@Hand Peer

OC Help@Hand Peers provide invaluable support and an important perspective

*"Having Peers roll out these workshops has been important because they're able to connect well with other Peers, and it really helps establish trust with the community. We're all also very familiar with these places including the staff and members. We are actually, in many ways, part of that same community that we're outreaching to."*

– Min Suh, OC Help@Hand Peer Lead

*"We identify ourselves as Peer Specialists, but we have done the vast majority of our direct services in different organizations, so we all have our expertise with the community that we serve and the county clinics that we used to work with."*

– Jackie Salagubang,  
OC Help@Hand Peer

*"It gives the digital literacy program more validity and credibility because we're endorsing it, we're talking about it, and we've been in some of the places they have been or are."*

– Daniel Gibbs,  
OC Help@Hand Peer

This section describes Orange County's Help@Hand evaluation primary areas of exploration and data sources. It also presents evaluation findings. Preliminary results and trends are reported here.

## ORANGE COUNTY'S HELP@HAND EVALUATION

### Primary Areas of Exploration

- **Contextual Factors:** What factors make a setting ready for a product like Mindstrong, and influence consumers to use it over time?
- **Service Delivery:** How is Mindstrong used?
- **Potential Benefits:** What are the potential benefits of using Mindstrong?

### Data Sources

**Consumer Evaluation** examines the factors influencing consumers to adopt and use Mindstrong. It also provides insight into the consumer experience.



**Mindstrong App:** Mindstrong collected app data and shared it with the Help@Hand evaluation team. This report presents data collected through July 2022.



**Consumer Surveys:** Surveys with consumers using Orange County's Mindstrong program aimed to understand their decision to use and their experience with Mindstrong.<sup>3</sup> This report presents data collected through August 2022.

**Provider Evaluation** assesses the beliefs, practices, and structures that might impact the implementation of Orange County's Mindstrong program.



**Provider Surveys and Interviews:** Surveys and interviews with resident providers referring patients to Orange County's Mindstrong program aimed to identify learnings and strategies to improve the program. This report presents survey data collected between May 2021 - June 2021 and December 2021 - January 2022<sup>4</sup>. Interview data collected between June 2022 – August 2022 will be presented in a future report.

**Outcomes Evaluation** measures how the project achieved the expected outcomes (shown on page 6). This report does not include data for this evaluation.



**Electronic Medical Record (EMR) Data:** This period the Help@Hand evaluation team continued to work with the Institutional Review Board (IRB) and the health information technology department at the local healthcare system to access patient-level EMR data.



**California Health and Human Services (CHHS) Data:** This period statewide inpatient, emergency department, and vital statistics data was requested from CHHS.

<sup>3</sup> All consumers participating in Orange County's Mindstrong program were invited to complete an initial survey online or over the phone. Those using or intending to use Mindstrong (e.g., adopters) were asked to complete follow-up surveys.

<sup>4</sup> Resident providers were invited to complete surveys online.

## KEY FINDINGS



The majority of consumers scored high on **anxiety** (88%) and **depression** (82%)



Common reasons to not use Mindstrong included being **busy** and/or **thinking it would take up too much time**



89% of providers felt that **Mindstrong's care model** was a **significant innovation** that may benefit patients



Over 80% of consumers had taken part in a **therapy session**, and/or had sent **patient messages** through the app



The most common reasons consumers stopped using Mindstrong were **difficulties making an appointment** and **appointments being too short**



Challenges reported by providers were **communication barriers**, **brief therapy sessions**, and **lack of consistent therapists**



Consumers experienced **feeling better about taking care of mental health**



Consumers **felt understood and respected** by their Mindstrong provider



95% of providers felt that **Mindstrong** was a **useful resource** for their patients

## DEMOGRAPHICS



### Mindstrong App

Mindstrong app data was collected and analyzed for 329 consumers using Mindstrong between May 2020 and July 2022.<sup>5</sup>



#### Age

18% aged 18-24 years old  
37% aged 25-39 years old  
18% aged 40-49 years old  
13% aged 50-59 years old  
9% aged 60-69 years old  
4% aged 70+ years old



#### Device Type

29% Android  
71% iOS



#### Gender

66% Female  
30% Male  
4% Another gender



#### Mental Well-being and Health Symptoms

Consumers predominantly reported experiencing **anxiety (88%), depression (82%), personality (e.g., sense of identity and direction in life; 72%), and sleep (66%)** problems.



### Consumer Survey

95 individuals referred to Mindstrong completed surveys between October 2020 and August 2022.<sup>6</sup> The demographics of survey respondents were similar to those enrolled in Mindstrong.



#### Age

26% aged 18 - 25 years old  
54% aged 26-59 years old  
14% aged 60+ years old



#### Education

12% High school  
28% Some college  
42% Bachelor's, graduate and/or associate's degree



#### Gender

69% Female  
24% Male  
3% Transgender man/woman



#### Mental Health

41% felt inferior to others without a mental illness  
41% felt ashamed for having a mental illness



#### Ethnicity

52% White/Caucasian  
19% Hispanic/Latino/a/x  
9% Asian

<sup>5</sup> Consumers enrolled in Mindstrong completed surveys through the Mindstrong app. Findings from the Mindstrong app survey data are included in the Mindstrong app section.

<sup>6</sup> Consumers enrolled in the Mindstrong evaluation completed surveys outside of the Mindstrong app. Findings from these surveys are presented in the Consumer Survey section.

Survey respondents are categorized as **adopters** or **non-adopters** depending on their participation in the program.



**Adopters**  
 Respondents who chose to use Mindstrong, or are eligible and intend to use Mindstrong in the future. Adopters completed surveys on a recurring basis.



**Non-Adopters**  
 Respondents who declined to use Mindstrong, and do not intend to use Mindstrong in the future. Non-adopters completed a one-time survey.

This report includes data from the initial survey that adopters and non-adopters completed, and the first follow-up survey that adopters completed. Sections that compare findings from the initial and follow-up surveys will refer to these surveys as **Survey 1** and **Survey 2** and only include data from adopters.



### Provider Surveys

Resident providers varied slightly from Survey 1 to Survey 2.

<p><b>Survey 1 (N=18)</b>                      82% response rate                      Collected May 2021 - June 2021</p>		<p><b>Survey 2 (N=21)</b>                      87% response rate                      Collected December 2021 - January 2022</p>
<p><b>Role</b>                      17% 2nd year Resident                      44% 3rd year Resident                      39% 4th year Resident</p> <p><b>Gender</b>                      50% Female                      28% Male                      22% I prefer not to answer</p> <p><b>Ethnicity</b>                      56% Asian-American/Pacific Islander                      33% White                      11% I prefer not to answer</p>		<p><b>Role</b>                      33% 2nd year Resident                      33% 3rd year Resident                      33% 4th year Resident</p> <p><b>Gender</b>                      67% Female                      33% Male</p> <p><b>Ethnicity</b>                      71% Asian-American/Pacific Islander                      24% White                      5% Hispanic or Latino</p>

## AREA OF EXPLORATION #1: CONTEXTUAL FACTORS

What factors make a setting ready for a product like Mindstrong, and influence consumers to use it over time?



### Consumer Survey Findings

#### Key Factors Considered When Deciding to Use Mental Health Technology

Privacy, price, and the effect on their device continued to be key factors that adopters considered in mental health technology (Survey 1, N=80).<sup>7</sup>

Privacy



Personal information is kept private (91%)

Price



The app is free (75%)

Effect on Device



The app will not have a negative effect on device (e.g. drain phone battery) (75%)

#### Reasons for Not Using Mindstrong

Non-adopters shared the three most common reasons for not using Mindstrong (N = 11).<sup>8</sup>



Busy / no time  
(18% of 18 answers)



Use of other strategies to support mental health (18% of 18 answers)



Didn't think it would be useful / wanted to handle problem myself (14% of 18 answers)

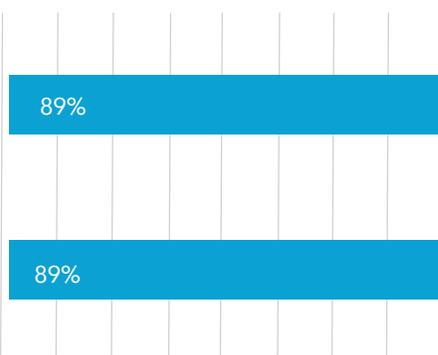


### Provider Survey Findings

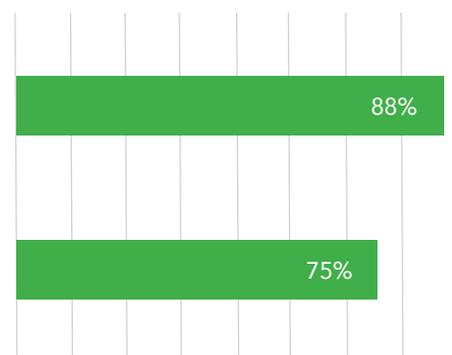
#### Provider Attitudes Toward Mindstrong

Providers continued to have positive feelings towards Mindstrong.

Survey 1 (N=18)



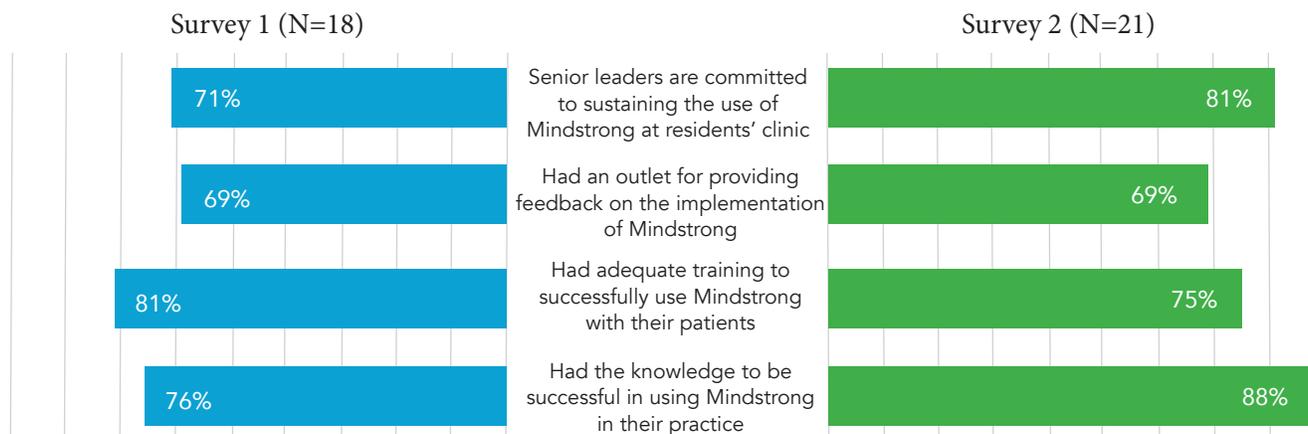
Survey 2 (N=21)



<sup>7</sup> Sections that compare findings from the initial and follow-up surveys will refer to these surveys as Survey 1 and Survey 2 and only include data from adopters.

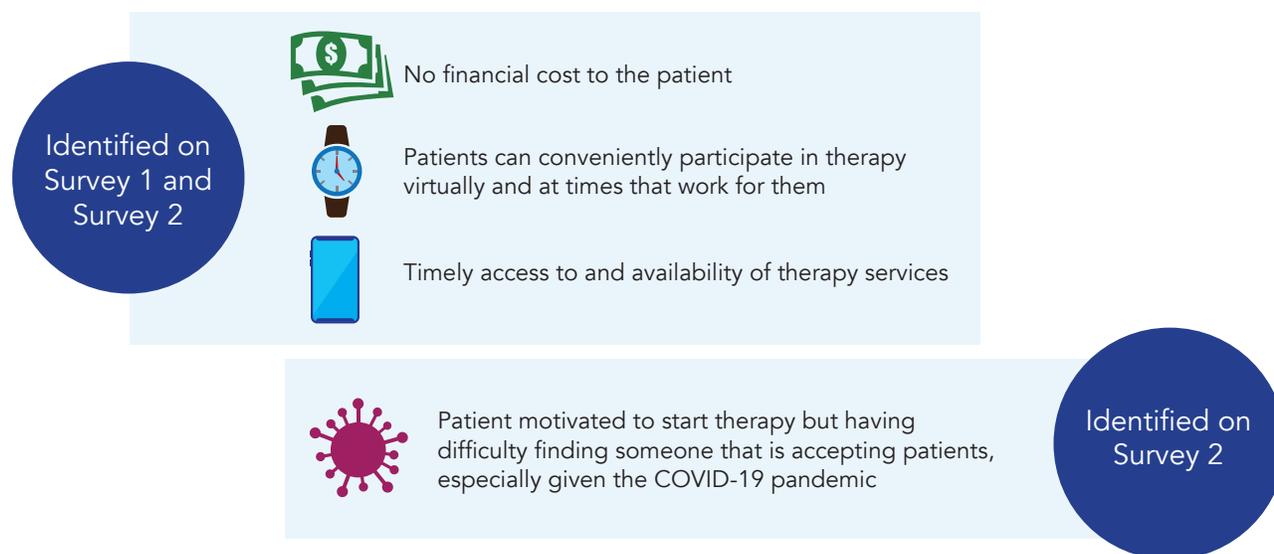
<sup>8</sup> Six non-adopters (55%) were eligible for Mindstrong but chose not to sign up for the program. Five non-adopters (45%) had started the onboarding process but never downloaded the app on their phone.

Providers' impressions of the Mindstrong implementation in their clinic continued to be positive. More providers at Survey 2 agreed that they had the knowledge to successfully use Mindstrong, but fewer indicated that they had adequate training compared to those in Survey 1.



### Referring Patients to Mindstrong

Providers shared reasons for referring their patients to Mindstrong.



Providers reported slightly lower, but still high, levels of confidence referring patients to Mindstrong at Survey 2.



## AREA OF EXPLORATION #2: SERVICE DELIVERY

How is Mindstrong used?



### Mindstrong App

#### Mindstrong Enrollment (as of July 2022)



**329**

Consumers Enrolled  
in Orange County's Mindstrong Program



**39**

Consumers Discharged  
from Orange County's Mindstrong Program<sup>9</sup>



**352.7**

Average Number of Days  
Consumers Stayed Enrolled  
in Orange County's Mindstrong Program



**214.5**

Average Number of Days  
Consumers Were Active  
in Orange County's Mindstrong Program

#### Mindstrong App Activity



**83%**

of consumers had at least one **therapy session**; each consumer had an average of **16.5 therapy sessions**

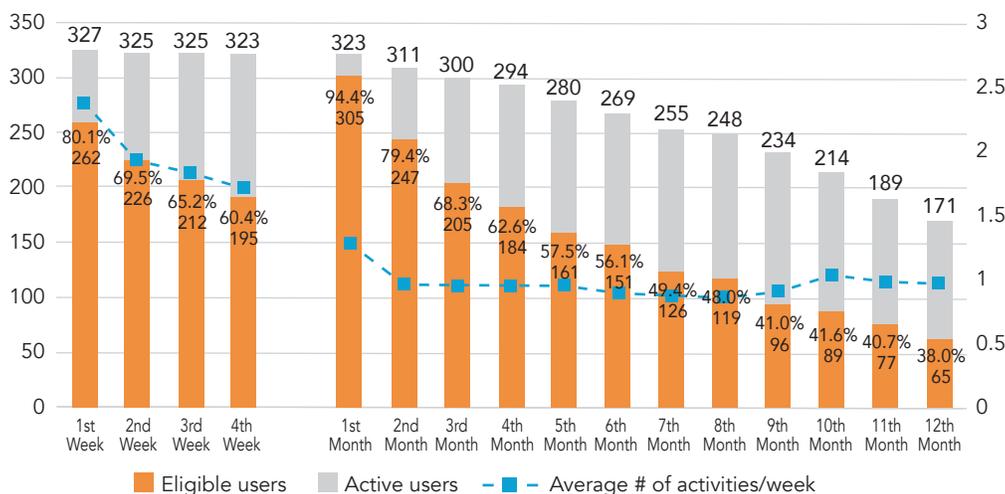


**81%**

of consumers had sent a **patient message**<sup>10</sup>

#### Mindstrong App Engagement

**Percent of active users decreased over time, but engagement in activities remained largely stable among patients engaged with Mindstrong.** Consumers were most active in the first month of enrollment, after which the total number of active users declined. Potentially, consumers were more active in the beginning of enrollment to explore the app. After the first month, the number of activities remained largely stable and consumers completed on average between 1 and 1.5 activities per week.<sup>11</sup>



<sup>9</sup> 39 people were discharged from the program; this number does not include people who may have stopped using Mindstrong but haven't been formally discharged from the program.

<sup>10</sup> Members can send a patient message to connect with their care team.

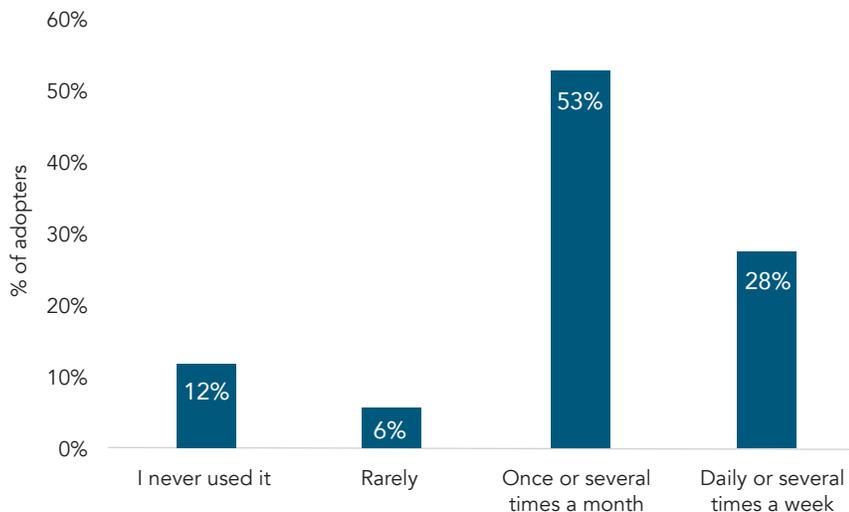
<sup>11</sup> App activities are defined as 1) viewing biomarkers, 2) taking part in therapy sessions, 3) completing surveys, 4) sending patient messages, and 5) taking part in care partner sessions.



## Consumer Survey Findings

### Frequency of Use

Most participants indicated they used Mindstrong once or several times a month (Survey 2, N = 51).



Six participants indicated they had not used Mindstrong yet at the time of Survey 2. The top three reported reasons for not using Mindstrong are shown below (Survey 2, N = 6).



Didn't think it would be useful / wanted to handle problem myself



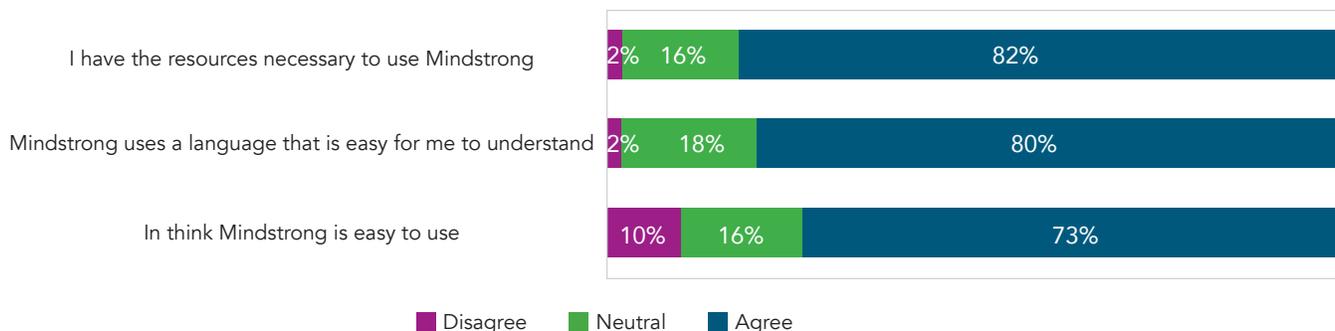
Use of other strategies to support mental health



Stopped seeing psychiatrist / lost insurance

### Ease of Using Mindstrong

The majority of adopters had the resources necessary to use Mindstrong (82%), felt Mindstrong used a language that was easy to understand (80%), and thought Mindstrong was easy to use (73%) (Survey 2, N = 51).



## Challenges Experienced by Consumers

Adopters shared reasons for no longer using Mindstrong.

<p>Top 3 reported reasons on <b>Survey 1</b> (Survey 1, N =4)</p>	 <p>Mindstrong was not useful / wanted to handle the problem myself</p>	 <p>No longer needed Mindstrong / Just wanted to try it out</p>	 <p>Use of other strategies to support mental health</p>
<p>Top 3 reported reasons on <b>Survey 2</b> (Survey 2, N=15)</p>	 <p>No appointment availability / too little time during appointment</p>	 <p>Did not understand biomarkers</p>	 <p>Bad experience with Mindstrong providers</p>

Five adopters suggested that longer sessions would make them more likely to use Mindstrong in the future. Other reported challenges by adopters included technical issues and challenges using app features such as taking the surveys.



## Provider Survey Findings

### Challenges Experienced by Providers

Providers reported experiencing barriers (28% Survey 1, 38% Survey 2) and indicated barriers had not been addressed or removed (71% Survey 1, 95% Survey 2). This indicates a consistent need to identify opportunities to address barriers.

#### Communication Barriers



Patients not being contacted, or delay in contact, after being referred to Mindstrong



Patients being contacted but not receiving a message with callback information

#### Therapy Session Barriers (identified on Survey 2)



Mindstrong only offering brief therapy sessions



Mindstrong therapists rotating between sessions

## AREA OF EXPLORATION #3: POTENTIAL BENEFITS

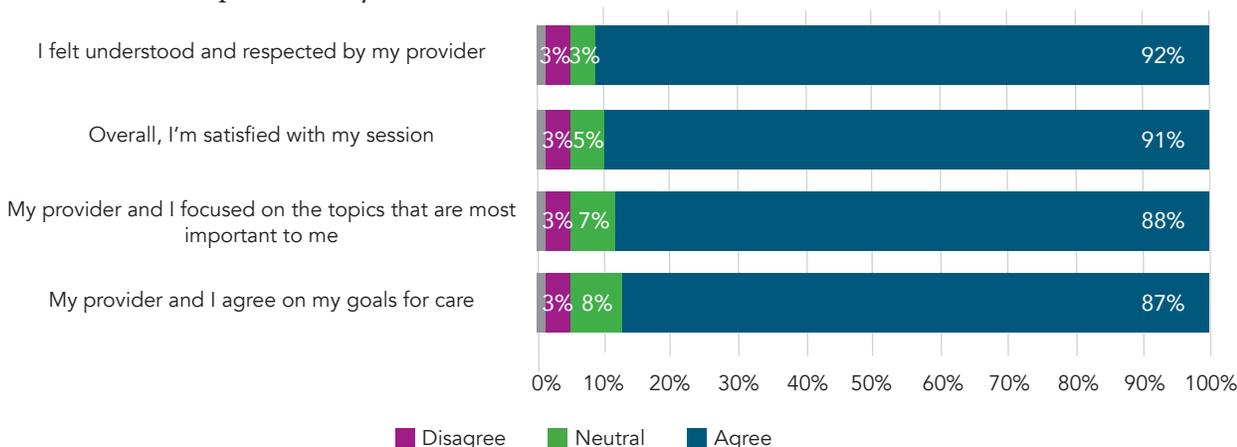
What are the potential benefits of using Mindstrong?



### Mindstrong App

#### Satisfaction with Sessions

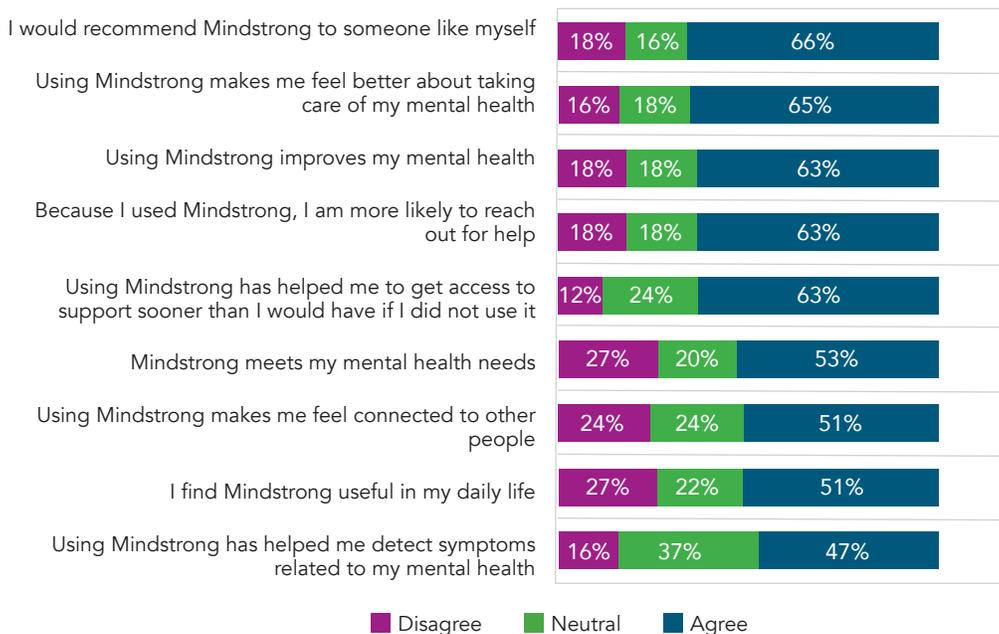
Consumers indicated a positive experience on their first completed post-session survey (N = 196). Consumers were asked to complete a survey after each session with their provider. Findings below show consumer feedback from their first completed survey.



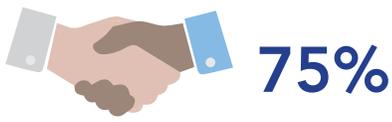
### Consumer Survey Findings

#### Consumer Experience with Mindstrong after 3 Months of Use

Adopters shared benefits of Mindstrong after 3 months of use (Survey 2, N = 51). The majority of adopters would recommend Mindstrong (66%): using Mindstrong made them feel better about taking care of their mental health (65%) and improved their mental health (63%).



Adopters found chatting with a Mindstrong therapist useful (Survey 2, N = 51).



Agreed their **Mindstrong therapist was on their side** and tried to help them



Felt **accepted by Mindstrong** no matter how they responded



Found chatting with a **Mindstrong therapist very or extremely useful**; this was rated as **the most useful Mindstrong feature**



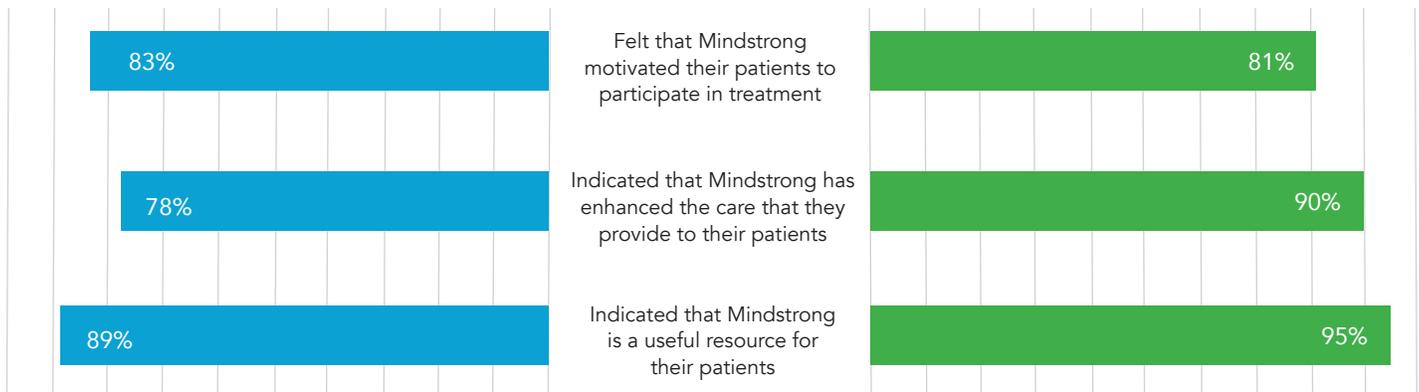
### Provider Survey Findings

#### Implementation of Mindstrong

Providers felt that Mindstrong benefited their patients and enhanced the care that they provide.

Survey 1 (N=18)

Survey 2 (N=21)



## Learnings from the Orange County Help@Hand Evaluation

Key learnings from Orange County's Help@Hand Project include:

### *Consumer Program Recruitment and Engagement*

- **Diverse implementation sites and referral methods require specifically tailored materials.** Information and materials for consumers and referring providers need to be tailored for each implementation site.
- **Lengthy onboarding processes impact consumer engagement.** Lengthy referral, eligibility, and consent processes create opportunities for consumers to abandon the onboarding process.
- **Tracking the source of referral can help identify effective outreach approaches.** There are a variety of ways a consumer can access the digital eligibility and referral process. Appropriate tracking can help identify the most effective outreach strategies.
- **The layout and visibility of the Mindstrong program on third party sites impacts consumer interest.** Mindstrong is offered as a resource on the Mental Health America site. It is likely that the location on the site is impacting consumer interest.
- **Consumers may be inadvertently disqualified from the program when screening for eligibility on third party sites.** There are specific eligibility requirements for the Mindstrong program that can be confirmed using existing screeners on third party sites (e.g., Mental Health America). However, consumers may be inadvertently disqualified if they do not respond to specific screening questions (e.g., age).

### *Digital Eligibility and Consent Process*

- **Screening for eligibility and obtaining consent requires access to live support.** Consumers may still need access to live support when completing the digital eligibility and consent process.
- **Different levels of information are gathered from consumers at the various points of entry.** The level of consumer information available varied across implementations sites and as the county transitioned to a digital eligibility and referral process.
- **The transition to a digital referral and eligibility process may pose new challenges.** In a digital space, consumers can fill out a form multiple times or change their responses. This creates multiple versions of a consent form and may allow ineligible consumers to continue access to services.

### *Digital Literacy Training*

- **Developing and marketing digital literacy training requires taking various factors into account.** The audience's background, needs, location, attendance expectations, and resources impact the curriculum. When marketing digital literacy sessions, it is not always clear what outreach methods and materials are most appropriate (digital, physical, location, etc.).
- **Developing a digital literacy curriculum takes time.** Peers implemented the two digital literacy workshops developed by the Help@Hand Collaborative. However, Peers recognized that the training needs to be expanded to cover additional topics. Peers have been working on creating these additional resources. They have amply noted that identifying the community's needs and developing resource to address these needs requires extensive time and effort.

### *Project Planning and Execution*

- **Peers play a crucial role in developing program content.** Content design, without review by those with first-hand experience as a consumer, may create a disconnect with the consumers (e.g., confusing process, unclear terminology, trigger words, etc.).

- **The timeline and duration of the program impacts partnerships.** Although Mindstrong is a beneficial resource to clients, the time limited nature of the program can deter organizations from offering the service. Organizations may not be able to implement the program within the given timeframe or may be hesitant to offer clients a resource that will later be discontinued.

#### *Consumer experience*

- **Common reasons for deciding not to use Mindstrong were that clients were busy and/or thought it would take up too much time.** These reasons are important to consider when offering digital tools: it may be useful to communicate the time commitment involved and think through ways to make it easier to integrate mental health support in people's daily lives.
- **Consumers who adopted Mindstrong had a positive experience with the Mindstrong app itself but had difficulties setting up an appointment and/or found the sessions too short.** Consumers expressed a preference for longer sessions which would make them more likely to use Mindstrong in the future.
- **Consumers valued the ability to chat to a Mindstrong therapist.** This was the most highly rated app feature on Mindstrong.
- **Consumers experienced challenges understanding their biomarkers.** It may be useful to provide guidance from their provider to better understand their health data.
- **Providers' attitudes and perceptions of Mindstrong continued to be positive.** Providers felt that Mindstrong enhanced the care they provide, was easy to use, and had a smooth referral process.
- **Providers referred patients to Mindstrong due to the cost, convenience, and timely access to services.** Providers also felt that Mindstrong was helpful for patients that were hesitant to start therapy and that it helped overcome the challenge of finding appropriate care during the COVID-19 pandemic.
- **Providers identified barriers related to Mindstrong therapy sessions.** Providers reported that some patients wanted longer sessions and a consistent therapist. Some patients informed residents that they had significant gaps in their therapy due to the therapist leaving the job and being reassigned or waiting for reassignment.
- **Providers shared recommendations to address barriers.** These included providing supplemental information for patients in the form of pamphlets, providing residents with hands-on trainings with the Mindstrong application, and establishing clear expectations regarding therapy sessions.

The following recommendations are synthesized from learnings presented throughout this report. Given the nature of Orange County's Help@Hand project and projects in general, some recommendations echo those presented in past reports.

#### *Consumer Program Recruitment and Engagement*

- **Tailor recruitment materials for each implementation site and referral method.** Consumers and providers at different implementation sites require specifically tailored materials.
- **Streamline the onboarding process to make it as easy as possible.** Identify areas where consumers may abandon the onboarding process (e.g., repetitive screening questions, lengthy consent process) and eliminate redundancy and unnecessary questions/processes.
- **Utilize and track different methods to engage core audience.** Utilizing different engagement methods (e.g., websites, postcards, web-based messaging) can reach a wider audience. Tracking referral sources can help identify the most effective outreach strategies.
- **Ensure that consumers will not be inadvertently disqualified from the program when screening for eligibility on third party sites.** Carefully review third party sites' eligibility screeners and process. Determine what requirements must be confirmed earlier in the recruitment process (e.g., location), and what requirements can be confirmed if consumer expresses interest in the program (e.g., age).
- **Review messaging and improve layout and visibility of the Mindstrong program on third party sites.** Review layout, messaging, and program description with Peers and partnering organizations to garner more interest. The program link can be moved to a more prominent location. Furthermore, additional description of the program may be needed.

#### *Digital Eligibility and Consent Process*

- **Determine the level of consumer information necessary to implement the program.** Different levels of information are gathered from consumers through the digital eligibility and consent process. Consult with project partners (e.g., Mindstrong, Help@Hand evaluation) to identify the level of consumer information required to perform their role.
- **Continue to provide consumers access to live support.** Consumers may still need access to live support when completing the digital eligibility and consent process.
- **Identify strategies that prevent individuals from accessing services when they are not eligible.** Work with digital platform specialists to identify strategies to prevent an individual from completing duplicate forms or changing answers. Have Peers review the process to identify areas for improvement.

#### *Digital Literacy Training*

- **Consult with Peers and those who work directly with consumers to understand digital literacy needs.** The audience's background, needs, location, and resources will impact the digital literacy curriculum. Collaborate with Peers and community organizations to understand consumer needs and best outreach strategies.
- **Consult with counties/cities and/or organizations that have conducted digital literacy training.** Counties/cities in the Help@Hand Collaborative have implemented digital literacy training with their community members. Developing a digital literacy curriculum is time consuming. Counties/cities may be able to share resources or learnings to facilitate the process.

### *Project Planning and Execution*

- **Continue to have Peers review program content.** Unclear terminology, confusing processes, and triggering language can impact consumer engagement. Peers can provide useful feedback on program processes and marketing materials.

### *Consumer Experience*

- **Look beyond user engagement and consider reasons for non-use of Mindstrong.** Abandonment or non-use of Mindstrong may not be related to a negative experience with the technology per se. The majority of adopters reported a positive experience with the Mindstrong app itself, and the most common challenges related to therapy sessions, such as making an appointment, the sessions being too brief, and therapists rotating between sessions.
- **Support may be needed to understand health data.** Consumers may need an introduction and support to help understand their health data on the Mindstrong app, such as their biomarkers.
- **Set clear expectations for time commitment of Mindstrong.** Setting clear expectations of the expected time commitment may make it easier for consumers to determine whether they have time to use it and may help product uptake and maintenance.
- **Improve care coordination between local healthcare system and Mindstrong.** Ensure patients are being connected to care in a timely manner. Resolve barriers, such as providing callback number to patients.
- **Address patient requests for longer sessions, more frequent sessions, and/or more consistent therapists.** Session length, frequency, and therapists rotating between sessions were challenges identified by both consumers and providers.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

Boyd, J. E., Otilingam, P. G., & Deforge, B. R. (2014). Brief version of the Internalized Stigma of Mental Illness (ISMI) scale: psychometric properties and relationship to depression, self esteem, recovery orientation, empowerment, and perceived devaluation and discrimination. *Psychiatric rehabilitation journal*, 37(1), 17–23. <https://doi.org/10.1037/prj0000035>

Centers for Disease Control and Prevention. (2000). *Measuring healthy days: population assessment of health-related quality of life*. <https://www.cdc.gov/hrqol/pdfs/mhd.pdf>.

Pacific Clinics Advancing Behavior Health Care Recovery Education Institute (N.D.) Retrieved from <http://www.pcrei.org/>

U.S. Department of Health & Human Services. (n.d.). *Informed Consent FAQs*. Retrieved from <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html>

Orange County completed the following table describing their program information, accomplishments, lessons learned, and recommendations during the reporting period.

Orange County	<p style="text-align: center;"><b>Quarter 1</b> (Jan – Mar 2022)</p>	<p style="text-align: center;"><b>Quarter 2</b> (Apr – Jun 2022)</p>
<p><b>Tech Lead(s)</b></p>	<ul style="list-style-type: none"> <li>Sharon Ishikawa, PhD</li> <li>Flor Yousefian Tehrani, PsyD, LMFT</li> </ul>	<ul style="list-style-type: none"> <li>Sharon Ishikawa, PhD</li> <li>Flor Yousefian Tehrani, PsyD, LMFT</li> </ul>
<p><b>Team Composition</b></p>	<ul style="list-style-type: none"> <li>Cambria (2.5 FTE) to support Mindstrong implementation</li> <li>4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process</li> <li>The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent</li> <li>HCA Compliance for consultation</li> <li>Charitable Ventures to support marketing collateral and website updates</li> <li>Walker to complete the HCA digital consent build in Qualtrics</li> <li>Mental Health America to support expansion of MS using their External web-based mental health support site</li> </ul>	<ul style="list-style-type: none"> <li>Cambria (2.5 FTE) to support Mindstrong implementation</li> <li>4.25 FTE Health Care Agency (HCA) INN Staff to support Informed Consent process</li> <li>The OC Health Care Agency (HCA) Technical Team to support the development of the Digital Informed Consent</li> <li>HCA Compliance for consultation, as needed</li> <li>Charitable Ventures to support marketing collateral and website updates</li> <li>Mental Health America (MHA) to support expansion of MS using their External web-based mental health support site</li> </ul>
<p><b>Core Audiences</b></p>	<ul style="list-style-type: none"> <li>No changes to the diagnosis or exclusion criteria</li> <li>Expansion to include adults (18 and older) who tested positive for COVID (any/no insurance) or MediCal with PHQ9 &gt;= 10 and a score of 9+ on Kessler 6 [Regional medical centers]</li> <li>Potential expansion to include adults (18 and older) who screened positive for Depression, PTSD, Post-partum depression, and Anxiety [Web based mental health support site]</li> </ul>	<ul style="list-style-type: none"> <li>No changes to the diagnosis or exclusion criteria</li> <li>Expansion to adults (18 and older) who tested positive for COVID (any/no insurance) or MediCal with PHQ9 &gt;= 10 and a score of 9+ on Kessler 6 [Regional medical centers]</li> <li>Expansion to adults (18 and older) who screened positive for Depression, PTSD, Post-partum depression, and Anxiety [Web based mental health support site]</li> </ul>
<p><b>Products in Use/Planned</b></p>	<ul style="list-style-type: none"> <li>Mindstrong Health</li> </ul>	<ul style="list-style-type: none"> <li>Mindstrong Health</li> </ul>
<p><b>Implementation Site</b></p>	<ul style="list-style-type: none"> <li>Large medical center (i.e. Outpatient Psychiatry)</li> <li>Regional medical centers (i.e. Primary Healthcare Centers)</li> <li>Web based mental health support site</li> </ul>	<ul style="list-style-type: none"> <li>Large medical center (i.e. Outpatient Psychiatry)</li> <li>Regional medical centers (i.e. Primary Healthcare Centers)</li> <li>Web based mental health support site</li> </ul>
<p><b>Implementation Approach</b></p>	<ul style="list-style-type: none"> <li>Continued work with (Qualtrics/Walker) to finish building the digital consent process to include a Kessler 6 threshold and a digital consent process without the Kessler 6 threshold</li> <li>Continued conversations with Primary Care physicians on expanding to adults who have tested positive for COVID-19</li> <li>Started conversations with Mental Health America (MHA) about expanding to adults who use the web based mental health support site and screen for mental health</li> </ul>	<ul style="list-style-type: none"> <li>Initiated discussions between project partners (Mindstrong, HCA, Help@Hand Evaluation) regarding understanding the impact of Mindstrong service on consumers.</li> <li>Analyzed referral data sent from all referring sources (MHA, Primary Healthcare Centers, Outpatient Psychiatry, etc.).</li> <li>Analyzed digital eligibility and consent data from Qualtrics.</li> <li>Using analytical data, reviewed and revised HCA outreach content on the MHA resource page to increase referrals.</li> <li>Expanded scope of Digital Literacy content from information sharing to interactive activities that promote consumers' independent search for information within the digital space (e.g., how to vet apps, use QR codes, etc).</li> </ul>
<p><b>Other Unique Qualities</b></p>	<ul style="list-style-type: none"> <li>Trained new HCA support staff to support the digital consent process</li> <li>Developed multiple workflows associated with each implementation site and target audience</li> <li>Trained OGHCA staff on process workflows and potential scenarios</li> <li>Continuously improved processes to track referrals received via physical and electronic channels, and data shared between project partners (Mindstrong, HCA, Help@Hand Evaluation)</li> <li>Leveraged web-based platforms (Help@Hand chart) to create process workflows and facilitate team collaboration</li> <li>Utilized automated data reports that can be downloaded from Qualtrics for reconciliation and consumer data sharing</li> </ul>	<ul style="list-style-type: none"> <li>HCA staff training for back-up protocols to ensure task continuity.</li> <li>Developed Digital Literacy content and identified outreach strategies and locations.</li> <li>Facilitated the ongoing information exchange of data for maximum analysis outcomes for project partners (Mindstrong, HCA, Help@Hand Evaluation).</li> <li>Improved processes to track digital referrals and consents.</li> </ul>

Orange County	Quarter 1 (Jan–Mar 2022)	Quarter 2 (Apr – Jun 2022)
<p><b>Milestones</b></p>	<ul style="list-style-type: none"> <li>• Built a scheduling feature (i.e., Acuity) in the Healthcare (HCA) digital consent survey</li> <li>• Identified strategies to address the issue of duplicate eligibility and consent entries within Qualtrics</li> <li>• Created two Digital Eligibility and Consent processes which includes a Kessler 6 threshold and one without</li> <li>• Deployed the Digital Eligibility and Consent process with large and regional medical centers</li> <li>• Collaborated with MHA to identify specific criteria/parameters and offer Mindstrong to eligible adults seeking mental health resources through the web based mental health support site</li> <li>• Updated and distributed existing materials to include the digital eligibility and consenting link</li> <li>• Created and distributed site-based provider informational materials</li> <li>• Initiated expansion discussion to regional Federally Qualified Health Centers</li> </ul>	<ul style="list-style-type: none"> <li>• Completed two digital consent processes: one with a Kessler 6 threshold and one without, to support the implementation plan at specific sites</li> <li>• Launched MS expansion at Primary Care site</li> <li>• Launched MS expansion to eligible consumers screened and referred through MHA's website</li> </ul>
<p><b>Lessons Learned</b></p>	<ul style="list-style-type: none"> <li>• Different implementation sites require specific tailored information or materials for consumers to access the Mindstrong Digital Eligibility and Consent form</li> <li>• Different referral approaches (e.g. virtual vs. in-person) require their own methods of communicating and distributing Mindstrong outreach materials to eligible consumers</li> <li>• Using a digital, easy to understand process for eligibility and consent still requires access to live support</li> <li>• There are a variety of ways a consumer can access the Digital Eligibility and Referral process and without appropriate tracking it is difficult to identify the most effective outreach approach (QR code vs. link)</li> <li>• Different levels of information are gathered from the consumer at the various points of entry</li> <li>• In a digital space consumers have the ability to fill out a form more than once or change their responses. This creates multiple versions of a consent form and may allow ineligible consumers to continue access to services.</li> </ul>	<ul style="list-style-type: none"> <li>• Lengthy referral, eligibility, and consenting processes impact consumer engagement and may result in incomplete or abandonment consents.</li> <li>• Layout and visibility of service offer on 3rd party site (MHA) is not generating consumer interest.</li> <li>• 3rd party (MHA) eligibility process integration may result in otherwise eligible consumers being disqualified for eligibility.</li> <li>• There are multiple points where the consumers may abandon the referral, eligibility, and consent process prior to completion.</li> <li>• Content design, without review by those with first-hand experience as a consumer, may create a disconnect with the consumers (e.g. confusing process, unclear terminology, trigger words, etc.)</li> <li>• When marketing digital literacy sessions, it is not always clear what outreach methods and materials are best (digital, physical, location, etc.)</li> <li>• Developing curriculum requires taking a variety of factors into account: audience background and needs, expectations of attendance, location, and available resources.</li> </ul>
<p><b>Recommendations</b></p>	<ul style="list-style-type: none"> <li>• Develop materials best suited for the target audience</li> <li>• Create multiple options to reach target audience (website, postcards, web-based messaging)</li> <li>• Utilize a digital scheduling platform (Acuity) that allows consumers access to live support</li> <li>• Identify methods to track and report referral sources</li> <li>• Design processes that keep the consumer experience in mind</li> <li>• Work with the digital platform specialists (Qualtrics) to identify strategies that prevent an individual from completing duplicate forms, changing answers, or accessing services when they are not eligible.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure consumer experience is as quick and easy as possible by eliminating redundancy and unnecessary questions/processes.</li> <li>• Review messaging and layout with Peers and collaborate with partnering organization to achieve optimal visibility.</li> <li>• Carefully review MHA eligibility process/screener to ensure consumers are not inadvertently disqualified.</li> <li>• Regularly review data to understand where consumers “fall out” of the process and mitigate (through adjusting language, removing or rewording questions/steps, removed eligibility thresholds, etc.).</li> <li>• In addition to reviewing referral, eligibility, and consenting language with Peers, ensure that the Peers review the process (beginning to end) themselves to identify areas for improvement.</li> <li>• Collaborate with wellness center and Recovery Education Institute staff to understand consumer needs and best outreach strategies regarding digital literacy efforts.</li> <li>• Consult with those who work directly with the consumers to understand specific timing, context, and audience needs.</li> </ul>

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Evaluation



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