

San Mateo County Behavioral Health and Recovery Services Help@Hand Evaluation

MHSA INN Annual Report, FY19-20



COUNTY OF SAN MATEO
HEALTH SYSTEM

Prepared by:

Resource Development Associates

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Resource Development Associates, 2020

About Resource Development Associates

Resource Development Associates (RDA) is a consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to strengthen public and non-profit efforts to promote social and economic justice for vulnerable populations. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.



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Introduction

Help@Hand is a statewide initiative that aims to bring technology-based solutions to county and city behavioral health systems. The project is administered by the California Mental Health Services Authority (CalMHSA) and funded and directed by local jurisdictions. San Mateo County Behavioral Health and Recovery Services (BHRS) identified technology as a local priority in its Fiscal Year (FY) 2017-20 planning process, which prompted the department to participate in this project as part of the three-year Mental Health Services Act (MHSA) Innovation (INN) plan.

The Help@Hand project identifies those in need of mental health services and offers innovative, technology-based approaches to engagement in recovery and wellness activities. In San Mateo County, this INN project is an opportunity for BHRS and its collaborative county partners to leverage technology, specifically behavioral health applications (apps), to reach and engage two priority populations, (1) transition age youth (TAY) and (2) older adults. Through the Help@Hand project, the county aims to:



This project also serves to reduce the stigma associated with mental health treatment by using virtual engagement strategies, and to provide alternative methods for engaging in behavioral health recovery and wellness activities.

In order to assess these outcomes, the County identified the following locally defined learning goals:

Learning Goal 1

Does the availability and implementation of technology-based mental health apps **connect** transition age youth in crisis and older adults experiencing isolation to **in-person services**?

Learning Goal 2

Does engaging with the apps **promote access to mental health services** and supports?

Learning Goal 3

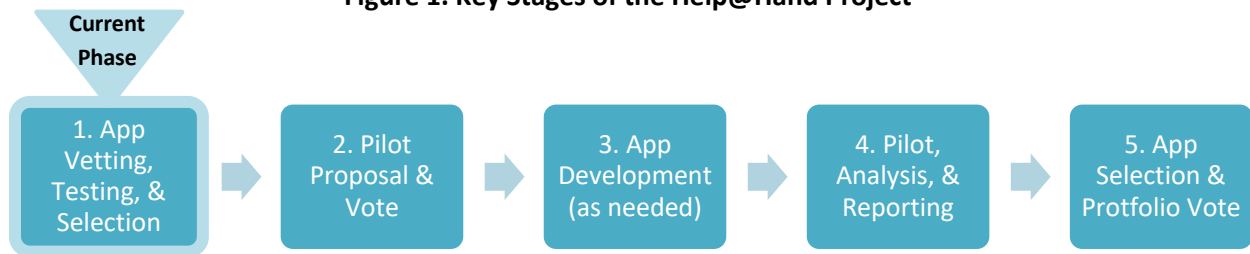
Does engaging with the apps effectively **promote wellness and recovery**?



Implementation Timeline

The implementation timeline includes five key stages that support San Mateo County in moving from exploring different products to integrating behavioral health technology into their system of care (see Figure 1 below). In stage 1, the County reviews the available technologies (which were approved through a Request for Statement of Qualifications (RFSQ) process led by CalMHSA) and selects the apps they would like to pilot to the broader target populations. During stage 2, San Mateo County develops a pilot proposal to define and measure success with the selected apps. The statewide collaborative then reviews the proposal and votes on whether the County can move forward with the pilot. Once the pilot is approved, the County moves into stage 3 and begins working with the vendors to develop and refine the apps to fit the needs of the local population as needed. In stage 4, the County launches the apps to the broader target populations while simultaneously evaluating app utilization and success. Finally, in stage 5, San Mateo County reviews the results of the pilot stage to determine which apps, if any, they want to integrate into their system of care. Simultaneously, the statewide collaborative votes on whether to add the products to the Help@Hand technology portfolio, thereby allowing other jurisdictions to more easily integrate the apps into their behavioral health systems.

Figure 1. Key Stages of the Help@Hand Project¹



Evaluation Overview

In July 2019, BHRS contracted Resource Development Associates (RDA) to conduct a three-year evaluation of the local Help@Hand program. The purpose of the evaluation is to determine if a suite of technology-based mental health apps will:

1. Improve access to mental health services and supports for TAY and older adults experiencing isolation
2. Improve wellness and recovery outcomes for those who engage with the mobile apps

RDA will assess the learning goals defined above to help San Mateo County BHRS understand the implementation of the apps and the outcomes of their utilization in the local context. The University of California Irvine (UCI) is also conducting a statewide evaluation of the County Behavioral Health

¹ The five project stages are adapted from Help@Hand's nine step Pilot to Portfolio Process identified in the [December 2019 OAC Project Update](#).



Technology Collaborative to explore app usage trends, linkages to care, and recovery outcomes across all jurisdictions participating in the Help@Hand project.

Evaluation Timeline

San Mateo County intended to begin the pilot stage in FY2019-20. This would have allowed the general public to pilot the apps and RDA to collect feedback on those experiences to support the pilot analysis and reporting stage. However, due to significant setbacks beyond the county’s control, including COVID-19 and decisions made by app developers, San Mateo County is currently in the app vetting, testing, and selection stage (as indicated in **Error! Reference source not found.** above). As such, this report includes the app selection activities during FY2019-20 and discusses findings from the initial project stage in the context of the local learning goals. However, given the nascent stage of the project, it is not yet possible to assess the learning goals outlined above. The County expects to begin the pilot stage in FY2020-21 and the annual report for that period will assess the project’s goals and outcomes.

Given the project implementation timeline, this report focuses on process evaluation and includes an assessment of the app vetting and selection activities undertaken by BHRS and local stakeholders during FY2019-20. The evaluation was adaptive in that the evaluation activities evolved in response to realities of the program implementation timeline. For example, because the project was not yet at a stage to measure outcomes, RDA assessed *perceptions* of the apps’ abilities to address the local learning goals and ultimately meet the behavioral health needs of TAY and older adults in San Mateo County. This flexibility allowed the evaluation approach to remain relevant and responsive to the program’s emerging needs.

Evaluation Methods

Data Collection

RDA used qualitative evaluation methods to test the apps, and to assess the app vetting and selection process from the perspectives of different stakeholders. RDA collected data through three interviews and five focus group with the following stakeholders:

Table 1. Qualitative Data Collection Activities and Participants

Method	Stakeholders
Interviews	Doris Estremera, MHSa Manager ²
	Adam Wilson, Assistant Program Manager, Youth Leadership Institute (YLI) ³
	Arlene Aquino, Peer Support Specialist Peninsula Family Service ⁴

² As the MHSa Manager and the Help@Hand project manager, Doris Estremera oversees all project activities.

³ YLI is the contracted organization to conduct outreach to the TAY population for the Help@Hand project.

⁴ Peninsula Family Service is the contracted organization to conduct outreach to the older adult population for the Help@Hand project.



Vetting and Selection Process Focus Group	Tech Suite Advisory Committee ⁵
App Testing Focus Groups	TAY app testers (3)
	Older adult app testers (1)

Interviews with Help@Hand staff and contractors explored key activities, lessons learned about the app selection process and stakeholder engagement, participation in the statewide collaborative, and the potential impacts of behavioral health technology on the TAY and older adult populations. The focus group with the Tech Suite Advisory Committee (Advisory Committee) offered an opportunity to discuss the role of the committee, what has worked well and areas for improvement in the app selection process, experiences working with different stakeholders, and changes in expectations of how technology can help meet the behavioral health and wellness needs of TAY and older adults in the county. RDA also attended monthly Tech Suite Advisory Committee meetings and documented the project’s progress throughout the evaluation period.

As previously noted, RDA’s role adapted as the needs of the project changed over time. When BHRS recognized the county would need to undergo a more in-depth app vetting and selection process, RDA worked with YLI and Peninsula Family Service to design and implement four focus groups with app testers. RDA, with the support of Peninsula Family Service, conducted one focus group with older adults and YLI conducted a series of focus groups with TAY. Tester focus groups were used to collect feedback on usage experiences with different apps and perceptions of each app’s ability to meet the needs of the TAY and older adult populations.

Future Data Sources

For the pilot evaluation next year, RDA will utilize app usage data provided by app vendors and self-reported app user data collected through focus groups to measure outcomes and learning goals. RDA will also continue to conduct interviews and focus groups with key stakeholders to assess the ongoing app selection and pilot processes.

In addition, CalMHSA requires INN project evaluations to report on participant characteristics. San Mateo County defines participants of the Help@Hand project as pilot users of the apps—individuals who participate in the pilot stage by downloading and using the apps. Because this project is in the app vetting and testing stage, participant demographic data was not collected during the evaluation period. The future pilot evaluation will include demographic data on program participants.

Data Analysis

To analyze the qualitative data, RDA transcribed interview and focus group participants’ responses to capture their sentiments and perceptions. RDA then thematically assessed responses from all participants and identified recurring themes and key takeaways.

⁵ The Tech Suite Advisory Committee includes stakeholders from different county departments (e.g., Information Technology, Aging and Adult Services), community organizations, and behavioral health providers across the county.



Evaluation and Program Findings

Because the program is in the pre-pilot stage, RDA was not able to evaluate the program outcomes and evaluation questions. However, through interviews and focus groups with key stakeholders, RDA explored the potential impacts of behavioral health apps on the target populations’ mental health and wellbeing, as well as the potential of the Help@Hand project to meet the local learning goals. The current apps under consideration for each population are as follows:

Table 2. Apps Under Consideration

Older Adults	Transition Age Youth
<ul style="list-style-type: none"> • MyStrength • Wysa 	<ul style="list-style-type: none"> • Headspace • MyStrength • Wysa

The preliminary findings for each learning goal are presented below.

Learning Goal 1: Does the availability and implementation of technology-based mental health apps connect transition age youth in crisis and older adults experiencing isolation to in-person services?

It is important to note that Learning Goal 1 was originally intended to assess whether the availability and implementation of technology-based mental health apps connect transition age youth in crisis and older adults experiencing isolation to **in-person** services. Early stakeholder input prioritized the importance of in-person support and raised concerns about the idea of a technology-based solution replacing in-person connections. However, given the restriction on in-person activities due to the developing COVID-19 pandemic, in-person services are not currently a feasible resource and the goal has been updated to assess connections to providers more broadly as follows:

Updated Learning Goal 1: Does the availability and implementation of technology-based mental health apps connect transition age youth in crisis and older adults experiencing isolation to providers?

Through the app vetting process, community stakeholders shared key insights to inform the project’s focus on connecting youth in crisis with providers. At the start of the Help@Hand project, stakeholders identified youth in crisis as one of the target populations. However, the available market apps that are part of the Statewide project are not designed, nor do they have the appropriate clinical expertise, to support this group. Early on, stakeholders expressed concern with the idea of targeting youth in crisis via apps not designed for that purpose. As a result, BHRS consulted with their local Crisis Intervention and Suicide Prevention Center, operated by StarVista, which includes a 24-Hour Crisis Hotline, a teen-focused website and crisis chat, and a youth outreach team. BHRS also engaged youth stakeholders to determine that texting is their preferred method of contact when using online resources. The consultation and stakeholder input resulted in a Help@Hand contract with StarVista to develop a resource that allows



youth to reach out to the crisis center via text. The intent is to promote the texting resource via the app selected for the TAY population through the Help@Hand project.

Stakeholders from both the older adult and TAY populations acknowledged that BHRS intends to integrate the apps into its system of care during the third year of the project. However, they noted feeling uncertain about how the apps under consideration will eventually accomplish linkages to a provider, if needed. The apps may include a list of county resources that app users can navigate to; however, this is the only connection to other mental health supports the project team has identified at this stage. Stakeholders also highlighted that the need for individuals to connect to a provider is stronger now than it was at the start of the project because community members are more isolated due to COVID-19, particularly older adults. In this way, the circumstances of COVID-19 have not only expanded the number of people without access to behavioral health providers; they have also increased the need for providers to address the mental health effects of physical and social isolation.

Consideration

Continue to explore how the specific apps under consideration can link users to in-person services. Work with vendors to understand (1) what technology updates are possible to support these connections and (2) how local resources and providers can be integrated into the apps.

Learning Goal 2: Does engaging with the apps promote access to mental health services and supports?

Participants noted that although the apps under consideration are virtual, they offer a helpful alternative to traditional, in-person mental health services. They noted that the apps provide access that is uniquely available 24 hours per day, and that virtual access, while lacking in the relational connection of in-person services, is particularly important at this time given the challenges previously discussed due to COVID-19.

Participants also emphasized that in order to engage with the apps, individuals need access to the internet and to the appropriate devices. Participants observed that BHRS has made significant strides in increasing access to technology. In particular, members of the Advisory Committee from the organizations California Clubhouse and Heart & Soul introduced BHRS to an opportunity to secure federally subsidized phones and tablets for participants. Through this process, BHRS manages the logistics and administration of the devices and is able to provide individuals with phones and tablets that come preloaded with minutes, data plans, apps, and local behavioral health resources. Stakeholders noted that offering this technology during the early stages of the project will provide access to the apps for a larger share of the population down the line.

While the apps do promote access to mental health services and supports, participants noted that access is limited to certain groups of people. County-sponsored technology will mainly reach individuals who are already system involved, either through the county itself or through community supports. BHRS identified isolated older adults as a target population, however individuals who are isolated are historically difficult



to reach, and particularly so during the COVID-19 pandemic. There are concerns that regardless of what app is selected, access for this group will remain limited.

Consideration

Explore ways to reach individuals, particularly older adults, who are not involved in BHRS. Consider partnerships with Aging and Adult services, human services agencies, food delivery services, drug stores, faith-based organizations, and other institutions that engage with the local community.

The language capabilities of the apps under consideration are also a concern among stakeholders. Stakeholders noted that BHRS did not identify a minimum viable product language requirement,⁶ and that they are concerned about moving forward with an app that has limited, or no, features for monolingual Spanish or Chinese speakers given the strong presence of these communities in San Mateo County. BHRS had initially hoped to include monolingual Spanish and Chinese speakers as target populations; however, they realized early on in the Help@Hand project that they did not have the capacity to have priority populations in addition to older adults and TAY. However, reaching these two subgroups of the older adult and TAY populations continues to be an expressed interest of a number of stakeholders involved in San Mateo County's Help@Hand project, and participants communicated concern that access to the apps provided will be restricted to English speakers.

While there are some concerns about who will be able to access the technology, BHRS is working with app vendors to include a resource page in order to facilitate connections to mental health supports for those who do engage with the apps. This page will include a collection of local mental health resources for participants to review, should they be interested in exploring services beyond the app itself. The ability to customize a local resource page will continue to be a priority of BHRS to ensure the apps promote access to further supports.

Learning Goal 3: Does engaging with the apps effectively promote wellness and recovery?

Stakeholders noted that behavioral health apps are one of many supports for individuals in their wellness and recovery. One member of the Advisory Committee commented that apps are “a tool in the toolbox, not the only solution.” Stakeholders generally felt that it is helpful to have more options for individuals to address and support their mental health, and that the apps provide additional resources.

TAY Population

Although stakeholders agree that the apps do support wellness, there are concerns that, especially for the TAY population, they may provide only a temporary fix, rather than a long-term solution. Stakeholders

⁶ A minimum viable product is the most basic version of a product that will still satisfy users. In this case, the minimum viable language requirements are the languages that the apps must offer to meet the fundamental linguistic needs of the target populations.



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emphasized that TAY have expressed more interest in speaking with a trained provider than adding to their suite of behavioral health technology. They noted this is particularly true during the pandemic, when some youth do not have access to the counselors and therapists they saw prior to COVID-19, particularly those who sought services without the knowledge of their parents. Stakeholders noted that while the apps under consideration for this population have activities that can support mental wellness, they do not address the pressing need for TAY to connect with trained professionals.

Consideration

Identify the unique needs of the TAY population and assess whether the apps under consideration will meet them. If not, explore alternative technologies or ways that BHRS can invest in their needs, namely access to trained providers.

Stakeholders affiliated with the TAY population noted that some of the youth consumers presented apps in addition to the ones being pursued through Help@Hand that they felt might better address their wellness and recovery. Some apps offered opportunities to speak to a trained provider, while others provided more racially and ethnically diverse content (e.g., descriptions, images, voices) that youth felt they could connect to more easily.

Older Adult Population

Similarly, stakeholders for the older adult population expressed concerns that the apps under consideration for the older adult population may promote wellness and recovery for only a subset of the population. Some felt that the features and activities introduced in the apps were more appropriate for more active older adults on the younger end of the older adult age range. They also noted that because the app activities felt tailored to this younger demographic, they were concerned that other older adults might not be able to connect to the apps to advance their wellness and recovery in the same way.

Consideration

Ensure future consumer engagement activities include representation from older adults of diverse age ranges, to understand the different wellness and recovery needs of this population.



Key Program Implementation and Operational Learnings

Key Learnings

The key takeaways, which are described in further detail below, are as follows:

1. **Adequate and appropriate staffing** and **peer support** are important for stakeholder engagement.
2. The app selection process is dynamic. Being **flexible** and **establishing and revisiting shared understandings** as the project evolves are essential to the project's success.
3. **Leveraging community resources and stakeholders** and identifying opportunities for **collaboration** will maximize engagement and impact.
4. Including **diverse consumer representation** in the initial app vetting and selection process will help ensure the final product **meets the needs of more individuals** in the target population(s).

Stakeholders identified a variety of program successes, challenges, and learnings about the local Help@Hand program implementation, categorized in the four findings below.

Finding 1: Adequate and appropriate staffing & peer support is important for stakeholder engagement.

Participants in both the interviews and Advisory Committee focus group noted the importance of having reliable staff and clear lines of communication at both the county and state levels. In the middle of the year, San Mateo County's Community Health Planner transitioned out of the role. BHRS intended to fill this position until COVID-19 began, when they implemented a county-wide hiring freeze. This position remains unfilled, and participants noted this as a significant loss for the Help@Hand project. The Community Health Planner kept communication lines open with stakeholders and attended community activities (e.g., Appy Hours) in support of the project. Stakeholders emphasized the importance of having someone in this role, with the capacity to respond to questions and concerns in real time and be out in the field. Some participants also explained that they did not always understand why and how project decisions were made (e.g., the minimum language requirements an app must have to be a viable option). They requested more transparency in the process, which they noted could be supported by a more robust staffing structure.

Another identified administrative loss for the project was the state-level CalMHSA Help@Hand Peer & Community Engagement Manager. The Peer & Community Engagement Manager developed the Help@Hand Peer Model, which outlines extensive opportunities for peer inclusion and

"We lost the Help@Hand coordinator...That was a big void. ...We can still ask questions, it's just different. She was a peer so the relationship was closer on a personal basis...she was more of a check-in supportive person."
-Help@Hand Stakeholder



leadership throughout the project. One example is the peer collaborative, where each jurisdiction’s peers meet monthly to check in with one another and engage in co-learning. Stakeholders expressed that the Peer & Community Engagement Manager provided an unprecedented level of support by proactively checking in and making themselves available outside of the scheduled peer collaborative calls. The person in this role identified as a peer, which allowed members of the peer collaborative to feel more professionally and personally connected to this individual. Participants noted that communication lines with CalMHSA remain open, but that the nature of the relationship has changed. The Help@Hand project emphasizes embedding peers (i.e., individuals with lived experience) at all levels, and it is evident that staffing that includes peers is important to the project’s success.

Finding 2: The app selection process is dynamic. Being flexible and establishing and revisiting shared understandings as the project evolves are essential to the project’s success.

All stakeholders emphasized the importance of being flexible, both in the implementation process and in working with other stakeholders. San Mateo County experienced a handful of unexpected setbacks over the last fiscal year, largely stemming from the prevailing COVID-19 pandemic. The pandemic has impacted all aspects of this project, including data collection activities, app vendor participation, stakeholder engagement, and the mental health and wellness needs of TAY and older adults. At the start of COVID-19, San Mateo County was preparing to move into the pilot stage with Happify for older adults. However, the vendor decided to cease participation in the project due to the developing uncertainty around the pandemic. At the same time, the TAY stakeholders recognized that the needs of the population had changed, as a result of the pandemic, and that they too would need to identify a new, more appropriate app. Both groups returned to the first stage of the project, while also pivoting to entirely remote work. Despite these challenges, BHRS maintained and strengthened connections with stakeholders to support the continued development of the Help@Hand project.

“A key accomplishment is the Advisory Committee, how engaged they’ve been and how they’ve stayed engaged for so long, even with the ups and downs. They push me to think of things I wouldn’t have thought of on my own.”
- MHSA Manager

Focus group and interview participants identified the Advisory Committee as a model of flexibility and adaptability. The MHSA Manager credited this group with propelling the project forward despite the challenges outlined above. Members of the Advisory Committee themselves noted feeling disappointed at various times throughout the fiscal year (e.g., when Happify stepped back, when project activities had to become entirely remote), but were willing to respond to the developing needs of the project to ultimately support TAY and older adults.

Stakeholders also noted that while flexibility is important, there is an abundance of information being shared by different sources (e.g., CalMHSA, BHRS, app vendors, app users) and sometimes they do not know how to respond because there is not always a shared understanding of the project’s evolving local goals and requirements. For example, stakeholders noted that at the start of the project, they hoped the apps would include certain features (e.g., activities, language capacity). Over time they came to learn that



“I don’t know where decision making power lies, from the county, to CalMHSA to the collaborative. It’s unclear where decisions are made across the project. ...There could be more transparency.”
- Help@Hand Stakeholder

some apps have more features than others, but stakeholders were unsure how to respond to the different capabilities. They emphasized that it is important to have a shared understanding of what to do with new information—if an app does not have a particular feature, is it still a viable option? How many and what type of concessions are acceptable? These are all important considerations that should be addressed early on and revisited as the project develops to support stakeholder collaboration and, ultimately, the implementation process.

Through the app selection process, stakeholders also learned that some vendors are more willing or able than others to adapt the app to meet the needs of the local target populations. One vendor might be in the process of developing the technology in Spanish or have the capacity to update the images throughout the app to include more older adults. Another vendor might not be able to make any changes, requiring counties to accept the app as is. Stakeholders highlighted the importance of understanding each vendor’s adaptability, particularly as it pertains to the key needs and features of the local target populations.

Finding 3: Leveraging community resources and stakeholders and identifying opportunities for collaboration will maximize engagement and impact.

San Mateo County’s Help@Hand project has been a largely collaborative process. From the project’s inception, BHRS established the Advisory Committee to include the voices of different stakeholders in project decision-making. San Mateo County also highlighted the project’s emphasis on peers by incorporating individuals with lived experience in all aspects of implementation, from internal BHRS staff to almost all of the project’s contracted providers. The inclusion of individuals who have personally experienced, and who work with those who have experienced, challenges with mental health and wellness has helped drive the project in a thoughtful, applicable direction.

BHRS has also engaged a variety of stakeholders to support the project, from behavioral health clinicians to organizations that support technology and digital health literacy. As previously noted, BHRS learned of the device procurement opportunity through representatives from California Clubhouse and Heart & Soul who are on the Advisory Committee. BHRS staff feel strongly that they would not have otherwise learned of this program if not for that guidance. In turn, San Mateo County shared the device procurement opportunity with the broader statewide Help@Hand collaborative and continues to serve as a resource on this topic for that group.

“Some of the Advisory Committee members were connected to peers and clients who were connected to [that opportunity]. We wouldn’t have found it without the connection of the Advisory Committee.”
- MHSA Manager

San Mateo County’s connection to the statewide collaborative has been a helpful resource for both BHRS and the contracted providers that engage in the peer group. Although many of the jurisdictions that participate are at different stages of the program, the collaborative provides opportunities to engage in



co-learning and resource sharing. In one instance, BHRS was interested in offering trainings to project partners on how to provide basic technology support to clients and app users. Los Angeles County connected San Mateo County to their training provider, Painted Brain. BHRS has now incorporated learnings from Painted Brain into their Help@Hand activities (e.g., Painted Brain coined the term Appy Hours) and contracted them to conduct a series of train-the-trainer workshops for Peer Support Workers throughout San Mateo County.

Finding 4: Including diverse consumer representation in the initial app vetting and selection process will help ensure the final product meets the needs of more individuals in the target population(s).

“We are meeting people where they are at, [but] the older adults are...a broad group. Do we want to hit the whole age group, or do we want to target a certain segment of the older adult population? It would help us decide our message and who to target.”

- Help@Hand Stakeholder

Although app users, or consumers, are the main focus of the Help@Hand project, their engagement to this point has been limited. This is in part due to the early stage of the project. However, there was low participation in the opportunities that did exist for consumer engagement over the past fiscal year, particularly beginning in quarter two with the onset of COVID-19. Stakeholders emphasized that diverse consumer representation is critical to the project’s success. Many participants raised concerns that app testing and selection activities had a small number of participants, which did not provide opportunities to understand how individuals of different demographics engaged with the content. The TAY group noted concerns with sufficient vetting in Spanish due a lack of

participation by monolingual Spanish speakers, while the older adult group emphasized that the focus groups lacked racial, gender, and age diversity. As mentioned, COVID-19 shelter-in-place orders created challenges for focus group recruitment and participation. However, stakeholders for both the TAY and older adult groups recognize the importance of collecting feedback from a diverse, representative sample to help ensure the final app meets the different needs of the broader population.

Program Changes from Initial Design

San Mateo County’s Help@Hand program experienced some significant changes in FY2019-20. As noted above, due to forces outside of BHRS’s control, San Mateo County had to transition back to stage one, app vetting and selection, for both the TAY and older adult groups. In addition, BHRS recognized the need to rapidly deploy a tool to support consumers’ mental health and wellness during the global pandemic. Through the Help@Hand program, BHRS developed a contract with Headspace to offer 10,000 licenses to anyone who lives, works, or goes to school in San Mateo County. Finally, in terms of the evaluation of the project, all data collection activities were designed and intended to be done in person. However, COVID-19 shelter-in-place orders required RDA and the Help@Hand outreach team to transition to a remote environment. Participant recruitment was done over e-mail, and focus groups and interviews were conducted virtually via Zoom.



Future Directions

Over the next fiscal year, San Mateo County plans to select and pilot apps to engage TAY and isolated older adults in wellness activities, connect them to additional supports as needed, and ultimately decide what behavioral health technology to integrate into their system of care to also support BHRS clients in between appointments. RDA will support this process by developing an evaluation framework that ensures data collection activities gather information to address the local learning goals.

The considerations and key learnings outlined above can help guide project activities over the next fiscal year. San Mateo County can continue to lean on the identified strengths, including the robust advisory committee, opportunities for collaboration with local and statewide stakeholders, and the strong internal peer network they have developed. BHRS can also identify opportunities to address the emerging barriers, including establishing an ongoing shared understanding of the project goals and requirements amongst all key stakeholders; recruiting a more diverse, representative consumer sample to participate in the pilot stage and qualitative data collection activities; and ensuring the behavioral health technology can effectively meet the current needs of the target populations. With these considerations in mind, San Mateo County is strongly positioned to move into the pilot stage of the Help@Hand project and to continue to employ an implementation process that is thoughtful, responsive, and consumer centered.