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Date: February 11, 2025

To: Help@Hand Collaborative Cities and Counties
From: California Mental Health Services Authority
Re: Executive Summary of Help@Hand Final Evaluation Report

CalMHSa is proud to have supported this multi-year innovation project, in which 14 California cities and counties worked together to explore mental health solutions through the use of technology.

A cornerstone of the project has been ongoing evaluation, with results reported incrementally and annually. This final evaluation report provides a comprehensive synthesis of findings across all participating cities/counties, reflecting the full timeline of the initiative. It is designed to address the original learning objectives of the program and serve as a capstone to the Help@Hand evaluation.

The analysis and findings presented are those of the University of California, Irvine's (UCI) Help@Hand evaluation team. CalMHSa worked collaboratively with UCI throughout the project and reviewed the report for confidentiality, but neither CalMHSa nor any participating cities/counties are authors of the report.

Included with this memo is a four-page executive summary of the Help@Hand Final Evaluation Report, highlighting key findings, insights and implications from the full report.

The Report At a Glance

Evaluation reports are written with the Help@Hand cities/counties in mind as the target audience; however, the project understands there are many other stakeholders who also have interest in these reports. Recommendations include both learnings and recommendations based on the experience of one or more cities/counties. Recommendations do not constitute failures. Rather, they should be viewed as opportunities to share insights or ways to advance the work of others in the true spirit of innovation.

This report is a full 722 pages. To assist you in navigating, here is a preview of how the report is organized, including the page number where each section begins:

- Executive Summary (page 5)
- Summary of Activities (page 85)
- Recommendations (page 527)
- Spotlights (pages 52, 91, 141, 148, 194, 290, 483, 491)
- City/County Program Information (page 86)



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- Chapters are structured in the following format:
 - Key points
 - Overview
 - Methods & Findings
 - Learnings

Thank you again for your interest in the learnings from Help@Hand. Questions or comments can be provided by contacting CalMHSa at info@calmhsa.org and to UCI at dsorkin@uci.edu.



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EXECUTIVE SUMMARY

From 2017 through 2024, 14 county and city mental health plans came together to implement Help@Hand, a Mental Health Services Act (MHSA) Innovation project that sought to introduce a suite of mental health technologies into the public mental health system. Counties and cities joined the project in two cohorts beginning in 2017. Teams participated in Help@Hand for up to five years, with implementation concluding in 2024.

MHSA Innovation projects are focused on learning and sustainability and provide a platform for mental health plans to test novel strategies to support their communities. Help@Hand identified five overall 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; and
5. Analyze and collect data to improve mental health needs assessment and service delivery.

CalMHSA served as the collaborative's administrator, providing contracting, invoicing, and project management support. A team of experts from University of California, Irvine conducted an independent evaluation of Help@Hand. Participating teams learned a great deal about the benefits and challenges of implementing mental health technologies in the public mental health system.

What We Did

Participating counties and cities engaged with technologies in a variety of ways during Help@Hand. Two counties used Help@Hand funds to develop custom technologies – Wellscreen Monterey in Monterey County and TakemyHand in Riverside County. Thirteen counties and cities chose to explore existing technologies to see if they met their local needs. They investigated 53 different technologies, with features ranging from peer chat to chatbot to meditation and sleep guidance to digital phenotyping.

When a county or city identified a technology that matched their community's needs, they could choose to pilot that technology with a designated population and/or proceed to a full implementation. Seven counties conducted pilot implementations of eight distinct technologies, and 10 counties fully implemented nine different technologies. The most



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commonly implemented technologies during Help@Hand were Headspace, Mindstrong, myStrength, and 7 Cups.

Digital Mental Health: More Than Just Apps

Help@Hand participants quickly learned that implementing mental health technologies required a great deal of effort beyond simply selecting an app and making it available in their community. Three counties conducted detailed needs assessments during Help@Hand to engage their communities and determine how the community felt mental health technologies could benefit them. Counties worked to address two common barriers to implementing mental health apps – lack of access to high-speed internet or suitable devices and the need for support to build digital mental health literacy. Eight counties and cities distributed devices as part of Help@Hand and one county deployed kiosks that could be used to access mental health technologies. Nine counties and cities hosted digital literacy trainings to help community members develop the skills necessary to use mental health technologies.

Help@Hand participants also worked to build awareness about mental health and mental health technologies in their communities. Three counties launched mental health awareness initiatives and six counties published app guides or brochures to educate the community on mental health technologies available. These activities, in combination with exploring and implementing specific technologies, yielded a great deal of learning about the practicalities of integrating digital mental health into the public mental health system.

What We Learned

Cross-County Collaboration and Implementation Infrastructure

Help@Hand was the first of its kind – a project where multiple county and city mental health plans came together to accomplish a common goal while prioritizing local needs. As such, participants learned a lot during the project, about both how to coordinate a project like this and how to build the infrastructure to support implementing mental health technologies. CalMHSa served as the overall project manager, providing administrative support for contracting, invoicing, and project management. The project quickly discovered they needed to **balance flexibility with structure in project management, leveraging standardized processes and templates as much as possible**. The collaborative structure allowed for sharing across mental health plans. Participants **shared best practices and lessons learned** and even were able to **share experiences with vendors and consider pooling resources** to access technologies that would otherwise be cost-prohibited.

Implementing mental health technologies requires significant infrastructure and collaboration within each county or city as well. Many participants felt they initially



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underestimated staffing needs to support the project and needed to **engage contractors for additional time and expertise**. They also emphasized the importance of **identifying technology champions and internal expertise**. Successful implementation required **collaboration with county or city Information Technology, Compliance, and Legal teams**, and **partnering with CBOs and integrating technologies into existing systems** facilitated success.

Additionally, Help@Hand provided many lessons about selecting and customizing technology and partnering with technology vendors. When selecting an app, participants needed to **evaluate app functionality and user experience, consider support available from the vendor or develop a support strategy, establish a sustainable payment model, and identify the need for and cost of customization**. Many apps available on the marketplace required customization to improve accessibility and cultural sensitivity and meet county or city requirements for security and resource availability. However, customization often required significant time and money, and not all technologies supported all of the desired customizations.

Engaging Community Members, Peers, and Potential Users

Mental health technologies are only valuable if they are used by the people that participating organizations serve. In addition to addressing digital barriers, Help@Hand participants needed to **address privacy concerns and mental health stigma**. App usage was also promoted by **proactively seeking community perspectives** and **conducting outreach and marketing early and often** during implementation. Apps with **simple, intuitive interfaces** were most appealing in Help@Hand counties and cities, and **transition aged youth (ages 18-25) and adults and teens experiencing high levels of psychological distress** were most likely to use mental health apps.

Peers – individuals with lived experiences of mental health challenges and recovery – provided extremely valuable support when engaging the community and potential users. They contributed to community outreach, digital literacy training, and technology planning and implementation. Peers also helped to develop language-appropriate and culturally responsive support for people using mental health technologies. While Peers were an integral part of Help@Hand, future efforts should **create a structure for managing Peer hiring, retention, and workload**. Moreover, counties and cities should **intentionally engage Peers in all project phases**.

Promising Outcomes

Data from the California Health Interview Survey (CHIS) showed that more adults reported psychological distress from 2019 to 2022 and high levels of both adults and teens reported unmet mental health needs during the same time period. This emphasizes the importance of



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innovative approaches to reaching people with mental health needs and providing services that meet them where they are. UC Irvine conducted a meta-analysis from implementations of Headspace, iPrevail, Mindstrong, and myStrength in seven participating Help@Hand counties and cities. 47% of app users who responded to Help@Hand surveys reported **reduced mental health symptoms**. Approximately one-quarter of respondents reported **reduced mental health stigma**, and nearly one-third reported **decreased loneliness**. These results show great potential for benefits of mental health technologies in the public mental health system.

What's Next

Help@Hand demonstrated the challenges and the promises of implementing mental health technologies in the public mental health system. As California continues to respond to the increasing need for mental health support, mental health plans should engage with CalMHSA and Help@Hand participants to leverage the tools and learnings developed through the project.

The information summarized here comes from the final Help@Hand Evaluation Report.

Sorkin, D.H.; Mukamel, D.; Eikey, E.; Schueller, S.M.; Schneider, M.; Stadnick, N.; Zheng, K.; Bevens, W.; Borghouts, J.; Ceballos-Corro, E.; Cha, B.S.; Chwa, C.; Kim, G.; Li, X.; Mathew, A.B.; Palomares, K.; Stoeckl, S.E.; Varisco, R. (2024). Help@Hand Statewide Evaluation: Final Report. Program of Research in Translational Technology Enabling High Quality Care, University of California, Irvine.